

Public People & Culture Committee

Tue 12 March 2024, 09:00 - 11:00

MS Teams

Agenda

09:00 - 09:05 1. Standing Items
5 min 5 mins

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 – 23rd January 2024
Sara Moseley
Public People & Culture Minutes 23.01.24 - SM.pdf (9 pages)

1.5. Actions following the previous meeting – 23rd January 2024
Sara Moseley
P&C Public Action Log following 23.01.2024 - SM v2.pdf (3 pages)

1.6. Committee Chair’s Actions
Sara Moseley

09:05 - 10:30 2. Items for Review & Assurance
85 min

2.1. Staff Story – Welsh Language
10 mins Rachel Gidman

2.2. Board Assurance Framework Report – Culture
15 mins Claire Whiles
2.2 - March 2024 BAF Culture.pdf (4 pages)

2.3. Key Workforce Performance Indicators
10 mins Lianne Morse
2.3b - New IPR - Workforce Section Jan-24.pdf (3 pages)
2.3a - People Culture Committee KPI Paper Jan-24 Data.pdf (6 pages)

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2.4. Clinical Board Spotlight: Children & Women

20 mins *Andy Jones / Catherine Wood / Sandeep Hemmadi*

📄 2.4 - C and W People and Culture Plan Final 260224.pdf (15 pages)

2.5. Notices from the Welsh Language Commissioner

10 mins *Mitchell Jones*

- 📄 2.5a - PCC - WLC Matters - March 2024 (Public).pdf (6 pages)
- 📄 2.5b - Appendix 1 - Standards Enforcement Investigation Report (CS1135).pdf (31 pages)
- 📄 2.5c - Appendix 2 - Standards Enforcement Investigation Report (CS1175).pdf (23 pages)
- 📄 2.5d - Appendix 3 - Standards Enforcement Investigation Report (CS1063).pdf (27 pages)
- 📄 2.5e - Appendix 4 - Standards Enforcement Investigation Report (CS1196).pdf (11 pages)

2.6. Health and Safety Update

10 mins *Robert Warren*

📄 2.6 H&S Update.pdf (2 pages)

2.6.1. Estates

10 mins *Geoff Walsh*

📄 2.6b - Estates Risks Update - March 2024.pdf (10 pages)

10:30 - 10:40 3. Items for Approval / Ratification

10 min

3.1. Strategic Equality Objectives & Annual Equality Reports

10 mins *Mitchell Jones*

- 📄 3.1a - PCC - SEO & Reports - March 2024.pdf (3 pages)
- 📄 3.1b - Appendix 1 - Strategic Equality Objectives - Shaping Our Inclusive Culture.pdf (16 pages)
- 📄 3.1c - Appendix 2 - Annual Equality Report 2022-2023.pdf (29 pages)
- 📄 3.1d - Appendix 3 - Gender Pay Gap Report 2023.docx.pdf (6 pages)
- 📄 3.1e - Appendix 4 - Employment Data Report 2023.docx.pdf (6 pages)
- 📄 3.1f - EHIA Strategic Equality Objectives 2024-2028.pdf (48 pages)

10:40 - 10:45 4. Items for Information & Noting

5 min

4.1. Response to Audit – Review of Workplace Planning Arrangements

5 mins *Rachel Gidman*

- 📄 4.1a - WPAuditcoverpaper.pdf (4 pages)
- 📄 4.1b - 3706A2023_CVUHB_Workforce_Planning_Eng.pdf (34 pages)
- 📄 4.1c - 3706A2023_CVUHB_Workforce_Planning_Cy.pdf (38 pages)

10:45 - 10:50 5. Any Other Business

5 min

5 mins *Sara Moseley*

10:50 - 10:55 6. Private Agenda Items:

5 min

- i. *Approval of Private minutes.*
- ii. *Employee Relations Risks (Verbal)*

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- iii. *Fire Prosecution Update (Verbal)*
 - iv. *Notices from the Welsh Language Commissioner*
-

10:55 - 11:00 7. Review & Final Closure

5 min

Sara Moseley

7.1. Items to be deferred to Board/Committees

Sara Moseley

7.2. Date & Time of Next Meeting:

Sara Moseley

Tuesday 14th May 2024 at 9am via MS Teams

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**Draft Minutes of the Public People and Culture Committee
Held On 23rd January 2024
Via MS Teams**

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Unions
Akmal Hanuk	AH	Independent Member for Local Community
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Rachel Gidman	RG	Executive Director of People & Culture
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
Angela Parratt	AP	Director of Digital Transformation
Matt Phillips	MP	Director of Corporate Governance
Rachel Pressley	RP	Head of People Assurance & Experience
Rebecca Aylward	RA	Deputy Executive Nursing Director
Jonathan Pritchard	JP	Assistant Director of People Resourcing
Robert Warren	RW	Head of Health & Safety
Sarah Martin	SM	Research & Development Manager
Donna Davies	DD	Head of People & Culture
Helen Luton	HL	Interim Director of Nursing – CD&T
Sarah Lloyd	SL	Director of Operations – CD&T
Claire Whiles	CW	Assistant Director of OD, Wellbeing & Culture
Mitchell Jones	MJ	Head of Equity and Inclusion
Katrina Griffiths	KG	Head of People Services
Geoff Walsh	GW	Director of Capital & Estates
Observers		
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nursing Director
David Thomas	DT	Director of Digital Health & Intelligence

Item No	Agenda Item	Action
P&C 23/01/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 23/01/002	Apologies for Absence Apologies for absence were noted.	
P&C 23/01/003	Declarations of Interest The IM-CE declared an interest as the Chair of the C&V Credit Union, which would be an ongoing declaration.	

<p>P&C 23/01/004</p>	<p>Minutes from meeting on 14th November 2023</p> <p>The Minutes were received and accurate.</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 14th November 2023 were held to be a true and accurate record of the meeting.</p>	
<p>P&C 23/01/005</p>	<p>Action Log following 14th November 2023 Meeting</p> <p>The Action Log was received, and the following comments were made:</p> <p><u>P&C 14/11/009 – Board Assurance Framework:</u></p> <ul style="list-style-type: none"> - The DCG would cross-reference with Claire Whiles around the WalkRounds. - The evaluation report from the Health Charity around COVID interventions had been distributed to Committee members. Additionally, the staff wellbeing team had been made permanent, and had worked with the Deputy Director of Allied Health to use the patient rehab model for staff. - Conversations were needed around when the Health & Wellbeing Framework would be brought back to the committee. <p><u>P&C 11/07/015 – Gender Pay Gap Report 2022:</u> to be brought to a future Committee once the Strategic Equality Plan had been presented in March. The EDPC will liaise with the HEI around dates to bring back to the Committee.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>P&C 23/01/006</p>	<p>Chair's Actions</p> <p>There were no Chair's Actions.</p>	
<p>Items for Review & Assurance</p>		
<p>P&C 23/01/007</p>	<p>Staff Story – My Health Passport</p> <p>The EDPC introduced the Staff Story about the My Health Passport, which had launched just before Christmas. She noted that the passport was a document that individuals could have for personal use, but it also supported conversations with managers around support or adjustments needed at work due to pre-existing or new health conditions. The passport could also be used for individuals with injuries or mental health issues.</p> <p>The Staff Story was presented to the Committee, where the Service Improvement Officer and Data Administrator for Occupational Health described her personal experience of using My Health Passport.</p> <p>The IM-CE asked for an example of the My Health Passport to be circulated.</p> <p>The IM-TU suggested that it would be useful for the passport to be utilised across Wales and England, so that staff who had been redeployed or transferred between Health Boards could be supported.</p>	

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	<p>The IM-LC asked what the mechanism was for spreading awareness about the Passport, and whether there was a culture which promoted confidence for individuals to disclose their passports to their managers.</p> <p>The EDPC responded that:</p> <ul style="list-style-type: none"> - The Health Passport was promoted through inductions, management courses, and education to staff - The Passport was not mandated, but it was intended to facilitate healthy conversations between employees and managers. - The wellbeing team and trade unions had been involved in this initiative - The passport was transferable and it had been benchmarked against a similar initiative in England - Regarding the name, a decision was made to broaden the scope from a 'Disability Passport' to a 'Health Passport'. <p>The CC emphasised the importance of normalising the use of the Passport, and that it should be an option for everybody. She suggested that the passport sit alongside the Value-Based Appraisals (VBAs).</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
<p>P&C 23/01/008</p>	<p>Board Assurance Framework Report - Workforce</p> <p>The ADPR provided the following summary:</p> <ul style="list-style-type: none"> - A risk to the UHB was being unable to recruit, attract and retain staff to deliver high-quality services. - This risk was due to an increased demand for services, national shortages in certain professions, the impact of COVID and staff burnout, the negative media portrayal of the NHS, and a lack of awareness of the range of professions in the NHS. - The People Resourcing Team, in place since September 2021, had developed action plans to address these issues: <ul style="list-style-type: none"> • The improvement of inclusive recruitment – teams had reached out to deprived areas and supported initiatives for people with autism, learning disabilities, and care leavers. • Schools and colleges – they had potentially reached over 5000 students through virtual meetings and taster sessions in various departments, generating interest in different career pathways. • They also worked with refugees and people coming out of prison to provide them a fresh start. • Apprenticeships – they hoped to have 1% of employees on apprenticeship schemes. • Recruitment events were held three times a year in Cardiff City Centre which helped recruit for difficult areas such as housekeeping, catering, and healthcare support workers. • Retention – they had relaunched the exist questionnaire and starter surveys for new employees. • They had received positive feedback from their newly qualified nurses, with 8.7 out of 10 recommending Cardiff as a good place to work. <p>The IM-LC highlighted the importance of having a strategy to follow, and he suggested that it would be useful for the survey results for new starters to be shared.</p>	

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	<p>The EDPC responded that the teams would implement a planned framework to widen access to complement the People and Culture Plan. Initial conversations around this framework had recently begun, and it would be brought to a future Board for review.</p> <p>The CC highlighted to the ADPR the need for a cover report for the BAF which outlined metrics such as time to recruitment, efficiency of the service, and support provided for recruiting teams.</p> <p>The IM-CE asked what questions had been asked in the starter survey and whether any themes had been observed, and what was the response rate.</p> <p>The ADPR responded that:</p> <ul style="list-style-type: none"> - The response rate to the surveys was not as high as they would have liked, and it was between 22-25% - The survey aimed to gather information to improve the experience for the next cohort of nurses, and included concerns around the length of the supernumerary period, staff having appropriate support, the fear of having appropriate support and training, fear of making mistakes, and being short-staffed. - However, 87% of respondents said that they would recommend Cardiff as an employer, and the negative feedback was fed into the Nursing Productivity Group to be addressed. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The risks to the delivery Strategic Objectives (Workforce) detailed on the BAF for January 2024 were reviewed and noted. 	
<p>P&C 23/01/009</p>	<p>Key Workforce Performance Indicators</p> <p>The DDPC provided 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 People & Culture Committee on the 23/01/2024 for Agenda item 2.4.</p> <p>The DCEF commended the department managers within his team for meeting the Value Based Appraisals (VBAs) compliance targets.</p> <p>The IM-CE asked about the data in terms of:</p> <ol style="list-style-type: none"> 1) The sickness and turnover rates, and whether there were any particular hotspots across the UHB; and 2) The increase in the overall health board staffing numbers, and whether this was due to backfilling, new posts, or posts that had gone through a screening process to ensure their feasibility. <p>The DDPC responded that:</p> <ol style="list-style-type: none"> 1) Staff in post – a robust scrutiny panel had been in place since August 2023 to look into all posts, and that this was the first month in which they had seen an impact, with only 10 new posts in the previous month. There had been a lot of growth in medical and dental posts, which had always been built into their recruitment plan; and 	

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	<p>2) Hotspots – Healthcare Support Workers (HCSWs) and registered nurses had always been challenging in terms of turnover and sickness rates, but they had worked hard to reduce this.</p> <p>The COO explained that the Scrutiny Panel focused on all clinical posts Band 7 and above, and on all admin and clerical posts. He added that HCSWs, nurses, and midwives did not have the same restrictions.</p> <p>The CC queried why only just over half of clinicians had a signed off job plan.</p> <p>The COO responded that:</p> <ul style="list-style-type: none"> - They were committed to getting this right, and the goal was to create meaningful job plans which helped the organisation given that there was so much development happening. - It was important to redesign medicine in a meaningful way, with a focus on 7-day working and the continuity of care. - This was a significant task which had already started in Gastro, but he noted that it would take time to get right. - There was a focus on tackling the cultural hotspots and ensuring that people follow the organisation's values. <p>The COO added that the increase in the number of employee relations cases was not a negative. It meant that issues were being addressed.</p> <p>The DDPC highlighted the following:</p> <ul style="list-style-type: none"> - Job Planning - a consultant anaesthetist had been appointed to lead on job planning to support the clinical boards to make improvements. It was suggested that they be invited to a future meeting to outline their plan for improvement. - Employee relations cases - there had always been fluctuations in the number of cases, without a rationale or themes. They had a robust initial assessment process which stopped anything inappropriate from being investigated, and that they were tackling some historic bad behaviour. <p>The EDPC highlighted that the department had set a target for benchmarking, and that they had identified from learning that learning that discrimination was probably rising. She suggested that this be brought back as a topic for future discussion.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were noted and discussed.</p>	
<p>P&C 23/01/010</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Clinical Board Spotlight – <u>CD&T Clinical Board</u></p> <p>The DO-CDT, IDN-CDT, and HPC shared the presentation which provided a summary of the Clinical Board from a People & Culture lens. The presentation is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.4.</p> <p>The CC asked how reliable the staff demographics were.</p> <p>The IDN-CDT responded that the data had been pulled from ESR, and that it was dependent on staff having populated their personal information.</p>	

	<p>The CC praised the presentation and the work undertaken by the clinical board across the various areas of the UHB.</p> <p>The IM-TU praised the partnership work undertaken between the CD&T Clinical Board and the Trade Unions. He asked what was the response rate for the exit questionnaires, and how they would rate staff morale within the clinical board.</p> <p>Regarding staff morale, the DO-CDT highlighted that staff were going through a particularly difficult time with winter pressures. She had received feedback that staff felt supported, but they were worn out. The DO-CDT suggested to share the information regarding exit questionnaires outside of the meeting.</p> <p>The CC asked what the Committee could do to support.</p> <p>The DO-CDT responded that the current financial challenge was at the forefront of their minds regarding the reshaping the workforce piece. She was not convinced that every team had the capability or capacity to manage all of the difficult work that lay ahead.</p> <p>The EDPC explained that a paper was being developed to address areas of the People and Culture Plan that had become lean over the years, with the first phase focusing on building workforce planning capacity. She acknowledged that the organisation was not currently engaging in strategic workforce planning, but rather forecasting, due to a lack of headspace and capability.</p> <p>The DDPC noted that they had worked closely with the Improvement team to create a training programme for managers on how to redesign their services. A draft proposal would be available to clinical boards within the following few weeks.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. To consider how to bring workforce redesign planning to the Committee (RG / SM) <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The Medicine Clinical Board Spotlight was noted. 	
<p>P&C 23/01/011</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Speaking Up Safely Update Paper</p> <p>The DCG presented the Speaking Up Safely (SUS) Report which provided the Committee with a summary of the new framework. The report is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.5.</p> <p>The COO suggested the use of a portal which signposted the different avenues for staff to report concerns, to avoid the process becoming too convoluted and complicated. He added that in other organisations they had Freedom to Speak Up (F2SU) guardians.</p> <p>The CC asked about the additionality that SUS brought, given that there were already systems in place for reporting concerns, and how to differentiate between the channels and methods used by the organisation</p>	

	<p>and the plethora of external places. The CC suggested that the organisation make their process clearer and more streamlined for staff.</p> <p>The DCG responded that:</p> <ul style="list-style-type: none"> - The goal was to create a portal space that was accessible to everyone – however there needed to be a discussion around digital inclusion as there was a difference between the CAV website and SharePoint Online; - Oversimplifying the process into one place where anyone could go would require someone to apply judgement over the next steps, which could negate the purpose of the framework; - There were arguments both for and against the F2SU guardians, and England were taking a slightly different approach - There was concerns around not losing sight of culture and leadership, which was where the real additionality came from. <p>The IM-LC suggested that the analysis of which approach to take could be multi-disciplinary, and that Cardiff University might be able to help.</p> <p>The DCG confirmed that the organisation was compliant with the legislation; however, the process was not as effective as it could be.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1) For a progress update on SUS to be provided to a future Committee (MP) <p>The Committee resolved to:</p> <ol style="list-style-type: none"> 1) The update was noted; and 2) An update once the above actions had taken place was agreed. 	
<p>P&C 23/01/012</p>	<p>People and Culture Plan End of Year 2 Review</p> <p>The EDPC presented the Progress against the People and Culture Plan (Year 2 Review) which provided the Committee with a summary of the progress made, how they had responded to challenges faced, and the proposed next steps for 2024/25. The report is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.6.</p> <p>The COO praised the Strategic Plan, and noted that he had not seen anything similar in other organisations.</p> <p>The CC suggested that it might be useful to differentiate between the different kinds of performance indicators, and who held responsibility for the delivery.</p> <p>The EDPC explained that the Plan affected every Executive portfolio, and Shared Services also had an input.</p> <p>The CC asked how the Committee could support the Plan in its next phases of development and how they can be kept accountable.</p> <p>The EDPC reminded colleagues that the People and Culture Plan was to be incorporated and owned by everyone.</p> <p>The Committee resolved to:</p>	

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	<p>1) The contents of the report were noted and the assurance around progress made in 2023 against delivery of the People and Culture Plan was received;</p> <p>2) The proposed next steps for 2024/25 were noted and supported.</p>	
P&C 23/01/013	<p>Health and Safety Update</p> <p>The paper was noted as read, and the HHS informed the Committee that a response to the actions following the Musculoskeletal and V&A intervention programme was required by the 29th February 2024.</p> <p><u>Estates</u></p> <p>The DCEF shared a presentation which provided the Committee with a summary of the ongoing risks within Estates.</p> <p>The COO acknowledged the UHB's difficult position going forward due to the limited capital and the need to make essential repairs. If the organisation was unable to safely provide services in a part of the building, a conversation would be needed around stopping that service or relocating to another part of the real estate. The COO highlighted that if they wished to attract people to work in their organisation, they would have to improve the facilities.</p> <p>The CC suggested that this issue be escalated to the Board, and noted that it was crucial for Welsh Government (WG) to be kept informed.</p> <p>Notwithstanding the financial pressures, the IM-CE asked what their status is in terms of their internal skills to deal with these problems, and how responsive they could be to tackle estates problems sooner rather than later.</p> <p>The DCEF responded that the UHB had some of the best engineers and construction professionals in the region. He added that the teams had provided assurance to staff that the problems were being dealt with proactively and logically.</p> <p>The EDPC reinforced that a poor work environment would affect the wellbeing of staff.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. For a paper on the Estates challenges across the organisation to be presented to Board, which also outlined the actions being taken to mitigate these risks (RW / GW) <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The contents of both reports were noted. 	
Items for Approval / Ratification		
P&C 23/01/014	<p>Policies for Approval</p> <p>The All-Wales Flexible Working Policy was approved, and the Recruitment of Locum Doctors and Dentists Operational procedure was agreed to be rescinded.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The policies were approved / rescinded. 	

	Items for Information & Noting	
P&C 23/01/015	No items.	
	Any Other Business	
P&C 23/01/016	No items.	
	Private Agenda Items	
P&C 23/01/017	<i>i) Approval of Private Minutes ii) Employee Relations Risks (Verbal) iii) Fire Prosecution Update (Verbal)</i>	
	Review & Final Closure	
P&C 23/01/018	Items to be deferred to Board/Committees	
	Date & time of the next meeting: Tuesday 12 th March 2024 at 9am via MS Teams	

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Public Action Log
Following People and Culture Committee Meeting
23rd January 2024
(Updated for the Meeting 12th March 2024)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Completed Actions					
P&C 14/11/009	Board Assurance Framework	Circulate the detailed paper that Nicky Bevan produced for the Health Charity detailing impact of COVID interventions.	Joanne Brandon Rachel Gidman	23.01.2024	Completed <i>Paper distributed to Members outside of the meeting.</i>
P&C 14/11/009	Board Assurance Framework	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	Completed <i>The Health and Wellbeing Framework has been added to the Forward Plan for the May 2024 meeting.</i>
P&C 14/11/009	Board Assurance Framework	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	Completed <i>Update provided at January 2024 Committee meeting.</i>
P&C 14/11/013	Health and Safety Update	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 / Robert Warren	23.01.2024	Completed <i>Update provided at January 2024 Committee meeting</i>
P&C 14/11/014	Policies for Approval – Raising Concerns Procedure	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	Completed <i>This item will be reported through the Speaking Up Safely work.</i>
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	12.03.2024	Completed <i>Added to the forward plan for the September Committee.</i>

P&C 23/01/011	Speaking Up Safely Update	Progress update on SUS to be provided to a future Committee.	Matt Phillips	23.01.2024	Completed <i>Added to the forward plan for the July Committee meeting.</i>
P&C 23/01/013	Health and Safety Update	Paper on the Estates challenges across the organisation to be presented to Board, which also outlined the actions being taken to mitigate these risks.	Robert Warren / Geoff Walsh	23.01.2024	Completed <i>Added to the forward plan for the March 2024 Board Meeting.</i>
P&C	Any Other Business	CC to write to CD&T to thank them for their input.	Sara Moseley	12.03.2024	Completed <i>The letter was shared offline.</i>

Actions in Progress

P&C 14/11/009	Board Assurance Framework	Present a schedule of roadshows to demonstrate where they had visited and what had been raised by staff.	Claire Whiles	23.01.2024	In progress <i>Themes and schedules for the Walkrounds to be distributed to Committee members once received.</i>
P&C 14/11/027	Welsh Language Standards Annual Report	Dashboard on compliance with the 121 standards to be shared.	Rachel Gidman / Mitchell Jones	12.03.2024	Update to be provided in the March 2024 Committee.
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, 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 23/01/010	Clinical Board Spotlight	SM and RG to consider how to bring workforce redesign planning and impact to the Committee.	Sara Moseley Rachel Gidman	12.03.2024	Update to be provided at March 2024 Committee.
P&C 23/01/010	Clinical Board Spotlight	Clinical Board Spotlight CD&T slides to be shared with other Clinical Boards to replicate the presentation format.	Paul Bostock	12.03.2024	In progress <i>Slides to be shared offline – will move to 'completed' once distributed.</i>

Actions referred from Board / Committees

Actions referred to Board/Committees					

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Report Title:	Board Assurance Framework - Culture			Agenda Item no.	2.2	
Meeting:	People and Culture Committee			Meeting Date:	12 th March 2024	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information	<input type="checkbox"/>
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture					

Main Report
Background and current situation:

Background

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 compassionate and inclusive culture that builds 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.

Leading sustainable change currently sits on the Board Assurance Framework as there is a risk that the cultural change required to achieve our ambition will not be implemented in a sustainable way.

This is due to a number of factors that include:

- The belief that the current climate is high in bureaucracy and low in trust.
- Staff reluctance to engage with change as they are overwhelmed with system pressures and ongoing demands.
- Staff 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 following the pandemic, making involvement in, and response to change complex and challenging.

UHB Response to the Risk

The UHB are taking a number of steps, and implementing controls to reduce the risks linked to leading sustainable change. The main messaging around cultural work is that it is everyone’s responsibility. Every behaviour and interaction shapes the culture of the organisation, however leaders have been shown to have the greatest impact upon culture and much of the work around sustainable cultural change will require the full engagement and support of our leaders and managers across the UHB to be successful.

The BAF outlines the detail of actions taken over the latest period, the section below draws out highlights from this detail.

Current Situation – Controls and Actions Highlights

Clinical Board Executive Reviews

The monthly reviews continue to work effectively to provide the opportunity to examine workforce and performance data, explore ‘noise’ in the system, develop effective plans to address issues and to highlight areas of good practice. The CB Triumvirate are linked in via the Heads of People and Culture, and the Executive Director of People and Culture, to guidance, support and advice regarding emerging and/or long-standing cultural concerns.

The Chief Operating Officer is also holding monthly 'cultural update' meetings with the Executive Director of People and Culture, and the Assistant Director of OD, Wellbeing and Culture to monitor progress on any culture and leadership work and identify priority areas or 'hot spots'.

Most recent work includes:

- Culture and Leadership Programme introduced within Theatres (UHL), discovery phase completed
- Culture and Leadership Programme scoping currently underway in Theatres (UHW); Cardiology and Radiology
- Culture and Leadership session in development for senior clinicians and senior midwives within C&W CB
- ECOD Team supporting ALAS Senior Leadership Team in the design and development of next steps following discovery phase and whole directorate team away day.

Risk

- Capacity to support emerging priority areas, link with Executive of P&C and COO in place to manage this risk.

Strategic Equality Objectives (SEO) / Plan

Engagement on the development of the UHB's Strategic Equality Objectives took place between December 2023 and February 2024. 301 people participated in the engagement through completing the form or joining sessions. These revised objectives align with our Shaping Our Future Wellbeing Strategy, reinforcing our dedication to 'Putting People First' and 'Providing Outstanding Quality.'

The SEOs provide us with our collective commitment to a future where healthcare is a right, accessible to all, irrespective of background or circumstance. Progress against the objectives will be monitored along with updates on supporting actions on an ongoing basis. Progress will be reported through our People and Culture Committee, Board updates and through an Annual Report.

Risk

- Capacity to fully support the educational aspects outlined in the objectives.
- Organisational wide engagement, this will be mitigated via the re-introduction of the Equality Steering Group.

Anti-Racist Action Plan

Slow progress against the plan has been address by accessing short-term resource via the wider People and Culture Team. This resource that has been available from January 2024 has enabled focused work, which has included the following actions:

- Meeting with the Chair of the One Voice network to review the action plan
- A revised action plan that provides more structured monitoring and review mechanisms that support effective governance
- Re-engagement of 'leads' to ensure awareness of action and timeframes
- A scoping exercise to identify potential providers of Anti-Racist training, and support to develop effective employee resource networks
- Meeting with the Communications Team to develop a communication and engagement plan to raise organisational awareness

Risk(s)

- E&I Team capacity to sustain focus and oversight around ARAP
- Organisational engagement in the plan, mitigation via communication strategy
- Resource required to support Anti-Racist Training, development of Employee Resource Networks

Leadership and Management Development

The ECOD Team are currently drawing together the existing offer to present to Management Executive Team in early March 2024. This will include the full range of opportunities available, along with details of the numbers of attendees and roles of those who have attended.

This work will enable a gap analysis of both attendees and provision available. In the People and Culture IMTP for 2024/25, quarter one details engagement with the UHB to understand the leadership and management requirements, and a training needs analysis for leadership and management development.

The team are also working closely with HEIW in terms of understanding the external provision available, developments in talent management and succession planning, alignment with the compassionate leadership principles and emerging work on leadership and management competencies.

Risk(s)

- Resource available to deliver effective leadership and management development (internal and external)
- Focus solely on development – will require focus on recruitment of leaders and managers, inclusive approach to talent management and succession planning and continuous development.

Retention

HEIW has funded Retention Lead posts across NHS Wales. In February 2024, the Retention and OD Lead commenced their role within the People and Culture Directorate. With an initial focus on supporting the completion of the Nurse Retention Self Assessment, the role will develop to adapt and implement the retention toolkit across different roles and departments throughout the UHB.

Work completed to date (over 3 weeks) includes:

- Becoming an established member of the All Wales Retention Community of Practice – CAV lead has instigated this CoP as the HEIW lead not currently in place
- Meeting with key internal stakeholders and development of a stakeholder map
- Review of the HEIW Retention Toolkit / Self Assessment and presentation of questions to HEIW for clarity to support implementation
- Baseline data collation and utilisation of Power BI to prepare for data analysis

Risk(s)

- Nursing Retention Self Assessment deadline 31st March 2024 and a number of queries to HEIW regarding completion – Lead has this in hand and has met with lead, awaiting response.
- Engagement with identified areas regarding completion of Self Assessment while pressure and demands remain high.

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

While the challenges facing those working within health care remain high, and colleagues work within pressurised and often highly emotive environments the focus on culture is more important now than ever.

Over the past 12 months there have been many reports in the public domain regarding the devastating impact of poor or inappropriate cultures within organisations, upon patient care, patient outcomes and experience, and upon staff experience.

While this report was being written, the NHS Wales Staff Survey results have been shared with organisations across Wales. This feedback will be integral to our understanding of the experience and feelings of our colleagues, and in understanding culture within the organisation. This data will be used to develop our understanding, and engage and work collaboratively with colleagues to prioritise areas of improvement, and share areas of success.

This section of the BAF provides an additional focus on culture and the controls, assurances and actions required to support developments in this area. This report provides a snapshot of the work being undertaken, and serves to provide assurance to the committee.

