

Public People & Culture Committee

Tue 14 November 2023, 09:00 - 10:50

MS Teams

Agenda

09:00 - 09:10 **1. Standing Items**
10 min

1.1. Welcome & Introductions

Sara Moseley

1.2. Apologies for Absence

Sara Moseley

1.3. Declarations of Interest

Sara Moseley

1.4. Minutes from the previous meeting – 12 September 2023

Sara Moseley

 1.4 Public People & Culture Minutes 12.09.23.pdf (12 pages)

1.5. Action Log following the previous meeting – 12 September 2023

Sara Moseley

 1.5 P&C Public Action Log.pdf (2 pages)

1.6. Chair’s Actions

Sara Moseley

09:10 - 10:20 **2. Items for Review & Assurance**
70 min

2.1. Staff Story

Rachel Gidman

2.2. Board Assurance Framework Report

Matt Phillips

 2.2 P&C_BAF_Cover Report.pdf (2 pages)

 2.2a P&C_BAF_Wellbeing.pdf (11 pages)

2.3. Key Workforce Performance Indicators

Rachel Gidman / Lianne Morse



 2.3 KPI Paper Sep-23 Data.pdf (6 pages)

2.4. Clinical Board Spotlight:

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2.5. Communication and Engagement Plan


Joanne Brandon

-  2.5 Draft People and Culture Communications Plan.pdf (2 pages)
-  2.5a People and Culture Communications Plan v2.pdf (10 pages)

2.6. Health and Safety Update to include:

Rachel Gidman / Robert Warren

- Health and Safety Chairs Report – 24.10.2023
- Health and Safety Risks

-  2.6a H&S Chairs Report 24.10.2023.pdf (4 pages)
-  2.6b H&S Risks.pdf (2 pages)

2.7. BREAK - 10 MINUTES

10:20 - 10:45 3. Items for Approval / Ratification 25 min

3.1. Policies for Approval:


Rachel Gidman

i) UHB 043 NHS Raising Concerns Procedure

-  3.1 Employment Policies Report - Raising Concerns.pdf (3 pages)
-  3.1a Procedure for Staff To Raise Concerns 23.pdf (21 pages)

3.2. Introducing a consistent, evidence-based approach to Cultural and Leadership at Cardiff and Vale UHB

Rachel Gidman / Claire Whiles

-  3.2 People and Culture Committee November 2023 Cultural Approach (1).pdf (6 pages)

10:45 - 10:50 4. Items for Information & Noting 5 min

4.1. Employment Policy Sub Group Update

Rachel Gidman / Rachel Pressley

-  4.1 EPSG report.pdf (9 pages)

10:50 - 10:50 5. Any Other Business 0 min

10:50 - 10:50 6. Private Agenda Items: 0 min

- i. Approval of Private minutes.
- ii. Culture Hotspots
- xiii. Employment Tribunal Cases
- iv. Fire Prosecution Verbal Update
- v. Welsh Language Commissioner's Office Update

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10:50 - 10:50

0 min

7. Review & Final Closure

7.1. Items to be deferred to Board/Committees

Sara Moseley

7.2. To note the date & time of the next meeting:

Sara Moseley

Tuesday 23 January 2024 at 9am via MS Teams

10:50 - 10:50

0 min

8. Declaration

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960”

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**Draft Minutes of the Public People and Culture Committee
Held On 12th September 2023
Via MS Teams**

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Rhian Thomas	RT	Independent Member for Capital & Estates
Susan Elsmore	SE	Independent Member for Local Authority
Akmal Hanuk	AH	Independent Member for Community (IM-C)
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
David Thomas	DT	Director of Digital and Health Intelligence
Adam Wright	AW	Head of Service Planning
Richard Skone	RS	Deputy Executive Medical Director
Robert Warren	RW	Head of Health and Safety
Fiona Jenkins	FJ	Executive Director of Therapies
Joanne Brandon	JB	Director of Communications
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nursing Director
Tara Rees	TR	Specialist Nurse Hepatology
Louise Platt	LP	Director of Operations - Medicine
Jane Murphy	JM	Director of Nursing - Medicine
Alun Tomkinson	AT	
Claire Whiles	CW	Assistant Director of Organisational Development, Wellbeing and Culture.
Marie Davies	MD	Assistant Director of Strategic Planning
Geoff Walsh	GW	Director of Capital Estates and Facilities (DCEF)
Donna Davies	DD	Head of People and Culture
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Rachel Gidman	RG	Executive Director of People & Culture
Mike Jones	MJ	Independent Member for Trade Union

Item No	Agenda Item	Action
P&C 11/9/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 11/9/002	Apologies for Absence Apologies for absence were noted.	
P&C 11/9/003	Declarations of Interest	

	No Declarations of Interest were noted.	
P&C 11/9/004	Minutes from meeting on 16th May 2023 The Minutes were received. 3 changes were identified which included: <ul style="list-style-type: none"> • The Executive Director of Public Health commented that on page 5 of the minutes, the sentence needed to be changed to “the population was becoming more ethnically diverse”. • It was confirmed that it was the HEIW that was developing the observatory, not the HSWPH (page 5). • There was an action around benchmarking on page 5 for the Key Performance Indicators (KPIs) which should be captured – around developing the benchmarking in a way that created an equivalent. The Committee resolved that: <ul style="list-style-type: none"> a) The draft minutes of the meeting held on 16th May 2023, were held to be a true and accurate record of the meeting, subject to the amendments. 	
P&C 11/9/005	Action Log following 16th May 2023 Meeting The Action Log was received. The Committee resolved that: <ul style="list-style-type: none"> a) The Action Log was discussed and noted. 	
P&C 11/9/006	Chair’s Actions There were no Chair’s Actions.	
	Items for Review & Assurance	
P&C 11/9/007	Staff Story (RCN Nurse of the Year Award) The RCN Nurse of the Year 2022 Advanced and Clinical Practice Staff Story was presented to the Committee. The EDPH explained the connection between this work and the viral hepatitis and Move More Eat Well Plan, and that these connections with fatty liver disease was not often made. She highlighted that they all had a role in role modelling and encouraging teams to take actions. She added that regarding alcohol, Public Health undertook a lot of training within the community and were undertaking an Internal	

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	<p>Audit to investigate if they were doing things right in the Emergency Unit.</p> <p>From a people and culture perspective, the Independent Member – Community (IMC) asked what were the constraints in promoting this kind of innovation and positivity.</p> <p>The Specialist Nurse Hepatology (SNH) responded that from a service delivery point of view, they strove towards preventing hospital bed stays. She acknowledged that staff retention was harder on wards with the current staff shortages, but highlighted that it was important to praise and listen to staff.</p> <p>She added that investment in staff would incentivise them to stay, and that there were a lot of resources in-house which could provide further opportunities for staff.</p> <p>The EDTHS asked the SNH what her next steps were to maximise the award she had received.</p> <p>The SNH explained that because her patient groups were very underrepresented, she would continue to shine a light on liver disease as the three main causes of liver disease were preventable.</p> <p>The Committee Chair highlighted that plans around Value Based Appraisals (VBAs) could feed into this work and was a good example to encourage uptake amongst staff. She added that training and development would make sense financially.</p> <p>Action – the END and DEMD to think about how this work would link in with attracting, retaining and developing their professional workforce.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
<p>P&C 11/9/008</p> <p>Saunders, Nathan 09/11/2023 12:09:58</p>	<p>Health and Safety Update</p> <p><u>Health and Safety Sub-Committee Chairs Report</u></p> <p>The HHS highlighted that:</p> <ul style="list-style-type: none"> - There had been a general increase in training compliance almost month on month; - There was a slight drop off in training compliance for Module D in the Violence & Aggression Module, potentially due to Mental Health having trouble with ESR; - Smoking continued to be an issue – there was to be an extended push on holding people to account on-site; - There had been a small fire which had been escalated and dealt with very quickly; 	

	<ul style="list-style-type: none"> - Serious Incident review – the DCEF’s team undertook a review which related to a waste bin falling off the back of a delivery lorry and struck an employee. Actions were taken and operational processes were implemented to mitigate the risk. <p>The Committee Chair asked how to ensure visibility around the Capital, Estates & Facilities Risk Register from an assurance point of view.</p> <p>The DCEF responded that:</p> <ul style="list-style-type: none"> - This work was presented to the Health & Safety Committee regularly; - A few years ago, due to the amount of risks Estates had, they were asked to only report those risks that were rated 20+. As a result, those in the 15-18 bracket had come into fruition over the previous months; - A lot of risks related to entire systems and large infrastructures, and so they were beginning to review and risk assess each component part; - They had experienced significantly more major breakdowns in the previous 12-18 months; - There was not money to invest and remove risks from the risk register, and therefore the risk would only increase – this was becoming a serious issue for the Health Board; - They had received funding for some of the key issues this year, both from EFAB schemes from WG and from the Capital Management Group. <p>The CC asked the DCEF if the Health Board were concerned about RAAC.</p> <p>The DCEF responded that they had undertaken surveys over the previous 9-12 months, and a report would be received by the Board in September 2023. He stated that the Health Board did not have any significant issues with RAAC.</p> <p><u>Health and Safety Risks</u></p> <p>The IM-LA asked how much staff behaviours were responsible for the risks not being attended to.</p> <p>The DCEF stated that staff behaviours had contributed significantly. He explained that his waste team had been asked to clean out the tunnels, which was outside of their normal job duties. The DCEF added that there was no excuse for wastage in tunnels, as the Health Board offered a waste collection service.</p> <p>The HHS noted that they were managing the risks, but that it was not sustainable. He added that they had the Tunnel Safety Group back up and running, and they had started to co-opt clinical staff.</p>	
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	<p>Action – the HHS to bring an update back to the meeting on why people were not using the waste collection service.</p> <p><u>Capital, Estates and Facilities – Estates Risk Register</u></p> <p>The IM-LA asked what their position was around escalating the 15-20 rated risks.</p> <p>The DCEF responded that he and the HHS would review all of their risks and then discuss with the DCG on how this would be presented to Board.</p> <p>The IM-CE asked whether the release of the £6m funding would help with those risks in the 15-20 risk category, and if the release of this funding reflected a greater awareness or urgency from WG.</p> <p>The DCEF responded that the EFAB scheme had tried to address some of the infrastructure issues, as there had been no ringfenced money from WG. However, this money would only scratch the surface. He added that there did not always seem to be appropriate planning with WG to resolve these issues.</p> <p>The IM-C asked whether this Committee could escalate these issues to Board, who could then raise it with WG.</p> <p>The DCEF explained that the Health Board were doing the most they could with the current resources they had, and that the issues had been recognised at Board and M.E. level. He stated that WG were aware of the problems, as the Chief Executive, Chair and the University had recently written to Judith Paget.</p> <p>The CEO added that Welsh Government WG were very aware of the challenges faced by the Health Board and the Board should be extremely concerned following a detailed report received at its Board Development session in August 2023.</p> <p>It was noted that a partnership letter had been sent to WG from the Health Board and signed by herself, the Chair and the Vice Chancellor of the University which outlined the risks identified by Capital, Estates & Facilities (CEF) in relation to the estate infrastructure.</p> <p>A limited response was received from WG which outlined that they were aware of those risks.</p> <p>The CEO concluded that the estate infrastructure was a significant risk for the Health Board which required continued and substantial investment.</p> <p>The CC concluded that the Board would need to be sighted on the range of risks received by the Committee.</p>	<p>RW</p>
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	<p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The content of the Health and Safety Sub-Committee Chairs Report was noted. b) It was noted that the highest risk Health and Safety issues across the Health Board would feed into the People and Culture meeting. c) The work undertaken by the CEF Service Board to identify, manage and mitigate where possible the risks associated with the estate infrastructure was noted d) The progress made to address a number of the most severe and disruptive risks whilst recognising the good work undertaken within a limited funding envelop was noted. 	
<p>P&C 11/9/009</p>	<p>Board Assurance Framework Report</p> <p>The Board Assurance Framework Report was received.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The risks in relation to Sustainable Culture Change were received. b) Comments would be provided to the Executive Director to be addressed prior to Board consideration on 28 September 2023. 	
<p>P&C 11/9/010</p>	<p>Introducing a consistent, evidence-based approach to Cultural Assessments at Cardiff and Vale UHB.</p> <p>The item was removed from the agenda and deferred to the next Committee meeting.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The item was deferred to the next Committee meeting. 	
<p>P&C 11/9/011</p> <p>Saunders, Nathan 09/11/2023 12:09:58</p>	<p>Key Workforce Performance Indicators</p> <p>The Key Workforce Performance Indicators were received.</p> <p>The Deputy Director of People & Culture (DDPC) advised the Board that the position had improved which was a position described month on month.</p> <p>She added that hard work and focus undertaken by the Clinical Boards had led to those improvements.</p>	

	<p>It was noted that the sickness absence rate for July 2023 was identified at 4.97% but the DDPC advised the Committee that the true number was 6.12%.</p> <p>The DDPC presented the Workforce Sustainability Programme to the Committee which outlined 5 key points which included:</p> <ul style="list-style-type: none"> • The Cardiff and Vale People and Culture Plan described the need to build a sustainable and affordable workforce. • The plan had been accelerated to support financial sustainability whilst also ensuring quality & safety was not negatively impacted. • A cost reduction programme had been implemented which included £8m from the original plan of schemes identified, £15m additional high value schemes and the additional 10% WG target. • A scheme of delegation had been introduced for the escalation and approval of agency, overtime and bank for all staff groups. • There was an enhanced scrutiny of vacancy approval at Clinical Board and Corporate levels with front line replacement posts below a band 7, not being impacted. <p>A list of current schemes identified were presented to the Committee and included a number of areas such as:</p> <ul style="list-style-type: none"> • Nursing <ul style="list-style-type: none"> - Healthcare Support Worker agency had ceased • Capital and Estates <ul style="list-style-type: none"> - Agency work had ceased • Administration and Management <ul style="list-style-type: none"> - Overtime and bank had ceased • Medical and Dental <ul style="list-style-type: none"> - inappropriate use of WLI payments were ceased. - Agency and bank usage had been decreased. <p>The EDPH asked for the staff flu vaccination uptake to be included in the next set of KPIs.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were noted.</p>	<p>LM</p>
<p>P&C 11/9/012</p>	<p>Clinical Board Spotlight</p>	

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<p>Saunders, Nathan 09/11/2023 12:09:58</p>	<p>The Medicine Clinical Board Spotlight was received.</p> <p>The Director of Operations – Medicine (DOM) advised the Committee that the Medicine Clinical Board (MCB) had been asked to talk through how it could triangulate data provided by the People & Culture team to look at what required focus.</p> <p>She added that 2 areas were identified for discussion which included:</p> <ul style="list-style-type: none"> • Sickness • Values Based Appraisals <p>It was noted that in December 2022, the MCB Senior Management Team (SMT) had identified that sickness levels were too high and so actions were taken to help reduce sickness such as:</p> <ul style="list-style-type: none"> • Implementation of a monthly Sickness Panel where the SMT would meet with lead nurses and general managers to allow them to talk through individual members of staff where specific and guided support was required as well as discussion around short term sickness data. • Commissioning of Audit Work for community hospitals. • Training for staff <p>The Committee was presented with long-term and short-term sickness data for the MCB which showed a reducing trajectory which was pleasing to note.</p> <p>Data for each directorate was presented which also showed reducing trajectories in each area:</p> <ul style="list-style-type: none"> • Emergency and Acute Medicine • Integrated Medicine • Specialised Medicine <p>The Director of Nursing – Medicine (DONM) presented the Committee with the costs that sickness had created for the MCB for the year 2021-2022 which totalled £405,561 compared to 2022-2023 where the total had decreased to £176,439.</p> <p>In relation to Values Based Appraisals (VBA), the Committee were presented with the data around how many had been completed in 2023 and an upwards trajectory was observed culminating in 66.27% being obtained in July 2023.</p> <p>The CC thanked the DONM and DOM and asked that the thanks of the Committee be fed back to the MCB.</p>	
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	<p>The CEO asked that the data be presented to other Clinical Boards to help inspire them with the upwards trajectories shown by the MCB.</p> <p>The Executive Nurse Director (END) advised the Committee that there was a risk within the MCB when ward sisters were being asked to step away from the operational side of running the wards to step into the clinical nursing elements and noted that a conversation was required with the Directors of Nursing around supervisory time.</p> <p>The CC added that it was a crucial action to follow up on.</p> <p>The Committee resolved that:</p> <p>a) The Medicine Clinical Board Spotlight was noted.</p>	
<p>P&C 11/9/013</p>	<p>Staff Communications Plan</p> <p>The Staff Communications Plan was received.</p> <p>The Director of Communications (DC) provided the Committee with verbal update on the staff communications plan which included areas such as:</p> <ul style="list-style-type: none"> • Shaping Our Future Wellbeing • Financial Stability • Winter Wellbeing Plans • Recruitment and Retention Roadshows • Staff Benefits aligned to the cost of living work across the whole Organisation. <p>The DC added that there was an alignment of strategic communication activity across the Health Board which linked in with reactive and operational communications.</p> <p>The DC presented the Committee with a number of channels used to provide communication to staff which included:</p> <ul style="list-style-type: none"> • SharePoint • E-mails • Screensavers • CAVConnect • Ask Suzanne Meetings <p>Action - The CC asked that the analytics and business intelligence side of the data around staff engagement could be received by the Committee at a future meeting</p> <p>The Committee resolved to:</p> <p>a) The verbal update was noted.</p>	<p>JB</p>

