Public People and Culture Committee

Tue 23 January 2024, 09:00 - 12:00

MS Teams

Agenda

09:00 - 09:10
10 min

1. Standing Items

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 – 14 November 2023

Sara Moseley

Public People & Culture Minutes 14.11.2023 - SM.pdf (10 pages)

1.5. Actions following the previous meeting – 14 November 2023

Sara Moseley

P&C Public Action Log following 14.11.2023.pdf (3 pages)

1.6. Committee Chair's Actions

Sara Moseley

09:10 - 10:30
80 min

2. Items for Review & Assurance

2.1. Staff Story – My Health Passport

10 mins *Rachel Gidman*

2.2. Board Assurance Framework Report – Workforce

10 mins *Matt Phillips / Jonathan Pritchard*

2.2a - BAF Cover Report Board.pdf (2 pages)
2.2b - Board Assurance Framework.pdf (67 pages)

2.3. Key Workforce Performance Indicators

10 mins *Lianne Morse*

2.3a - People & Culture Committeee KPI Paper Nov-23 Data.pdf (5 pages)
2.3b - New IPR - Workforce Section Nov-23.pdf (3 pages)

2.4. Clinical Board Spotlight - CD&T

15 mins *Sarah Lloyd / Adam Christian / Helen Luton*

2.5. Speaking Up Safely Update Paper

10 mins *Matt Phillips*

- 2.5a - 20240123_SUS_P&C_Cover Report.pdf (3 pages)
- 2.5b - 20240123_SUS_P&C_Appendix.pdf (4 pages)

2.6. People & Culture Plan End of Year 2 Review

15 mins *Rachel Gidman*

- 2.6a - P&CPlan review of year 2.pdf (17 pages)
- 2.6b - App 1 PC Plan Indicators 2023-24.pdf (1 pages)
- 2.6c - App 2. Putting People First Priorities for 2024-25 (KPIs).pdf (1 pages)

2.7. Health & Safety Update

10 mins *Robert Warren*

- 2.7 - H&S Update.pdf (2 pages)

2.7.1. Estates

Geoff Walsh

10:30 - 10:35
5 min

3. Items for Approval / Ratification

3.1. Policies

5 mins

- 3.1 - Employment Policies Report.pdf (5 pages)

3.1.1. All Wales Flexible Working Policy

- 3.1.1a - App 1 NHS Wales Flexible Working Policy.pdf (16 pages)
- 3.1.1b - Flexible Working Policy (NHS Wales) EQIA v3.pdf (15 pages)

3.1.2. Locum Recruitment Procedure

- 3.1.2 - app 3 Recruitment of Locum Procedure.pdf (28 pages)

10:35 - 10:35
0 min

4. Items for Noting & Information

10:35 - 10:35
0 min

5. Any Other Business

10:35 - 10:35
0 min

6. Private Agenda Items

i) Approval of Private Minutes

ii) Employee Relations Risks (Verbal)

iii) Fire Prosecution Update (Verbal)

10:35 - 10:35
0 min

7. Review & Final Closure

7.1. Items to be deferred to Board/Committees

7.2. Date & Time of Next Meeting

12th March 2024 at 9am

MS Teams

Draft Minutes of the Public People and Culture Committee
Held On 14th November 2023
Via MS Teams

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Unions
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Emma Cooke	EC	Deputy Director of Therapies & Health Sciences
Lisa Dunsford	LD	Director of Operations - PCIC
Rachel Gidman	RG	Executive Director of People & Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Anna Llewellin	AL	Director of Nursing - PCIC
Lianne Morse	LM	Deputy Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance
Ian Phillips	IP	Independent Member – Hywel Dda
Matt Phillips	MP	Director of Corporate Governance
Rachel Pressley	RP	Head of People Assurance & Experience
Jason Roberts	JR	Executive Nursing Director
Nicola Robinson	NR	Head of People and Culture
Richard Skone	RS	Deputy Executive Medical Director
Rachael Sykes	RS	Assistant Head of Health & Safety
David Thomas	DT	Director of Digital and Health Intelligence
Claire Whiles	CW	Assistant Director of Organisational Development, Wellbeing and Culture (ADODWC)
Observors		
Keisha Megji	KM	General Management Graduate Trainee – Education & Culture
Ian Phillips	IP	IM Powys Teaching Health Board and Chair of PTHB People and Culture Committee
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Akmal Hanuk	AH	Independent Member for Local Community
Suzanne Rankin	SR	Chief Executive Officer
Robert Warren	RW	Head of Health and Safety

Item No	Agenda Item	Action
P&C 14/11/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 14/11/002	**Apologies for Absence** Apologies for absence were noted.	
P&C 14/11/003	**Declarations of Interest** The IM-CE declared an interest with the Board of Cardiff and Vale Credit Union.	

P&C 14/11/004	**Minutes from meeting on 12th September 2023** The Minutes were received and accurate. **The Committee resolved that:** a) The draft minutes of the meeting held on 12th September 2023, were held to be a true and accurate record of the meeting.	
P&C 14/11/005	**Action Log following 12th September 2023 Meeting** The Action Log was received. <u>P&C 11/09/019 – AOB – Industrial Action</u> The DDPC provided the following summary: - Welsh Government (WG) had confirmed that at present it was just the junior doctors that the British Medical Association (BMA) had balloted. - There would be a meeting between WG and the BMA the following Thursday, where they would discuss the derogation process and when the 72hr strike would likely take place. - There was an expectation that all elective work would be stood down, and there was an expectation from the BMA that consultants, SAS doctors, etc would step down to support the junior doctors on strike. - The UHB regularly met with WG in terms of operational planning, and that they needed to await the outcome of the ballot which would be announced in the coming weeks. **The Committee resolved that:** a) The Action Log was discussed and noted.	
P&C 14/11/006	**Chair's Actions** There were no Chair's Actions.	
P&C 14/11/007	**Vice Chair Nomination** It was agreed that the IM-TU would become the People & Culture Committee Vice Chair.	
	Items for Review & Assurance	
P&C 14/11/008	**Staff Story** The EDPC introduced the digital staff story. The staff member was also part of the Army Reserve, and it highlighted that employees who undertook other pieces of work outside of their normal day job provide extra skills and value to the organisation. The Staff Story video was presented. The CC highlighted that it was great to see that the organisation had supported staff to stay engaged and continue to learn and develop. **The Committee resolved that:** a) The Staff Story was received.	

P&C 14/11/009	**Board Assurance Framework Report** The ADODWC introduced the Board Assurance Framework (BAF) Report which focused primarily on staff wellbeing, and provided the following summary: - The BAF looked at the potential impact of the post-pandemic period on colleagues, and it was being reviewed over time to reflect the current climate's challenges; - Work had been undertaken with Clinical Boards Reviews to identify the impact on colleagues, and they had received valuable insights; - Recent pressures included – flow within the system, the cost of living crisis, and staff sickness and staffing levels; - A new All Wales database was introduced in August-September, and the benefits had been seen already in terms of manager referrals; - The BAF would align with the actions from the People & Culture Plan to support staff wellbeing; - Teams continued to work with Trade Union partners and external bodies around financial wellbeing, which included the money and pension service recommended through Welsh Government (WG). - They had recently been recognised in an award ceremony for their work being undertaken with the Credit Union in supporting staff; - Teams continued to focus on financial wellbeing - Awareness Weeks and roadshows had been held across the organisation to ensure sign-posting was available to all colleagues; - The Employee Wellbeing Service (EWS) was available to colleagues, and work was being undertaken on analysis to ensure they were getting effective measures; - They were working to make the BAF more strategic (as opposed to operational); - They worked closely with the Comms team to ensure staff understood what support was available; - The Health & Wellbeing Group had been reinstated – a new ToR and membership had been drafted; - They had worked with their Heads of People & Culture to broaden their understanding with the Clinical Boards, particularly around their sustainability agenda; - In September they had an advisory audit on leadership and management – they would work with Exec colleagues develop relevant programmes of support. - They worked closely on the Freedom to Speak Up (F2SU) initiative with the Corporate Governance team and people services. The IM-CE asked what the roadshows involved, how many people had attended, and how they evaluated the outcomes of these events. The ADODWC explained that their ECOD and EWS teams would visit areas within the C&V site to encourage participation in the staff survey, and to signpost wellbeing and financial support. She added that staff could complete an online evaluation to provide their feedback on the roadshows, where they had received excellent feedback the previous year. The ADODWC noted that previously, the C&V staff sign-up rate to the Credit Unions had been in the thousands.	

	The IM-CE asked how accessible these roadshows were for staff. The ADODWC responded that they would sometimes go on a walkabout and take information to those staff who were unable to attend. The IM-TU asked if these walkrounds were requested from within clinical boards, and whether there any took place during night shifts or weekends. The ADODWC responded that the walkarounds were more spontaneous, and they often received requests from different teams/departments for additional support. She added that they had supported night-shifts, and that they would be open to conversations around working on the weekends. <u>Action:</u> 1. To present a schedule for the WalkRounds with the roadshows to demonstrate where they had visited, who they had been approached by, and what had been discussed in the sessions (CW). The CC asked how assurance and updates could be provided to the Committee regarding the impact of the wellbeing interventions. The ADODWC responded that they had worked with the EWS to use the same reporting mechanisms, to better understand from an employee wellbeing perspective. The DOC informed the Committee of a detailed paper produced for the Health Charity on the back of COVID interventions, which evaluated the psychological health of the organisation and provided a breakdown in terms of how the pandemic had impacted on waiting times for counselling and psychological intervention. <u>Action:</u> 1. Health Charity COVID interventions paper (referred to above by the DOC) to be circulated to the Committee. The EDPC explained that the DDTHS and her team had previously provided a presentation on their work within the communities and rehab, and how this work was being evaluated. The DDTHS offered her help in the evaluation of wellbeing and mental health within the organisation. <u>Action:</u> 1. EDPC, DDTHS, & DOC to discuss and present how they were fulfilling the organisation's strategies and values from a wellbeing and culture perspective, and how staff's wellbeing was being managed within teams (RG / JB / EC). 2. To include an account from Directorates regarding wellbeing and culture as they present to the Committee in turn, to give assurance beyond the figures and KPIs received (All Directors). **The Committee resolved that:** 1) The attached risk in relation to Wellbeing was reviewed	

	2) They agreed comments to the Exec Director should be addressed prior to Board consideration on 30.11.2023.	
P&C 14/11/010	**Key Workforce Performance Indicators** The DDPC introduced the Key Workforce Performance Indicators Report which provided the UHB position against the People & Culture KPIs. The report is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.3. The EDPH shared a slide which illustrated the COVID and flu vaccination rates amongst staff from two weeks prior, and highlighted the following: - Vaccination uptake – 18-35% for flu and 37% for COVID - This demonstrated variation across the clinical boards, and they had asked leadership teams to continue to pursue uptake - All staff were given appointments to mass vaccination clinics, and pop-up sessions had been held - Clinical Boards had been asked to nominate vaccination champions - They would have up to date statistics by the following day - They hoped to reach the target of 75% uptake - CVUHB had fairly high Did Not Attend (DNA) rates The IM-TU asked if the number of completed exit questionnaire responses had improved. The DDPC responded that they had not improved significantly and a Ar recently changed format was being trialled via online form (rather than on ESR). The EDPC added that Health Education and Improvement Wales (HEIW) had sponsored a retention role for all Health Boards and Trusts. They hoped that the role would be hybrid between clinical boards and themselves. The IM-CE asked how they had achieved the reduction in agency usage and fill Band 5 & 6 vacancies. The DDPC responded that registered nurse and local recruitment had been conducted one by the Central Resourcing Team working with Clinical Boards. Work was also underway with the universities to increase the number of graduates coming into the organisation. The EDPC explained that their data was improving all the time, and that there had been a huge collaboration between the Executive portfolios around workforce. The CC asked about regional working with other Health Boards, and whether the UHB still relied on doctor and nurse recruitment from overseas. The DDPC responded that the UHB decided they would not undertake a blanket international recruitment campaign this year, and instead would focus their efforts on recruiting overseas within Neonatal and Gastro. Regarding regional working, the DDPC noted that they had worked closely with ABUHB and CTMUHB around the medical rates for	

	consultants and junior doctors, and they had agreed a consistent rate card for additional hours. **The Committee resolved that:** a) The contents of the report were noted.	
P&C 14/11/011	**Clinical Board Spotlight** - <u>Primary, Community and Intermediate Care (PCIC)</u> The DO-PCIC shared the presentation on the PCIC Clinical Board which provided a summary of the Clinical Board from a People & Culture lens. The slides are available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.4. The CC asked what more could be done corporately to help. The DO-PCIC responded that PCIC had tried to prioritise the highlighted service areas to be clear on what support was needed, but that support from the Improvement & Innovation (I&I) team would be helpful. The CC asked if the I&I team could support them on demand capacity. The DN-PCIC responded that there was a potential lack of understanding about services, and that they needed to raise the profile of their community services to prevent admissions into hospital. The DOC advised that there was a huge amount of work ongoing between the Comms team and PCIC. <u>Action:</u> 1. Rachel Gidman to propose how the Committee is made aware of the hotspots where cultural change was needed, and what was being done to support improvement and change in those areas. **The Committee resolved that:** a) The Medicine Clinical Board Spotlight was noted.	
P&C 14/11/012	**Communication and Engagement Plan** The DOC introduced the Communication and Engagement Plan. The draft plan is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.5. The EDPH asked if there was an opportunity to enhance the work regarding the population health improvement even further. The DOC agreed, and noted that a public needs assessment would help provide data to inform their communications plan. The CC provided a few comments on the draft Communication & Engagement Plan, which included: - It would be useful to know what the areas of interest were for the focus groups and what staff themselves wanted information and engagement on; - Welsh language needed to be strengthened beyond supporting the Equalities team, and to proactively communicate in Welsh;	

	- To make it clear when living healthier lives was discussed, that this included the health of their staff. It was agreed that an update would be brought back to the Committee once the Plan had developed further. **The Committee resolved to:** 1) The draft People and Culture Communications Plan was reviewed and the feedback and comments were provided.	
P&C 14/11/013	**Health and Safety Update** <u>Health and Safety Chair's Report – 24.10.2023</u> The AHHS introduced the report which summarised the key issues discussed at the Health and Safety Sub-Committee Meeting held on 24.10.2023. The paper is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.6. The IM-TU praised the work of the waste management team. The EDPC noted that the COO's team had been looking at the transportation of patients through the tunnels at UHW. She had requested for the DCEF to highlight some of the key risks at their Committee, which would be brought here going forward. <u>Health and Safety Risks</u> The AHHS noted that Health and Safety Risks were covered in the discussion above. The CC asked the AHHS to elaborate on the Health & Safety Executive (HSE) interventions around violence and aggression. The AHHS responded that: - HSE had been undertaking a national programme of inspections of Health Boards ad Trusts across England and Wales which were recently resurrected after a pause during COVID. - They had looked at the management of musculoskeletal disorders and management of violence and aggression within UHBs - The HSE had been at CVUHB over the previous few days, and would be speaking to staff later that day. They had met with the CE, EDPC and HHS at the end of September to look at the strategic direction that the UHB had taken. It was agreed that the EDPC would bring the feedback from these inspections back to the Committee. <u>Action:</u> 1. Feedback from the inspection into the management of musculoskeletal disorders and the management of violence and aggression within the UHB to be brought to a future Committee. **The Committee resolved to:** a) The contents of both reports were noted.	

	Items for Approval / Ratification	
P&C 14/11/014	**Policies for Approval** The HPAE noted that the procedure for consideration was an All Wales procedure for staff to raise concerns. It was summarised that: - This had been in place for some years, but it had been reviewed on an interim basis following the publication of Speaking Up Safely Framework and the Lucy Letby case. - It was no longer considered appropriate for concerns to be dealt with informally without due process. - The Policy had already been approved on an All Wales basis, and the UHB was required to implement it. The CC asked how they would monitor if this procedure had worked. The EDPC responded that they would look into how they could monitor this work to provide the Committee with assurance. <u>Action:</u> **a)** For an update on the UHBs process of monitoring the concerns raised by staff, and what the UHB does as a result of those concerns, to be brought to a future Committee for assurance. **The Committee resolved to:** a) The Procedure for NHS staff to Raise Concerns would be formally adopted.	
P&C 14/11/016	**Introducing a consistent, evidence-based approach to Cultural and Leadership at CAVUHB** The ADODWC introduced the paper and presented slides which summarised the new cultural approach to be adopted across the organisation. The paper is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 3.2. The CC praised the amount of work and collaboration undertaken and thanked the teams involved. The COO explained that they had some fairly long-standing cultural hotspots within the organisation, however there was not enough resource to enact all of the actions required. The CC noted that the long-term problematic cultures had led to real patient safety issues, and that often non-executives were not cited on these until it reached crisis point. She asked how the Committee would be assured on where the hotspots were and how the issues were being tackled. The COO responded that: - Open discussions were had during Board Development sessions, and that the EDPC would highlight the cultural hotspots in a future session. - They had used Clinical Summits and Executive reviews to build trust and confidence for staff to come forward with issues.	

	- They did not yet have a clear plan, but they would demonstrate in due course the actions and improvements made within the highlighted areas. The ADODWC explained that an Executive Sponsor would be assigned to a piece of work/area to ensure there was a full programme management approach, as well as providing regular updates and assurances at Executive and Board level that actions were being undertaken. <u>Action:</u> 1. As the work to tackle the cultural hotspots within the organisation develops through the different stages, for updates, themes, and actions undertaken to be brought back to the Committee for assurance (CW, RG, PB). The ADODWC added that they had begun diagnostic work on two areas where they had undertaken surveys, and over 50% of colleagues had participated – this was due to great work from the management team on communicating this widely, as well at Trade Union partners who were on board. **The Committee resolved that:** 1) The information included within the paper was noted; 2) The approach was approved.	
	Items for Information & Noting	
P&C 14/11/017	**Employment Policy Sub Group Update** The EDPC introduced the paper which summarised the good work from the previous 12 months from the Employment Policy Sub-Group. She added that: - Within a recent JET meeting, their audits were discussed – there was one limited assurance around policies and procedures being out of date. - They had taken this seriously within P&C, and they were working through any policies and procedures that were out of date. **The Committee resolved that:** a) The contents of the report was noted; b) The frequency of future update reports to be brought to the Committee was agreed.	
	Any Other Business	
P&C 14/11/018	No items.	
	Private Agenda Items	
P&C 14/11/019	*i) Approval of Private Minutes* *ii) Culture Hotspots* *iii) Employment Tribunal Cases* *iv) Fire Prosecution Verbal Update*	
	Review & Final Closure	
P&C 14/11/020	Items to be deferred to Board/Committees	
	Date & time of the next meeting:	

	Tuesday 23 January 2024 at 9am via MS Teams	

Public Action Log
Following People and Culture Committee Meeting
14th November 2023
(Updated for the Meeting 23 January 2024)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Completed Actions					
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	14.11.2023	**COMPLETED** Update provided in November Committee
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	14.11.2023	**COMPLETED** Update provided in November Committee
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	14.11.2023	**COMPLETED** Update provided in November Committee
P&C 11/9/019	Any Other Business	Information on further Industrial Action to be provided to the Committee where appropriate	Rachel Gidman	14.11.2023	**COMPLETED** Update provided in November Committee
Actions in Progress					
P&C 14/11/009	Board Assurance Framework	To present a schedule for the Patient Safety WalkRounds with the roadshows to demonstrate where they had visited, who they had been approached by, and what had been discussed in the sessions.	Claire Whiles	23.01.2024	Update to be provided at January 2024 Committee meeting
P&C 14/11/009	Board Assurance Framework	To send the paper to Rachel G to then circulate the detailed paper from Nicky Bevan produced for the Health Charity off the back of COVID interventions.	Joanne Brandon Rachel Gidman	23.01.2024	Update to be provided at January 2024 Committee meeting In progress – *awaiting update from Joanne Brandon – Once circulated, action is complete.*

Chilcott Rachel 16/01/2024 14:01:44

P&C 14/11/009	Board Assurance Framework	For the EDPC, DDTHS, & DOC to discuss and present how they were fulfilling the organisation's strategies and values from a wellbeing and culture perspective, and how staff's wellbeing was being managed within teams.	Emma Cooke Rachel Gidman Joanne Brandon	23.01.2024	Update to be provided at January 2024 Committee meeting
P&C 14/11/014	Board Assurance Framework	A report on what is happening within the Directorates around wellbeing and culture to provide the Committee with assurance beyond the figures and KPIs received	All Directors	23.01.2024	Update to be provided at January 2024 Committee meeting
P&C 14/11/013	Health and Safety Update	For feedback from the inspection into the management of musculoskeletal disorders and the management of violence and aggression within the UHB to be brought to a future Committee.	Rachel Gidman	23.01.2024	Update to be provided at January 2024 Committee meeting
P&C 14/11/014	Policies for Approval – Raising Concerns Procedure	For an update on the UHBs process of monitoring the concerns raised by staff, and what the UHB does as a result of those concerns, to be brought to a future Committee for assurance.	Rachel Gidman	23.01.2024	Update to be provided at January 2024 Committee meeting
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	23.01.2024	Update to be provided in January
P&C 14/11/014	Policies for Approval – Introducing a consistent, evidence-based approach to Cultural and Leadership at CAVUHB	As the work to tackle the cultural hotspots within the organisation develops through the different stages, for updates, themes, and actions undertaken to be brought back to the Committee for assurance.	Claire Whiles Rachel Gidman Paul Bostock	12.03.2024	Update to be provided at March 2024 Committee.
P&C 14/11/027	**Welsh Language Standards Annual Report**	For a dashboard around compliance with the 121 standards to be shared.	Rachel Gidman	23.01.2024	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	23.01.2024	Update deferred to the January 2024 P&C meeting
Actions referred to Board/Committees					

Report Title:	Board Assurance Framework				Agenda Item no.	2.2	
Meeting:	People & Culture Committee		Public	x	Meeting Date:	23.01.2024	
			Private				
Status *(please tick one only):*	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 (BAF) provides the Board with information on the key Strategic Risks that could impact upon the delivery of the Health Board's Strategy. It comprises:

1. Patient Safety
2. Maternity
3. Critical Care
4. Cancer
5. Stroke
6. Urgent and Emergency Care
7. Planned Care
8. Exacerbation of Health Inequalities
9. Attract, Recruit, Retain
10. Sustainable Culture Change
11. Staff Wellbeing
12. Capital Assets
13. Delivery IMTP 24-26
14. Financial sustainability
15. Digital Strategy and Road Map

These risks are all detailed within the attached BAF. There are three broad groups in which the risks have been ordered within the BAF these groups are:

- Patient Safety & Operations Risks (e.g. Patient Safety, Maternity, Critical Care etc.)
- Workforce Risk (e.g. Culture, Wellbeing)
- Corporate (e.g. Finance, Estates, IMTP)

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

After the initial evolution of the BAF to align it with the strategy as presented in November no further changes have taken place for January. However, work will continue in the future to continue this work.

The key changes to the risks on the BAF from the Board Meeting in November 2023 are track changed for clarity. No net risk scores have altered since the last meeting.

Assurance is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.
- Discussion at the various Committees of the Board on the risks allocated to them for review.

Recommendation:

The Committee are requested to:

- **Review and note** the risks to the delivery of Strategic Objectives (workforce) detailed on the attached BAF for January 2024.

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	✓
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	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
The BAF as a document details the risks in relation to the delivery of Strategic Objectives.
Safety: Yes/~~No~~
There is a risk within the BAF on Patient Safety which also details the impact.
Financial: Yes/~~No~~
There is a risk within the BAF on Financial Sustainability which also details the impact.
Workforce: Yes/~~No~~
There is a risk within the BAF on Workforce which also details the impact.
Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
Having a non-approvable IMTP will impact upon the reputation of the Health Board
Socio Economic: Yes/~~No~~
There is a risk on the BAF on Health Inequalities these inequities have significant social and economic costs both to individuals and societies.
Equality and Health: Yes/~~No~~
As above
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Executive Directors	Individual review undertaken prior to Board with each Executive Lead.

Strategic Objective	Priorities	Portfolio	SRO	Committee	Strat Risks
Putting People First We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.	People will feel valued, developed, supported and engaged. 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. Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.	Shaping Our Future People and Culture	Director of People and Culture	People and Culture	9. Attract, recruit & retain 10. Sustainable Culture Change 11. Staff Wellbeing
		Shaping our Future Population Health/Equitable Health	Director of Public Health	People and Culture	8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 14. Financial Sustainability 15. Digital Strategy and Road Map
Providing Outstanding Quality We will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them. We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.	Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the community Deliver outstanding quality of care every time - from the most complex care for the most critically ill to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers. Develop the Health Board's approach to continuous quality to improvement and make the best use of the Health Board's resources.	Shaping our Future Quality Excellence	Medical Director and Director of Nursing	Quality Safety and Experience	1. Patient Safety 2. Maternity 3. Critical Care 4. Cancer 5. Stroke 6. Urgent and Emergency Care 7. Planned Care 9. Attract, recruit & retain 11. Staff Wellbeing 12. Capital Assets 14. Financial Sustainability 15. Digital Strategy and Road Map

Delivering in the Right Places By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to and ownership of their data to enable them to manage their health and wellbeing. We will be well on our journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery.	To achieve digital maturity enabling the Health Board to connect and communicate, supporting shared decision making in the planning and delivery of health care services. Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof. With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future. Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.	Shaping our Future Integrated Services	Medical Director	Quality Safety and Experience	2. Maternity 4. Cancer 5. Stroke 7. Planned Care 8. Exacerbation of Health Inequalities 10. Sustainable Culture Change 15. Digital Strategy and Road Map
		Shaping our Digital Future	Director of Digital	Digital Health Intelligence Committee	9. Attract, recruit & retain 15. Digital Strategy and Road Map
		Shaping our Future Estate and Infrastructure	Director of Finance	Finance and Performance Committee	9. Attract, recruit & retain 12. Capital Assets
Acting for the Future We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future.	Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners. Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value. Maximise the Health Board's contribution to the foundational economy	Shaping Our Future Clinical Care for the Next Generations	Medical Director	Quality Safety and Experience	8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability 15. Digital Strategy and Road Map

By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities	Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement.	Shaping Our Future Environment for the Next Generations	Director of Planning	Finance and Performance Committee	8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability 15. Digital Strategy and Road Map
		Sustainable Investment	Director of Finance	Finance and Performance Committee	8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability

Key Risks

Board approved Overall Risk Appetite: 'Cautious' moving towards 'Seek'

Risk	Risk Appetite	Corp Risk Register Ref.	Gross Risk *(no controls)*	Net Risk *(after controls)*	Change from Nov 23	Target Risk *(after actions are complete)*	Context	Executive Lead	Committee
1. Patient Safety	Open	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21	**25**	**20**	⇨	**10**	Patient safety should be the first priority above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring. The Duty of Candour was formally launched in April 2023 and will further improve communication with patients and opportunities for learning across the Health Board.	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science/ Chief Operating Officer	Quality, Safety and Experience
2. Maternity	Cautious	14, 15, 16	**25**	**15**	⇨	**15**	The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming compliant with the Ockenden requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience
3. Critical Care	Cautious	18, 19, 20	**25**	**15**	⇨	**10**	For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM	Executive Nurse Director/ Executive Medical	Quality, Safety and Experience

							external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves. To address this the UHB has approved additional investment for 23/24 to open 3 additional level 3 beds and to establish the Patient at Risk Team (PART) from 7am-7pm/7 days a week to 24/7 by the end of Q3. Both of these initiatives have been implemented on time.	Director/ Chief Operating Officer	
4. Cancer	Cautious	7, 9	**20**	**15**		**10**	One of the Health Board's Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services. Despite improvements seen through Q1 23/24, it is not expected that the UHB will reach the WG target of 75%. The weekly cancer delivery group has now implemented a standardised and revised demand and capacity approach across all tumour sites. The likely improvement timescale to reach the standard is now the end of Q2.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

5. Stroke	Cautious		**20**	**15**		**10**	Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving 15.3% in October 2023 but this is not yet sustainable change hence the continuing focus on this area. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning Medics are faced with competing priorities given the capacity constraints within the footprint. There has been considerable organisational focus on the stroke pathway and ~~5~~ 6 internal stroke summits have been held in 2023. There is a clear improvement plan in place and we are already seeing some improvements to the time for patients to be admitted to the specialist stroke ward. The next stroke summit is on 20th November The NHS Executive is supporting in the review and updating of the improvement plan following its assessment of the pathways in the UHB and across Wales. Meetings commenced 29.08.23. April to June SSNAP performance saw an improved grading from Grade C to B.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience
6. Urgent and Emergency Care	Cautious	6, 8, 10	**20**	**15**		**10**	One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also	Executive Nurse Director/ Executive Medical Director/	Quality, Safety and Experience Committee

							with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23. During Q4 the UHB has been able to make considerable improvements in ambulance handover times and are now better than the October 2021 baseline. We have also seen reductions in the numbers of patients spending more than 24 and 12 hours. We have set ambitious trajectories as part of the 23/24 IMTP to further improve on ambulance hand over times and waiting times in the EU dept. Urgent and Emergency performance has continued to improve compared to last year. Q2 has more challenged then expected, largely due to increased length of stay for adult inpatients. Performance for Q3 has been challenging although remains better than the previous year, significant	Chief Operating Officer	

							improvements were seen in December in relation to ambulance waits and ED waits which were in contrast to the rest of Wales. ~~Performance for Q3 has been challenging although remains better than the previous year~~		
7. Planned Care	Cautious		**16**	**12**		**8**	One of the Health Board's Strategic Objectives is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2023. To achieve this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently published Welsh Government Planned Care Plan reflects the high priority of planned care services. The waiting time standards have since been revised by WG and the ask is now for no patients to wait longer than 52 weeks for their first appointment by 30/6/23, no patients to wait longer than 156 weeks for treatment by 30/9/23 and no patients to wait longer than 104 weeks by 31/12/23. Whilst the UHB is not currently predicting to deliver these standards for 8 specialities, we are expecting to be deliver for 22 others so the vast majority of UHB patients will be treated within these timescales. Therefore, the risk has been reduced. The NHS executive have outlined revised ministerial standards which include no patient waiting for 3 years for an outpatient appointment and working towards 97% of patients receiving treatment in less than 104 weeks by September and 99% of patients by the end of the financial year. Each Clinical Board will be signing off revised trajectories and delivery plans by the 30th June 2023.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

							Each Clinical Board have revised plans for the 23/24 financial year to meet the revised standards above. Welsh Government have responded positively to the plans for the regional funding for planned care and as a result there will be non-recurrent funding to the clinical boards to deliver plans as well as recurrent funding for a protected surgical zone at UHL as well as a community diagnostic hub. These are designed for sustainable increases to capacity and controls for demand respectively At the end of ~~October~~ December 2023, the clinical boards ~~remained on track for~~achieved the delivery of the 97 and remain on track for the 99% standards for December and March respectively. ~~There remain challenges in the delivery of no 156 week waiting patients by the end of December~~. At the end of December there were 176 patietns waiting three years or more. The focus will be on continual improvement of this number and an aim to clear in financial year		
8. Exacerbation of Health Inequalities Chilcott Rachel 16/01/2024 14:01:44	Open		**16**	**12**		**12**	COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.	Executive Director of Public Health	Quality, Safety and Experience Committee

9. Attract, recruit, retain	Open	4, 6, 11, 16	**25**	**16**		**10**	Across Wales there have been increasing challenges in recruiting healthcare professionals and this situation has got worse over the last two years due to Covid 19. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of People and Culture	People & Culture Committee
10. Sustainable Culture Change	Open		**16**	**8**		**4**	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of People and Culture	People & Culture Committee
11. Staff Wellbeing	Open	4, 6, 11, 16,	**20**	**16**		**5**	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	Executive Director of People and Culture	People & Culture Committee
12. Capital Assets 	Open	1, 2, 3, 4, 17, 19, 20, 23	**25**	**20**		**10**	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical	Executive Director of Strategic Planning, Executive Director of Therapies and Health	Finance & Performance Committee

							Equipment is replaced in a timely manner within the resources available, though backlogs for a proactive replacement programme remain.	Science, Executive Director of Finance	
13. Delivery of IMTP 23-26	Open	22	**20**	**15**		**10**	The Integrated Medium-Term Plan is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.	Executive Director of Strategic Planning	Finance & Performance Committee
14. Financial Sustainability	Cautious	5, 22	**25**	**25**		**15**	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future. Covid 19 has had a significant impact on the finances of Healthcare in Wales and the UHB has significant financial pressures to now deal with.	Executive Director of Finance	Finance & Performance Committee
15. Digital Strategy and Road Map 	Cautious	23	**25**	**20**		**20**	CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation	Director of Digital Health Intelligence	Digital Health Intelligence Committee

							up to a level of digital maturity that can support our agreed strategic objectives.		

Lines of Defence

Assurances are categorised into 'lines of defence' as set out in the Health Boards Risk Management and Board Assurance Framework Strategy.

Key:

(1) First Line of Defence – Management level assurance

(2) Second Line of Defence – Risk and Regulation Team, Patient Experience Team, Patient Safety Team, Workforce Governance, Information Governance assurance.

(3) Third Line of Defence – Independent level Assurance (Internal Audit, Audit Wales, HIW, CHC, Other regulatory or inspection reports) Counter Fraud.

Risk Appetite

Key:

Avoid: Avoidance of risk and uncertainty is a key organisation objective

Minimal: Preference for ultra-safe delivery options which have a low degree of inherent risk and only for limited reward potential

Cautious: Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward

Open: Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (VFM)

Seek: Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)

Mature: Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

1. Patient Safety – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

Patient safety should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.