Recommendation:

People and Culture Committee as asked to:

NOTE the information included within the paper and accept as assurance.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

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

Safety: yes – as above

Financial: yes – impact of poor culture on retention, recruitment and patient experience

Workforce: yes - impact of poor culture on retention, recruitment and patient experience

Legal: yes – strategic equality objectives

Reputational: yes - impact of poor culture on retention, recruitment and patient experience

Socio Economic: yes – strategic equality objectives

Equality and Health: yes - impact of poor culture on retention, recruitment and patient experience

Decarbonisation: yes – opportunity to gather ideas for improvement at a local level

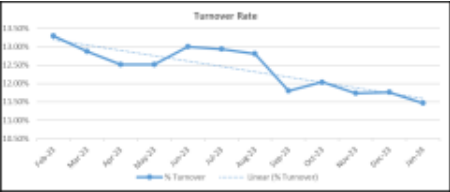



Approval/Scrutiny Route:



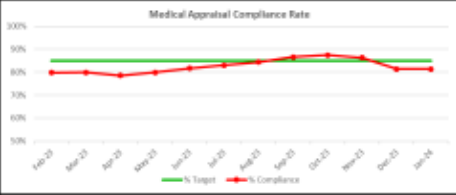
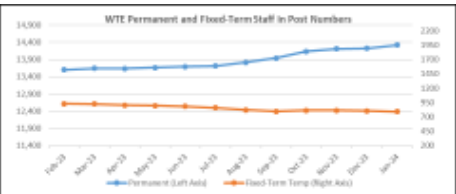

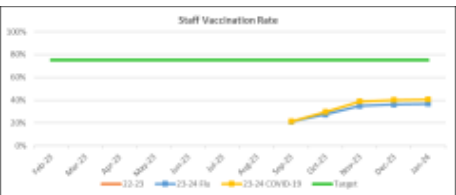
Committee/Group/Exec Date:

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C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Feb-23; the rates have fallen from 13.29% to 11.47% in Jan-24 UHB wide. This is a net 1.82% decrease, which represents 255 WTE fewer leavers.</p> <p>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’.</p>	January 2024	
Sickness Absence	<p>Rates remain high; although the rates appear to be the falling towards more ‘normal’ levels. The monthly sickness rate for Jan-24 was 6.22. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.23% (by comparison with Jan-23, which was 7.10%).</p>	January 2024	
Statutory and Mandatory Training	<p>The overall compliance rates rose for Jan-24 to 81.93%, 3.07% 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, Corporate Executives and Children & Women’s are above 80% compliance.</p> <p>The compliance with Fire training was 70.75% for Jan-24. The compliance for all of the Clinical Boards is below the 85% compliance target.</p>	January 2024	
Values Based Appraisal	<p>VBA compliance was to 68.59% for Jan-24. 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, and was 79.00% for Jan-24.</p>	January 2024	

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 12 months and for 2 months 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.	January 2024	
Job Plans	91.98% of clinicians have engagement with job planning and have a job plan in the system, however only 51.56% have a fully signed off job plan. Focus continues to be on supporting the approval and sign off process.	January 2024	
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for the past 3 months. At Jan-24 the compliance was 81.39% and has now fallen below the 85% target.	January 2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 575 WTE, to 15,109 WTE. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	January 2024	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. It has been as high as 10.85% of the total spend on pay, but in Jan-24 was 9.55%. It must however be borne in mind that the total pay bill is increasing.	January 2024	
Staff Winter Vaccination Programme	<p>The 2023-24 winter vaccination programme commenced in Sep-23. So far 36.86% of staff have received the flu vaccine and 40.64% have received the COIVD-19 vaccine, by comparison with a target of 75% vaccination.</p> <p>The 2022-23 flu vaccine programme reached 38.30% of staff by Feb-23.</p>	January 2024	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend												
36.	Percentage of sickness absence rate of staff	January 2024	6%	6.22%	<table><tr><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th></tr><tr><td>6.27%</td><td>6.27%</td><td>6.52%</td><td>6.34%</td><td>6.65%</td><td>6.22%</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	6.27%	6.27%	6.52%	6.34%	6.65%	6.22%
Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24												
6.27%	6.27%	6.52%	6.34%	6.65%	6.22%												
37.	Staff turnover	January 2024	7%-9%	11.47%	<table><tr><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th></tr><tr><td>12.81%</td><td>11.80%</td><td>12.03%</td><td>11.74%</td><td>11.76%</td><td>11.47%</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	12.81%	11.80%	12.03%	11.74%	11.76%	11.47%
Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24												
12.81%	11.80%	12.03%	11.74%	11.76%	11.47%												
38.	Agency spend as a percentage of the total pay bill	January 2024	12 month reduction trend	1.16%	<table><tr><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th></tr><tr><td>2.42%</td><td>1.54%</td><td>1.35%</td><td>1.28%</td><td>1.33%</td><td>1.16%</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	2.42%	1.54%	1.35%	1.28%	1.33%	1.16%
Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24												
2.42%	1.54%	1.35%	1.28%	1.33%	1.16%												
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)	January 2024	85%	69.41%	<table><tr><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th></tr><tr><td>71.82%</td><td>69.00%</td><td>68.29%</td><td>69.20%</td><td>68.86%</td><td>69.41%</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	71.82%	69.00%	68.29%	69.20%	68.86%	69.41%
Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24												
71.82%	69.00%	68.29%	69.20%	68.86%	69.41%												

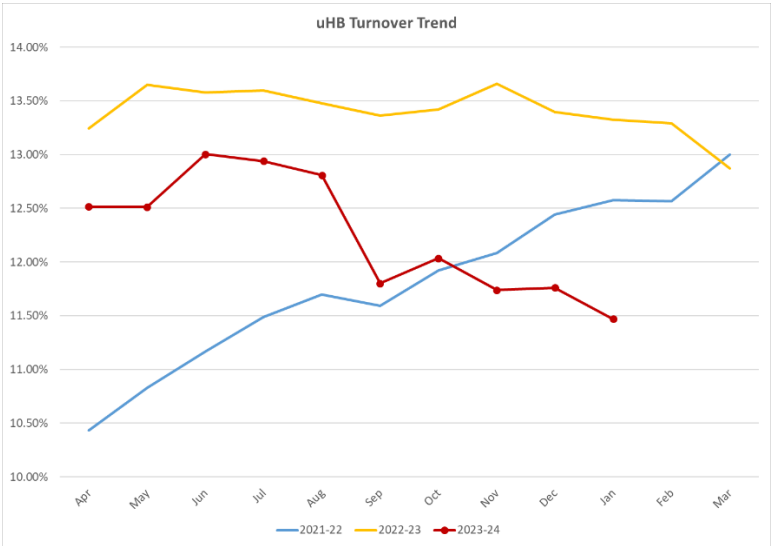


Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.3
Meeting:	People & Culture Committee	Public	X	Meeting Date:	12/03/24
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture / Head of People Analytics				

Main Report
Background and current situation:

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

Staff **Turnover** continues to reduce, the turnover rate at January 24 was 11.47%, which has been steadily reducing since Nov-22.

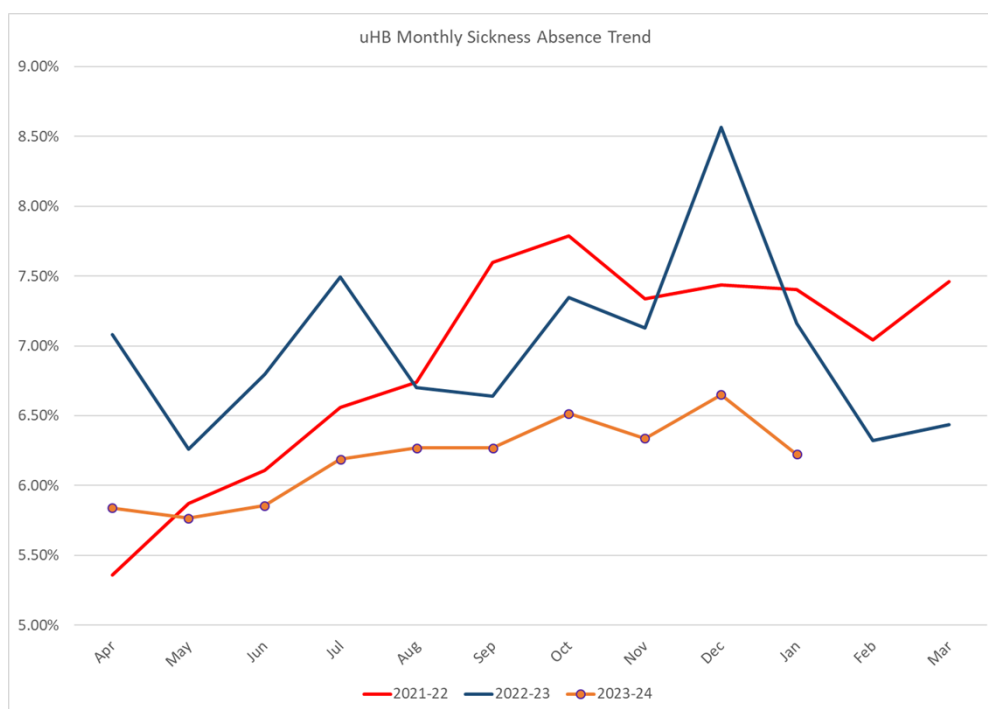


The turnover rate at January 24 was 11.47%, and as can be seen the trend in the turnover rate has been downwards since Nov-22.

The turnover by staff group at Jan-24 is: -

Staff Group	WTE % Turnover
Add Prof Scientific and Technic	9.42%
Additional Clinical Services	13.28%
Administrative and Clerical	12.26%
Allied Health Professionals	11.47%
Estates and Ancillary	12.10%
Healthcare Scientists	9.04%
Medical and Dental	6%
Nursing and Midwifery Registered	9.37%
Students	0.00%
Total	11.47%

- The monthly **Sickness Absence** rates for the current financial year are lower than for the previous 2 years, but are broadly higher than the 6% target rate.



- **Employee Relations activity -**

Disciplinary cases have increased over the last 12 months from 10 in February 2023 to 22 in February 2024.

- There has been an increase in cases where staff have inappropriately accessed medical records (often their own record or those of immediate family members). Communication has been sent out to staff to remind them of our Information Governance Policies and appropriate action has been taken when a breach occurs. As a result, these cases are now reducing.
- A number of the cases reported have been under formal investigation for more than 6 months. This is due to the complexity of the cases and the capacity of the investigating officers. In the last 12 months, there has been a delay with finding and appointing trained investigating officers within the Health Board. The People Services Team have now identified new Investigating Officers and provided them with full training to address the delay in progressing cases.

- A variety of measures are being pursued to improve the rate of engagement with consultant **Job Planning:** -

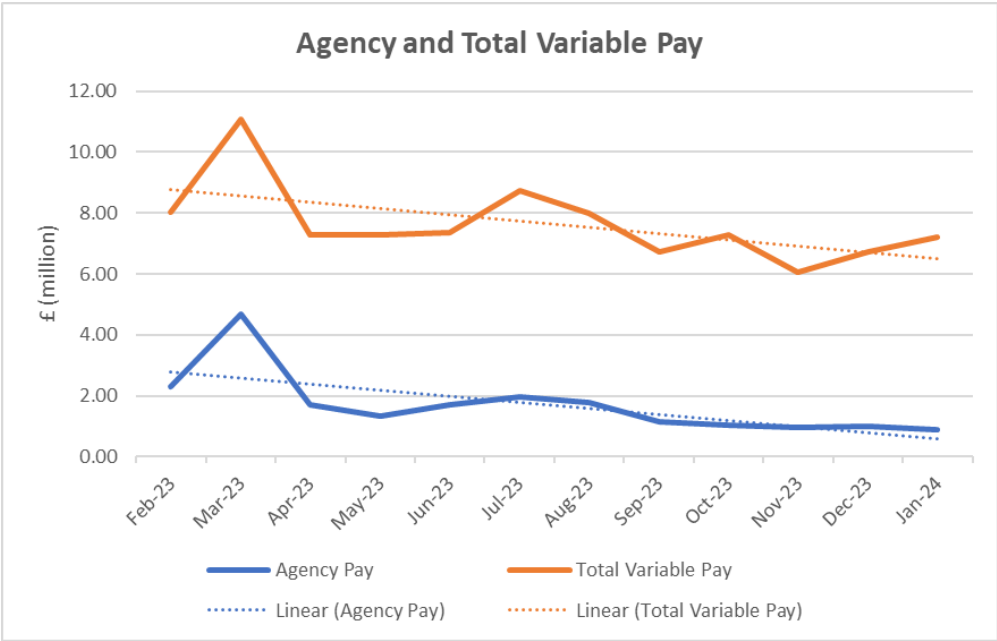
- The UHB Job Planning Team has recently met with all Clinical Directors and the majority of the Management Teams involved in job planning. These meetings have very much highlighted that job planning activity is often happening within the Directorates, but not always recorded in the e-job planning software. The barriers to use of the software are being identified.

- A trial has been proposed within Medicine Clinical Board to provide a toolkit and implement a 3-stage approach to job planning. The Senior Medical e-Systems Advisor will also meet with a selected group of individual Consultants to record their job plans. This will help everyone to understand the complexities of their working patterns and

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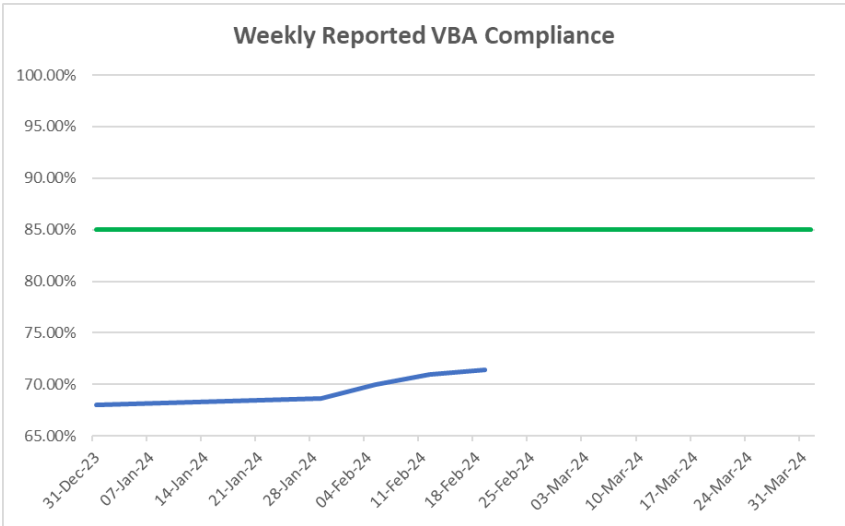
identify activities that can be allocated specific tariffs. This supports standardisation and fairness and will build useful templates for the rest of the teams. We are hoping to offer this approach to other areas and improve engagement across the UHB.

- Job Planning has now been added to the agenda at the Clinical Board Performance Review meetings.
- Both of the Total **Variable pay** and Agency Pay has fallen during the past 12 months, due to a range of proactive measures being undertaken by the Clinical Boards through the Workforce Sustainability Programme.



The spike in the graphs at March 23 is as a consequence of year-end accruals for variable pay earned during March which would otherwise feature in the April pay bill. The total variable pay bill for Feb-23 was £8.01m, and has fallen to £7.22m for Jan-24. The agency cost at Feb-22 was £2.31m and has fallen to £871k.

- The Chief Operating Officer has confirmed the commitment to ensure that all staff working within the Clinical Boards have a meaningful VBA with their manager. Clinical Boards have been made aware of the commitment and the COO is monitoring progress on a weekly basis, in addition to discussing at the Clinical Board review meetings. The reported compliance at the end of Jan-24 was 68.59%, and in the subsequent 3 weeks the compliance has risen to 71.43%.



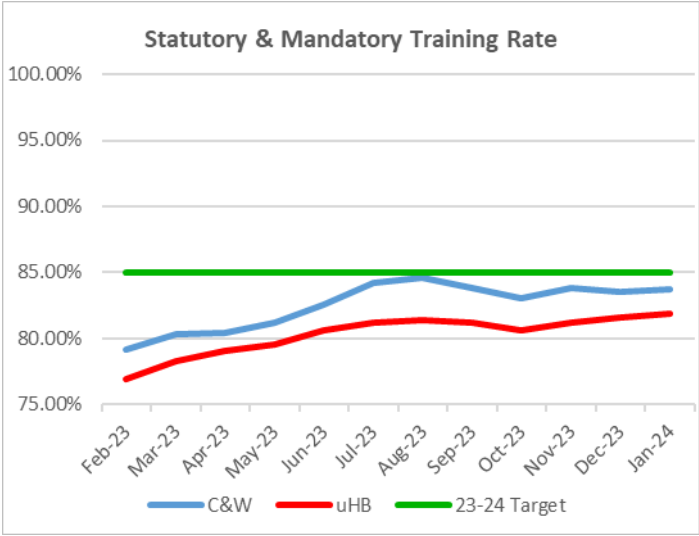
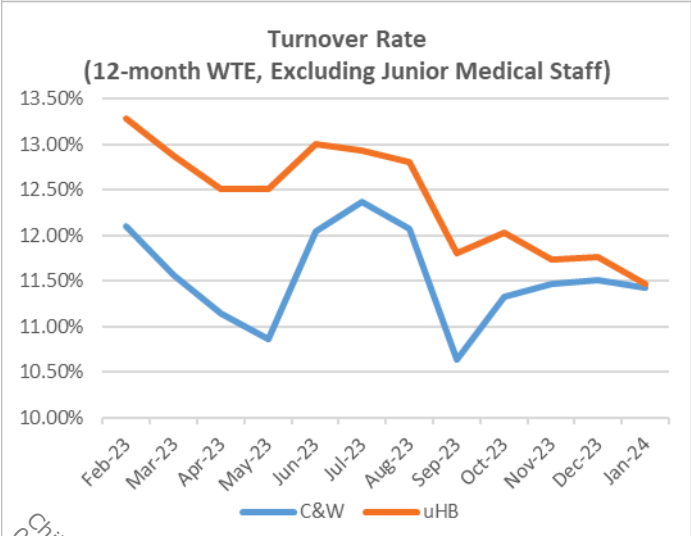
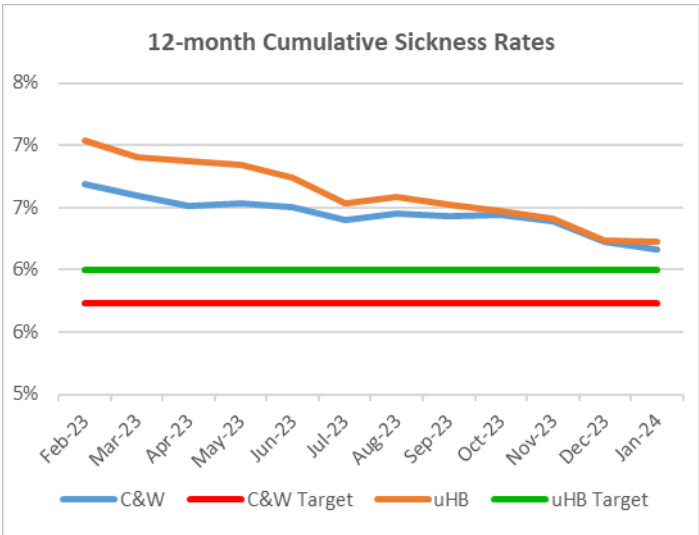
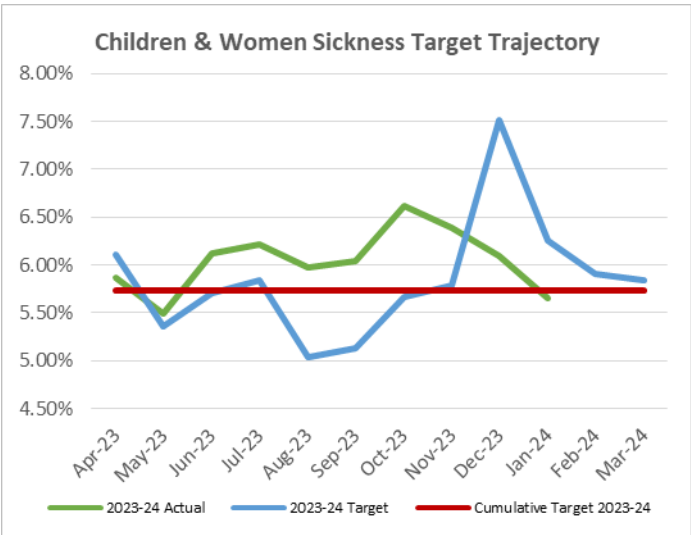
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Our approach

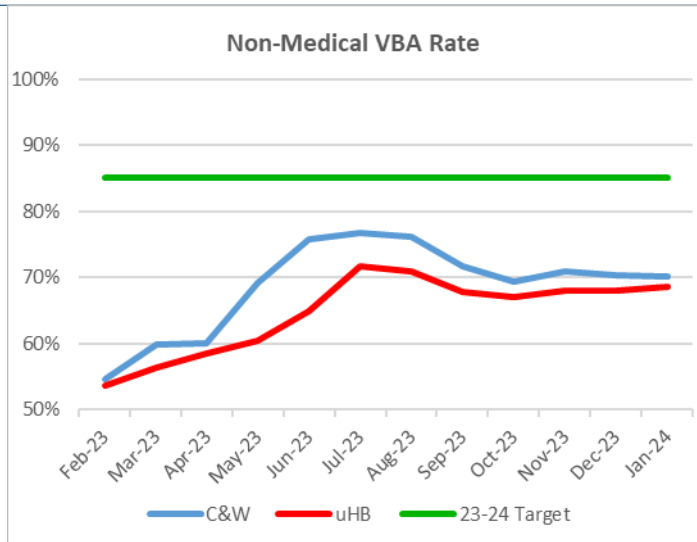
The Integrated Performance Report provides the Committee with high level assurance on key workforce performance indicators. In addition, the Committee will receive updates from each of the Clinical Boards in relation to:

- 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

Children & Women’s Clinical Board are presenting at the March Committee, below are the high level KPIs to support the discussion



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Suspension/Exclusion from work

As at 31st January 2024, there were 22 ongoing formal cases being investigated in accordance with the All Wales Disciplinary Policy, plus 4 being investigated in accordance with the Upholding Professional Standard in Wales Procedure (UPSW). 5 of these investigations have been ongoing for more than 4 months.

The UHB currently has 2 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 over 12 months, this is due to the investigation being put on hold due to concerns raised under the Formal Respect and Resolution Policy. The other member of staff has been suspended for 1 month due to criminal allegations.

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: <i>Please state yes or no for each category. If yes please provide further details.</i>									
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									

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C&W Clinical Board People and Culture Plan

People & Culture Committee

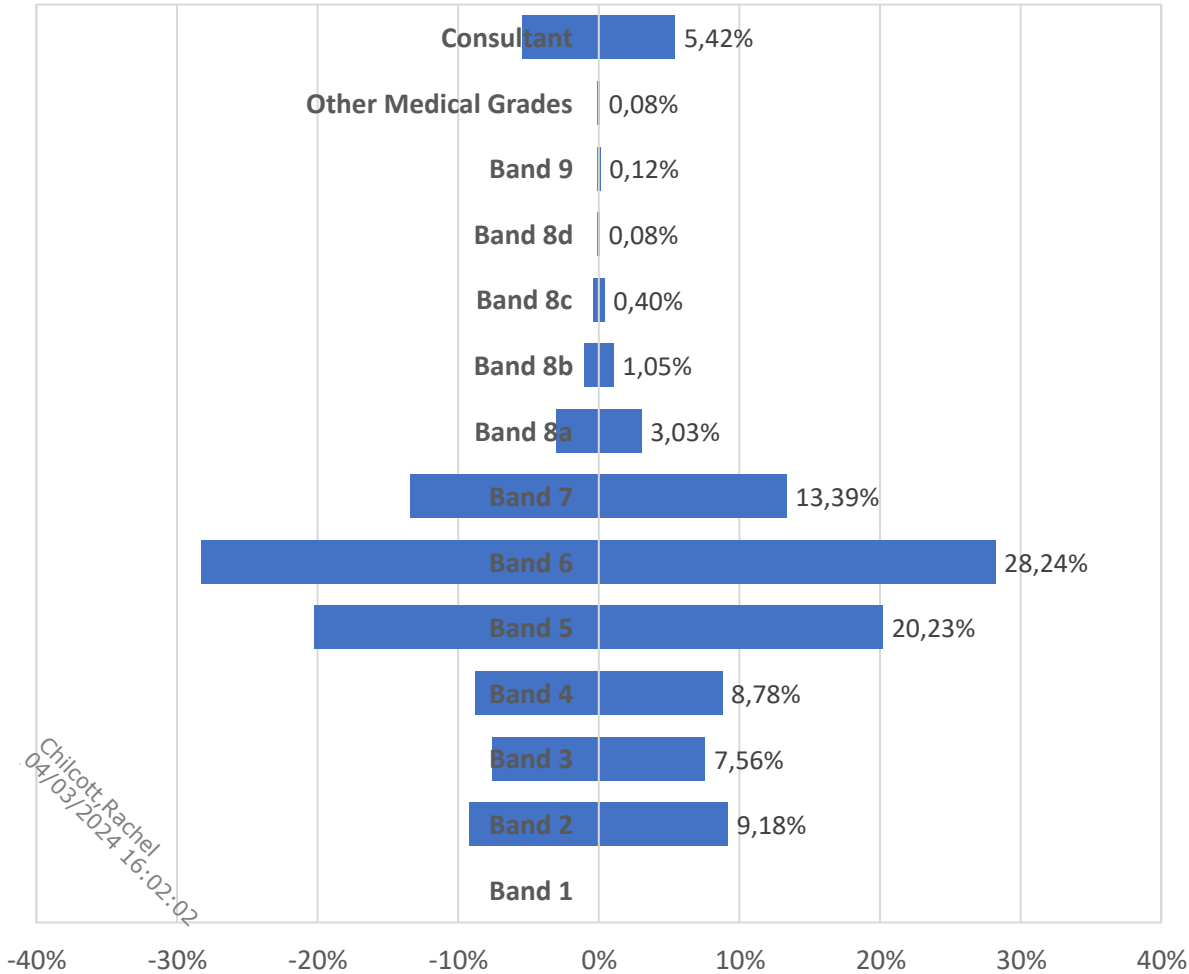
March 2024



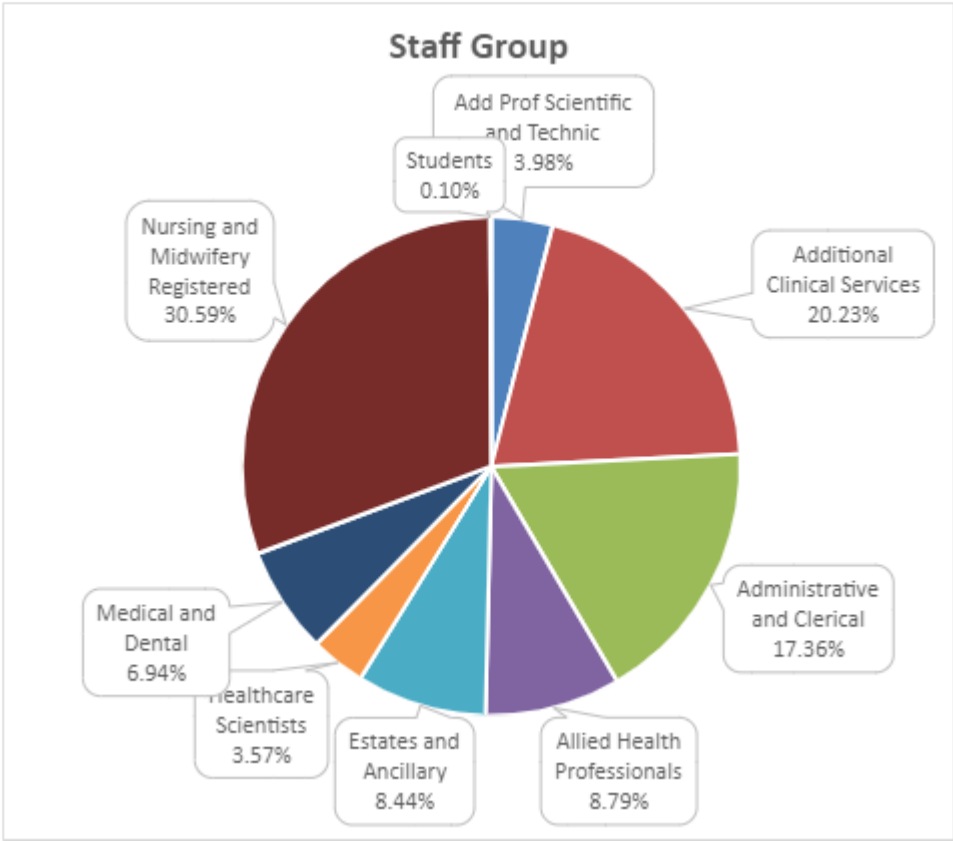
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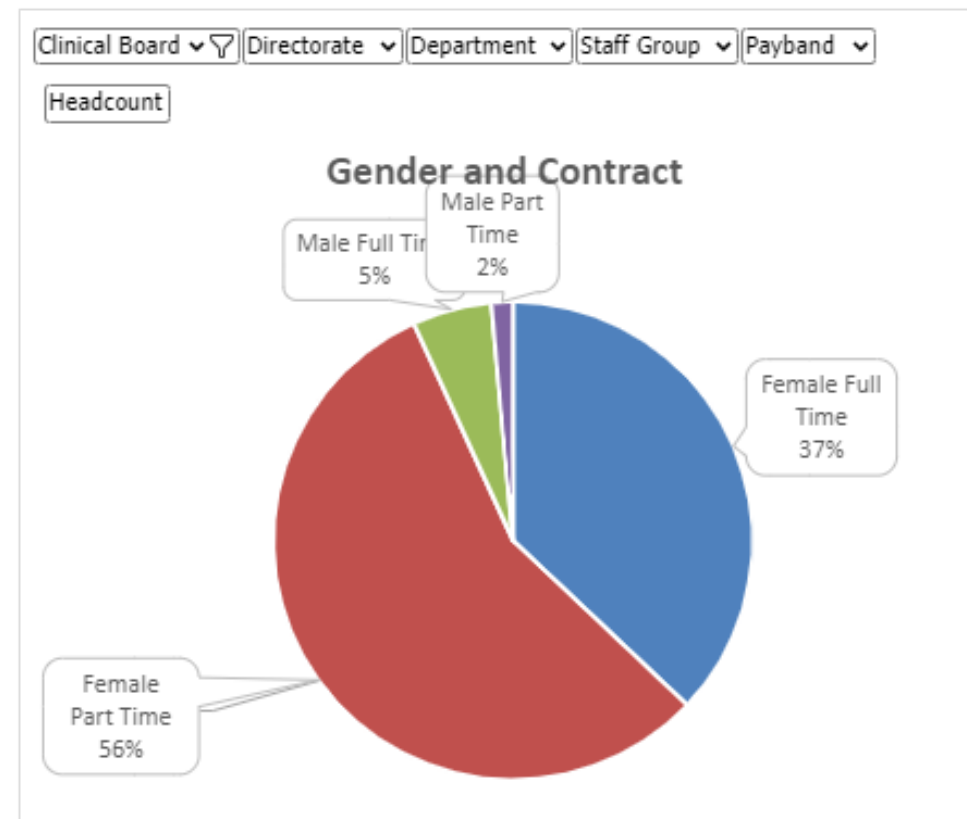
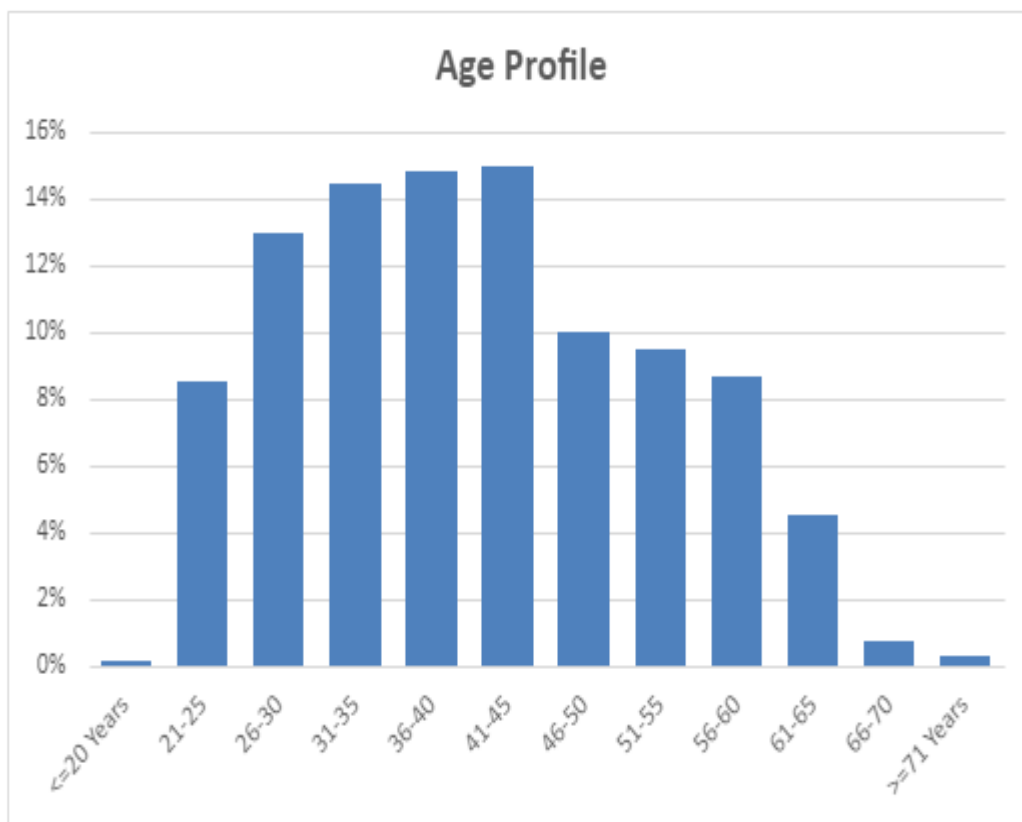
Workforce Profile as at January 2024