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<p>P&C 11/9/014</p>	<p>All Wales Staff Survey</p> <p>The All Wales Staff Survey was received.</p> <p>The Assistant Director of Organisational Development, Wellbeing and Culture (ADODWC) advised the Committee of updates to the All Wales Staff Survey which included:</p> <ul style="list-style-type: none"> • HEIW had scoped and designed the survey • A thorough communication and engagement plan had been devised • Site visits would be undertaken when the Staff Survey went live <p>It was noted that the Health Board response rates had declined since 2016, as had the overall engagement score and so a target of 30% had been set by HEIW.</p> <p>The ADODWC advised the Committee that a working group had been established to effectively manage engagement and communication of the Staff Survey within the Health Board and noted that the group would compose and position information about the survey to colleagues across the Health Board whilst emphasising the importance of completion.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The actions being taken were noted. b) The communication and engagement of the NHS Wales Staff Survey within CAVUHB was supported and Members of the People and Culture Committee were asked to commit to championing and encouraging engagement at a local level and to lead the communication of results and development of local action plans following receipt of the analysis in December 2023. 	
	<p>Items for Approval / Ratification</p>	
<p>P&C 11/9/015</p> <p>Saunders, Nathan 09/11/2023 12:09:58</p>	<p>Welsh Language Annual Report</p> <p>The Welsh Language Annual Report was received.</p> <p>The ADODWC advised the Committee that standard 120 of the Welsh Language Standards required the Health Board to publish an annual report to provide an overview of organisational activity around the Welsh language, including compliance with the Standards.</p>	

	<p>She added that a number of areas had been identified within the report for the Committee to receive which included:</p> <ul style="list-style-type: none"> • Governance and structure • Activities under the 'Meddwl Cymraeg / Think Welsh' Campaign • Provision of bilingual information for patients and the public • Compliance with the Service Delivery Standards • Recruitment of Welsh language skills • Translation services • Concerns raised • Welsh language skill profile of staff <p>It was noted that there had been excellent progress made over the past year in raising the profile of the Welsh language throughout the Health Board. However, it was noted that improvements were needed, as data indicated:</p> <ul style="list-style-type: none"> • A low number of staff were recruited to the organisation with Welsh language skills identified as essential. • A low number of staff were registering their Welsh Language skills through Electronic Staff Records. <p>The ADODWC advised the Committee that the Health Board was establishing a task and finish group to improve process around recruiting people with Welsh language skills and were running a campaign to increase the registration of Welsh language skills.</p> <p>The CEO advised the Committee that a number of Welsh Language Enforcement notices had been received by the Welsh Commissioner which held a large risk to the Health Board and so work would be required to mitigate the risk.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> a) The report for publication on the Health Board's website was approved. 	
<p>P&C 11/9/016</p> <p>Saunders, Nathan 09/11/2023 12:09:58</p>	<p>Policies for Approval</p> <p>2 Policies were received for approval:</p> <ul style="list-style-type: none"> i) Waiting List Initiative Procedure Medical and Dental Staff ii) Industrial Action (All Wales) Guidelines <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The Waiting List Initiative Procedure Medical and Dental Staff was approved. b) The Industrial Action (All Wales) Guidelines were approved. 	

	Items for Information & Noting	
P&C 11/9/017	Corporate Risk Register The Corporate Risk Register was received. The Committee resolved that: a) The Corporate Risk Register risk entries linked to the People and Culture Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates was noted.	
P&C 11/9/018	Equality Impact Assessments: More than a Tick Box Exercise Management Response The Equality Impact Assessments: More than a Tick Box Exercise Management Response were received. The EDPH commented that some time ago, the Health Board adapted its approach to change the title of the assessments from "Equality Impact Assessments" to "Equality <i>and</i> Health Impact Assessments". She added that it was a key part of the national framework. The Committee resolved that: a) The Equality Impact Assessments: More than a Tick Box Exercise Management Response was noted.	
P&C 11/9/019	Any Other Business	
	The CEO noted that the potential for further Industrial Action was always a risk and so plans and discussion should be brought back for future conversation.	RG
	Private Agenda Items	
	i) <i>Private Minutes from the previous meeting – 11 July 2023</i> ii) <i>Fire Prosecution Update – Verbal (exempt from publication due to confidential nature of legal case)</i>	
P&C 11/9/020	Review & Final Closure	
P&C 11/9/021	Items to be deferred to Board/Committees	
	Date & time of the next meeting: Tuesday 14 November 2023 at 9am via MS Teams	

Public Action Log
Following People and Culture Committee Meeting
12 September 2023
(Updated for the Meeting 14 November 2023)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Completed Actions					
P&C 11/7/008	BAF	Covid risk was too high and needed to be reviewed.	James Quance	September 2023	COMPLETED Updated in September - Agenda item 2.2
P&C 11/7/011	Value Based Appraisal	Clinical Boards to be invited to speak about own VBA data.	Rachel Gidman	September 2023	COMPLETED Updated in September - Agenda item 2.7
Actions in Progress					
P&C 11/9/013	Staff Communications Plan	Analytics and business intelligence side of the data around staff engagement to be received by the Committee at a future meeting	Joanne Brandon	November 2023	Update to be provided in November Agenda item 2.6
P&C 11/9/019	Any Other Business	Information on further Industrial Action to be provided to the Committee where appropriate	Rachel Gidman	November 2023	Update to be provided in November if required via Action Log discussion
P&C 11/9/011	Key Workforce Performance Indicators	Staff flu vaccination uptake to be included in the next set of KPIs.	Rachel Gidman / Lianne Morse	November 2023	Update to be provided in November Agenda item 2.4

P&C 11/9/008	Health and Safety Update	Update to be brought back to the meeting on why people were not using the waste collection service	Robert Warren / Rachel Gidman	November 2023	Update to be provided in November Agenda item 2.7
P&C 11/7/015	Gender Pay Gap Report 2022	Deep dive on what the Health Board does to tangibly achieve fair gender pay.	Rachel Gidman/ Mitchell Jones	January 2023	Update to be provided in January
Actions referred from Board / Committees					
UHB 23/03/013	Gender Pay Gap Report	The Gender Pay Gap is to be considered at the new People and Culture Committee	Rachel Gidman	July 2023	COMPLETED Update provided at November's P&C meeting
Actions referred to Board/Committees					
P&C 16/05/009	Clinical Consultation Plan – Welsh Language	To discuss how the Plan could be fully resourced to ensure support and enactment of the Plan	Rachel Gidman	July 2023	COMPLETED Update given to Board in July 2023

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Report Title:	Board Assurance Framework – People & Culture			Agenda Item no.	2.2	
Meeting:	People & Culture Committee	Public	x	Meeting Date:	14 th November 2023	
		Private				
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Main Report

Background and current situation:

The Board Assurance Framework is presented to each meeting of the Board. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.

The Board Assurance Framework (BAF) contains three risks within the remit of the People & Culture Committee: 9. Workforce, 10. Sustainable Culture Change and 11. Staff Wellbeing.

Each will come to the committee on a rotating basis or as required. This meeting will focus on Wellbeing. The BAF will be updated in line with the refreshed strategy in time for the Board meeting in November.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The purpose of discussion at the People & Culture Committee is to provide further assurance to the Board that this risk is being appropriately managed or mitigated, that controls where identified are working and that there are appropriate assurances on the controls. Where there are gaps in either controls or assurances there should be actions in place.

Recommendation:

The People & Culture Committee is asked to:

- (a) Review the attached risk in relation to Wellbeing
- (b) Make any comments to the Exec Director to be addressed prior to Board consideration on 30 Nov 23.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant									
Prevention	<input checked="" type="checkbox"/>	Long term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
Impact Assessment:									
Please state yes or no for each category. If yes please provide further details.									
Risk: Yes/No									
Safety: Yes/No									
Financial: Yes/No									
Workforce: Yes/No									
Legal: Yes/No									
Reputational: Yes/No									
Socio Economic: Yes/No									
Equality and Health: Yes/No									
Decarbonisation: Yes/No									
Approval/Scrutiny Route:									
Committee/Group/Exec		Date:							
Board		28 September 2023							

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1. Impact of Covid19 Pandemic on Staff Wellbeing – Executive Director of People and Culture (Rachel Gidman)

As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

Risk	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the g pandemic and the pressures now emerging in term of continued high levels of demand, staffing shortages and societal issues such as the cost of living crisis. This, together with limited time to reflect and recover, will increase the risk of burnout in staff.
Date added:	6 th May 2021
Cause – During Pandemic	<ul style="list-style-type: none"> • Redeployment with lack of communication / notice / consultation • Working in areas out of their clinical expertise / experience • Being merged with new colleagues from different areas • Increased working to cover shifts for colleagues / react to increased capacity / high levels of sickness or isolation due to positive Covid test results
Post-Pandemic	<ul style="list-style-type: none"> • Shielding / self-isolating / suffering from / recovering from COVID-19 • Build-up of grief / dealing with potentially traumatic experiences • Lack of integration and understanding of importance of wellbeing amongst managers / impact upon manager wellbeing • Conflict between demands of service delivery and staff wellbeing • Exposure to psychological impact of increasingly complex and challenging demands of care / inability to deliver care to required standard due to short staffing (moral injury) • Ongoing demands over an extended period of time – addressing waiting lists / financial climate, minimising ability to take leave / rest / recuperate / attend learning and development • Cost of living ‘crisis’
Impact	<ul style="list-style-type: none"> • Values and behaviours of the UHB will not be displayed and potential for exacerbation of existing poor behaviours • Operating on minimal staff levels in clinical areas • Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated • Clinical errors will increase • Staff morale and productivity will decrease • Job satisfaction and happiness levels will decrease • Increase in sickness levels • Patient experience will decrease • Increased referrals to Occupational Health and Employee Wellbeing Services (EWS) • UHB credibility as an employer of choice may decrease • Potential exacerbation of existing health conditions • Impact on retention (negative) and attraction of staff into healthcare

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Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 (Extreme)
Current Controls	<ul style="list-style-type: none"> Self-referral to wellbeing services Managerial referrals to occupational health External support, e.g. Canopi Wellbeing Q&As and drop ins (ad-hoc and upon request) Wellbeing Support and training for Line managers Development of range of wellbeing resources for both staff and line managers GP self-referral Values Based Appraisals including focus on wellbeing Chaplaincy ward rounds Network of Wellbeing champions (training linked with the 'Time to Change Wales Programme') Health and Wellbeing Strategic group Development of rapid access to Dermatology Post traumatic pathway service currently under review Deployment principles to support staff and line managers Wellbeing walkabouts to signpost resources Long Covid Peer Support Group Employee Wellbeing Support Pathway and Financial Wellbeing Pathway Implementation of 'Money and Pensions Service (MaPS) training for the wellbeing champions and line managers Establishment of the Cost of Living and Wellbeing webpages on Sharepoint Dedicated staff benefits, savings and discount web pages Provision of MaPS presentations on 'pensions' and 'pensions and menopause' 		
Current Assurances	<ul style="list-style-type: none"> Internal monitoring and KPIs within the OH&EHWS ⁽¹⁾ Wellbeing champions normalising wellbeing discussions ⁽¹⁾ VBA focussing on individual wellbeing and development ⁽¹⁾ Successful retention of the gold (and platinum) Corporate Health Standard awards via the 'Enhanced Status Checks' in March 2023 HIT Team recommendation plan completed following UHB engagement, priority actions to be focus ⁽¹⁾ Substantive funding identified to maintain on a permanent basis the enhanced EWS service from April 2023 Development of a new and permanent OD Manager - Wellbeing and Engagement role Taking Care of Carers Audit and Action Plan ⁽³⁾ Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report ⁽³⁾ Trade unions insight and feedback from employees ⁽²⁾ Working with HEIW as part of the Financial Wellbeing (FWB) task and finish group to develop a FWB strategy for NHS staff in Wales ⁽²⁾ 		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	<ul style="list-style-type: none"> Staff shortages leading to movement of staff and high demand for cover Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working Continued increase in manager referrals to Occupational Health and increased PEHD work to support -recruitment 		

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		September 2023 – Jan 2024	<p>with TU Partners and MaPS.</p> <p>Financial Wellbeing packs have been circulated to key leads in primary care and community for cascading through the teams.</p> <p>EWS, ECOD and People Services will work with Ops during Autumn / Winter 2023/24 to support a series of roadshows for staff. The Winter Roadshows will include wellbeing advice and signposting, financial wellbeing, NHS Wales Staff Survey updates and general advice and guidance.</p> <p>A staff Financial Wellbeing pathway has been developed and will form part of the roadshows in Autumn / Winter 2023.</p> <p>Dedicated staff financial wellbeing and CoL web pages have been established on sharepoint.</p>
<p>2. Employee Wellbeing Service working with the Occupational Health Service, People Services and ECOD to identify insights from workforce data collated to shape strategic and operational response to themes / emerging trends.</p> <p>Saunders, Nathan 09/11/2023 12:09:58</p>	Nicola Bevan	April 2023 – March 2024	The Health Intervention Impact Report has been utilised to shape the year two priorities and actions within the People and Culture Plan.