Risk	There is a risk to patient safety: Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list. Due to increased demand, post Covid 19, of unscheduled care of patients with higher acuity and more complexity which is adding to the pressure within the Emergency Unit (EU). Due to a sub-optimal workforce skill mix or staffing ratios, related to reduced availability of specific expert workforce groups, or related to the need to provide care in a larger clinical footprint in relation to post Covid 19 recovery. Due to the ability to balance within the health community and the challenge in transferring patients to EU. Due to the current pressure in EU and inability to segregate patients due to the volume in the department.		
Date added:	April 2021		
Cause	Patients not able to access the appropriate levels of planned care since the onset of the COVID 19 pandemic creating both longer waiting lists for planned care. Resources re directed to address planned care demand leaving unplanned care/unscheduled care pathways with lower staffing		
Impact	Worsening of patient outcomes and experience, with an impact on patient outcomes Post Covid recovery sickness is having a significant impact on staff availability (see separate risk on workforce).		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Recovery Plans being developed and implemented across all areas of Planned Care • Maintaining Training/Education of all staff groups in relation to delivery of care • Use of Private Partner facilities. • In-house and insourcing activity • Additional recurrent activity taking place • Recruitment of additional staff • Workforce hub in place with daily review of nurse staffing by DoN in Clinical Boards to manage the risk • Hire of additional mobile theatres • Quality and Safety and Experience Framework Implementation underway • health and social care actions to assist the current risk in the system with work continuing to be embedded and implemented		
Current Assurances	• Recovery Plans were reported to Management Executive, Strategy and Delivery Committee and the Board (1) (3) • CAHMS position was reviewed at Strategy and Delivery Committee (1) • Mental Health Committee aware of more people requiring support (1) • Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives (1)(2) • Recent Executive review with Clinical Teams for understanding and review of front door pressures. (1) • Monthly Clinical Board reviews to map progress		
Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes and domiciliary care settings. Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments.		

Gap in Assurances	Discharging patients is out of the Health Boards control			
Actions		**Lead**	**By when**	**Update**
1. Review of hospital acquired COVID 19 and COVID deaths (wave 1) being undertaken and monitored through Nosocomial C&V Programme Board.		Jason Roberts	30.09.23	Work ongoing. Review has commenced early learning shared with operational colleagues and it is informing the development of the recovery plan Review of deaths continues in line with WG requirements with oversight from Nosocomial National Programme Board
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**		**10 (High)**

2. Maternity Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming compliant with the Ockendon requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.

The background to, and summary of the Ockenden report, is best understood in the quote from Donna Ockenden below

> **"This final report of the Independent Maternity Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust is about an NHS maternity service that failed. It failed to investigate, failed to learn and failed to improve, and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives. "**

The report details 89 recommendations that should be enacted to improve maternity services across the UK. An immediate self-assessment of the service was undertaken against the requirements, which noted that 45 of the requirements were already met, 27 partially met, and 17 not met at all. The detail of where we are currently not meeting recommendations and the proposal to close that gap has been completed (appendix 1). The recommendations that we currently fail to meet can largely be grouped into 3 categories, patient safety, quality and experience, training, and workforce.

Whilst underlying actions to progress the plans to achieve the recommendations have developed and presented to Execs, UHB agreement of circa £2M recurrent funding is required to deliver progress.

In addition, the service has sustained pressure across Obstetrics and Maternity care system, mainly due to reduced workforce availability, increased interventional birthing as a result of NICE guidance, backlogs on critical incident investigation etc

Risk **Date added: 3/11/22**	We are currently unable to demonstrate compliance against a number of recommendations against the various external reviews and reports. We have a backlog of investigations, RCA's and concerns and as a result LFE delays Workforce concerns and adverse media
Cause	• In England 180 million pounds of funding was released to support each Trust in complying with all of the Ockenden Recommendations. Welsh Government have invested £1 million in to the Mat Neo Safety Programme across Wales, which is currently in its Discovery phase for circa 12 months, next steps of which are yet to be communicated. The operational view is that it is unlikely any further investment will be made available by Welsh Government to support implementation of the recommendations. • NICE clinical guidance Intrapartum care for healthy women and babies resulting in increased instrumental birthing practices. Patients presenting and subsequently admitted have a higher acuity and complexity, particularly in light of NICE guidance. • We continue to experience challenges in our ability to deploy sufficient workforce to cover community, Midwifery-Led and Obstetric-Led care setting services. We struggle with sustained workforce challenges from sickness, maternity leave, resignations, retirement and challenges of retention and recruitment. • One out-take of newly Qualified Midwives and Paediatric Nurses each year from Welsh Universities causing a limited flow of Midwives/Paediatric Nursing staff • Restricted Neonatal capacity continues to add an increased layer of complexity in managing patient flow.

	• T2 new area opened during Pandemic, but with no increase in staffing (loss of 6 beds on Delivery Suite, 14 opened on T2). • Community based care is expanding with the emphasis being placed on 'normal/low risk/need care being provided in community by midwives and MSWs. Reduced antenatal admissions and shorter postnatal stays result in an increase in community care. Midwives are undertaking the New-born and Physical Examination (NIPE) instead of paediatricians, either in hospital or at home. • With the publication of the latest NICE guideline on Antenatal Care that recommends that all women be 'booked' by 12 weeks' gestation, more women are meeting their midwife earlier than previously happened before 10 weeks. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal. In most maternity services approximately 10% of women are 'booked' and then have no further contact with the midwife. • Constraints accommodating the increased number of Inductions of Labour (IOL) and instrumental deliveries within current footprint. • Good level of incident reporting but insufficient resources to complete investigations, action plans and learning from events actions. • Independent external Birth-rate+ re-assessment has been undertaken. The final report for CaV indicates a midwifery shortfall of 11wte.
Impact	• Closure of Community Home Birth Services and Maternity Led Unit due to lack of staff. • Delays in allocating IO's to investigations, subsequent delays in completing investigations, action plans and LFE • Rise in instrumental deliveries • Delays in IOL and constraints in accommodating elective caesarean sections due to lack of NICU capacity • Congested department and long waits for IOL & ECS • Insufficient consultant cover for labour ward, NCEPOD readmission reviews • Lack of specialist roles; labour ward leads, Foetal surveillance, bereavement, transitional care nursing. • Lack of training in Human factors, CTG, labour ward coordinator leadership. • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) and run of adverse incidents.
Impact Score: 5	Likelihood Score:5 | Gross Risk Score: **25 (Extreme)**
Current Controls	• Induction of 38 Newly qualified Midwives (NQM) and 43 Newly Qualified Paediatrics nurses from Student Streamlining • Introduction of daily clinical huddles between each days Lead Midwife, Lead obstetrician, lead neonatologist and lead neonatal nurse each day • Rollout of 3 extra consultant sessions for obstetric governance and 1 extra consultant session Neonatology governance to enable allocation of IO's to investigations • RAG rating of position against national report recommendations, presentation of gap analysis to executives and to senior Leadership Board for support of required resources • Continued recruitment actions • Board agreement to fund resource necessary to fully meet Ockenden recommendations • Escalation of concerns to HEIW re single out-turn of midwives and paediatric nurses • Establishment of monthly Ockenden Oversight group led by clinical board • Establishment of MatNeo oversight group led by Executive triumvirate • Team continue to support recruitment and retention, submission of request for oversea recruitment. • Daily SiteRep reporting introduced into maternity and Neonates and DoNM/HoM daily catch up

Current Assurances	• Operational position reported into Management Executive (Daily) (1) • Mechanisms in place to monitor key measures being strengthened into visible dashboard.(1) • Key operational performance indicators and progress against plans reported into the Maternity/Neonatal oversight Group being led by Executive Nurse Director. (1) • Midwifery on call manager linked into Executive evening huddle to clarify daily risks.		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	• Confirmation of additional funding resource to fill gaps in assurance mapping • Recruitment strategies to sustain and increase multidisciplinary teams (appendix 1). • Developing an effective, high quality and sustainable model of managing intrapartum care and current constraints • Several incidents out of time • Ability to successfully recruit to additional posts agreed as part of Ockenden.		
Gap in Assurances	• Data and benchmarking information • Resources to meet the national recommendations		

Actions	Lead	By when	Update
1. Ongoing recruitment above establishment, increasing training places	AJ	30.11.23	~~This action continues to take place~~Over-recruitment has been achieved – 227WTE in post (plus 26 WTE on maternity leave) against 230 WTE ~~.~~required. Training performance increased. All staff undertaken PROMPT by Feb 24
2. Reviewing current obstetric practice in line with NICE guidance	CR/SZ	30.09.23	This action continues to take place.
3. Senior daily oversight of obstetric /Neonatal capacity and escalation to Executives	AJ	30.11.23	This action continues to take place.
4. Continued maternity / Neonatology oversight meetings with Executive lead	JR/AJ	30.11.23	This action continues to take place.
5. Ongoing review of job planning and consultant establishment	CR/AT	30.09.23	Job planning undertaken further resource required to meet Ockenden recommendations. Supporting revenue case approved by Board 30.3.23
Impact Score: 5 / Likelihood Score: 3	Target Risk Score:		**15 (high)**

3. Critical Care Capacity – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves.

Risk **Date added: 01/11/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable critical care capacity.		
Cause	• There is a progressively deteriorating problem with access for critically ill patients to ICU in Cardiff as a direct result of capacity. This now means patients who would benefit from ICU admission and care are not able to have this. • Gap of 15 ICU beds in CAV (2014 unmet needs study WG) • Funded increase in tertiary workload has increased the overall demands on critical care services in CAV • Poor infrastructure within the critical care unit – limited access to cubicles • Annual increase in demand for critical care services of approx. 4-5%		
Impact	• Adverse impact upon the Emergency Department and theatre flow • Untimely patient access • Inequity of patient access • 15% of referrals not admitted to critical care • Impact other operationally e.g. anaesthesia and theatres • Impact tertiary development e.g. ECMO • Patient outcomes worse • Reputation, Professional & Legal risk • Workforce - Reduced Recruitment & Retention • Poor staff morale and retention due to the sustained pressures in the system • Delayed admission and discharge from critical care leading to poor patient experience and outcomes		
Impact Score: 5	Likelihood Score:5	Gross Risk Score:	**25 (Extreme)**
Current Controls	• Strengthened site-based leadership and management • Strengthened OPAT oversight and support for DTOCs • Workforce plans in place to support recruitment and retention • Registered nursing recruited to establishment • Local escalation plan in place and utilised when appropriate to support operational pressures • PART team provide 24/7 support for patients not admitted to critical care • Ringfenced PACU to protect high-risk elective urgent and cancer surgery • Winter escalation plan in place to support delivery of critical care to the sickest patients during the winter months		

Current Assurances	• Operational position reported into OPAT [1] • Key operational performance indicators and progress against plans reported into the clinical board 6 weekly [1] • ICNARC audit to provide assurance on outcomes [2] • Plans in development to increase level 3 bed capacity by three beds during 2023/24.[1] • Plans implemented to roll out 24/7 PART team • Project team established to address medium term infrastructure constraints.[1]		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	Development and implementation of a capacity plan to address the 15-bed gap and to meet future predicted annual growth in demand Achievement of standard to step down patients from ICU within 4 hours to improve efficiency and patient flow 24/7 PART team Development of a fit for purpose critical care unit (UHW2)		
Gap in Assurances	Able to meet the needs of the sickest or highest priority cases. Un-met need not fully understood across the organisation.		

Actions	Lead	By when	Update
1. Implementation of the UHW site masterplan and critical care infrastructure programme a. Medium term development of additional cubicles and support facilities b. Development of a new unit as part of UHW2 development. c. Transfer of LTiV services to a bespoke facility in UHL	AH / PB	31.03.23	Approval from CMG/SLB to proceed with the Strategic Outline Case for Critical Care expansion and refurbishment. Approval from CMG/SLB to proceed with the Strategic Outline Case for Critical Care expansion and refurbishment. Aim to submit to WG in Q4 23/24. a. Design completed for C3S, further work required on design for C3N. The design will include additional cubicles to meet IP&C demand. (medium term plan to bridge to UHW2). b. Engaged with the Programme Director for UHW2 on future demand for CC to inform planning. c. LTiV/complex care now established on C3L. No current planning to create a bespoke facility in UHL Planning continues in line with the UHB planning process and the All Wales Prioritisation Process.
2. Ongoing development of recruitment and retention strategies	JR / RG	31.03.23	This piece of work continues. Additional three beds commissioned and PART team now 24/7 through additional recruitment.
3. Winter Plan	PB	30.11.23	Additional planning and mitigation for winter will be required due to the co-location of PACU and CCU to facilitate the estates work needed to bring Cardiothoracic Surgery back to UHW. Potential for reduced flexibility to use PACU beds for escalation / DTOC. Alternative escalation plans being developed.

Impact Score: 5	Likelihood Score: 2	Target Risk Score:		**10 (high)**

4. Cancer Services – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.

Risk **Date added: 01/11/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable cancer services.		
Cause	• The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments to see elective patients in a timely manner has also impacted on those waiting on a cancer pathway. • Referral demand for cancer is now greater than pre-Covid levels and our planned care system has struggled to respond to this increase in demand and carve out sufficient capacity for cancer at outpatients, diagnostics, and treatments stages • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff • Weaknesses in the central cancer team in terms of changes of leadership, structure, vacancies and temporary staffing leading to lack of clarity and consistency		
Impact	• Long waiting times for first contact and diagnostics contributing to lengthening of the overall pathway for cancer patients • Overall PTL has grown 3-fold since pre-Covid • Significant volumes of patients now waiting >62 days and >104 days • Potential for harm e.g. missing the window of opportunity for surgical intervention, delays to starting chemotherapy/radiotherapy • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety)		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**
Current Controls	• Strengthened governance and oversight • COO is now Executive Lead for Cancer • Cancer is one of the delivery programmes in the 2023/24Operational Plan • SOP in place to support tracking process • Roles and responsibilities redefined • Training being rolled out to refresh understanding of SCP guidance • Workforce team continue to support recruitment and retention • Ambition clearly stated – first contact by day 10, diagnosis by day 28, treatment by day 62 • Two cancer summits held with senior leadership teams, directorate management teams and tumour site clinical leads • Demand/capacity work commenced		

Current Assurances	• Operational position reported into Cancer Oversight Meeting weekly tracking improvements[1] • Weekly PTL tracking meeting with General Managers/Directorate Managers now in place • Weekly cancer delivery group in place with directors of operations owning accountability for improvements in delivery • Executive Cancer Board meets quarterly[1] • Mechanisms in place to monitor key schemes in Cancer as part of the Operational Delivery Plan [1] • Key operational performance indicators and progress against plans reported into the Finance & Performance Committee [1] • Breach reports produced for every patient treated >62 days [1] • Harm reviews conducted for every patient treated >146 days [1] • Cancer reported as part of the Board Integrated Performance report [1] The UHB will require Q2 in order to recover the current cancer performance standard after stalled progress at the end of Q1. This was largely an impact of increased waiting times for Endoscopy where there is now a clear plan of improvement		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	• Continuation of demand/capacity work to inform how much capacity needs to be carved out for cancer • Undertake pathway work to streamline the journey for cancer patients and reduce the downtime between steps on the pathway • Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)		
Gap in Assurances	• Whilst a Cancer Oversight Meeting is in place, there is a need to establish a weekly PTL tracking meeting with General Managers/Directorate Managers • Breach reports need to be shared with the Directorates for validation and themes (e.g. risks/issues/constraints) need to be fed through a continuous improvement loop to ensure mitigation/solutions are put in place • The Cancer Strategy needs to be finalised and a workplan developed		

Actions	Lead	By when	Update
1. Undertake a review of the key tumour site pathways with a view to removing constraints and delays in the patients' journey	~~MT~~CW	~~30.6.23~~Ongoing	~~Partially complete. Individual pathways reviewed based on D&C analysis.~~ This work in continually ongoing with corrective actions and plans being implemented.
2. Delivery of cancer improvement plan – SCP and backlog – via revised governance structures	~~MT~~CW	Ongoing	Revised aim to meet SCP 75% standard by the end of Q4.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (High)**

5. Stroke Services – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving >10% since June 22 and now at 10.9%. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning Medics are faced with competing priorities given the capacity constraints within the footprint.

In addition to thrombolysis treatment rates, there has been improvement in thrombectomy assessment, referral and procedures delivered both internally and referred to Bristol. There has also been focused training for acute medics on stroke assessment, thrombolysis and thrombectomy. The Stroke CNS role is being protected where possible; recognised that this team are the drivers and facilitators of the thrombolysis and thrombectomy pathway.

Investment is needed for increased Stroke resource at the front door – allowing patients to be seen, diagnosed and treated in a timely manner, ultimately reducing mortality and improving outcomes for patients. The aims are to improve Tier 1 performance and most importantly, safer care for our Stroke patients

Risk **Date added: 01/11/2022**	Poor compliance with SSNAP – currently a C score.
Cause	• An increasingly busy ED (double the number of patients) has seen a high demand upon the Stroke Service. Patients are often self-presenting which may result in an initial delay to be triaged resulting in (i) delays to Stroke calls being put out (ii) delays to patients receiving CT scans within 1-hour (iii) delays in the recognition and subsequent delivery of thrombolysis to patients. • The Stroke Unit at UHW regularly runs at 100% occupancy. Every effort is made to ensure there is a bed available for new stroke admissions. The large volumes of patients in the ED mean there is often a delay in patients being triaged and assessed within 4 hours, making it difficult to get the patients to the acute ward within a timely manner. Patients awaiting admission to the stroke unit in September between them spent almost 70 days in the ED. • Pressures across the system have resulted in Stroke beds being used for non-Stroke patients. These short-term gains have long term impact on Stroke affecting the ability to admit new stroke patients within 4 hours, which has knock-on impact on specialist MDT assessments, commencement of rehabilitation and supportive discharge planning. Since the ringfencing of stroke beds in February, this situation has greatly improved with a commitment to protecting stroke capacity however the most challenging site pressures still have the potential to impact this ringfenced status. Performance against the 4 hours admit target is now ≥50% and this measure reached 70% in June 2023. ~~• Since additional capacity beds which were collocated with stroke closed in August 22, performance against the 4 hours admit target improved to 20% in September. Support is needed to protect stroke beds for patients on the stroke pathway~~ • Stroke CNS being pulled into ward numbers due to poor staffing levels. The CNS role is now protected and would only be pulled into ward numbers in the most exceptional of circumstances.

Impact	• Delays in patients receiving their CT scans within 1 hour • Delays in patients being recognised as potential Stroke patients • Delays in patients receiving timely treatment such as thrombolysis • Delays in patients being recognised as potential thrombectomy patients • Patients not receiving swallow screening in a timely manner (<4 hours) • Delays in patients being admitted to the acute Stroke ward in a timely manner (<4 hours) • Delays in patients leaving the acute Stroke ward (long lengths of stay, non-stroke patients being admitted due to ambulance waits) • Poor patient outcomes • Lack of available CRT slots or inappropriate CRT slots meaning patients in SRC are unable to be discharged in a timely manner		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**
Current Controls	• Awareness raising on the importance of early swallow screen assessment – training plan executed and improvement in performance evident. • Taking any golden opportunities, we can – whenever there is capacity on the stroke unit, the stroke team are driving and pushing the ED stroke pathway to achieve the 4 hours admit wherever we can. The stroke team are real champions of the principles of 'Think Thrombolysis, Think Thrombectomy' and are pushing the imaging pathway to reach diagnosis as early as possible and ensure all patients are considered and assessed for urgent treatments which could reduce the disabling impact of the stroke. • Stroke Service Manager in post since July 22; Clinical Director for stroke in post from October 22. Dedicated resource for focused work with ED, radiology and medicine to ensure the optimal stroke pathway is in place and applied for all patients. • Seeking investment for uplift of CNS resource and dedicated stroke medical resource to support the front door for stroke. Clinical model now designed and being worked up through stroke summit meetings to produce full business case. • Wider programme of works is needed to continue momentum of a stroke service improvement programme, particularly given future requirements for regional network service delivery and for UHW to become the regional thrombectomy centre. • Protection of stroke beds from Feb 2023 • Roll out of ROSIER tool at triage from May 2023		
Current Assurances	• Operational position reported into MCB (Monthly) (1) • Mechanisms in place to monitor key schemes in Stroke Operational Group and MCB SMT/IM DPR (1) • Monthly touch point meeting with the NHS Executive Performance and Assurance Team~~Delivery~~ ~~Delivery Unit~~ (1) • Improving SSNAP Grading for April to g~~G~~rade B, and July to Sep 23 to grade A~~June 23 to Grade B~~		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	Lack of consistent cover to the ground floor by a dedicated Stroke Medic CNS cover not sustainable in a 7/7 model SRC capacity and challenges to flow across the whole stroke pathway ~~CNS cover not 7/7~~ ~~SRC capacity~~ ROSIER compliance remains a challenge.		
Gap in Assurances	Competing demand on regional, thrombectomy and clinical board priorities		

Actions	Lead	By when	Update
1. Nursing Uplift Stroke CNS cover to 12 hour shifts 7 days per week. **Benefits** Increased out of hours CNS support to Code Stroke, facilitation of thrombolysis and	NT/JM/LP	31/05/2023	7-day model in place since March 23 but needs investment for a sustainable model. To be included in Stroke Business Case 2024.~~Next Stroke summit on~~

thrombectomy treatment pathways, 4 hours admit target and nurse assessments. **Interdependencies / Risks** Capacity and flow, medical support			~~20.11.23 where staffing will be discussed~~
2. Medical Extend locum SHO for SRC in backfill of specialist middle grade moving to UHW front door (Mon-Fri 9-5) Collaboration with other specialities (e.g. neurology) to improve stroke junior doctor out of hours cover. May incur cost to medicine. Contribute 4 locum consultant sessions to a new post with ITU for a neuro critical care specialist with 4 stroke sessions Change of future models include hot clinics for TIA patients to support prevention of Stroke as part of the ongoing Stroke improvement plan. **Benefits** Cross speciality working - more sustainable OOH model and offers training opportunities. Reviewing the structure of the out of hours rota will offer further support to the medical on call team. Specialist middle grade and uplift of consultant sessions would support TIA clinic reconfiguration and front door senior decision making. Improved selection of patients for C4 beds, improved management of mimics in ED, acceleration of stroke assessment and diagnostics, improvement in 4 hours admit. This model offers the service an interim solution for winter demands, reducing the urgency of consultant uplift, allowing for planned succession and recruitment. **Interdependencies / Risks** Uplift is needed both in and out of hours. Locum posts are expensive but it is unknown if the workforce is there for external middle grade or consultant recruitment.	TH/NT/SB	31/01/2023	6 Front door sessions continue despite no longer continuing with locum SHO cover at SRC based on balance of risk. 4 vacant stroke sessions now covered in split ITU post from 1.8.23 on 12 month contract. Future clinical model for delivery 24/7 consistent stroke will be worked up for business case; w~~care to be presented at 5th stroke summit on the 20/11/23~~. Will require significant investment. An enhanced shared front door model with Neurology continues to be explored ~~at the stroke summit on the 20/11/23. Previous submissions did not meet service requirements so revised model with wider window to be presented~~.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (high)**

6. Urgent & Emergency Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.

Risk **Date added: 09/05/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable urgent and emergency care as close to home as possible.		
Cause	20 The impact of the covid pandemic has resulted in sustained pressure across the urgent and emergency care system. Five factors have combined to cause current operational challenges: (i) Non-covid occupancy remains at a high level and we continue to experience challenges in our ability to achieve timely discharge of patients (ii) The need for respiratory capacity continues to add an increased layer of complexity in managing patient flow (iii) Patients presenting and subsequently admitted have a higher acuity and complexity (iv) We have sustained workforce challenges (v) Social Care are experiencing similar workforce and demand challenges • Sustained pressure in Primary and Community Care, including an increased number of GP practices operating at a higher level of escalation, temporary list closures and practice closures • Poor consistency in referral pathways, and in care in the community leading to significant variation in practice • Rollout of multi-disciplinary team cluster models only in limited number of clusters • Lack of co-ordination and / or streamlined services across Health and Social care to ensure a joined-up response is provided and the patient gets the right care, in the right place, first time • Poor response times in the community from WAST due to significant delays in ambulance handovers • Longer length of stay for both medically fit patients and clinically unfit patients, significantly above pre-covid levels		
Impact	• Long waiting times for patients to access a GP • Patients attend the Emergency Department because they cannot get the care or timely care they need in Primary and Community Care • Referrals and admissions into hospital because there are no alternative options or staff are unaware of alternative options • Congested ED department and long waits for patients to be seen • Increase in ambulance handover delays and challenges in timeliness of ambulance response to community demand • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety)		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**

Current Controls	• Development of Primary Care Support Team to provide proactive support to fragile practices • Plans agreed and implemented for contract resignations and list closures • Rollout of MDT cluster model to further 2 clusters (1 already implemented) • Urgent Primary Care hubs in the Vale – c.4,000 appointments per month • Cardiff CRT and Vale CRT support people to remain at home, avoid hospital admission and be discharged from hospital – but challenges do remain on capacity and timeliness • Implementation of CAV24/7 and NHS Wales 111 • Strengthened site-based leadership and management • Urgent & Emergency Care is one of the five delivery programmes in the 2022/23 Operational Plan. Delivery Group in place. Urgent and Emergency Care System Plan developed, aligned to the National six goals – see actions. • Ambulance handover improvement plan developed and delivered improvements • Workforce team continue to support recruitment and retention • Local Choices Framework governance in place and utilised when appropriate to support operational pressures
Current Assurances	• Operational position reported into Management Executive (weekly) (1) • Mechanisms in place to monitor key schemes in Urgent & Emergency Care ~~Operational Delivery Plan~~6 Goals Programme Board (1) • Key operational performance indicators and progress against plans reported into the Finance & Performance Committee.. (1) • Urgent and Emergency Care reported as part of the Board Integrated Performance report (1)

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**

Gap in Controls	• Actively scale up multidisciplinary cluster models • Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce) Developing an effective, high quality and sustainable Acute Medicine model Reconfiguring our in-hospital footprint to improve efficiency and patient flow
Gap in Assurances	N/A

Actions	Lead	By when	Update
1. Secure funding and develop implementation plan for further MDT cluster rollout and Urgent Primary care Centre in Cardiff	LD	31/7/23	~~Coverage is planned to increase to 84% before the end of the financial year. A review of future roll out will then be undertaken.~~Coverage now at 84% with go-live in Cardiff West.
2. Implementation of the UHW site masterplan, including de-escalation of additional capacity and reconfiguration of the EU	PB	31/07/23	Complete first phase.
3. Review trauma pathways across UHW and UHL and agree make-up of both ambulatory, same day urgent and emergency and inpatient services and footprint	PB	30/8/23	Ongoing. Revised aim to complete by 30.0309.20243
4. Develop business case for "safer home" multi-disciplinary team that caters immediately for people in crisis to support locally and timely rather than admit into hospital	PB	30/8/23	Business case for first stage now supported and will go live in Q4
5. Delivery of redesigned Emergency Department – CDU, Paeds CDU, e-triage	PB		Q4 go-live for adult and paeds CDU and e-triage
6. Development and approval of the 2023 / 24 Winter Plan	PB	30/09/2023	Winter plan has been supported and is on track~~~~. Completed

7. Review of Board round processes as part of bed pressure and length of stay programme		PB	30/09/23	Plan is being discussed through SLB 2/11/23 and a taskforce to educate and develop learning on wards, including the role out of STAMP is underway. Completed. Programme of work for Length of Stay underway.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		**10 (high)**

7. Planned Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2023. To achieve this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently published Welsh Government Planned Care Plan reflects the high priority of planned care services.

Risk **Date added: 01/11/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable planned care services.		
Cause	• The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments for urgent/emergency care has impacted on those waiting to access the system for planned care. • Referrals for planned care are at pre-Covid levels overall, however there is significant variation between specialities. Whilst our planned care system (outpatients, diagnostics, treatments) is almost back to full capacity, it has been challenging to achieve activity levels significantly above pre-Covid activity. • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff		
Impact	• Significant volumes of patients waiting for new outpatient appointments, diagnostics and treatment • Some patients are tipping over into waits of more than 3 years, some of these are still at the outpatient stage • Potential for harm in terms of clinical deterioration whilst patients are waiting, particularly at the outpatient stage where patients have yet to be seen by a secondary care clinician and priority determined • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) • Organisational/reputational harm due to political and media interest and scrutiny		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	**16 (Extreme)**
Current Controls	• Planned Care is one of the delivery programmes in the 2023/24 Operational Plan • Demand/capacity work undertaken to model expected delivery against the ministerial measures • Additional capacity schemes funded through WG planned care monies are in place and delivering e.g., mobile ophthalmology theatres, 2nd gynae treatment room commissioned, spinal unit commissioned, mobile endoscopy unit in place, additional waiting list initiative clinics • Workforce team continue to support recruitment and retention • Suite of reports and dashboard created by the Digital and Healthcare Intelligence team to support Directorate teams and Clinical Board in terms of managing the planned care position		
Current Assurances Chilcott Rachel 16/01/2024 14:01:44	• Current position against 52/104weeks monitored via weekly Planned Care Performance meeting (1) • Operational position reported into daily/weekly 'hot' reports(1) • Planned Care Delivery Board in place bi-weeky; suite of metrics reviewed at every meeting (1) • Monthly meeting with the NHS Executive on Planned Care(1) • Mechanisms in place to monitor key Planned Care schemes as part of the Operational Delivery Plan (1)		

	• Key operational performance indicators and progress against plans reported into the Finance & Performance Committee [1] • Planned Care reported as part of the Board Integrated Performance report [1]		
Impact Score: 3	Likelihood Score: 4	Net Risk Score:	**12 (High)**
Gap in Controls	• Availability of planned care funding may mean that choices need to be made in terms of delivery • Further work required to maximise treat in turn • Delivery of solutions required to ensure all specialities can access sufficient capacity to enable a return to pre-Covid levels of activity • Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)		
Gap in Assurances	• Whilst a sub-group on supporting patients whilst they are waiting has been established, the group is in its infancy and needs to progress at pace		

Actions	Lead	By when	Update
1. Implemented High Volume Low Complexity (HVLC) lists in UHW to reduce long waiting patients	RT	~~01.10.23~~01.02.24	HVLC lists due to start in Q3. Now due to begin in Q4 – plans finalised
2. Implement mobile diagnostic solution in UHL (in advance of community diagnostic hub)	SL	01.11.23	Procurement complete, implementation ~~date currently being negotiated planned for the first week in January~~plans are in development. Activity to begin in Q4.
3. Develop plan for UHL HVLC lists – to be delivered in 2024/25 (Q1)	RT	01.11.23	~~Start date of Q1 on track for delivery~~Planning continues, the start date is dependent on the move of cardiothoracic services back to UHW which is likely to be Q2 24/25.
4. Weekly patient level tracking with COO's office of the extreme long waiters	MT	01.11.23	In place and continuing
Impact Score: 4 / Likelihood Score: 2	Target Risk Score:		**8 (High)**

8. Exacerbation of Health Inequalities in C&V – Executive Director of Public Health

The COVID-19 pandemic compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010).

The vision in our Shaping Our Future Wellbeing strategy is that *"Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced"*. Our goal is to reduce the inequity seen in a number of indicators across healthy behaviours, use of preventative services, access to clinical services and importantly health outcomes. In addition we want to see a halt to the historic trend of widening inequality gap in life expectancy for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women. Addressing inequality linked to deprivation is also a clear commitment of both Cardiff and Vale of Glamorgan Public Service Board Well-being Plans 2023-28.

Our focus on reducing inequalities locally in health and wellbeing are underpinned by both 'Prosperity for All' and 'A Healthier Wales'. The Wellbeing of Future Generations Act also sets out Health and Equality as two main goals and the Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Risk	There is a risk that the exacerbation of inequalities due to the harms caused by the COVID-19 pandemic and cost of living crisis will reverse progress in our goal to halt the historic trend in widening inequality in life expectancy for men and women.
Date added:	29.07.21
Cause	• Health inequalities arise in three main ways, from ○ structural issues, e.g. income, employment, education and housing ○ unhealthy behaviours due to the envirnoment, social norms and income levels ○ inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to particular needs • Deaths from COVID-19 were almost double in the most deprived quintile when compared with the least deprived quintile of the population in Wales, and there was a disproportionate rate of hospitalisation and death in ethnic minority communities • In Wales, socio-economic health inequalities in COVID-19 become more pronounced further along the hospital treatment pathway. This may be related to the idea of staircase effects whereby health inequalities accumulate across the system and the 'inverse care law' whereby people from deprived areas may not seek help until later when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time. The role of the healthcare organisation in flexing to provide effective treatment according to individual need along that pathway is key • It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality • The impact of inflation leading to the 'cost of living crisis' currently being experienced in the UK, with rising prices for energy (gas, electricity) and fuel (petrol, diesel) food and other goods and services has a negative impact on health as real disposable incomes fall with this being more marked in lower income households. High inflation also risks exacerbating mental health challenges with concerns about debt being a leading cause of anxiety

Impact	• The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include: ○ Children and young people ○ Minority ethnic groups, especially Black and Asian populations ○ People living in (or at risk of) deprivation and poverty ○ People in insecure/low income/informal/low-qualification employment, especially women ○ People who are marginalised and socially excluded, such as people who are homeless • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Underlying chronic conditions, as well as unequal living and working conditions, have been found to increase the transmission, rate and severity of communicable diseases including COVID-19 • Areas with higher unemployment have greater increase in suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm. • This is not simply a social injustice issue, **health inequalities are also estimated to cost £3-4 billion annually in Wales** through higher welfare payments, productivity losses, lost taxes, and additional illness • The **total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million**, equivalent to 8.7% of the total hospital service expenses, driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived areas (PowerPoint Presentation (nhs.wales)		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	**1. Statutory function** The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB. **2. Role as an Employer** • In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the People & Culture Committee, Reports/Updates to the Centre for Equality and Human Rights, Outcome Report to the Welsh Government Equalities Team regarding sensory loss, provision of evidence to the Health and Care Standards self-assessment, Equality and Health Impact Assessments • All our Executives have taken up a leadership role across the nine protected characteristics specified in the Equality Act 2010 - age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation - our CEO is the lead for race • Staff have been signposted to resources to help them to cope with the cost-of-living crisis		

3. Refocused Joint strategic and operational planning and delivery

- The refresh of the UHB Strategy Shaping our Future Well-being continues to shine a light on the issue of equity at the strategic level
- Each of our strategic programmes within Shaping our Future Well Being Strategy will consider how our work can further tackle inequalities in health
- Our Shaping our Future Population Health strategic programme has a focused arena of work aimed at tackling areas of inequalities. We are working closely with the two local authorities and other partners, through our PSBs and RPB partnerships to accelerate action in our local organisations and communities, particularly in relation to healthy weight, immunisation and screening. This includes building on local engagement with our ethnic minority communities during the Covid-19 pandemic. Such focused work is articulated in 'Cardiff and Vale Local Public Health Plan 2023-26' within our UHB three-year plan, and has been strengthened in 2023/24 by the development of a strategic framework for tackling equity, equality, experience and patient safety
- Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB will further identify collective actions
- The Youth Justice Board is implementing the recommendations of our Public Injecting & Youth Justice Health Needs Assessments in Cardiff
- Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board are implementing the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work
- Our Suicide and Self-Harm Prevention Strategy has been published
- The multi-agency approach to Seldom Heard Voices, which targeted initiatives towards areas of deprivation during the pandemic e.g. walk in vaccine clinics, will continue as we move through recovery.
- The Annual Report of the Director of Public Health (2020), published in September 2021, focusses on reducing inequity and sets out a vision for future partnership working that will enable us to recover strongly and more fairly.
- The Annual Report of the Director of Public Health report on value, (published January 2023) also contains a chapter which focuses on the relationship between a Value-based approach and reducing inequities.