Staffing Profile by Pay Band

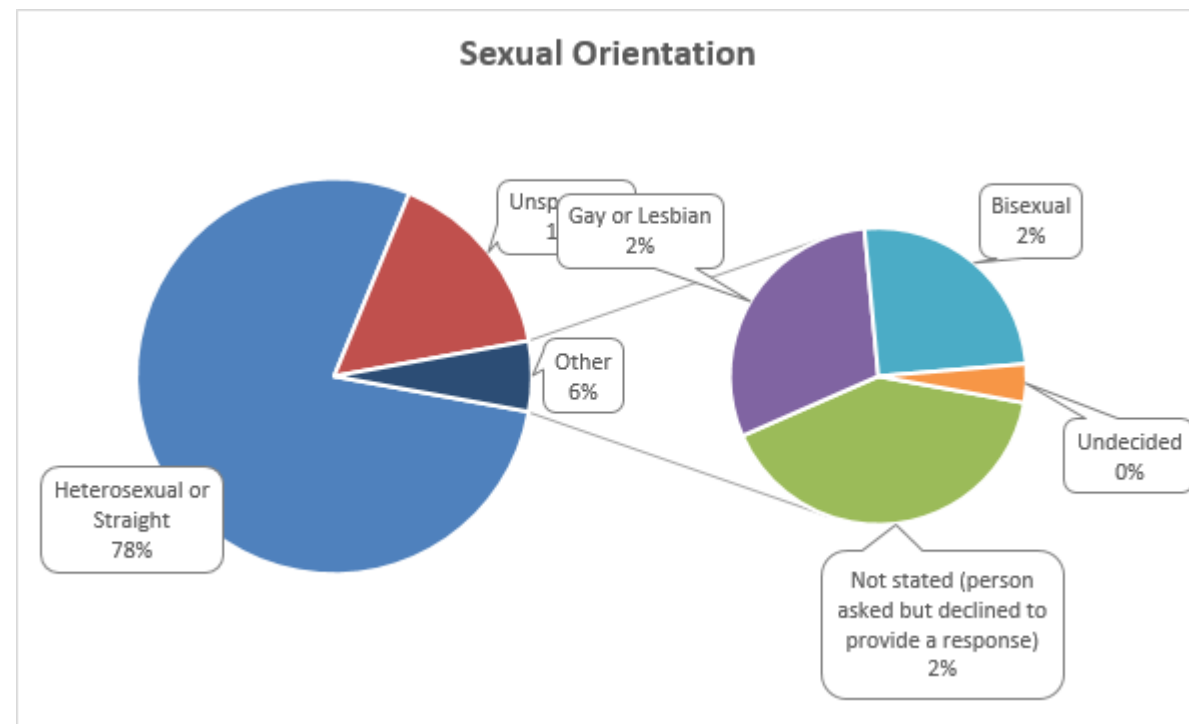
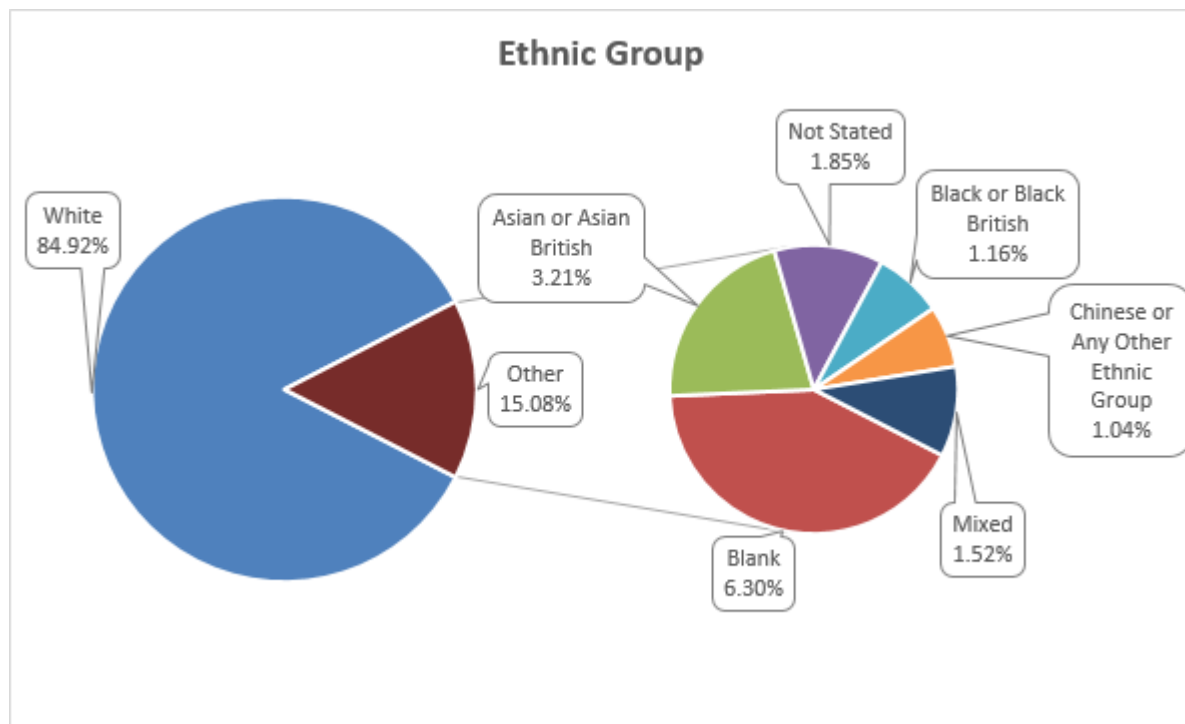


Staff Group

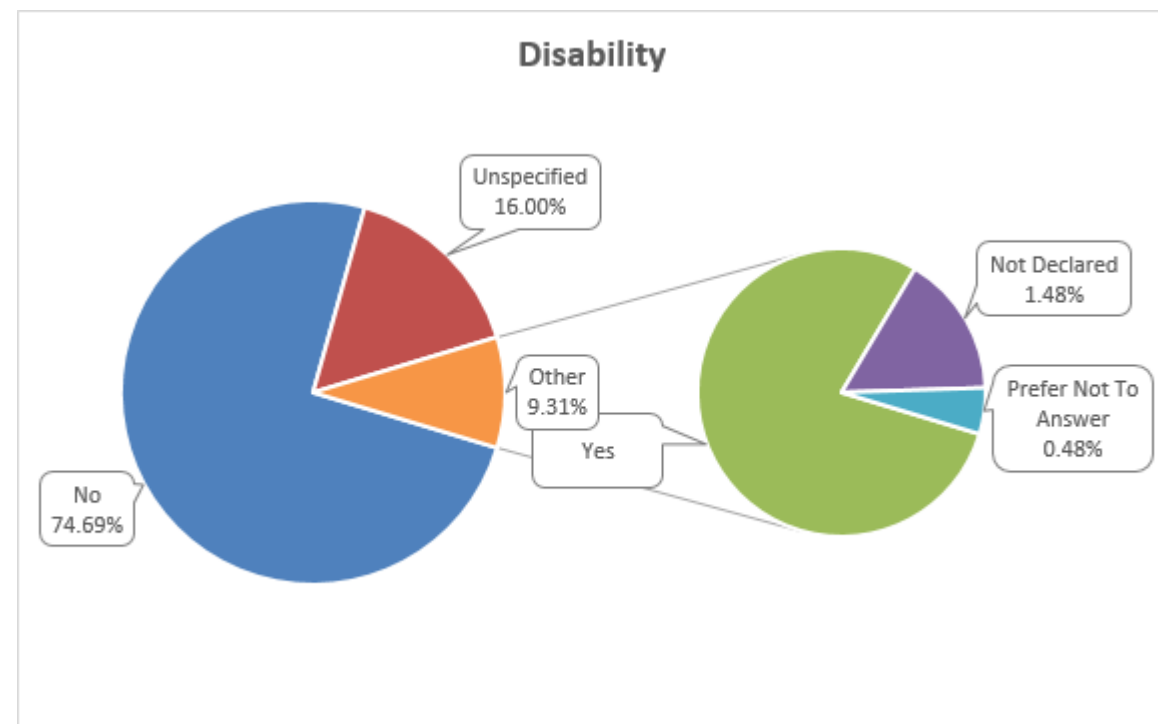
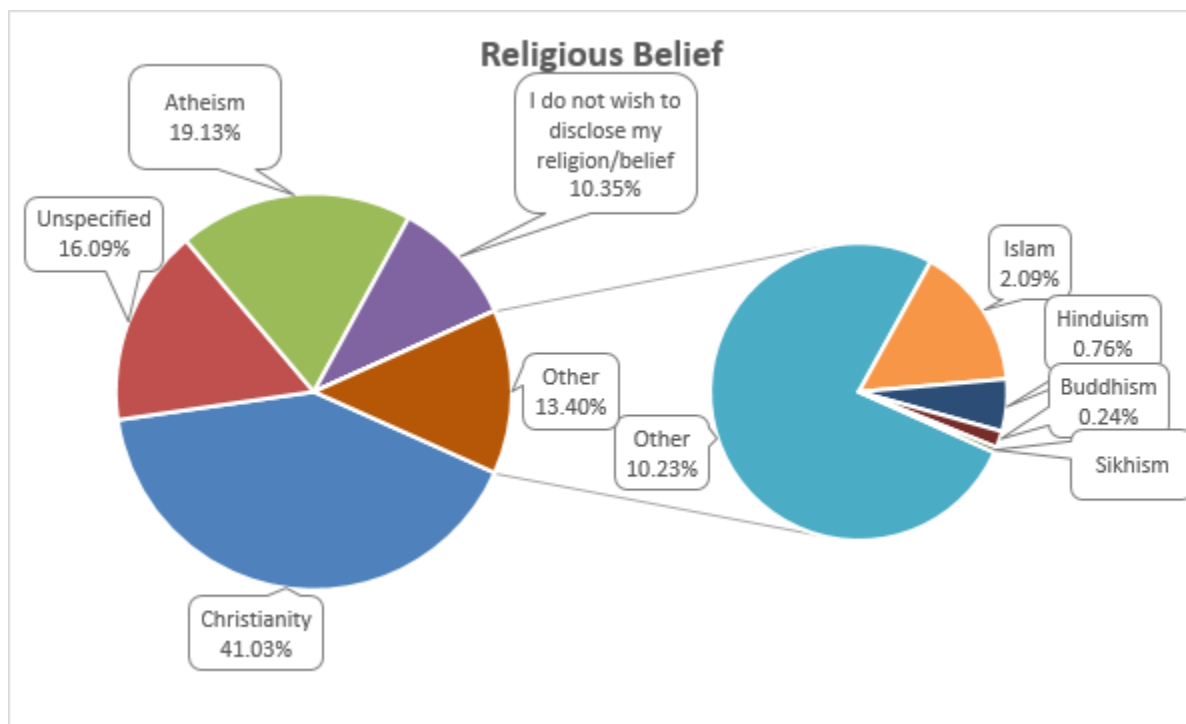




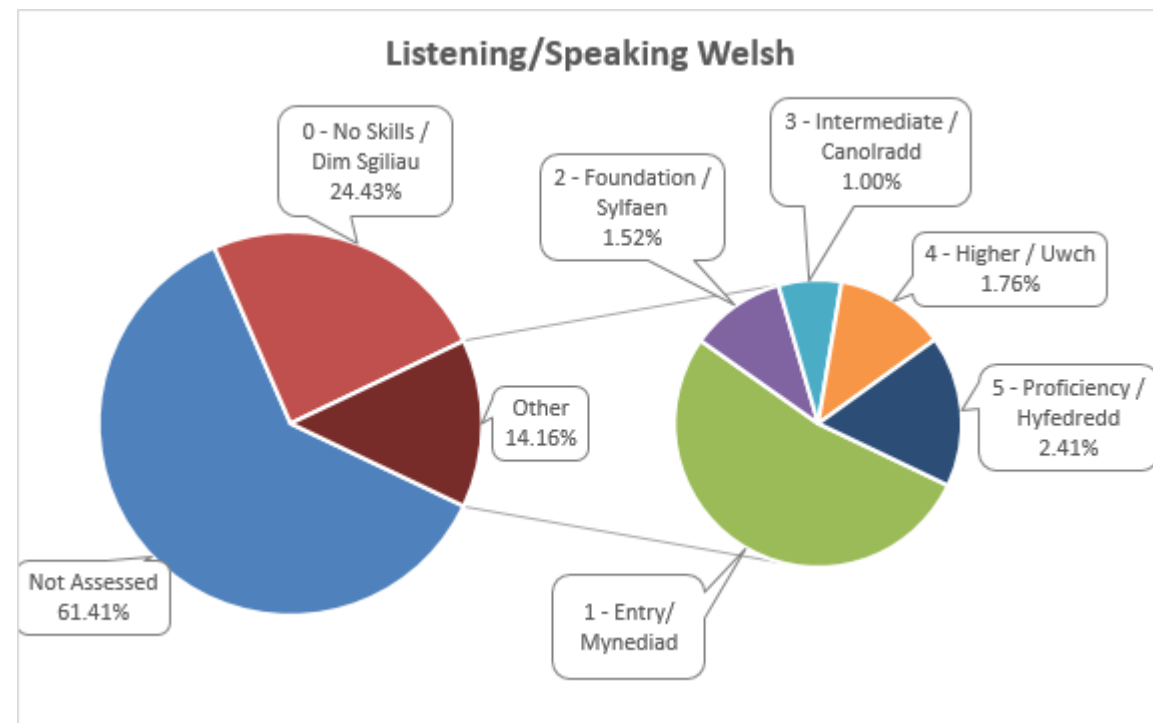
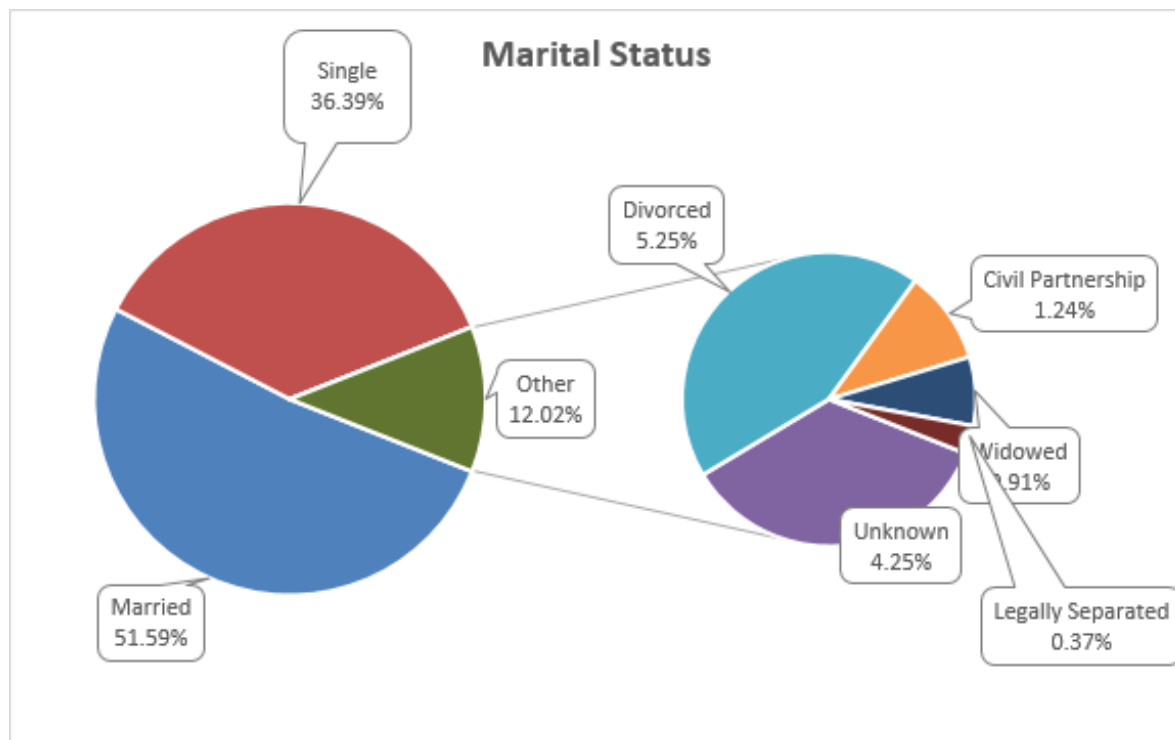
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C&W CB Workforce KPI's January 2024

Key headlines:

Sickness

- CB Cumulative sickness is at the UHB target of 6% across the last 12 months.

Turnover

- The turnover rate is high for the CB but has followed the UHB reduction trend over the last 12 months. This has seen a fall from just over 12% in December 2022 to 11.43% in January 2024.

Stat & Mand training

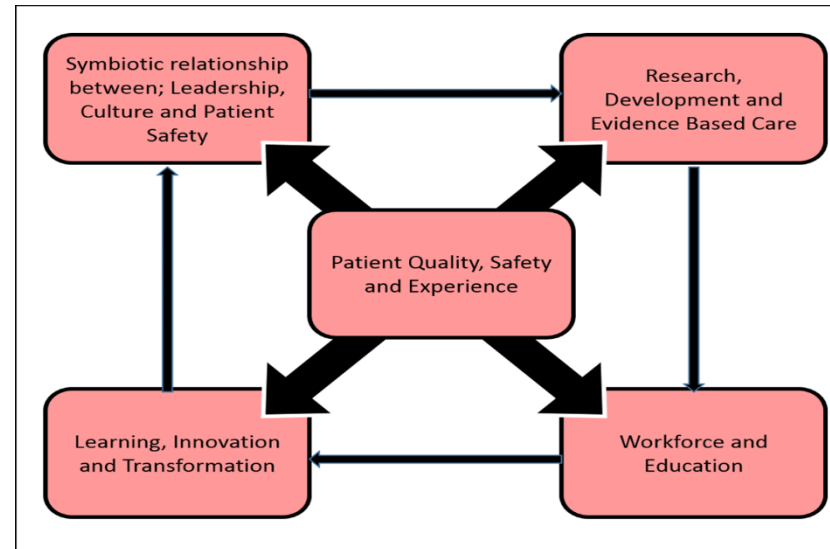
- The CB has not yet achieved the 85% target for Statutory and Mandatory training compliance is at 83.77%, we aim to achieve compliance by the end of March 2024.

VBA

- The CB has not yet met the UHB VBA target, however the CB continues to strive to achieve the target of 85%, and has a credible trajectory in place to do so by the end of March 2024. Performance has improved from 21% at the start of the year to 80 %to date. Performance is monitored weekly, and via Directorate Performance Reviews.

Clinical Board Approach to People & Culture

Whilst the linkages between Quality, Safety and Experience, and the four quadrants below are often assumed, we have worked hard this year to change the culture within the Board, to make these links explicit.



Staff are our greatest asset, great teamwork creates great care

Key CB P&C Plan Achievements – Year 2



Seamless Workforce Models & Workforce Supply and Shape:

Rotational posts Childrens Hospital For Wales (CHFW) Children Young People Family Service (CYPFS)

Childrens Community Nursing Service and respite co -provision

Implementation of Maudesly Model for Eating Disorders

Midwifery Practitioner Roles in development

Band 4 Midwifery support workers being trained

Introduction of Assistant Practitioners into CHFW and CYPFS



Engaged, Healthy and Motivated Workforce:

Staff Newsletters/VLOG

Establish Managers daily intentional check in rounds

Staff Refreshments

Inclusion Ambassadors for all 10 protected characteristics

Workforce and Staffside walkarounds

Established Internationally Educated Nurses forum

Introduced Sustaining Resilience at Work Practitioners

RCM Caring for You Charter Signed



Attract, Recruit and Retain:

Attract, Recruit

Attended National Recruitment Events

Hosted C&W Board specific recruitment events

Active presence on social media

Internationally educated nurses recruited x15

Retain

Staff Voices QR Code

Thank you QR code

Hug in a Mug

Greatix

Key CB P&C Plan Achievements – Year 2



Digital Ready Workforce:

First Maternity Unit in Wales to implement Safe Care

An initiative automate administrative processes in maternity. This was achieved by maximizing the functionality of existing digital systems and building new digital solutions within Microsoft 365. This has resulted in **15-34 hours of clinical time saved per day** that can be redirected back to patient care.

The digital process that was developed in Cardiff for women to digitally self refer into maternity services has been adopted in CTMUHB and Swansea Bay.

Introduced Maternity dashboard and working towards a Peri-natal dashboard.

Introduced Tendable Summer 2022

Health Roster and Safecare adopted across all areas Summer 2023

Cardiff Maternity Safecare System adopted by WG to be rolled out across all Health Boards in Wales

AMAT and Q-pulse systems used to log audits and action plans following inspections and NRI's

School In-Reach - move to digital referrals

• digitised referral process from schools

• School Nursing - entirely digitised paper consent process for school immunisations

• Use of Attend Anywhere across all services to support the delivery of a blended offer children, young people and families. Supports work/life balance for staff allowing for off site / homeworking as appropriate



Education and Learning:

Hosting Diverse Cymru

Cultural Competency

Course in Maternity

Baby Lifeline Human factors

PBS training

Teach or Treat

HDU training for Midwives



Leadership:

Lunchtime Leadership Sessions – covering Civility Saves Lives, Inclusive Leadership, Psychological Safety, Compassionate Leadership and Leadership for Improvement

Meet the Manager Days for new starters

Substantive appointment of Director of Midwifery

Clinical Lead for Neuro Developmental programme

Establish Weekly Listen and Learn Visits

Roath Park Walk and Listen Sessions

Senior Clinical Leadership attendance at every handover

Led and Implemented Organisational Change

Process and embedding strengthening Senior Manager On Call arrangements across the UHB

Reshaping our Workforce Plans



Workforce Sustainability:

Enhanced CB vacancy scrutiny
Review of fixed term contracts and retire & return applications
Opportunities for skill mix reviews e.g.,
Further roll out of Health Roster e.g.,
Community Paediatrics and Midwifery
Plans to undertake deep dives with individual directorates to examine workforce baselines, financial position, review governance arrangements for high-cost variable pay, reduction of pay bill, digital and other opportunities.
Sickness panels set up



Recruitment and Retention plans:

Workforce redesign plans– including opportunities for apprentice roles, further opportunity to create Band 4 Posts, 8B ANNP roles
Continue with active recruitment to reduce variable pay
Skill mix review – considered wherever possible – with particular reference to Health Visiting and School Nursing
15 Internationally Educated Nurses recruited
Agreed uplift to Maternity and Neonatal establishments to offset high level of Maternity



Introduction of new roles:

Director of Midwifery
Family Involvement Care roles in NICU
Specialist Lactation Nurse NICU
Community Connecters
Data Manager CHFW
Assistant Practitioners – acute and community
Physicians Associates
Transformation Manager
Rotational HCSW roles between CHFW and Children Young People and Families
Stoma Specialist Nurse
Continence Specialist Nurse
NICU Governance Lead



Digital Transformation Plans:

Continued use of virtual consultation resources to deliver efficient services across all areas
App development underway staff can see all the overtime shifts available 2 months in advance and book them via their phone. This is aimed to increase Maternity staffing numbers.
Digital National Care Record being developed for Paeds
Use of Civica data to support cultural improvement



CB Hotspots

Chilcott, Rachel
04/03/2024 16:02:02



Neonatal Intensive Care



Obstetrics and Gynaecology



Childrens Community Nursing
Service

Lessons learnt / areas of good practice



INCLUSION AMBASSADORS



STAFF RECOGNITION,
LISTENING AND LEARNING



WELLBEING

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04/05/2024 16:02:02



Inclusivity Mural



JANUARY MESSAGES TO STAFF

Thank you for taking the time and effort to reassure us. Really made a difference and very much appreciated all the friendly faces in the department

Thank you for being such a huge support throughout my pregnancy! Sorry it has taken me forever to write this, but I haven't forgotten how you made me feel so at ease, you are warm, funny and I genuinely felt you were excited for me and the baby. As well as always being so welcoming to my partner coming to appts with me! Whilst our homebirth didn't happen, you so kindly offering to be on call to try to keep the service going was over and above. Thank you!!

Fiona, Sara and Abigail are a credit to the team and allowed me to just work with my body to calmly bring our gorgeous boy in to the world. Such an empowering experience that I'll never forget! I still can't quite believe I did it!

You are amazing people who are most certainly in the right profession. Whilst the job may be tiring at times I'm sure, always remember the positive impact you have on families - we will never forget what you did for us and will always look back with love and gratitude on my positive birth experience

Your enthusiasm was wonderful and refreshing, and you made me feel very at ease. Thank you for keeping me in the loop, and for encouraging me to take the analgesia and anti-emetics I needed. You were very responsive to my needs, explained everything, and I felt well looked-after.

Thank you so much for delivering out precious baby girl, and for all the encouragement while she was being born. Your care, attention and support were invaluable, we couldn't have done it without you. Thank you also for your help with starting breastfeeding, you were very encouraging and re-assuring.

Thank you for the drop-in clinic at St David's hospital which gave me the chance to seek further advice about breast-feeding in a safe and welcoming space. It was reassuring to see other women in the same boat and to revive further support and guidance from the incredible team. Their support has been invaluable in the week since I gave birth to my son and I will be forever grateful



Thank you QR code



Well being Wednesdays



Our shared Values, Attitudes & Beliefs
Love and Compassion for the NHS. Everyone Doing their Best.

FREE for All Staff

A SAFE SPACE

Get in touch with an experienced and trusted staff representative to have an open, confidential conversation with no judgement or recourse; just an open, honest opportunity to discuss any worries or concerns you may have and seek advice and information on what to do next.

Book your Appointment Today

Text, Call or Email a Staff Side Trade Union Lead

Mat Thomas (Capital, Estates & Facilities Board) matthomas4@wales.nhs.uk 07806789792
Ceri Dolan & Mat Thomas (Surgery Clinical Board) Ceri.Dolan@wales.nhs.uk matthomas4@wales.nhs.uk 07806789792
Bill Salter & Fiona Salter (Specialist Clinical Board) Bill.Salter@wales.nhs.uk Fiona.Salter@wales.nhs.uk 07806789792
Jonathan Strachan-Taylor (Medicine Clinical Board) Jonathan.Strachan-Taylor@wales.nhs.uk 07523210165
Julia Davies (Children & Women Clinical Board) Julia.Davies@wales.nhs.uk 07557113124
Lorna McCourt (PGIC Clinical Board) Lorna.McCourt@wales.nhs.uk 07949 643121
Peter Hewin (Mental Health Clinical Board) Peter.Hewin@wales.nhs.uk 02921 834965
Steve Gaudi (CD&T Clinical Board) Procopio.Gaudi@wales.nhs.uk 07903 394822

For a Just Culture - Just Ask



Teamworking Events



Rolling out the red carpet on International Day of the Nurse



Report Title:	Notices from the Welsh Language Commissioner			Agenda Item no.	2.5
Meeting:	People and Culture Committee	Public	x	Meeting Date:	12 March 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information
Lead Executive:	Executive Director for People and Culture				
Report Author (Title):	Head of Equity and Inclusion and Welsh Language Officer				

Main Report
Background and current situation:

Under the Welsh Language Measure (2011), Cardiff and Vale University Health Board is required to comply with the Welsh Language Standards. Should the Health Board be in breach of the Standards, then the Welsh Language Commissioner has a duty to consider whether a formal standards enforcement investigation is required. Should this be deemed the case, then the Health Board is required to provide information and evidence to assist with the investigation. A final report will then be issued by the Commissioner advising whether they have found the Health Board to be non-compliant with certain Standards and they will then issue a set of requirements which the Health Board need to fulfil.

The Commissioner has the power to investigate concerns raised by service users and members of the public, in addition to any matters they feel require addressing; including as a result of spot checks.

To provide a brief context of the Welsh language in Cardiff and Vale, in the 2021 census Cardiff was the only area of Wales which saw an increase in Welsh language speakers. Although there is some disagreement regarding the accuracy of figures, Welsh Government's Stats Wales estimates that there were approximately 128,800 Welsh speakers within Cardiff and the Vale of Glamorgan; which is just over a quarter of the population. This indicates that a considerable portion of our population may benefit from Welsh language services. We believe this is one of the reasons why we are one of the highest recipients of concerns from the Welsh Language Commissioner's office. Since 2011, the Health Board has received 16 concerns from the Commissioner, with 11 of these progressing to formal investigation.

The Health Board currently has two matters open with the Welsh Language Commissioner's office with an additional formal investigation recently closed, with targets set to improve compliance.

The details of these matters can be found below:

CS1135 (Reception and recruitment)

- The Health Board is currently carrying out the recommendations from the final agreed report (Appendix 1).
- The Commissioner found that the Health Board was not compliant with Standards 50, 106, 106A and 107A
- Standard 50 relates to ensuring the provision of bilingual reception services, where Welsh Language users can be welcomed and receive services at reception areas (i.e outpatients' clinics) in their preferred language of Welsh.
- Standard 106, 106A and 107A ensures that recruitment processes consider Welsh Language skills of potential staff.