		July 2023 – Jan 2024	Development of a Health and Wellbeing Framework continues. A Working Group will be established by the Wellbeing Strategy Group in October 2023 to shape the Framework. This will be presented to WPG in January 2024.
		September 2023	The Health Charity are supporting colleagues at Whitchurch to fund a water station onsite following completion of a SBAR.
		July – December 2023	Peer support developments – MedTRiM training is partially completed. Meeting with provider re-scheduled for Autumn 2023 to review progress and next steps.
			Sustaining Resilience at Work Practitioner Training (StRaW) has been undertaken by Children and Women CB supported by P&C Team. An infrastructure that supports the practitioners has been established and is overseen by four StRaW Managers and a StRaW co-ordinator. The StRaW

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		November 2023	<p>Practitioner Network has been created and monthly network meetings established. An interim review to take place December 2023.</p> <p>Development of 'My Health Passport' to enable employees who believe they may need support or work adjustments due to a disability or long term health condition. This could be in relation to a pre-existing or new health condition. The passport is designed for the employee to share with their line manager to support effective conversations around support and performance. The passport will be soft-launched throughout the organisation in November to coincide with Disability Awareness Month.</p>
<p>3. Enhance communication methods across UHB</p> <ul style="list-style-type: none"> - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources 	Nicola Bevan	<p>July – December 2023</p> <p>April 2023 – March 2024</p>	<p>A variety of communication models including Twitter accounts are being utilised to share Wellbeing updates across the UHB.</p> <p>A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year</p>

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		October 2023 – March 2024	<p>The Financial Wellbeing Working group has now been stood down as it has delivered on the main actions. The remaining actions on the 'Action Plan' will be delivered and progress monitored via the Strategic Wellbeing group.</p>
		September 2023	<p>A financial wellbeing flyer has been developed by the EWS team. Meeting being planned with key members of the comms team to discuss how to strengthen comms to support EWS</p>
		August 2023 – March 2024	<p>Wagestream was implemented in August 2023. This platform provides financial education and guidance, along with the ability for staff working additional hours as over-time / bank to draw down payment on a weekly basis, supporting staff during the cost of living challenges, and reducing reliance on agency workers. Communication campaign to commence July 2023.</p> <p>Communication of engagement and wellbeing surveys</p>

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		September – October 2023	continue with P&C team attending CB SMTs. Five attended so far, remaining sessions to be booked in Autumn 2023.
		September – December 2023	Communications also being developed to thank staff for participation in surveys / platforms; to communicate key themes and to outline actions being taken / planned. This will form part of the engagement plan for NHS Wales Staff Survey.
<p>4. Training and education of management</p> <ul style="list-style-type: none"> - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers 	Claire Whiles	<p>July – December 2023</p> <p>September – December 2023</p> <p>November 2023</p> <p>September – November 2023</p>	<p>Appointment of OD Manager, Wellbeing and Culture supporting and shaping Leadership and Management development offerings to sustained focus on staff wellbeing.</p> <p>Work being undertaken re Leadership Principles will also enhance this.</p> <p>Retention toolkit developed to support teams / CBs / managers. To include links and guidance to support at a local level.</p> <p>Acceler8 Cohort 2 completed. Current review and evaluation of leadership development to follow audit advisory feedback.</p>

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		August 2023	<p>Draft commissioning model agreed, to be communicated via WPG, SLB.</p> <p>Financial Wellbeing (FWB) lead working with P&C leads to look at embedding FWB into moments that matter such as staff induction. Meeting held and sign posted to staff induction leads</p>
<p>5. Wellbeing interventions and resources funding bid approved November 2021. Implementation to start December 2021 for completion March 2022. Wellbeing Strategy group to shape with feedback from CI Boards.</p>	Claire Whiles	<p>September 2023 – March 2024</p> <p>October 2023 – January 2024</p>	<p>Work on evaluation metrics underway within ECOD, EWS and OH. Current review of reporting and identification of dashboard to provide organisational insights and assurance. This will ensure effective monitoring, evaluation and planning of all wellbeing services and interventions. Work progressing slowly due to inability to fill vacant role.</p> <p>Wellbeing Framework draft presented to Strategic Wellbeing Group Feb 2023. Following revised TORs for Strategic Wellbeing Group, work will re-commence in October 2023.</p>

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		July 2023 – March 2024	<p>Schwartz Round clinical leads identified.</p> <p>Facilitator Training took place on 18th July 2023.</p> <p>Steering Group established and initial meeting took place September 2023. Project plan in development, first round to take place October 2023, and will be held monthly.</p>
		September – October 2023	<p>Schwartz Round Administrator role – currently no capacity to fill role, to review in Autumn 2023. Risk re Schwartz Round Administrator role – currently not assigned.</p> <p>Wellbeing Retreat Pilot completed, draft evaluation currently in review – delayed due to capacity.</p>
		September 2023 – March 2024	<p>Organisational approach to Cultural Assessment was presented to SLB in August 2023. Utilising NHSE tool which is an evidenced based model designed by NHSE, The King's Fund and Professor Michael West. Working with HEIW to implement and embed. Will support development of an inclusive, compassionate and healthy workplace.</p>
		July – October 2023	<p>Cultural Assessment work currently being</p>

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			<p>prioritised to support a range of CBs.</p> <p>This will require collaborative working across P&C Team and CBs, including TU partners.</p> <p>Range of Financial Wellbeing (FWB) resources available to staff via the dedicated FWB webpages with several links to the other recognised resources such as: Money Helper, Cardiff Credit Union, Stop Loan Sharks Wales and many more.</p> <p>Schwartz Rounds-Facilitators, administrators and members of a Steering group have been identified. Training for the facilitators has been arranged for 18th July which is a joint session with ABUHB. Training for the administrators and members of the Steering Committee is being arranged with the 'Point of Care Foundation. The intentions is to roll out the rounds from October 2023</p>
Impact Score: 5	Likelihood Score: 1	Target Risk Score:	4 (Moderate)

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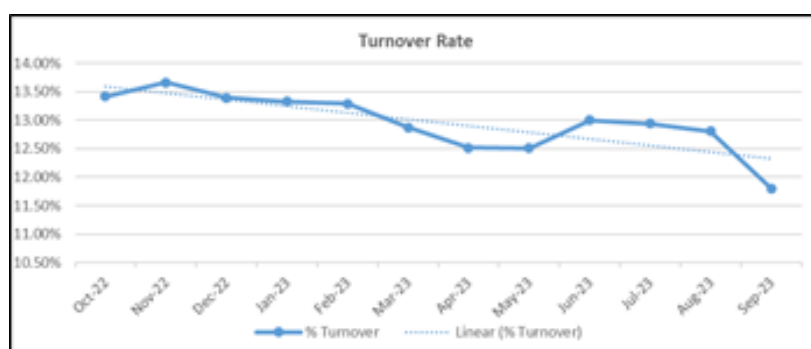
Report Title:	Key Workforce Performance Indicators				Agenda Item no.	2.3
Meeting:	People & Culture Committee		Public	X	Meeting Date:	14.11.2023
			Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Deputy Director of People & Culture / Head of People Analytics					

Main Report

Background and current situation:

Section 2 of the attached Integrated Performance Report (IPR) provides the UHB position against the People and Culture key performance indicators, highlights to bring to the Committees attention include:

- **Improving turnover rate** (the WTE staff leaving the Health Board in the past 12 months represented as a percentage of the average WTE staff in post for the same period) has fallen from a high of 13.66% at Nov-22 to 11.80% at Sep-23. Clinical Boards are working on a range of measures to improve staff retention.

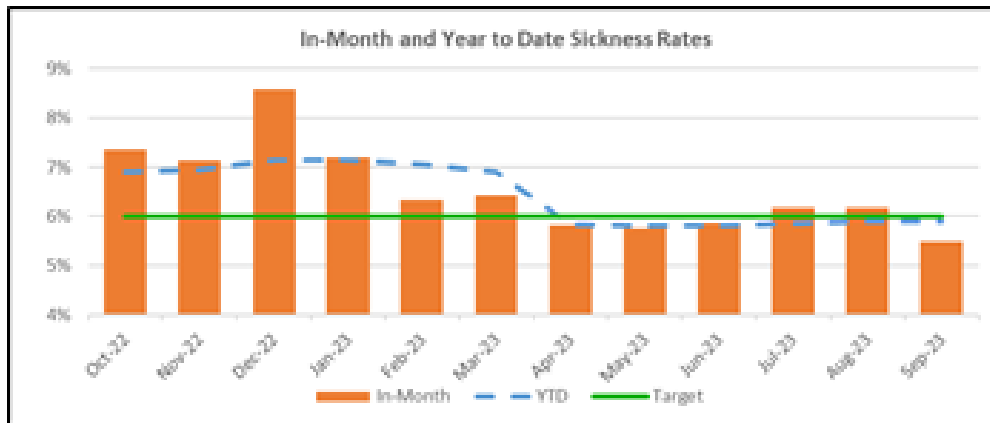


- **Valued-based Appraisal** compliance has fallen for the past 2 months, after having risen steadily from 32.36% in Apr-22 to a high of 71.64% in Jul-23. The rate for Sep-23 was 67.81%. This pattern is reflected in the performance of all of the Clinical Boards with the exception of the All-Wales Genomics Service and the Corporate Executives, which continue to rise. This is shown in the chart below. The reduction has been discussed at Clinical Board reviews and will be monitored on a monthly basis.

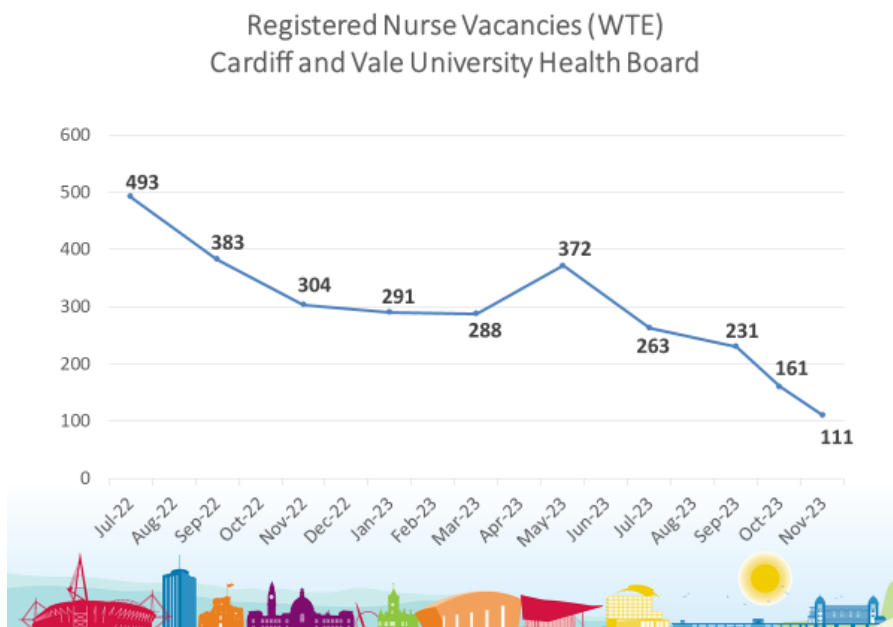


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- **Sickness absence** levels are improving as outlined below:



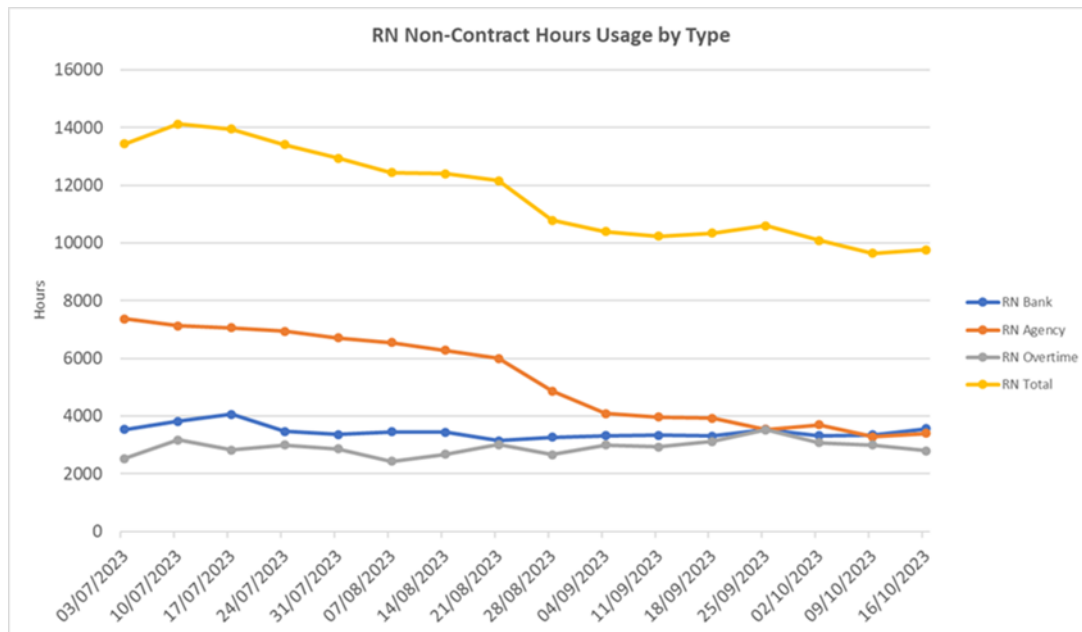
- **Registered Nurse vacancies** at bands 5 and 6 have significantly reduced and are now below the 5% UHB target.



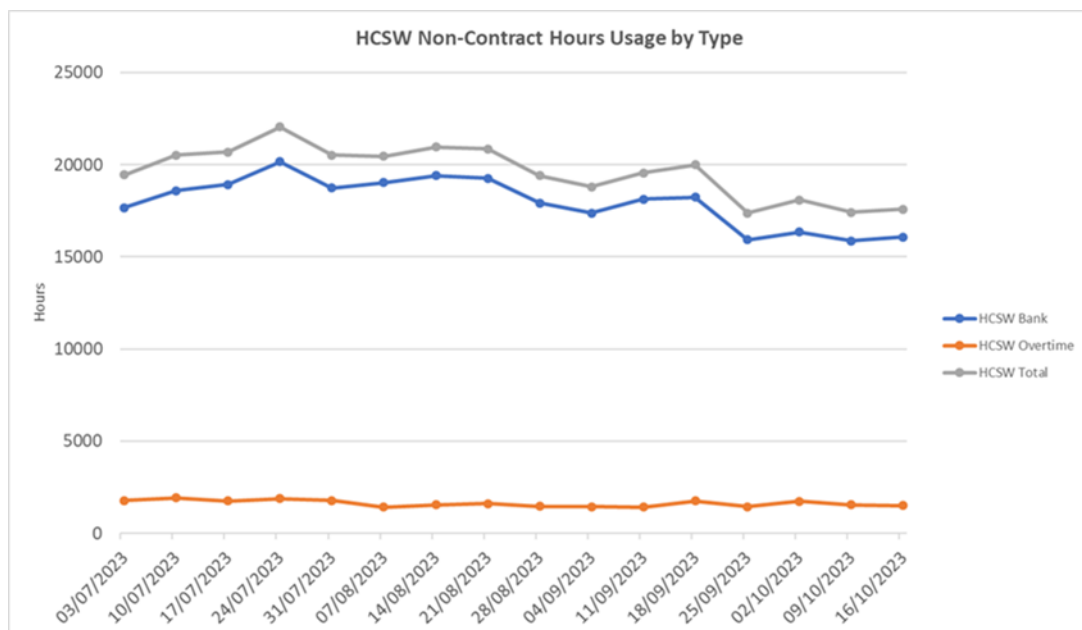
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- **Workforce Sustainability – Nursing position**

Registered Nursing agency has reduced by 50%, outlined below:



HCSW bank and overtime remains consistent, with no agency use since 01/04/23.