Current Assurances

We have identified a bellwether set of indicators to help measure inequalities in health in the Cardiff and Vale population through which we will develop further to measure impact of our actions. This formed part of the Annual Report of the Director of Public Health 2020, published September 2021 [(1)]. Examples include:

- The gap in healthy life expectancy at birth between the most and least deprived in Cardiff and Vale UHB reduced from 16.6 years in 2017/19 to 14.4 years in 2018/20 for males. In females however, the gap increased from 14.6 years in 2017/19 to 18.0 years in 2018/20. Neither of these estimates yet takes account of the impact of the pandemic.
- As of 10 Dec 2022, the gap in coverage of COVID-19 autumn 2022 booster vaccination between those (all ages) living in the least deprived and most deprived areas of Cardiff and Vale UHB was 29.8%, with fewer people vaccinated from the most deprived groups. This compares to a gap of 23% across the whole of Wales between those in the least deprived groups compared to those living in the most deprived groups.
- Discussions with Public Health Wales have been held to support the development and regular monitoring on health inequities.
- A gap analysis of health inequalities data has been undertaken as part of a national exercise which indicates that data collection on date of birth and postcode are good but that this drops considerably for other important variables.

Impact Score: 4	Likelihood Score: 3	Net Risk Score:	12 (High)

Gap in Controls	• Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work		
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales		
Actions		**Lead**	**By when**	**Update**
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty		Claire Beynon/ Rachel Gidman	2023/24	We plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. The EHIA process is being reviewed on an All Wales basis with the view of creating a Once for Wales approach. C&VUHB will contribute to the development and implementation. Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.
2. Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health		Claire Beynon	March 2024 April 2024 Every 6 months	Suite of preventative actions to tackle inequalities developed with PSB and RPB partnerships. The 'Amplifying Prevention' work with Local Authorities has strengthened collective action being taken by partner agencies to address inequalities, particularly in relation to communication with people who live in C&V and staff. This includes focus on targeted work with communities and settings known to experience inequity, beginning with childhood immunisation and then bowel screening. Following publication of the Population Needs Assessment and the two Wellbeing Needs Assessments, tacking inequalities is recognised as a priority for all local and regional partner organisations.

			An equity, equality, experience and patient safety strategic framework went to the SLB in June 2023, and to the Board Development session in June 2023 and has been shared with the Local Partnership Forum. The Framework was adopted by UHB Board in Sept 23. Updates will be made to Board on implementation every 6 months.
3. Improve the routine data collection in relation to equality and inequity, both across the UHB and with partner organisations, and develop a broader suite of indicators to monitor progress		Fiona Kinghorn	March 2023 June 2023 January 2024	High level Amplifying prevention indicators have been developed. More granular indicators and evaluation to be developed in year. The national Gap analysis of health equity data collection was well responded to by C&VUHB teams, and the local survey results are to be discussed at the next C&VUHB Value Based Healthcare and Data Improvement Groups. The insight from these discussions will help lead to the development of a suite of indicators that can help us to monitor health inequity over time at the population level, and support services to consider indicators that relate to specific services. There are improvements that need to be made in the routine collection of protected characteristics in order to support the introduction of new indicators, this will need to be addressed by each Clinical Board.
Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**		**12 (High)**

9. Attract, Recruit and Retain – Executive Director of People and Culture (Rachel Gidman)

We pride ourselves on being a great place to train, work and live; with inclusion, wellbeing and development at the heart of everything we do. We know that in order to meet our population's health and care needs effectively we are completely dependent on our people. Workforce challenges are currently the biggest threat facing the health service in England and Wales.

The size and complexity of the workforce challenge is such that addressing it will require holistic and sustained action across the system on leadership, culture, career promotion, workforce planning, pay, education, well-being, retention and transforming ways of working. (See linkage to BAF: Leading Sustainable Culture Change and Employee Well-being).

Risk **Date added:** **6.5.2021**	There is a risk that the Health Board will not be able to attract, recruit and retain people to deliver high quality care and essential services for the population of Cardiff and the Vale.		
Cause	• The increased demand across the NHS and Social Care has left a shortage in some professions and the sustained pressures have impacted negatively on wellbeing and retention. • National shortages in some professions have made it difficult to attract people with the right skills/experience and in the numbers required. • Attraction, recruitment and retention is also being affected by the negative image that is portrayed that NHS staff do not receive the right remuneration for the work that they do. The Industrial Action that commenced in December 2022 has not helped the national reputation of the NHS as an employer. • People now think differently about work and what is important to them.		
Impact	• Higher levels of sickness absence • Lack of management capacity to support staff appropriately; - Higher levels of turnover; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. bank, agency, locums, etc; - Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning. - Lack of capacity to upskill and develop our current workforce. - Reduction in uptake of student training places and higher attrition rates, resulting in a reduction of graduates. • Potential negative impact on quality of care & safety. • Inability to expand services as required due to lack of staff with the relevant experience, skills, etc.		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities.. • Monthly Executive Review meetings with Clinical Boards • Strategic oversight meetings, e.g. NPG, MWAG,		
Current Assurances Chilcott Rachel 16/01/2024 14:01:44	• Robust monitoring of People and Culture Plan KPI's at the People and Culture Committee and Board. (1) • Qtrly IMTP/Annual Plan updates to WG. • WG JET and IQPD • Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). (1)		
Impact Score: 4	Likelihood Score: 4	**Net Risk Score:**	**16 (Extreme)**
Gap in Controls	Agreed Retention Plan for all staff.		

	Retention & OD Lead for the UHB Workforce supply affected by National Shortages.			
Gap in Assurances	Turnover is reducing but is still high.			
Actions		**Lead**	**By when**	**Update**
Agreed Retention Plan for all staff, aligned to HEIW Toolkit and HEIW Nurse Retention Plan.		~~Jonathan Pritchard~~ Claire Whiles	31/03~~1~~/24	
Impact Score: 5	Likelihood Score:2	**Target Risk Score:**		**10 (High)**

10. Leading Sustainable Culture Change – Executive Director of People and Culture (Rachel Gidman)

In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a culture which is building upon our values and behaviours framework will make a positive change in our health system for our staff and the population of Cardiff and the Vale.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	• There is a belief within the organisation that the current climate is high in bureaucracy and low in trust. • Staff reluctant to engage with the case for change as they are overwhelmed with system pressures, change and ongoing demands. • Staff are not feeling involved in, or understanding the part their role plays for the case for cultural change due to lack of communication filtering through all levels of the UHB. • Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.		
Impact	• Staff morale may decrease • Increase in absenteeism and/or presenteeism • Difficulty in retaining and recruiting staff • Potential decrease in staff engagement • Increase in formal employee relations cases / respect and resolution • Transformation of services may not happen due to staff reluctance to drive the change through improvement work. • Patient experience ultimately affected. • UHB credibility as an employee of choice may decrease • Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve. • Existing inequalities exacerbated • Not realising the opportunities within workforce sustainability		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	• The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities. • Monthly Executive Review meetings with Clinical Boards. • Strategic oversight meetings, e.g. NPG, MW Values and behaviours Framework in place • Cardiff and Vale UHB refreshed strategy: Shaping Our Future Wellbeing • Talent management and succession planning framework • Values based recruitment / appraisal • Strategic Equality Plan • Anti-Racist Action Plan • Workplace Race Equality Standards (2024) • Welsh Language Standards • Patient experience score cards • Raising concerns procedure/Freedom to Speak Up. • Adoption of consistent, evidence-based approach to Culture and Leadership via the NHSE Culture and Leadership Programme		
Current Assurances	Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report [3]; Engagement of staff side through the Local partnership Forum (LPF) [1] Matrix of		

	measurement now in place which will be presented in the form of a highlight report to Committee [1]		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**
Gap in Controls	No leadership / management principles as a UHB (currently align with HEIW compassionate leadership principles) No organisational cultural dashboard		
Gap in Assurances	VBA rate continues to be low but is increasing across the UHB Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement		

Actions	Lead	By when	Update
To develop management and leadership development where cCompassionate and inclusive leadership principles will be at the core of all the programmes.	Claire Whiles	March 2024 November 2023 – March 2024 Jan-March 2024 ~~December 2023 – March 2024~~ Jan-March 2024 Feb 2024 ~~November 2023 – March 2024~~ Feb 2024 ~~February 2024~~	Internal advisory audit report received. Management actions have been submitted and work on developing Leadership and Management Principles in collaborations with key stakeholders will commence December 2023. The Collabor8 Leadership programme, Cohort 1 has closed . A review of the programme will take place based upon the audit findings, and the work around leadership and management principles. The project plan for developing 'leadership principles' within CAVUHB is in development based upon the findings of the audit advisory report. Engagement in development will take place between December 2023 and March 2024. Education, Culture and OD Team have scheduled~~will schedule~~ the management development offer to March 2024. Programmes for April 2024 onwards to be determined following engagement in principles, NHS Wales Survey findings and based upon advisory audit management response. The Coaching Network is expanding. The ECOD team are supporting

		March 2024	~~inexperienced~~inexperienced coaches to complete qualification and achieve coaching hours required. A review of coaching qualification route is taking place to look at the inclusion of more practical experience, e.g. Agored Cymru. ECOD department developing 'good practice' guidance and support for mentors. This will be aligned to support retention plans, and in the future, 'reverse mentoring'. This work will link to SEP and Ani-Racist Action Plan.
		Jan - March 2024	
		~~November 2023 – February 2024~~	
		Jan-March 2024	ECOD team are supporting coaches with practical peer supervision sessions. Coaching Supervision Qualification (Level 7) to be reviewed March 2024. ~~ECOD team working with Worth Consulting to develop in-house practical coaching supervision training for qualified and experienced coaches. Qualification (Level 7) to be reviewed March 2024.~~
		~~November 2023 – March 2024~~	
		Jan-March 2024	
		~~December 2023~~	Simplified VBA process continues to be communicated and the 2 hour on-line training runs monthly to support both managers and staff and is well attended. The training also forms part of the management programmes.
		Feb 2024	
		Jan-March 2024	
		Jan-Feb 2024	Simplified paperwork has been agreed and is part of communication and training. All CBs have provided an action plan and trajectory for achieving VBA targets and this is discussed at Executive Reviews. The HoPC link closely with ECOD to identify areas requiring additional support.
		~~January 2024~~	
		~~November 2023~~ Feb-March 2024	
		Jan-Feb 2024	

		~~November 2023 - January 2024~~ Jan-Feb 2024 ~~December 2023~~ ~~November 2023 – March 2024~~ Jan-March 2024 Jan 2024 ~~November 2023 – January 2024~~ ~~November – December 2023~~ Jan-July 2024 Jan-May 2024	The ALAS Culture and Leadership Programme (CLP) discovery phase has been completed . Whole departmental day ~~scheduled for~~ took place December 14th 2023 ~~where production of actions will be commenced and findings explored~~. Programme of work to be developed by the ALAS DMT for next 12-18 months with support from P&C Team. The Culture and Leadership Programme has been approved ~~and adopted~~ as a consistent approach to support cultural work. ~~Culture Summit held in August, paper taken to SLB and P&C Committee.~~ P&C team working with COO and Executive Team to identify priority areas. Progress made to date: Theatres UHL – Discovery phase completed, analysis taking place. Team Day scheduled (design) for Feb 2024 ~~Theatres UHL currently at the end of Phase 2 (Discovery) ,~~ ALAS in Phase 3/4 (Design and Delivery)~~,~~ Radiology / Radiography – SMT development plan supported by AD of OD, Wellbeing and Culture. To review NHS Wales Staff Survey findings Feb 2024 to identify next steps in cultural work. ~~other areas identified as priorities in Phase 1 – scoping. Radiology planned for January 2024.~~ Children and Women CB – 2 x workshops planned for Obstetrics and Gynaecology based on values and behaviours / ways of working Outpatients – discovery phase, survey completed, 1 x focus group held, another focus group scheduled Jan 2024 Gastro – broader work required. Workplan in development including Executive Nurse Director,

			Executive Medical Director, COO, Executive Director of P&C. OD -challenges to capacity being discussed. Agreement of organisational priorities re OD support and conversations re capacity ongoing. CLP approach will require different levels of support for areas depending on findings and complexity of required intervention. ~~Heads of People and Culture have completed the CLP programme on NHSE/I and are integral to the programme going forward. Training also shared with Trade Union colleagues to build awareness and engagement.~~ People and Culture Team are supporting EU with retention and wellbeing work. Scoping of programme underway. Head of ECOD working with DoN. ECOD team ~~developing~~have drafted a toolkit to support CLP in CAVUHB. Programme management approach to ensure consistency, measurements and review, and targeted support. To review to finalise Jan 2024. To support effective evaluation of programmes, HEIW are supporting 1 place on the pilot Kirkpatrick Evaluation programme. Member of ECOD Team to attend and share learning. To support Team Development, HEIW supporting 1 place on the Affina Team Coach Journey Programme. Member of ECOD to be developed in first instance to support cultural / team development.
1. Equality, Diversity and Inclusion	Rachel Gidman	~~November 2023~~Jan – March 2024	Engagement plan for development of the Strategic Equality Objectives ~~in draft~~finalised and commenced

Welsh Language Standards being implemented.		~~Jan 2024~~ ~~December 2023~~May 2024 Jan-March 2024 ~~November 2023 – January 2024~~ ~~November – March 2024~~ Jan-March 2024 Jan 2024 ~~December 2023~~Jan – March 2024 December 2023 – March 2024 Jan-April 2024 ~~November – February 2024~~ April 2024 – June 2024	Dec 2024. Engagement to continue Jan-March 2024 and~~commence December 2023~~, plan to be published 1st April 2024. Equality Strategy Welsh Language Group reviewed. Draft governance proposal agreed in principle by CEO and Exec Director of P&C. Director of Corporate Governance to confirm next steps. Proposal to be presented to P&C Committee ~~Jan~~May 2024. A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff. Review of capacity and cost to be completed to compare in-house translation to external to identify and realise potential savings. The UHB continues to receive and respond to inquiries from the Welsh language Commissioner's Office, particularly around reception areas, recruitment and data. To minimise future risk, and identify and monitor key actions required, WL Team working closely with Clinical Boards, and capturing lessons learned. To further develop working relationships with the WL Commissioner's Office, a meeting has been arranged for Jan 2024 between the Chair, CEO and EDoP&C and the WL Commissioner. The Welsh language team are supporting prioritised Clinical Boards to further understand

Inclusion - Nine protected Characteristics		~~September 2023~~ ~~December 2023 – March 2024~~ Jan-March 2024 Feb-April 2024	their responsibilities and are taking a stepped approach to this and linking in closely with Directors of Ops. Priorities identified for 2024/25 to support CB in achieving WL Standard compliance through a pragmatic and achievable way. The Equity, Inclusion and Welsh Language Team have secured Welsh Language Training, from courtesy to fluency, at no cost from the National Centre for Learnng Welsh. The team are working with the Directors of Ops to focus in areas including reception / patient facing areas. All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. This approach has also been rolled-out across CBs. An 'Inclusion Ambassador' pack has been circulated that support in understanding and learning. Training has been identified for mentors to support Inclusion Ambassadors at executive level, however, progress has been slow as the team focus on the Strategic Equality PLan Engagement. Step two will take place after engagement has taken place and a revised SEP published. This will involve~~be~~ identification / nominations for mentors, followed by training. Timing and actions ~~of this to~~will be informed by SEP ~~development~~feedback and Anti-Racist Action Plan. Existing networks are collaborating to develop the scope and outline of an 'Ally Network'. Work is progressing slowly due to capacity, including capacity of network members and resources available. On pause while a focus is given to network development., The Anti-Racist Wales Action Plan for CAVUHB has been

			agreed. Initial priority around data is being implemented with a data campaign and support to complete records on ESR. Slow progress on implementation of the ARAP due to team capacity. Support has been identified Jan-March 2024 from the OD Team to support progress in this area. Long term resource to be discussed. There has been limited work on the LGBTQ+ action plan development due to capacity. Requirements to be revisited following SEP engagement. The framework for Equality, Health Inequalities and Safety has been agreed. ~~The Equity, Inclusion and Welsh Language Team have secured Welsh Language Training, from courtesy to fluency, at no cost from the National Centre for Learnng Welsh. The team are working with the Directors of Ops to focus in areas including reception / patient facing areas.~~
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

11. Impact of working in healthcare on Staff Wellbeing in light of sustained high demand – Executive Director of People and Culture (Rachel Gidman)

Our employees have been exposed to unprecedented levels of demand, change and uncertainty since the COVID-19 pandemic. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result of a pandemic in the years following such an event. 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 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:	6th May 2021		
Cause:	• Lack of integration and understanding of importance of wellbeing amongst managers I • Impact upon manager wellbeing of balancing staff and service needs • 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 Cost of living 'crisis' • Financial climate		
Impact	• Values and behaviours of the UHB will not be displayed due to high pressure environment, and potential for exacerbation of existing poor behaviours • Operating on reduced staff levels in clinical areas due to sickness absence and/or staff shortages • 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) • Increased referrals for higher level psychological support • 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		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 (Extreme)**
Current Controls	• The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance ~~structure monitoring~~structure monitoring delivery against the agreed priorities.~~-~~ • Monthly Executive Review meetings with Clinical Boards. • Strategic oversight meetings, e.g. NPG, MW Values and behaviour • Provision of in-house People Health and Wellbeing Service ~~enabling~~enabling ~~self referral~~self-referral (EWS), and manager referral (Occ Health) • EWS and Recovery College workshops (on-line) • Stress Risk Assessments • Values Based Appraisals including focus on wellbeing • Chaplaincy • Health and Wellbeing Steering group		

	• Development of rapid access to Dermatology • Post traumatic pathway service • Deployment principles to support staff and line managers • Wellbeing and Safety walkabouts • Clinical Board Executive Reviews • Introduction of Culture and Leadership Programme • NHS Wales Staff Survey 2023 – engagement and communication plan
Current Assurances	• 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 • 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 to become part of Business as usual (3) • Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report and implementation of Management Actions (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: 4	**Likelihood Score: 3**	**Net Risk Score:**	**16 (Extreme)**

Gap in Controls	• Staff shortages / industrial action leading to movement of staff and high demand for cover • Transparent and timely Communication especially to staff who do not have digital access • Continued increase in manager referrals to Occupational Health • EWS seeing an increase in staff presenting with more complex issues, including a rise in referrals needing a wellbeing check due to the presentation of high risk in the referral • No Colleague Health and Wellbeing Framework
Gap in Assurances	• Organisational acceptance and approval of wellbeing as an integral part of staff's working life balanced against demand and flow • Awareness and access of employee wellbeing services, particularly for staff without email / internet access • Clarity of signposting and support for managers and workforce

Actions	Lead	By when	Update
1. Commissioning model / whole team approach introduced in People and Culture to ensure managers / teams can request support / advice / guidance and training which is delivered / supported by the most appropriate team / individuals and/or external partners. Includes representation from ECOD, People Services, Wellbeing Services, Equity and Inclusion.	Nicola Bevan and Lisa Franklin	~~November 2023 – March 2024~~Jan-Feb 2024	~~Pilot of commissioning approach underway to ensure 'fit for purpose' when launched.~~Evaluation of initial commissioning process underway. Review required to simplify process and support managers. Revised draft to be completed for Feb 2024. Requests not going through the approach are being supported

		Jan-March 2024	where applicable, with involvement from all P&C areas when necessary.
		Jan-March 2024 Jan-March 2024 ~~November 2023 – March 2024.~~ Jan-April 2024	~~Review of pilot and engagement with CBs / SLB etc in new year.~~ OD Catalogue to be developed to outline OD 'offer'. To include tools / techniques to support managers with team development. This will outline what is available to support many areas, including but not limited to: Team Development Conflict Values and Behaviours Ways of working Wellbeing & Resilience Continued signposting to cost of living support and development of resources in partnership with TU Partners and MaPS.
		~~November – January 2024~~ January 2024	Communication drive in Jan 2024 regarding the functionality of Wagestream with a focus on support available for all staff regarding financial health / support and savings. H&WB Steering Group TORs finalised. DoDops to be invited to co-chair with EDoP&C. Priorities include:
		~~November 2023~~ Jan-March 2024	Health and Wellbeing Framework development (led by AD of OD, Wellbeing and Culture) Financial Wellbeing

			~~to review priorities and work on Financial Wellbeing.~~ ~~Money Matters Week November was supported by Roadshows across sites.~~ Financial Wellbeing packs have been circulated to key leads in primary care and community for cascading through the teams. ~~EWS, ECOD and People Services have supported Ops during Autumn / Winter 2023/24 to support a series of roadshows for staff. The Winter Roadshows include wellbeing advice and signposting, financial wellbeing, NHS Wales Staff Survey updates and general advice and guidance.~~ The staff Financial Wellbeing Pathway has been finalised and is available via sharepoint. This includes a 'one page' version, and a more detailed version with additional details. Work required with Commuications Team to cascade and signpost. Dedicated staff financial wellbeing and Cost of Living~~oL~~ web pages have been established on sharepoint.

2. The People and Culture Team will identify insights from workforce data, including themes emerging from EWS, OH, People Svcs, Culture work and Staff Survey, to shape strategic and operational response to themes / emerging trends. This will also be informed by working in collaboration with Clinical Boards.	Claire Whiles	~~November 2023 –~~Jan- March 2024 ~~December 2023~~Jan - March 2024 Jan 2024 ~~November 2023~~Jan-March 2024 Jan-March 2024 Dec-Feb 2024	The Health and Wellbeing Steering Group ~~has been reviewed and new TORs developed~~is now established. Co-Chair (DoOps) to be identified to ensure operational focus. TORs to go to P&C Committee for agreement. The group will meet every 2 months to focus on the development of the H&WB Framework, and to steer the organisation in terms of wellbeing priorities. The group will report to the People and Culture Committee. ~~Peer support developments – MedTRiM training will be reviewed following limited interaction with the training provider. .~~ Conversation with MedTRiM Provider scheduled for Jan 2024. Review of MedTRiM as a response to traumatic experiences of UHB Staff required early 2024 as concerns approach not fit for purpose. Support for colleagues experiencing traumatic situations to be reviewed by H&WB Steering Group as part of Framework Development. Review of use of Sustaining Resilience at Work ~~Pracitioner~~Practitioner ~~Training~~ (StRaW)

			approach within C&W CB to be reviewed. P&C Team to review positioning of small team of StRaW Practitioners within P&C and identify area to support within UHB. ~~has been undertaken by Children and Women CB supported by P&C Team.~~ 'My Health Passport' launched in November 2023. Engagement and communication throughout UHB planned for 2024, to include ongoing evaluation. Signposting to be built into Induction, VBAs, Management Development. ~~to enable employees who believe they may need support or work adjustments due to a disability or long term health condition, will be launched on 16th November 2023~~. ~~T~~ Recent measles outbreak in Cardiff has resulted in the Welsh Government instructing Health Boards to undertake a audit of MMR status of staff based in high risk areas. The recently introduced all Wales Occupational Health database does not currently have this functionality, work is ongoing on an all wales basis to develop a means to producing this information. Occupational Health (OH) service have reached out to the high

			risk areas to request a local risk assessment is undertaken and information returned to OH. Any staff with no, partial or unsure MMR vaccination status have been advised to contact OH. Planning is being undertaken to prepare for potentially high numbers of vaccinations but this will impact on day-to-day OH services. Immunisation reviews are undertaken routinely as part of the pre-employment process and MMR vaccinations offered where indicated.
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	Nicola Bevan	~~November~~Jan – March 2024 January 2024 Jan-March 2024 ~~November 2023 – March 2024~~	A variety of communication models including Twitter accounts, screen savers, ESR messaging are being utilised to share Wellbeing updates across the UHB. A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year P&C Team working with Communications Team to develop a People and Culture communication and Engagement Plan. Draft presented to P&C Committee Nov 2023. The Financial Wellbeing Working group has now been stood down but will be reviewed regularly by the H&WB Steering Group. ~~as it has delivered on the main actions. The remaining actions on the 'Action Plan' will be delivered~~

		Jan-March 2024	~~and progress monitored via the Strategic Wellbeing group.~~
		Feb 2024 ~~November 2023 – March 2024~~ March 2024 Feb-May 2024	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. As of ~~30th October~~27th December, ~~706~~ 1023 employees have signed up, 31~~29~~ awaiting ~~enrollment~~enrolment, and 35~~22~~ have started a savings (build) pot. Further engagement work is planned for early 2024 focusing on the financial education, support and savings functionality available to all staff and to highlight benefits available.
			~~Engagement and communication plan for~~The NHS Wales Staff Survey closed in November 2023. The response rate for the UHB has been confirmed as 21.42%. ~~commenced August 2023. This includes online messaging, social media, roadshows and videos~~

			~~from CEO. To continue to closing date of 27th November.~~ HEIW timings have confirmed initial results to be available Feb 2024, likely on a whole organisation basis. HEIW to provide training to enable further analysis of results in March 2024. Delegates to be identified to support local analysis. Analysis of survey will inform actions into 2024/25. P&C Team so support CB understanding and communication.
4. Training and education of management - 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	Jan ~~November 2023~~ – March 2024 ~~December 2023 – March 2024~~ February 2024~~November 2023 – January 2026~~ ~~November 2023 – March 2024~~ ~~November 2023 – March~~	~~OD Manager, Wellbeing and Culture supporting and~~ECOD reviewing and shaping Leadership and Management development principles Jan-March 2024. ECOD Manager, Wellbeing and Engagement supporting management development delivery ~~offerings and staff survey engagement~~ . Induction sessions supported by Employee Wellbeing Service. Work being undertaken to develop CAVUHB Leadership Principles (see Culture BAF) will also enhance this. HEIW ~~supporting a 2 year post to support Retention~~supported post, Senior Manager for Retention and OD, successfully recruited to. The post will sit within P&C and work in partnership with CBs to form retention plans, utilise toolkit, gather

		2024Jan-March 2024 Jan 2024 August 2023	data etc. Post out to advert, interviews November 2023, potential start date, Feb/March 2024. Individual to commence in post Feb 5th 2024, initial focus on UHB Self-Assessment and benchmarking exercise. Acceler8 Cohort 2 completed. Current review and evaluation of leadership development to run alongsideLeadership Programme on pause until the UHB leadership principles have been agreed to ensure programme fit for purpose. development. Financial Wellbeing (FWB) lead workinghas worked with P&C leads to look at embedding ensure Financial WellbeingB is built into moments that matter includingsuch as staff induction. Meeting held and sign posted to staff induction leads
5. Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated. Chilcott Rachel 16/01/2024 14:01:44	Claire Whiles	September 2023 – March 2024April 2024 Jan 2024 January 2024	Work on evaluation metrics continues to be limited due to capacity within team following a staff member leaving and inability to recruit to role. underway within ECOD, EWS and OH. EWS producing review of 2023 to go to P&C Committee. EWS linking in with Deputy Director of Therapies regarding dashboard

		~~December 2023 – February 2024~~ ~~November 2023 – March 2024~~	development. Requirement to identify skill development support in this area – linking in with Digital Service and HEIW. ~~Current review of reporting and identification of~~ dashboard development currently on hold due to team capacity and capability (see above). ~~to provide organisational insights and assurance~~. This poses a risk in terms of identifying an effective means of ~~will ensure effective~~ monitoring, evaluation and planning of all wellbeing services and interventions. ~~Work progressing slowly due to capacity.~~
		~~November 2023~~Feb-April 2024	
		Jan-June 2024	Potential opportunity in 2024 to utilise new Occupational Health database to support EWS, however this will come with an annual cost.
		~~November 2023 – March 2024~~ January 2024	~~Wellbeing Framework draft presented to Strategic Wellbeing Group Feb 2023.~~ Assistant Director of OD, Wellbeing and Culture to lead development of the H&WB Framework with support from the Health and Wellbeing Steering Group. Work to commence Feb 2024. ~~to develop workplan around delivery of the framework.~~
		January 2024	Schwartz Rounds Steering Group

		~~November2023 – March 2024~~ Jan-April 2024 Feb 2024 ~~July – October 2023~~	~~established~~ and facilitator networks ~~trained~~established. Dates for 2024 to be agreed in January Steering Group Meeting. Requirement to identify Communications link to ensure colleagues are aware of, and understand how they can get involved in Schwartz Rounds. ~~Project plan developed and rounds being communicated via many platforms.~~ ~~Pilot round October 2023, rounds to be held monthly at venues identified by Steering Group through collaboration with CBs.~~ Following pilot round in October 2023, 2 further rounds have been held: November 2023, UHL, The Day I Made a Difference December 2023, UHW, A Patient I will Never Forget Both have been well attended (between 20 and 40 in attendance). The January 2024 round will be held on-line, the theme is: Against All Odds. Systems in place to record details of attendees, evaluate the rounds and identify future panel members. Schwartz Round Administrator role – currently no capacity to fill role~~3~~.Risk re Schwartz

			Round Administrator role – currently not assigned. Organisational approach to Cultural Assessment approved November 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.~~ Cultural Assessment work currently being prioritised by Executive Team to support priority areas. (Please see previous BAF for details of priority areas to date.) This will require collaborative working across P&C Team and CBs, including TU partners. 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. Financial Wellbeing requirements to be reviewed by the H&WB Steering Group, Feb 2024.

Impact Score: 5	**Likelihood Score: 1**	**Target Risk Score:**	**5 (Moderate)**

12. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Executive Director of Strategic Planning (Abigail Harris, Catherine Phillips and David Thomas)

The UHB delivers services from a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced based on a prioritised list.

Risk **Date added:** 12.11.2018	There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB. The condition of facilities within our main hospitals and some community facilities are impacting on our ability to continue to provide the full range of services, and provide the new treatments WHSSC would like to commission from us. This is as a result of insufficient funding and resource to bring the estate up to the required condition in a timely way.		
Cause	• Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B (assessed regularly on an all-Wales basis by NHS Shared Services Partnership). • Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. • Lack of investment in IT also means that opportunities to provide services in new and efficient ways are not always possible and core infrastructure upgrading is behind schedule. • Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement • Lack of timely decisions regarding the development of strategic business cases required to address the significant estates challenges we face.		
Impact	• The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. • Service provision is regularly interrupted by estates issues and failures. • Patient safety and experience is sometimes adversely impacted. • IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk • Medical equipment replaced in a risk priority order where possible, insufficient resource for new equipment or timely replacement • Staff facilities needed to support good staff wellbeing are inadequate in many areas.		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. Subject to mid-point review as covered in Board Development session in February 2023. • Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions. • The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. • The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP/annual plan, with regular oversight of the programme of discretionary and major capital programmes. The 2023/24 Capital Plan will be submitted for Board approval in July 2023.		