- The Commissioner found that reception services were not offered in Welsh for patients and service users. Also, Welsh language skills were not meaningfully assessed and advertised through the recruitment process.

Enforcement Actions (Appendix 1, Pgs.19-20):

In summary, the Commissioner has instructed the Health Board to ensure that staff in reception areas have the necessary skills to offer an effective Welsh language service. The Commissioner has also instructed the Health Board to embed the Welsh language into its recruitment processes, including through raising awareness and training recruiting managers with regards assessing and recruiting Welsh language skills, and through advertising vacancies bilingually.

Update:

- The Welsh Language Officer has carried out an inspection of reception areas throughout the Health Board.
- A funding bid has been submitted to the National Centre for Learning Welsh seeking Welsh language skills training, which included training for receptionists working in the Health Board. If approved, the training will be delivered by Dysgu Cymraeg yn y Fro.
- Message has been sent to recruiting managers advising them of our organisational responsibilities under the Welsh Language Standards.
- A small task and finish group has been established to review Welsh language skills recruitment and to take forward the enforcement actions.

CS1175 (Telephone services and website)

- The Health Board is currently carrying out the recommendations from the final agreed report (Appendix 2).
- The Commissioner found that the UHB was not compliant with Standards 8-10, 13 and 20.
- Standards 8,9 and 20 relate to the provision of an effective Welsh Language service by the main switchboard and other official helplines.
- Standard 10 relates to local services providing effective Welsh Language services over the telephone.

Enforcement Actions (Appendix 2, Pgs.15-16):

In summary, the Commissioner has instructed the Health Board to ensure that automated telephone systems throughout the organisation greet and deal with calls in Welsh and that our Switchboard Team have the appropriate Welsh language skills to greet and deal with calls in Welsh. Appropriate statements are also required on our webpages to state that calls are welcomed in both Welsh and English. There was also specific reference to the telephone lines and webpages of the Department of Sexual Health (DOSH).

Update:

- The Communication and Engagement Team have updated our webpages and an appropriate statement has been added and we are now compliant with Standards 13 and 61.

- The Equity and Inclusion Team have been working with the Telecoms Manager to ensure that all telephone systems are automated. A member of the Translation Team will support with recording bilingual messages.
- Initial awareness and training sessions for our Switchboard Services are being arranged with the Welsh Services Manager in NHS Wales Shared Services Partnership.
- A funding bid has been submitted to the National Centre for Learning Welsh seeking Welsh language skills training, which included training for members of our Switchboard Team. If approved, the training will be delivered by Dysgu Cymraeg yn y Fro.
- DOSH has ensured that an appropriate statement has been added to their pages and their telephone systems are bilingual.

CS1063 (Welsh language skills and patient language preference)

- The Health Board is currently carrying out the recommendations from the final agreed report (Appendix 3).
- The Commissioner found that the Health Board was not compliant to Standard 23, 24, 24A and 96
- Standards 23,23A and 24 relate to ensuring that patients and service users are asked about their preferred language. If they choose Welsh, then staff must be informed that the patient prefers to speak Welsh.
- Standard 96: All staff should be assessed for their Welsh Language skills.

Enforcement Actions (Appendix 3, Pgs.20-21):

In summary, the Commissioner has instructed the Health Board to ensure that it appropriately assesses the Welsh language skills of its employees. The Health Board is also required to ensure it is asking patients about their wish to communicate in Welsh and routinely transferring the information to the patient administration system. The Health Board is also required to publish a Welsh Language Inpatient Policy.

Update:

- The Equity & Inclusion Team has undertaken a registration drive to increase the number of staff who have registered their Welsh language skills.
- The process of updating Welsh language skills on ESR was made easier through the use of Microsoft Forms. However, there were technological challenges in transferring this information to the system. This has now been resolved and there are approximately 2,000 records that are being processed.
- The rollout of the Welsh Nursing Care Record will support the Health Board in collecting the data regarding Welsh language preferences of patients and service users.
- A Welsh Language Inpatient Policy has been approved by the Quality and Safety Committee and will be published shortly.

CS1196 (Health Visiting correspondence)

- The Health Board is currently carrying out the recommendations from the final agreed report (Appendix 4).
- The Commissioner found that the Health Board was not compliant with Standards 5 and 7.
- Both Standards relate to the provision of Welsh language correspondence.
- In the matter with the Health Visiting Service, a letter was sent in English only despite a patient requesting Welsh language correspondence.

Enforcement Actions (Appendix 4, Pgs.20-21):

In summary, the Commissioner has instructed the Health Board to ensure that it the Health Visiting Service improve their ability to send Welsh language correspondence, through templates, awareness training, and conducting random checks.

Update:

- The Welsh Language Officer is working with the Health Visiting Service to implement the enforcement actions.
- An awareness session for Health Visiting Service staff will take place on 18th March 2024.

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

The Chair, Chief Executive, Executive Director of People and Culture, and Head of Equity & Inclusion met with the Welsh Language Commissioner in January to discuss their priorities and to discuss the challenges the Health Board are encountering with complying with the Welsh Language Standards. The meeting was positive and the Health Board advised it looked forward to a more co-regulatory and collaborative with the Commissioner's Officer going forward.

The Health Board is taking steps to create a culture where the Welsh language can thrive and where we can meet the goals set-out in the *More than just words* national strategy; including being able to make an 'active offer' of Welsh language services to our patients, service users and members of the public.

To enable this to happen, the Health Board will need to make Welsh a part of 'business as usual'. As a bi-product of creating such a culture and developing the Welsh language skills of our staff, compliance with the Welsh Language Standards will increase.

It is proving challenging to focus on engaging with the workforce to create this culture when the Welsh language team resource is pre-dominantly focused on matters raised by the Welsh Language Commissioner due to organisational non-compliance. To address this requires cross-UHB understanding, buy-in and support to deliver this change

To address this and make a positive change, a workplan has been developed which is led by the People & Culture Team:

- **Registration of Welsh language skills**

The process for staff registering their Welsh language skills has been made easier through the use of Microsoft Forms. This has meant that staff have an alternative route to register their skills other than individually updating on ESR – which also requires manager approval within 7 days.

The People Analytics Team has identified an information leak in the NWSSP recruitment process which has meant that some of the data recorded in Trac has not been transferring to ESR. The team are working with colleagues in NWSSP to rectify the situation.

- National Centre for Learning Welsh opportunities**

The Equity & Inclusion Team have been working with the National Centre for Learning Welsh to develop two learning opportunities for staff.

- Cwrs Croeso / Welcome Course (courtesy level Welsh)
- Cwrs Codi Hyder / Building Confidence Course

A pilot for Cwrs Codi Hyder is currently underway and the content of Cwrs Croeso is currently in development.

Support will be needed from across the Health Board to enable staff to participate in these opportunities.

- Rhwydiaith, CAVUHB’s Welsh Language Staff Network**

Rhwydiaith has recently been established with the aim to:

- Increase the visibility of the Welsh language
- Provide people with opportunities to speak Welsh in work
- Connect our Welsh speaking community members throughout the Health Board

- Review of recruitment practices**

A review of organisational recruitment practices around Welsh language skills is currently taking place. The review will look at how we assess the need for and advertise for Welsh language skills.

- Welsh Language Dashboard**

The Equity and Inclusion Team have begun working with colleagues in Digital & Health Intelligence to develop a Welsh Language Dashboard.

Recommendation:

The Committee are requested to note the content of this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
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	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	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x						
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant</i>									
Prevention		Long term	x	Integration		Collaboration		Involvement	x
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes									
There are legal, reputational and financial risks for the organisation not complying with the standards.									
Safety: No									
Financial: Yes/No									
Not complying with the standards could mean further sanctions set by the Welsh Language Commissioner including fines of £5000.									
Workforce: Yes									
The workforce buy-in is essential to ensure that the organisation complies with the Welsh Language standards.									
Legal: Yes									
The organisation is legally required to ensure that they are compliant with the Welsh Language, failure to do so may risk reputational and financial damage.									
Reputational: Yes/No									
The organisation is legally required to ensure that they are compliant with the Welsh Language, failure to do so may risk reputational damage.									
Socio Economic: No									
Equality and Health: No									
Decarbonisation: No									
Approval/Scrutiny Route:									
Committee/Group/Exec		Date:							

Chilcott, Rachel
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Comisiynydd y
Gymraeg
Welsh Language
Commissioner

Standards enforcement investigation: Report and decision notice

This report was prepared in accordance with sections 73 and 74 of the Welsh Language (Wales) Measure 2011

The investigation of a suspicion of failure to comply with standards set by Welsh Ministers was conducted in accordance with section 71 and Schedule 10 of the Welsh Language (Wales) Measure 2011

Cardiff and Vale University Health Board

Case number: CS1135

Chilcott, Rachel
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Date: 02/11/2023



Background

The principal aim of the Welsh Language Commissioner, an independent body established by the Welsh Language (Wales) Measure 2011, is to promote and facilitate the use of Welsh. This is done by raising awareness of the official status of the Welsh language in Wales, by imposing standards on organisations, and by regulating compliance with the Welsh Language Measure. This, in turn, will lead to the establishment of rights for Welsh speakers.

Two principles will underpin the Commissioner's work:

- in Wales, the Welsh language shall not be treated less favourably than the English language in Wales;
- persons in Wales should be able to live their lives through the medium of Welsh if they choose to do so.

Contact details

- Phone: 0345 6033 221
- E-mail: post@welshlanguagecommissioner.wales
- Website: welshlanguagecommissioner.wales
- Post: Welsh Language Commissioner
Market Chambers
5–7 St Mary Street
Cardiff
CF10 1AT



Legislative context

Part 4 of the Welsh Language Measure

- i. Part 4 of the Welsh Language Measure sets out a legal framework for imposing a duty on some organisations to comply with one or more standards in relation to the Welsh language. Organisations subject to standards are known as 'relevant persons'. The standards apply to the following areas:
 - service delivery;
 - policy making;
 - operational;
 - promotion;
 - record keeping.
- ii. The duties resulting from the standards require that relevant persons should not treat the Welsh language less favourably than the English language, and should promote and facilitate the use of the Welsh language.
- iii. Compliance notices given to relevant persons by the Commissioner under Part 4 of the Welsh Language Measure specify the standards requiring compliance, together with the days from which it is required to comply with each standard or to comply with each standard in a particular respect ('imposition days'). Copies of the compliance notices that are in force will be on the Commissioner's website.
- iv. Whilst a compliance notice specific to a relevant person is in force, that person will be required to comply with the standards specified within it.

Part 5 of the Welsh Language Measure

- v. Part 5 of the Welsh Language Measure gives the Commissioner statutory regulatory functions to ensure that relevant persons comply with their duties. Duties may include compliance with Welsh language standards (as stated above), and also requirements imposed on persons by the Commissioner in accordance with section 77 of the Welsh Language Measure as a result of a failure to comply with a relevant requirement. The Commissioner's Enforcement Policy provides advice and information regarding how the Commissioner will exercise those regulatory functions.
- vi. The regulatory functions resulting from Part 5 of the Welsh Language Measure are:
 - to consider whether or not to investigate if the conduct of relevant persons is complained about;
 - to investigate suspected failures by relevant persons to comply with duties, to determine investigations and to produce investigation reports;
 - to consider whether or not to take further action (by giving recommendations or advice) if an investigation finds that there was no failure to comply;
 - to take one of the three steps below if an investigation finds that there was a failure to comply:
 - take no further action;
 - do one or more of the following:
 - require the relevant person to prepare an action plan for the purpose of preventing the continuation or repetition of the failure;
 - require the relevant person to take steps for the purpose of preventing the continuation or repetition of the failure;
 - publicise the relevant person's failure to comply with the relevant requirement;
 - require the relevant person to publicise the failure to comply with the relevant requirement;
 - impose a civil penalty on the relevant person.
 - do one or more of the following:
 - give the relevant person or any other person recommendations;
 - give the relevant person or any other person advice;
 - seek to enter into a settlement agreement with the relevant person.
 - to make applications to a county court for orders to enforce compliance;
 - to comply with the duties resulting from appeals and applications for reviews made to the Welsh Language Tribunal;
 - to produce an enforcement policy document;
 - to create and maintain a register of enforcement action.
- vii. The Commissioner will follow the required statutory processes in exercising the Commissioner's regulatory functions.
- viii. The Commissioner's Enforcement Policy contains full information regarding the way in which the Commissioner will exercise its regulatory functions under Part 5 of the Welsh Language Measure.

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1 Terms of reference

- 1.1 Evidence gathered by my office as part of my monitoring work created suspicions of possible failings by Cardiff and Vale University Health Board (D) to:
- provide reception services in Welsh in accordance with standard 50;
 - conduct meaningful assessments of new and vacant posts in accordance with standard 106.
- 1.2 In addition, the findings of my 2021–22 and 2022–23 verification surveys created suspicions about potential failures by D to:
- advertise posts in Welsh in accordance with standard 106A;
 - publish relevant material in Welsh in accordance with standard 107A;
 - ensure that Welsh language versions of documents published in accordance with standard 107A are treated no less favourably than the English language versions.
- 1.3 I therefore decided to carry out an investigation under section 71 of the Welsh Language Measure into the suspicion of a failure by D to comply with the above standards.

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2 Evidence taken during the investigation

Evidence notice

- 2.1 On 16/05/2023, I issued an evidence notice to D. The evidence notice required D to respond to specific questions. I received a response from D on 16/06/2023. The response is available in **Annex A** of this report.

Information on D's compliance with Welsh language standards through my monitoring work

- 2.2 I considered evidence, gathered as part of my monitoring work, about D's compliance with standards 50 and 106.
- 2.3 I also considered the findings of my verification surveys of D's compliance with standards 106A and 107A. The findings are available in **Annex B** of this report.

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3 Compliance with standard 50: Assessment, findings and determination

Wording of the standard

3.1 Here is the standard as it appears in the compliance notice issued to D:

Standard 50

Any reception service you make available in English must also be available in Welsh, and any person who requires a Welsh language reception service must not be treated less favourably than a person who requires an English language reception service.

Imposition day: 30/11/2019

Requirements of the standard

3.2 Paragraph 4.14.2 of the draft code of practice for the Welsh Language Standards (No.7) Regulations 2018 ('the regulations') notes in relation to standard 50:

"A body must ensure that any reception service available in English is also available in Welsh."

3.3 Paragraphs 4.14.3–4.14.4 of the code also notes:

"[A body] must also ensure that any person who requires a Welsh language reception service must not be treated less favourably than a person who requires an English language reception service"

This may mean, amongst other things, ensuring that the person who requires a Welsh language reception service in a reception area is treated no less favourably in terms of:

- *the active offer given to the person*
- *the accessibility of the service given to the person*
- *the availability of the service given to the person*
- *the steps which the person must take in order to receive the service*
- *the standard, quality and consistency of the service given to the person.*
- *the kinds of reception services given to the person*
- *the location and prominence of the service given to the person, and*
- *when and how the service is offered, provided or made available to the person."*

3.4 In ensuring that a reception service is made available in Welsh, paragraph 4.14.5 of the code states:

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"[...] [the body] has a responsibility to proactively offer a Welsh language reception service rather than expecting a visitor to apply for it [themselves]."

Interpretations

3.5 Schedule 1, Part 3, Paragraph 52 of the regulations states:

"For the purposes of standards 50 to 53 (receiving visitors)—

(a) the meaning of "reception" is an area in hospitals, offices and a body's service locations where staff's main role is to welcome persons, and

(b) the meaning of "reception service" is a service for welcoming persons to hospitals, offices or a body's service locations by staff who are made available for that purpose."

3.6 Paragraph 4.14.15 of the code adds:

"'Welcoming persons' is considered to mean more than just greeting them and ascertaining their preferred language. Persons visiting reception areas are expected to be able to receive a reception service to a level where they can engage in a conversation and have their enquiries answered through the medium of Welsh, unhindered, and without having to switch to English."

Considering compliance with the standard

3.7 In accordance with my Regulatory Framework¹, I monitor organisations' compliance with the Welsh Language Standards. As part of my monitoring work for the period 2022-23, I asked D to complete a questionnaire to self-assess its compliance with the reception standards (including standard 50).

3.8 D responded to the questionnaire by stating that it believed that the organisation had a 'low' level of assurance that it complied with the reception standards. D explained for clarification that it had been concentrating on re-establishing patient appointment services since the COVID outbreak, before concentrating on improving its Welsh language services.

3.9 However, in accordance with standard 50, D has a duty to ensure that its reception services are available in Welsh. Therefore, it was expected that in re-establishing its reception services after the COVID-19 outbreak, D would have planned to re-establish the English and Welsh language services at the same time, rather than prioritising the English language first and re-establishing the Welsh language service some time else in the future.

3.10 During a meeting in October 2022, D confirmed that there was still no Welsh language service available in any of the 'reception' areas identified.²

3.11 In March 2023, in response to my concerns regarding the health board's ability to provide reception services in Welsh in accordance with the standards, D did not

¹ [dg-c-framwaith-rheoleiddio-comisiynydd-y-gymraeg-2021.pdf \(comisiynyddygymraeg.cymru\)](#)

² in accordance with the interpretation of "reception" contained in the Regulations.

provide information or evidence that it was, by then, able to provide Welsh language services in its reception areas (as required under standard 50).

- 3.12 Since commencing this investigation, D has confirmed that it is investigating the number of reception areas it has and its ability to provide Welsh language services in those locations.
- 3.13 This statement from D shows that the organisation is not really aware at present of the number of 'reception' locations it has or whether Welsh language services are available in those areas. This lack of awareness is of concern, as it suggests that D does not have the basic knowledge or the oversight necessary to ensure that Welsh language reception services are available wherever they are required in accordance with the requirements of standard 50.
- 3.14 It is important to note that the health board has been aware for some time now that it is unable to provide a Welsh language service in all reception areas, and has not yet taken sufficient steps to transform its services so that Welsh language services are available in all relevant service locations.

Findings

- 3.15 Standard 50 requires a body to ensure that any reception service provided in English is also available in Welsh.
- 3.16 In October 2022, a Welsh language reception service was not available in any of the service locations identified by D as 'receptions'³.
- 3.17 By March 2023, D still did not have a Welsh language reception service available in all its reception areas.
- 3.18 D's failure to ensure that a Welsh language reception service is available in all reception areas is an example of its failure to comply with the requirements of standard 50.
- 3.19 D does not know at present which of its service locations are "receptions" in accordance with the interpretation of the term in the Regulations, nor whether a Welsh language service can be provided at those locations. Due to this lack of information, I am not satisfied that D is currently complying with the requirements of this standard.

Determination of whether there has been a failure to comply with standard 50

- 3.20 I determine that D has failed to comply with standard 50 on the basis that it does not provide a Welsh language reception service in each of its reception areas.

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³ in accordance with the interpretation of the term "reception" in the Welsh Language Standards (No. 7) Regulations 2018.

4 Compliance with standard 106: Assessment, findings and determination

Wording of the standard

4.1 Here is the standard as it appears in the compliance notice issued to D:

Standard 106

When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following applies –

- (a) Welsh language skills are essential;
- (b) Welsh language skills need to be learnt when appointed to the post;
- (c) Welsh language skills are desirable; or
- (d) Welsh language skills are not necessary.

Imposition day: 30/05/2019

Requirements of the standard

4.2 Paragraphs 6.9.3–6.9.8 of the draft code of practice for the regulations notes in relation to **standard 106**:

“6.9.3. *In order to assess the linguistic requirements of a post, a body is expected to consider linguistic needs as a matter of course when a new post is created or when a vacancy arises, looking at the body's ability to meet the requirements of the standards alongside that.*

6.9.4. *It should be noted that a body must keep a record of each assessment conducted in relation to standard 106, in accordance with standard 117.*

6.9.5. *The following may be considered as part of the criteria when considering how to determine the need for Welsh language skills for the post:*

o the function of the post— is there any external contact where there's an expectation to be able to communicate in Welsh or English alike

o does or will the post holder work in a certain geographical area where there is a high number or percentage of Welsh speakers

o the local considerations of an organisation's language policy e.g. the need for internal administration or more internal administration through the medium of Welsh, or that a minimum level of Welsh language skills is set for specific roles within a policy

o the current number of staff available to provide a service in Welsh—a body is expected to refer to its skills assessment in accordance with standard 96, referring to any gaps in language skills to provide services in Welsh, and

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o the need to deal with other organisations whose internal administration is undertaken through the medium of Welsh or bilingually.

o the need to deal with other organisations whose internal administration is undertaken through the medium of Welsh or bilingually.

6.9.5. *Welsh language skills are usually 'essential' in a situation where no one is available to provide a service through the medium of Welsh or if more Welsh speakers are required to provide a service in Welsh.*

6.9.7. *If Welsh language skills are not essential, a body may conclude that Welsh language skills are 'desirable'. This may include a situation where the organisation already has the capacity to provide a specific service in Welsh, but that it would be desirable to reinforce that Welsh language provision by recruiting more people with Welsh language skills to provide the service in Welsh. Generally, if Welsh language skills are 'desirable' for a post, then a body may assume that an applicant with Welsh language skills has an advantage over another applicant when being considered for a post but it would not be necessary for the successful applicant to possess those skills.*

6.9.8. *A body may determine that a post requires learning Welsh language skills when someone is appointed to the role. Usually, those appointed to a role would need to reach a particular level of fluency as a condition of their appointment. That condition is usually noted in the job advertisement. An example of a situation where posts are categorised like this may include:*

o if a body has identified a post where Welsh language skills are essential, but there have been difficulties appointing a candidate with Welsh language skills to that role and it is decided to re-advertise that post, and

o if a body knows for certain that there is a significant shortage of persons with Welsh language skills who can undertake the role in question, and that it is likely that a non-Welsh speaker will have to be appointed (e.g. a highly specialised role).

Considering compliance with the standard

- 4.3 In June 2022, D responded to a questionnaire asking it to assess how it has been complying with standard 106 in the period 2022-23. In response to the questionnaire, D noted that assessing the need for Welsh language skills for new posts had been on hold over this period.
- 4.4 At a meeting in October 2022, D updated me on how it was complying with the requirements by then. D confirmed at that meeting that it was unable to be confident that the required assessments were being conducted.
- 4.5 In February 2023, I asked D to share a copy of any guidance or protocols it had regarding the implementation of standard 106. D responded to that request in March 2023, providing the health board's recruitment policy and guidance document

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as an example of “recruitment guidelines which include how to consider the Welsh language as part of the overall recruitment process for a new member of staff”.⁴

- 4.6 This policy and guidance document included very basic information and guidance on Welsh language matters. There was no information in the policy or guidance document that offered a full explanation of the requirements of standard 106, nor on how in practice managers are expected to conduct the required assessments in a way that meets the requirements of standard 106. If D had indeed produced a document (e.g. a guide or procedure) for giving staff practical guidance on how to conduct an assessment correctly in accordance with the standard, D did not confirm with me that such a document existed (or share that document with me).
- 4.7 According to D's response to the investigation's evidence notice (in June 2023), it is the responsibility of individual managers to assess the need for Welsh language skills for posts and to determine the language category of the post in question (in accordance with the requirements of standard 106).
- 4.8 D explained that there was information available on the ESR system to support managers to “assess and decide whether they have enough Welsh speakers within their teams to provide a Welsh language service”. D also explained that this knowledge of the level of Welsh language skills within specific teams could be used to “decide whether Welsh language skills should be categorised as essential, desirable, or not required [for a post].”
- 4.9 However, while D does confirm that managers have access to useful information on the ESR system regarding the level of Welsh language skills within specific teams (which could be used when assessing the need for Welsh language skills for a specific post), the fact that they have access to that information does not necessarily confirm that there is an appropriate corporate process or procedure in place for managers to use which would ensure that assessments and decisions (required under standard 106) are conducted in an accurate, consistent, systematic and meaningful way.
- 4.10 In responding to the evidence notice, I would have expected that D would have been able to demonstrate that it has a clear and comprehensive process or procedure for managers, which explains step by step how the need for Welsh language skills for posts should be assessed (e.g. a flow chart or computer digital questionnaire containing relevant considerations, with the flow chart or digital questionnaire guiding those following it to objective conclusions about the need for Welsh language skills for the post).
- 4.11 D did not provide information. Therefore, and as a result, there is no certainty at present that D has a robust process that ensures, as a matter of course, that a meaningful and consistent assessment of the need for Welsh language skills is carried out for every post, nor that the act of specifying a language category for posts is based on robust evidence and logic.
- 4.12 In the absence of a robust procedure for conducting assessments, there is a risk that posts may be categorised in line with managers’ subjective assessments and

⁴“Recruitment And Selection Procedure (Non-Medical Staff)” and “Recruitment And Selection Policy” documents

according to their own assumptions, rather than on systematic and objective assessments that are based on appropriate and relevant considerations.

- 4.13 Based on the above, I cannot be certain that the assessments conducted for five receptionist posts (advertised in January 2023) enabled D to reach objective and meaningful conclusions regarding the need for Welsh language skills, or to come to an informed decision under which language category those posts should be placed. This is highlighted in the decision of the relevant managers to identify these posts as “desirable” rather than essential, when it appears that it was evident that there were no Welsh language skills within the current team that enabled it to provide a Welsh language service in accordance with standard 50 in those settings. It seems that the decision was made based on their assumption that placing the posts under this category would make the posts “accessible to as wide a range of applicants as possible”.
- 4.14 It does not appear that appropriate consideration or weight has been given (in making the decision regarding specifying the language category for the posts) to the consideration of the statutory duty under standard 50 to ensure that D's reception areas (are served by staff who are) are able to provide a reception service to people in Welsh.
- 4.15 If D had a more structured and robust process in place, which would have ensured that managers gave due consideration and recognition to appropriate factors, D may have reached different conclusions as to which category these posts should have been placed and possibly decided that they should have been identified as those where Welsh language skills were ‘essential’ for the post (or need to be learnt).
- 4.16 On the above point, I recognise that the “Welsh desirable” requirement may be used by some organisations to try to appeal widely in terms of attracting Welsh applicants and learners at various proficiency levels, who would not be confident enough about the standard of their Welsh language skills to apply for a “Welsh essential” post. However, when there is a real need to appoint applicants who are fluent and confident in their Welsh, the “Welsh desirable” category is not guaranteed to attract such candidates. It may also not appeal to potential applicants who are keen to get a job where they can use their Welsh in the workplace, professionally and socially.
- 4.17 It is therefore important for organisations such as D to consider the “Welsh essential” category as a useful tool in attracting candidates with the necessary skills to carry out the job, and not as a negative status that creates barriers in the process of attracting and recruiting eligible candidates to the post.

Findings

- 4.18 When a body assesses needs for a new post or a vacancy, standard 106 requires a body to assess the need for Welsh language skills for the post in question.
- 4.19 Based on this assessment, the standard requires the body to categorise the post in accordance with one of the following categories:

- Welsh language skills are essential;

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- Welsh language skills need to be learnt when appointed to the post;
 - Welsh language skills are desirable; or
 - Welsh language skills are not necessary.
- 4.20 D admits suspending assessments of the need for Welsh language skills for posts during the period 2022-23 and reports uncertainty to meet the assessment requirements later in October 2022. This displays a failure by D to comply with the requirements of standard 106.
- 4.21 D provided a policy and a guidance document in March 2023 as an example of how it was implementing the standard, which lacked comprehensive detail. Both documents provided a lack of clarity on the requirements of standard 106 and practical guidance for staff on how to conduct meaningful assessments that would meet the requirements.
- 4.22 In response to my evidence notice, D confirmed that individual managers are responsible for assessing and categorising the need for Welsh language skills for posts.
- 4.23 D explained that there was information available on the ESR system to support management assessments. However, this information provided on the ESR system does not necessarily ensure that managers carry out systematic and meaningful assessments.
- 4.24 My expectation for a clear and comprehensive procedure for managers to undertake meaningful assessments in accordance with standard 106 is not satisfied, and without a robust corporate procedure in place, there is a risk that managers are conducting subjective assessments of the need for Welsh language skills in deciding which language category a post should be prescribed.
- 4.25 The absence of a clear procedure for conducting assessments has led me to question the effectiveness of the assessments conducted by managers for five reception posts advertised in January 2023, where having Welsh language skills was categorised as “desirable” only.

Determination of whether there has been a failure to comply with standard 106

- 4.26 I determine that D has failed to comply with standard 106 on the following grounds:
- D has not always conducted assessments of the need for Welsh language skills in accordance with the standard when assessing new or vacant posts;
 - D's lack of clear guidance on how managers should conduct assessments in accordance with standard 106 means that there is no guarantee that D always conducts meaningful and objective assessments of the need for Welsh language skills when assessing posts, before categorising posts in accordance with the categories noted in the standard.

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5 Compliance with standard 106A: Assessment, findings and determination

Wording of the standard

5.1 Here is the standard as it appears in the compliance notice issued to D:

Standard 106A

If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must —

- (a) specify that when advertising the post, and
- (b) advertise the post in Welsh.

Imposition day: 30/11/2019

Requirements of the standard

5.2 In addition to the requirement to advertise posts in Welsh, standard 106A requires a body to specify, when advertising a post, whether the body has categorised the post in question as requiring Welsh language skills to be essential, desirable or in need of learning (or not). Paragraph 6.9.10 of the draft code of practice to the regulations explains that this may include:

identifying the category of the post in the job description, the person specification and the advertisement itself (in the press, in adverts or on the body's website)."

Considering compliance with the standard

- 5.3 As part of my monitoring work for 2021–22 and 2022–23, checks were carried out on D's compliance with standard 106A. A summary of the checks can be found in **Appendix B** of the report.
- 5.4 As part of this work, I checked how D operated part (a) of the standard, namely the element of the standard which requires it to specify in the job advertisement whether it has categorised that post with Welsh language skills as essential, desirable or in need of learning (or not).
- 5.5 Of the 32 job advertisements I checked, it appeared that D had succeeded in determining in the advertisement how the post had been categorised in accordance with the categories set out in the wording of the standard.
- 5.6 I also considered how D complied with part (b) of the standard, namely the element of the standard that requires D to advertise relevant posts in Welsh. The requirement to advertise the post in Welsh in accordance with part (b) of the standard applied to 28 out of the 32 advertisements checked. Of those 28 advertisements, all included English text.
- 5.7 Overall, I saw that the standard text in the Welsh language advert was usually available in Welsh but that unique text for the post was usually in English only.

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- 5.8 Following these verification surveys, I also discovered in January 2023 that D advertised five reception posts on its website (under the 'Administrative Services' category). Again, all the Welsh language job advertisements for these posts included English text.
- 5.9 In response to my evidence notice, D explains that advertisements are produced by recruiting managers, and the expectation is that they send them for translation into Welsh before advertising them. D added that an individual or department within the Health Board or NHS Wales Shared Services Partnership does not supervise this process and D therefore relies on its workforce managers to implement the Standards appropriately.
- 5.10 Based on the findings of my verification surveys and further monitoring work, the above arrangement currently in place by D does not ensure that all text published in Welsh job advertisements is translated into Welsh.