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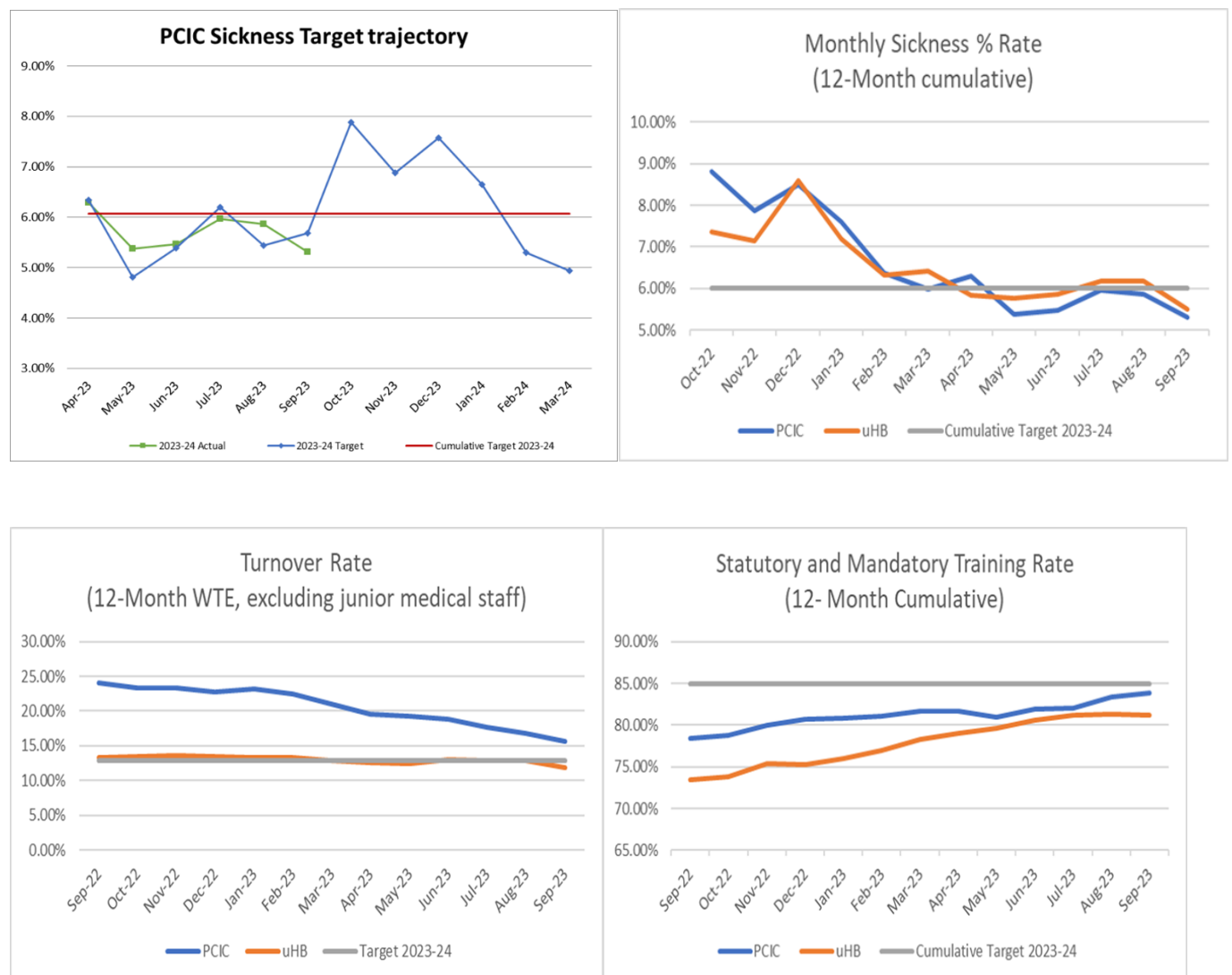
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Our approach

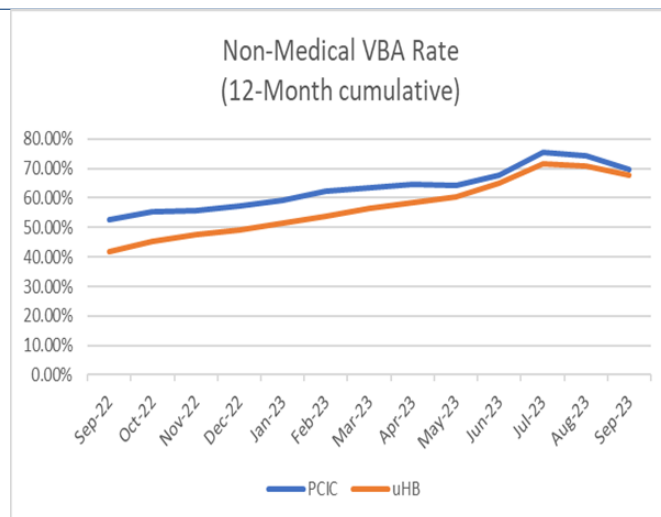
The Integrated Performance Report provides the Committee with high level assurance on key workforce performance indicators. In addition, the Committee will receive updates from each of the Clinical Boards in relation to:

- Workforce Sustainability
- Cultural Hotspots
- KPIs, e.g. sickness, turnover, VBA, job planning, etc
- Embedding the People and Culture Plan – what are the priorities for the Clinical Board

PCIC Clinical Board are presenting at the November Committee, below are the high level KPIs to support the discussion.



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Suspension/Exclusion from work

There are currently 16 ongoing formal cases being investigated in accordance with the All Wales Disciplinary Policy, plus 4 being investigated in accordance with the Upholding Professional Standard in Wales Procedure (UPSW). 6 of these investigations have been ongoing for more than 4 months.

The UHB currently has 4 staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct.

One member of staff has been excluded from work for 3 years due to a Police Investigation, which delayed our internal processes. The UPSW process has also been put on hold to allow for concerns that have been raised in accordance with the Respect and Resolution Policy to be concluded. Another member of staff has been excluded from work for over 12 months, this is due to the investigation being put on hold due to concerns raised under the Formal Respect and Resolution Policy. Both exclusions are being managed via the UPSW procedure.

The remaining 2 members of staff have been suspended for 5 months and 1 month, one due to a Police Investigation, which has concluded and an internal investigation is being undertaken. The other suspension is due to a criminal conviction. All these cases are reviewed monthly to ensure suspension/exclusion is the appropriate course of action.

Recommendation:

The People & Culture Committee is requested to:

- **Note** the contents of the report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x

4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: Yes

Workforce risks and mitigating actions taken are described throughout this report

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
Strategy & Delivery	

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Report Title:	DRAFT PEOPLE AND CULTURE COMMUNICATIONS PLAN			Agenda Item no.	2.5
Meeting:	PEOPLE & CULTURE COMMITTEE	Public	<input checked="" type="checkbox"/>	Meeting Date:	14th November 2023
		Private	<input type="checkbox"/>		
Status (please tick one only):	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>		Information <input type="checkbox"/>	
Lead Executive:	Rachel Gidman, Executive Director of People and Culture				
Report Author (Title):	Joanne Brandon, Director of Communication, Arts, Health Charity and Engagement				

Main Report

Background and current situation:

Background

Successful internal communications and engagement increases retention and productivity of staff. It is also the right thing to do in an inclusive and forward-thinking organisation - aligning with our values and behaviours, which in turn establishes the culture of an organisation.

During the Covid-19 pandemic, Cardiff and Vale University Health Board saw its workforce adapt quickly to the challenges they faced. We now need to strike a balance, as we learn to live and work with COVID-19, and manage any additional demands, including seasonal pressures and the backlogs created during the pandemic.

The demands faced by the Health Board over the next few years will be unlike anything we have ever faced before. To meet these, we know that we need to do things differently and that we are completely dependent on our workforce being creative and innovative to deliver health and care in different ways, putting the person at the heart of all we do.

The Draft People and Culture Communications Plan (Appendix 1) has been developed to outline the key objectives and delivery plan to support the communications and engagement requirements of Cardiff and Vale University Health Board.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

I am pleased to submit this draft communications plan for review, discussion and comments by the People and Culture Committee.

Recommendation:

The People and Culture Committee are requested to: review the attached draft People and Culture Communications Plan and provide feedback and comments as relevant.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	<input checked="" type="checkbox"/>	6. Have a planned care system where demand and capacity are in balance	<input type="checkbox"/>
2. Deliver outcomes that matter to people	<input type="checkbox"/>	7. Be a great place to work and learn	<input checked="" type="checkbox"/>
3. All take responsibility for improving our health and wellbeing	<input checked="" type="checkbox"/>	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	<input checked="" type="checkbox"/>
4. Offer services that deliver the population health our citizens are entitled to expect	<input type="checkbox"/>	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	<input checked="" type="checkbox"/>

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	√						
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant</i>									
Prevention		Long term		Integration	√	Collaboration	√	Involvement	√
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: No									
Safety: No									
Financial: No									
Workforce: No									
Legal: No									
Reputational: No									
Socio Economic: No									
Equality and Health: No									
Decarbonisation: Yes/No									
Approval/Scrutiny Route:									
Committee/Group/Exec		Date:							

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People and Culture Communications Plan

Living Well, Caring Well, Working Together



Background

Successful internal communications and engagement increases retention and productivity of staff. It is also the right thing to do in an inclusive and forward-thinking organisation - aligning with our values and behaviours, which in turn establishes the culture of an organisation.

During the Covid-19 pandemic, we saw our workforce adapt quickly to the challenges they faced. We now need to strike a balance, as we learn to live and work with COVID-19, and manage any additional demands, including seasonal pressures and the backlogs created during the pandemic.

The demands faced by the UHB over the next few years will be unlike anything we have ever faced before. To meet these we know that we need to do things differently and that we are completely dependent on our workforce being creative and innovative to deliver health and care in different ways, putting the person at the heart of all we do.

Ambition

We will align our existing and future communications and engagement activities with staff to the people and culture to the strategic objective 'Putting People First' and to the People and Culture Plan 2022 – 2025.

By 2035, communications and engagement work will contribute to colleagues recommending Cardiff and Vale University Health Board as a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.

Objectives

- We will promote the health board as a great place to train, work and live.
- We will show we listen to and empower people to live healthy lives.
- We will increase diversity of the workforce to reflect the diversity of our communities.
- We will listen to staff feedback on how we can best engage with them and educate on different internal communications methods available (Road Map).
- We will empower staff to take ownership of content and empower them to communicate messages that are important to them internally (CAV Connects app and toolkits).

Internal Communications Methods

- SharePoint
- Email
- Screensavers
- Roadshows



- ESR banners
- CEO engagement – CEO Connects, Ask Suzanne
- CAV Connects staff app
- Printed materials - Posters / banners
- Display screens
- Staff networks and staff social media groups

Target Audience

Over 17,000 CAVUHB employees including:

- 29.62% Nursing and Midwifery registered
- 20.34% Additional Clinical Services
- 17.73% Administration and clerical
- 9.30% Allied Health Professionals
- 8.46% Estates and Ancillary
- 6.89% Medical and Dental
- 3.94% Add Prof Scientific and Technic
- 3.52% Healthcare scientists
- 0.18% Students

**Staff data as of 23/08.*

Communication and Engagement Support

Communications and Engagement activities will support the delivery of Shaping Our Future Wellbeing and the People and Culture Plan 2022 – 2025.

Strategic Priority	2027	Communications and Engagement
People will feel valued, developed, supported and engaged	The national staff survey will show an improved engagement score, with more staff taking part in the staff survey and other engagement activities. We will achieve a workforce engagement score of 4.0 (national index – highest score 5). 50% of our colleagues will take part in the National staff survey. Key workforce indicators as highlighted in the People and Culture plan will be met e.g.: Turnover rate under 10%, Value based appraisals between 75%-85%, Sickness less than 6%.	NHS Wales Staff Survey We will encourage staff across the organisation to complete the NHS Wales Staff Survey, communicate that feedback is anonymous, and communicate key results following previous feedback that has led to change to encourage participation. We will continue to communicate digital copies of the survey with staff through email and intranet news and dedicated pages. We will continue to communicate paper copies of the survey by working collaboratively with education, culture and organisational development teams, hosting drop-in sessions to engage with staff and host a space for them to collect and complete the survey. Once the survey has closed, we will

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thank staff who have participated in the survey and ensure they are aware of the next steps of how their feedback will make a difference, and communicate any key changes that follow as a result of feedback.

Focus groups

We will hold focus groups with staff in a variety of different roles to find out how we can best engage with them. We want them to feel included in decisions and build approaches based on evidence of how we can best reach them, and outcomes from focus groups will inform our internal communications approaches.

Road map

We will create a road map of different methods of internal communications and outline the purpose of each channel, so that staff aware of the best ways to flag priority messages with the Communications team, and for staff to post their own content. We will produce toolkits and user guides for staff to post their own information and text to SharePoint, to make them feel more engaged in the organisation.

This road map will also include details of the foundations of good communications based upon the hierarchy and the importance of cascading information through specific teams, from leader, manager, team supervisor, and direct reports.

CAV Connects and toolkits

We will promote CAV Connects as a staff owned app, empowering staff to own the platform and to populate with their own content. Staff will be encouraged to post to their own department/team pages, and post about staff good news stories, including thanking colleagues, retirement and birthday messages. The Communications team will provide guides and toolkits of how they can add content and information to the app. The app will be monitored by the Communications team.

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		<p>‘Colleague Spotlight’ feature</p> <p>In August 2023, we introduced a section to the Ask Suzanne sessions, which provides an opportunity to shine a light on the work being done by different colleagues across the health board.</p> <p>Each month a speaker is invited to talk to CEO Suzanne Rankin and listeners of the session about their recent work. This has previously involved a mix of roles, including nursing and apprenticeship staff, to show the diversity of work within the health board and to give thanks and visibility to colleagues.</p> <p>We will continue to use these as opportunities to ensure staff feel valued, developed, supported and engaged.</p>
<p>We will have an inclusive culture where the diversity of the Health Board’s people will be representative of the Health Board’s local populations.</p>	<p>The Health Board’s Equality, Diversity and Inclusion plans will ensure that our workforce profile becomes more representative of the demographic profile of the Cardiff and Vale population. We will increase organisational ability to deliver services in Welsh through increasing the number of Welsh Essential posts in line with need, and to increase the numbers of staff with Welsh Language Skills Levels 2 - 5 by 25%.</p>	<p>Inclusive Recruitment Brand</p> <p>We will work to develop an inclusive recruitment brand which encourages more representation across our workforce, to enable us to reflect the population we serve.</p> <p>We will use data to further understand the demographic profile of those within Cardiff and the Vale, so that we can become more representative of our communities throughout our workforce.</p> <p>The latest census data on main languages outside of English or Welsh in Cardiff and Vale of Glamorgan is Arabic (over 5,000 speakers), Polish (over 2,700 speakers) and Bengali (over 2,100 speakers).</p> <p>This information will support recruitment branding where we can highlight roles and the health board as an employer in different languages to engage with our specific communities.</p> <p>Welsh Language</p> <p>We will continue to work closely with Equity and Inclusion colleagues to promote Welsh Language initiatives across the organisation.</p>

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		We will communicate upcoming Welsh Language courses with staff with the aim of increasing the numbers of Welsh Language Level 2 speakers.
Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.	Life Expectancy for men will rise to 79.6 years and for women to 84 years.	<p>We will use internal patient data to identify patterns and trends in health so that we can better understand trends and provide preventative advice and target specific audiences.</p> <p>This will ensure that our messaging to empower people to live healthy lives and reduce risk of ill health, is reaching the most appropriate audiences in the right places.</p> <p>We will use Mosaic data to understand behaviours and interests of different audiences, so that we can know how to best reach them through campaigns and engagement activities.</p> <p>We will continue to promote Keeping Me Well resources, which is designed by clinicians and service users from Cardiff and Vale University Health Board.</p> <p>The information on the website helps to support health and wellbeing, including preparing for treatment, recovering from treatment, managing a long-term condition or looking to live a healthier and more active lifestyle.</p> <p>We will continue to work with partner organisations for joint-up approaches to improve health and empower people to live healthy lives.</p>

Communications and Engagement Activity Plan

Existing and upcoming communications and engagement approaches aligned to People and Culture.