	• Medical Equipment prioritisation is managed through the Medical Equipment Group and there is a process in place for rapid decision making if there is a urgent need to replace a piece of equipment. • Business Case performance monitored through Capital Management Group every month and Finance & Performance Committee at each meeting, every month. • The Health Board has submitted to Welsh Government a 10-year capital outlook, which has been prioritised to reflect the most pressing infrastructure and service challenges and risks. • Shaping Our Future Hospitals Programme Business Case was submitted to WG in October '21 and scrutinised at WG Infrastructure Investment Board in December '21. The WG Cabinet has considered Our Future Hospitals PBC alongside the priorities across the whole of Wales. There is support 'in principle' for the Health Board to proceed with the development of the next stage of the business case process – the Strategic Outline Case. • Welsh Government has agreed the Strategic Outline Case scope and a resource request has been submitted to Welsh Government. Welsh Government has commissioned an independent review of the clinical model described in the PBC and we understand that approval to proceed with developing the SOC will be dependent on the findings of this independent review (which is concluding in early September). • In accordance with the prioritised plan the Board approved and submitted to Welsh Government the Tertiary Tower Business Case and the Vascular MTC Theatres Business Case. The latter will improve the overarching theatre provision.
Current Assurances	• The estates and capital team have a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. • The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised and reporting of estates risks to the Health and Safety Committee is being strengthened(1) • The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks (3). • Regular reporting on capital programme and risks to Capital Management, Management Executive and Finance & Performance Committee (1) (2) • IT risk register regularly updated and shared with DHCW (2) • Health Care Standard completed annually (3) • Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group (1) (2) • Finance & Performance Committee continue to oversee the delivery of the Capital Programme (1) • Timely decision making in relation to the Shaping Our Future Hospitals Strategic Outline Case (3)

Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**

Gap in Controls	• The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the estate and digital infrastructure and medical equipment replacement services which requires the need to prioritise investment and resource allocation based on assessed level of risk and alignment with strategy and IMTP priorities. • In year requirements further impact and require the annual capital programme to be re-prioritised regularly. • Traceability of Medical Equipment • The Welsh Government current capital position is very compromised due to size of budget compared with estimated need which will impact significantly on the

	Capital Programme of the UHB. Not all business cases in the Welsh Government capital plan will be deliverable and the UHB needs to be mindful of the potential reputational risk of delays between OBC and FBC approvals with supply chain partners.			
Gap in Assurances	• The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. • Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year. • Despite the substantial end of year capital, the recurrent position remains unchanged. • Full condition surveys of all buildings have not been carried out so not possible to fully understand the condition of the estate.			
Actions		**Lead**	**By when**	**Update**
1.	The Estates Strategy requires review and refresh and there is a need to ensure that it is future proof. The scoping of this work to understand what is required will take place before Christmas	Catherine Phillips	31.03.24	Mid-term review undertaken and agreed following Board Development in February 2023 to undertake a number of actions overseen by the Health & Safety Committee by the end of 23/24. Refresh of strategy required following sign off of HB strategy with reference to realistic funding available and clarity of funding for UHW2.
2.	The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.	Abigail Harris	31.03.24	This continues with discretionary capital. Prioritised plan is signed off by CMG and SLB and Board.
3.	An acute infrastructure group is overseeing the short – medium term priorities.	Abigail Harris	31.03.24	The group continues to meet to oversee the priorities and development of a number of business cases that have been prioritised to ensure they progress in a timely way to address significant infrastructure risks such as Mortuary and BMT.
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**		**10 (high)**

13. Risk of Delivery of IMTP 23-26 – Executive Director of Strategic Planning (Abigail Harris)

In October 2021 the Welsh Government signalled a return to a three-year planning approach post-pandemic. Due to the extremely challenging financial position the Health Board submitted an annual plan in a three-year context for 2023/24. The final plan which was approved by the Board on 30th March 2023 and submitted to WG. The plan sets out service delivery proposals reflecting the ministerial priorities, the next milestones in the delivery of our strategy and the financial recovery that will be delivered over the next three years. Further work was requested, and additional information was provided to WG in May 2023. Due to the financial deficit facing NHS in Wales (including C&V UHB) further work was required to look at options for reducing the deficit beyond the position set out in the annual plan. These options were considered by Board and submitted in August as required. The plan has not yet been formally accepted by the Minister.

Risk	There is a risk that the Health Board will fail to deliver the commitments set out in the 23/24 Annual Plan both in terms of service and financial commitments. The plan does not achieve overall financial balance in 2023/2024 and it is unlikely to be accepted by the Minister. There are a number of factors in play including the withdrawal of Covid-19 funding and inflationary pressures, for example on energy costs. All Health Boards have been asked to develop further options that would achieve an improvement in the deficits set out in the annual plans.		
Date added:	May 22 (updated for 2023/24 in May 23)		
Cause	Challenging targets have been set for the Health Board in respect of planned care recovery. Detailed and stretching plans have been developed which the Health Board is committed to delivering but, at this stage the Health Board is not able to achieve all planned care targets for 2023/24. The financial recovery plan will also be challenging to delivery, with stretching targets for sustainably improving our overarching financial position. Whilst we are committed to deliver the actions set out in the plan, there may be dependencies of external factors which impact on our delivery – including constraints relating to funding – capital and revenue, workforce and speed with which we can implement the necessary gearing up to increase capacity.		
Impact	A plan that does not fully meet the requirements for an IMTP is categorised as an annual plan set within a three-year context. The failure to have in place a fully compliant plan could result in the Health Board being escalated to the next level of the performance and escalation framework, which could bring with its reputational loss and increased scrutiny by WG. If we are not able to deliver all of the actions set out in our plan, our planned care recovery could take longer to deliver for the populations we serve and quality of care and patient experience could be impacted.		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 (Extreme)**
Current Controls	An Operational Plan Delivery structure has been established to drive the delivery of the Planned Care Plan and the Emergency and Urgent Care Improvement Plan. We have submitted number of proposals against the WG Top Sliced Planned Care Recovery Fund aimed at improving our waiting times position in line with ministerial priorities and funding has now been confirmed which will enable our plans to proceed at pace. The Performance and Escalation Framework for Clinical Boards has been re-introduced to hold CBs to account for delivering their respective service and financial plans. A process is being established to ensure a programme approach to delivery of the actions within the financial recovery plan. Senior management and oversight arrangements are being strengthened, monthly review meetings are held with each clinical board meetings with Clinical Boards and a series of summits have been led by the Chief Operating Officer to focus on focus on delivery 'hotspots' such as stroke. These are leading to improvement plans, and the		

	improved performance is tracked through the Integrated Performance Report that goes to the Finance and Performance Committee and the Board.
Current Assurances	Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting (1). In addition to this a Sustainability Board has been established to oversee the delivery of the financial plan. The financial position is reviewed by the Finance and Performance Committee which meets monthly and reports into the Board. (1) The Board receives a financial update report from the Executive Director of Finance at each of its meetings. (1) Welsh Government are fully engaged and have been briefed on the Health Board's position. (3) Service delivery performance is tracked through the structures established to oversee planned care recovery and the improvement in emergency and urgent care, with regular reporting into ME and Board on progress. (1) WG also holds monthly Integrated Planning, Quality and Delivery Review meetings with the health board to track progress. (3) Improvement trajectories are being updated quarterly to ensure they remain on track to deliver the agreed targets. (1)

Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 (Extreme)**
Gap in Controls	Detailed delivery plans are not in place for all elements of the financial recovery plan. Detailed delivery plans are not in place in all specialties to achieve Welsh Government 52-week NOP ambition. The Health Board continues to have a high number of medically fit for discharge patients with limited control over actions of partners to assist.		
Gap in Assurances	There is currently no assurance on the plan. Once developed assurance will be provided through reporting to Management Executives, Finance Committee and the Board. The Health Boards position has deteriorated in relation to its financial position.		

Actions	Lead	By when	Update
1. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	30/06/23	Detailed Plan and supporting information discussed extensively in Board and provided to WG. Additional oversight arrangements being established to ensure delivery including Sustainability Programme Board chaired by the Chief Executive.
2. Provide Q1 progress report – including mitigating actions, to the Board for scrutiny. Development of the Integrated Performance Report provides assurance on Ministerial Priorities	Abigail Harris	30/09/23	This will be presented to Finance & Performance Committee and Board in September 2023

Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 (High)**

14. Financial Sustainability – Executive Director of Finance (Catherine Phillips)

Across Wales, Health Boards and Trusts set out plans to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent and Value Based Healthcare. The deficit plan submitted for 2022/23 was not achieved and has contributed to a worsened financial outlook for 2023/24 which has also been exacerbated by the cessation of Welsh Government Covid-19 funding and unprecedented inflationary pressures which are not funded. For 2023/24 the Health Board has submitted an Annual Plan in a three year context with a realistic yet challenging plan for restore financial sustainability over the medium-term.

Risk **Date added:** 01.04.2022 (updated May 2023)	There is a risk that the organisation will continue to breach its statutory financial duties by being unable to produce a balanced three-year plan.		
Cause	Cessation of Covid-19 funding and unprecedented inflationary pressures, for example on energy costs. The UHB also has to manage its operational budget and deliver planned savings on a sustainable recurrent basis.		
Impact	Breach of statutory duties, escalation. Unable to deliver a balanced year-end financial position. Reputational loss.		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	Additional expenditure is being authorised within the governance structure and the UHB Scheme of Delegation. Financial Plan submitted to Welsh Government 30th March 2023 explaining inability to deliver financial balance over the three-year period 2023-2026. Themed Savings programme managed through fortnightly Sustainability board chaired by CEO.		
Current Assurances	The financial position is reviewed by the Finance & Performance Committee which meets monthly and reports into the Board (1) Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting (1) Financial performance is monitored by the Management Executive (1). Assurance from internal audit annual review of core financial controls including budgeting and planning. Sustainability Programme Board in place, chaired by the Chief Executive.		
Impact Score: 5	**Likelihood Score: 5**	**Net Risk Score:**	**25 (Extreme)**
Gap in Controls	No gaps currently identified.		
Gap in Assurances	None identified.		

Actions	Lead	By when	Update
1. The organisation has identified 94% of the 2023/24 £32m savings target at the end of October with further opportunities identified to close the gap. Schemes will be further progressed through Q3 to ensure full delivery.	Catherine Phillips	30/09/23	Further schemes to be progressed through Q3 to close the savings gap.

Impact Score: 3	Likelihood Score: 5	**Target Risk Score:**	**15 (Extreme)**

15. Digital Strategy and Roadmap – Director of Digital & Health Intelligence (David Thomas)

CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.

Risk	There is a risk that the Digital Strategy and Roadmap will not be implemented, due to lack of resources, resulting in a deficit in infrastructure, applications and informatics capability.		
Date added:	04.10.22 updated 12.09.23		
Cause	CAVUHB IT and digital services are known to have been historically underfunded resulting in a significant legacy deficit in infrastructure, applications and informatics capability that has built up over at least a decade (our PMS and the core module that sit on top for UEC, inpatients and outpatients were built c20 years ago). Colleagues need mobile, scalable, agile solutions which are unachievable whilst we are locked into legacy. There are some programmes and plans identified to rectify these issues however they are unachievable with the current resource allocation		
Impact	We have capability in human resources but lack capacity for planning, management and execution of the activities needed to deliver the digital strategy and roadmap. Just to produce the case(s) for change requires capacity we do not have in the current circumstance Delivery on digital maturity would give capability to colleagues that will reduce inefficiency, release clinical time to care, improve safe practice, allow near real time data to be available to support clinical decision making at the point of care by moving from paper and analogue means of capturing and recording information to digital means where data flows seamlessly between settings Recruitment remains a challenge requiring the use of interim agency support in key areas. Existing resources are consumed with tactical short-term fixes given the legacy so we are unable to prioritise those activities that take us forward – we don't have enough people and we don't have enough money to make the changes we want and need to see. There is a risk that the financial savings and improved staff and patient experience expected from the Digital Roadmap plans will not be fully realised, due to the lack of resources, resulting in a deficit in IT infrastructure, applications and informatics capability and consequential adverse impacts.		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Digital strategy approved by Board in20/21 with roadmap for 21/22/23 • Digital components described in IMTP • Some additional funding secured via the Business Case Advisory Group • IT infrastructure priorities developed and set out for 2022-2025		
Current Assurances	• D & HI have a number of business cases in development which require revenue investment (1) • Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare (1) • Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.		
Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	• Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure.		
Gap in Assurances	• Unable to currently provide assurance that the finance will be provided		

Actions	Lead	By when	Update
1. Final report on the UHB's HIMSS digital maturity to be shared and discussed at DHIC and a summary brought to Board (private meeting) thereafter	DT	31.07.23	
2. Cyber plans reviewed and further updated to reflect Audit recommendations and Cyber Assessment Framework requirements from the WG Cyber Resilience Unit for 23/24.	DT	30.08.23	
3. Cyber awareness raising webinar organised by WG and DHCW for board members held on 03/07/23. Cyber Imp plan to be developed and shared with Board, via DHIC 4. Update on Cyber Implementation plan to be discussed at private meeting of DHIC in October. 5. Board to be appriased of cyber position at private session of Board (Nov 23)	DT DT DT	30.09.23 01.10.23 30.11.23	
Impact Score: 5	**Likelihood Score: 4**	**Target Risk Score:**	**20 (Extreme)**

Key:

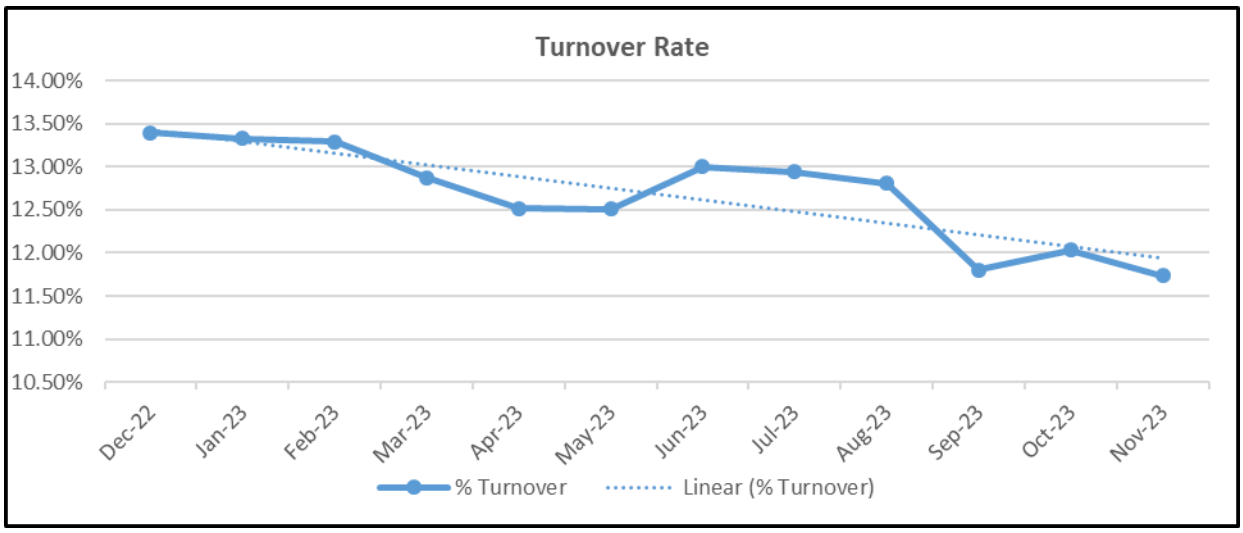
1 -3	**Low Risk**
4-6	**Moderate Risk**
8-12	**High Risk**
15 – 25	**Extreme Risk**

Report Title:	Key Workforce Performance Indicators				Agenda Item no.	3.1
Meeting:	People & Culture Committee		Public	X	Meeting Date:	
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Deputy Director of People & Culture / Head of People Analytics					

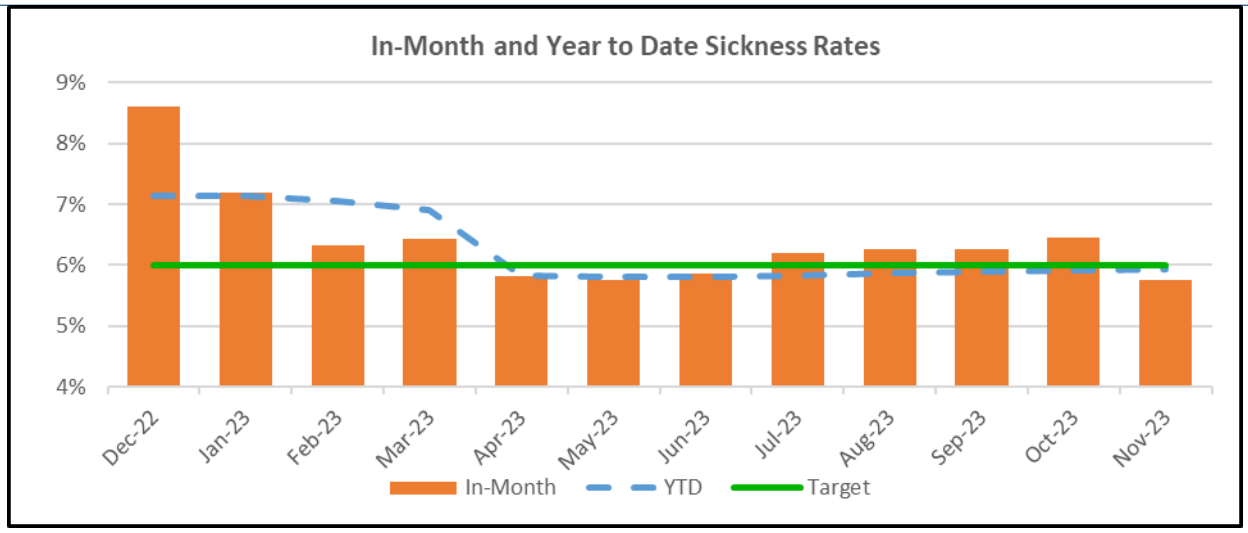
Main Report
Background and current situation:

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) continues to improve, having fallen from 13.40% at Dec-22 to 11.74% at Nov-23. Clinical Boards are working on a range of measures to improve staff retention.



- **Sickness absence** levels are improving as shown below. The sickness rate for the month of Dec-22 was8.60%; in Nov-22 it had fallen to 5.76%. At present the cumulative rate is slightly below the 6% sickness target.

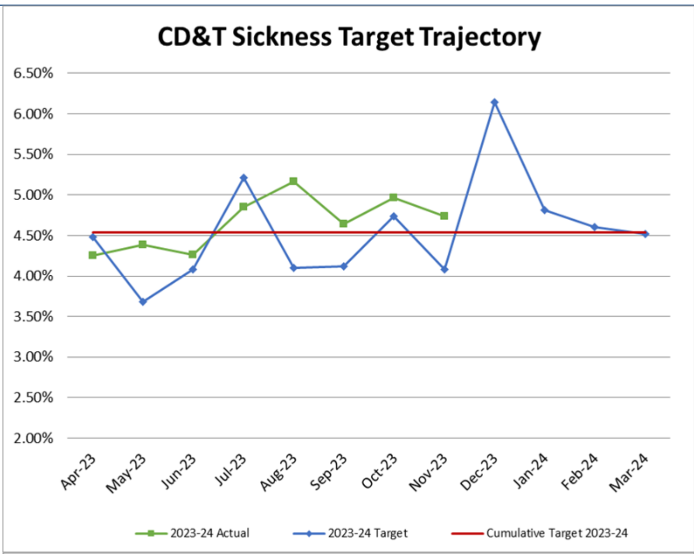


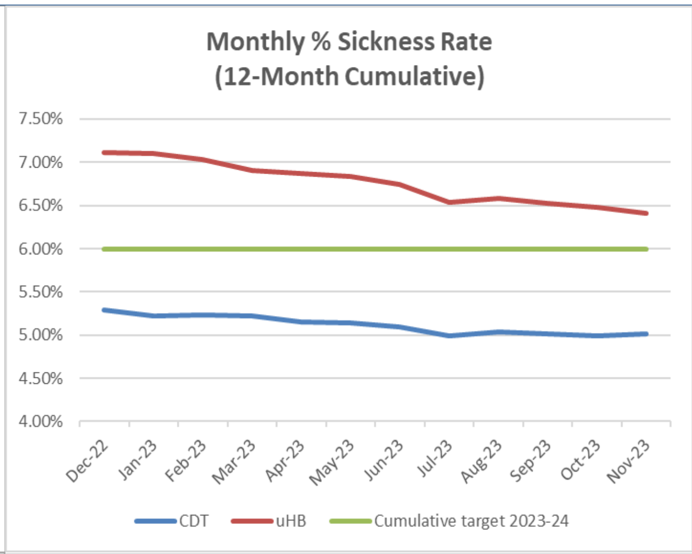
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

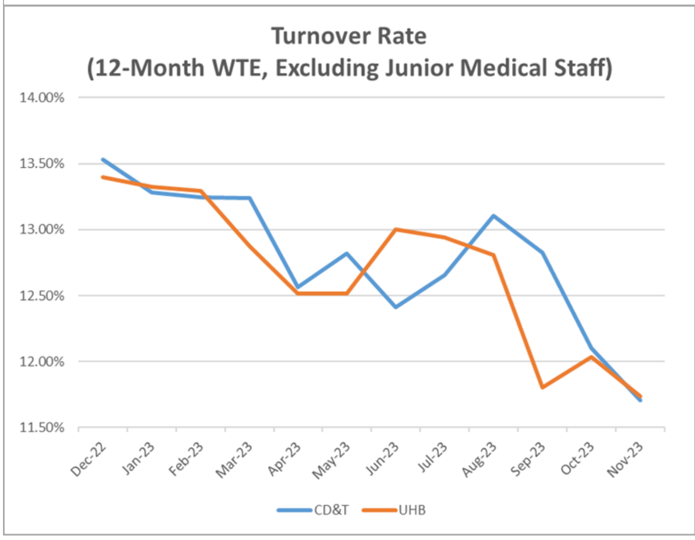
Our approach
The Integrated Performance Report provides the Committee with high level assurance on key workforce performance indicators. In addition, the Committee will receive updates from each of the Clinical Boards in relation to:

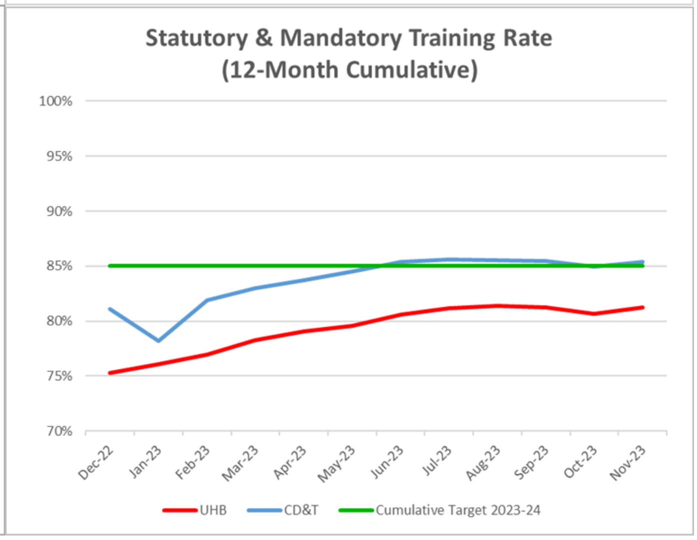
- Workforce Sustainability
- Cultural Hotspots
- KPIs, e.g. sickness, turnover, VBA, job planning, etc
- Embedding the People and Culture Plan – what are the priorities for the Clinical Board

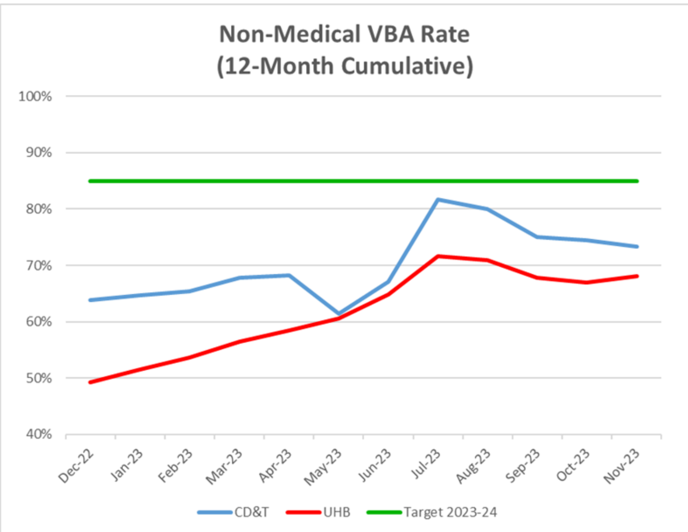
CD&T Clinical Board are presenting at the November Committee, below are the high level KPIs to support the discussion.











Suspension/Exclusion from work

As at 31st December 2023, there were 22 ongoing formal cases being investigated in accordance with the All Wales Disciplinary Policy, plus 3 being investigated in accordance with the Upholding Professional Standard in Wales Procedure (UPSW). 9 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 7 months and 3 months, 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** and **discuss** the contents of the report

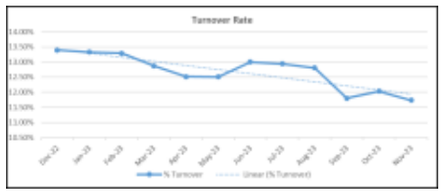
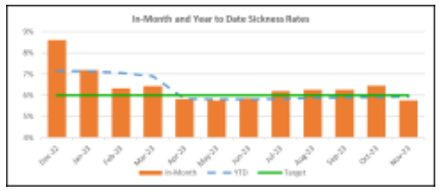
Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility 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

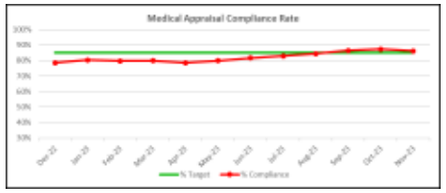
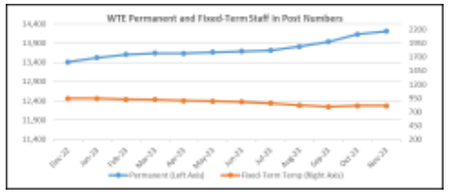
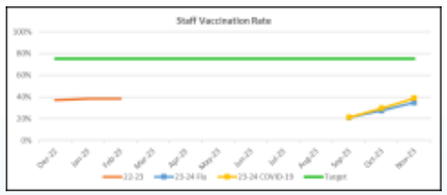
Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No No
Safety: Yes/No No
Financial: Yes/No No
Workforce: Yes/No Yes
Workforce risks and mitigating actions taken are described throughout this report
Legal: Yes/No No

Reputational: Yes/No No
Socio Economic: Yes/No No
Equality and Health: Yes/No No
Decarbonisation: Yes/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	

Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Dec-22; the rates have fallen from 13.40% in Dec-22 to 11.74% in Nov-23 UHB wide. This is a net 1.66% decrease, which represents 228 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Voluntary Resignation – Relocation'. 'Retirement Age'. 'Voluntary Resignation - Work Life Balance' and 'Voluntary Resignation – Promotion'.	November 2023	
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Nov-23 was 5.76% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 11 months to 6.41% (by comparison with Dec-22, which was 7.12%).	November 2023	
Statutory and Mandatory Training	After 2 months of declining compliance rates the rate rose for Nov-23 to 81.23%, 3.77% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services and Clinical Diagnostics & Therapeutics are above the 85% target, and PCIC, Children & Women's and Corporate Executives are above 80% compliance. The compliance with Fire training has also recovered slightly, to 69.85% for Nov-23. The compliance for all of the Clinical Boards is below the 85% compliance target.	November 2023	
Values Based Appraisal	After reaching 71.64% in Jul-23 VBA compliance fell to 67.00% for Oct-23 There has been a slight improvement for Nov-23, to 68.10%. Capital, Estates & Facilities (84.80%) are the only Clinical Board to have exceeded the 85% target, between May and August, but their compliance has subsequently fallen to 81.43%.	November 2023	

Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 9 months and has now exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	November 2023	
Job Plans	91.42% of clinicians have engagement with job planning and have a job plan in the system, however only 51.73% have a fully signed off job plan. Focus continues to be on supporting the approval and sign off process.	November 2023	
Medical Appraisals	The rate of compliance with Medical Appraisal has risen during the past 12 months. At Nov-23 the compliance was 86.25%, i.e. above the 85% target.	November 2023	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 607.23 WTE, to 15,022 WTE. The change in the split between permanent and fixed-term as shown in the graph below is largely due to validation of the ESR data held for staff contract type. Bank usage has been removed from the graph; there is detailed weekly monitoring and analysis of bank, agency and overtime use taking place within the Health Board.	November 2023	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) is falling. It has been as high as 10.85% of the total spend on pay, but in Nov-23 was 5.76%. It must however be borne in mind that the total pay bill is increasing.	November 2023	
Staff Winter Vaccination Programme	The 2023-24 winter vaccination programme commenced in Sep-23. So far 35.00% of staff have received the flu vaccine and 38.89% have received the COIVD-19 vaccine, by comparison with a target of 75% vaccination. The 2022-23 flu vaccine programme reached 38.30% of staff by Feb-23.	November 2023	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	November 2023	6%	**5.76%**	Jun-23: 5.86% | Jul-23: 6.19% | Aug-23: 6.27% | Sep-23: 6.26% | Oct-23: 6.46% | Nov-23: 5.76%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	November 2023	7%-9%	**11.74%**	Jun-23: 13.00% | Jul-23: 12.94% | Aug-23: 12.81% | Sep-23: 11.80% | Oct-23: 12.03% | Nov-23: 11.74%
38.	Agency spend as a percentage of the total pay bill	November 2023	12 month reduction trend	**1.28%**	Jun-23: 1.99% | Jul-23: 2.41% | Aug-23: 2.42% | Sep-23: 1.54% | Oct-23: 1.35% | Nov-23: 1.28%
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	November 2023	85%	**69.20%**	Jun-23: 65.86% | Jul-23: 72.37% | Aug-23: 71.82% | Sep-23: 69.00% | Oct-23: 68.29% | Nov-23: 69.20%

Report Title:	Speaking Up Safely			Agenda Item no.		
Meeting:	People and Culture Committee	Public	X	Meeting Date:	23 January 2024	
		Private				
Status *(please tick one only):*	Assurance		Approval		Information	X
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Main Report
Background and current situation:

The Thirlwall Inquiry has been set up to examine events at the Countess of Chester Hospital. One of the likely areas of focus will be on how members of staff can raise issues and concerns.

The Freedom to Speak Up (FTSU) framework has been established in England for some time and has been subject to review and amendment. CAVUHB has had a model of FTSU in place for a number of years and it sits alongside a range of other, People-centred policies around raising concerns such as respect and resolution and raising concerns (whistleblowing). It can be found here on the website.

While CAV makes use of FTSU, there has not been a consistent framework across Wales design to enable and encourage staff to raise concerns.

In the Autumn, WG launched an all-Wales framework – Speaking up Safely (SUS). It can be seen on the WG website.

As reported to Board in October, Cardiff and Vale (CAV) submitted a self-assessment and an action plan on 30 October 2023. The Board determined that Mike Jones (IM – Trade Unions) would be the IM lead on SUS and Matt Phillips (Director of Corporate Governance) would be the Officer lead.

HEIW convened SUS training on 14 Nov which was attended by both of the above.

WG released the SUS branding on 30 Nov.

The SUS implementation group within CAV met on 12 Dec.

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

FTSU continues to operate and is fulfilling the principal function of SUS; therefore there is no lack of facility within CAV.

The SUS implementation has offered an opportunity to carry out a stock take of 2 key elements:

1. What routes are there for member of staff to raise concerns/issues?
2. What tools are at our disposal to assist in resolving them?

The appendix is the result of the work done on the first question – note, it is from the perspective of an employee and so intentionally excludes routes available to patients and families (such as call for concern). It is evident that there are a wide range of avenues and resources available to employees if they encounter something they consider to be an issue across a spectrum of topics.

The second question is trickier. While SUS is a new initiative, it does not provide any additional resource, training, facilitation or methods with which to deal with issues that are raised. Typical means of dealing with issues would include police involvement for criminal matters, management

involvement for poor practice, lack of capability, grievance processes including mediation and other resolution options through HR where there are relationship weaknesses and so on. As a matter of law, anyone raising a matter that falls under the Public Interest Disclosure Act (1998) – also known as whistleblowing or Raising Concerns – would automatically benefit from legal protections against negative treatment as a result of having done so.

Actions

1. More work will be done on the appendix with a view to reviewing how we inform all employees as to the myriad avenues for raising concerns.
2. More work will be done to identify the different means of addressing concerns with a view to finding early resolution (mediation for example) to matters raised.
3. As a result of that work a decision will be made on how best to coalesce that into a simple communication plan to reinvigorate all such avenues.
4. Concurrent to 3, the SUS avenue will be developed and made available while closing down FTSU.
5. Lessons identified from taking this step will inform future steps. For example, there may be a demand for a development of an office or post relating to professional standards.

Recommendation:

The Committee Board is requested to:

- **Note** this update.
- **Agree** to an update once the above actions have taken place.

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	✓
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	

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

Risk: Yes

Safety: Yes

Financial: No

Workforce: Yes
Legal: Yes
Reputational: Yes
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Executive Directors	Provided to Execs through Management Executive

Chilcott Rachel
16/01/2024 14:01:44

Appendix

The below table is an attempt to consolidate all of the different routes available to staff who wish to raise an issue/concern/question.