Findings

- 5.11 In order to comply with part (a) of standard 106A, a body must specify in a job advertisement whether it has categorised that post with Welsh language skills as essential, desirable or in need of learning (or not). My monitoring work did not identify any suspected failure to comply with this part of the standard.
- 5.12 To comply with part (b) of standard 106A, a body is required to advertise any post — where the body has categorised that post with Welsh language skills as essential, desirable or in need of learning — in Welsh.
- 5.13 33 cases were identified as part of my monitoring work where a job advertisement (which was required to be advertised in Welsh) included English text.

Determination of whether there has been a failure to comply with standard 106A

- 5.14 I determine that D failed to comply with standard 106A on the basis that it had published job advertisements (which required them to be advertised in Welsh) that included English only text.

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6 Compliance with standard 107A: Assessment, findings and determination

Wording of the standard

6.1 Here is the standard as it appears in the compliance notice issued to D:

Standard 107A

If you publish -

- (a) application forms for posts;
- (b) material that explains your procedure for applying for posts;
- (c) information about your interviewing process, or about other assessment methods when applying for posts; or
- (d) job descriptions;

you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.

Imposition day: 30/11/2019

6.2 Schedule 3, Part 3, Paragraph 14 of the regulations states:

“For the purposes of standards 107A (recruitment) [...] references to treating the Welsh language no less favourably than the English language includes, amongst other matters (and in addition to specific matters referred to in any individual standard), treating the Welsh language no less favourably with regards to—

- (a) the visual presentation of material (for example in relation to the colour or font of any text);*
- (b) the size of the material;*
- (c) the position and prominence of the material in any public place;*
- (d) when and how the material is published, provided or exhibited; or*
- (e) the publication format of the material.”*

6.3 Paragraph 6.9.20 of the draft code of practice to the regulations notes:

“Other matters' may include treating the Welsh language no less favourably in relation to:

- o the material’s language order*
- o the standard and quality of the material*
- o the clarity and accuracy of the material (for example in terms of the meaning and expression of any text), and*

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o the content of the material (for example in terms of the detail or quality of the information it contains)."

Considering compliance with the standard

- 6.4 As part of my verification surveys for 2021-22 and 2022-23, a series of documents relevant to part (b) and (c) of the standard were checked.
- 6.5 A significant number of these documents were available in English only. In addition, of those documents that D had published in Welsh, it was seen in some cases that the Welsh language was treated less favourably than the English language. Examples of the less favourable treatment included, but were not limited to translation, spelling and formatting errors; bilingual text was set out so that the English text was likely to be read first; and there was missing information in the Welsh version.
- 6.6 In terms of part (d) of the standard, 24 out of the 32 job descriptions I checked during the period were available in English only. Of the eight job descriptions published in Welsh, six treated the Welsh language less favourably than the English language. This meant that 30 out of the 32 job descriptions checked were not published in a way that met the requirements of standard 107A.
- 6.7 The situation in relation to the five reception posts advertised was not dissimilar to the above results. Only two out of the five job descriptions were available in Welsh. Of the three job descriptions published in Welsh, the Welsh language was treated less favourably than the English language in every document. For example, it was found that there was inconsistency between the information in the Welsh and English versions, along with instances of mistranslation of text.
- 6.8 Any failure on the part of the health board to provide recruitment material in Welsh (and in a way that does not treat the Welsh language less favourably than the English language) means that applicants are denied the ability to receive important information in their chosen language (and in a format that is of the same standard as the corresponding English version). It could also undermine the confidence of applicants to use Welsh when applying for a post with the health board as well as undermine the efforts of the health board to attract and recruit Welsh speakers to apply for posts.

Findings

- 6.9 If a body publishes the following, standard 107A requires the body to publish them in Welsh—
- application forms for posts;
 - material that explains their process for applying for posts;
 - information about their interviewing process, or about other assessment methods when applying for posts; or
 - job descriptions.
- 6.10 The standard also requires a body to ensure that it does not treat any Welsh language versions of the above documents less favourably than the English versions.

6.11 As part of my work to monitor D's compliance with standard 107A, there were several examples of D publishing relevant material in English only or treating the Welsh language version less favourably than the English language version.

Determination of whether there has been a failure to comply with standard 107A

6.12 I determine that D has failed to comply with standard 107A on the basis that it has failed to publish relevant material in Welsh and failed to ensure that Welsh language versions of material are not treated less favourably than the English language versions.

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7 Further action

- 7.1 Section 77 of the Welsh Language Measure allows me to take further action where there has been a failure to comply with a standard.
- 7.2 In the case of my determination that D has failed to comply with standard 50, 106, 106A and 107A, I will take further action to prevent the continuation or repetition of these failures.
- 7.3 Details of the further action are set out in this investigation's decision notice.

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Decision notice

To: Cardiff and Vale University Health Board (D)

Case number: CS1135

Date: 02/11/2023

Determination

I conducted an investigation under section 71 of the Welsh Language (Wales) Measure 2011 to determine whether there had been a failure by D to comply with one or more Welsh language standards with which it is required to comply.

The standards relevant to the investigation are as follows:

Standard 50

Any reception service you make available in English must also be available in Welsh, and any person who requires a Welsh language reception service must not be treated less favourably than a person who requires an English language reception service.

Imposition day: 30/11/2019

Standard 106

When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following applies—

- (a) Welsh language skills are essential;
- (b) Welsh language skills need to be learnt when appointed to the post;
- (c) Welsh language skills are desirable; or
- (d) Welsh language skills are not necessary.

Imposition day: 30/05/2019

Standard 106A

If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must —

- (a) specify that when advertising the post, and
- (b) advertise the post in Welsh.

Imposition day: 30/11/2019

Standard 107A

If you publish -

- (a) application forms for posts;
- (b) material that explains your procedure for applying for posts;

(c) information about your interviewing process, or about other assessment methods when applying for posts; or
(d) job descriptions;

you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.

Imposition day: 30/11/2019

I determine that D failed to comply with standard 50.

The basis of my determination is that D does not provide a Welsh language reception service in all of its reception areas.

I determine that D failed to comply with standard 106.

The basis of the determination is that:

- D has not always conducted assessments of the need for Welsh language skills in accordance with the standard when assessing new or vacant posts;
- D's lack of clear guidance on how managers should conduct assessments in accordance with standard 106 means that there is no guarantee that D always conducts meaningful and objective assessments of the need for Welsh language skills when assessing posts, before categorising posts in accordance with the categories noted in the standard.

I determine that D failed to comply with standard 106A.

The basis of my determination is that D published job advertisements (which required them to be advertised in Welsh) that included English text.

I determine that D failed to comply with standard 107A.

The basis of my determination is that D has failed to publish relevant material in Welsh and failed to ensure that Welsh language versions of materials are not treated less favourably than the English language versions.

Further action

In accordance with section 77 of the Welsh Language Measure, I have decided to take further action to prevent the continuation or repetition of the failure.

Details of the further action are set out below.

Standard 50: Requirement to take action in accordance with section 77 of the Welsh Language Measure

1. D must inspect which areas in its hospitals, offices and service locations correspond to the interpretation of the term “reception” in the Welsh Language Standards (No. 7) Regulations 2018.
2. D must take staffing steps to ensure that each individual team responsible for serving each “reception” has the necessary Welsh language skills to provide a Welsh language reception service in accordance with the duty of standard 50.
3. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement actions 1-2 have been completed.

As part of the evidence, D is expected to provide:

- a list of each “reception” it has
- confirmation of the staffing actions taken in accordance with step 2
- an explanation of how these steps have ensured the availability of a Welsh language reception service in each “reception”.

Timetable: Within **12 months** of the date of issuing the final determination.

Standard 106: Requirement to take action in accordance with section 77 of the Welsh Language Measure

1. D must produce and publish a step-by-step guidance document and procedure for managers on how to conduct a meaningful assessment of the need for Welsh language skills for a vacant or new post.

The guidance and procedure is expected to ensure that managers consider the capacity within the post’s area of work to provide a Welsh language service in accordance with the standards, and consider whether the post should be advertised as a post where Welsh language skills are essential or need to be learnt (if the current capacity is found to be insufficient).

2. D must undertake training for all staff involved in the recruitment process, which focuses on how to conduct a meaningful and objective assessment of the need for Welsh language skills for a post and to categorise posts in accordance with the categories set out in the standard.

The training is expected to include guidance on how to use the new assessment guide and procedure.

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3. D must ensure that its process for assessing posts (which assesses the need for Welsh language skills for a vacant or new post) allows managers to categorise posts (in accordance with one of the categories set out in the wording of the standard) based on the objective results of the assessment conducted.
4. D must carry out spot checks to ensure that managers correctly implement the requirements of standard 106 when recruiting for new or vacant posts.

D is expected to check that managers:

- carry out meaningful assessments of the need for Welsh language skills for vacant or new posts, before setting a category for a post in accordance with the categories set out in the standard.
 - ensure that the category set for the post reflects the results of the objective assessment undertaken.
5. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement actions 1-4 have been completed.

Timetable: Within **9 months** of the date of issuing the final determination.

Standard 106A and standard 107A: Requirement to take action in accordance with section 77 of the Welsh Language Measure

1. D must ensure that relevant staff are reminded of the duties of standards 106A and 107A and of how to implement these standards when recruiting for posts.

D is expected to place emphasis on reminding managers of the duty to ensure that job advertisements, job descriptions and other relevant material are published in Welsh, and of the health board's procedure (and the translation support available) to ensure that these documents are available in Welsh before they are published.

2. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement action 1 has been completed.

Timetable: Within **6 weeks** of the date of issuing the final determination.

Right of appeal to the Welsh Language Tribunal

Where the Commissioner has determined that there has not been a failure to comply with a standard, the complainant may appeal to the Welsh Language Tribunal. Where the Commissioner has determined that a person has failed to comply with a relevant requirement, that person may appeal to the Welsh Language Tribunal. Additionally, when the Commissioner has decided to take enforcement action in relation to a failure, D may appeal to the Welsh Language Tribunal on the grounds that the enforcement actions are

unreasonable or disproportionate. More information about the process can be found in the enclosed leaflet, and on the Welsh Language Tribunal's website.

Consequences of failure to comply with a requirement in a decision notice

Should D fail to comply with any requirement within this decision notice, the Commissioner may apply to a county court for an order requiring its compliance.

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Annex A – D's response to the Commissioner's evidence notice

Information and documents

1. Explain the arrangements you have in place to ensure compliance with:
 - a) the requirements of standard 50 in your reception areas;
 - b) the requirements of standard 106 when assessing the needs for new or vacant posts;
 - c) the requirements of standard 106A when advertising posts; and
 - d) the requirements of standard 107A in publishing the material referred to in clauses (a)-(d) of the standard.

Compliance with Standard 50 — Receptions

Following an investigation into the provision of Welsh language services on reception desks, it was found that the current situation across the Health Board was mixed. Initial feedback suggests that some areas are able to offer Welsh language services to patients and service users, whilst others do not have the appropriate skills within the workforce.

The Health Board is holding discussions with local teams to assess the level of services offered by reception areas across the sites. As previously explained, some staff provide reception services as part of a wider role (i.e. Nursing Staff, Clinical Co-ordinators and Medical Secretaries).

The work that the Health Board is undertaking to improve the process of registering Welsh language skills within the workforce will enable us to gain a clearer picture of our ability to provide bilingual services and plan the workforce accordingly.

Compliance with Standards 106 and 106A – Recruitment

It is the responsibility of service managers to assess and determine whether they have sufficient Welsh language speakers within their teams to deliver a Welsh language service. The information available in ESR is there to support them in undertaking this assessment and to workforce plan accordingly.

When recruiting, a manager can use this information to determine whether to categorise Welsh language skills as essential, desirable, or not required.

The Health Board will take the matter forward over the coming months and will work with key teams and stakeholders, including the NHS Wales Shared Services Partnership to ensure that the recruitment Standards are fully implemented.

Compliance with Standards 106 and 107A - Recruitment

The Health Board uses the Trac recruitment system to advertise posts bilingually. Advertisements are produced by recruiting managers and should be sent for translation prior to advertising. An individual or a department within the Health Board or NHS Wales Shared Services Partnership does not supervise this process and we rely on our workforce managers to implement the Standards appropriately.

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Application forms for posts, material explaining our procedure for applying for posts, information about our interview process and assessment methods are all published bilingually through the Trac system.

The organisation has improved the availability of bilingual job descriptions when advertising vacancies; which includes a series of bilingual templates for recruiting managers to use.

The Fairness, Inclusion and Welsh Language Team continues to work with clinical boards to improve their understanding of the Welsh Language Standards, including recruitment requirements. The Welsh Language Officer meets regularly with the clinical boards to discuss and improve their Welsh language services.

2. Please confirm what specific steps (if any) you will take to ensure compliance with standards 50, 106, 106A and 107A and by when you are going to carry out those actions.

Compliance with Standard 50 — Receptions

The Health Board will conduct a thorough investigation across the organisation to determine the number of reception areas we have in the Health Board and our ability to provide bilingual services. The work will build on a fact-finding process that has already been undertaken. The review will be completed by September 2024.

The Fairness, Inclusion and the Welsh Language Team will continue to work with clinical boards and services to improve the system of providing bilingual reception services. The attached plan outlines the steps the Health Board will take to improve compliance with the relevant Welsh Language Standards.

The Health Board has recently published a Welsh Language Clinical Consultation Plan. The plan outlines the intentions and actions we will take as a Health Board to improve the process of recruiting people with Welsh language skills to the organisation; this includes improving and monitoring the Welsh language skills across the organisation. The scheme supports the organisation to comply with the Standards.

As part of our work on More Than Just Words, the Health Board will continue to develop the Welsh language skills of our workforce and encourage people to learn Welsh by promoting current and future courses, such as those with Learn Welsh.

Compliance with Standards 106, 106A, 107A - Recruitment

The Health Board has reviewed the phased approach and decided that a different approach is needed to ensure that the relevant Standards are implemented correctly and consistently across the organisation. Discussions are underway on how best to take the matter forward and the Health Board will establish a steering group to ensure that action is taken to comply with the Welsh Language Standards.

3. Please provide any information or evidence that you wish for the Commissioner to consider when determining your compliance with Standards 50, 106, 106A and 107A.

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The organisation's Welsh Language Policy also sets out how the Health Board's recruitment system will improve the process of recruiting staff with appropriate Welsh language skills.

The Health Board has established *Rhwydiaith*, a Welsh language network for staff, which will support the organisation in disseminating information in relation to the Welsh Language Standards, improving understanding of the importance of the Welsh language in healthcare and explaining how to obtain further information on compliance with the Standards.

The Health Board has promoted the new Awareness of the Welsh Language course within ESR that improves understanding of the Welsh Language Standards across the organisation.

The Fairness, Inclusion and Welsh Language Team has developed resources to support colleagues to engage with patients and service users in Welsh. These resources include an information sheet on how to greet people bilingually over the telephone, which can also be used in reception areas.

4. Please provide a copy of any policy, procedure, guidance or other document that you wish for the Commissioner to consider when determining your compliance with Standards 50, 106 and 106A.

The following documents are attached:

1. Clinical Consultation Plan
2. Welsh Language Policy
3. A copy of correspondence promoting the Awareness of the Welsh Language course
4. Documents used on our website regarding application forms for posts, material explaining our procedure for applying for posts, information about our interview process and assessment methods
5. A 'How to greet bilingually' resource.

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Appendix B – Welsh Language Commissioner’s Verification Survey Findings for 2021–22 and 2022–23

The Welsh Language Commissioner's verification survey for standard 106A

As part of my verification survey for 2021–22 and 2022–23, checks were carried out on D’s compliance with standard 106A.

Standard	2021–22	2022–23
Standard 106A part (a) (Determine a category when advertising the post)	<p>15/17 advertisements stated that Welsh language skills were ‘desirable’ for the post.</p> <p>2/17 advertisements stated that Welsh language skills were not necessary for the post.</p> <p>17/17 advertisements complied with part (a) of standard 106A.</p>	<p>13/15 advertisements stated that Welsh language skills were ‘desirable’ for the post.</p> <p>2/15 advertisements stated that Welsh language skills were not necessary for the post.</p> <p>15/15 advertisements complied with part (a) of standard 106A.</p>
Standard 106A part (b) (Advertise the post in Welsh)	<p>15 out of 17 advertisements checked related to a post where Welsh language skills were essential, desirable or in need of learning.</p> <p>Therefore, the requirement of standard 106A to advertise the post in Welsh applied to 15 out of the 17 advertisements checked.</p> <p>15/15 advertisements contained English text.</p> <p>15/15 did not comply with part (b) of standard 106A.</p>	<p>13 out of 15 advertisements checked related to a post where Welsh language skills were essential, desirable or in need of learning.</p> <p>Therefore, the requirement of standard 106A to advertise the post in Welsh applied to 13 out of the 15 advertisements checked.</p> <p>13/13 advertisements contained English text, with 10/13 advertisements containing a large majority English text.</p> <p>13/13 did not comply with part (b) of standard 106A.</p>

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The Welsh Language Commissioner's verification survey for standard 107A

As part of my verification survey for 2021–22 and 2022–23, checks were carried out on D's compliance with standard 107A.

Standard	2021–22	2022–23
Standard 107A part (a) (Application forms for posts in Welsh and not treating the Welsh language less favourably than the English language)	-	-
Standard 107A part (b/c) (Explanatory material and information about the interviewing process in Welsh and that does not treat the Welsh language less favourably than the English language)	Some documents were available in English only. Of those available in Welsh, there were examples where the Welsh language was treated less favourably than the English language.	Some documents were available in English only. Of those available in Welsh, there were examples where the Welsh language was treated less favourably than the English language.
Standard 107A part (d) (Job descriptions in Welsh that didn't treat the Welsh language less favourably than the English language)	14/17 job descriptions checked were available in English only. 3/17 job descriptions checked were available in Welsh, but 3/3 treated the Welsh language less favourably than the English language. 17/17 job descriptions did not comply with part (d) of standard 107A.	10/15 job descriptions checked were available in English only. 5/15 job descriptions checked were available in Welsh, but 3/5 treated the Welsh language less favourably than the English language. 13/15 job descriptions did not comply with part (d) of standard 107A.

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Comisiynydd y
Gymraeg
Welsh Language
Commissioner

Standards enforcement investigation: Report and decision notice

This report was prepared in accordance with sections 73 and 74 of the Welsh Language (Wales) Measure 2011

The investigation of a suspicion of failure to comply with standards set by Welsh Ministers was conducted in accordance with section 71 and Schedule 10 of the Welsh Language (Wales) Measure 2011.

Cardiff and Vale University Health Board

Case number: CS1175

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Date: 08/02/2024



Comisiynydd y
Gymraeg
Welsh Language
Commissioner

Background

The principal aim of the Welsh Language Commissioner, an independent body established by the Welsh Language (Wales) Measure 2011, is to promote and facilitate the use of Welsh. This is done by raising awareness of the official status of the Welsh language in Wales, by imposing standards on organisations, and by regulating compliance with the Welsh Language Measure. This, in turn, will lead to the establishment of rights for Welsh speakers.

Two principles will underpin the Commissioner's work:

- in Wales, the Welsh language should be treated no less favourably than the English language;
- persons in Wales should be able to live their lives through the medium of Welsh if they choose to do so.

Contact details

- Phone: 0345 6033 221
- E-mail: post@welshlanguagecommissioner.wales
- Website: welshlanguagecommissioner.wales

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Legislative context

Part 4 of the Welsh Language Measure

- i. Part 4 of the Welsh Language Measure sets out a legal framework for imposing a duty on some organisations to comply with one or more standards in relation to the Welsh language. Organisations subject to standards are known as 'relevant persons'. The standards apply to the following areas:
 - service delivery;
 - policy making;
 - operational;
 - promotion;
 - record keeping.
- ii. The duties resulting from the standards require that relevant persons should not treat the Welsh language less favourably than the English language, and should promote and facilitate the use of the Welsh language.
- iii. Compliance notices given to relevant persons by the Commissioner under Part 4 of the Welsh Language Measure specify the standards requiring compliance, together with the days from which it is required to comply with each standard or to comply with each standard in a particular respect ('imposition days'). Copies of the compliance notices that are in force will be on the Commissioner's website.
- iv. Whilst a compliance notice specific to a relevant person is in force, that person will be required to comply with the standards specified within it.

Part 5 of the Welsh Language Measure

- v. Part 5 of the Welsh Language Measure gives the Commissioner statutory regulatory functions to ensure that relevant persons comply with their duties. Duties may include compliance with Welsh language standards (as stated above), and also requirements imposed on persons by the Commissioner in accordance with section 77 of the Welsh Language Measure as a result of a failure to comply with a relevant requirement. The Commissioner's Enforcement Policy provides advice and information regarding how the Commissioner will exercise those regulatory functions.
- vi. The regulatory functions resulting from Part 5 of the Welsh Language Measure are:
 - to consider whether or not to investigate if the conduct of relevant persons is complained about;
 - to investigate suspected failures by relevant persons to comply with duties, to determine investigations and to produce investigation reports;
 - to consider whether or not to take further action (by giving recommendations or advice) if an investigation finds that there was no failure to comply;
 - to take one of the three steps below if an investigation finds that there was a failure to comply:
 - take no further action;
 - do one or more of the following:
 - require the relevant person to prepare an action plan for the purpose of preventing the continuation or repetition of the failure;
 - require the relevant person to take steps for the purpose of preventing the continuation or repetition of the failure;
 - publicise the relevant person's failure to comply with the relevant requirement;
 - require the relevant person to publicise the failure to comply with the relevant requirement;
 - impose a civil penalty on the relevant person.
 - do one or more of the following:
 - give the relevant person or any other person recommendations;
 - give the relevant person or any other person advice;
 - seek to enter into a settlement agreement with the relevant person.
 - to make applications to a county court for orders to enforce compliance;
 - to comply with the duties resulting from appeals and applications for reviews made to the Welsh Language Tribunal;
 - to produce an enforcement policy document;
 - to create and maintain a register of enforcement action.
- vii. The Commissioner will follow the required statutory processes in exercising the Commissioner's regulatory functions.
- viii. The Commissioner's Enforcement Policy contains full information regarding the way in which the Commissioner will exercise the Commissioner's regulatory functions under Part 5 of the Welsh Language Measure.

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1 Terms of reference

Suspicion of failure to comply with Welsh language standards

Complaint CS1175

- 1.1 A member of the public (P) explained that he had telephoned 02921 835208 (Cardiff and Vale University Health Board Department of Sexual Health) twice and failed to receive a Welsh language service.
- 1.2 P alleged that the recorded message on the phone number is in English only; that staff answering calls do not greet in Welsh and that calls are routed directly to English-speaking staff, without an option to choose a Welsh language service.
- 1.3 The complaint created suspicion of a failure by the health board to deal with calls in Welsh on the telephone number (in accordance with the requirements of standard **17**); to greet persons in Welsh (in accordance with standard **18**); to ensure that the recorded messages are available in Welsh (in accordance with standard **20**) and to raise awareness that there is a Welsh language telephone service available (in accordance with standards **60** and **61**).

Commissioner's verification surveys

- 1.4 The findings of my verification surveys for 2023-24 created further suspicions of failures to comply with standards on the following telephone numbers 02920 747747 (University Hospital of Wales' Switchboard); 01446 704000 (Barry Hospital's main telephone number) and 02920 711711 (Llandough Hospital's main telephone number).
- 1.5 Suspicion was created of a failure to greet persons in Welsh on these telephone numbers (in accordance with standard **8**); to deal with calls in Welsh (in accordance with the requirements of standard **10**) and to ensure that the recorded messages are available in Welsh (in accordance with standard **20**).

Further verification work

- 1.6 Further compliance checks by my officers created further suspicion that the health board does not state (in Welsh)—when it publishes its main telephone numbers on its website—that it welcomes calls in Welsh (in accordance with standard **13**).

Decision to investigate

- 1.7 Based on the above, I decided to carry out an investigation under section 71 of the Welsh Language Measure in order to determine whether there was a failure by the health board to comply with the relevant standards.

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2 Evidence taken during the investigation

Evidence notice

- 2.1 On 18/09/2023, I issued the health board with an evidence notice which required it to provide evidence. A response was received on 27/10/2023.
- 2.2 The full response can be found at **Annex A** to the investigation.

Information on the health board 's compliance with the Welsh language standards

- 2.3 As part of my verification surveys for 2023–24, calls were made to the three main telephone numbers below:

Phone number	Date and time of call
University Hospital of Wales switchboard (02920 747747)	26/06/2023
Barry Hospital main telephone number (01446 704000)	23/06/2023
Llandough Hospital main telephone number (02920 711711)	27/06/2023

- 2.4 The survey findings in relation to telephone services can be summarised as follows:

Standard	2022–23
Standard 8 (initial greeting)	<p>University Hospital of Wales:</p> <p>Initial greeting via the automated telephone system in English only (until the caller presses 9).</p> <p>Welsh equivalent greeting available only after caller has had to press 9.</p> <p>Barry Hospital:</p> <p>As above.</p> <p>Llandough Hospital:</p> <p>As above.</p> <p>3/3 calls did not comply with standard 8.</p>

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Standard 10 (dealing with the call in Welsh)	<p>University Hospital of Wales:</p> <p>Messages on the automated system partly in English.</p> <p>The member of staff who answered the call partially greeted in English (“How can I help you?”).</p> <p>A member of staff was able to deal with the enquiry in Welsh eventually.</p> <p>However, the member of staff who answered the call did not understand the caller's enquiry originally, when the enquiry was communicated entirely in Welsh.</p> <p>The caller had to turn to use English vocabulary to ensure that the member of staff understood the enquiry, and responded in Welsh.</p> <p>Barry Hospital:</p> <p>Messages on the automated system partly in English.</p> <p>The two members of staff who dealt with the enquiry did not greet the caller in Welsh, neither did they deal with the enquiry in Welsh (in accordance with the requirements of the standard).</p> <p>Llandough Hospital:</p> <p>Messages on the automated system partly in English.</p> <p>The member of staff who answered the call did not deal with the enquiry in Welsh (in accordance with the requirements of the standard).</p> <p>3/3 calls did not comply with standard 10.</p>
Standard 20 (automated telephone system providing the complete automated service in Welsh)	<p>University Hospital of Wales:</p> <p>Full service not available in Welsh – an English only message “one moment, please”.</p> <p>Barry Hospital:</p> <p>As above.</p> <p>Llandough Hospital:</p> <p>As above.</p> <p>3/3 calls did not comply with standard 20.</p>

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3 Compliance with standards 8; 10 and 13: Assessment, findings and determination

Wording of the standards

3.1 The standards as worded in the compliance notice issued to the health board state:

Standards relating to telephone calls made and received by a body

(1) Telephone calls made to a body's main contact number and to any helplines or call centres

Standard 8

When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must greet the person in Welsh.

Imposition day: 30/05/2019

Standard 10

When a person contacts you on your main telephone number (or on one of your main telephone numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person's wish until such point as —

- (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and
- (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.

Imposition day: 30/11/2019

Standard 13

When you publish your main telephone number, or any helpline numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh.

Imposition day: 30/11/2019

Findings

3.2 In June 2023, my official telephoned the following numbers to assess their compliance with the Welsh language standards:

- 02920 747747 (University Hospital of Wales switchboard)
- 01446 704000 (Barry Hospital main telephone number)
- 02920 711711 (Llandough Hospital main telephone number).

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Standard 8

- 3.3 If a person contacts a body on one of its relevant telephone numbers¹, standard 8 states that the body must greet that person in Welsh.
- 3.4 The initial automated message (and therefore the first greeting given) was on the numbers surveyed in English only. Only after my officer had to press a button to be directed to hear the automated message in Welsh was she greeted in Welsh.
- 3.5 Standard 8 requires all callers to be greeted in Welsh, regardless of whether or not they have pressed a button to continue with the rest of the call in Welsh.
- 3.6 As a result, the health board failed to meet its obligation to greet my officer in Welsh as required by the standard.

Standard 10

- 3.7 When a caller who wishes to receive a Welsh language service telephones one of the body's relevant telephone numbers, standard 10 states that the body must deal with that call in Welsh, until it is necessary to transfer the call to a member of staff who cannot speak Welsh in order to provide a service on a specific subject (unless a Welsh speaking member of staff is available to do so).
- 3.8 One message on the automated system of the numbers surveyed was in English only.
- 3.9 Also, no single case was seen in which the call handler succeeded in dealing with the call fully in Welsh.
- 3.10 Specifically, in the case of the call to Barry Hospital, the call handlers provided an English only greeting to my officer. In the case of that call and the call to Llandough Hospital, the call handler did not deal with any other part of the call in Welsh.
- 3.11 In the case of the call to the University Hospital of Wales, the call handler partially greeted my officer in English.
- 3.12 To implement the standard, those dealing with Welsh language calls also need to be able to understand an enquiry made in Welsh. The call handler was initially unable to do so in this instance, and so the health board failed to meet the requirement to deal with the call in Welsh.

Standard 13

- 3.13 When a body publishes one of its relevant telephone numbers, standard 13 requires the body to state, in Welsh, that it welcomes calls in Welsh.
- 3.14 In December 2023, I checked some of the main pages of the website www.bipcaf.gig.cymru where the health board's relevant telephone numbers have

¹ Unless noted otherwise, a reference to 'relevant telephone numbers', in the context of standards 8—16, means the body's main telephone number (or one of its main numbers), or any one of its helpline numbers or call centre numbers

been published. A relevant statement to comply with this standard was not included on any page I checked.²

Determination of whether there has been a failure to comply with standards and details of any further action

3.15 My determination and details of any further action are set out in the investigation's decision notice.

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² The section '[Our Hospitals](#)' included pages for the [University Hospital of Wales](#), [University Hospital Llandough](#), [Barry Hospital](#) and other hospitals.

4 Compliance with standards 17 and 18: Assessment, findings and determination

Wording of the standards

4.1 The standards as worded in the compliance notice issued to the health board state:

Standards relating to telephone calls made and received by a body

(2) Telephone calls made to departments and to members of a body's staff

Standard 17

If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as —

- (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and
- (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.

Imposition day: 30/11/2019

Standard 18

When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.

Imposition day: 30/05/2019

Findings

4.2 When a caller who wishes to receive a Welsh language service telephones one of the body's departments on a direct line telephone number (including on a member of staff's direct line number):

- standard 18 states that body must ensure that the Welsh language is treated no less favourably than the English language when greeting the caller;
- standard 17 states that the body must deal with that call in Welsh, until it is necessary to transfer the call to a member of staff who cannot speak Welsh in order to provide a service on a specific subject (unless a Welsh speaking member of staff is available to do so).