Timeline	Task	Summary	Lead
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Ongoing	Zero tolerance to smoking on hospital grounds	Working group established to tackle staff smoking on UHB sites.	Comms lead: Mark Smith
Ongoing	Register Welsh language skills on ESR	All colleagues are encouraged to register their Welsh language skills on ESR to help CAV UHB assess the Welsh language abilities of the organisation.	
Ongoing	Recovery College	Comms are working closely with the Recovery College to promote their services externally to the public but also internally to support staff with mental health challenges.	Comms lead: Alexandra Davies, Nicole Thomas, Jason Vowles
Ongoing	EDI & Veteran project	Supporting veterans by recognising possible barriers to health care. EDI & 9 protected characteristics: Age, gender, sexual orientation, gender identity (transgender), disability, race, pregnancy/maternity, and marriage status including civil partnership	Comms lead: Robyn Kelly
Ongoing	Website accessibility	An ongoing project within the digital comms team to improve the accessibility of the website for the public and staff	Comms lead: Jennifer Collins Jenny Seal, Jason Vowles, Robyn Kelly
Ongoing	PCIC Academy	Initiative collating the training opportunities within primary care.	Comms lead: Bronte Howard
Ongoing	People, Health and Wellbeing Service – Financial pathway	PHWS have created 'Financial Wellbeing Pathways' to support colleagues through financial hardship. Also promoted	Comms lead: Nicole Thomas

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		during Winter Roadshow sessions	
October 2023 – onwards	Winter planning – Length of Stay	Communications plan and delivery in progress to communicate the challenges of LOS and the suggested improvements for staff and patients	Comms lead: Jennifer Collins, Bronte Howard, Nicole Thomas
01/08/2023 - onwards	Florence Nightingale Academy	CAVUHB is an FNF member – a global initiative to develop, support and retain nurses and midwives	
Monthly (at each Ask Suzanne)	Colleague Spotlight	During each 'Ask Suzanne' session, a spotlight is given to a different member of staff to promote their portfolio of work and show gratitude for their efforts.	
Weekly	'Job bundle' social media posts	Comms are in constant communication with recruitment to create 'job bundle' posts weekly to promote CAVUHB's latest vacancies.	Comms lead: Jason Vowles
11/09/2023 - 22/09/2023	Covid-19 and flu vaccination drop-in clinics for staff	10 pop-up clinics were established across UHB sites to encourage staff to receive their Covid-19 and flu vaccinations ahead of winter.	Comms lead: Mark Smith
16/10/2023	Launch NHS Wales Staff Survey		Comms lead: Jennifer Collins, Jason Vowles
16/10/2023	NHS Staff Survey Drop-in Sessions - St. David's Hospital, Conference Room		Comms lead: Jennifer Collins, Jason Vowles
18/11/2023	NHS Staff Survey Drop-in Sessions - Butetown Medical Centre		Comms lead: Jennifer Collins, Jason Vowles
19/11/2023	NHS Staff Survey Drop-in Sessions - UHL		Comms lead: Jennifer Collins, Jason Vowles

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23/10/2023	Winter Roadshow (in person @ St David's)		Comms lead: Nicole Thomas
24/10/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
25/10/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
25/10/2023	NHS Staff Survey Drop-in Sessions – Barry Hospital		Comms lead: Jennifer Collins, Jason Vowles
26/10/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
26/10/2023	NHS Staff Survey Drop-in Sessions - CRI		Comms lead: Jennifer Collins, Jason Vowles
30/10/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
30/10/2023	Shaping Our Future Wellbeing Socialisation		Comms Lead: Robyn Kelly
01/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
02/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
03/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
06/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
06/11/2023	Ask Suzanne	SOFW Focus and presentation	Comms lead: Jennifer Collins
06/11/2023	NHS Staff Survey Drop-in Sessions – Woodland House		Comms lead: Jennifer Collins, Jason Vowles
07/11/2023	NHS Staff Survey Drop-in Sessions – UHL		Comms lead: Jennifer Collins, Jason Vowles
08/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
08/11/2023	NHS Staff Survey Drop-in Sessions – Riverside Health Centre		Comms lead: Jennifer Collins, Jason Vowles
09/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
09/11/2023	NHS Staff Survey Drop-in Sessions – St. David's Hospital		Comms lead: Jennifer Collins, Jason Vowles
11/11/2023	Remembrance Day	Veterans / EDI	Comms Lead: Robyn Kelly
13/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
13/11/2023	NHS Staff Survey Drop-in Sessions - UHW		Comms lead: Jennifer Collins, Jason Vowles

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15/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
15/11/2023	NHS Staff Survey Drop-in Sessions - Barry Hospital		Comms lead: Jennifer Collins, Jason Vowles
16/11/2023	Winter Roadshow (in person - ALAS, Rookwood Hospital)		Comms lead: Nicole Thomas
17/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
17/11/2023	Safeguarding children training for staff	Interactive workshop training for staff on safeguarding children	
20/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
20/11/2023	Shaping Our Future Wellbeing	Focus on Putting People First theme	Comms lead: Robyn Kelly
22/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
23/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
27/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
28/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
28/11/2023	Training: Travel Health for GPNs	Training course for GPNs covering travel risk assessment, immunisation for travel, managing complex travel and more.	
29/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
30/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
30/11/2023	Focus groups with staff on how we can best engage with them	Speak to staff about the different ways they would like us to engage with them, to identify the most appropriate channels to use.	Comms lead: Jennifer Collins
11/11/2023	Shaping Our Future Wellbeing	Care in the right places theme – link with Six Goals / Winter	Comms lead: Robyn Kelly
30/12/2023	Draft road map of internal communications approaches	Create map of different methods of internal communication and outline purpose of	Comms lead: Jennifer Collins

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		each channel. Produce toolkits and user guides for staff to produce their own content.	
02/01/2024	Shaping Our Future Wellbeing	Acting for the Future theme – consider New Year	Comms lead: Robyn Kelly
22/01/2024	Shaping Our Future Wellbeing	Providing Outstanding Quality theme	Comms lead: Robyn Kelly
29/02/2024	Launch road map and CAV Connects	Launch road map to inform staff of different methods of internal communication and outline purpose of each channel. Promote toolkits for staff to produce their own content.	Comms lead: Jennifer Collins, Jason Vowles
01/03/2023	Inclusive Recruitment Brand Identity	Create brand identity including graphics and posters that represent a commitment to equality, diversity and inclusion, with the aim of recruiting a diverse workforce.	Comms lead: Jennifer Collins, Jason Vowles
TBC	Welsh Language Courses for colleagues		Comms lead: Robyn Kelly
TBC	Consultation on our Strategic Equality Objectives	Equity and Inclusion team undertaking consultation with colleagues, public and stakeholders	Comms lead: Robyn Kelly

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Report Title:	Health and Safety Sub-Committee – Chair's Report			Agenda Item no.	2.6
Meeting:	People and Culture Committee	Public	x	Meeting Date:	14.11.2023
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				
Main Report					
Background and current situation:					
<p>The purpose of this report is to provide People and Culture Committee Members with a summary of key issues discussed at the Health and Safety Sub-Committee Meeting held on 24 October 2023.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The standard items of business were discussed at the meeting. These included the following:</p> <p>Health and Safety Overview – The Health & Safety Overview was received by the Sub-Committee which highlighted the following:</p> <ul style="list-style-type: none"> Lessons from Losses - it was noted that from April 1st 2023 until 6th October 2023, there had been 46 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) entries and the Sub-Committee were provided with some examples of those RIDDORs Power Outage Electrical Test (POET) - it was noted that operation POET involved a huge amount of planning, multiple departments, multiple people and that it was important to note how well it was performed and the risk reduction that had ensued as a result of operation POET. Smoking on Hospital Grounds – it was noted that an email was sent to managers for onward cascade which highlighted illegal smoking areas, reiterated Smoke-Free Regulations and the responsibilities to adhere to Health and Safety Policy to ensure the safety of departments, patients and visitors. UHB Classroom Training Compliance – it was noted that there had been positive increases in classroom compliance on a number of areas which included: <ul style="list-style-type: none"> Moving & Handling Level 1 Moving & Handling Level 1b Moving & Handling Level 2 Violence & Aggression Module A Violence & Aggression Module C Violence & Aggression Module D Health, Safety and Welfare <p>It was noted that there had been a -0.05% decrease in Violence & Aggression Module B compliance and a -0.58% decrease in compliance on Fire Safety.</p> <ul style="list-style-type: none"> Health & Safety Culture Plan Update – the Sub-Committee were presented with the general plan update where it was noted that there had been some stalling between themes 4, 5 and 6 (Measuring Performance, Audit & Review and Fire) but the Sub-Committee were assured that work was in place to ensure actions were completed around those themes. Operational Health & Safety Group Feedback – the Sub-Committee were presented with the feedback on operational Health & Safety issues from various Clinical Boards and Directorates which included; <ul style="list-style-type: none"> CD&T 					

- Capital, Estates & Facilities (CEF)
- Dental
- Medicine
- Children & Women

- Culture – it was noted that the Health Board needed a culture shift around Health & Safety and that staff needed to be given the right tools and information to prepare them for wider work place which required a number of new initiatives which could include working alongside universities to ensure future staff are aware of the Health & Safety requirements of a Health Board.

Fire Safety Report – The Fire Safety Report was received.

The Sub-Committee were advised that there had been two fire incidents recorded during the reporting period:

- A fire reported in the Out of Hours (OOH) District Nurses office at the Cardiff Royal Infirmary caused by alkaline batteries.
- A fire reported in the University Hospital Llandough - Ward East 4 – Kitchen

It was noted that 69 unwanted fire signals (UWFS) lead to disruption of service/patient care, increased costs and unnecessary risk to those required to respond to the alarm and that within the reporting period (01/07/2023 - 30/09/2023).

The Sub-Committee was advised that a Personal Emergency Evacuation Plans policy had been drafted and was going through the consultation process before being brought back to the H&S Sub-Committee.

- Fire Safety Week & Staff Update – it was noted that separate fire safety weeks had been held at UHL and the University Hospital Wales (UHW) where 1088 individuals had been trained.

Environmental Health Inspector Report – The Environmental Health Inspector Report was received.

The Sub-Committee was advised that inspections had been undertaken in the reporting period as indicated in the report which provided members with the outcome of those inspections.

It was noted that all of the food Health Board food units had achieved a rating of 5 out of 5 with the exception of Aroma in Woodland House who had achieved a rating of 4 out of 5 which was a decrease from 5 due to a non-compliance issue.

The Sub-Committee was advised that all of the actions listed on the action logs for each unit had been completed and so the Health Board were in a much better space for its EHO food hygiene ratings.

Enforcement Agencies Report – The Enforcement Agencies Report was received where the following was highlighted:

- There had been no new regulatory notices.
- The Health & Safety Executive had continued its Violence & Aggression and Musculoskeletal intervention programme and had concentrated on 4 elements which included risk assessments, training, roles and responsibilities and monitoring and review. It was noted that the H&S department had conducted a series of audits around those elements.
- The prosecution from the South Wales Fire and Rescue Service (SWFRS) was ongoing and a new trial date needed to be arranged for July 2024.

Fire Risk Register – The Fire Risk Register was received by the Sub-Committee and noted.

Capital, Estates & Facilities – Estates Risk Register - The Capital, Estates & Facilities – Estates Risk Register verbal update was received.

The Sub-Committee was advised that following ongoing work around the risk register, issues had been identified which included (but were not limited to):

- Lift 20 at UHW
- Tower Block Roof
- UHL Boilers

The risks were identified to the Sub-Committee which can be located in the reports received by the Sub-Committee

Operational Health and Safety Group Minutes - were noted by the Sub-Committee.

Additional items received by the Sub-Committee included:

RACI Document - The Sub-Committee were advised that the RACI document was important to note and highlighted the H&S team’s work and responsibilities as well as removing doubt of any requirements from the Clinical Boards and that further work was ongoing around the RACI document which would be undertaken by the Clinical Board triumvirates.

SOP electrical resilience critical areas (verbal update) – The Sub-Committee was advised that operation POET had been a success and that it had identified a number of issues that required attention, one of which had been deemed significant:

- The electrical switch on sub-station two which had failed to operate on the day and so it had to be manually closed to affect the electrical isolation.

It was noted that Welsh Government (WG) had been made aware who had suggested that Shared Services attend the Health Board to view the issue which had occurred and now funding conversations were being held with WG to obtain new switches.

The Health & Safety Culture Plan Update – The Sub-Committee was advised that the Health & Safety Culture Plan provided a detailed breakdown of what actions had been completed for theme 2, “Achieving Health and Safety Risk & Incident Management Excellence.

UHB 512 Ventilation Policy – The policy was reviewed, noted and approved.

Recommendation:

The Committee is requested to:

- a) **Note** the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care	x

		sectors, making best use of our people and technology							
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x						
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x						
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant</i>									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: No									
Safety: No									
Financial: No									
Workforce: No									
Legal: No									
Reputational: No									
Socio Economic: No									
Equality and Health: No									
Decarbonisation: No									
Approval/Scrutiny Route:									
Committee/Group/Exec		Date:							

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Report Title:	H&S Risks			Agenda Item no.	2.6
Meeting:	People & Culture	Public	X	Meeting Date:	14.10.23
Status <i>(please tick one only):</i>	Assurance	Approval		Information	X
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of Health and Safety				
Main Report					
Background and current situation:					
<p>The Health Board is committed to ensuring that suitable arrangements are in place in line with statutory requirements to minimise the risk of any hazards that could lead to a safety related incident to one of its patients, visitors, employees, contractors or other stakeholders.</p> <p>HSE Interventions</p> <p>The HSE have commenced their intervention programme in relation to Violence & Aggression against our staff and musculoskeletal injuries. They met with the CEO, Lead Executive for H&S and Head of H&S at the end of September and are conducting two days of on-site visits on 14th and 15th November.</p> <p>The Health & Safety department have worked with the local teams in the run up to these dates and will be supporting them during the interventions.</p> <p>Tunnel Safety</p> <p>Whilst a relatively high risk remains in the tunnel areas, the waste team continue to patrol and remove unwanted items. Meetings have been held with Medstrom our bed partners and processes are being firmed up for wider distribution to clinical teams, this should negate any need to leave unwanted beds in corridors and other areas. Signage and lighting improvements have been made and there is currently a significant improvement project out to tender in relation to the corridor from the back of EU to B Block lifts.</p> <p>Lifts</p> <p>The known risk with the UHW lift infrastructure continues to be managed by Capital, Estates and Facilities.</p> <p>Estates Infrastructure</p> <p>These risks are captured and regularly reviewed on the Capital, Estates and Facilities risk register. They are commensurate with the age of the UHB estate and are being managed accordingly by them.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
To note that the highest risk Health and Safety issues across the UHB will feed into the People and Culture meeting.					
Recommendation:					
The Board is requested to: Note the findings of this report.					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
<i>Please tick as relevant</i>					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn			
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care			

		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Yes: The highest risk issues are brought to this committee via the H&S Risk Register and Health and Safety Committee.

Safety: Yes/No

Yes: The highest risk issues are brought to this committee via the H&S Risk Register and Health and Safety Committee.

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
People & Culture	14 th November 2023

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Report Title:	Employment Policies for Approval			Agenda Item no.	3.1
Meeting:	People and Culture Committee	Public	x	Meeting Date:	14 November 2023
Status (please tick one only):	Assurance	Approval		Information	x
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				
Main Report					
Background and current situation:					
<p>All-Wales Policies are developed and agreed in partnership by the Welsh Partnership Forum and must be adopted, without amendment, by all Health Boards in Wales.</p> <p>The People and Culture Committee will be aware of the recent discussions at Board around the avenues open to colleagues if they have a concern they wish to raise and in ensuring that they feel safe to speak up.</p> <p>In light of the recent publication of the Speaking Up Safely Framework, it has been agreed in partnership to amend the Procedure for NHS staff to Raise Concerns (Appendix 1). The informal stages have been removed and a note included that it is to be read alongside the Speaking Up Safely Framework. The flowchart (previously appendix 5) has also been temporarily removed. This is an interim measure and the procedure will be subject to fuller review in due course.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The Procedure for NHS staff to Raise Concerns has been reviewed as an interim measure and should now be adopted by the UHB</p>					
Recommendation:					
<p>The People and Culture Committee is requested to:</p> <ul style="list-style-type: none"> Formally adopt the Procedure for NHS staff to Raise Concerns 					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
Please tick as relevant					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn		x	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology			
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us			
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes
The processes described in this paper enable staff to raise concerns if they believe there is a risk which needs to be mitigated

Safety: Yes
The processes described in this paper enable staff to raise concerns if they believe there is a patient or staff safety issue

Financial: Yes
The processes described in this paper enable staff to raise concerns if they believe there financial malpractice or fraud

Workforce: Yes
The processes described in this paper are in place to enable staff to raise concerns safely and without fear of detriment

Legal: Yes
The processes described in this paper take into consideration the requirement to protect individuals who make a disclosure in the public interest

Reputational: Yes
It is important that the UHB has a reputation for being an organization where individuals feel they can raise concerns safely and without detriment, and that they will be acted on