Avenue	**Type of Issue**	**System**	**Responsible**	**Notes**
What is the name of the process, scheme, framework, entry point etc that can be utilised?	*What kind of issue or concern is being raised – complaint, fraud, H&S, patient safety, Whistleblowing, grievance, second opinion etc?*	*What is the specific or general system or process in place that is used to enable the communication of the issue?*	*Who is ultimately responsible for this in the organisation?*	*What options are available when an issue like this is raised?*
Freedom to Speak Up	Staff member concern (patient safety, H&S etc etc)	All information is on the web page (available to all staff and public) here - https://cavuhb.nhs.wales/staff-information/your-health-and-wellbeing/general-health-and-wellbeing-resources/freedom-to-speak-up/ Tel - 02921 846000 Email - F2SUCAV@wales.nhs.uk	DCG/HOCG	If you are unsure about raising a concern, ask yourself the following questions: How would I feel if a family member was treated that way? What might happen if I do not raise my concern? (Think about both the short and long-term impacts) If asked to do so, could I justify why I chose not to raise a concern? If you have a concern, speak up. Your voice matters.
Speaking Up Safely	As per above Sexual Safety - NHSWLB (99) 11 Strengthening Sexual Sexual safety in NHS Wales.docx	To be implemented	DCG/HOCG and IM TU	
Safety Valve	*Discontinued*			
TUs	Any matter a member of staff	Numerous, publicly available websites such as:		

	may wish to seek guidance on from a representative outside of the CAV line management	https://www.unison.org.uk/at-work/health-care/		
Chaplaincy	The team cover dedicated areas	Staff will raise issues with the Chaplaincy team	Patient Experience	
Incident/Datix	Incident or issue			
Regulators	Various professional and sector regulators that provide routes for raising concerns or structured visits/assessments etc that allow staff to engage and rasie matters	Examples includes: HIW Telephone: 0300 062 8163 Email: hiw@wales.gsi.gov.uk NMC https://www.nmc.org.uk/	External	
Audit	There is both internal and external audit routes available to employees.	Audit Wales operates a whistleblowing avenue: Telephone: 029 20 320 522 Email: whistleblowing@audit.wales	External	
Protect (Formerly Public Concern at Work)	Whistleblowing	Protect - Speak up stop harm - Protect - Speak up stop harm (protect-advice.org.uk)	External	
Call 4 Concern	While this is a penitent/family avenue it is included here as there should be no bar to an employee using it.	CAVUHB - Call 4 Concern Leaflet.pdf - All Documents (sharepoint.com) (found through search on SPOL – not sure if there is a landing page) 029 2074 7747 and ask for the patient at risk team to be bleeped on 5344	DoN	
Counter-Fraud	Any fraud where the NHS is the victim	Counter Fraud - Home (sharepoint.com)	DoF	Various policies and procedures linked to from the landing page (to the left)

Raising Concerns – WB	Staff Concerns that should be protected disclosures – whistleblowing	Via Policy library (web) - https://cavuhb.nhs.wales/about-us/governance-and-assurance/policies-procedures-and-guidelines/workforce-and-organisational-development-policies/ (Where else is this advice?)	ED People	
Respect and Resolution	Employee relations/ workplace conflict	Via policy library (web) - https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/workforce-and-od-policies/r-workforce-and-od/respect-and-resolution-policy-final-april-2021-pdf/	ED People	
Ask Suzanne	All	Monthly Teams Meetings open to all employees with the ability to submit any questions/concerns during or after.	CEO	
Police	Criminal activity	Police liaison is available where required	External	
Line Management	All	Should be the first port of call for all matters but is not always an appropriate avenue		
H&S Team	Health and safety issue	Health and Safety - Home (sharepoint.com) Datix Cymru can be used for both incidents and near misses, detail is included in IMS-08 on the H&S Sharepoint site.	ED People	Defects can be raised for Estates related infrastructure issues. Each clinical board is assigned a H&S advisor, details are found on the H&S Sharepoint site. Escalation processes exist through Clinical Board meetings, this can then go to Operational H&S group, H&S committee and People and Culture committee. Line manager escalation would normally be the first port of call. Trade Unions can also assist in escalating H&S related issues. V&A issue: Should be reported through Datix Cymru. Line management to investigate with H&S Case management team. Police intervention might be required,
Estates/defect		Via Welcome to the MICAD HD Customer Portal Create an account to submit a request. Link can be located through 'Estates Maintenance Requests and Enquiries' on SharePoint	CEF	

Duty of Candour	Any unintended or unexpected incident that occurred in respect of a service user	Duty of Candour Information (sharepoint.com)	DoN / Concerns team	
Llais Cymru	Voicing concerns on behalf of the public regarding planning and delivery of services	Llais Wales | LLais	Independent body set up by Welsh Government	Again, this is a public avenue but there should be no bar to members of staff engaging as well
Safeguarding		https://nhswales365.sharepoint.com/sites/ABB_Pulse_Safeguarding	Linda Hughes Jones on behalf of DoN	

Report Title:	Progress against the People and Culture Plan (Year 2 Review)				Agenda Item no.	
Meeting:	People and Culture Committee		Public	x	Meeting Date:	23 January 2024
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Head of People Assurance and Experience					

Main Report
Background and current situation:

The Cardiff and Vale UHB Strategy, Shaping Our Future Wellbeing, sets out our ambition to be a great place to train, work and live, where we listen to and empower people to live healthy lives. We want our colleagues to recommend us as a great place to work, and for our workforce to reflect the diversity of our communities. One of our strategic objectives is Putting People First - which includes our teams, patients and population - because we know that people are at the centre of everything we do.

The People and Culture Plan (2022-25) which was approved by Board in January 2022 is key to meeting this objective because we are completely dependent on our workforce if we are to meet our population's health and care needs effectively. We know that we cannot deliver the Plan by keeping to the status quo; we need to transform the way we attract, retain, develop and support our workforce through a culture of compassionate and inclusive leadership and with a focus on wellbeing. The People and Culture Plan is our opportunity to improve the experience of staff, to ensure the improvements we have made over recent years continue, and to confront the challenges which have arisen over the past few years. By achieving this we know that we will also improve the experience and outcomes of the people we care for.

As we now approach the end of the second year of the Plan, this report will provide the People and Culture Committee with a summary of progress made over the last 12 months, and how we have responded to the challenges faced. In January 2023 we provided the Strategy and Delivery Committee with a report against the first 12 months – this focused primarily on the work carried out by the People and Culture Department. In year 2 we have taken a different approach, with more emphasis on embedding the Plan in the Clinical Boards, and this report will reflect that. It will also begin to look forward to 2024/25, the changes we are making in the governance structures around the Plan and our intentions around its refresh towards the end of 2024.

ABOUT THE PLAN

The People and Culture Plan sets out the actions we said we would take over the three-year period 2022-2025, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce

It is built around 7 themes which are based on the those set out in the Workforce Strategy for Health and Social Care, with an added emphasis on retention in theme 3 to recognise the importance of retaining our workforce as well as recruiting new people:

- **Seamless workforce models** - to support the integration of Health and Social Care services, to deliver a seamless, coordinated approach from different providers, based on outcomes that matter to the person.
- **Engaged, motivated and healthy workforce** - to have a workforce that feels valued and supported wherever they work.
- **Attract, recruit and retain** - to recruit and retain the right people with the right skills.
- **Building a digitally ready workforce** - to have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively and enhance their ways of working.
- **Excellent education and learning** - to ensure that education and development of the workforce remains a key priority, with an equitable approach to education provision and support for those who have additional learning need.
- **Leadership and succession** – to help our leaders embody collective, compassionate and inclusive leadership.
- **Workforce supply and shape** - to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

YEAR 2 PROGRESS

In year 1, each theme had a designated People and Culture lead and a named staff (Trade Union) representative. During year 2, as it has become more embedded and increasingly become 'business as usual', there has been less need for designated leads as one of the key components of the Heads of People and Culture role has been to support the Clinical Boards in the delivery of the Plan.

During 2023 we have seen significant progress against the Plan, and while challenges to delivery remain and some of the themes will take longer to achieve than others because of their very nature, some of the key achievements are outlined below.

Seamless workforce models

To ensure our services meet our populations' health and care needs effectively, it is essential that we provide services closer to, or at, home. Central to the successful delivery of transformed care is the re-balancing of services and our people between secondary and primary care, along with joint decision making and multi-disciplinary team working.

In order to achieve this ambition, we require system wide collaboration with shared aims and outcomes built on partnership working, strong leadership and an engaged workforce who are appropriately skilled and empowered to meet the needs of our local population.

Examples of successful collaborative working during 2023 include:

- Discussions between Capital, Estates and Facilities Service Board (CEF) and other areas such as Emergency Unit and Radiology, to better understand the needs of the department and in turn utilise resources to enhance patient experience.
- The Employee Wellbeing Service and the Recovery and Wellbeing College have worked together to design and deliver wellbeing workshops for colleagues across the UHB.
- Enhanced collaboration with CTMUHB to realise the benefits of cross-organisational working within Occupational Health.

- Improved links between CEF and South Wales Police, with a dedicated site presence in UHW, to deliver a safe culture within the UHB and resolve many issues which could have caused distress for staff, patients and visitors.
- Joint working between Speech and Language Therapy and Cardiff Council to deliver training to health and social care staff from care homes and care agencies.
- An agreement between neighbouring Health Boards for staff to work, and provide training and education across the South Wales Trauma Network. This came about as a result of some staff at receiving sites not being trained in certain procedures and the need for our staff to give the training or stay with the patient.

Embracing new ways of working in teams, across organisations and sectors, supports the transformation of services to deliver high quality, accessible care and treatment. Implementation of a 'step down to recover' model of care in St David's Hospital, with a shared Nursing/Therapy led ward and a band 3 HCSW role to support therapy colleagues in rehabilitation, has reduced the level of care patients require on discharge and supported patient flow at a time when community capacity was challenging. Other examples of this include the redesign of job roles to launch Safe@Home (part of the 6 goals programme) and the introduction of Radiographer led discharge which has supported patient flow in EU.

Integrated work is also taking place at a regional level, with the implementation of the Vascular network, an agreement to fund regional Ophthalmology services for 12 months, and ongoing discussions about the development of a South-Central Regional Stroke Service for the future. Funding for a region-wide recruitment campaign was secured from the Regional Integration Fund with the aim of raising awareness of the range of community-based posts on offer from both the UHB and the two Local Authorities.

The scale of this theme is huge, and it involves significant cultural engagement and a commitment to change at a time when significant pressures are being placed on the NHS. However, by building on opportunities to work differently and to develop new and advanced roles and capabilities we will create a climate of innovation and creativity for real and lasting change.

Engaged, motivated and healthy workforce

People being supported to live healthily, enabled by supportive environments, is key to achieving the Health Board's vision. Research and evidence tells us that without a physically and psychologically safe and healthy workforce, excellent health care is not possible, and having healthy, engaged and motivated employees leads to a range of benefits including: improved performance and patient experience; increased patient satisfaction; better outcomes for patients; higher levels of staff engagement, innovation and retention; and lower levels of sickness absence. It is vital that the workplace does not create barriers to being healthy and well at work, but supports and encourages ways of working, lifestyle choices and support available to actively improve staff health and wellbeing. This approach will enable a highly skilled, motivated and engaged workforce which strives to improve patient care.

The UHB Employee Health and Wellbeing Policy outlines our commitment to encouraging and empowering all staff to take personal responsibility for their lifestyle choices and health and wellbeing. It also sets out our commitment to guide and support managers in their roles and responsibilities around both supporting healthy workplaces and work practices, and in engaging in effective conversations with individuals and teams. The responsibility of the UHB in providing a workplace, culture and environment that enables being healthy and well at work is also recognised.

We have utilised a number of strategies to help us achieve this in 2023.

Encouraging and Empowering Individuals:

- Launch of My Health Passport in November 2023 in collaboration with TU Partners and the Access-ability Staff Network
- Development of wellbeing pathways – including a financial wellbeing pathway which was included in the Winter Roadshows, Money Talks Week and wellbeing roadshows
- Launch of Wagestream, a financial wellbeing platform available to all staff. There is an additional benefit for those on Healthroster who can 'stream' finalised bank shifts or overtime worked
- Introduction of dedicated Wellbeing Champions across CD&T, Medicine and CEF to engage, intervene and support staff, as well as to sign post to additional internal and external resources. Pharmacy and ALAS have developed a well-being newsletter
- We have developed or supported five staff networks: Access Ability for staff living with a disability, impairment, or long-term health condition; One Voice – for our Ethnic Minority staff; LGBTQ+ staff network; Rhwyd-iaith staff network, for staff who speak or are learning Welsh; and the Future Leaders Network for young people.

Guiding and Supporting Managers:

- Sickness levels have reduced from 8.6% in December 2022 to 5.76% in November 2023 - in particular, CEF have seen a reduction from 12.11% to 8.19% through a greater management focus on absence, training and support to reduce work place accidents. Surgery has seen a reduction from 8.38% to 5.76% and have adopted a targeted approach of sickness audits and attendance and wellbeing action plans. Other areas of note include Mental Health (9.6% to 5.72%) and Medicine (9.64% to 6.16%)
- Introduction of new software to enable integrated functionality between the OPAS-G2 Occupational Health Management System and the Trac recruitment system, transparency of applicant progress through the system and reduced waiting times for OH clearances
- Wellbeing drop in sessions / surgeries implemented at Clinical Board level, for example in ward areas where stress and anxiety levels have increased
- The development and implementation of Sustaining Resilience at Work (STRaW) Practitioners to implement a system of support and signposting to staff in need
- Creation of a central database of temporary roles to support staff who are unable to return to their substantive role remain in work

Providing a workplace, culture and environment that enables being healthy and well at work:

- The Health and Wellbeing Steering Group has been refreshed. It is chaired by the EDPOC and attended by key representatives from across the UHB, including TU Partners. This group will support the development of a UHB Health and Wellbeing Framework, and draw upon research and local insights to develop and implement an organisational priority action plan
- Achievement of the Corporate Health Standard Gold and Platinum level in 2022
- Introduction of Schwartz Rounds in October 2023. This involved training 18 facilitators, including 4 clinical leads, development of a Steering Group, and collaboration with ABUHB and BCUHB to share good practice
- A commitment to ensure staff within CEF are complying with the Working Time Directive, balanced with their requests to work additional overtime and service needs
- Introduction of Welfare Support and debrief sessions for those going through formal employee relations processes to ensure we support their health and wellbeing and listen to their experiences

One of the key priorities for 'Putting People First' is that people will feel valued, developed, supported and engaged. Over recent years there has been an increasing body of research which demonstrates that employee engagement is linked to a variety of individual and organisational outcome measures, including staff absenteeism, turnover, patient satisfaction, mortality rates, and safety measures. While 'engagement' can mean many things, and is linked to many of the elements described in this report, some of the key activities undertaken in 2023 include:

- Preparation for and participation in the NHS Wales Staff Survey 2023 (response rate 21.42%).
- Working with the Clinical Boards to present and discuss the findings from engagement activities to highlight key themes, incorporating Winning Temp, the Medical Engagement Survey and the Wellbeing Survey.
- Improved VBA and Statutory/Mandatory Training rates through effective engagement at Clinical Board level.
- Recognition events held to celebrate employee achievements at Clinical Board and Department level.
- Establishment of Inclusion Ambassadors to embed the EDI agenda within the Clinical Boards by promoting and raising awareness of the protected characteristics, and effectively communicating information to support inclusion and diversity in the workplace.
- The Health Board launched its Anti-racist Action Plan in June 2023 which aims to create a more inclusive organisation for our ethnically diverse communities.
- Leavers within C&W Clinical Board were contacted by the Clinical Board to help us understand why they left, what might have made them stay and what can be done to retain others.
- Providing staff with opportunities to speak with middle and senior managers e.g. roll out of 'staff voices' feedback systems and Director of Nursing weekly 'look, listen, learn and link' clinical visits within C&W Clinical Board, an open-door policy and regular workshops in CEF, and fortnightly 'team briefs' in CD&T.
- In collaboration with the Executive Nurse Director, the Nurse Resourcing team is supporting Internationally Educated Nurses to create and run a forum for all IEN in the UHB. This group will

provide pastoral care, career advice etc to IENs and will contribute to EDI within the nursing workforce. A revised 'Stay Questionnaire' is in development for these nurses.

- We continued to celebrate and commemorate key dates in the Equity & Inclusion Calendar, including marching at Pride Cymru, a staff event for South Asian Heritage Month, launch of the My Health Passport during Disability History Month.

Attract, Recruit and Retain

Shaping Our Future Wellbeing states that we will have an inclusive culture, where the diversity of the Health Board's people will be representative of our local population. The People Resourcing Team and Nursing Hub are actively promoting the variety of careers available within the UHB and recruiting from under-represented groups and deprived areas of Cardiff and the Vale of Glamorgan. During the last 12 months we have implemented and achieved the following with the aim of becoming a more inclusive employer:

Project Search A pre-employment programme to help people with learning disabilities and/or autism to gain knowledge and skills with the aim of gaining permanent employment. In the 1st year 85% of the interns were employed, and 67% in year 2. We are now in the 3rd year with 14 interns currently in placements.	**Princes Trust** We are the first Health Board in Wales to partner with the Princes Trust and DWP to facilitate work placements for diverse and under privileged young people. Ten work placements are provided and we now have four individuals working on the Staff Bank as HCSWs.	**HM Prison & Probation** We are currently Implementing a new partnership with the Prison and probation service, to educate Prison leavers about the diverse roles within the UHB and work with them to apply for positions in the UHB.
Serco Serco has been contracted by the DWP to help individuals who have been unemployed for over 9 months. We have delivered presentations to these individuals, facilitated Site tours and enabled them to apply for roles via a simplified application form and interview.	**Partnership Working** An event was held in conjunction with Cardiff Council for HCSW posts. More than 200 people attended from many areas of the CAV diverse community and some have joined us as HCSWs.	**'Day in the Life' videos** have been produced in collaboration with the Clinical Boards to showcase roles and professions which are traditionally hard to fill, including Housekeeping, Health Visiting, Pharmacy, Dietetics and Cardiac Physiology.
Care Leavers Care experienced people are disproportionately disadvantaged and are statistically more likely to experience issues such as homelessness, addiction and mental ill-health. A HEIW grant has enabled us to implement a	**Refugees** We have worked with Welsh Refugee Council and three medics have joined us as HCSWs while they undertake their training and exams in order to join the GMC register. Two other refugees have been able to go through our OSCE (Objective Structured	**Schools and Colleges** The team have partnered with Cardiff Commitment and Careers Wales to promote NHS roles to young people. They have attended 13 schools and colleges and presented virtually to over 10,000 pupils to showcase the diverse roles and opportunities

Widening Access Programme to attract Care leavers into employment in the NHS, working in collaboration with Cardiff Commitment, Vale of Glamorgan Council and Into Work Services. Programmes are currently being developed to attract and support care leavers who are in school and those who have left school up to the age of 25.	Clinical Examination) programme and gain NMC registration and now work for CAV as Registered Nurses. The amount of hard work and effort the refugees have to go through to become registrants is testament to their desire to work and thrive in CAV, as it can take up to 4 years and they work as HCSWs during that period.	that the NHS offers, with many pupils in areas of deprivation. CD&T professions have been promoted through radiographers attending local schools careers events and Pharmacy taster sessions offered to year 12 students.

In comparison to other sectors, the recruitment processes for applicants applying into the NHS can be viewed as long and complex, and this can act as a deterrent, particularly to those looking for lower skilled roles. In order to overcome this and provide candidates with a more positive experience, a more streamlined approach is being encouraged where possible within the confines of the NHS Jobs and Trac recruitment systems.

- **Recruitment events –** The People Resourcing team have attended 15 Recruitment events with a further 14 booked before April 2024, these events are to raise awareness of the varying roles throughout the NHS especially the lower level entry roles i.e. housekeeping, catering. Individuals can apply for these roles on the day, using a simplified application form. Clinical Boards have also been involved in local recruitment fairs (CEF, Mental Health, PCIC) and targeted recruitment events focusing on specific staff groups (C&W).
- **Recruitment Modernisation Process changes** have been implemented in partnership with NWSSP and we are starting to see improvements as well as reductions in the time to hire. For example, in November 2022 it took on average 23.5 days from when a successful applicant received their offer letter - to being ready for their start date. In comparison, in November 2023 this figure is down to 16.7 days. However, as can be seen in appendix 1, the overall Time to Hire increased between July and October 2023 and we need to review this information to determine why this has gone up.
- We have also been working with Facilities to **recruit staff directly** via our 'in-house team' (outside of NWSSP Recruitment). From 1st November 2022 to 1st November 2023, the Resourcing team carried out the onboarding process for 68 Facilities applicants; with 87% of applicants receiving their offer letter and being ready for start date within 27 days. In comparison, during the same period - NWSSP recruitment onboarded 124 applicants - achieving 67% of the applicants receiving their offer letter and being ready for start date within 27 days.
- **Student Streamlining –** CAV attracted more newly registered nurses than any other Health Board in Wales during June-Sept 2023 with more than 200 having joined us across all Clinical Boards. This has contributed to reducing our Band 5 and 6 RN vacancies from 493 WTE in July 2022 to just over 100 WTE in November 2023.
- **Registered Nurse recruitment -** The Nursing Hub recruits Registered Nurses for all areas of the Health Board every 8 weeks. Over the last 12 months more than 30 RNs have been recruited in this way.
- **Targeted Recruitment** has been utilised to appoint to 'hard to fill' Consultant roles and the recent introduction of the RPO (Recruitment Processes Optimisation) Model will build on this further.
- **Return to Practice** – we work in partnership with Cardiff University to attract people who wish to regain their lapsed NMC registration so that they can return to employment as an RN

- **Recruitment of Internationally Educated Nurses** has continued in Gastroenterology and Neonatal Intensive Care Unit. All posts have been recruited to and the Nurses have started arriving.
- **Apprenticeships –** Since April 23 there has been 12 newly recruited into various roles, such as HCSW, IT, Patient Experience. The Team has been selected as a finalist in the Apprenticeship Awards Cymru event after participating in a panellist stage.
- Significant increase in the use of **social medial and technical platforms** to advertise posts within CEF.
- The Welsh Language Team have developed **Welsh Language Standards guidance** to support managers in understanding the skills in their teams and help identify the gaps.

Although we need to think differently about how we attract and recruit our current and future workforce, we cannot just depend on bringing new people into our workforce; we need to improve how we retain, manage, develop and look after the wellbeing of our existing workforce, and encourage our managers to embrace workplace flexibility for our future workforce. All organisations require a healthy level of staff turnover but the challenge is to find the right balance between turnover and retention by understanding the challenges in our Clinical Boards.

The overall trend for the UHB turnover is downwards, with the rates having fallen from 13.40% in December 2022 to 11.74% in November 2023. This is a net 1.66% decrease, which represents 228 WTE fewer leavers. Although retention is specifically referenced in Theme 3 of the People and Culture Plan, it is a key outcome of all of the themes and most of the activities described in this report can have an impact on whether our people will choose to stay with us or look elsewhere. It is therefore important to consider the entirety of this report when considering retention, but some of the targeted interventions implemented over the last 12 months to note include the following.

- The establishment of **Recruitment and Retention Task and Finish Groups** and development of action plans at Clinical Board level have led to bespoke activity including culture questionnaires, professional career pathways, mentoring, secondment opportunities, promotion of workplace training activities.
- **New Starter Surveys -** All newly appointed nursing staff are sent a feedback survey, which is then followed up 6 months later. Analysis of this data is used for future improvement. 87% of those surveyed stated they would recommend C&V as an employer.
- **Exit Questionnaires –** a new exit questionnaire and process has been developed to ensure that all those leaving the UHB are given an opportunity to provide feedback on C&V as an employer. The response rate over the first 3 months has greatly increased and the first quarterly analysis was undertaken in December 2023. .
- CAV staff were instrumental in contributing to the development of the **HEIW Retention Plan for Nursing.** The action plan has been mapped work already underway within CAV and other staff groups have been added to ensure there is one retention plan in place for the whole UHB. HEIW is supporting every Health Board with funding for a Band 8a retention lead. The CAV post has been recruited to and the successful candidate will commence in February 2024. Initial focus will be on the completion of the Nursing Retention Self-Assessment, along with a benchmarking exercise (internal and external), but will very quickly be a multi professional retention post working collaboratively with Heads of People and Culture to support development of priority retention plans within Clinical Boards and/or profession groups.

Building a digitally ready workforce

Healthcare has seen a dramatic increase in the use of digital services over the last decade. There have been incredible advances in the fields of Artificial Intelligence (AI), robotics, 3D printing, nanotechnology, precision medicine, wearable health monitoring devices and more. Digital technologies are transforming healthcare in a sustainable way and it is important that our people are empowered to embrace these changes and develop their digital skills.

Our strategy sets out our aim that by 2035 our hospitals will be 'digitally-enabled' with health and care systems that are fully connected across the patient pathway, and digital and data systems which provide real time information to inform joint decision making and provide insights for the management and future planning of services. If we are to have a workforce which is able to deliver this ambition, we need to address the challenges surrounding access, skills, digital wellbeing, agility and innovation. In 2023 we have taken some steps toward addressing these including:

- Launch of the Digital Capability Framework for Healthcare in Wales. This framework is a practical, interactive tool, for healthcare staff to better understand the skills, behaviours, and attitudes required to thrive in a digital world. It provides staff with the opportunity to reflect on their digital capabilities, and self-assess, using an online tool. It also provides a range of resources to support staff develop their digital skills.
- Introduction of iPads for CEF staff to use within their operational roles.
- New clinical and non-clinical systems implemented or piloted including AMAT, an e-triage system for EU, STAMP patient management system, an e-booking system in the labs, and Tendable auditing system in Pharmacy and Radiology.
- Introduction of specialist digital posts including a digital support role in Mental Health, a digital lead to support the progress of Paediatric Welsh Nursing Care Record in Acute Child Health, and a Digital Learning manager within ECOD.
- Further development of the Maternity dashboard with a view to extending this to Neonatal Care.
- C&W Clinical Board were finalists in the HSJ patient safety awards for innovation for the paediatric immunisation digital approach.
- Significant work has taken place over recent months to improve the P&C online presence, including development of new SharePoint pages, the introduction of automated forms and letters, and digital training.
- Alongside the implementation of HealthRoster, the 'Employee Online' app has enabled staff to request shifts, days off and annual leave online and book available bank shifts. They can also see their own roster and entire team roster (including temporary staff booked).
- Software called 'Patchwork Health' has been introduced to provide doctors on the Medical Bank with access to all shifts irrespective of specialty. It also enables timesheet submission with full tracking/visibility through to payroll which means there are fewer payroll queries and an easy view schedule to review booked shifts and ask questions 'real time' via the app. The software provides greater scrutiny of agency usage and provides an override back to bank function to control spend.

Excellent education and learning

Investing in education, development and support is fundamental to providing safe, high quality care and helps the workforce feel valued, motivated and resilient. Staff learning, education and development is

provided to enable staff to be their best at work, living the UHBs values through the behaviours they display in our interactions and decisions, and putting patient centred care at the heart of everything we do.

To address the challenges we face, we need to ensure that we have a responsive educational infrastructure and an inclusive culture which supports the development pathways of the whole workforce. To achieve this, the organisation is committed to providing a learning culture where staff are nurtured and encouraged to learn and develop at every stage of their career, and in every role and profession. Examples of the steps taken to achieve this during 2023 include:

- The induction programme has been improved to enhance the new starters experience, and now consists of a teams session where the CEO and Executive Director of People and Culture welcome staff to the UHB, followed by a 'marketplace' face to face session with representatives from key departments.
- Rapid development and implementation of the Assistant Practitioner programme to enable recruitment to the role.
- Successful engagement with nursing and midwifery students through the Student Experience Improvement plan.
- The People Services Team have developed and delivered Policy training in partnership with Trade Union colleagues and have launched 'toolkit talks' to support people management skills
- A 'Coaching Skills for Leaders and Managers' programme was revamped and launched

355 new nursing practice supervisors and 60 practice assessors have been trained by the Practice Education Facilitator team

565 new HCSW attended the revised simulation based HCSW induction programme

24 Assistant Practitioners have completed the programme and there are currently 16 trainees.

The trainees have predominantly been internationally educated nurses, and 4 of them have subsequently gone on to achieve NMC registration though the UHB OSCE Programme

204 managers attended Managing Attendance at Work Training

133 managers attended Respect and Resolution Training

426 managers have attended the 'toolkit talks' held by People Services

834 managers and roster coordinators have been trained to use HealthRoster

In addition to these programmes led by the People and Culture Team, there has been local learning, education and development activity within the Clinical Boards in the last 12 months including: addition to these programmes led by the People and Culture Team, there has been local learning, education and development activity within the Clinical Boards in the last 12 months including:

- Significant improvement has been seen in our VBA compliance rates, with an overall increase from 50.9% in December 2022 to 69.2% in November 2023. This has been helped in part by the introduction of an effective, shortened version of the VBA process to support completion in front-line areas, ensuring there is a focus on wellbeing and behaviours.
- Improved statutory and mandatory training compliance with an increase from 75.3% in December 2022 to 81.23% in November 2023.
- General Practice Nurse Training and Practice Management training are available within PCIC and there are strong links between HEIW and the Primary Care Learning Academy.
- There has been strong uptake in various qualifications such as ILM (various levels), NVQs, HNC and undergraduate degrees across CEF.
- Also within CEF, skills have been developed in line with the Health Technical Memorandums (HTMs), in support of Authorised and Competent Persons, to ensure the work they undertake is safe and compliant for patients, staff and visitors.
- In CD&T, a second physiotherapy botulinum toxin injector has been trained to Masters level to assist in the management of the stroke spasticity population.
- Speech and Language Therapy staff are working in collaboration with the Vale Community Resource Service on the Communication Partner Training programme.
- Suicide Awareness training is delivered for all staff within Mental Health across the year, and risk assessment training has been rolled out across all wards in MHCB.
- C&W Clinical Board enabled the training of 120 staff across health and social care in a positive behavioural support to help provide care and support to the emotionally dysregulated children and young people in our system.

Leadership and succession

The culture of an organisation shapes the behaviour of everyone in it, the quality of care it provides and its overall performance. As we move out of the response to the immediate needs brought about by the pandemic, we must reorganise ourselves 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, and
- 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 the NHS Wales Staff Survey, Winning Temp Engagement Platform and Wellbeing Surveys, but until 2023 there has been no consistent approach to undertaking cultural assessments locally which has resulted in a range of methods and approaches being used by various teams and departments and minimized the ability to collate a 'temperature check' for the organisation or carry out comparisons.

The Culture and Leadership Programme (CLP) was developed by NHS Improvement, The King's Fund and the Centre for Creative Leadership, to deliver a phased organisational approach to shape leadership and support sustained focus on these for all leaders and staff. The CLP has now been adopted within the UHB following a Board development session with Professor West, a 'culture summit' with members of the Executive Team and other Senior Leaders, and a Pilot of the programme and engagement with Trade Union colleagues. To date, the leadership teams within Specialist, Surgery and CD&T Clinical Boards have been supported by the People and Culture team to enable them to understand, position and implement the Programme locally and it will be rolled out further in 2024.

Alongside this, we have also seen:

- Leadership and training sessions held during international leadership week in C&W Clinical Board. These covered inclusive leadership, compassionate leadership, civility saves lives, improvement leadership and psychological safety.
- Delivery of newly created leadership development programmes (Acceler8 and Collabor8)
- Completion of a Leadership and Management Development Advisory Audit, and a resulting action plan.
- Participation in the All Wales Talent Management Programme to develop a suite of talent management resources.
- Relaunch of the Clinical Director Development Programme.
- Equity and Inclusion Summit with the Senior Leadership Board in October 2023.
- A Board Development Session with Race Equality First looking at the importance of an anti-racist approach.
- Engagement with leadership teams across the UHB to shape and create accountability for the EDI and Welsh Language agenda.
- Embedding the Just Culture principles, which has resulted in a reduction in formal Employee Relations cases.
- Leadership training delivered to band 7 midwives in light of the Ockenden findings.
- Promotion of mentoring opportunities within the CEF senior team to enhance skills and enable them to undertake wider management and leadership roles.
- Within People Services, a coaching style has been adopted by the team with more emphasis on adopting a non-directive approach and supporting, encouraging and empowering managers.

Workforce supply and shape

To have a sustainable workforce in sufficient numbers to meet the needs of our population, we need to reshape our workforce through modernisation, new and extended roles, improved intelligence and workforce planning. In 2023 we have faced unprecedented challenges, especially given the financial climate we are operating in, and reshaping the workforce has been a greater priority than ever before. However, the driver behind this is around sustainability, to achieve our aims around quality, safety and wellbeing.

There have been significant improvements relating to this theme over the last 12 months, supported by the introduction of the Workforce Sustainability Programme that focused on the following for 23/24: reducing our over reliance on temporary staffing; the introduction of new/extended roles and models; workforce systems and analytics; and workforce planning. The programme SRO is the Executive Director of People and Culture.

Reduced reliance on temporary staffing:

- HCSW agency use ceased on 1 April 2023. This was achieved through concentrated efforts to fill vacancies and increase the supply via the Staff Bank.
- Registered Nurse agency use has been reduced by 50%, and the aim is to hold this position over Winter. This reduction has been supported by a reduction in vacancies, turnover and sickness absence.
- Enhanced Overtime rates are now only approved by exception for NICU and Maternity, to mitigate the risk that their workforce challenges create, e.g. vacancies, high levels of maternity leave.
- Admin and Management agency use has been significantly reduced, with those remaining authorised as exceptions due to professional shortages or external funding. Some agency workers have been offered fixed term contracts to support with time limited programmes of work.
- Agency use and overtime has been stopped within Facilities and the workforce gaps are now covered by internal bank. The current focus is on reducing Contractors in Estates/Capital areas.
- The ADH Rate Cards for Consultants and Junior Doctors has been introduced to provide fairness, consistency and equity
- The use of Waiting List Initiative payments has been significantly reduced, with measures put in place to ensure they are aligned to Planned Care funding streams.

New roles / models introduced:

- In order to change the shape and size of the nursing workforce, a new Band 4 Assistant Practitioner role has been introduced with the aim of providing a higher level of care than unregistered nurses can provide, while allowed registered staff to work at the top of their license.
- We have successfully recruited to Advanced Nurse Practitioner roles in Emergency & Acute Medicine and Acute Child Health.
- Discussions are ongoing around the development of a dietetic led gastroenterology workforce model.
- In the Mental Health Clinical Board nurse establishments have been revised in line with the Wales Mental Health levels of care to ensure the clinical areas are appropriately staffed.
- Health Visiting have reviewed their workforce models and introduced different skill mixes to address to risk that high levels of vacancies has created.
- CEF have created a Maintenance Enhancement Team; a team of staff who are flexible and agile, with the ability to provide maintenance to areas of concern, following audits or feedback, to ensure timely and effective services.
- Surgery Clinical Board are scoping out the opportunities of introducing Anaesthetic Associates into Peri-Operative Care.
- Introduced 7 day working within cellular pathology laboratory to prevent backlogs in microtomy to help improve overall turnaround times.
- The Multi-Professional Rehabilitation Assistant service within Stroke has demonstrated improvement in the amount of therapy delivered, therapy groups run on the ward, and shown improvements in patient quality of life score.

- The Internal Transfer Scheme for band 5 nurses has been promoted within Surgery Clinical Board to encourage them to stay with the UHB. People Services have developed a 'top tips' document and organised 'toolkit talks' around flexible working.

Workforce Systems/Analytics:

- Implementation of a new e-rostering system (HealthRoster) for all Nursing areas was completed by September 2023, the focus is on embedding effective rostering in these areas and rolling out to new areas.
- SafeCare has been implemented in 67 areas including EU and all section 25B wards under the Nurse Staffing (Wales) Act 2016. The aim was for 25B wards (41 wards) to be using SafeCare by November 2023 because of the importance of being able to report on nurse staffing levels to Board and Welsh Government, however, operationally SafeCare has been seen as beneficial so it has been rolled out to additional areas including EU, Critical Care and NICU. In January 2024 this will be extended to Mental Health and Maternity and we will be the first Health Board in Wales to implement within these Clinical Boards.
- Monthly reports are now being produced to provide Directors of Nursing with the information they need to monitor the efficiency of the rosters.
- A Workforce Dashboard has been developed to provide the UHB with data on agency, bank and overtime use for all staff groups.
- Improved accessibility and use of people data has enabled greater focus on performance at Clinical Board reviews, Nurse Productivity Group, People and Culture Committee etc. Greater understanding of the data has allowed managers to use it to make informed decisions.
- 'ESR-go' (an interface between the Electronic Staff Record (ESR) and HealthRoster) has also been implemented to support the accuracy of data in ESR.
- There's been a 30.4% increase in words translated by the Welsh Language team since the full first year the team was in in place (i.e. in 2023 in comparison with 2021)

Workforce Planning:

- Two cohorts of an 'introduction to Workforce Planning' training was delivered, focusing on building capability.
- By February 2024 we will have developed baselines and forecasts for all Clinical Boards which will be developed in 24/25 into workforce plans.