4.3 Telephone number 02921 835208 (the health board's Department of Sexual Health) is subject to the requirements of these standards.

4.4 In 2023, a member of the public (P) called this number twice and failed to receive a Welsh language service. The messages recorded on the automated telephone

number system were not available in Welsh. Additionally, the calls were immediately directed to staff who did not speak Welsh, with no option for P to choose to receive a Welsh language service.

- 4.5 As a result, P was not greeted and was not dealt with in Welsh, in accordance with the requirements of standards 17 and 18.
- 4.6 The health board acknowledges that the service P received did not comply with the standards and, since becoming aware of the complaint, has taken steps to ensure a bilingual service on this telephone number going forward.
- 4.7 The health board has taken steps which mean that it can now provide a Welsh language service during office hours (9am – 5pm) during the week, and during the weekend. The health board has also undertaken to increase this provision, by giving its staff specific opportunities to further develop their Welsh language skills in the coming months.

Determination of whether there has been a failure to comply with standards and details of any further action

- 4.8 My determination and details of any further action are set out in the investigation's decision notice.

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5 Compliance with standard 20: Assessment, findings and determination

Wording of the standard

5.1 The standard as worded in the compliance notice issued to the health board states:

Standards relating to telephone calls made and received by a body

(4) A body dealing with telephone calls using an automated system

Standard 20

Any automated telephone systems that you have must provide the complete automated service in Welsh.

Imposition day: 30/05/2019

Findings

- 5.2 To comply with standard 20, any automated telephone systems that a body has must provide the complete automated service in Welsh.
- 5.3 This standard applies to main telephone numbers, helplines, call centres as well as the body's direct line telephone numbers.
- 5.4 As I reported in discussing the health board's compliance with standard 10, when the University Hospital of Wales, Barry Hospital and Llandough Hospital numbers were checked in June 2023, part of the automated system on these numbers was in English only.
- 5.5 By failing to ensure that the complete automated service is available in Welsh, the health board has failed to comply with the requirements of the standard on these numbers.
- 5.6 Considering the health board's compliance with the standard on the telephone number of the health board's Department of Sexual Health, all messages recorded on this automated system were in English only. However, I note that the health board confirms the entire automated system is now available in Welsh.

Determination of whether there has been a failure to comply with standards and details of any further action

- 5.7 My determination and details of any further action are set out in the investigation's decision notice.

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6 Compliance with standards 60 and 61: Assessment, findings and determination

Wording of the standards

6.1 The standards as worded in the compliance notice issued to the health board state:

Standards for raising awareness about Welsh language services provided by a body

Standard 60

You must promote any Welsh language service that you provide, and advertise that service in Welsh

Imposition day: 30/05/2019

Standard 61

If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh

Imposition day: 30/05/2019

Findings

6.2 P's complaint alleged that there was nothing on the Department of Sexual Health's information page (<https://bipcaf.qig.cymru/ein-gwasanaethau/iechyd-rhywiol/>) suggesting that the Department welcomed telephone calls to phone number 02921 835208 (the health board's Department of Sexual Health) in Welsh.

6.3 Standards 60 and 61 relate to raising awareness of the body's Welsh language services and requires it, amongst other things to:

- ensure that, if it provides a service in Welsh that corresponds to a service provided in English, any website referring to the English language service states that a corresponding service is available in Welsh.
- promote any Welsh language service provided by the body.

6.4 I checked the web page in question in P's complaint, as it was published at the time of P's visit to the website.³

6.5 This page at the time did not include any information which indicated that a Welsh language telephone service (which corresponded to the service noted in the telephone standards) was available on the telephone number in question, nor did it promote the use of that Welsh language service.

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³ <https://web.archive.org/web/20230322165520/www.cavuhb.nhs.wales/our-services/sexual-health/>

- 6.6 A sentence has now been added to this page stating in Welsh “*Rydym wrthi'n datblygu system brysbennu ffôn Gymraeg awtomataidd. Am y tro, rhowch wybod i'r derbynnydd os hoffech gyfathrebu â ni yn Gymraeg.*”

["We are currently developing an automated Welsh language telephone triage system. For now, please let the call handler know if you would like to communicate with us in Welsh."]

- 6.7 This statement does not meet the need for the health board to provide information about the telephone service that should be available in Welsh in accordance with the telephone standards, nor the need for it to promote the use of that Welsh language service.
- 6.8 The health board's response to the evidence notice suggests that the Department of Sexual Health Team has contacted the Health Board's Communications and Engagement Team to ask them to amend the pages containing the Department's telephone number, so that these pages indicate that calls in Welsh are welcomed, as P expected.
- 6.9 However, following a recent check of the page relevant to P's complaint, the health board has not yet updated that page to include such a statement. Ensuring that this was done would have gone some way to meet the requirements of standards 60 and 61, and respond directly to the complainant's concerns.

Determination of whether there has been a failure to comply with standards and details of any further action

- 6.10 My determination and details of any further action are set out in the investigation's decision notice.

Chilcott, Rachel
04/03/2024 16:02:02



Decision notice

To: Cardiff and Vale University Health Board

Case number: CS1175

Date: 08/02/2024

Determination

Following receipt of a complaint from a member of the public, and considering the results of my telephone verification surveys of the health board's telephone services, I conducted an investigation under section 71 of the Welsh Language (Wales) Measure 2011 in order to determine whether there had been a failure by the health board to comply with the Welsh language standards. The standards relevant to the investigation are as follows:

Standards relating to telephone calls made and received by a body

(1) Telephone calls made to a body's main contact number and to any helplines or call centres

Standard 8

When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must greet the person in Welsh.

Imposition day: 30/05/2019

Standard 10

When a person contacts you on your main telephone number (or on one of your main telephone numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person's wish until such point as —

- (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and
- (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.

Imposition day: 30/11/2019

Standard 13

When you publish your main telephone number, or any helpline numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh.

Imposition day: 30/11/2019

(2) Telephone calls made to departments and to members of a body's staff

Standard 17

If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as —

- (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and
- (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.

Imposition day: 30/11/2019

Standard 18

When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.

Imposition day: 30/05/2019

(4) A body dealing with telephone calls using an automated system

Standard 20

Any automated telephone systems that you have must provide the complete automated service in Welsh.

Imposition day: 30/05/2019

Standards for raising awareness about Welsh language services provided by a body

Standard 60

You must promote any Welsh language service that you provide, and advertise that service in Welsh

Imposition day: 30/05/2019

Standard 61

If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh

Imposition day: 30/05/2019

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I determine that the health board has failed to comply with standard 8.

The basis of my determination is that the health board has failed to greet my officer in Welsh (in accordance with the requirements of the standard) on the telephone numbers of the University Hospital of Wales, Barry Hospital and Llandough Hospital.

I determine that the health board has failed to comply with standard 10.

The basis of my determination is that the health board has failed to deal with calls made to the telephone numbers of the University Hospital of Wales, Barry Hospital and Llandough Hospital in accordance with the requirements of the standard.

I determine that the health board has failed to comply with standard 13.

The basis of my determination is that the health board has failed to state on its relevant web pages that calls are welcome in Welsh.

I determine that the health board has failed to comply with standard 17.

The basis of my determination is that the health board has failed to deal with calls made to the health board's Department of Sexual Health telephone number in Welsh in accordance with the requirements of the standard.

I determine that the health board has failed to comply with standard 18.

The basis of my determination is that the health board has failed to greet a member of the public in Welsh on the telephone number of the health board's Department of Sexual Health.

I determine that the health board has failed to comply with standard 20.

The basis of my determination is that the health board has failed to ensure that the automated telephone system on the telephone numbers of the University Hospital of Wales, Barry Hospital, Llandough Hospital and the Department of Sexual Health provided the complete automated service in Welsh.

I determine that the health board has failed to comply with standard 60.

The basis of my determination is that the health board has failed to promote the Welsh language telephone service provided on the telephone number of the health board's Department of Sexual Health.

I determine that the health board has failed to comply with standard 61.

The basis of my determination is that the health board has failed to state that a telephone service in Welsh is available on the telephone number of the health board's Department of Sexual Health.

Further action

Section 77 of the Welsh Language Measure allows me to take further action where there has been a failure to comply with a standard.

In the case of my determination that the health board has failed to comply with standards **17** and **18**, I have decided not to take further action on the basis that the health board has already taken, or plans to take, appropriate steps to ensure that the service on the relevant telephone number is provided in accordance with the requirements of standards 17 and

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In the case of my determination that the health board has failed to comply with standards **8, 10, 13, 20, 60 and 61**, I will take further action for the purpose of preventing the continuation or repetition of the failure.

Details of the further action are set out below.

Standards 8, 10, 13, 20, 60 and 61: Requirement to take action in accordance with section 77 of the Welsh Language Measure

Standard 8

1. The health board must ensure that messages on the University Hospital of Wales, Barry Hospital and Llandough Hospital automated telephone systems greet all callers in Welsh in accordance with standard 8 (without the caller having to initially press a button on the telephone to receive a Welsh greeting).

Standard 10

2. The health board must ensure that the team responsible for dealing with Welsh language calls to the University Hospital of Wales, Barry Hospital and Llandough Hospital have the Welsh language skills to be able to greet and deal with telephone calls in Welsh in accordance with the requirements of standard 10 (e.g. by improving the Welsh language skills of existing staff to a level that ensures this).

Standard 13

3. The health board must carry out a comprehensive check of each page on the www.bipcaf.giq.cymru website (which includes the health board's main telephone numbers, helpline numbers or call centre numbers) in order to ensure that they state, in Welsh, that it welcomes calls in Welsh.

This includes ensuring that the pages in the 'Our hospitals' section of the website www.bipcaf.giq.cymru contains the relevant statement.

Standard 20

4. The health board must ensure that the automated telephone system on all telephone numbers relevant to standard 20 provides the complete automated service in Welsh.

Standards 60 and 61

5. The health board must include a statement, on each web page containing the Department of Sexual Health telephone number, which:
 - states that a Welsh language telephone service is available on the telephone number;
 - encourages the use of that Welsh language service (e.g. by noting that it welcomes calls in Welsh).

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Timetable: The health board must provide sufficient written evidence that satisfies the Welsh Language Commissioner that it has completed:

- enforcement actions 1, 3 and 5 within **6 weeks** from the date of issuing the final determination;
- enforcement action 2 within **6 months** from the date of issuing the Commissioner's final determination; and
- enforcement action 4 within **12 months** from the date of issuing the Commissioner's final determination.

Right of appeal to the Welsh Language Tribunal

Where the Commissioner has determined that a body has failed to comply with a relevant requirement, that person may appeal to the Welsh Language Tribunal. Additionally, when the Commissioner has decided to take enforcement action in relation to a failure, the body may appeal to the Welsh Language Tribunal on the grounds that the enforcement actions are unreasonable or disproportionate. More information about the process can be found in the enclosed leaflet, and on the Welsh Language Tribunal's website.

Consequences of failure to comply with a requirement in a decision notice

Should the health board fail to comply with any requirement within this decision notice, the Commissioner may apply to a county court for an order requiring its compliance.

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Annex A – The health board's response to the evidence notice

Information and documents

Complaint CS1175 creates suspicion of a failure by D to do the following on the Department of Sexual Health's telephone number:

- deal with calls in Welsh on the telephone number (in accordance with the requirements of standard 17);***
- greet persons in Welsh on the telephone number (in accordance with standard 18);***
- ensure that recorded messages are available in Welsh on the telephone number (in accordance with standard 20); and***
- raise awareness that there is a Welsh language telephone service available on the telephone number (in accordance with standards 60 and 61).***

1. Please provide any further information or evidence which you wish for the

Commissioner to consider when determining your compliance with standards

17, 18, 20, 60 and 61.

Following an initial investigation, Cardiff and Vale University Health Board's Department of Sexual Health (DOSHS) has endeavoured to ensure that their services are in compliance with the Welsh Language Standards. The DOSHS team have worked with the Health Board's Digital and Health Intelligence Team to update the telephone messaging system to ensure that both a Welsh and English language service can be offered. It is expected that the system will be in place by the end of November 2023.

Staff within the DOSHS team are undertaking training on offering and delivering a Welsh language telephone service. Phone calls received by the department will now be answered bilingually and in compliance with the Standards.

Additionally, all members of the team have registered Welsh language skills in our Electronic Staff Record system, which has meant that the Operational Manager for DOSHS has an overall picture of the Welsh language skills within the team. The Operational Manager is encouraging staff members to enrol on available Welsh language courses.

The Health Board has been working closely with the National Centre for Learning Welsh to pilot a suite of opportunities for staff to develop their Welsh language skills. Once established, staff within DOSHS will be offered spaces on any appropriate courses as a priority.

Each member of the DOSHS team have been provided with a Welsh Language Prompt Card to support them when answering and dealing with simple requests or queries in Welsh. This will ensure that callers receive an appropriate Welsh language service in line with the requirements of the Standards.

The Health Board's Telephone Switchboard Team has taken steps to improve and maintain Welsh language services for callers, patients and service users.

All callers to the Health Board's main switchboard should be asked whether they wish to continue their call in Welsh or English. Should they decide to continue their call in Welsh, in the event that an individual with limited skills has answered the call, the individual will be assigned to an available Welsh speaking operator. The Telephone Switchboard Team have offered assurances that they are able to provide a full Welsh language service during office hours (9am – 5pm) on weekdays and on a Sunday.

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Regretfully, the team has experienced challenges in recruiting operators with the appropriate level of Welsh language skills, which has limited their ability to provide a 24/7 cover for callers. The team has extensively advertised for Welsh speaking operators via Welsh language recruitment websites, including Lleol.net, and attended recruitment events organised by the Health Board's People Resourcing Team. However, the team has struggled to recruit switchboard operators with the appropriate level of Welsh language skills. The Telephone Switchboard Team will continue to work to attract and recruit bilingual call handlers. The Switchboard Operating Manager will encourage staff to attend and participate in Welsh language skills development opportunities, including those with the National Centre for Learning Welsh.

The findings of the Commissioner's 2023-24 verification surveys create suspicion of a failure by D to do the following on the main telephone numbers for the University Hospital of Wales, Barry Hospital and Llandough Hospital:

- ***greet persons in Welsh on these telephone numbers (in accordance with standard 8);***
- ***deal with calls in Welsh on the telephone numbers (in accordance with the requirements of standard 10); and***
- ***ensure that the recorded messages are available in Welsh on the telephone numbers (in accordance with standard 20).***

Further verification creates further suspicion that D does not state (in Welsh)—when it publishes its main telephone numbers on its website—that it welcomes calls in Welsh (in accordance with standard 13).

2. Please provide any further information or evidence which you wish for the Commissioner to consider when determining your compliance with standards

8, 10, 13 and 20.

The DOSH team are liaising with the Communications and Engagement Team to identify web pages which include the DOSH telephone number to ensure that the pages state that calls are welcomed in Welsh or English. As mentioned above, the team has taken steps to ensure that callers are greeted bilingually in accordance with the Standards.

The Health Board's Switchboard Team has offered assurances that all calls are answered with a bilingual Welsh/English greeting. The Switchboard Team Manager regularly monitors calls to ensure that the level of service provided is of the standard which we expect.

The Communications and Engagement Team has ensured that web pages which include the telephone number for the Health Board's main switchboard advises that calls are welcomed in both Welsh or English.

The Health Board's telephone switchboard is equipped with an automated system that allows callers to choose their preferred language. Upon calling, you will be greeted with a message in both Welsh and English. Callers can then select the language in which they wish to proceed.

3. Please provide a copy of any policy, procedure, guidance or other document you wish for the Commissioner to consider when making a determination on your compliance with the standards relevant to this investigation.
 - Annex 1: DOSH Standard Operating Procedure on providing of effective Welsh language services by the DOSH team.
 - Annex 2: The Welsh Language Prompt Card
 - Annex 3: Guidelines on how to follow procedures when receiving calls in Welsh.
 - Annex 4: An example job description used to recruit Switchboard Operators with Welsh language skills.

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Comisiynydd y
Gymraeg
Welsh Language
Commissioner

Standards enforcement investigation: Report and decision notice

This report was prepared in accordance with sections 73 and 74 of the Welsh Language (Wales) Measure 2011

The investigation of a suspicion of failure to comply with standards set by Welsh Ministers was conducted in accordance with section 71 and Schedule 10 of the Welsh Language (Wales) Measure 2011

Cardiff and Vale University Health Board (D)

Case number: CS1063

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Date: 07/06/2023



Background

The principal aim of the Welsh Language Commissioner, an independent body established by the Welsh Language (Wales) Measure 2011, is to promote and facilitate the use of Welsh. This is done by raising awareness of the official status of the Welsh language in Wales, by imposing standards on organisations, and by regulating compliance with the Welsh Language Measure. This, in turn, will lead to the establishment of rights for Welsh speakers.

Two principles will underpin the Commissioner's work:

- in Wales, the Welsh language should be treated no less favourably than the English language;
- persons in Wales should be able to live their lives through the medium of Welsh if they choose to do so.

Contact details

- Phone: 0345 6033 221
- E-mail: post@welshlanguagecommissioner.wales
- Website: welshlanguagecommissioner.wales
- Post: Welsh Language Commissioner
Market Chambers
5–7 St Mary Street
Cardiff
CF10 1AT



Legislative context

Part 4 of the Welsh Language Measure

- i. Part 4 of the Welsh Language Measure sets out a legal framework for imposing a duty on some organisations to comply with one or more standards in relation to the Welsh language. Organisations subject to standards are known as 'relevant persons'. The standards apply to the following areas:
 - service delivery;
 - policy making;
 - operational;
 - promotion;
 - record keeping.
- ii. The duties resulting from the standards require that relevant persons should not treat the Welsh language less favourably than the English language, and should promote and facilitate the use of the Welsh language.
- iii. Compliance notices given to relevant persons by the Commissioner under Part 4 of the Welsh Language Measure specify the standards requiring compliance, together with the days from which it is required to comply with each standard or to comply with each standard in a particular respect ('imposition days'). Copies of the compliance notices that are in force will be on the Commissioner's website.
- iv. Whilst a compliance notice specific to a relevant person is in force, that person will be required to comply with the standards specified within it.

Part 5 of the Welsh Language Measure

- v. Part 5 of the Welsh Language Measure gives the Commissioner statutory regulatory functions to ensure that relevant persons comply with their duties. Duties may include compliance with Welsh language standards (as stated above), and also requirements imposed on persons by the Commissioner in accordance with section 77 of the Welsh Language Measure as a result of a failure to comply with a relevant requirement. The Commissioner's Enforcement Policy provides advice and information regarding how the Commissioner will exercise those regulatory functions.
- vi. The regulatory functions resulting from Part 5 of the Welsh Language Measure are:
 - to consider whether or not to investigate if the conduct of relevant persons is complained about;
 - to investigate suspected failures by relevant persons to comply with duties, to determine investigations and to produce investigation reports;
 - to consider whether or not to take further action (by giving recommendations or advice) if an investigation finds that there was no failure to comply;
 - to take one of the three steps below if an investigation finds that there was a failure to comply:
 - take no further action;
 - do one or more of the following:
 - require the relevant person to prepare an action plan for the purpose of preventing the continuation or repetition of the failure;
 - require the relevant person to take steps for the purpose of preventing the continuation or repetition of the failure;
 - publicise the relevant person's failure to comply with the relevant requirement;
 - require the relevant person to publicise the failure to comply with the relevant requirement;
 - impose a civil penalty on the relevant person.
 - do one or more of the following:
 - give the relevant person or any other person recommendations;
 - give the relevant person or any other person advice;
 - seek to enter into a settlement agreement with the relevant person.
 - to make applications to a county court for orders to enforce compliance;
 - to comply with the duties resulting from appeals and applications for reviews made to the Welsh Language Tribunal;
 - to produce an enforcement policy document;
 - to create and maintain a register of enforcement action.
- vii. The Commissioner will follow the required statutory processes in exercising the Commissioner's regulatory functions.
- viii. The Commissioner's Enforcement Policy contains full information regarding the way in which the Commissioner will exercise the Commissioner's regulatory functions under Part 5 of the Welsh Language Measure.

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1 Terms of reference

Description of the complaint

- 1.1 On 30/09/2023 I received a complaint from a member of the public (P). It met the conditions of section 93 of the Welsh Language Measure and was therefore a valid complaint.
- 1.2 The complaint related to P's disappointment at not receiving a Welsh language service whilst he was a patient under the care of the health board.
- 1.3 P alleges that Cardiff and Vale University Health Board (D) does not have a complete record of the Welsh language skills of its workforce. Without a complete record, P claimed that D does not have the information required to:
 - identify the Welsh speaking staff who could be matched with patients who wish to receive their care in Welsh;
 - identify whether there are enough Welsh speaking staff in a department (or ward) to ensure that a Welsh language service is available (and plan to increase the number if there is a shortfall).

Confirming responsibility for the relevant service

- 1.4 On 10/10/2022, my officers wrote to D to confirm whether D was responsible for the service complained about.
- 1.5 On 21/10/22, D responded confirming that it was responsible for recording the Welsh language skills of its workforce. D confirmed that this is done through the HR/Payroll system, namely the Electronic Staff Record (ESR).
- 1.6 D noted that this information is initially collected through the recruitment process for new staff, and that a People and Culture Department led campaign was underway to encourage existing staff to record their details on ESR.
- 1.7 However, D explained that compliance was low, but that it anticipated that the campaign would support staff so that they felt confident in using ESR to record their equality data, including their Welsh language skills. D sent some of the promotional material that had been developed.
- 1.8 D added that only 23% of staff have registered their Equality profiles, compared to the 36% of staff who have registered their Welsh language skills.
- 1.9 D stressed that the NHS was under huge pressure at the time, as it recovered from the pandemic, faced staff shortages and prepared for the winter period. D went on to note that when colleagues were focussed on providing care and meeting patients' needs, that trying to encourage them to complete ESR datasets was a challenge.
- 1.10 D concluded:

"That said, we are hopeful that the ongoing campaign will continue to improve the capturing of information in ESR as we seek to engage with our workforce through

alternate means and are exploring the possibilities of simplifying the process of updating ESR records. The data collected is monitored as a key performance indicator against our People and Culture Plan ensuring that improving our ESR data sets remains in our focus. Assurance is also provided to the Board through the Equality Strategy and Welsh Language Standards Group.”

Relevant standards

- 1.11 D is required to comply with standards 23, 23A, 24 and 96 and was under a duty to comply with these standards on the date relevant to the complaint.

Decision to investigate

- 1.12 Having considered the complaint, I decided to carry out an investigation under section 71 of the Welsh Language Measure to determine whether there was a failure by D to comply with the standards stated.
- 1.13 On 24/11/2022, I gave notice to D and P of the decision to investigate, and of the proposed terms of reference. On 24/01/2023, I gave notice to D and P of the final terms of reference for the investigation.

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2 Evidence taken as part of the investigation

Evidence notice and evidence received

- 2.1 On 24/01/23, I gave D an evidence notice which required it to provide evidence. D responded to the notice on 23/02/23.

Information and documents

Standard 23

1. Explain the arrangements you have in place to ensure that, in accordance with standard 23, you ask an in-patient (A) on the first day of A's in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission

"The organisation uses patient administration systems to record a patient's preferred language throughout their pathway.

The most commonly used system is PMS (Patient Management System), which can be found in most clinical areas, and has a language choice function available enabling Welsh to be recorded as a patient's preferred language. Another system, PARIS, has the same function.

Currently, the RADIS system, which is used in Radiology, does not have the option to choose Welsh as a language preference. However, within this system this preference can be recorded as a patient note on the system. An update of the system is scheduled to take place in 2024 as part of a broader system update. We are currently expecting confirmation of the anticipated date in 2024 when the function to record language choice will be available.

As part of the inpatient admission process, Clinical Boards are able to ask for the preferred language, either via a form, or in person. Once this language choice has been confirmed, the information is recorded on the appropriate patient administration system. The language preference is then available for clinical colleagues, and the relevant teams, to consider throughout the patient care pathway."

Standard 23A

2. If an in-patient (A) informs you that A wishes to use the Welsh language to communicate with you during an in-patient admission, explain the arrangements you have in place to ensure that, in accordance with standard 23A, you identify to your staff who are likely to communicate with A, that A wishes to use the Welsh language to communicate with you during that in-patient admission.

Staff are able to obtain 'iaith gwaith' badges to indicate that they are Welsh speaking and are confident to converse with patients in Welsh. The organisation promotes the availability of these badges through our 'Meddwl Cymraeg'

campaign, during Welsh Language and Equity and Inclusion awareness sessions, as well as on the Welsh language SharePoint site.

The organisation has piloted a 'Welsh Language Patient Welcome Pack' toolkit in selected areas to help staff care for and support patients whose preferred language is Welsh. These areas included Older People Services, Mental Health Services, Critical Care and the Children's Hospital. The pack provides advice on delivering effective care in Welsh, through guidelines to follow as well as other useful material, such as stickers to identify Welsh speaking patients. The stickers can be attached to a patient's file or in other areas on the ward so that their Welsh language preference can be clearly visible. The roll-out plan across the other clinical boards will commence in April 2023, with the Welsh Language Officer working closely with each area to fully understand responsibility, to assist with any changes appropriate to the area, and to support teams with effective usage. The roll-out will continue throughout 2023/24 and be part of a broader support package, assisting areas to fully understand their responsibilities in regards to Welsh language.

This also includes the Welsh Language Officer working with a number of our departments to improve the level of Welsh language services offered to the public. Over the coming year, the officer will be dedicating time to working with each of the clinical boards in turn to improve the Welsh language services they offer."

Standard 24

- 3. Provide a copy of the policy (and any other related documents) that you have produced and published in accordance with standard 24.**

*"The Welsh Language Policy is attached to this letter (**Appendix 1**). The organisation has also developed a Clinical Consultation plan which is awaiting approval. The plan will set out how the organisation will improve its Welsh language capability during clinical consultations. The plan will be in place by 31st March 2023."*

Standard 96

- 4. Confirm how many employees you have.**

"16,893."

- 5. If you have not assessed the Welsh language skills of all your employees, please confirm the number and percentage of your employees whose Welsh language skills have not been assessed in accordance with standard 96.**

"10,880 employees have yet to record their Welsh language skills on their Electronic Staff Record (ESR), which equates to 63.3% of staff."

- 6. Explain what your arrangements are to assess the Welsh language skills of your employees in accordance with the standard.**

Welsh language skills are recorded in our ESR system on a self-assessment basis.

Staff will determine their level of Welsh language skills, in line with Welsh Government's Levels 1-5, for:

- Speaking
- Reading
- Writing and Understanding.

The member of staff will then update their personal ESR account. Once they have completed this, a request will be submitted through the system to their line manager for approval. The line manager has 7 days to assess and approve the request. Once approved, the individual's ESR account will be updated and the information can be used for organisational reporting and workforce planning.

The organisation is currently undertaking a campaign to improve the recording of Welsh language skills in ESR. Clinical and Service Board progress will be monitored and discussed as part of the Equality Strategy Welsh Language Standards Group. Further governance will be provided by the Health Inequalities Framework which is due for approval in April 2023. Progress against this will be reported to the People and Culture Committee, and included as part of the Clinical Board Executive Performance Reviews."

7. Explain what type of data regarding your employees' Welsh language skills is collected and recorded by the health board in accordance with the standard.

As part of your response, explain whether the data collected enables you to assess your employees' Welsh language skills:

- according to type of skill (e.g. speaking, reading, writing and understanding);
- according to Welsh language skill level (e.g. A1, A2, B1, B2, C1, C2 in accordance with the CEFR framework);
- according to workplace (e.g. specific hospital);
- according to service;
- according to department or team (e.g. a specific ward).

"The type of data collected and recorded in our ESR system includes, 'Listening or Speaking Welsh', 'Reading Welsh' and/or 'Writing Welsh'. Each of these are self-assessed by each individual member of staff. The individual assesses their skills for each type as being one of the below:

- 0 - No Skills / Dim Sgiliau
- 1 - Entry/ Mynediad
- 2 - Foundation / Sylfaen
- 3 - Intermediate / Canolradd
- 4 - Higher / Uwch
- 5 - Proficiency / Hyfedredd

The skills are individually identified and can therefore be attributed to the organisation structure in any way required, including by workplace, service, department or team.

The data collected enables the UHB to assess our employees' Welsh language skills. Encouraging staff to update their Welsh language skills on the ESR system can be challenging. To address this, we have adopted a proactive approach as part of a UHB-wide data campaign. We will be providing on-site support to help staff update their ESR data, while communicating the importance of this, and the Equity and Inclusion Team are working with Information Governance to identify alternate methods of collating the data. This will improve the recording of Welsh language skills in ESR, leading to a more accurate understanding of the skills of the workforce."

8. Explain how you use the data collected through the assessment of your employees' Welsh language skills to:

- **plan your workforce to ensure there are adequate levels of Welsh language skills within the organisation to respond to any needs;**
- **identify who and where the employees within the organisation are that can provide services to persons in Welsh (e.g. providing a service to a patient in Welsh);**
- **identify what the organisation's current needs are in terms of Welsh language skills, and identify any gaps within specific teams, locations or services.**

"It is the responsibility of service managers to assess and determine whether they have sufficient Welsh language speakers within their teams to deliver a Welsh language service. The information available in ESR is there to support them in undertaking this assessment and to workforce plan accordingly.

When recruiting, a manager can use this information to determine whether to categorise Welsh language skills as essential, desirable, or not required.

When recruiting to roles that require specific types or levels of Welsh language skills, such as switchboard operators and Welsh Language Translators, the appointing manager will identify and include the specific linguistic requirements when advertising.

The data recorded in ESR can be analysed to plan our workforce, identify who and where our Welsh speaking employees are, determine whether we have the capability to deliver bilingual services throughout the UHB, and identify our organisational needs.

However, we appreciate only knowing 36.7% of our employees' Welsh language skills makes this challenging.

Following the organisation's Equality Strategy and Welsh Language Standards Group meeting on 13th February 2023, there will be a standing agenda item where Welsh language skills data for each clinical board will be reported and discussed. Doing so will support the health board in better understanding our Welsh language skills, identify any gaps we have and undertake action to improve. The Group will update the People and Culture Committee quarterly to ensure progress is monitored and activities evaluated."

General

9. Please provide any further information or evidence which you wish for the Commissioner to consider when determining your compliance with standards 23, 23A, 24 and 96.