Socio Economic: Yes/No
no

Equality and Health: Yes/No
no

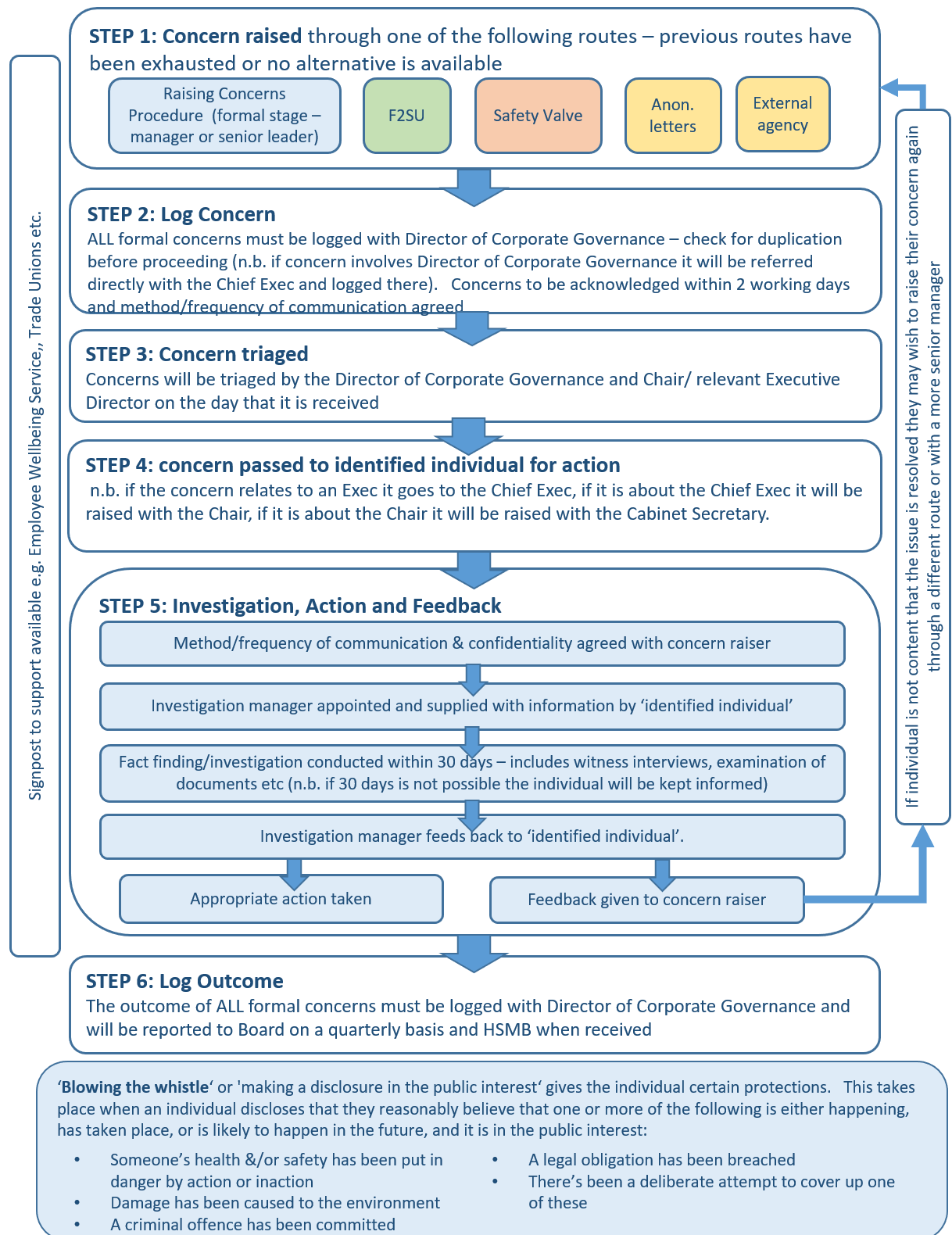
Decarbonisation: Yes/No
no

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
P&C Cmte	14.11.23

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Standard Operating Procedure for Managing Concerns from Staff



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Cardiff and Vale University Health Board

Procedure for NHS Staff to Raise Concerns

*(To be read alongside the Speaking Up Safely Framework.
This procedure will be subject to further review in due
course)*

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Introduction

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

The safety and wellbeing of patients and service users are seen as the responsibility of everyone involved in the provision of health and social care services. The Cardiff and Vale University Health Board's (the UHB's) Board and senior management are committed to providing an environment which facilitates open dialogue and communication so as to ensure that any concerns which staff may have are raised as soon as possible.

This procedure refers in the main to 'raising concerns' rather than 'whistleblowing' because the latter has come to denote a sudden, drastic or last resort act which can hold negative connotations.

The UHB is working towards a culture that encourages the raising of any concerns by staff to be embedded into routine discussions on service delivery and patient care, (e.g. problem solving, service review, performance improvement, quality assessment, training and development) as these are the most effective mechanism for early warning of concerns, wrongdoing, malpractice or risks and line managers are accordingly best placed to act on, deal with and resolve such concerns at an early stage. This procedure should also be used by staff to raise any concerns with regard to practices within the supply chains through which the UHB sources its goods and services (in line with the Supporting Ethical Employment in Supply Chains Code of Practice Commitments). Staff should also recognise that elements of wrongdoing that involve aspects of Fraud, Bribery or Corruption, have a separate reporting process, which should be presented to your Local Counter Fraud team for investigation.

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It is, however, acknowledged that such processes take time to develop and embed into the organisation and until such time as such a culture exists comprehensively across the UHB that a clear process needs to be in place to guide individuals who wish to raise concerns about a danger, risk, malpractice or wrongdoing in the workplace. This procedure sets out the UHB's commitment to support individuals who raise concerns as well as setting out the processes for individuals to raise such concerns and to provide assurance on how such concerns will be listened to, investigated and acted upon as necessary.

'Whistleblowing' is the popular term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. The types of situation where this will be appropriate are outlined in Appendix 1. "Protected disclosure" is the legal term for whistleblowing and is referenced in the context of describing the protection that is afforded to the person raising the concern in the interest of the public (see appendix 2).

The development of this procedure is an ongoing process and is a part of the wider work across NHS Wales to ensure that an open culture exists to provide the highest standards of care and experience across all services. This procedure does not form part of an employee's contract of employment and may need to be amended from time to time.

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1. A Commitment to Support Those Who Raise Concerns

- 1.1 The UHB actively encourages feedback and has a transparent and open approach to listening to and responding to all concerns.
- 1.2 The UHB aims to ensure that individuals:
 - Are fully supported to report concerns and safety issues;
 - Are treated fairly, with empathy and consideration when raising concerns; and
 - Have their concerns listened to and addressed when they have been involved in an incident or have raised a concern.
- 1.3 The UHB aims to develop and maintain a culture across all parts of the organisation that provides an environment where people feel able to raise concerns and are treated with respect and dignity when raising concerns.
- 1.4 Safety is at the heart of all care and must be underpinned by a culture which is open and transparent. This leads to increased reporting, learning and sharing of incidents and development of best practice. The UHB recognises that this is the responsibility of everyone involved in the provision of health and social care services. The UHB is committed to working towards ensuring that all individuals are treated in a service which is open to feedback and encourages as well as supports its staff to raise concerns.
- 1.5 The UHB will ensure that individuals always feel free to raise concerns through local processes and are supported to do so directly with the UHB, their professional regulatory body, professional association, regulator or union.
- 1.6 The UHB facilitate an individual to raise an issue or concern in Welsh and they should be advised of this at the outset. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.
- 1.7 The UHB is committed to: -
 - Working in partnership with other organisations to develop a positive culture by promoting openness, transparency and fairness;
 - Fostering a culture of openness which supports and encourages staff to raise concerns;
 - Sharing expertise to create effective ways of breaking down barriers to reporting incidents and concerns early on;

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- Exchanging information, where it is appropriate and lawful to do so, in the interests of patient and public safety; and
- Signposting individuals to support and guidance to ensure that they are fully aware of and understand their protected rights under the Public Interest Disclosure Act 1998.

1.8 A definition of whistleblowing is included at appendix 1.

1.9 The UHB will monitor the use of this procedure and report to the Board or a sub committee, as appropriate.

2. About this Procedure

2.1 The aims of this procedure are:

- (a) To encourage staff to discuss concerns and safety issues as soon as possible, in the knowledge that their concerns will be taken seriously and acted upon as appropriate,
- (b) To encourage staff to report more serious concerns and suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate, and where requested that their confidentiality will be respected.
- (b) To provide staff with guidance as to how to raise those concerns.
- (c) To assure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.

2.2 This procedure applies to all employees, officers, consultants, contractors, students, volunteers, interns, casual workers and agency workers.

2.3 This procedure should be read in conjunction with the All Wales Speaking up Safely framework. This framework sets out the informal approaches that staff should utilise in order to raise a concern in the workplace.

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3. Raising a Concern

- 3.1 All healthcare settings and workplaces should encourage ongoing open dialogue and feedback on matters relating to provision of care/service delivery through supervision, team or departmental meetings, staff forums. These ongoing mechanisms are the place where the UHB will actively seek suggestions for improvement and regularly review the safe and effective delivery of services and ways of working.
- 3.2 All managers will ensure that there is a shared responsibility to focus positively on the quality of service/care, continuous improvement and/or problem solving.
- 3.3 If concerns are held by an individual or individuals the UHB will ensure that such concerns are addressed and responded to with the outcome being verbally communicated, as a minimum, to the individual or individuals raising the concern. An individual may raise a concern in Welsh and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

3.4 More Serious Concerns

Confidentiality

As noted in section 1.3 of this procedure “the UHB aims to develop and maintain a culture across all parts of the organisation that provides for an environment where people feel able to raise concerns”. It is therefore hoped that all staff will feel able to voice concerns openly under this procedure. However, if an individual wants to raise a concern confidentially this will be respected. It is sometimes difficult however, to investigate a concern without knowing the individual’s identity. In such circumstances if it is considered absolutely necessary to share the identity of the person raising the concern this will be discussed with them prior to any disclosure being made, and their permission sought.

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Internal (Formal) Stage

If, having followed the approach outlined in the Speaking Up Safely Framework, the individual's concerns remain, or they feel that the matter is so serious then they can move on to use the more formal steps as follows.

The individual should make their concerns known to an appropriate senior manager in writing. The WB1 forms in appendix 3 are included to help an individual formulate concerns but they do not need to be used if an individual chooses to use a different approach.

They may also wish to involve their Trade Union/Staff Representative.

When a concern is raised it is helpful to know how the individual considers the matter might be best resolved.

The senior manager will meet with the individual raising the concern within seven working days. The outcome of the meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Once an individual has told someone of their concern, whether verbally or in writing, the UHB will consider the information to assess what action should be taken. This may involve an informal review or a more formal investigation.

The individual will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer. If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible (usually within 28 days) in light of the matters to be investigated. At their request, the individual will be written to summarising their concern, and setting out how it will be handled along with a timeframe.

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The UHB will aim to keep the individual informed of the progress of the investigation and its likely timescale. However, sometimes the need for confidentiality may prevent specific details of the investigation or any disciplinary action from being disclosed. All information about the investigation should be treated as confidential.

If the matter falls more appropriately within the remit of other W&OD policies, the employees should be advised that they should pursue the matter through the relevant policy and that the Procedure for NHS Staff to Raise Concerns will not be followed (see appendix 1).

The UHB does not expect any individual reporting a matter under this procedure to have absolute proof of any misconduct or malpractice that they report, but they will need to be able to show reasons for their concerns, so any evidence that they have such as letters, memos, diary entries etc. will be useful. These will need to be redacted if they contain any patient identifiable information.

If the alleged disclosure is deemed to be serious enough, then the UHB may follow the process laid down in the Disciplinary policy and procedure, where the issues raised could relate to individual misconduct, when considering the most appropriate line of action.

The aim of this procedure is to provide an effective process for serious concerns to be raised. If it is concluded that an individual has deliberately made false allegations maliciously or for personal gain, then the UHB will instigate an investigation into the matter in accordance with the Disciplinary policy and procedure.

Subject to any legal constraints, the UHB will inform the individual(s) who raised the concern, of an outline of any actions taken. However, it may not always be possible to divulge the precise action, e.g., where this would infringe a duty of confidentiality of the UHB towards another party.

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Executive Director - Stage

If an individual is either dissatisfied with a decision to only undertake an informal review or is dissatisfied with the outcome of the internal (formal) route through the mechanisms outlined previously, they should raise their concerns in writing with the Chief Executive, and/or an appropriate Executive Director. If the concern relates to the Chief Executive or Executive Director, concerns should be raised with the Chair. Exceptionally, an individual should be able to go directly to this stage if the concerns are so serious as to warrant it **or** the previous stages have failed to address their concerns.

The Chief Executive or Chair (or a nominated representative not previously involved) will meet the individual within 28 working days. Again, the outcome of this meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Serious or Continued Concerns and Regulatory/Wider Disclosure Stage

The aim of this procedure is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing/inappropriate practices in the workplace. In most cases individuals should not find it necessary to alert external parties.

However, the law recognises that in some circumstances it may be appropriate to report concerns to an external body. It will very rarely if ever be appropriate to alert the media. It is strongly encouraged that an individual seeks advice before reporting a concern to external parties. The independent charity, Protect operates a confidential helpline to support individuals in determining the appropriate course of action. They also have a list of prescribed regulators for reporting certain types of concern. Protect details are included later in this procedure.

All staff have an individual responsibility to safeguard people from harm or suspected harm, by making known their concerns about abuse. Children and adults with vulnerabilities can be subjected to abuse by those who work with them in any setting; all allegations of abuse must therefore be taken seriously and treated in accordance with the [Wales Safeguarding Procedures](#). These procedures may dictate that any investigation should be handled by a

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partner organisation such as Social Services or the Policy which would take precedence over internal procedures, therefore advice from a safeguarding professional should be sought at the earliest opportunity.

If an individual has followed the above procedure to deal with the matter and still has concerns or if they feel that the matter is so serious that they cannot discuss it in any of the ways outlined previously, then in exceptional circumstances they may wish to contact: -

The National Fraud and Corruption reporting Line on 0800 028 40 60, or alternatively via the online reporting facility at <https://cfa.nhs.uk/reportfraud> (if your concern is about aspects of Fraud, Bribery or Corruption).

The UHB hopes that this procedure will provide individuals with the reassurances required to raise any matters of concern internally or exceptionally with the organisations referred to above. However, there may be circumstances where individuals are required under their professional regulations to report matters to external bodies such as the appropriate regulatory bodies, including: -

- ❖ General Medical Council (www.gmc-uk.org)
- ❖ Nursing and Midwifery Council (<https://www.nmc.org.uk/>)
- ❖ Health and Care Professions Council (www.hpc-uk.org)
- ❖ General Pharmaceutical Council (www.pharmacyregulation.org)

The UHB would rather the matter is raised with the appropriate regulatory body than not at all. Other regulatory bodies may include;

- Health and Safety Executive
- Health Inspectorate Wales
- Wales Audit Office
- Police

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(This list is not exhaustive).

If an individual needs further advice they can contact the charity Protect on 020 3117 2520 or by email at whistle@protect-advice.org.uk. Protect can advise individuals how to go about raising a matter of concern in the appropriate way <https://protect-advice.org.uk/>. Alternatively, the Department of Health also provide a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up. They can be contacted on 08000 724 725 or via their website at <https://speakup.direct/>.

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Appendix 1

What is whistleblowing?

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- Systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff;
- Poor quality care;
- Acts of violence, discrimination or bullying towards patients or staff;
- Malpractice in the treatment of, or ill treatment or neglect of, a patient or client;
- Disregard of agreed care plans or treatment regimes;
- Inappropriate care of, or behaviour towards, a child /vulnerable adult;
- Welfare of subjects in clinical trials;
- Staff being mistreated by patients;
- Inappropriate relationships between patients and staff;
- Illness that may affect a member of the workforce's ability to practise in a safe manner;
- Substance and alcohol misuse affecting ability to work;
- Negligence;
- Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case);
- Where fraud or theft is suspected;
- Disregard of legislation, particularly in relation to Health and Safety at Work;
- A breach of financial procedures;
- Undue favour over a contractual matter or to a job applicant has been shown;

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- Information on any of the above has been / is being / or is likely to be concealed.

This procedure should not be used for complaints relating to your own personal circumstances, such as the way you have been treated at work. In these cases, the Respect and Resolution Policy should be used. Link can be found [here](#).

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Appendix 2

Protection of those making disclosures

It is understandable that individuals raising concerns are sometimes worried about possible repercussions. The UHB aims to encourage openness and will support staff who raise genuine concerns under this procedure, even if they turn out to be mistaken. In addition, there are statutory provisions for individuals who make what are termed “protected disclosures”.

In law individuals must not suffer any detrimental treatment as a result of raising a concern. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If an individual believes that they have suffered any such treatment, they should inform a member of the Workforce and Organisational Development department, immediately. If the matter is not remedied, they should raise it formally using the All Wales Respect and Resolution Policy.