MOVING INTO YEAR 3 (2024/25)

As the 7 themes of the People and Culture Plan have become more embedded into our 'business as usual', it has become increasingly apparent that while they still stand as legitimate themes within the Plan, there is a great deal of cross over in terms of the day to day delivery. For 2024/25 the 7 themes have been merged into 3 priority objectives. A workplan has been developed and deliverables identified in the form of KPIs which will be included in the UHB Annual Plan (draft version attached as appendix 2).

The three priority objectives and the supporting deliverables are:

Objective 1: People feel valued, developed, supported and engaged

- Improve the way, we communicate and engage with our people

- Understand and improve our culture
- Promote and improve the health and wellbeing of our staff
- Provide high quality education and development for our workforce

Objective 2: Attract and recruit people with the right skills, abilities, values and experiences to meet the health and social care needs of our population

- Maximise opportunities to attract candidates with the right values and behaviours
- Improve recruitment experience for candidates and managers
- Ensure we are an inclusive employer

Objective 3: Ensure our services are provided by the right team: a workforce that is affordable, sustainable and integrated to meet current and future service needs and reflects our population

- Build workforce planning capacity & capability underpinned by a standard methodology
- Improve the accuracy of our people data and move from reporting into analytics
- Embrace and develop systems that support the UHB in its drive to improve efficiency and effectiveness.
- Develop new ways of working to create a culture that breaks through system, sector and professional barriers**.**

The three objectives will be led strategically by senior members of the People and Culture Team, working with named Trade Union representatives and with the Deputy Director of People and Culture providing oversight. The day to day delivery of the Plan will be led by the Clinical Boards, closely supported by the Heads of People and Culture and the heads of the various People and Culture teams. The Lead Clinical Board Staff Representatives will also be involved.

Progress will be reported on a monthly basis to the Executive Director of People and Culture. The People and Culture Committee will be regularly informed on delivery of the Plan though the WOD KPI report, Clinical Board spotlight, the Board Assurance Framework and through the presentation of individual agenda items throughout the year. During the Summer of 2024 we will commence an engagement exercise with key stakeholders including the People and Culture Committee, the Executive Team, the Clinical Boards and Staff Representatives. This will be the first step toward refreshing the People and Culture Plan during the Autumn 2024 to ensure that it remains fit for purpose for the next 3 years and beyond.

In 2024 we will continue to build on what has been achieved in Years 1 and 2, focusing on the Health Board priorities and ensuring that quality, improvement and efficiencies are at the forefront of our activities. While we know that in 2023 we have seen significant successes, and that we are on track in many areas against the delivery of the People and Culture Plan, we continue to face a number of challenges and we will focus on addressing these as we move into 2024. These include:

- Providing a climate for innovation & creativity to enable solutions for real, lasting change at a time of significant operational pressure.
- Building capacity and capability around strategic workforce planning within both People and Culture, and the Clinical Boards – this goes beyond training and requires 'headspace' and culture change.
- Supporting the organisation to think differently and more creatively around change management, working collaboratively with the Change Hub to provide practical resources and training.
- Embedding robust succession planning and talent management processes.

- Re-shaping our workforce so that it is affordable, sustainable and people have the required skills to work at the top of their licence, removing barriers to new and extended roles, and developing Welsh Language skills among our workforce.
- Improving collaboration internally (changing pathways) and externally (with social care and other partners).
- Ensuring that the wellbeing of our people remains a high priority and that managers are equipped and supported to deal with this – in particular we will focus on supporting colleagues who are suffering with stress, anxiety, depression.
- Ensuring that all our staff have Nadex/email addresses to enable improved communication, as well as access to systems such as the Welsh Nursing Care Record
- Taking actions which enable us to maintain and improve upon the improvements made in 2023 around our workforce KPI's including turnover, sickness, VBAs, understanding our workforce demographics, diversity of our workforce etc.

As an organisation we will aim to deliver excellence in all that we do so that staff, patients and our populations have the best experience and outcomes. Our People and Culture Plan will help us achieve this aim.

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

The People and Culture Plan sets out the actions we said we would take over the three-year period 2022-2025 and was approved by Board in January 2022. In year 2, we have continued to embed the Plan and progress has been made against each of the 7 themes in the Clinical Boards, and corporately through the People and Culture team. However, we continue to face a number of challenges and will address these in 2024 by adopting a streamlined approach to maximise opportunities for collaborative working, reduce silo working and duplication, and ensure that our efforts are focused on the areas where they will make the most difference.

Recommendation:

The People and Culture Committee is requested to:

- NOTE the contents of this report and RECEIVE assurance around progress made in 2023 against delivery of the People and Culture Plan.
- NOTE and SUPPORT the proposed next steps for 2024/25.

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		Long term		Integration		Collaboration		Involvement	

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: Yes The EDI agenda is a core elements of all themes in the Plan
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

People & Culture Plan - Performance Indicators 2023-2024

				2023-24			
Indicators	**Target**	**Baseline as at Jan 2022**	**Position at Jan-23**	**Apr-23**	**Jul-23**	**Oct-23**	**Jan-24**
Reduce Turnover across all staff groups	7-9% by 22-23	12.58%	13.33%	12.52%	12.94%	12.03%	
Reduce vacancies across all staff groups	5% or below by 23-24	7.95%	7.47%	7.78%	4.21%	2.49%	
Reduce % of sickness absence to a more sustainable position (cumulative)	to 6% in 22-23 and 5.5% in 23-24.	6.68%	7.10%	6.87%	6.53%	6.47%	
Reduce the % of staff on long term sick leave suffering with stress, anxiety, depression	by 10% in 22-23 and a further 10% in 23-24.	26.67%	25.66%	26.96%	28.59%	29.35%	
Streamline recruitment processes, reduction in time to hire - T14 Time Taken Vacancy Creation to Unconditional Offer	12 month reduction - National target 71.00 days	90.20	87.90	81.40	86.30	94.70	
Raise awareness of the importance of undertaking appraisals with staff and increase compliance	60% in 22-23 and 85% in 23-24.	33.70%	51.44%	58.43%	71.64%	67.00%	
Improve Staff Engagement Score %	Annual Improvement	3.7					
Improve Statutory & Mandatory Training compliance % across all subjects	85%	72.43%	76.06%	79.03%	81.20%	80.64%	
Increase % of Job plans approved in the e-job planning system	85%	18.56%	45.15%	51.43%	51.25%	50.78%	
Increase the capture of EDI data in ESR %	85%	21.52%	24.70%	26.26%	27.79%	29.00%	
Increase the capture of Welsh Language capability data in ESR %	85%	36.27%	36.02%	35.65%	38.89%	35.49%	
Reduction in variable pay bill	12 month reduction	10.64%	10.78%	10.48%	9.93%	9.84%	
Reduction in monthly agency spend as a % of the total pay bill	12 month Reduction	3.21%	2.47%	2.48%	2.41%	1.35%	
Increase % of staff with work email addresses (measure as recorded in ESR)	No target - increasing %	60.46%	59.55%	60.59%	61.12%	61.86%	
Workforce Shape - increase % of new/extended roles, e.g.:							
Physician Associates (PAs)	increase from 10-26 by 2024	13.00	19.20	20.20	20.20	18.20	
Nursing Assistant Practitioner, Band 4		0.00	4.12	5.12	16.36	41.16	
Assistant Practitioners, B4 - Theatres		0.00	5.91	5.67	1.67	2.67	
Advanced Nurse Practitioners		27.60	36.07	36.04	44.35	46.71	
Surgical Care Practitioners		2.59	2.00	2.00	86.92	83.16	

Priority Objective	Why is this a priority?	Workforce/Finance/Estates/ Digital Implications	Risk of non delivery	Milestones 2024-25 (DRAFT)			
				Q1	Q2	Q3	Q4
People feel valued, developed, supported and engaged	A healthy, engaged and motivated workforce will lead to: reduced turnover; reduced 12-month cumulatve sickness; improved quality of care; improved patient experience and outcomes; improved performance; career progression; and innovation	digital: platform enablement digital: developments in blended learning / VR / simulation. Talent Management processes / platform. estates: recognise the impact of the working environment and working conditions on wellbeing (including physical and behavioural aspects)	Unhealthy culture where psychological safety is low. Sickness & turnover rates rise. Inability to attract & recruit. Poor reputation. Patient care & outcomes suffer. Poor employee experience and employee relations. Disengaged, disempowered workforce.	Turnover 11.5% sickness 6.5% 85% VBA maintain target of 85% medical appraisal 85% stat & mand	Turnover 11.5% sickness 6.3% reduction in Long Term Sickness levels Proportion of sickness due to stress, anxiety and depression reduced from 30% to 27% 85% VBA maintain target of 85% medical appraisal 85% stat & mand	Turnover 11% sickness 6.1% 85% VBA maintain target of 85% medical appraisal 85% stat & mand 	Turnover 11% sickness 6% reduction in Long Term Sickness levels Proportion of sickness due to stress, anxiety and depression reduced from 27% to 25% 85% VBA maintain target of 85% medical appraisal 85% stat & mand staff completing staff survey >30% engagement score to increase by 0.3 less than 25 disciplinary cases less than 10 formal Respect and Resolution cases
Attract and recruit people with the right skills, abilities, values and experiences to meet the health and social care needs of our population	The ability to deliver high quality, compassionate care is dependant on having the right workforce. We need to think differently about how we attract and recruit our current and future workforce and the processes we use. Incorporating inclusive hiring practices into our recruitment process will help ensure diversity within our workforce and appeal to talented workers from a wide range of backgrounds.	digital: we need to work within the confines of Trac and NHS Jobs financial: increased demand for Welsh Language translation	Quality of care compromised High reliance on bank and agency High vacancy levels High turnover Lack of diversity	Nurse vacancy (Band 5&6) rate of less than 5% Time to Hire reduced to 85 days Time to shortlist reduced to 8.5 days maintain reduction of 50% RN agency (compared to July 2023) maintain zero HCSW agency reduce A&C agency	maintain nurse vacancy (Band 5&6) rate of less than 5% 60% adverts bilingual increase % of N&M student streamlining recruitment to CAV Time to Hire reduced to 80 days Time to shortlist reduced to 7 days maintain zero HCSW agency reduce A&C agency	maintain nurse vacancy (Band 5&6) rate of less than 5% 70% adverts bilingual Time to Hire reduced to 75 days Time to shortlist reduced to 6 days futher reduction of RN agency maintain zero HCSW agency reduce A&C agency	maintain nurse vacancy (Band 5&6) rate of less than 5% 80% adverts bilingual Time to Hire reduced to 71 days Time to shortlist reduced to 5 days maintain zero HCSW agency eliminate A&C agency 1% apprenticeship quota for CB introduced
Ensure our services are provided by the right team: a workforce that is affordable, sustainable and integrated to meet current and future service needs and reflects our population	Workforce Planning is key to understand what your current and future workforce requirements are. This will also help inform what training, education & development is required to develop the current and future workforce. People systems can help improve organisational efficiency and access to people data.	financial - Our workforce has grown significantly in recent years and is no longer sustainable or affordable.	Inability to plan for the medium / long term solutions. Workforce that is not affordable or sustainable. Services being delivered by the wrong team. Skills gap. Poor development and career opportunities. Inability to make informed decisions due to inaccurate data.	35 % EDI data on ESR Reduction in monthly agency spend as a % of the total pay bill reduction in use of AFC overtime by all staff groups Engagement with job planning and have a job plan in the system that is fully signed off 70% 100% CB/CEF baseline & forecasts in place (operational WP)	40 % EDI data on ESR Reduction in monthly agency spend as a % of the total pay bill Exit Q completed by >35% leavers Engagement with job planning and have a job plan in the system that is fully signed off xx%	45 % EDI data on ESR Reduction in monthly agency spend as a % of the total pay bill reduction in use of AFC overtime by all staff groups Engagement with job planning and have a job plan in the system that is fully signed off xx%	50 % EDI data on ESR no. staff with WL skills 2-5 increased by 10% Reduction in monthly agency spend as a % of the total pay bill reduction in pay bill by 2.5% Exit Q completed by >40% leavers Engagement with job planning and have a job plan in the system that is fully signed off xx% 100% workforce plan developed - medium term

Report Title:	H&S Update				Agenda Item no.	2.7
Meeting:	People & Culture	Public	X		Meeting Date:	23.01.24
		Private				
Status *(please tick one only)*:	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:

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.

Health and Safety Executive (HSE)

The HSE have completed their Musculoskeletal and V&A intervention programme at CAVUHB and have issued 5 notices of contraventions that should be complied with by 29th February 2024. Some mitigation has been introduced post HSE visit.

Assessment and management of risk from violence and aggression in relation to;

- EU: Triage Rooms, relatives/contact rooms and major's unit:
  - These actions are predominantly around risk assessing the potential for V&A incidents in these areas including some necessary environmental improvements dependent on future use
- Suitable and sufficient risk assessments in relation to manual handling and V&A:
  - Identified issues include; failure to provide evidence that they were produced with the involvement of staff who actually conduct the work whilst others were deemed to be too generic
- Monitoring and review:
  - No recognised review or audit process for risk assessments
- Compliance with mandatory training:
  - Action plans need to be developed to increase training compliance
- Use of emergency alarms
  - A review is required on the procedure for the safe response to affray and emergency alarms in each department

Other comments from the inspector include the difficulties and time required for staff in navigating both Datix Cymru for incident reporting and ESR for booking onto courses.

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:
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	
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	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
Yes: The contravention notice action plan is being managed by the H&S department and a submission will be made to the HSE before the deadline of 29th February 2024.
Safety: Yes/No
Yes: The contravention notice action plan is being managed by the H&S department and a submission will be made to the HSE before the deadline of 29th February 2024.
Financial: Yes/No
No
Workforce: Yes/No
No
Legal: Yes/No
Yes: Failure to satisfy the terms of the notices could lead to enforcement action.
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	23rd January 2024

Chilcott Rachel
16/01/2024 14:01:44

Report Title:	Employment Policies Report				Agenda Item no.	3.1
Meeting:	People and Culture Committee	Public	x		Meeting Date:	23 January 2024
		Private				
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:

<u>**All-Wales Flexible Working Policy**</u>

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.

In February 2023, as part of her Written Statement: NHS Pay award enhancement for 2022/2023, the Minister for Health and Social Services made a commitment to deliver an all-Wales Policy on flexible working by the end of 2023, working towards the principle that acceptance of flexible working becomes the default across the workforce, unless there are clear reasons to decline. The policy has been developed in partnership and the final version was agreed by the Welsh Partnership Forum on 16 November 2023 and now becomes the contractual policy for the application of flexible working within the NHS in Wales and can only be amended through agreement by the Welsh Partnership Forum. Cardiff and Vale UHB was represented on the working group by members of the People and Culture team and a Trade Union colleague.

Key differences between the All-Wales Policy and our current Procedure includes a strengthening of the links between flexible working and meeting our responsibility to attract, retain, deploy and develop people to maximise their potential. The Policy also makes explicit the NHS Wales Approach to Flexible Working which was previously set out in statement which was developed and agreed in partnership. The aim of this approach is to support managers to make a cultural shift so that rather than say “We can’t do this because…” the question becomes “How can we make this happen”? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it. It is noted within the Policy that good flexible working arrangements should 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 in these instances, managers are expected to discuss alternative arrangements with the individual and ensure that all options have been explored before rejecting the request.

To assist Managers with meeting their legal and policy requirements, this Policy also contains procedural elements including the timescales to be followed, factors to be considered when a request is submitted, and the only acceptable reasons for rejecting a request.

To support a positive culture of flexible working, the UHB now needs to consider how we can support and encourage open conversations about flexible working, and how we can proactively promote opportunities to work flexibly. Pockets of good practices already exist, with a number of managers who see benefits of flexible working, but there is a lot more to do to embed this. People Services have developed a Flexible Working ‘Top Tips’ guide for managers and ‘Toolkit Talk’ sessions are also being developed. This will be further supported when the HEIW funded Retention and OD lead commences in February 2024, through collaborative working with Heads of People and

Culture to support the development of priority retention plans, which will include flexible working options, within Clinical Boards and/or profession groups.

A copy of the All-Wales Flexible Working Policy and EHIA are attached as Appendices 1 and 2 of this report.

RECRUITMENT OF LOCUM DOCTORS AND DENTISTS OPERATIONAL PROCEDURE

The UHB currently has a Recruitment of Locum Doctors and Dentists Operational Procedure, but this is very out of date and no longer fit for purpose.

In September 2020 the Management Executive received a report, '*Additional Resource to support Medical Workforce Productivity Programme'* which recognised the need to establish a Medical Staff Bank to 'extend the supply of doctors, maintain quality and reduce cost'. There were a number of benefits identified within the report to moving to a central fully outsourced managed service, including:

- Patient benefits such as continuity of care and improved patient safety outcomes;
- UHB benefits such as expanding the locum register by exposing skills of doctors who may be able to work across specialities,
- All new doctors will be credentialed to Health Board compliance standards;
- Doctor benefits including equity and fairness in shifts being advertised and filled, and one point of contact for all doctors wishing to pick up extra hours, regardless of speciality.
- Robust and accurate management information data.

As a result, the Health Board partnered with a managed service provider, Medacs Healthcare to supplement the medical workforce though a Medical and Dental staff 'bank', which is directed by a call-off contract. The call-off terms and conditions continue subject to annual review until August 2024. The contract commenced on 7th August 2021.

Governance around the engagement of medics through the Medical and Dental Staff Bank is set out in 13 individual SOPs (standard operating procedures) covering:

- Joining the Bank
- Induction Guidelines
- Candidate Attraction Guidelines
- Reporting
- Training
- Finance
- Mobile App
- Safe Working Hours Guidelines
- Staff Registered but not Working
- Retaining Workers
- Increasing Flexibility
- Off-Boarding
- Grip & Control

In October 2022 an Internal Audit into the Medical and Dental Staff Bank was carried out to review the effectiveness of the processes and controls in place. This audit was issued with substantial assurance in this area.

As a consequence, it is no longer felt necessary or appropriate to have a stand alone control document, and the People and Culture Committee is asked to rescind the Recruitment of Locum Doctors and Dentists Operational Procedure.

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

The All-Wales Flexible Working Policy has been developed and agreed in partnership and should now be adopted by the UHB.

The Recruitment of Locum Doctors and Dentists Operational Procedure is no longer fit for purpose and has been replaced in practice by a number of SOPs managed through the Medical and Dental Staff Bank by Medacs Healthcare. This document should therefore be rescinded and removed from the UHB register of control documents.

Recommendation:

The People and Culture Committee is requested to:

- Formally adopt the All-Wales Flexible Working Policy
- Rescind the Recruitment of Locum Doctors and Dentists Operational Procedure

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	

Impact Assessment:

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

Risk: Yes/No

Safety: Yes/No

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

Financial: Yes/No

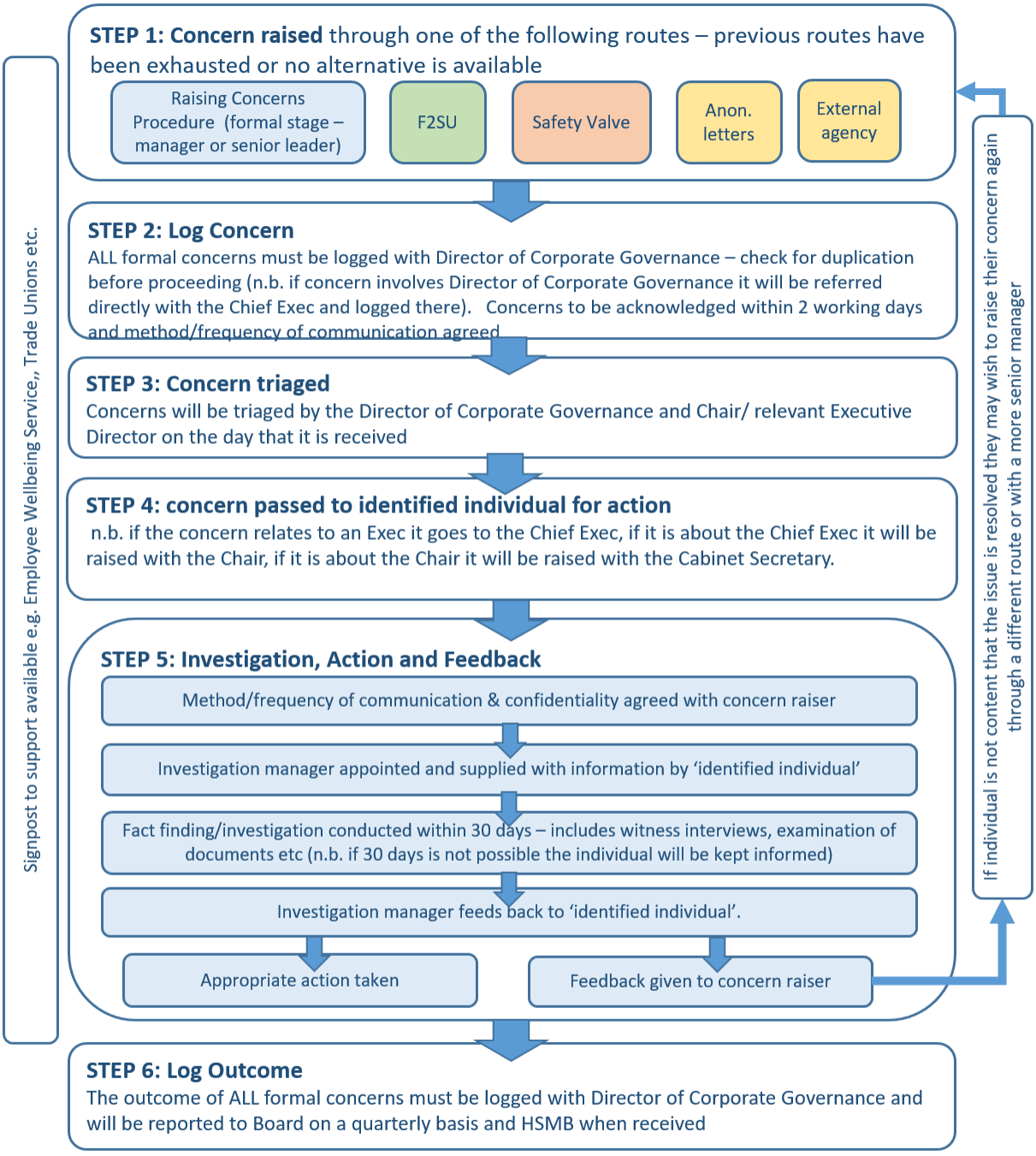
Workforce: Yes/No

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. Key to achieving this is the provision and availability of flexible working opportunities which allow employees to make choices about how and when they wish to work accompanied by policies which support managers to take the time to understand what each person needs.
Legal: Yes/No
Reputational: Yes/No
Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of employees to work for the organisation
Socio Economic: Yes/No
no
Equality and Health: Yes/No
NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. An Equality Impact Assessment of this Policy has been completed.
Decarbonisation: Yes/No
no

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
P&C Cmte	25.01.24

Appendix 1

Standard Operating Procedure for Managing Concerns from Staff



'**Blowing the whistle**' or 'making a disclosure in the public interest' gives the individual certain protections. This takes place when an individual discloses that they reasonably believe that one or more of the following is either happening, has taken place, or is likely to happen in the future, and it is in the public interest:

- Someone's health &/or safety has been put in danger by action or inaction
- Damage has been caused to the environment
- A criminal offence has been committed
- A legal obligation has been breached
- There's been a deliberate attempt to cover up one of these

Reference Number: UHB 102
Version Number: 4
Adopted by People and Culture Committee, 23 January 2024

All Wales

Cardiff and Vale University Health Board

Flexible Working Policy

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Approved by: Welsh Partnership Forum

Issue Date: December 2023

01 & 02

Policy Statement and Scope

Approved by: Welsh Partnership Forum

Issue Date: December 2023

1. Policy Statement

1.1 Within NHS Wales 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. We are committed to being a great place to work and learn and to the delivery of a quality service, acknowledging that our workforce is fundamental to our success.
We recognise our responsibility to attract, retain, deploy and develop people to maximise their potential.

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. NHS Wales is committed to promoting and encouraging different ways of working in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce.

1.2 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. Key to achieving this is the provision and availability of flexible working opportunities which allow employees to make choices about how and when they wish to work accompanied by policies which support managers to take the time to understand what each person needs.

1.3 The NHS Wales Approach to Flexible Working is set out in statement which was developed and agreed in partnership. The aim of this approach is to support managers to make a cultural shift so that rather than "We can't do this because…" the question becomes "How can we make this happen"?

This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it. This Policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives and describes the processes to be followed when making or considering a request.

1.4 Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of employees to work for the organisation. Flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation.

It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because 'this is how it has always been done'.

1.5 All NHS organisations should proactively encourage and promote opportunities to work flexibly and use the resources available to them e.g., education, management and leadership programmes to advocate for the benefits of flexible working and move towards a culture which accepts it as the norm. Wherever possible, managers should consider how work can be undertaken flexibly and be supportive of flexible working requests from employees to better manage their work life balance, while maintaining service standards.

1.6 To support a positive culture of flexible working, organisations will need to consider how they support and encourage open conversations about flexible working. Examples of opportunities to talk about flexible working include at one-to-one line management / supervision meetings, team / departmental meetings, as part of wellbeing conversations, or as part of recruitment, induction, and annual appraisal processes.

When advertising a job, employing organisations also need to consider how they promote the right to request flexibility from day one and the availability of flexible working options.

1.7 NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. An Equality Impact Assessment of this Policy has been completed.

2. Scope

The policy applies to all employees of the Cardiff and Vale UHB from day one of their employment. However, flexible working arrangements for doctors in training are arranged by and subject to the approval of the Medical Deanery, HEIW.

03

Principles

3. Principles

3.1 The NHS in Wales is committed to a flexible working culture, which means that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons as set out in this Policy to reject it.

Good flexible working arrangements should 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 ensure that all avenues have been explored before rejecting the request.

3.2 All employees should have equal access to flexible working, as far as practicable, regardless of role, shift pattern, team or pay band and all posts can be considered for flexible working. Although it is recognised that some posts may not be suitable for all types of flexible working arrangements in their entirety, managers should consider whether certain elements of the role can be worked flexibly.

3.3 Employees can request to work flexibly from day one of their contractual employment and can make more than one flexible working request per year regardless of the reasons for them.

3.4 Employees will be treated fairly when having requests for flexible working considered. Each request for flexible working will be received openly by the appropriate line manager and considered individually on its own merits. Any request for flexible working should be approached on the assumption that it will be granted unless there is a legitimate business reason for refusal. However, consideration should be given to any potential impact on other employees and service delivery, including potential additional costs.

3.5 It is important that it is agreed from the outset whether the new working arrangements are permanent or temporary and this must all be documented in writing. Where the arrangement is temporary or for a fixed period, they must be reviewed regularly to ensure the needs of the service and of the individual are still being met.

3.6 Employees who are working flexibly will not be treated less favorably in relation to access to training and development opportunities or promotion opportunities.

3.7 No form of flexible working will allow employees to work in breach of the Working Time Regulations.

3.8 Although there is no limit on the number of requests an employee can make within a 12-month period, employees are asked to not simply re-submit requests that have been rejected without modification and/or a change in circumstances within the department. Instead, they are encouraged to maintain a regular conversation with their manager so that if anything changes both parties are aware and can respond to that change.

3.9 Changes to an employee's contract of employment must be confirmed in writing.

04

Benefits of Flexible Working

04 Benefits of Flexible Working

4. Benefits of Flexible Working

Flexible working benefits individuals not only in allowing them to balance their personal life with their working life but in enhancing general health and wellbeing.

Individuals that are happier with their balance between life in and out of work are generally more productive, produce better quality work and are more caring. For managers, flexible working can help retain employees– and holding onto experienced and skilled people is important in maintaining quality and containing costs.

Offering flexible hours widens the talent pool, so managers should be able to recruit people with more skills; it can also increase commitment and loyalty of employees and can benefit through reducing levels of absenteeism and stress.

Flexible working can also support service redesign through the creation of new blended roles and the reshaping and development of existing roles, in consultation with employees. The creative use of new and redesigned roles can result in improved services for patients and more rewarding careers for our workforce.

05 Flexible Working Request Process

05 Flexible Working Request Process

5. Flexible Working Request Process

5.1 There may be a number of reasons why employees may need to adopt a more flexible working arrangement for a short period (i.e., up to 8 weeks) to address a particular issue. Where this is the case, it may be appropriate for the employee and the manager to discuss and agree this informally, particularly where the change has no impact on their other terms and conditions (e.g., pay). However, the outcome of the discussion should be documented and confirmed in writing.

5.2 Making the request

Where the employee wishes to apply for a form of flexible working on a permanent or longer-term basis, they should complete a Flexible Working Request Form (Appendix 1) or complete the request on ESR and submit it to their line manager. The employee may wish to have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

The request form must contain the following information: -

- It must be dated and specify the change to working arrangements that they are seeking, and when they would like this change to come into effect
- Where applicable, the applicant is encouraged to state if they are making the request in relation to the Equality Act 2010, for example, as a reasonable adjustment for a disability, or on return from maternity leave, or when it is for childcare or dependants care.

5.3 Responding to a Request

5.3.1 Managers should be aware that there is a legal requirement to consider the application and inform the individual of the outcome within 2 months and should take this into consideration to ensure they have an adequate time frame to give the request due consideration.

5.3.2 The manager should arrange to discuss the application with the employee as soon as possible after receiving their request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes their employee is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impact it may have on service provision and how it may affect other team members.

Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting.

If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

5.3.3 Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone workers). Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

5.4 Considering the Request

5.4.1 All requests should be approached with a can-do attitude, with the presumption that they will be granted unless it is genuinely not possible to do so for one of the business reasons set out below. The request should be considered carefully and the benefits of implementing the change should be weighed against any costs. In considering the application line managers must ensure that they do not directly or indirectly discriminate against the employee. If there is any doubt about what that might entail, then advice can be sought from the local EDI or People Services/Human Resources/ W&OD team.

Once a decision is made the manager should inform the employee in writing using part 3 of the request form or via ESR.

5.4.2 If it is decided to approve the employee's application, or accept it with modifications, a discussion should take place to determine how and when the changes might be best implemented. This may include a trial period. The line manager is responsible for ensuring that Payroll are notified if there are any changes to pay.

The employee must discuss and agree how they will organise their work and achieve deadlines in conjunction with their manager. Arrangements must be made between the employee and their manager to ensure that they are informed of the employee's current duties and where / how they will be working.

5.4.3 All endeavours must be made to accommodate the request in full or in part, or by providing an alternative. If, after discussing with the employee and considering all of the alternatives available, the manager feels they are unable to support flexible working in a particular post, they should discuss the application with People Services/Human Resources/ W&OD.

If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they must meet with the employee to explain this to them and provide written, objectively justified reasons for this and give a clear operational reason why this is not practicable. The manager must provide details of the business grounds for refusing the request and how they apply in this case. The only acceptable reasons are:

- Burden of additional cost
- Detrimental effect on ability to meet customer/patient needs
- Inability to re-organise work among existing employees
- Detrimental impact on quality
- Detrimental impact on performance
- Detrimental impact on the ability to meet service demands
- Insufficient work for the periods the employee proposes to work
- Planned structural changes to the department.

5.4.4 There may be occasions when the manager is unsure whether a flexible working arrangement is sustainable, or where there is concern about the possible impact on others in the department. In these cases, the manager may agree to the flexible working arrangements on a temporary or trial basis rather than rejecting the request. Advice should be sought from People Services/Human Resources/W&OD.

5.5. Escalation Stage

5.5.1 This stage should be used if a line manager has not been able to reach agreement on a solution in the exploratory stage. The purpose is to check for other possible solutions including whether the form of flexibility the individual is seeking could be accommodated in a different team, location or role.

If a request for flexible working has not been accommodated, and they no longer feel able to continue to work in that department as they are unable to balance their work / life responsibilities, managers are expected to support the individual in identifying any alternative roles within the organisation which may be more supportive of the individual's circumstances and in line with their request.

5.5.2 When a meeting is arranged to discuss the application, or to consider an appeal, and the employee fails to attend it or one further rearranged meeting without good reason, the manager is able to consider that the request is withdrawn. If the manager regards the application as withdrawn, they must inform the employee of this.

5.6 Timescales

When the manager receives the formal request for flexible working this must be considered and decided on within a period of 2 months from first receipt of the request. This two-month time limit is a legal requirement and cannot be extended unless mutually agreed by the manager and employee.

Managers must be mindful of this 2-month time period when arranging the initial meeting/conversation with the employee to ensure that all applications are dealt with within the required timescales.

NHS Wales employees also have the right to request an appeal if their request is turned down. The timescales for an appeal are set out below.

5.7 More than one request received at around the same time.

It is important that managers consider requests to work flexibly in a fair way but there is no statutory requirement to consider them strictly in the order in which they are received. If they receive more than one request to work flexibly at around the same time it may not be possible to support all the requests received. The manager must then look closely at the impact supporting the requests would have on the service and the potential impact that refusal would have on each employee before coming to a decision.

In deciding how to deal with competing requests, the manager should bear in mind the different legal obligations that apply and can seek advice from the local EDI or People Services/Human Resources/ W&OD team.

It will be helpful to have an individual discussion with both (or all) of the applicants to understand the exact nature of their request and to see if any mutually agreeable arrangement can be found.