“As referenced above, the organisation is currently running a campaign to improve the number of staff who have recorded their Welsh language skills in ESR. The next steps of the campaign aim to make it easier for staff to record their skills through creating other channels for this information to be provided, including, the use of Microsoft Forms. Discussions are ongoing with our Information Governance team to ensure the information is collected safely and used appropriately. Drop-in sessions have also been arranged starting at the beginning of March 2023, which will provide staff with the opportunity to access support in updating their personal details in ESR. We envisage that this campaign will support the organisation in better understanding its Welsh language skills and improving its compliance with the relevant standards.”

10. Please provide a copy of any policy, procedure, guidance or other document that you wish for the Commissioner to consider when determining your compliance with standards 23, 23A, 24 and 96.

“Attached is the promotional material used as part of our data campaign encouraging staff to register their Welsh Language skills (**Appendix 2**).”

2.2 Copies of the following documents were provided:

- Appendix 1 - Cardiff and Vale University Health Board's Welsh Language Corporate Policy
- Appendix 2 – Poster explaining that the ESR Dashboard is now available in Welsh

2.3 I considered all the information submitted in response to the evidence notice together with the information submitted as D confirmed responsibility for the service referred to in P's complaint.

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3 Compliance with standard 96: Assessment, findings and determination

Wording of the standard

3.1 Here is the standard as it appears in the compliance notice issued to D:

Standard 96

You must assess the Welsh language skills of your employees.

Imposition day: 30/05/2019

Requirements of the standard

3.2 Standard 96 requires a body to assess the Welsh language skills of its employees.

3.3 Paragraph 6.8.3 of my draft code of practice for the Welsh Language Standards (No. 7) Regulations 2018 notes:

“The outcomes of the assessment may enable a body to plan its workforce so that there are sufficient levels of Welsh language skills to respond to any needs by:

- identifying the current Welsh language skills of employees, and through this, identifying who can provide services in Welsh;
- identifying the body's needs in terms of Welsh language skills, including assessing the need for Welsh language skills for a new or vacant post in accordance with standard 106, and
- planning to maintain and increase the Welsh language skills of employees in order to meet those needs.”

Considering compliance with the standard

3.4 D's response to the evidence notice confirms that 10,880 (63.3%) of its employees have not yet recorded their Welsh language skills on the Electronic Staff Record (ESR).

3.5 To meet the requirement of *assessing* the Welsh language skills of health board employees, it follows that a body needs to first identify what the current Welsh language skills of those employees are.

3.6 Without complete data, D does not the information needed to:

- plan its workforce to ensure there are adequate levels of Welsh language skills within the organisation to respond to any needs;
- identify who and where the employees within the organisation are that can provide services to persons in Welsh (e.g. providing a service to a patient in Welsh);

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- identify what the organisation's current needs are in terms of Welsh language skills, and identify any gaps within specific teams, locations or services.
- 3.7 With a view to the future, I note that D has confirmed that a campaign is currently underway to 'encourage' staff to update their Welsh language skills on the ESR system. Whilst I accept that this campaign of encouragement is likely to increase the number of staff who will record their Welsh language skills on the system, I emphasise that it has been a *statutory requirement* since 2019 to ensure that the health board has a record, at the end of each financial year, of the number of employees who have Welsh language skills.
- 3.8 Therefore, it is reasonable to conclude that the steps that D should now be taking reflect the fact that it is a legal requirement on the organisation, and not something optional, to ensure that staff provide the organisation with details regarding their Welsh language skills. In recognition of the low percentage of staff who have so far volunteered their details, and in recognition of the length of time of non-compliance that has now elapsed, it is now appropriate for D to make it *mandatory* for staff to provide this information.
- 3.9 On a specific issue regarding the way in which D conducts its assessments in accordance with the standard, I note that my code of practice emphasises that I want to see more consistency in the way in which organisations subject to standards record the Welsh language skills of their employees, in order to facilitate the collection of national data on the bilingual workforce in Wales. I have stated that I want bodies to choose to conduct the assessment based on the Common European Framework of Reference for Languages (CEFR). It appears that D currently records the Welsh language skills of its employees based on the ALTE framework (levels 1-5).

Findings

- 3.10 Standard 96 requires a body to assess the Welsh language skills of its employees.
- 3.11 D does not currently have a record of the Welsh language skills of 10,880 (63.3%) of its employees.
- 3.12 D's failure to collect and keep a complete record of the Welsh language skills of all its employees in the organisation means that D does not have the necessary information to carry out a meaningful assessment of the Welsh language skills of the workforce, in accordance with the requirements of standard 96.

Determination of whether there has been a failure to comply with standard 96

- 3.13 I determine that D has failed to comply with standard 96, on the basis that D does not have a record of the Welsh language skills of over 63% of its employees.

Further action

- 3.14 Section 77 of the Welsh Language Measure allows me to take further action where there has been a failure.
- 3.15 In the case of my determination that D failed to comply with standard 96, I will be taking further action for the purpose of preventing the continuation of the failure to comply.

3.16 Details of the further action are set out below.

Standard 96: Requirement to take action in accordance with section 77 of the Welsh Language Measure

1. In order to be able to conduct an assessment of the Welsh language skills of its employees in accordance with standard 96, D must ensure that:
 - it has collected and has a record of the Welsh language skills of 85% of its employees by 31 March 2024;
 - it has taken further action by 31 October 2024, for the purposes of ensuring a full record.

This includes ensuring that D:

- puts arrangements in place to make it mandatory for all employees to record their Welsh language skills on the Electronic Staff Record (ESR) within the required time;
 - sends a statement to all employees explaining the mandatory arrangements D has put in place, and of any action D will take if employees do not comply;
 - sets internal targets (with milestones) for each individual directorate to ensure that all employees within that directorate will have recorded their Welsh language skills within the required time;
 - requires managers to ensure that the employees they are responsible for record their Welsh language skills within the required time, and that managers regularly report to senior management on the progress made on achieving that action.
2. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement action 1 has been completed.

Timetable: Within **18 months** of the date of issuing the final determination.

Standard 96: Advice in accordance with section 77 of the Welsh Language Measure

1. I advise D to move towards assessing the Welsh language skills of its employees (including collecting and recording those skills) based on the European Framework of Reference for Languages (CEFR).

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4 Compliance with standards 23 a 23A: Assessment, findings and determination

Wording of the standard

4.1 Here are the standards as they appears in the compliance notice issued to D:

Standard 23

You must ask an in-patient (“A”) on the first day of A’s in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission.

Imposition day: 30/05/2019

Standard 23A

If the in-patient (“A”) informs you that A wishes to use the Welsh language to communicate with you during an in-patient admission you must identify to your staff who are likely to communicate with A, that A wishes to use the Welsh language to communicate with you during that in-patient admission.

Imposition day: 30/05/2019

Requirements of the standard

- 4.2 **Standard 23** makes it a requirement for a body to ask an in-patient (“A”) on the first day of A’s in-patient admission whether A wishes to use the Welsh language to communicate with the body during that in-patient admission.
- 4.3 If A informs a body (in response to the offer made in accordance with standard 23 or otherwise) that they wish to use the Welsh language to communicate with the body during their admission, **standard 23A** requires a body to inform staff who are likely to communicate with the patient of their wish.

Interpretations

- 4.4 A document produced by the Welsh Ministers regarding the Welsh Language Standards (No. 7) Regulations 2018 (‘the regulations’) provides information regarding the aim of these standards:

“[The standards] require the local health boards [...] to develop a system that identifies the language choice of in-patients [...]. This will ensure that all staff are aware of the patient’s preferred language, and we believe that this will encourage more interaction with the patient through the medium of Welsh, which in turn improves the patient’s hospital experience.

[...]

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[These standards] help bodies to organise their workforce to meet the demand for Welsh-medium services."

- 4.5 The Explanatory Memorandum for the regulations provides further information about the aim and purpose of the standards:

"[These standards] build on examples of good practice developed by a number of health boards to identify the language choice of in-patients, so that the body can try to meet the patient's linguistic needs. The aim of the standard would be to ensure that the patient's preferred language is visible to staff, increasing the opportunities for patients and staff (Welsh speaking) to interact through the medium of Welsh, and implementing the proactive offer.

[...]

[These standards] will increase organisations' understanding of the demand for Welsh language services and improve their ability to provide services in Welsh."

- 4.6 Paragraph 4.4.3-4.4.6 of my draft code of practice for the Welsh Language Standards (No. 7) Regulations 2018 notes in relation to standard 23:

"An organisation can 'ask' an in-patient about their wish to communicate with the body in Welsh by verbally asking when the patient is admitted to the ward or hospital, or by including a specific question or questions on a form that the in-patient needs to complete on the first day of their admission, for example.

[...]

Furthermore, an in-patient should not have to declare to a body about their wish to use Welsh with the body during their in-patient admission. A body must therefore proactively ask about an in-patient's wish to use Welsh with the body during their inpatient admission.

A body is expected to ask about an in-patient's wish to use Welsh with the body at the first opportunity on the first day they are admitted as an in-patient."

- 4.7 Paragraphs 4.4.8-4.4.10 of the code set out in relation to standard 23A:

"A body can 'identify' to staff who are likely to communicate with an in-patient about their wish to use Welsh by:

- *including a note to that effect at the top of the patient's medical file or notes*
- *recording information to that effect on any IT systems that staff use*
- *including information to that effect in a prominent place near the patient's bedside (e.g. by placing a laith Gwaith magnet / badge above or at the bottom of an in-patient's bed)*
- *explaining verbally to staff (e.g. during a handover meeting at the beginning / end of a shift).*

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A body may also decide to implement more than one of the above to ensure that information about an in-patient's wish to use Welsh during their in-patient admission is available to staff. A body should ensure that information about an in-patient's wish to use Welsh is readily available to staff likely to communicate with that in-patient.

A body is expected to act on that information to identify and increase opportunities for in-patients and staff who can speak Welsh to interact with each other through the medium of Welsh. For example, a body can actively match Welsh-speaking staff with in-patients who wish to use Welsh, and provide appropriate resources (e.g. if the in-patient has speech difficulties) to enable them to use Welsh when communicating with the body. The body can also use laith Gwaith resources (e.g. badges, lanyards) so that staff and inpatients who can speak Welsh are able to identify one another."

Considering compliance with the standard

- 4.8 I added these standards to the investigation's terms of reference following receipt of information from P who noted that he did not receive a Welsh language service from staff in the ward where he was a patient.

Standard 23

- 4.9 D confirmed that staff, as part of the in-patient admission process, "can ask for the preferred language, either via a form, or in person" and that any information collected regarding language choice could be recorded on the appropriate patient administration system. By doing so, it was noted that the "language preference is then available for clinical colleagues, and the relevant teams, to consider throughout the patient care pathway".
- 4.10 It therefore appears from the evidence that D does have ways of *enabling* staff to be able to fulfil the duty of "asking" about patients' wishes to use the Welsh language.
- 4.11 However, D's evidence does not provide assurance that, in practice and as a matter of course, staff implement this duty of asking patients about their language preference when carrying out their day-to-day work.
- 4.12 I would have expected D to have demonstrated that it has robust and clear processes and arrangements in place that direct and commit staff to ensure that the act of asking patients about their language preference is an integral and essential procedure within the patient admission process.
- 4.13 As with the above, there is no confirmation as to the process for transferring the information collected from patients regarding their preferred language to the patient administration systems, nor how it is ensured that this is done routinely.
- 4.14 Based on the lack of evidence, I do not have sufficient assurance that D complies with the requirements of standard 23.

Standard 23A

- 4.15 The requirement associated with standard 23A is that the health board ensures that information about a patient's preferred language is shared with any staff who are likely to care for the patient in question.

- 4.16 From reading D's response to the evidence notice, it appears that the main way in which the health board "identifies to" staff a patient's preferred language is through the information inputted and recorded on the patient administration systems. It appears that all the administrative systems mentioned by D in its evidence do enable the language choice of patients to be recorded on them, and that staff have access to that information.
- 4.17 I therefore consider that D has arrangements to comply with standard 23A.
- 4.18 However, there are further opportunities available to D in order to provide full assurance that staff are aware of the language preference of patients. For example, it may be that D could take further steps to ensure that information about the language preference of patients (which is recorded on the patient administration systems) is more visible and apparent to staff as they carry out their day-to-day work. Having a record of a patient's preferred language on a data system may not of itself always ensure that staff become aware of a patient's preferred language.
- 4.19 To this end, I note that D has confirmed that it will (share and) highlight to staff the language preference of a patient by adopting a scheme whereby "*stickers [which indicate that patients speak Welsh] can be attached to a patient's file or in other areas on the ward so that their Welsh language preference can be clearly visible.*" I am confident that this method has the potential to contribute to making it more apparent to staff what the language preference of patients is, thus increasing the opportunities for patients to receive their care through the medium of Welsh (if staff are able to do so).

Findings

- 4.20 **Standard 23** makes it a requirement to ask an in-patient ("A") on the first day of A's in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission.
- 4.21 If A informs a body (in response to the offer made in accordance with standard 23 or otherwise) that they wish to use the Welsh language to communicate with the body during their in-patient admission, **standard 23A** requires a body to identify to staff who are likely to communicate with the patient of their wish to communicate with the body in Welsh during that admission.
- 4.22 P's methods of implementing the requirements of **standard 23** are to either give an in-patient a form to complete which requires them to confirm their preferred language or that a member of staff asks a patient directly to confirm their preferred language. It is then expected that any information collected regarding a patient's preferred language is transferred and recorded in a patient administration system.
- 4.23 There is no full evidence to confirm with certainty that robust processes and arrangements are in place to ensure that the duty of "asking" patients about their language preference is routinely implemented by staff when admitting in-patients.
- 4.24 Also, I have no assurance that robust arrangements are in place to ensure that any information collected regarding the language preference of patients (collected via the forms or through staff asking in person about their preferred language) is routinely transferred to the patient administration system (used by D to share the

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relevant information with staff in accordance with the requirements of standard 23A).

Determination of whether there has been a failure to comply with standards 23 and 23A

- 4.25 I determine that D fails to comply with **standard 23** on the basis that there is no assurance that D's arrangements are sufficient to ensure that staff routinely ask about a patient's wish to communicate in Welsh, and that information regarding patients' wishes is transferred and recorded on the patient administration systems used to comply with standard 23A.
- 4.26 I determine that D is not failing to comply with **standard 23A** on the basis that D informs staff of patients' wishes to communicate in Welsh by keeping a record of their wishes on patient administration systems.

Further action

- 4.27 Section 77 of the Welsh Language Measure allows me to take further action where there has been a failure.
- 4.28 In the case of my determination that D has failed to comply with standard 23, I will take further action for the purpose of preventing the continuation or repetition of the failure.
- 4.29 Details of the further action are set out below.

Standard 23: Requirement to take action in accordance with section 77 of the Welsh Language Measure

1. D must develop robust procedures and processes that ensure that, as part of the patient admission process, staff routinely ask patients about their wish to communicate in Welsh.
2. D must ensure that it has robust arrangements in place to ensure that any information regarding an in-patient's wish to communicate in Welsh (collected via forms or through staff asking the patient directly) is routinely transferred to the patient administration systems used (to comply with standard 23A).
3. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement actions 1-2 have been completed.

Timetable: Within **6 months** of the date of issuing the final determination.

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5 Compliance with standard 24: Assessment, findings and determination

Wording of the standard

5.1 Here is the standard as it appears in the compliance notice issued to D:

Standard 24

You must produce and publish a policy on how to establish whether an in-patient ("A") wishes to use the Welsh language during their in-patient admission when that in-patient cannot inform you that they wish to use the Welsh language to communicate with you during an in-patient admission.

Imposition day: 30/05/2019

Requirements of the standard

- 5.2 The standard requires the health board to produce a policy which explains how the health board would find out whether an in-patient wishes to use the Welsh language during their admission, when that patient is unable to inform the health board.
- 5.3 A body must also publish that policy.
- 5.4 Paragraphs 4.4.13 to 4.4.14 of my draft code of practice for the Welsh Language Standards (No. 7) Regulations 2018 notes:

"There may be various reasons why an in-patient cannot inform a body that they wish to use Welsh to communicate with the body. For example, an in-patient may be unconscious, deaf and/or mute, not developed or lost speech, suffering from an illness, mental illness or disability that affects their speech or understanding. The age of the in-patient can also be a factor.

The body is expected to ensure that the policy ensures that an in-patient who wishes to use the Welsh language during an in-patient admission, but is unable to inform the body of that wish, is not under any disadvantage."

Considering compliance with the standard

- 5.5 In order to consider D's compliance with standard 24, I considered whether D had produced and published a policy in accordance with the requirements of the standard.
- 5.6 I asked D to provide a copy of the policy produced in accordance with standard 24. D responded by providing a copy of the health board's 'Corporate Welsh Language Policy'. Also, as part of its response to my request, D noted that it had "*developed a Clinical Consultation plan which is awaiting approval.*" It was noted that "*the plan will set out how the organisation will improve its Welsh language capability during clinical consultations. The plan will be in place by 31st March 2023.*"

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- 5.7 I considered the content of the health board's 'Corporate Welsh Language Policy' to consider whether the content of that policy included any details that would meet the purpose of the policy (made in accordance with standard 24), namely to explain *"how to confirm whether an in-patient wishes to use the Welsh language during their in-patient admission when that patient cannot inform the body that they wish to use the Welsh language to communicate with the body during an in-patient admission"*.
- 5.8 The health board's 'Corporate Welsh Language Policy' does not appear to include any reference to the requirements of standard 24 or to any information relating in any way to the matters a policy published in accordance with standard 24 needs to include to fulfil the purpose of the policy. Therefore, the policy that D shared with me for the purposes of proving compliance with standard 24 does not in any way confirm that it has produced or published a policy in accordance with that standard.
- 5.9 Furthermore, D's confirmation that it is developing a *"Clinical Consultation plan"* for the purpose of *"improving its ability to use Welsh during clinical consultations"* does not confirm that D has produced or published a policy that meets the requirements of standard 24. The plan mentioned appears to be being produced for the purpose of complying with standard 110.
- 5.10 It is concerning that the health board appears to be under the impression that the policy document shared, together with the plan proposed to be published (in accordance with the requirements of standard 110), provides evidence that confirms compliance with standard 24, as it suggests to me that D is not aware that there is an additional duty (in accordance with standard 24) to publish a policy on how to identify the language choice of patients when they are unable to provide that information themselves.
- 5.11 Following consideration of all the evidence received from D, I am not assured that a policy has been produced or published for the purpose of meeting the requirements of standard 24.

Findings

- 5.12 Standard 24 requires a body to produce and publish a policy on how to confirm whether an in-patient wishes to use the Welsh language during their in-patient admission, when that patient cannot inform the body that they wish to use the Welsh language to communicate with the body during an in-patient admission.
- 5.13 D did not provide any evidence confirming that D has produced and published a policy that meets the requirements of 24.

Determination of whether there has been a failure to comply with standard 24

- 5.14 I determine that D has failed to comply with standard 24 on the basis that D has failed to produce and publish a policy for the purpose of meeting the requirements of the standard.

Further action

- 5.15 Section 77 of the Welsh Language Measure allows me to take further action where there has been a failure.

5.16 In the case of my determination that D failed to comply with standard 24, I will be taking further action for the purpose of preventing the continuation of the failure to comply.

5.17 Details of the further action are set out below.

Standard 24: Requirement to take action in accordance with section 77 of the Welsh Language Measure

1. D must produce and publish a policy on how to establish whether an in-patient ("A") wishes to use the Welsh language during their in-patient admission when that in-patient cannot inform it that they wish to use the Welsh language to communicate with D during an in-patient admission.
2. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement action 1 has been completed.

Timetable: Within **6 months** of the date of issuing the final determination.

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Decision notice

To: Cardiff and Vale University Health Board (D)

Case number: CS1063

Date: 07/06/2023

Determination

As a result of a complaint received from a member of the public, I conducted an investigation under section 71 of the Welsh Language (Wales) Measure 2011 to determine whether there had been a failure by D to comply with one or more Welsh language standards with which it is duty-bound to comply.

The standards relevant to the investigation are as follows:

Standard 23

You must ask an in-patient ("A") on the first day of A's in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission.

Imposition day: 30/05/2019

Standard 23A

If the in-patient ("A") advises you that A wishes to use the Welsh language to communicate with you during an in-patient admission, you must identify to your staff who are likely to communicate with A, that A wishes to use the Welsh language to communicate with you during that in-patient admission.

Imposition day: 30/05/2019

Standard 24

You must produce and publish a policy on how to establish whether an in-patient ("A") wishes to use the Welsh language during their in-patient admission when that in-patient cannot inform you that they wish to use the Welsh language to communicate with you during an in-patient admission.

Imposition day: 30/05/2019

Standard 96

You must assess the Welsh language skills of your employees.

Imposition day: 30/05/2019

I determine that D failed to comply with standard 96.

The basis of my determination is that D does not have a record of the Welsh language skills of over 63% of its employees.

I determine that D failed to comply with standard 23.

The basis of my determination is that there is no assurance that D's arrangements are sufficient to ensure that staff routinely ask about a patient's wish to communicate in Welsh, and that information regarding patients' wishes is transferred and recorded on the patient administration systems used (to comply with standard 23A).

I determine that D has not failed to comply with standard 23A.

The basis of my determination is that D informs staff of patients' wishes to communicate in Welsh by keeping a record of their wishes on patient administration systems.

I determine that D failed to comply with standard 24.

The basis of my determination is that D has failed to produce and publish a policy for the purpose of meeting the requirements of the standard.

Further action

In the case of my determination that D has failed to comply with standards 96, 23 and 24, I have decided (in accordance with section 77 of the Welsh Language Measure) to take further action in order to prevent the continuation or repetition of the failure.

Details of the further action are set out below.

Standard 96: Requirement to take action in accordance with section 77 of the Welsh Language Measure

1. In order to be able to conduct an assessment of the Welsh language skills of its employees in accordance with standard 96, D must ensure that:
 - it has collected and has a record of the Welsh language skills of 85% of its employees by 31 March 2024;
 - it has taken further action by 31 October 2024, for the purposes of ensuring a full record.

This includes ensuring that D:

- puts arrangements in place to make it mandatory for all employees to record their Welsh language skills on the Electronic Staff Record (ESR) within the required time;
- sends a statement to all employees explaining the mandatory arrangements D has put in place, and of any action D will take if employees do not comply;
- sets internal targets (with milestones) for each individual directorate to ensure that all employees within that directorate will have recorded their Welsh language skills within the required time;

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- requires managers to ensure that the employees they are responsible for record their Welsh language skills within the required time, and that managers regularly report to senior management on the progress made on achieving that action.
2. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement action 1 has been completed.

Timetable: Within **18 months** of the date of issuing the final determination.

Standard 96: Advice in accordance with section 77 of the Welsh Language Measure

1. I advise D to move towards assessing the Welsh language skills of its employees (including collecting and recording those skills) based on the European Framework of Reference for Languages (CEFR).

Standard 23: Requirement to take action in accordance with section 77 of the Welsh Language Measure

1. D must develop robust procedures and processes that ensure that, as part of the patient admission process, staff routinely ask patients about their wish to communicate in Welsh.
2. D must ensure that it has robust arrangements in place to ensure that any information regarding an in-patient's wish to communicate in Welsh (collected via forms or through staff asking the patient directly) is routinely transferred to the patient administration systems used (to comply with standard 23A).
3. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement actions **1-2** have been completed.

Timetable: Within **6 months** of the date of issuing the final determination.

Standard 24: Requirement to take action in accordance with section 77 of the Welsh Language Measure

1. D must produce and publish a policy on how to establish whether an in-patient ("A") wishes to use the Welsh language during their in-patient admission when that in-patient cannot inform it that they wish to use the Welsh language to communicate with D during an in-patient admission.
2. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement action 1 has been completed.

Timetable: Within **6 months** of the date of issuing the final determination.

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Right of appeal to the Welsh Language Tribunal

Where the Commissioner has determined that there has not been a failure to comply with a standard, the complainant may appeal to the Welsh Language Tribunal. Where the Commissioner determines that a person has failed to comply with a relevant requirement, that person may appeal to the Welsh Language Tribunal. Additionally, when the Commissioner has decided to take enforcement action in relation to a failure, D may appeal to the Welsh Language Tribunal on the grounds that the enforcement actions are unreasonable or disproportionate. More information about the process can be found in the enclosed leaflet, and on the Welsh Language Tribunal's website.

Consequences of failure to comply with a requirement in a decision notice

Should D fail to comply with any requirement within this decision notice, the Commissioner may apply to a county court for an order requiring its compliance.

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Comisiynydd y
Gymraeg
Welsh Language
Commissioner

Standards enforcement investigation: Report and decision notice

This report was prepared in accordance with sections 73 and 74 of the Welsh Language (Wales) Measure 2011

The investigation of a suspicion of failure to comply with standards set by Welsh Ministers was conducted in accordance with section 71 and Schedule 10 of the Welsh Language (Wales) Measure 2011

Cardiff and Vale University Health Board

Case number: CS1196

Chilcott, Rachel
04/03/2024 16:02:02

Date: 22/02/2024

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Comisiynydd y
Gymraeg
Welsh Language
Commissioner

Decision notice

To: Cardiff and Vale University Health Board

Case number: CS1196

Date: 22/02/2024

Determination

As a result of a complaint from a member of the public and my monitoring work into Cardiff and Vale University Health Board's compliance with standards, I conducted an investigation under section 71 of the Welsh Language (Wales) Measure 2011 to determine whether there had been a failure by the health board to comply with standards 5 and 7:

Standard 5

If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh language version of the correspondence.

Standard 7

You must state—

(a) in correspondence, and

(b) in publications and notices that invite persons to respond to you or to correspond with you,

that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.

Imposition day: 30/05/2019

I determine that the health board failed to comply with standard 5.

The basis of my determination is that the health board failed to send a Welsh language version of correspondence when sending a letter to a member of the public on 11/04/2023.

I determine that the health board failed to comply with standard 7.

The basis of my determination is that the health board did not include the required statement for complying with the standard in a letter sent to a member of the public on

11/04/2023 nor in its (automated and full) response to a series of e-mails sent by the Commissioner’s officers during the 2022-23 and 2023-4 monitoring period.

Further action

In accordance with section 77 of the Welsh Language Measure I have decided to take further action to prevent the continuation or repetition of the failure to comply with the standards:

Standard 5: Requirement to take steps in accordance with section 77 of the Welsh Language Measure

1. The health board must ensure that all templates for standard letters sent by the Health Visiting Service are in a bilingual format (or are produced in a way that eliminates the possibility of creating and sending English-only versions).
2. The health board must provide Welsh language awareness training to Service staff to ensure they understand the importance of corresponding in Welsh with service users (in accordance with standard 5).
3. The health board must provide Welsh language training to Service staff to improve their ability to be able to produce and amend Welsh language letters using the Welsh language templates available.
4. Over a period of 3 months, the health board must conduct random checks of the letters sent by the Service to ensure that staff are sending out correspondence to service users in Welsh/bilingually (in accordance with standard 5 requirements).
5. The health board must share and discuss the findings of this investigation with Service managers and staff to ensure that lessons are learnt from this incident.
6. In accordance with the complainant’s wishes to receive Welsh language correspondence, the health board must ensure that its systems have recorded their language preference to be ‘Welsh’.
7. D must provide the Welsh Language Commissioner with sufficient written evidence that enforcement actions 1-6 have been completed.

Timetable: Within **3 months** of issuing the final determination.

Standard 7: Requirement to take steps in accordance with section 77 of the Welsh Language Measure

1. The health board must ensure that all templates for standard letters sent by the Service includes a statement noting that it welcomes receiving correspondence in Welsh, that it will respond to correspondence in Welsh, and that correspondence in Welsh will not lead to delay.

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2. The health board must ensure that all e-mails sent externally include a statement (e.g. within the the e-mail footer or staff signature) noting that it welcomes receiving correspondence in Welsh, that it will respond to correspondence in Welsh, and that correspondence in Welsh will not lead to delay.
3. The health board must provide the Welsh Language Commissioner with sufficient written evidence that enforcement actions 1 and 2 have been completed.

Timetable: Within **3 months** of issuing the final determination.

Right of appeal to the Welsh Language Tribunal

Where the Commissioner determines that a body has failed to comply with a standard, that body can appeal to the Welsh Language Tribunal.

Additionally, when the Commissioner has decided to take enforcement action in relation to a failure, the body may appeal to the Welsh Language Tribunal on the grounds that the enforcement actions are unreasonable or disproportionate.

There is more information about the process in the enclosed leaflet and on the Welsh Language Tribunal's website.

Consequences of failure to comply with a requirement of this decision notice

Should the body fail to comply with any requirement within this decision notice, the Commissioner may apply for a county court order requiring its compliance.

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1 Terms of reference

Suspensions of failure by Cardiff and Vale University Health Board to comply with Welsh language standards

- 1.1 On 02/10/2023, I received a complaint from a member of the public explaining that she had received a letter from the health board's Health Visiting Service on 11/04/2023 about arranging a developmental review for her child. The complainant was dissatisfied that the letter was sent in English only. The complaint raised concerns that the health board had not provided the complainant with a Welsh language version of the letter.
- 1.2 The complaint also created a suspicion that the standard letters sent by the Service do not state that it welcomes receiving correspondence in Welsh, that it will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.
- 1.3 Additionally, information collected in accordance with my office's monitoring work raised further concerns that e-mails sent by the health board do not always contain these required statements.

Decision to investigate

- 1.4 Based on the above, I decided to conduct an investigation under section 71 of the Measure to determine whether there has been a failure by the health board to comply with standard 5 and 7 relating to correspondence.

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2 Evidence taken as part of the investigation

Health board's response to the complaint

- 2.1 On 23/10/2023, the health board acknowledged it had sent the complainant a letter in English only and apologised for this oversight.
- 2.2 The board confirmed that both English and Welsh versions of the relevant letter template are available to staff use, but that the staff member involved did not follow the board's normal procedure for sending correspondence in this case.
- 2.3 To prevent similar incidents, the board confirmed that it had reminded staff to ask service users for their preferred language and to provide them with both English and Welsh versions of correspondence, until language preference is known.
- 2.4 The board encouraged the complainant to contact them directly or their health visitor to ensure their preferred language as been recorded correctly in their internal systems.

Investigation CSG728

- 2.5 Investigation CSG728 involved the same complainant, department and subject matter as investigation CS1196.
- 2.6 In this case, the Health Visitor Service breached standard 5, by sending a letter to the complainant (relating to reviewing her child's development) in English only.
- 2.7 As a result, I required the board to review all standard letter templates used by the Service to ensure they are all available in Welsh. In response to this requirement, the board took steps to ensure all standard letter templates had been translated into Welsh, including the one related to this investigation (CS1196).

Verification Surveys

- 2.8 A total of twelve e-mails (six in English and six in Welsh) were sent to the health board in 2022-23 and 2023-24 to verify their compliance with correspondence standards.