Those who raise concerns must not be threatened or retaliated against in any way. If an individual is involved in such conduct, they may be subject to disciplinary action. [In some cases, the individual raising a concern could have a right to sue for compensation in an employment tribunal.]

The UHB aims to protect and support staff to raise legitimate concerns internally within the organisation where they honestly and reasonably believe that malpractice/wrongdoing has occurred or will be likely to occur. Staff who make what is referred to as a “protected disclosure”, i.e., a disclosure concerning an alleged criminal offence or other wrongdoing, have the legal right not to be dismissed, selected for redundancy or subjected to any other detriment (demotion, forfeiture of opportunities for promotion or training, etc.) for having done so and the protections are set out in law in the Public Interest Disclosure Act 1998.

If an individual is raising a matter of serious or continued concern the same protection applies as for internal disclosure. This is intended to promote accountability in public life and there is no requirement that such concerns should first be raised with the UHB although it is preferred that the UHB should be given an opportunity to resolve the matter first.

If an individual is raising a matter with a regulatory body defined within the Public Interest Disclosure Act 1998 they will be protected where they honestly and reasonably believe that the malpractice/wrongdoing has occurred or is likely to occur and in addition they

honestly and reasonably believe that the information and any allegation contained in it are substantially true. The Public Interest Disclosure (Prescribed Persons) Order 2014 amends the list of prescribed persons and came into force on 1 October 2014 and applies to disclosures made on or after this date. The new list of prescribed persons in respect of matters relating to healthcare services is set out below: -

Relevant matters	Prescribed person
Matters relating to the registration and fitness to practice of a member of a profession regulated by the relevant council and any other activities in relation to which the relevant council has functions.	The Nursing and Midwifery Council, Health and Care Professions Council, General Medical Council, General Chiropractic Council, General Dental Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council.

For healthcare services in Wales (specifically):

Relevant matters	Prescribed person
Matters relating to the registration of social care workers under the Care Standards Act 2000.	Care Council for Wales
Matters relating to: <ul style="list-style-type: none"> The provision of Part II services as defined in section 8 of the Care Standards Act 2000 and the Children Act 1989. The inspection and performance assessment of Welsh local authority social services as defined in section 148 of the Health and Social Care (Community Health and Standards) Act 2003. The review of, and investigation into, the provision of health care by and for Welsh NHS bodies as defined under the Health and Social Care (Community Health and Standards) Act 2003. 	Welsh ministers

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- | | |
|--|--|
| <ul style="list-style-type: none">• The regulation of registered social landlords in accordance with Part 1 of the Housing Act 1996 (as amended by the Housing (Wales) Measure 2011. | |
|--|--|

If an individual is making a wider disclosure (for example to the police, or an Assembly Member (AM) (other than the Welsh Ministers) there are rigorous conditions for such wider qualifying disclosures to be protected:

Belief. The individual must reasonably believe that the information disclosed, and any allegation contained in it, are substantially true.

Not for gain. The individual must not make the disclosure for the purposes of personal gain (but rewards offered under statute, for example by HMRC, are ignored).

The individual must:

- have **previously disclosed** substantially the same information to their employer or to a prescribed person; or
- reasonably believe, at the time of the disclosure, that they will be subjected to a **detriment** by their employer if they make disclosure to the employer or a prescribed person; or
- reasonably believe (where there is no prescribed person) that material evidence will be **concealed or destroyed** if disclosure is made to the employer.

Reasonableness. In all the circumstances of the case, it must be reasonable for them to make the disclosure.

Protect or a Trade Union will be able to advise on the circumstances in which an individual should use this procedure and where they may be able to contact an outside body without losing the protection afforded under the Public Interest Disclosure Act 1998.

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Appendix 3 – Cardiff and Vale UHB

Form WB1 – Recording a concern raised under the procedure

Concern raised by (name):				
Designation				
Ward / Department				
Confidentiality requested:	yes		No	
Nature of concern raised:	Delivery of care/services to patients			
	Value for money			
	Health and safety			
	Unlawful conduct			
	Fraud, theft or corruption			
	The cover-up of any of the above			
Details of concern raised: (Continue overleaf is necessary)				

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Evidence to support the concern (if available): (Continue overleaf if necessary)		
Any suggestions from employees as to a resolution?		
How will the matter be handled?	Informal review	
	Internal investigation	
Concern reported to:		
Contact name:		
Designation:		
Telephone no:		
Signed:		
Date:		
N.B. Once completed, this form should be retained on a case file		

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Appendix 4 - Cardiff and Vale UHB

Form WB2 Concerns Raised Under the Procedure: Summary of findings and outcome of investigation

Concern raised by (name):	
Designation:	
Informal review undertaken by:	
Investigation undertaken by:	
Summary of findings of review / investigation: (continue overleaf if necessary)	
Outcome: Action taken: (continue overleaf if necessary)	

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No action taken for the following reasons:	
Further action (if appropriate): (e.g., report the matter to Welsh Government / Regulator)	
Name:	
Signed:	
Designation:	
Date:	
N.B. Once completed, this form should be retained on a case file.	

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Report Title:	Introducing a consistent, evidence-based approach to Cultural Assessments at Cardiff and Vale UHB				Agenda Item no.	3.2
Meeting:	People and Culture Committee				Meeting Date:	14/11/2023
Status <i>(please tick one only):</i>	Assurance	X	Approval	X	Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture					

Main Report

Background and current situation:

The culture of an organisation shapes the behaviour of everyone in it, the quality of care it provides and its overall performance. As CAVUHB moves out of the response to the immediate needs brought about by the pandemic, it must reorganise itself to meet emerging challenges now and in the future, and a focus on culture is as important now as ever.

Leadership, particularly compassionate and inclusive leadership, is key to enabling culture changes that will allow us to:

- deliver high quality care and value for money
- ensure that staff are free to show compassion, speak up and continuously improve in an environment free from bullying
- develop teams and environments where there is learning, quality and effective system leadership
- design and deliver innovative practice that improves outcomes and experience
- improve retention, engagement and overall staff wellbeing
- create and develop inclusive working environments that, in turn, improve both staff and patient experience

Previous mechanisms to 'measure' culture and/or staff engagement have included approaches such as:

- NHS Wales Staff Survey (2020)
- Medical Engagement Scale (2021)
- Winning Temp Engagement Platform (2022)
- Wellbeing Surveys (2021/22)

However, there has been no consistent approach to undertaking cultural assessments locally within CAVUHB, which has resulted in a range of methods and approaches being used by various teams and departments. This has minimized the ability to collate a 'temperature check' for the organisation or carry out comparisons, and can lack an evidence-based means of assessment which can be more problematic than helpful.

The Culture and Leadership Programme Approach to Cultural Assessment

The Culture and Leadership Programme (CLP) was developed following the publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry Report in 2013. Developed by NHS Improvement, The King's Fund and the Centre for Creative Leadership, the CLP delivers a phased organisational approach to shape leadership and culture, such that it positively effects the quality of patient care. The programme has at its core the themes of inclusion, compassion and quality, and supports sustained focus on these for all leaders and staff.

The resources within the CLP are evidenced-based and adaptable. It undergoes regular independent evaluation and improvement, with the most recent review held in 2020. It provides practical tools to support cultural transformation journeys in the NHS, and recognizes culture as an enabler to improved performance.

How it Works

The CLP is based on a clear framework for culture change, looking at six cultural elements:



Figure 1: Framework for Culture Change

And delivered through four phases:

- **Scoping** – identifying the purpose, building the case for change, ensuring senior team commitment, project planning
- **Discovery** – collecting a baseline of current culture, draw in other data sources for insight, listening as a core activity, understand needs for the future
- **Design** – co-design of interventions, strategies focusing on impact
- **Delivery** – implement to test interventions and improve culture

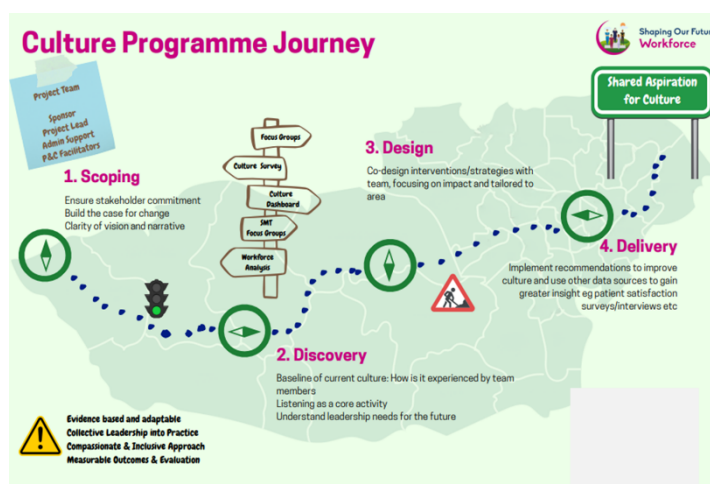


Figure 2: Draft culture map for CAVUHB

Depending on the size and scope of the programme, stages (1) and (2) can take between 3-6 months, while stages (3) and (4), where strategies and actions and co-designed and delivered, will take longer. It is important to ensure a communication and engagement plan throughout all stages to allow co-production and involvement, 'quick-win' actions to be shared, feedback and collaboration to continue, and to demonstrate ownership and commitment to improvement through the whole CLP journey.

CLP in Action – A Recent Pilot within CAVUHB (on-going)

The CLP has recently been used within a directorate in CAVUHB and to date the Directorate Management Team (DMT) have been supported through stages (1) and (2), and are now embarking on whole team engagement to support the design stage.

The discovery stage (2), involved:

- local communications from the Directorate Management Team (DMT) to all staff to position the cultural piece
- distribution and communication of the Leadership and Behaviours survey which resulted in a participation rate of over 60%
- a series of focus group sessions, and 1-2-1s across sites to further enhance the feedback
- analysis of findings by the Education, Culture and OD Team
- synthesis workshop with DMT and wider management team to present findings and discuss recommendations and next steps

The DMT are currently planning a whole directorate development session to share and discuss findings, demonstrate commitment to the design and delivery phase, gather ideas on future actions and improvements and establish mechanisms for co-production, and bring to fruition some of the recommendations (quick wins).

The pilot has also enabled lessons-learned from an implementation perspective that will shape any future work in this area, examples include:

- The importance of senior management buy-in and understanding of the programme – the programme must be owned by the area implementing
- Importance of effective project planning – programme drift due to staff availability, logistics of focus groups etc
- Resource capacity to deliver – both people and technology (e.g. Power BI)
- Establishing the communication and engagement plan for all staff prior to launch of stage (2)

Next Steps

Developing an understanding and appreciation of the CLP, including assessing whether it is a suitable approach for CAVUHB, is integral. To date, engagement has commenced with a 'Culture Summit' held in August 2023, where members of the Executive Team and other Senior Leaders were present. It has also been presented at Senior Leadership Board and Local Partnership Forum where interest and support was given.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Research shows us that there is a strong case for nurturing and developing compassionate and inclusive leaders, and through them, compassionate and inclusive cultures. Benefits to organisations of having compassionate cultures include:

- | | |
|--|---|
| - Higher staff engagement and lower staff turnover | - Better patient relationships, more effective care and lower patient mortality |
| - Higher performance ratings | - Better patient safety and more innovation |
| - Lower staff stress, sickness and injury | - Higher performance ratings |
| - Lower levels of bullying | |

There is currently no consistent approach to undertaking cultural assessments within CAVUHB and this poses a risk on a number of levels including, but not limited to:

- not recognising, addressing and improving areas where change is needed
- not recognising and learning from areas of excellence (spread and scale)

- not understanding the quality of employee experience and subsequently engagement, performance, innovation and retention
- how the above impacts upon quality of patient care and patient experience

Relying on self-designed methods to measure ‘culture’, often without the necessary underpinning evidenced approach, although well-intended can lead to creating more problems than solutions as the results are often difficult to interpret and/or can include question-bias. A risk also emerges when cultural work stops at collation of data. The CLP outlines the four stages necessary, with a commitment required at the start that action will follow based on the discovery phase.

The approach described above is currently being presented to People and Culture Committee to raise awareness and to engage in initial discussions. The conversation planned at SLB in September 2023 will explore how the approach can be used, where it is appropriate, to enhance our understanding of our culture(s), enable comparisons and cross-departmental learning, and strengthen our data intelligence through layering our available data sets to provide insights. (For example: workforce data; performance data; patient experience data; datix; etc.)

As an organisation, we strive every day to deliver high quality, continuously improving, compassionate care. This programme is potentially one of the ways we can understand our current culture(s), including strengths, good practice and potential systemic issues, and use that information to take action to improve through a whole-system approach.

Recommendation:

People and Culture Committee as asked to:

NOTE the information included within the paper

APPROVE the approach

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: yes – inability to identify areas of ‘poor’ culture / behaviours / practices that may impact on patient experience

Safety: yes – as above	
Financial: yes – impact of poor culture on retention, recruitment and patient experience	
Workforce: yes - impact of poor culture on retention, recruitment and patient experience	
Legal: no	
Reputational: yes - impact of poor culture on retention, recruitment and patient experience	
Socio Economic: no	
Equality and Health: yes - impact of poor culture on retention, recruitment and patient experience	
Decarbonisation: yes – opportunity to gather ideas for improvement at a local level	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Report Title:	Employment Policies Sub Group Report			Agenda Item no.	4.2
Meeting:	People and Culture Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	14 November 2023
Status (please tick one only):	Assurance	Approval	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				

Main Report

Background and current situation:

Within Cardiff and Vale University Health Board (the UHB), the primary forum for the development and review of employment policies, procedures and guidelines is the Employment Policy Sub Group (EPSG).

Policies are reviewed in partnership and considered by EPSG before final submission for approval by the People and Culture Committee. The authority to approve general employment procedures and guidelines has been delegated to EPSG. All policies, procedures and guidelines are subject to a comprehensive consultation process which includes copies being sent to key stakeholders including staff networks, Executive Directors, Clinical Boards and Trade Unions. A copy of the process is attached as Appendix 1. (N.B. a separate process involving the Local Negotiating Committee (LNC) is in place for policies and procedures which apply to medical and dental staff only.)

EPSG is made up of representatives from the People and Culture function and Trade Unions, and usually meets 6 times a year. The members include representatives from People Services, Inclusion, Employee Wellbeing and Education. It is co-chaired by the Head of People Assurance and Experience and a TU representative on a rotation basis, and agendas and other papers are agreed in partnership. The Head of Corporate Governance, Chair of Staff Representatives and the LNC Chair have a standing invitation to attend and receive copies of all papers. The Terms of Reference are currently under review to ensure that they remain relevant and fit for purpose.

Minutes of the EPSG meetings are received for information by the Local Partnership Forum (LPF), and a high level summary of activity is included in the LPF Annual Report which is submitted to Board each year. It is also proposed that in the future a more detailed summary of activity is brought to the People and Culture Committee periodically to provide assurance and oversight.

Policies and Procedures are usually approved with a three year review date (one year in the case of new documents). They are generally reviewed at the end of this period but on occasions this may take place earlier due to changes in legislation, terms and conditions or if particular issues are highlighted. The following documents have been developed or reviewed and approved within the last 12 months:

Working Times Procedure

The Working Times Procedure plays a key role in ensuring the safe working of all staff and compliance with the principles of the Working Time Regulations. It provides information for managers and staff on how to work within the regulations, or within agreed derogations. It supports us in our aim of providing a workplace, culture and environment that enables being healthy and well at work, without which excellent health care is not possible.

Key changes in this review included:

- Greater emphasis placed on wellbeing and promoting health at work
- A strengthening of the managers responsibility with regard to rest breaks
- Inclusion of the employee responsibility to make their manager aware of any particular circumstances which require special consideration

Flexible Working Procedure

We know that to meet the health and care needs of our population effectively it is important to have a workforce which is healthy, engaged and motivated. One of the ways of achieving this is to develop and maintain a culture where flexible working is seen as an enabler for effective and efficient provision of services which has benefits for colleagues, patients and the organisation

Flexibility in employment helps people to balance work responsibilities with other aspects of their lives and to meet the needs which may arise at different stages of their lives. Good flexible working arrangements should also balance the needs of the individual with three key organisational factors: patient/service-user experience, service delivery and employee experience. It may not be possible to agree to the exact request, but managers are expected to discuss alternative arrangements with the individual to and ensure that all avenues have been explored before rejecting the request.