5.8 Appeals

5.8.1 Where the flexible working request is refused, the employee may lodge an appeal within 14 days of being notified of the refusal of their request by contacting their manager's line manager.

This must be in writing and clearly state the grounds on which they are appealing. These may be:

- Where new information is now available in relation to the request
- Where the employee feels that the application was not handled in line with the policy
- Where the employee may have a proposal that has not been fully considered in relation to a business reason for refusal.

5.8.2 An appeal meeting will be held, normally within one month of receipt of the written appeal. This will be dealt with impartially by a more senior person than the manager who made the original decision.

Employees should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting. The outcome of the appeals will be communicated in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal, although further requests for flexible working can be submitted.

5.9 Review of Flexible Working Arrangements

5.9.1 Before a final decision is reached about whether or not a flexible working arrangement can be supported, it may be beneficial to have an initial trial period of 3 months and to review the arrangement after this period to ensure that it is working for both the employee and the service.

5.9.2 When a flexible working arrangement has been agreed on a temporary basis, it is important to review it at agreed intervals to determine if it should be extended or come to an end at the agreed date.

In all cases, it is recommended that the flexible working arrangement is discussed annually (e.g., at appraisal) to ensure that it is still working for both parties. Where the arrangements are agreed as permanent from the outset or following the recommended three-month trial, it may not always be possible for the employee to resume their previous working arrangements as other colleagues may have been appointed to cover the shortfall created by the flexible working arrangement or service redesign may have taken place.

This must be explained to the employee during the initial discussions. However, any request to revert to the former working arrangements should be considered by the manager and agreed where it is possible to do so.

5.9.3 Where the manager believes that the flexible working arrangements are no longer sustainable and need to be changed this may be agreed informally between the manager and the employee as part of the ongoing conversation between them. Where the agreement is to be terminated/changed reasonable notice should be given to enable both parties to make the appropriate transitional arrangements however, wherever possible a meaningful discussion should take place and a mutually agreeable arrangement found.

06 & 07

Correspondence & Terms and Conditions Considerations

06 & 07 Correspondence & Terms and Conditions Considerations

6. Correspondence

Copies of all correspondence in relation to requests should be kept on the employee's personal file and details of the arrangements agreed should be recorded on ESR to enable monitoring of the flexible working arrangements in place at an organisational level.

7. Terms and Conditions Considerations

Listed below are the general terms and conditions which apply to flexible working arrangements. Managers should ensure that they discuss them with employees who are interested in working flexibly to ensure that they understand any potential implications. In addition, employees considering making a request for flexible working should consider the effect of the arrangement on their salary and pension and take advice from the NWSSP Payroll/ Pensions Department where necessary.

- **Hours of Duty**
  Where flexible working arrangements are put into place the exact hours and how they are worked should be discussed and agreed before the change is put into place

- **Annual Leave**
  Annual leave will be calculated on a pro rata basis, as appropriate

- **Sick Pay**
  Sick pay entitlement is pro rata and dependent on length of service. Employees working on any flexible arrangements must report sick in the same way as if they were not working flexibly

- **Maternity/ New parent /Adoption/ Shared Parental Leave**
  Pay is pro rata (as appropriate) and is dependent on length of service. Following maternity /adoption or shared parental leave an employee may wish to return to work on adjusted working arrangements to accommodate their changed circumstances. The NHS Organisation has a duty to accommodate this where at all possible. If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period this will not affect the employee's right to return to their job under their original contract at the end of the agreed period

- **Pensions**
  Pension contributions will be pro rata for employees working less than full-time hours

- **Expenses**
  All expenses incurred (e.g., subsistence, travelling) will be paid in the same way as for full-time employees. All employees will retain a NHS Organisation base for the purpose of claiming travel expenses

- **Pay**
  Salary will be pro rata for employees on less than full-time contracts. Those on Term Time working and seasonal contracts will be paid in 12 equal instalments each year

- **Additional Hours**
  If employees work beyond their normal hours (but not outside normal full-time hours) this must be by agreement with the line manager and will be paid at plain time rate or taken as time off in lieu

- **Policies and Procedures**
  Employees working flexibly remain subject to all Policies and Procedures of the Health Board/Trust.

08 & 09

Other Associated Documents & Monitoring and Review

8. Other Associated Documents

This Policy should be read in conjunction with other All Wales and local policies on:

- Managing Attendance at Work
- Retirement
- Special Leave
- Maternity/Adoption /Shared Parental Leave
- Home Working
- Agile Working
- Employment Break.

It should also be read in conjunction with:

- ACAS Code of Practice on Flexible Working Requests
- NHS Wales Flexible Working – briefing and guidance.

9. Monitoring and Review

Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals.

Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.

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Appendix 1

Definitions

Flexible working describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. Flexible working aims to accommodate employee's personal needs and meet their unique requirements.

Agile working is the ability to work in the place and at the time most appropriate for the task in hand. While agile working and flexible working may be similar in how they achieve their aim, for example both approaches may allow an employee to work from home, flexible working focuses on the employee, while agile working is focused on the impacts on the business including performance and productivity.

It may be a tool which can supplement or support a Flexible Working arrangement, but it is not a contractual change to an employee's terms and conditions. Agile working offers flexibility for employees that allows them to work in a way that suits them, provided the work happens.

Working remotely is when employees work all or part of their working week at a location remote from their base. This can be at home or elsewhere. Working remotely can be a flexible working arrangement (e.g., if requested by the individual and agreed as a regular, ongoing way of working), but it can also be a form of agile working.

Most NHS Organisations have local procedures to enable employees to request to work remotely. If this is not the case the processes set out in this Policy can be applied

Hybrid working is a mixture of remote working and working from a base.

Types of Flexible Working Covered by this Policy

There are many types of flexible working which employees may be able to apply for. Managers should consider how these options are communicated to all employees at recruitment, induction, and in regular one-to-one meetings. This list is not exhaustive, and organisations will consider other models of flexible working as requested to do so.

Part Time Working
Part-time working is a well-established form of flexible working which means that the employee reduces their contracted working hours below full time (37.5 hours) in order to work less days or shorter days in a pre-arranged, regular pattern. Salary, annual leave and bank holidays are reduced pro rata.

Job Sharing
This is where two employees share the responsibilities, duties and benefits of a single full-time post between them. The combined salary and conditions of service are equivalent to that of a single full-time post and are divided in accordance with the number of hours worked by each job sharer.

The principle of job sharing usually reflects an integrated pattern of working, where some of the work may be shared and other tasks distributed evenly to each sharer. The total hours should not normally exceed those of a full-time post.

In the case of job-sharing, if one sharer leaves, the existing job-sharer should be offered the full-time post (where accepted the manager must complete a changes form). If the existing job sharer does not want to work full-time, the vacant hours of the post must be advertised.

Term Time Working
Term time working is a form of part time working where the employee works only during the school terms and is off work during the school holidays. Time off is made up of a combination of annual leave and unpaid leave. Salary is based on the number of weeks in work and is paid in 12 equal instalments. It is calculated on an individual basis to take account of annual leave entitlement based on length of service and any protection arrangements. Salary, annual leave and related benefits are reduced pro rata. and salary is paid in 12 equal instalments.

Seasonal Hours
Employees work their contracted hours over an agreed period, rather than a set number of days. These are often annualised hours but can be bi-annual, quarterly or monthly.

Compressed Hours
Employees are able to work their full contracted hours over a shorter period than is standard. Contracted hours and pay remain unchanged, but employees are able to have more days or half days off. Examples include a 4½ day week or 9-day fortnight. The non-working day/half day must be mutually agreed and can be flexible to suit the needs of the service.

Voluntary Temporary Reduction in Hours
Employees are able to reduce their contracted hours by between 5 and 50% for a period of no less than 3 months, and no more than one year. At the end of the agreed time, they return to their original contracted hours. Salary/annual leave etc. will be reduced pro-rata for the period of the agreement. Employees are advised to contact payroll to determine whether a change in hours will affect their pension entitlements. If the employee wishes to extend this arrangement for longer than 12 months, they are required to submit a new flexible working request.

Flexi Time
Flexitime is a scheme which allows employees some discretion around the start and end time of the working day, based around core working times.
To benefit from this a department would need to have a Flexi-time arrangement in operation (not all departments would be in a position to accommodate this option).

Employees can build up a debit or credit of hours worked within an agreed period (usually 4 weeks) and consolidate the extra hours into a day or half day off. Flexitime schemes are usually based on detailed, locally agreed procedures which set out:

- the core hours
- limits on early and late working
- the minimum lunch break to be taken
- the maximum number of credit and debit hours which can be accrued
- limits on the number of hours which can be carried over to the next month
- limits on the number of days off allowed in any one period
- limits on the number of employees allowed off at any one time.

Flexible and Partial Retirement
There are a number of ways in which an employee can ease themselves into retirement in a flexible way. Details of the types of flexibilities available and the processes to be followed are set out in the Pension Flexibilities Policy.

Staggered Hours
This allows employees to determine their work pattern on a planned weekly basis. Hours can be staggered through the week or on just one or two days, within specified arrival and departure times, on a permanent or temporary basis.

Split Shifts
This allows employees to complete their working hours in two or more separate shifts, e.g., working between 7am – 11am, then returning to work between 4pm and 7pm.

Employment Breaks
An opportunity to leave the workplace for a specific period of time (usually between one and five years) and to return to the same or a similar position inside the organisation at the end of that period. For further details see the All-Wales Employment Break Policy.

Team based / Self Rostering
Team-based rostering starts from the premise that everyone has work-life balance needs and preferences, and that these need to be openly and collectively negotiated, among all those on each ward roster, within the constraints of service and financial needs. Self-rostering asks individuals to put their personal requirements into the roster each month, often on a 'first come, first served' basis. Team and Self Rostering are rolled out on a department wide basis.

Although it addresses work life balance needs, and the principles of flexible working apply, the request process set out in this Policy will not usually be appropriate for this purpose.

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Appendix 2

Flexible Working Request Form

PART 1 - Employee information	
Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	
I would like to make a request to work a flexible working pattern that is different to my current working pattern.	
Requested start date of change:	
I would like this change to be Permanent/ Temporary (please delete as appropriate):	Permanent/Temporary* *For a period of……
Please describe your current working pattern e.g., location/days/hours/ worked etc.:	
Please describe the working pattern you would like to work e.g., days/hours/times worked/at home / in the office etc.	
Is your request for flexible working in relation to the Equality Act 2010 e.g. (disability, maternity, caring responsibilities)? *n.b., You do not have to give this information, but it will help your manager to make a decision on your application.*	Yes/No
If yes, please provide details:	
Employee signature:	
Date of application:	

NOW PASS THIS APPLICATION TO YOUR LINE MANAGER

Flexible Working Request Form

PART 2 - Receipt of request	
Date of receipt:	
Line Manager Name (please print)	
Line Manager Title:	
Date meeting/ conversation has been arranged for:	

Part 3 - Acceptance or Rejection Form
Either: Further to the meeting that took place on (Date) ……. I have considered your request for a new flexible working pattern. ☐ I am pleased to confirm that I am able to grant your request. With effect from (date). This will be a permanent / temporary change (please delete as appropriate). If temporary to end on (date). ☐ I am able to accommodate your request as a trial basis with effect from (date) to be reviewed on (date) (usually 3 months). ☐ I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and which you agreed would be suitable to you. Please set out how the service will be maintained and how any impact on other employees can be mitigated.
Your new working pattern will be as follows: Or: I am sorry but I am unable to accommodate your request for the following business ground(s) (please tick): ☐ The burden of additional costs ☐ Detrimental effect on ability to meet service user/patient needs ☐ An inability to reorganise work amongst existing employees ☐ A detrimental impact on quality ☐ A detrimental impact on performance ☐ Detrimental effect on ability to meet service demands ☐ Insufficient work for the periods the employee proposes to work ☐ A planned structural change to the department These grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are inappropriate. Please continue on a blank sheet, if necessary, **n.b this section must be completed to describe how the reason selected above applies in this case).**

Start date of new working arrangements (if applicable):	
Line Manager Signature:	
Line Manager Name (in Full):	
Date:	

Please confirm which applies: **This change in working pattern will be a permanent change to your terms and conditions of employment unless otherwise stated and you have no right in law to revert back to your previous working pattern unless previously agreed.** OR: This will be a temporary change to your working arrangements and will be until …… at which time the arrangements will be reviewed.	
If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.	
Line Manager Signature:	
Line Manager Title (in full):	
Date:	
If you accept the change outlined above, please sign and confirm receipt of the decision.	
Employee Signature:	
Date:	

To The Employee:

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.

Appeal Process

If an application for flexible working is turned down, the employee has the right to appeal against the decision. Appeals should be in writing, setting out the grounds for appeal, as soon as possible after receiving notice of the decision to reject the application (within 14 days).

The appeal should be submitted to your line manager's manager and heard by a more senior manager than the one who rejected the original application.

The employee has the right to be accompanied at this meeting and should be given advance notice of when it will take place.

Notes:

Part 1 - to be completed by Employee and forwarded to Line Manager.

Part 2, and 3 - to be completed by Line Manager.

Form should be returned to the Employee when completed and a copy kept on their personal file.

A PIF must be completed and submitted to NWSSP where there is a change in hours.

Designed by the NWSSP Communications Team

Equality Impact Assessment (EQIA) Form		
Ref no:		
Name of the policy, service, scheme or project:	Scope:	
Flexible Working Policy	The policy applies to all employees of the Health Board/Trust from day one of their employment with Health Boards and Trusts in Wales with the exception of doctors in training for whom flexible working arrangements are arranged by and subject to the approval of the Wales Deanery.	
Preparation		
Aims and Brief Description	One of the defining features of the modern British labour market is its flexibility. In Britain the uptake of flexible working arrangements has increased slowly but steadily over the last decade (CIPD, 2019). This policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives. Flexible working contributes to a positive work/life balance, which benefits both NHS employees through improved health and wellbeing, and employers because staff are more productive and satisfied at work. Offering flexible working opportunities is a way of attracting and retaining a diverse workforce and make the workplace more accommodating to diverse needs. According to the CIPD flexible working is a valuable tool in improving workplace equality and creating inclusive cultures. It can help parents return to work, reduce the gender pay gap, help people with fluctuating health conditions stay in work and help carers to balance their work and caring responsibilities There is a strong, unmet demand for more flexible jobs; 87% of people want to work flexibly, but only 11% of jobs are advertised as being flexible!2 • Advertising jobs as flexible can help organisations access a wider and more diverse talent pool – so you can get the best person for the job. Flexible working practices are a key reason for staff at all career stages being satisfied with their work and staying with their employer: flexibility can reduce staff turnover.14 Flexible working: the business case 2 • For senior and managerial staff, flexible working arrangements	

are pivotal for being able to continue to work and develop as professionals,15 particularly if they become parents. • For entry-level employees, flexible working reduces job-life spillover which in turn improves retention and commitment.16 • Higher levels of engagement, experienced by working flexibly, can reduce staff turnover by 87%.17
both from flexible-working-business-case_tcm18-52768.pdf (cipd.org) (CIPD November 2018)

Research by Timewise (2017) People are most likely to say their reason for wanting to work flexibly is work/life balance, or it being generally useful or convenient. Other key reasons include commuting issues, leisure or study interests, and caring responsibilities.

The policy aims to:

-
- to support managers to make a cultural shift so that rather than "We can't do this because…" the question becomes "How can we make this happen"? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it.
- Promoting flexible working practices across all levels throughout NHS Wales
- Providing a framework for managers and their staff to hold a well-informed, confident and productive discussion around their request to work flexibly and the flexible working options that may be suitable for them.
- Promoting the business benefits of flexible working and ensuring that managers are fully engaged and supported to enable flexible working opportunities in their areas
- Ensuring that all managers/supervisors understand the principles of flexibility in the workplace and the procedure to be followed.
  - Ensuring that all applications for flexible working are welcomed from all and considered fairly and equitably

The policy follows on from the work undertaken to develop a more agile working culture within the organisation. The policy sets out the process by which staff can apply to work flexibly in order to improve their work life balance and to improve

	recruitment and retention. The Policy takes account of the AFC Terms and Conditions (section 33) and the commitment made by NHS Wales to achieving the highest standards of health care services through recruiting and retaining highly skilled and motivated staff as set out in its **Flexible Working statement**. Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic and employees are encouraged to identify where this is the case. The Policy states that NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, or sexual orientation.
Who is involved in undertaking the EQIA	Rachel Pressley, Head of People Assurance and Experience, Cardiff and Vale UHB Vicky Richards, RCM Mitchell Jones, Senior Equality and Inclusion Manager, Cardiff and Vale UHB All Wales Flexible Working Policy Working Group
Have you consulted with stakeholders in the development of this policy?	A working group was established to develop the NHS Wales Flexible Working Policy is working group consisted of NHS Employers, Employers (Workforce) and staff side representatives. The revised policy was then sent out for consultation through: • Workforce Directors • Trade unions
Does the policy assist services or staff in meeting their most basic needs such as; Improved Health, fair recruitment etc	Yes. NHS Wales is committed to an agile working culture, which means that wherever possible requests for flexible working arrangements will be supported unless there is a legitimate reason for refusing them based on business grounds. NHS Wales is also committed to developing and maintaining a flexible working culture to support the most effective and efficient provision of services for the benefit of staff, patients and the organisation. The aim of this approach, as set out in the Flexible Working Statement, is to support managers to make a cultural shift so that rather than “We can’t do this

	because…" the question becomes "How can we make this happen"? Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of staff to work for the organisation. Flexible working opportunities should be considered for all staff and made available as far as practicable, regardless of role, shift pattern, team or pay band. Flexibility means giving people options and allowing them to work in ways that meet their needs while also meeting the needs of your clients and organisation. This kind of adaptability can improve inclusion, diversity, and efficiency while also increasing engagement and performance. According to NVCO (the membership community for charities, voluntary organisations and community groups in England) there is still a stigma surrounding flexible working which can make it hard for people to ask for the working patterns they need to thrive and do their best work. They state that negative attitudes toward flexibility are too often a barrier to people applying for new or more senior roles and that at its heart, flexibility is about inclusion for everyone. Flexible working should be a central part of conversations about social justice, social mobility and how charities become more inclusive, equitable and diverse. We might typically associate flexible working with parents and carers, but there is growing understanding of how flexibility in employment can be of benefit to individuals of all ages, and in many different circumstances, across the voluntary sector.
Who and how many (if known) may be affected by the policy?	The policy will apply to all staff. NHS Wales recognises that staff have different needs at different times in their working lives and flexibility in employment makes it possible for them to make choices about how and when they wish to work, taking into account the needs of the service. Any form of flexible working must meet the business needs of the Health Board/Trust and its commitment and ability to meet the required level and quality of services to our service users and their families. It may not be possible to

	agree to the exact request, but managers are expected to discuss with employees alternatives that might be possible. Flexible Working is now a day one qualification for all NHS staff. Within the NHS there is no limit on the number of applications that can be submitted by an individual each year. This means that it is possible to be more responsive to changes in individual's circumstances.
What guidance have you used in the development of this service, policy etc?	The policy is based on: • NHS Terms and Conditions of Service • NHS Wales Flexible Working Statement, • Existing policies/procedures from NHS Wales organisations • RCN Flexible Working Guide • RCM Flexible Working Guidance • All Wales Flexible Working Key Principles – agreed in partnership in 2014 • Draft All Wales Flexible Working Guidance – under development in partnership • Workforce Partnership Council Report on Flexible and Agile Working – published in December 2022

Equality Duties

The Policy/service/project or scheme Aims to meet the specific duties set out in equality legislation.	Protected Characteristics										
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage & civil Partnerships	Welsh Language	Carers
To eliminate discrimination and harassment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Promote equality of opportunity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Promote good relations and positive attitudes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Encourage participation in public life	-	-	-	-	-	-	-	-	-	-	-
In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?			✓								

Key	
✓	Yes
x	No
-	Neutral

Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.

Consider is the policy/service/project or scheme relevant to:	Yes	No	N/A
Article 2: The Right to Life			✓
Article 3: the right not to be tortured or treated in a inhumane or degrading way			✓
Article 5: The right to liberty			✓
Article 6: the right to a fair trial			✓
Article 8: the right to respect for private and family life	✓		
Article 9: Freedom of thought, conscience and religion	✓		
Article 14: prohibition of discrimination	✓		

Measuring the Impact

What operational impact does this **policy, service, scheme or project**, have with regard to the Protected Characteristics. Please cross reference with equality duties

	Impact
consider: **Race** **Sex/gender** **Disability** **Sexual orientation** **Religion belief and non belief** **Age** **Gender reassignment** **Pregnancy and maternity** **Marriage and civil partnership** **Other areas** **Welsh language** **Carers**	According to the Future of Work Report | Equality and Human Rights Commission (equalityhumanrights.com) flexible work accounts for almost a quarter (23%) of the workforces across British nations (6.7 million workers in England, 650,000 workers in Scotland and 370,000 workers in Wales have flexible time arrangements). The national and regional distribution of workers on contracts with flexible time arrangements in Britain is almost identical to the national and regional distribution of all other workers. However, the availability of other types of flexible work varies across nations and regions: for example, Wales has relatively widespread flexibility in terms of the time of work arrangements, but flexibility in place of work and informal flexibility is rarer than in Scotland and England. They show that working flexible hours increased during the COVID-19 pandemic, eventually falling as the labour market started to recover. The number rose by 21% between October to December 2019 and October to December 2020 (from 6.3 million to 7.7 million), before falling to 7.1 million between April and June 2021. Since then, headline employment numbers have continued to improve. As of October to December 2021, the number of people on flexible contracts is 53% higher than it was in 2009 (rising from around 5.1 million to 7.7 million), making up almost a quarter (23%) of all workers, compared to 17% in 2009. The data shows that, since 2009, inflexible employment has declined slightly and flexible employment accounts for all growth. The Future Work report states that It is not clear how much of the increased move to flexible working during the COVID-19 pandemic – whether in terms of time or place – will be permanent. However, as more evidence is collected, it appears that the demand for increasing flexibility continues. Research by the Trades Union Congress (TUC) showed that, in Britain, more than nine out of ten people (91%) who worked remotely during the pandemic wanted to continue working from home at least some of the time after the pandemic (TUC, 2021b). According to the NHS Workforce data briefing September 2023 by Audit Wales NHS Wales is becoming a more flexible and equal employer but there is still more to do. • The participation rate of part time working in NHS Wales shows that generally fewer people are working part time up to the age of 30. Between the ages of 30 and 55 part time working is

increasing and beyond the age of 56, there is a clear movement to more staff working part time. The 'participation rate' is a measure of part-time working across an organisation's workforce. The higher the participation rate the more hours on average, an individual will work each week. 100% participation would mean that all staff are working full working weeks the briefing shows that female employees have a participation rate of 86% and male employees have a participation rate of 94%.

- NHS data on the ethnicity of the total workforce shows increasing employment of minority ethnic groups
- The percentage of staff identifying as disabled has increased over the last 5 years across Wales. The highest proportion of staff identifying as disabled are in Allied Health Professional (4.6%) and Admin and Clerical (4.3%) staff groups.
- Around third (30%) of NHS Wales staff have not stated their Welsh language competency in ESR. But of those who have, 59% of staff have indicated that they have no skills and only around 13% have identified that they have higher or proficient Welsh language skills

AGE:

According to the Future of Work Report | Equality and Human Rights Commission (equalityhumanrights.com) In Britain between 2009 and 2019, workers aged 50 to 69 years old experienced the sharpest increase in flexible working (a 27% increase in the number of older workers in flexible work). This was followed by workers aged 25 to 49 years old (a 10% increase), with no increase for workers aged 16 to 24 years old. In 2009 approximately 5 million workers were employed in flexible work, 6% of people aged 16 to 24, 9% of those aged 25 to 49 and 9% of those aged 50 to 69. Flexible working arrangements increased throughout the COVID-19 pandemic for workers of all ages.
By 2021 those employed in flexible work had increased to 7.7 million workers. Of workers aged 16 to 24, 15% had flexible working arrangements, as did 25% of those aged 25 to 49 and 24% of people aged 50 to 69. Older workers were consistently employed more in flexible work. There are many reasons that could explain this difference, including individual needs and job requirements (CIPD, 2019). For example, older people are more likely to work flexibly to manage health conditions, caring responsibilities and / or to adjust towards retirement.

For many older workers, having access to flexible working opportunities is important for remaining active in the labour market. In particular, for people with additional needs or responsibilities, such as caring for a relative or managing a health condition, flexible working is imperative. (AGE UK)

According to the CIPD report 'Understanding Older Workers', older workers have higher rates of part-time working than younger workers. However, the finding that many would prefer shorter hours suggests there is still not enough flexibility to fully cater to older workers' preferences and employers should consider requests for reduced

hours. Older people are also much more likely to have caring responsibilities. This underlines the importance of ensuring employers take steps to increase the availability and range of flexibility as a means of both attracting and retaining workers as they get older.

The Equal Opportunities Commission says that discriminating against an employee or prospective employee because they are 'too old' or 'too young' is illegal and anyone who is subjected to unfair treatment or treated differently because of their age is considered to be a victim of age discrimination. All staff can apply for flexible working from day one of employment, and the Policy sets out the only reasons which can be given for rejecting an application. However, there may be differences in the ways different groups of staff want to work flexibly, for example, term-time working is designed specifically to assist employees with school age children, and is therefore more likely to be requested by younger workers.

One in eight older workers are forced out by ill health, and others are unable to fit work around caring responsibilities. Ethnically diverse communities and those in low-income jobs far more likely to have to stop work early for health reasons. Flexible working would benefit older workers managing long-term health conditions, needing to reduce their workload or with increased caring responsibilities by supporting them to stay in work longer if they want to. (https://www.tuc.org.uk/research-analysis/reports/extending-working-lives-how-support-older-workers 22 https://www.tuc.org.uk/research-analysis/reports/older-workers-after-pandemic-creating-inclusivelabour-market)

DISABILITY:

According to the Future of Work Report | Equality and Human Rights Commission (equalityhumanrights.com) the number of disabled workers on flexible contracts rose 58% from 2013 to 2019 (19% to 21% of disabled workers), far more than the 8% increase for non-disabled workers (from 18% to 19% of non-disabled workers). This increase continued throughout the COVID-19 pandemic for both groups. The number of disabled workers on flexible contracts increased by 127% (from approximately 540,000 to 1.1 million) from 2013 to 2021, while for non-disabled workers the number rose by 43% (from 4.5 million to 6 million). In 2021, disabled and non-disabled workers were almost equally likely to work flexibly, with 26% of disabled workers and 25% of non-disabled workers having flexible working arrangements, an increase from 19% and 18% respectively in 2013. Many disabled people and representative organisations have advocated for greater availability of flexible and remote working. For some, remote working can be a way to gain and retain employment, as it helps to overcome some accessibility issues (EHRC, 2017). Under the Equality Act 2010, flexible working arrangements can also be a reasonable adjustment for disabled workers.

If an employee is disabled, it may be a reasonable adjustment to allow them to work flexibly if this removes a barrier to them being able to do the job (EHRC Guidance). Employers must make reasonable adjustments to make sure workers with disabilities, or physical or mental health conditions, are not substantially disadvantaged when

doing their jobs. Reasonable adjustments for workers with disabilities or health conditions - GOV.UK (www.gov.uk)

The Equality and Human Rights Commission states that equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the duty to make reasonable adjustments. The duty to make reasonable adjustments aims to make sure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in doing and keeping a job as a non-disabled person

MATERNITY AND PREGNANCY:

- Employers are legally required to take reasonable steps to protect both the health and safety of pregnant employees and their baby. For example if they are finding it difficult to stand for long periods of time because of their advanced pregnancy, the employer must provide a suitable work space where they can sit down more frequently or take extra rest breaks. If sitting down or taking extra breaks are not feasible, the employer must provide suitable alternative work on similar conditions and terms. If there is no suitable work available, they would be entitled to have a suspension with full pay. (Equal Opportunities Commission)
- The Policy states that If at the end of their maternity leave an employee wishes to return to work on different hours, their manager has a duty to facilitate this wherever possible, with them returning to work on different hours in the same job. If this is not possible, the manager must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which they held prior to her maternity leave. These provisions are mirrored for staff on adoption leave and is also available to staff returning from Shared Parental Leave. Employees who return to work following Maternity Leave who are breastfeeding are entitled to frequent breaks, a private room etc. and do not need to access this Policy to achieve this

RELIGION & BELIEF:

- The ACAS guide for Religion or Belief discrimination: key points for the workplace (2018) states that an employer is under no obligation to automatically give staff time off for religious holidays or festivals, time to pray or a place to pray. However, it should consider requests carefully and sympathetically, be reasonable and flexible where possible, and discuss the request and explore any concerns with the employee. Refusing a request without a good business reason could amount to discrimination
- Some religions or beliefs may require their followers to pray at certain times of day, to have finished work by a particular time or to fast for extended periods (EHRC). This may have flexible working implications
- The Equality and Human Rights Commission website has a toolkit to support employers if staff request a change to their working conditions because of their religion, belief or lack or religion or belief. They advise that whether you say yes or no will depend on the circumstances of each case. You need to balance the effect of agreeing to the request on your business and other staff, against the effect on the individual of

not agreeing to the request.

GENDER

- According to the Future of Work Report | Equality and Human Rights Commission (equalityhumanrights.com)Women are more likely to use flexible working arrangements than men in Britain, but since 2009 the use of flexible working arrangements has increased at a faster rate among men. Between 2009 and 2021 in Britain, on average 22% of women in work had flexible working arrangements compared to 16% of men. This is according to our analysis of data from the Labour Force Survey. Literature suggests that this contributes to some disadvantages for women, for example the gender pay gap (Costa Dias et al. 2018), and negative consequences for career progression (Chung, 2020). The COVID-19 pandemic, lockdowns, and widespread working from home for both men and women may have changed some of the negative perceptions around flexible work. Some evidence suggests that the appetite for continued remote working is equally high for men and women, and that the gender care gap narrowed during the pandemic between March and October 2020 (from 6.96 to 4.59 hours per week) (Nicks et al., 2021b). On the other hand, there is evidence to suggest that there were differences between how men and women experienced remote working during the pandemic, with women being more likely to report negative impacts on health, work–life balance and stress (Jones and Bano, 2021; Aviva, 2021). However, this requires further research to distinguish which patterns are long term and which are likely caused by unique circumstances during the pandemic. The number of women on flexible contracts rose 10% from 2009 to 2019, while the number of men on flexible contracts rose by 33% during the same period. This increase continued throughout the pandemic for both sets of workers. As of 2021, the number of women on flexible contracts is approximately 44% higher than in it was in 2009 (an increase from around 3.1 million to around 4.3 million), while the number of men on flexible contracts has risen by 65% (from around 2.1 million to around 3.5 million). The proportion of women on flexible contracts increased from 24% in 2009 to 29% in 2021, and the proportion for men increased from 15% in 2009 to 22% in 2021. Still, in November 2021, over 800,000 more women than men were working flexibly.
(Chung, H. (2020), 'Gender, Flexibility Stigma and the Perceived Negative Consequences of Flexible Working in the UK', Social Indicators Research, vol. 151, pp. 521–545.
Costa Dias, M., Joyce, R. and Parodi, F. (2018) 'IFS Working Paper: The gender pay gap in the UK: children and experience in work'. London: Institute for Fiscal Studies [accessed: 5 April 2022]
Nicks, L., Gesiarz, F. Likki, T., Baynham-Herd, Z. and Lohmann, J. (2021b), 'Impact of changes in flexible working during lockdown on gender equality in the workplace', London: The Behavioural Insights Team [accessed: 7 April 2022].
Jones, P. and Bano, N. (2021), 'The Right to Disconnect', Autonomy Website [accessed: 7 April 2022].

- Women are bearing the brunt of caring responsibilities, with almost six out of 10 avoiding applying for promotion because it was too hard to balance work and care. Research from Business in the Community carried out by Ipsos revealed that one in five women (19%) have left a job because of difficulties balancing work with caring responsibilities. Women account for 85% of sole carers for children, and 65% of sole carers for older adults.

- While women are more likely than men to use flexible working arrangements, since 2009 the uptake of flexible work has been increasing at a faster rate among men. (future of work report)

- Making flexible working available in all but the most exceptional of circumstances promotes greater gender equality. Research has shown that many of the underlying causes of the gender pay gap are connected to a lack of quality jobs offering flexible work. The unequal division of unpaid care and the lack of flexible working in jobs means that women often end up in part time work. (https://timewise.co.uk/article/article-real-reasons-behind-gender-pay-gap/, https://www.tuc.org.uk/sites/default/files/2019-10/BEISFlexibleworking.pdf)

GENDER REASSIGNMENT

- If a request to work flexibly is made because an employee proposes to undergo, is undergoing or has undergone gender reassignment, the employer should consider the request on the same basis as they would consider any similar request made under the right to request flexible working. Employers should not refuse a request or treat it less seriously because it is being made by a transsexual person (EHRC Guidance).

  A Government Equalities Office publication (2015) offering guidance for employers on the recruitment and retention of transgender staff states that "We know that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. This can result in a loss of expertise and investment for their original employer."

- CIPD guidance on Transgender and non-binary inclusion at work advises that organisations should not remove someone from duties against their wishes while they're transitioning. However, transitioning employees may request temporary redeployment, flexible working or adjustments to their role. This must be led by the individual's preferences, and you should accommodate requests as far as is possible

SEXUAL ORIENTATION

- A Business in the Community report 'Working with Pride - issues affecting LGBTQ+ people in the

workplace' found that in relation to carers, gay/bi+ people are less likely to be accessing support from line managers, home working and flexible working policies, especially in the case of gay/bi+ male carers.

RACE

- Research commissioned by **Business in the Community**, The Prince's Responsible Business Network and Ipsos UK found that one in three (32%) Black, Asian, Mixed Race and other ethnically diverse people have left or considered leaving a job due to a lack of flexibility compared with one in five (21%) white people. The research also found that some groups were significantly more likely than others to have not applied for a job or promotion, or to have considered leaving or actually left a job, because of challenges combining paid work and care, including Black, Asian, Mixed Race and other ethnically diverse people; those on lower incomes; and shift worker

- According to the Future of Work Report | Equality and Human Rights Commission (equalityhumanrights.com) the number of workers from ethnic minorities on flexible contracts rose by 79% from 2009 to 2019, compared to 7% for White British workers. This saw the proportion of workers on flexible contracts increase from 18% of ethnic minority workers and 19% of White workers to 20% of both groups in 2019. This increase continued throughout the COVID-19 pandemic for all groups, with the number of workers from ethnic minorities on flexible contracts 171% higher in 2021 compared to 2009 (from approximately 700,000 to 1,740,000 workers), while the number of White British workers on flexible contracts only rose by 38% (from 4.5 million to 6 million). In 2021, this increased further, with 26% of workers from ethnic minorities and 25% of White British workers having flexible working arrangements.

OTHER FACTORS

- Flexible working supports a better work life balance, improved wellbeing, improving the experience of work for carers. It also improves productivity, increases staff retention and better recruitment (https://www.tuc.org.uk/research-analysis/reports/future-flexible-work?page=2#section_header)
- In some cases, the Equality Act can also protect carers from being treated unfairly because of their association with the person they care for; Associative discrimination or 'discrimination by association' comes about when someone is treated unfavourably on the basis of another person's protected characteristic. Discrimination by association doesn't apply to all protected characteristics. Marriage and civil partnership, and pregnancy and maternity are not covered by the legislation. Nor does it apply to instances of indirect discrimination by association - it has to be direct. This Policy will support staff in managing their work life balance more effectively (e.g. parents, those with caring responsibilities) Discrimination by Association should be considered when considering requests for flexible working,

- The ability to provide a service to Welsh Speaking patients should be considered when deploying our workforce (e.g. when considering requests for flexible working)
- Numerous studies have found that flexible working arrangements can have a significant positive impact on people's mental health with better sleep and lower stress levels as common outcomes. Equally, someone's mental health can have a significant impact on their ability to perform well in their job.
- CIPD 2018 quoted research which has shown that flexible working can reduce absence rates as it allows employees to manage disability and long-term health conditions, and caring responsibilities, as well as supporting their mental health and stress. Parents and carers (especially those on low incomes) benefit the most – they tend to have increased wellbeing and are less troubled by stress when given access to flexible work
- An ONS report from December 2018 showed that 25.8% of women were economically inactive (i.e. not employed or looking for/available for work, compared with 16.1% of men. The second biggest reason for being ecomically inactive is looking after family or home (the largest category is students)
- The Policy states that flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because 'this is how it has always been done'.
- The Policy states that Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone workers). Advice can be sought from People Services/Human Resources, Health and Safety and Occupational Health as appropriate.

  Research by Timewise has shown that good flexible working can help households manage rising costs. The 2021 Flexible Jobs Index noted that only 1 in 4 jobs are advertised as flexible in any way. There are even fewer part-time jobs advertised (just 1 in 10), and they are clustered at the lowest-paid end of the scale, with very few higher-paid ones available. This is a particular problem for parents, carers or those with health issues or other responsibilities, who simply can't work full-time. Being able to find a quality part-time or flexible role can allow them to get into (or back into, or progress in) the workplace and increase their household income. And the availability of good flexible jobs also has a positive impact on society as a whole. Evidence shows that flexible working can play a part in tackling social inequality, reducing child poverty, supporting social mobility, and increasing workplace diversity.

	Monitoring Arrangements Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals. Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.

Cardiff and Vale University Health Board

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RECRUITMENT OF LOCUM DOCTORS AND DENTISTS OPERATIONAL PROCEDURE

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Disclaimer

When using this document please ensure that the version you are using is the most up to date either by checking on the UHB database for any new versions. If the review date has passed please contact the author.

OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON

Version Number	Date of Review Approved	Date Published	Summary of Amendments
Tr 357	Nov 2008		
UHB1	17/07/2012	08/08/2012	• Updated to UHB format • References to Trust changed to UHB etc • Criteria for appointment to locum grades (appendix 1) updated to incorporate Specialty Grade doctors as per contract Changes completed by HR Policy and Compliance team. This does not constitute a full review of the procedure

Cardiff and Vale University Health Board

RECRUITMENT OF LOCUM DOCTORS AND DENTISTS OPERATIONAL PROCEDURE

CONTENTS **PAGE**

1) INTRODUCTION

The UHB subscribes to the aims and values that underpin the National Health Service across the United Kingdom. Fundamental to these are the provision of patient / client services of the highest standard and support for healthcare education, research and development.

2) POLICY STATEMENT

A Locum Doctor/Dentist is one who covers the temporary absence of a substantively employed Doctor/Dentist or who is temporarily covering a vacancy of an established post.

It is important to ensure that the same care is taken when making a locum appointment as with substantive appointments in accordance with the standards and guidelines of the *Code of Practice in the Appointment and Employment of HCHS Locum Doctors {DGM(97)68}* .

3) PRINCIPLES

A Locum Doctor/Dentist may be needed to cover one or a combination of the following circumstances:-

- Vacant post
- Sick leave
- Maternity leave / Paternity Leave / Adoption Leave
- Compassionate / Special leave
- Annual / Study leave
- Sabbaticals (Consultants)

The UHB will not engage locums who are currently the subject of reservations about standards or competence of previous performance or who are unwilling to provide their most recent reference. Wherever possible, locum cover will be provided by doctors from within the UHB. Only as a last resort will medical locum agencies be contacted.

It is important that the reason for requesting locum cover is established and that this reason can be fully justified. For instance, it would not be justifiable to request locum cover for annual or study leave in an area where similar post holders are employed on inclusive cover contracts, unless other colleagues are absent.

- Full advantage should be taken of using the range of junior doctors employed within the UHB within a given specialty e.g. Lecturers, Research Fellows, Clinical Fellows – to be remunerated at standard NHS Locum rates.

- Correct application of the risk assessment protocols in relation to doctors going on maternity leave – to ensure that they undertake a mutually advantageous rota.

- Full use is made of the funded flexible junior doctors. Where they currently replace rota duties of existing juniors – a log should be kept in order for the regular trainee to 'pay back' duties at a future date.

- Where a specialty has a high vacancy rate, due to the inability to recruit either regular or locum doctors, the Clinical Director will work with the Medical Workforce Manager to examine all creative options, in order to minimise the extended use of full-time locum agency doctors.

4) APPLICATION

Issues relating to quality assurance, standards and risk management should be considered and the use of locums continually monitored in line with the UHB's aim to optimise utilisation of its medical workforce and reduce the use of locum doctors/dentists.

It should be remembered that whilst there are many circumstances where provision of locum cover is acceptable, there is often no allowance within the budget(s) to fund such eventualities. Care should therefore be taken to ensure that any provision of locum cover is made as economically as possible and that delays in attempting to provide such cover are minimised. It should also be emphasised that requests for locum cover should be made whilst giving as much notice as possible to enable the Medical/Dental Workforce Department to seek suitable candidates appropriately and effectively.

5) PROCEDURE

Note Medical – means both Medical and Dental Staff

NB *{Throughout this procedure, reference is made to 'the appropriate Medical Workforce Officer' in respect of arranging locum cover. In certain areas, these duties may be undertaken by another appropriate designated staff member, therefore, this procedure is intended to apply to all staff involved in these duties}.*

5.1 Approval of locum cover requests - Junior medical staff

In instances where short-term locum cover of sick leave is required for overnight or weekend on-call commitments, the appropriate Medical Workforce Officer will automatically look for on-call cover as soon as the substantive post holder has reported sick, confirmed his/her on-call duties, and the Clinical Director (or nominee) has authorised the appointment of a locum.

For longer periods relating to junior medical staff, and for longer periods of locum requirements, it will be necessary for the appropriate Clinical Director to discuss the need for provision of locum cover with the Medical Workforce Officer to ascertain whether it is appropriate to obtain locum cover, whether or not this may be achieved via advertisement, and establish the necessary criteria required to fulfil the post which may include amending a Job Description and Person Specification.

5.2 Approval of locum cover requests - Career grade medical staff

In all instances relating to locum cover of career grade medical posts, it will be necessary for the appropriate Clinical Director to discuss and establish requirements relating to locum cover with the appropriate Medical Workforce Officer. It is envisaged that locums relating to career grades will usually be for longer-term periods i.e. vacancies or to cover extended leave. Discussions will again focus on what duties need to be covered, appropriate advertising of the post, and the experience and skills necessary to fulfil the requirements of the post via a Job Description and Person Specification.

5.3 Approval of locum cover requests – Consultant medical staff

In instances where a locum is required for a newly established Consultant post, the appropriate Divisional Director must confirm funding is available for a locum to be appointed ahead of the permanent post.

Where it is decided that cover is required for specific elements of a Consultant post (e.g. on-call shifts), cover may be provided by Consultant colleagues from within the Department and remunerated in accordance with the 'Consultant extra duty payments schedule' as agreed prospectively by the Clinical Director and Divisional Director.

There may also be occasions where cover can be provide by Consultants or other suitably trained doctors from outside of the UHB (for instance, from neighbouring UHB's). Appropriate pre-employment checks must be carried out via the appropriate Medical Workforce Officer before the doctor can undertake any duties on behalf of the UHB. Similarly, remuneration for these duties must be made in accordance with the 'Consultant extra duty payments schedule' as agreed prospectively by the Clinical Director and Divisional Director.

5.4 Procedure for seeking locum cover

Locum cover arrangements are made by either the Medical Workforce Department or Directorate Office unless short-term locum requirements are

realised outside the working hours of the Medical Workforce Department. (See paragraph 4.9).

The criteria for appointment of locum grades of staff are set out in Appendix 1.

For all locum requirements that fall within office hours, the Medical Workforce Officer or other designated officer will follow the following procedures:-

5.4.1 Long-term locums

Application for advertised posts will be made in the usual way by Application Form and/or, in the case of Consultant posts, by CV and Declaration Form. All submitted applications will be shortlisted against the Person Specification as normal. Interviews in respect of junior medical career grade locums staff will be conducted by a minimum of two Consultants in the specialty, including the appropriate Supervising Consultant or Clinical Director and accompanied by a representative of the Medical Workforce Department.

5.4.2 Short-term locums

For short-term locum requirements (from one day up to four weeks), the Medical Workforce Officer / Directorate Office will:-

i. Contact all medical staff within the relevant Department/Specialty, if appropriate, to ascertain whether any other staff within the area can work part or all of the additional duties. Appropriate remuneration will be discussed and agreed.
ii. Contact all medical staff in other Departments/Specialties within the UHB who have the necessary experience and skills and competencies to fulfil the locum duties to ascertain whether they can work part or all of the additional duties. Appropriate remuneration will be discussed and agreed. Checking the availability of short-term locums will be carried out as a matter of urgency and the Clinical Director informed immediately it is known that internal locums are not available.
iii. The Medical Workforce Department retain a bank of short-term locum doctors, who have undergone the appropriate checks to work within the Trust. The doctors are contacted by the Medical Workforce Officer / Directorate Office on a random basis, whilst ensuring that the doctor has the necessary skills and competencies to fulfil the locum duties.
iv. Only when the above procedures have been exhausted will the Medical Workforce Officer contact the Clinical Director / Directorate Office for authorisation to approach appropriate Locum Agencies.
v. In instances where potential locums are not already known to the Department in which the locum will be working, the appropriate Clinical Director or Supervising Consultant should examine the Curriculum Vitae and references to satisfy him / herself that the

potential locum is suitably qualified/skilled to fulfil the locum requirements.

The reporting mechanisms in providing locum cover for H@N is reported in paragraph 4.9 (Appendix VIII).

5.5 Pre-employment checks on locums

In all instances where locums are appointed, a number of pre-employment checks must be satisfactorily completed. The Medical Workforce Officer must ensure all pre-employment checks are completed and in place prior to locum taking up any duties within the UHB.

Such checks must be made irrespective of whether the locum is employed on a short-term or long-term basis although in instances where Agency Doctors are recruited, some of the checks may be made by the Locum Agency in accordance with the UHB and PASA contractual arrangements.

The Medical Workforce Officer will usually be able to make most checks themselves unless the locum is covering duties overnight or at the weekend outside of office hours. In such instances, it is appropriate for any outstanding checks to be made via the Supervising Consultant or a nominated Deputy, for instance, a Specialist Registrar or other senior Doctor in the Department before the locum commences duty.

The checks to be made will be:-

i) Proof of identity - this will usually be done via reference to the Passport of the Locum Doctor and will also enable the officer to confirm that a Doctor has appropriate visa / residency status.

ii) Appropriate registration with the General Medical Council, taking care to ensure that any Doctors with Limited Registration are covered to work in the applicable area. It should also be established that no GMC proceedings are pending against the Doctor and that he has not been suspended.

iii) Satisfactory documentary evidence of pre-employment health assessment by an Occupational Health Department, to include up-to-date certification of appropriate immunisations. (In the case of Agency Locums, it is advised also that immunisation reports supplied by the Agency are approved by the UHB's Occupational Health Department also).

iv) Where appropriate, seek to ensure that the locum confirms he / she will not breach the controls on hours as set out in the *New Deal on Junior Doctors' Hours and European Working Time Directive*.

v) Ensure that references are appropriate and satisfactory. In all cases where doctors are not employed by the UHB, two satisfactory references must be obtained, one of which must be the current/most recent employer before confirmation of the locum can be made. Care should be taken to investigate the reason for any gaps in the CV or failure to obtain a reference from the most recent employer.

vi) For locum Doctors who will be employed in excess of four weeks, the CRB Check procedure should be carried out. For all locums employed who have not completed the UHB's application form, the locum must sign a declaration of criminal convictions (See Appendix II).

(vii) With the exception of agency locums Risk Assessment Forms are completed (Appendix III).

viii) Advise, the locum that current membership of a Medical Defence Organisation is recommended.

Locums employed from outside the UHB, but not via an Agency, will usually be provided with a letter of appointment, if possible, which will further state the need for the above checks to be made.

5.6 Induction

Robust arrangements for induction must be in place at directorate level.

As with substantive employees, it is important that locums receive induction but that it is appropriate to the length of the doctor's appointment in the UHB and so this may be done via local departmental familiarisation or a broader organisational induction.

In instances where short-term junior doctor locums are appointed for overnight or weekend on-call work, the locum should be advised of the name of a fellow junior doctor on-call who they can meet at the start of their shift. This doctor will then be responsible for providing basic familiarisation (e.g. Department layout, canteen facilities etc.) and advice relating to procedures and duties to be performed throughout the course of the duty period. Security Office should also be advised of the locum appointment and make available any appropriate accommodation keys, bleeps etc.

The UHB induction sheet for junior doctors will be available electronically. It will contain all the key numbers / information which should enable a locum who is unfamiliar with the hospital to take emergency action.

The information sheet will be given to all the locum agencies used in the UHB and it is their responsibility to ensure that it is given to the doctor, prior to

them undertaking any work here. Locums employed by the Medical Workforce Department will be emailed the instructions, prior to them starting. If the doctor does not have access to email, it will be the responsibility of whoever authorised the locum in the directorate, to ensure that the locum receives it.

For longer-term junior doctor locums, an Induction should be provided and a fellow junior doctor in the team should be nominated as a 'buddy' so that they can provide basic familiarisation of the Department, hospital and the day-to-day work activities.

In respect of career grade staff, an Induction should be provided and a nominated medical colleague responsible for basic familiarisation. For Consultant staff, meetings should be arranged for the Consultant to meet key colleagues in the Department and Hospital.

5.7 Use of Medical Equipment

In line with the Provision and Use of Work Equipment Regulations 1998, locums must not use medical equipment for which they have not received adequate training if such use may entail risk to patients or others.

This applies particularly to infusion pumps for which the UHB has a formal policy and training programme.

5.8 Payment

The Clinical Director should review payments to all agency locums on a weekly basis.

Locum appointments made via Locum Agencies will be paid via the usual invoicing procedures. Once the invoices have been approved by the Medical Workforce Officer, the information regarding reason for locum, cost etc. must be entered onto the finance database. This information is made available to Finance, Workforce and OD and Clinical Directors. The information identifies costs, trends, reasons for absence etc and to facilitate follow up sickness interviews etc.

In instances where locums are enrolled and paid via the UHB payroll, all employment should be paid as is the case for substantive staff i.e., via the monthly payroll. For 'ad hoc' locums who do not hold a substantive post in the UHB and for locums of less than two weeks consecutive duration, an Enrolment Form and a Locum Duty Claim Form (Appendix IV) should be completed for the hours worked and paid via the monthly payroll.

Doctors currently employed substantively in the UHB who perform additional locum duties will also be obliged to complete a Locum Extra Duty Claim Form

which will be processed and paid in addition to their basic monthly pay. Payment will usually be made in the month following the locum duty assuming the claim is submitted promptly and it is possible to obtain the necessary signatures/authorisation prior to payroll deadlines.

For all locums employed directly by the UHB, the locum will usually be paid at the rate applicable to the grade of the post they are covering. Any variation to this will be referred to the Clinical Director for their approval.

All locum claims and invoices must be processed via the Medical Workforce Department so that accurate records may be kept.

5.9 Assessment of locum doctors

It is important to assess the performance of all locum doctors employed to work within the UHB. This will ensure that standards of performance are continually monitored and, most importantly, pinpoint any individuals or occasions where standards are not met.

In this respect, a form should be completed in respect of all Doctors who perform locum duties in the UHB and who are not already employed substantively in the Department. For locums who are employed for less than two weeks' duration, a shortened assessment form should be completed which will enable the Supervising Consultant to confirm whether they feel the locum has fulfilled the basic requirements of the post (See Appendix V). If, for any reason, the locum has not met these basic requirements, the Supervising Consultant should complete the more detailed assessment form to ensure that his concerns are fully documented (See Appendix VI & VII).

The more detailed assessment form should be completed in respect of all locums employed for longer than two weeks and for any locums who fail to meet the basic requirements of the post.

The appropriate assessment form should be completed by the Supervising Consultant immediately following the period worked.

In the event of unsatisfactory performance of a junior doctor in an educationally approved locum post of at least three months duration, a report should be sent to the Postgraduate Dean by the Supervising Consultant.

The Supervising Consultant is responsible for identifying the unsatisfactory performance of a locum and should provide advice to a Doctor/Dentist, where appropriate, of any further training he feels the Doctor/Dentist should have before undertaking any further locum work.

Emphasis should be made of the importance of accurate recording and monitoring of all locum usage in the UHB by the Medical Workforce Department and a list made of any doctors who have failed to meet the basic requirements of any posts they have held in the UHB.

5.10 Procedure for seeking locum cover outside working hours (to include evenings, weekends and H@N hours)

Clinical Directors and Directorate Managers should ensure that arrangements are in place whereby up to date contact information on current Medical and Dental Staff is available and accessible to the senior members of the on-call team.

When a doctor phones and advises the most senior doctor on site in the specialty that he is unable to attend for out-of-hours duty due to e.g., sickness, the Consultant on-call should make an assessment of the staff available within the specialty and allied specialties and attempt to arrange appropriate cover for the rest of the rota period from within existing resources, by insisting on staff remaining on duty where this is appropriate (See Appendix VIII). Where junior staff are requested to undertake additional duty – they will receive the appropriate extra remuneration and time off in lieu.

Where a doctor is unavailable to work a H@N shift, the authorisation will be undertaken by the Consultant on-call for the specialty from which the junior doctor has become unavailable.

If the Consultant decides that 'internal' arrangements are not feasible, and having regard for the significant cost likely to be incurred, the middle-grade doctor on-site will be empowered to contact a locum agency with a view to finding a short-term locum. Contact numbers for the three locum agencies 'recognised' by the UHB are held by the Switchboard (details in paragraph 4.10). No other Locum Agency should be contacted. Locums employed outside these arrangements will not be paid.

If the Agency is able to offer a doctor for the locum post, the C.V. should be faxed through to the UHB, and the Consultant will be responsible for confirming the appointment and the identity of the locum, and for advising the Medical Workforce Department. The Locum Agency will be required to record the name of the Consultant

When the locum period is completed, the senior member of staff on duty will be responsible for countersigning the Agency's time sheet.

If all attempts at finding a replacement doctor fails, the Consultant on-call must decide how best to manage the service and give due consideration as to whether admissions are able to continue

5.11 Out-of-hours locum agency contacts

If there is an occasion where locum cover is urgently required at short notice outside of the office hours of the Medical / Dental Workforce Department, the Supervising Consultant may contact, Site Manager (Bleep 5555)

MEDACS
0800 442210

to request if any suitable doctors are available to work. The Supervising Consultant will be responsible for approving any potential Doctors, ensuring they have sufficient experience, references and immunisations. Any locum bookings made outside of office hours must be communicated to the Medical/Dental Workforce Department.

Registration with the GMC / GDC may be checked via the following numbers:-

General Medical Council
0845 357 8001

0845 357 3456 (computerised enquiry line which may be used outside of office hours for checking full or provisional registrations)

General Dental Council
0207 887 3800

Appendix 1

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

CRITERIA FOR APPOINTMENT TO THE VARIOUS LOCUM GRADES

The following are the minimum standards as laid down in the NHSE document 'Code of Practice - the Appointment and Employment of Locum Doctors'. Any variations to these standards must be authorised by the appropriate Clinical Director.

Consultant:	Full registration with the General Medical Council / General Dental Council On the Specialist Register in an appropriate specialty Possess the knowledge, skills and competencies, attributes and experience to undertake unsupervised independent clinical practice

Associate Specialist:	Full registration with the General Medical Council Minimum of four years in the Specialist Registrar or Staff/Specialty Doctor grade Two years in the relevant specialty

Specialty : Doctor	Full registration with the General Medical Council/General Dental Council Minimum of four years full time post graduate training (or its equivalent gained on a part time or flexible basis), at least two of which will be in a specialty training programme in a relevant specialty or as a fixed term specialty trainee in a relevant specialty, or equivalent experience and competencies. Dental Specialty Doctors are required to have 'adequate experience in the relevant specialty or equivalent experience and competencies' within the four years (or equivalent) postgraduate training period.

Clinical Assistant:	Full registration with the General Medical Council Relevant experience in the specialty

ST1:	Radiology
ST3:	For all other specialties
ST4:	Paediatric Psychiatry

	Completion of the necessary ST experience; possession of the minimum college requirements for entry to the grade

ST1:	Completion of FP1/FP2 attachments (or equivalent) plus relevant experience
ST2:	from within the specialty

FP2:	Twelve months' postgraduate experience in the relevant or an associated specialty

FP1:	At least six months' experience in a recognised medical of surgical specialty

Appendix II

Cardiff and Vale University Health Board Applicant Declaration Form

Please ensure that you complete this form as truthfully and accurately as possible, giving all the required information, and return it with your application form.

1. Are you currently bound over or have you ever been convicted of any offence by a Court or court-martial in the United Kingdom or in any other country?

   Note: You do not need to tell us about parking offences.

   NO ☐ YES ☐

If **YES**, please include details of the order binding you over and /or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

2. Have you ever received a police caution, reprimand or final warning?

   NO ☐ YES ☐

If **YES**, please include details of the caution, reprimand or final warning, including the date and reason administered.

3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

   Please note: you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. You do not need to tell us if you are charged with a parking offence.

   NO ☐ YES ☐

If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

4. Are you aware of any current police investigations in the United Kingdom or in any other country following allegations made against you?

NO ☐ YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the police.

5. Are you aware of any current NHS Counter Fraud and Security Management Service investigation following allegations made against you?

NO ☐ YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the NHS CFMS.

6. Have you ever been investigated by the Police, CFSMS or any other Investigatory Body resulting in a caution, conviction or dismissal from your employment? (Investigatory bodies include Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, Department of Trade and Industry, Department of Work and Pensions, Security Agencies, Financial Services Authority, Banks and Building Societies, General, Life Insurance Companies – this list is not exhaustive, and you must declare any investigation conducted by an Investigatory Body).

NO ☐ YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

7. Have you ever dismissed by reason of misconduct from any employment, office or other position previously held by you?

NO ☐ YES ☐

If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

8. Have you ever been disqualified from the practice of a profession, or required to practise subject to specified limitations following fitness to practise proceedings, by a regulatory or licensing body in the United Kingdom or any other country?

NO ☐ YES ☐

If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned.

9. Are you currently the subject of any investigation or fitness to practise proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

NO ☐ YES ☐

If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

10. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying?

NO ☐ YES ☐

If **YES**, please include details of the nature of the prohibition, restriction, or limitation, when and by whom it was made.

If you have answered "**YES**" to **any** of the questions above and need more room to answer, please use this space to provide details. Please include **clearly** the number(s) of the question that you are answering.

DECLARATION
I confirm that the information that I have provided in this Declaration Form is correct and complete.

PRINT SURNAME _____ INITIALS _____

SIGNATURE …… DATE ……..

Note: if you wish to withdraw your consent at any time after completing this Declaration From, please contact **Medical Workforce Department on 029 2074 2957**

Appendix III

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

CRIMINAL RECORDS DISCLOSURE CHECK – NEW EMPLOYEES
RISK ASSESSMENT FORM

PART A

- I confirm that the above-named Applicant did **NOT** declare any criminal convictions / bind overs / cautions etc. on their application form.
- References have been obtained in line with UHB policy and are enclosed.
- Copy of most recent CRB Certificate (copy held by Medical Personnel)

Signed _____
Medical Workforce Officer

Date _____

PART B

I confirm that having considered the information above, and having regard for the duties to be undertaken by the above-named:

□ **I am satisfied** that it is safe to allow the above-named to commence work before the disclosure clearance is received

OR

□ **I am not satisfied** that it is safe to allow the above-named to commence work before the disclosure clearance is received

Consultant's signature _____

Name (please print) _____

Date _____

Please return this form as soon as possible to the Medical Workforce Department, Lakeside Complex, University Hospital of Wales. It will be retained on file until CRB clearance is received.

Please return this form as soon as possible to the Medical Workforce Department, Lakeside Complex, University Hospital of Wales. It will be retained on file until CRB clearance is received.

APPENDIX IV

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
EXTRA DUTY CLAIM FORM

This form must be used only by Junior hospital medical/dental staff who have undertaken duties on behalf of the UHB on a locum basis and should be returned to the Medical/Dental Workforce Department.

If you are claiming additional hours for more than one department/specialty, a separate form must be completed for each department. Claim forms must be submitted to the Medical Workforce Department within one month of undertaking the extra duties.

SURNAME			**FORENAMES**		
ADDRESS					**STAFF NUMBER**
GRADE		**SPECIALTY**		**HOSPITAL**	
CURRENT ROTA					

DETAILS OF CLAIM

Date worked	Start time	Finish time	No. of hours claimed	Covering absence of	Reason for absence	Department and Hospital

TOTAL ADDITIONAL HOURS CLAIMED
.....

I have read and accepted the notes overleaf and have performed the above duties outside my regular contractual commitment. I confirm that in undertaking these duties, I have not worked above the limit on hours specified under Paragraph 20 of the Terms and Conditions of Service of Hospital Medical and Dental Staff.

SIGNATURE OF CLAIMANT.....
DATE.....

SIGNATURE OF AUTHORISING CONSULTANT…….
DATE.....

PRINT **.....**

FOR OFFICE USE - INSTRUCTION TO PAYROLL SERVICES

Please pay the specified hours at standard locum rates

No. of Additional hours	Banding rate %	Grade	Financial code

AUTHORISED BY MEDICAL PERSONNEL.....
DATE.....

RECORDED ON MONITORING FORM.....
DATE.....

PROCESSED BY SALARIES & WAGES SECTION.....
DATE.....

APPENDIX V

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

SHORT ASSESSMENT FORM FOR LOCUM APPOINTMENTS

This form should be completed by a Supervising Consultant in respect of any Doctor / Dentist performing locum duties in the UHB for up to two weeks', and who is not already employed in the department. In instances where the performance of a locum has fallen short of the basic standards required of such a post holder, the Supervising Consultant should complete the Full Assessment Form for Locum Appointments in order to provide a detailed account of how the locum has not met these standards.

Name of Locum	
Grade of Locum	
Specialty worked	
Dates of locum employment	

The Doctor's/Dentist's performance in the above mentioned locum post has been: - {please tick}

GOOD	
AVERAGE	
BELOW AVERAGE	

{NB - Please complete Full Assessment Form for Locum Appointments if you consider the locum's performance to have been below average}

Would you re-employ this Doctor/Dentist in this UHB again? (please circle)
YES / NO

Comments.....

.....

Signature of Supervising Consultant.....

Name of Supervising Consultant in Capitals.....

Date of signing.....

APPENDIX VI

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

FULL ASSESSMENT FORM FOR LOCUM APPOINTMENTS

This form should be completed by a Supervising Consultant in respect of any Doctor/Dentist performing locum duties in the UHB for longer than two weeks' and who is not employed in the department and where the performance of a short-term locum has fallen short of the basic standards required of such a post holder. Where the locum employed is of Consultant level, this form should be completed by the Medical Director or other nominated Consultant as appropriate.

Name of Locum	
Grade of Locum	
Specialty worked	
Dates of locum employment	

The Doctor's/Dentist's performance in the above mentioned locum post has been:- {please tick appropriate boxes}

	Above average	**Average**	**Below average**	**Poor**
Clinical skills				
Knowledge				
Attitude				
Relationships				
Personal qualities				

{See overleaf for assessment guidelines}

Would you re-employ this Doctor/Dentist in this UHB again? (please circle)
YES / NO

Comments.....

.....

.....

Signature of Supervising Consultant/Medical Director	Name of Supervising Consultant / Medical Director (in capitals)	Date of signing

Statement by Locum Doctor/Dentist

I have seen the above assessment and I agree / disagree with its contents

Signed.....Date.....

(If you disagree with this assessment, please forward a signed statement to the Medical Workforce Department)

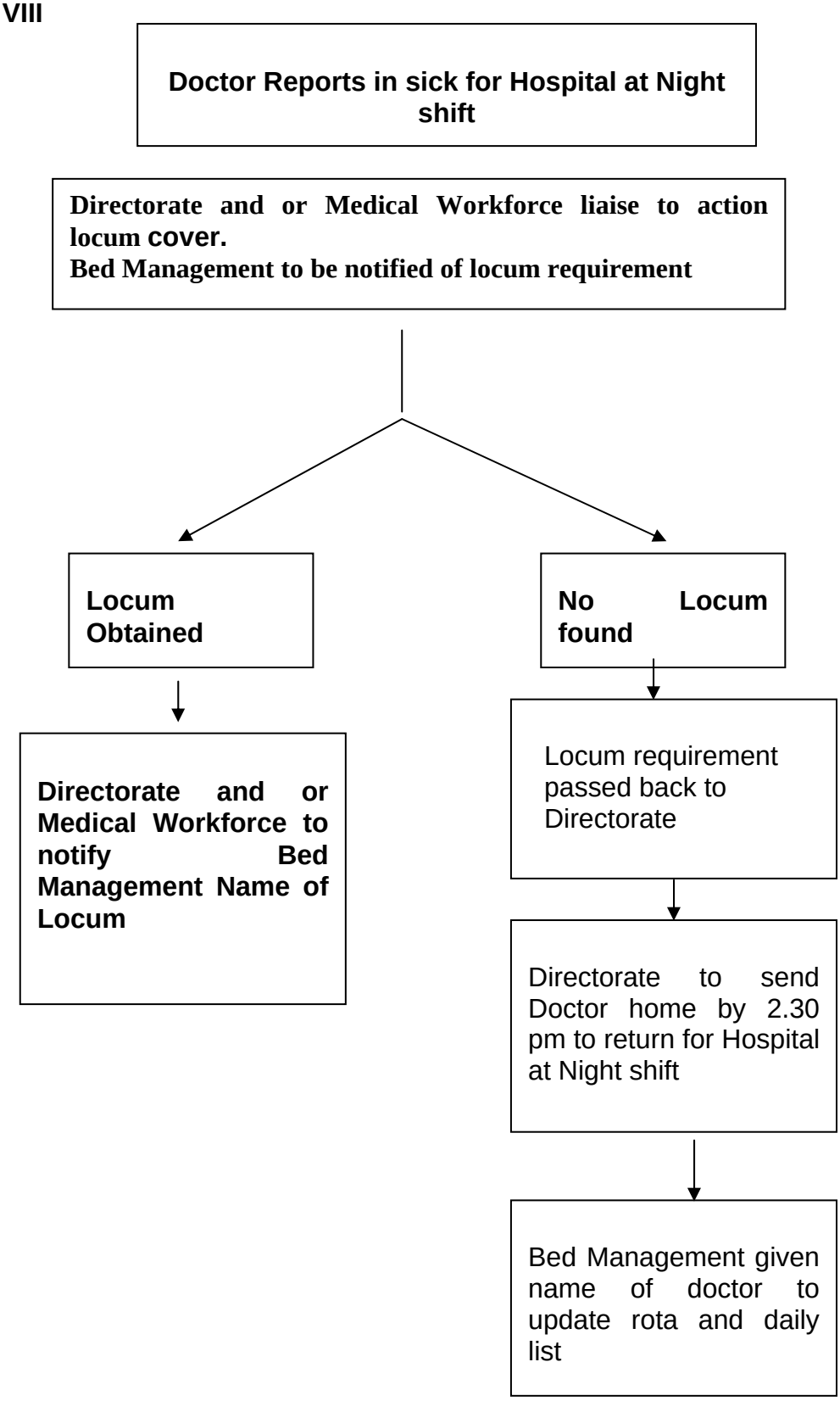
Appendix VII

ASSESSMENT GUIDELINES

To be graded 'average' or 'above average', the locum's performance must be consistent with that of doctors in substantive appointments at the grade.

CLINICAL SKILLS	History taking Physical examinations Investigations and diagnosis Judgement and patient management Practical skill
KNOWLEDGE	Basic science Clinical
ATTITUDES	Reliability Leadership and initiative Administration Time-keeping
RELATIONSHIPS	Colleagues Patients Other staff Communication skills
PERSONAL QUALITIES	Appearance Integrity Manners

Appendix VIII



Note: Both Directorate Office and Medical Workforce to keep the Bed Management Services Department updated on the Locum situation throughout the day