Key changes in this review included:

- Change of scope of the Procedure in line Section 33 of the Agenda for Change Terms and Conditions allowing requests for flexible working to be made from day 1 of employment and no limit on the number of requests that can be made within a 12 month period

N.B. An All-Wales Flexible Working Policy is currently under development as part of the 2023 Pay Deal and is expected to be approved this autumn.

Professional Registration Procedure

Professional regulation is intended to protect the public, making sure that those who practice as health professionals are doing so appropriately and safely. The purpose of this Procedure is to ensure that the UHB is fully able to exercise its duty to protect the public and patients through the employment of registered, fully competent staff. If an employee's registration lapses they will not contractually, and in many cases legally, be able to continue to carry out their professional duties if that post requires them to be a registered practitioner

The procedure was reviewed to make it more explicit about what happens when registration lapses, including what will happen to their pay and when redeployment might be appropriate.

Fixed Term Contract Procedure

All of our employees, including those on fixed-term contracts, are fundamental to our success and the UHB is committed to attracting and retaining qualified and motivated staff with the right skills to deliver a quality service to the population we serve. Our starting point should always be to appoint staff on a permanent basis so that we can attract and retain the best candidates, and ensure our people feel part of the future of the UHB. Fixed-term contracts should only be used in limited circumstances where there is a genuine need to employ somebody for a temporary period. They should never be used to test out somebody's suitability for a role and there are processes which must be followed to end a fixed-term contract safely.

The purpose of this Procedure is to provide a framework to ensure that fixed-term contracts are used appropriately, that individuals employed on fixed-term contracts are not treated less favourably than

those employed on a permanent basis and that employees on fixed-term contracts feel valued and supported by the UHB.

Key changes in this review included:

- The tone of the document was changed to place more emphasis on valuing our employees
- The definition of fixed term contracts was updated in line with CIPD guidelines
- Reference to contracts being for an indeterminate period was removed
- A new process was added to allow fixed term employees to be slotted into a permanent role
- Clarity was provided on AFC notice periods

New Parent Support Leave And Pay Procedure

The rules covering new parent support leave and pay are fairly complex; this procedure ensures that employees are informed of their entitlements and provides a summary of the actions they and their managers need to take.

The changes made as a result of this review were minimal, but the title was changed to ensure it is gender neutral, and all references to Paternity Leave were changed to New Parent Support Leave.

Management of Alcohol, Drugs and Substance Misuse at Work Procedure

The UHB has an obligation as a provider of health care to minimise risks, dangers and complaints concerning the standards of health, conduct and capability of its workforce. Consumption of alcohol, drugs and other intoxicating substances can adversely affect an individual's use of skill and judgement which may detrimentally affect their performance within the workplace. However, the UHB recognises that alcohol, drug and substance misuse are health issues, which it will aim to address in a supportive and non-punitive way.

Key changes in this review included:

- Greater emphasis placed on support and wellbeing of staff.
- New sections added to set out the responsibilities of Employees, Managers, People Services and Trade Unions
- Specific Guidance was incorporated on what to do if a member of staff is suspected of being under the influence of alcohol or substances at work.

Recruitment And Selection Procedure (Non-Medical Staff)

Ensuring we attract and retain the highest quality of employees with the right values and behaviours is a key element of the People and Culture Plan. The Recruitment and Selection Procedure is designed to support managers in providing a fair, consistent and effective approach to the recruitment of all employees at all levels, in accordance with current employment legislation and best practice

Key changes in this review included:

- Secondment and Fixed Term Contract vacancies should be advertised as normal via the TRAC recruitment process unless in exceptional circumstances
- Reference made to Relationships at Work Guidelines (currently under development) where applicants are known to be a family member or have a close personal relationship to the recruiting/line manager

- National changes to the recruitment process introduced through NWSSP were incorporated including when to agree a start date and digital ID software
- Guidance was added about what to do if an employee identifies as trans or non-binary and requires a Disclosure and Barring Service check.

Trans & Non-Binary Employee Support Procedure

The UHB will ensure that anyone who is considering undergoing, currently undergoing or who has undergone transition, including those who are non-binary, will feel valued, respected, understood, and are treated fairly. This procedure is designed to create an open, diverse and supportive work environment that meets the needs of all trans people, including those who identify as non-binary. It sets out to support staff and assist managers and colleagues in supporting staff who transitioned before joining the organisation and those who may be considering, or are in the process of transitioning, whilst employed by the UHB. It also provides general advice and guidance to build understanding around trans and non-binary lived experiences.

The revised procedure was been written in line with guidance from welsh government LGBT action plan. Stonewall, the LGBTQ+ staff network and the welsh gender service were consulted, and someone with a lived experience was also involved in the development of the procedure.

As part of this review the procedure was updated to reflect best-practice information and remove out-of-date or redundant information. The key changes are:

- the title was changed to better reflect the purpose of the procedure and explicitly include non-binary employees.
- sections on recruitment, birth certificates, pensions, public facing roles, time off work, and the original terminology list were removed due to being covered by other policies and procedures, being out of date or no longer relevant.
- the language was updated throughout to trans and to include non-binary identities. Gender reassignment has also been changed to transition.
- The section on supporting staff through their transition was strengthened to include guidance around transition leave and the discretionary use of special leave to support this.

Disclosure & Barring Service Procedure

Disclosure & Barring Service (DBS) checks are an important tool in ensuring safer recruitment practices and patient safety. Disclosure checks are a mandatory part of NHS recruitment and apply to every new recruit who has access to patients as part of their normal duties.

The purpose of the DBS Procedure is to:

- Ensure a robust and consistent approach in the DBS checking and referral processes
- Provide managers with an understanding of the requirements around DBS checks, including when they should be undertaken and when the various levels of check are appropriate
- Provide guidance on how to manage the information provided by the DBS service
- Ensure that managers know when a referral to the DBS service is appropriate and what the process to be followed is

There were no significant changes made as a direct result of this review, but the Procedure was updated to reflect that:

- The recruitment of Junior Doctors is not undertaken by NWSSP
- A Risk Assessment process was introduced nationally through NWSSP as part of the recruitment modernisation process

Long Service Award Procedure

Long serving members of staff bring with them expertise which, together with an understanding of the aims and values of the organisation, is conducive to an effective and efficient provision of patient care. The Long Service Award Scheme is intended to acknowledge staff commitment and loyalty to the UHB and enables certain service 'milestones' to be recognised and celebrated.

This procedure had not been changed substantially as a result of this review, but the title was changed from Loyalty Award Procedure to Long Service Award Procedure, and the processes described were amended to ensure they were correct and up to date.

Retire and Return Procedure

We cannot deliver high quality patient care without retaining the investment in knowledge, skills and experience of staff. Flexible retirement options are key in achieving this and should be considered favourably unless there is a clear business reason for not doing so. This Procedure informs staff who are approaching retirement and are considering making an application to retire and return to employment with the UHB about the principles, process and rules which need to be followed

The key changes as a result of this review included:

- Updated in line with the 2023 NHS Business Services Authority Guidance on Retire and Return
- Alignment with All-Wales Minimum Standards on Flexible Retirement strengthened
- Paragraph on temporary measures introduced as a consequence of COVID-19 removed and the information incorporated into main body of text as appropriate
- Greater emphasis on the expectation that flexible retirement should be viewed positively and as a tool for retention
- More clarity provided on how to decide whether to approve or reject applications i.e. decision to be made on basis of service need (including redesign/succession planning) and only rejected where there are clear businesses for doing so.
- Exceptions to the 24 hour break rule listed
- Requirement for members of the section 95 scheme to only work 16 hours a week for the first month now removed permanently
- The request process was streamlined so that there the same steps are followed for staff requesting to retire and return to their previous role regardless of whether their contracted hours are unchanged or reduced.
- Members of the 1995 scheme can now rejoin the pension scheme as long as they are under 75 and have claimed their pension benefits in full.

N.B. work is currently taking place on an All Wales Flexible Retirement Policy as set out in the 2023 pay deal so it may be necessary to revisit this Procedure again before the usual 3 year review period.

Unauthorised Absence Procedure

As an employer the UHB has a duty of care to our employees if they are unexpectedly absent from work. It is essential to follow up such occurrences and make enquiries to ensure the wellbeing and safety of staff members.

All employees have a duty to attend work and are required to inform their line manager if they are unable to attend work as a result of illness or other unforeseen circumstances. A failure to notify the manager of his/her absence may be treated as a serious disciplinary offence and breach of contract, potentially leading to summary dismissal.

The purpose of this procedure is to provide a framework to managers on how to proceed when an employee is absent from work without permission. It will most commonly apply in circumstances where an employee is unable to be contacted, despite every effort by the UHB to reach the employee.

As part of this review the scope of the Procedure was widened to include episodes of significant lateness and clarification was provided around the process to follow if a decision is made to withhold pay when employee makes contact or returns to work.

Off Payroll Working Procedure

The UHB has a legislative responsibility to decide whether or not the relationship between itself and an individual operating as a sole trader or as a Personal Service Company or through a partnership constitutes employment or not and, if appropriate, to deduct the right tax and national insurance contributions as a result of such relationships.

This Procedure sets out the process to be followed to meet the UHB's responsibilities for engaging off-payroll workers to ensure:

- Compliance with HMRC legislation
- That employment status is established for all workers

The information contained within this Procedure was previously in the form of internal guidance, but as part of this review it was decided to follow the usual approval processes to improve the governance and communications around off payroll working.

NEXT STEPS

The following documents are currently under review or are due for review by the end of this year:

- Relationships at Work Guidelines (new document)
- Rostering Procedure
- Redeployment Procedure
- Equality, Diversity and Inclusion Policy
- Annual Leave Procedure
- Supporting Carers Guidelines
- Pregnant Employee Risk Assessment and Breastfeeding Guidelines
- Study Leave Guidelines
- Values Based Appraisal Procedure
- Mandatory Training Procedure
- Domestic Abuse, Gender Based Violence and Sexual Violence Procedure

Once reviewed, these documents will be considered for approval by EPSG (n.b. the Equality, Diversity and Inclusion Policy will be considered by the People and Culture Committee as it is a policy rather than a procedure or guideline).

A 28 day consultation period is a requirement for all policies, procedures and guidelines. Going forward, in addition to engaging with the Executive team, Clinical Boards and key internal stakeholders (e.g. staff networks, Trade Unions), a copy of the documents under review will also be sent to Independent Members who are members of the People and Culture Committee for their comments and input.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Within the UHB all People Policies, Procedures and Guidelines are reviewed in partnership and subject to a comprehensive consultation process. Procedures and Guidelines can be approved by the Employment Policy Sub Group (EPSG), but Policies are referred on to the People and Culture Committee for approval.

This paper summarises for the People and Culture Committee the documents which have been approved by EPSG over the past 12 months, and lists those documents which are currently under review.

In future, an update report will be brought to the People and Culture at regular intervals, and the Independent Members on this Committee will be informed of all People Policies, Procedures and Guidelines out for consultation to ensure their input and ensure they have the opportunity to comment.

Recommendation:

The People and Culture Committee is requested to:

- NOTE the contents of this report
- AGREE the frequency of future update reports to be brought to the Committee

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Policies, procedures and guidelines are in place to reduce the risks attached to people management by providing consistent, clear and transparent processes to follow

Safety: Yes/No

effective people managements and compassionate leadership are important in ensuring our services are safe. Good people policies, procedures and guidelines help support this

Financial: Yes/No

no

Workforce: Yes/No

This paper describes the People policies, procedures and guidelines approved over the last 12 months

Legal: Yes/No

Our policies, procedures and guidelines are reviewed regularly required to ensure we are compliant with employment legislation, terms and conditions etc Any changes to legislation or T&Cs would prompt and early review

Reputational: Yes/No

no

Socio Economic: Yes/No

All People policies and the procedures aligned to them are subject to EHIA including socil-economic factors

Equality and Health: Yes/No

All People policies and the procedures aligned to them are subject to EHIA

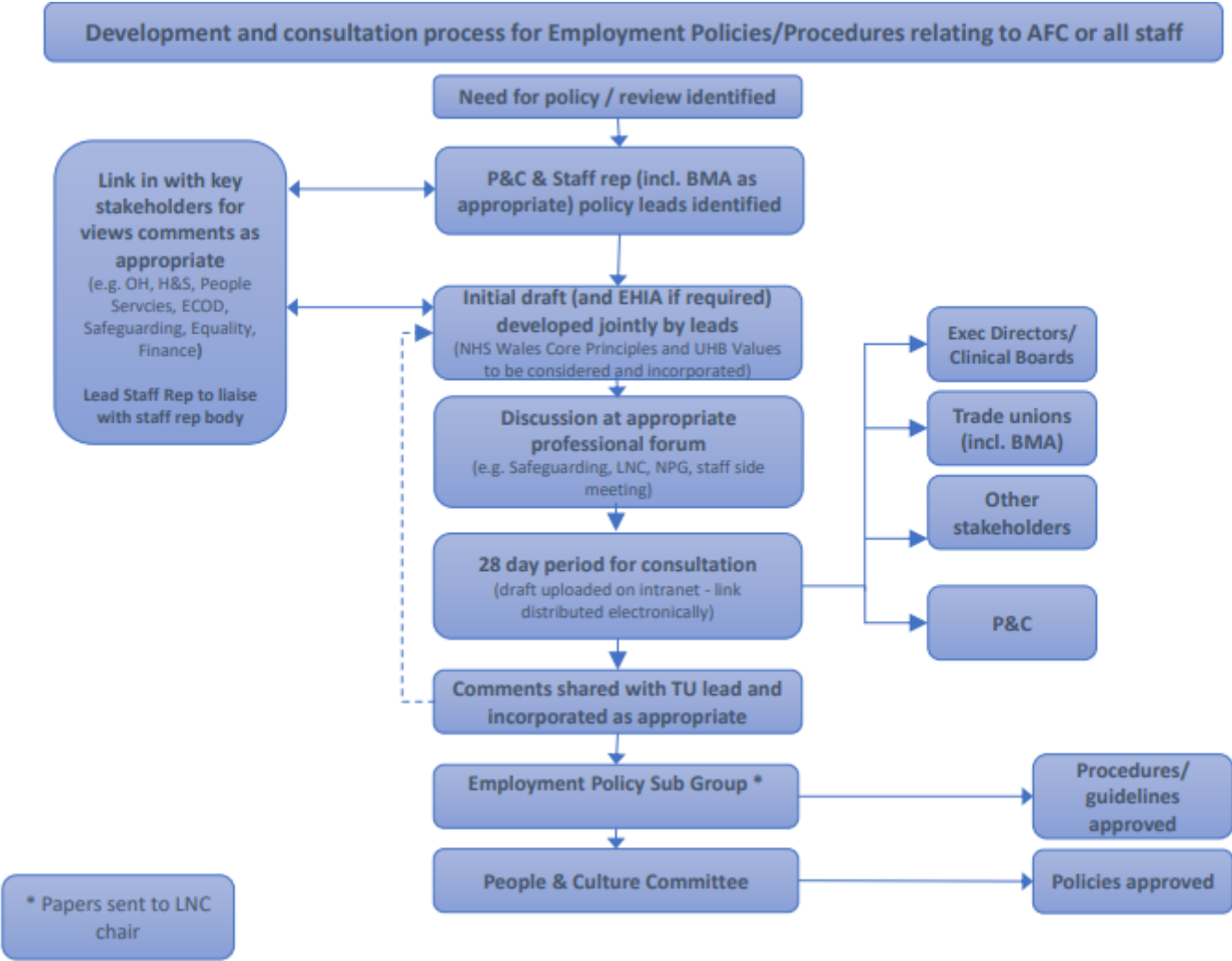
Decarbonisation: Yes/No

no

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
Board	14.10.23

Saunders,Nathan
09/11/2023 12:09:58



Saunders Nathan
09/11/2023 12:09:58