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3 Compliance with standard 5: Findings and determination

Wording of the standard

Standard 5

If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh language version of the correspondence.

Imposition day: 30/05/2019

Findings

- 3.1 If a body does not know whether a person wishes to receive correspondence from it in Welsh, standard 5 requires the body to provide that person with a Welsh language version of the correspondence.
- 3.2 This means that a body must always send a Welsh language version of correspondence to a person, until the body is informed, and only if it is informed, that the person does *not* wish to receive Welsh language correspondence.
- 3.3 On 11/04/2023, the complainant received a letter from the health board's Health Visiting Service about arranging a developmental review for her child.
- 3.4 The health board held no information to suggest that the complainant did not wish to receive Welsh language correspondence. As a result, the health board was required under standard 5 to correspond with the complainant in this case in Welsh.
- 3.5 However, the Service sent the letter in question in English only. As a result, the health board failed in its duty under standard 5 to provide a Welsh language version of correspondence for the complainant's attention.
- 3.6 This is not an isolated case, as a previous investigation (CSG728) confirms that the Service has corresponded with the complainant in English only at least once before.
- 3.7 The health board explains that its normal procedure is to routinely send correspondence bilingually (until the service user's preferred language is known). This procedure is in line with the requirements of standard 5.
- 3.8 However, as seen from this case, this procedure is not currently being implemented consistently by Service staff.

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- 3.9 The health board confirms that a Welsh language template for every standard letter sent by the Service is already available for staff use. Given this, it is unclear how it was possible in this case for the Service to create and send an English-only letter to the complainant.
- 3.10 Although it is not certain how an English only letter came to be sent in this case, it is clear that there is a fundamental weakness in the health board's process of creating and sending letters for this to have been able to happen again.
- 3.11 Factors that may have contributed to this may include the following:
- templates used by Service staff to produce standard letters are not always in a bilingual format (i.e. the English version and the Welsh version of some templates are separate documents), perhaps resulting in staff only using the English version of the template to produce a letter;
 - issues relating to the linguistic ability of staff members, where they may not feel confident in amending the Welsh language templates available;
 - insufficient training on Welsh language awareness, making it difficult for staff to appreciate the importance of complying with the standards and providing correspondence in the service user's preferred language;
 - a misconception by staff members that Welsh language correspondence need only be sent if the health board's records confirm that the recipient's language preference is Welsh (rather than implementing the health board's procedure of always sending correspondence bilingually, until language preference is known).
- 3.12 Whatever the specific factors that led to the failure in this case, the health board must act further to ensure that the Service send correspondence in Welsh (or bilingually) as a matter of course, in accordance with its established policy.
- 3.13 I note that the health board has reminded Service staff again of the requirements of standard 5 following receipt of this complaint. However, the Service has already been reminded of this requirement following the CSG728 investigation. It therefore appears that more substantial changes are needed to secure compliance with the requirements of this standard and to prevent the same error from happening again.

Determination of whether there has been a failure to comply with standard 5

- 3.14 I determine that the health board failed to comply with standard 5 as it failed to send a Welsh language version of correspondence when sending a letter to a member of the public on 11/04/2023.

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4 Compliance with standard 7: Findings and determination

Wording of the standard

Standard 7

You must state—

*(a) in correspondence, and
(b) in publications and notices that invite persons to respond to you or to correspond with you,
that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.*

Imposition day: 30/05/2019

Findings

- 4.1 To comply with standard 7, the health board must state in correspondence that it welcomes receiving correspondence in Welsh, that it will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.
- 4.2 A letter sent by the Health Visiting Service to a member of the public on 11/04/2023 lacked this statement.
- 4.3 None of the standard letter templates used by the Service to produce correspondence seem to contain a statement for the purposes of complying with standard 7. This is likely to have contributed to the statement being omitted from the letter produced by Service staff and sent to the complainant.
- 4.4 The lack of an appropriate statement in the complainant's letter is a further example of a broader pattern of non-compliance by the health board. My monitoring of the board's compliance with standard 7 in 2022-23 and 2023-24 also found several other examples of non-compliant correspondence.
- 4.5 Notably, a series of both Welsh and English e-mails were sent to different e-mail addresses¹ over the course of the monitoring periods. Of those e-mails that received a response, neither the automated nor the full response received contained the required statement for complying with the standard.
- 4.6 Based on my findings, it is evident that the health board does not consistently ensure appropriate statements are included in its e-mail responses. This constitutes a breach of standard 7.

Determination of whether there has been a failure to comply with standard 7

¹ audiology.helpline.CAV@wales.nhs.uk; Work.experience.uhw@wales.nhs.uk; concerns@wales.nhs.uk; Parking.officePermits@wales.nhs.uk

4.7 I determine that the health board has failed to comply with standard 7 on the basis that it did not include the required statement for complying with the standard in:

- a letter sent to the complainant on 11/04/2023;
- its (automated and full) response to a series of e-mails sent by the Commissioner's officers during the 2022-23 and 2023-4 monitoring period.

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Report Title:	H&S Update			Agenda Item no.	2.6	
Meeting:	People & Culture	Public	X	Meeting Date:	12.03.24	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval		Information	X
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Head of Health and Safety					

Main Report

Background and current situation:

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.

Work has been conducted and where not feasible to complete, suitable timebound action plans implemented. These have formed the basis of the UHB response. This paper has been written prior to the contravention deadline.

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:

1) 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	
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Impact Assessment:

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

Risk: Yes/No

Yes: The contravention notice action plan is being managed by the H&S department and a submission is to 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

12th March 2024

Report Title:	Capital, Estates & Facilities Risk Registers			Agenda Item no.	2.6
Meeting:	People & Culture Committee	Public	√	Meeting Date:	12/03/2024
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive:	Director of Finance				
Report Author (Title):	Director of Capital Estates & Facilities				
Main Report					
Background and current situation:					

Background

The purpose of the report is to provide the People and Culture Committee with a breakdown of the risks relating specifically to Estate and Infrastructure identified by Capital, Estates & Facilities (CEF). In addition, following the operation ‘POET’ exercise undertaken in September 2023, and an outcome of the lessons learned review undertaken by CEF, was that a comprehensive survey of Estate infrastructure would be beneficial to identify and further risks. The initial outcomes of this work have been reviewed and the findings included in the paper.

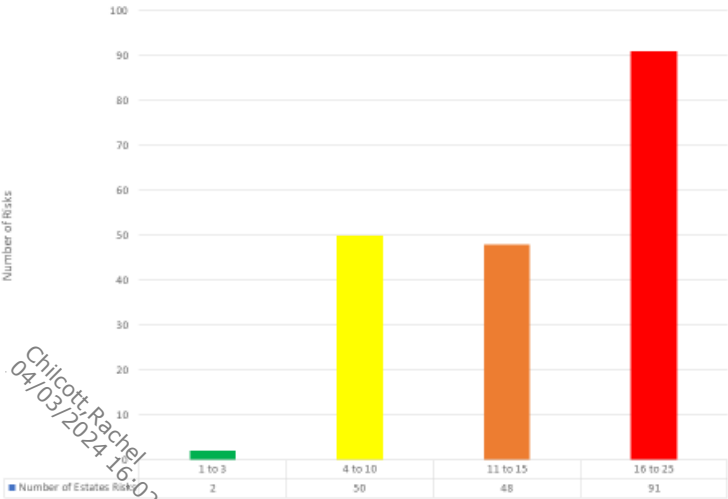
Current situation

The Service Board hold a central risk register for all 18 departments within the its portfolio which are reviewed at department level on a monthly basis with a 6 monthly workshop where the Service Board review all risks above 16. In addition, all departments are encouraged to identify ongoing risks within their weekly status reports, however, however these are generally operational risks which are mitigated immediately.

CEF were required, as all other Service Boards to provide a risk register on a bi-monthly basis highlighting all 15+ risks. However, following discussions with Corporate Governance, confirmation was received in April 2021 from Risk and Regulation that going forward only risks scoring 20 and above needed to be reported and this would be reflected in their strategy and procedures



Estates Infrastructure Risk

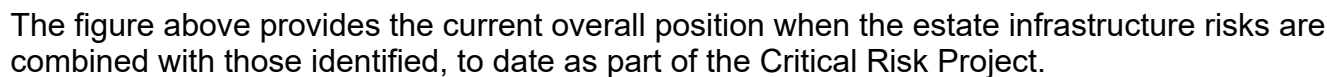


This data is compiled from the following risk registers:

- Estates Jan 2024
- Mechanical Jan 2024
- Electrical Risk Register Jan 2024
- Asbestos Risk Register Jan 2024
- Statutory Compliance Jan 2024
- Building Jan 2024

Of the 91 risks identified above 16, there are 23 ranked 20 and above.

Appendix 2 attached provides a schedule of the findings of the critical risks project with the associated risk rating. It is anticipated that this work will continue for a further 6 months with the CEF team reviewing the findings and identifying the risks on a cycle of 25 completed surveys. On completion of the project the risks identified from the process will be incorporated into the overall Estate risk register which will then be reviewed further to rank the risks for investment.



- The work being undertaken by CEF is essential to provide the committee with a definitive overview of the risks associated with the engineering and building infrastructure across the estate.
- The information is currently and will continue to be used when considering the discretionary capital allocation, although it must be recognised that the level of funding available is wholly inadequate to address the necessary mitigation works.
- Where potential critical failures have been identified, WG have provided financial support to progress schemes. Most recently, the UHB have received funding to enhance the electrical resilience of the Tertiary Tower Electrical supply, the replacement of a main switchboard at UHW, replacement of 19 lifts serving the ward blocks at UHW, replacement of gas boilers at UHL and the refurbishment of the Mortuary at UHW which will ensure compliance with the requirements of the Human Tissue Authority.
- The outcome of the project is an important element for the development of the revised UHB Estate Strategy, to inform the priority areas for investment until the Future Hospitals Programme is realised.

Recommendation:

The Committee are requested to:

NOTE: The ongoing work being undertaken by CEF to establish all Critical and high risks associated with the UHB Estate

NOTE: The processes introduced by CEF for monitoring and managing the risks included on its departmental and Service Board risk registers

SUPPORT: The ongoing 'Critical Risk' project being progressed and the process for the prioritization of risks for future investment

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		7. Be a great place to work and learn	
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		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	x	Integration		Collaboration		Involvement	x
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Impact Assessment:

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

Risk: Yes

As detailed in appendix risk register

Safety: Yes

Some risks do have safety implication that is currently being managed.

Financial: Yes

Most risk do incur funding, hence the application for external funding via EFAB and WG 'AI Wales' Capital funding via Business case submissions

Workforce: No

Legal: Yes

Statutory compliance failures could lead to HSE involvement

Reputational: Yes

Patient complaints and press reports are on occasion received


Socio Economic: Yes/No NO

Equality and Health: Yes/No NO

Decarbonisation: Yes/No NO	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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APPENDIX 1



Critical Risk

Cardiff & Vale UHB

Capital Estates & Facilities



Conducted by	Ian Fitsall	Ref	25
Date	December 2023		
Location	UHL Main Boiler house rear of hospital		
Equipment	Steam raising boilers 1 and 3		
Criticality	Critical all year as main source of heating and hot water generation for UHL		
Purpose of equipment	There are three steam raising boilers at UHL (number 2 just replaced) the boilers raise steam by burning gas and boiling the water to generate steam under pressure for distribution around the hospital. Steam is a good source of heat transfer and is used for generating hot water >60 ⁰ c heating at 80 ⁰ c and autoclaving for sterilization for theatre instruments.		
Description of risk	<ul style="list-style-type: none">Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop.Parts are obsolete and repairs have become harder to instigate and effect reliability.Main suppliers wont support due to age of boilersCost of extended maintenance and time spent hire etc.Next failure could result in several critical parts being non repairable.Lack of expertise or contractors to be able to assist reliant on one companyCritical spares unavailable		
Mitigation	<ul style="list-style-type: none">Boiler 2 upgraded for new boiler due on-line December 2023Temporary boiler connected as insurance back upLocal company sourcing spare partsWelsh government case for money and upgrades and replacement early 2024Regular checks and maintenance carried out		
Remedials	<ul style="list-style-type: none">Boiler 2 due on line completely new installationReplacement upgrade of boiler 1 and 3Source spare parts in interim		

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Cost estimate

Over £1 million bid to replace and upgrade

Notes

With boiler 2 going on line greater reliability will be given. Temporary boiler offers big mitigation for fragility of boilers 1 and 3. Fred Rogers of Swansea always respond to assist with specialist knowledge for breakdowns and repairs.

photographs





Risk Rating

Initial risk

- Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop.
- Parts are obsolete and repairs have become harder to instigate and effect reliability.
- Main suppliers won't support due to age of boilers
- Cost of extended maintenance and time spent hire etc.
- Next failure could result in several critical parts being non-repairable.
- Lack of expertise or contractors to be able to assist reliant on one company
- Critical spares unavailable

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major					X
3-Moderate					
2-Minor					
1-Negligible					
score					20

Mitigation

- Boiler 2 upgraded for new boiler due on-line December 2023
- Temporary boiler connected as insurance back up
- Local company sourcing spare parts
- Welsh government case for money and upgrades and replacement early 2024.
- Regular checks and maintenance carried out

Risk after mitigation

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major					X
3-Moderate					
2-Minor					
1-Negligible					
score					20



Risk Rating

mitigation after all works implemented

- Replace boiler number 3 completely with new controls and associated ancillaries
- Replace all ancillaries on boiler number 1 leaving just the shell.
- Boiler house will have 2 complete new boilers and an upgraded boiler to modern standards.

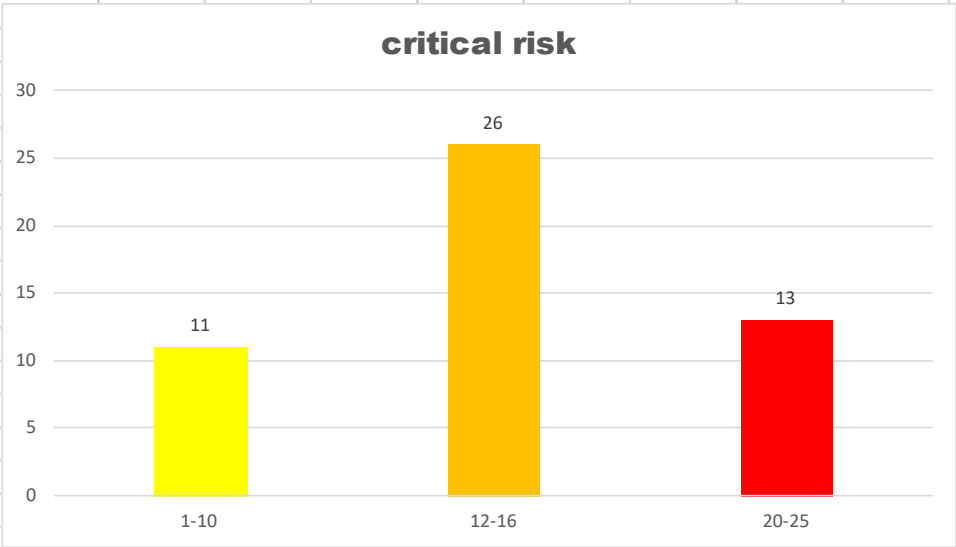
Final Risk

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major		X			
3-Moderate					
2-Minor					
1-Negligible					
score		8			

APPENDIX 2

DESCRIPTION	RISK NUMBER	SCORE																
1. HIGH VOLTAGE GENERATOR UHW	1	16																
2. HIGH VOLTAGE LOAD SHEDDING UHW	2	25																
3. MEDICAL GAS 4 BAR AIR MANIFOLD UHW	3	16																
4. DOMESTIC HOT WATER FEED PIPES UHW	4	12																
5. GAS SHUT OFF VALVES IN BOILERHOUSE UHW	5	5																
6. COLD WATER INCOMING STORAGE WATER TANK UHW	6	6																
7. MAIN COLD WATER MAIN PUMPED UHW	7	20																
8. ESTATES OXYGEN SUPPLY PIPES UHW	8	16																
9. PUMPED MAIN PUMPS UHW	9	4																
10. TOWN WATER MAIN UHW	10	16																
11. TOWN WATER MAIN BOOSTER PUMP UHW	11	12																
12. MAIN BOILER HOUSE CHIMNEY UHW	12	12																
13. DENTAL AND BOILERHOUSE ELECTRICAL BACK UP UHW	13	8																
14. UHW BOILERHOUSE FUEL OIL FILTRATION AND PUMP SET UHW	14	6																
15. BOILERHOUSE BLOWDOWN VESSEL UHW	15	20																
16. MAIN DOMESTIC HOT WATER PLATE HEAT EXCHANGER UHW	16	16																
17. LOW TEMPERATURE HOT WATER CIRCULATING PUMPS OFF BOILERS UHW	17	9																
18. HEATING UNDERGROUND PIPEWORK UHW (UHB WIDE)	18	8																
19. MAIN BOILERHOUSE CHIMNEY UHL	19	20																
20. MAIN STEAM DISTRIBUTION HEADER UHL	20	12																
21. GAS MAIN FEEDING BOILERHOUSE UHL	21	16																
22. MAIN WATER BREAK TANK UHL	22	9																
23. MAIN HEATING CIRCULATING PUMPS UHL	23	9																
24. ROOKWOOD WARDS HEATING CIRCUIT UHL	24	6																
25. STEAM BOILERS 1 AND 3 UHL	25	20																
26. HOTWELL TANK UHL	26	20																
27. MAIN HEATING PLATE EXCHANGERS AND EQUIPMENT UHL	27	16																
28. HIGH VOLTAGE DISTRIBUTION MAIN BOARD UHW	28	20																
29. BOILER CONTROLS AND ANCILARY FITTINGS UHW	29	16																
30. MAIN HEATING CIRCULATING PUMP UHW	30	12																
31. LAKESIDE CFPU POWER DSS5 UHW	31	16																
32. WATER SUPPLY TO MAIN TOWER UHL	32	12																
33. COLD WATER MAKE UP TO BOILERS UHL	33	12																
34. EAST 7&8 LOW VOLTAGE GENERATOR UHL	34	20																
35. MAIN HEATING FEED AND EXPANSION TANK UHL	35	16																
36. CHLORINE DIOXIDE PLANT UHW	36	12																
37. BOILER WATER TREATMENT PLANT UHW	37	9																
38. MAIN STEAM HEADER LOWER GROUND VALVES UHW	38	25																
39. WASTE HEAT BOILER NUMBER 6 UHW	39	12																
40. MAIN COMPRESSORS AND DRIER (INDUSTRIAL) UHW	40	12																
41. MAIN HIGH VOLTAGE INTAKE UHL	41	15																
42. MAIN HIGH VOLTAGE INTAKE UHL	42	20																
43. MAIN HYDRO POOL PLANT UHW	43	15																
44. WARD SERVICES REGULATION 18 AREAS UHL	44	12																
45. FIRE MAIN UHW	45	12																
46. CAVOC PLATE HEAT EXCHANGER (STEAM) UHL	46	20																
47. THEATRES MAIN DISTRIBUTION SUPPLY PANEL UHW	47	15																
48. MAIN FUSE BOARD ENTRANCE TO JBIOS UHW	48	25																
49. MAIN THEATRES UPS UHW	49	12																
50. CHFV PASE 1 COLD SOTARGE TANK UHW	50	20																

low	1-10	11
medium	12-16	26
high	20-25	13



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Report Title:	Strategic Equality Objectives & Annual Equality Reports			Agenda Item no.	3.1
Meeting:	P&C Committee	Public	X	Meeting Date:	12/03/2024
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information
Lead Executive:	Executive Director of People & Culture				
Report Author (Title):	Head of Equity & Inclusion, General Management Graduate Trainee				
Main Report					
Background and current situation:					

Strategic Equality Objectives

In fulfillment of our specific obligations, we are mandated every four years to create and publish our Strategic Equality Objectives (Appendix 1). These objectives set out the organisational priorities in terms of equality strategy, emphasising our commitment to contributing to a more inclusive and equitable society while advancing equality and fostering positive relations. The objectives are created to concentrate our efforts on enhancing the delivery of services and employment opportunities in alignment with 'protected characteristics' and the Socio-Economic Duty of 2020.

Annual Equality Reports

The Public Sector Equality Duty as set out under the Equality Act 2010 requires the UHB to report annually on its progress against its strategic equality objectives.

CAVUHB’s objectives for the purpose of these reports are set out in the *Strategic Equality Plan: Caring about Inclusion 2020-2024*.

The Annual Equality Report 2022-2023 (Appendix 2) captures organisational progress in meeting the objectives between April 2022 – March 2023.

The Gender Pay Gap Report 2023 (Appendix 3) captures our organisational position in relation to the Gender Pay Gap as of 31st March 2023.

The Employment Data Report 2023 (Appendix 4) captures our organisational employment data in relation to the protected characteristics as of 31st March 2023.

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

Strategic Equality Objectives

This year, as we work towards achieving our strategic equality objectives, we are shifting our approach by moving away from a rigid action plan and instead concentrating on key workstreams for delivery. The decision is prompted by the dynamic and multifaceted nature of ongoing initiatives across the organisation, making it challenging to predict the next steps accurately. Our aim is to foster a more inclusive workplace for both our employees and the communities we serve.

The Health Board is dedicated to fostering equity, inclusion, and diversity through a comprehensive organisational approach aligned with the Shaping Our Future Wellbeing Strategy. This includes embracing the 3I Framework and the Health Board’s Equity, Equality, Experience, and Patient

Safety Action Plan as guiding principles. The approach to achieving Strategic Equality Objectives is in sync with the People and Culture Plan, highlighting the crucial role of the workforce. The commitment places staff well-being at the center, recognising the need for a thriving and inclusive workplace to represent the diverse population served. This aligns with the People and Culture Plan's seven themes, emphasising the interdependence of employee well-being, equality, diversity, inclusion, and the promotion of the Welsh language. The dedication extends to fostering a culture that supports professional growth, satisfaction, and actively promotes organisational values.

In formulating our Strategic Equality Objectives, we actively sought engagement from various stakeholders, including staff, service users, patients, and other key contributors. We received a total of 300 responses to our engagement exercise. These responses were gathered through various channels, including face-to-face sessions, online sessions conducted in both English and Welsh, drop-in sessions specifically organised for service users and patients across all Cardiff & Vale of Glamorgan sites.

Additionally, we distributed a stakeholder letter on behalf of the Chair and Chief Executive, and developed an online Microsoft form to provide people with a platform to submit their views. This form was also available in hard copy,

Following an analysis of the engagement results, we identified common themes. These findings were instrumental in shaping our strategic equality objectives and defining key workstreams to effectively address and meet the identified priorities.

Using the themes identified and feedback received, we developed four Strategic Equality Objectives:

- 1. Respect**
Foster an inclusive culture of respect through awareness campaigns and education, ensuring all individuals, including staff, patients and service users, feel valued and dignified.
- 2. Communication and Engagement**
Enhance communication channels and strategies to make information accessible to everyone, fostering inclusive engagement.
- 3. Accessibility**
Improve accessibility of our health services and facilities, creating a more inclusive healthcare and working environment for everyone.
- 4. Data**
Enhance the accuracy of data collection and analysis to identify and address inequity in both health outcomes and staff experience.

Prior to publication all documents will be translated into Welsh and finalised by Medical Illustration.

Recommendation:

The Committee are requested to: Approve the Strategic Equality Objectives and Reports

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

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X

3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes

Safety: Yes

Risk to the safety of patients and staff who do not trust the organisation will treat them fairly.

Financial: Yes

If our Strategic Equality Objectives are not published by 31st March 2024, we could be liable for a fine.

Workforce: Yes/No

Attracting and retaining a diverse workforce.

Legal: Yes

If our Strategic Equality Objectives are not published by 31st March 2024, we are not fulfilling our public sector duty.

We are required by law to publish an Annual Equality Report, Gender Pay Gap Report, and Employment Data Report.

Reputational: Yes

If we do not publish our annual reports and our Strategic Equality Objectives by 31st March 2024, this will negatively impact our reputation.

CAVUHB viewed as an organisation that is not inclusive of our communities.

Socio Economic: Yes/No

Linked to demographics served / represented.

Equality and Health: Yes

An EHIA has been undertaken for publication of our strategic equality objectives and is attached.

Decarbonisation: No

Approval/Scrutiny Route:

Committee

Date:



Llunio ein
Llesiant
i'r Dyfodol



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Shaping Our Inclusive Culture

Cardiff & Vale University Health Board's
Strategic Equality Objectives 2024 – 2028



**Putting People
First**

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Foreword

This document sets out the Health Board's Strategic Equality Objectives and approach to shaping our inclusive culture. As we embark on this journey, it is important to acknowledge the profound significance of equity, inclusion, and diversity within the communities of Cardiff and the Vale of Glamorgan. The provision of high-quality healthcare to our diverse population lies at the core of our commitment to the well-being of every individual.

The Covid 19 pandemic has brought to the forefront the disparities in health outcomes, healthcare access, and the diverse experiences of individuals in Wales. It has highlighted the urgent need for us to confront these discrepancies and strengthen our commitment to constructing a healthcare system that is responsive, inclusive, and equitable.

The Health Board's Strategic Equality Objectives are a commitment to upholding our organisational values and behaviours framework. These objectives align with our overarching strategy, Shaping Our Future Wellbeing, reinforcing our dedication to 'Putting People First' and 'Providing Outstanding Quality.' Our pledge to cultivate an inclusive culture, representative of our local population, and our ambition to reduce inequities in prevention, access to clinical services, and clinical outcomes are integral components of this strategy.

We would like to thank all those who actively participated in the engagement process, contributing their insights and experiences to shape our Strategic Equality Objectives. Your valuable input has been instrumental in crafting objectives that resonate with the needs and aspirations of our communities.

As we embark on the implementation of these objectives, we look forward to working closely with our stakeholders and partners in our communities and throughout NHS Wales. Together, we will navigate a path towards a healthcare system that not only meets the diverse needs of our population but also serves as a beacon of excellence in inclusivity, responsiveness, and quality.

In closing, our Strategic Equality Objectives are vitally important; they represent our collective commitment to a future where healthcare is accessible to all, irrespective of background or circumstance.

Charles Janczewski

Chair

Suzanne Rankin

CEO

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About us and our Strategic Equality Objectives

Who we are

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK and was established in 2009. As a Health Board we have a responsibility for the health of nearly 500,000 people living in Cardiff and the Vale of Glamorgan, including the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres and community health teams. As well as providing health care to the local Cardiff and Vale of Glamorgan communities, we provide an extensive range of highly specialist services to the population of South Wales and beyond. We have the most ethnically and culturally diverse communities in Wales and we employ approximately 17,000 staff.

Detailed information about the services we provide and the facilities, from which they are run, can be found on the Health Board's website in the section Our Services:

<https://cavuhb.nhs.wales/our-services/>

Why we have Strategic Equality Objectives

As a public sector body, the Health Board takes pride in making sure that we continue to improve our services. This is so we can better meet the needs of the people we work with. We are guided by the Equality Act 2010, the Public Sector Equality Duty, which call on us to think ahead and put Strategic Equality Objectives in place, and the Socio-economic Duty. Other legislation that informs these objectives include the Human Rights Act (1998), Welsh Language (Wales) Measure 2011, the Social Services and the Well-being (Wales) Act 2014, All Wales Standards for Accessible Communication and Information for People with Sensory Loss, and the Wellbeing of Future Generations (Wales) Act 2015. In addition, the United Nations Convention on the Rights of the Child 1989 and the UN Convention on the Rights of Persons with Disabilities 2010 have also been considered.

What are Strategic Equality Objectives?

As part of our specific duties, every four years we are required to develop and publish our Strategic Equality Objectives. These objectives set out the strategic equality priorities of the Health Board, focusing on how we can add to an inclusively fairer society and move ahead on equality and good relations. The objectives are specific and focus our attention on how we deliver services and employment opportunities in relation to 'protected characteristics' and the Socio-Economic Duty 2020.

Developing our Equality Objectives

During 2023/24 we engaged with patients, staff, partners, and other key stakeholders. We asked them what they thought the equality priorities should be for the Health Board for the next four years. We also identified what research and information was already available to help in the development of the objectives, including the work undertaken when developing the Health Board's Shaping Our Future Wellbeing Strategy.

We also specifically surveyed patients, staff, partners, equality and third sector organisations and other groups as to whether the Health Board's previously set objectives should be kept as they are, changed or whether we needed to amend or add new ones.

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Our Values

We are a values-driven organisation and our goals will only be realised if our values are at the heart of everything we do. Created by colleagues, patients and their families and carers, our values are:

- We are **kind and caring**
- We are **respectful**
- We have **trust** and **integrity**
- We take **personal responsibility**

Living by these values every day, we will create the culture needed to deliver our vision for the future. We will continue to collaborate with and listen to colleagues, patients and partners to ensure that behaviours reflect these values and that people are confident to challenge others appropriately when behaviours are not in line with our values.

*Our values
are at the
heart of
everything
we do*

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Our approach

In our commitment to fostering equity, inclusion, and diversity, the Health Board has developed a whole organisational approach to deliver our Strategic Equality Objectives. This approach is strategically aligned with the overarching principles of our Shaping Our Future Wellbeing Strategy. We recognise the importance of embracing the 3I Framework, the Health Board's Equity, Equality, Experience, and Patient Safety Action Plan, as a guiding framework for our initiatives.

Our approach to achieving the Strategic Equality Objectives is aligned with the Health Board's People and Culture Plan, reinforcing the pivotal role of our workforce in realising these objectives. By ensuring that the wellbeing of our staff is at the centre of our plan, we acknowledge that representing the diverse population we serve requires a thriving and inclusive workplace. This commitment aligns with the seven themes of the People and Culture Plan, emphasising the interdependence of employee well-being, equality, diversity, inclusion, and the promotion of the Welsh language. Recognising that our workforce is a reflection of the communities we serve, we are dedicated to fostering a culture that not only supports the professional growth and satisfaction of our staff but also actively promotes our organisational values.

An integral aspect of our approach is the recognition of intersectionality. We understand that individuals within our diverse communities carry overlapping identities and experiences, necessitating a nuanced and inclusive approach that addresses the unique challenges faced by different groups. By incorporating intersectionality into our programmes and plans, we aim to ensure that our initiatives are truly reflective of the multifaceted nature of diversity.

In tandem with our organisational plans, we are committed to aligning with national action plans such as the Anti-racist Wales Action Plan, the LGBTQ+ Action Plan for Wales, and *More than just words*. By coordinating our efforts with these broader initiatives, we seek to amplify the impact of our actions and contribute to a collective movement towards equality.

As part of our commitment to continuous improvement, our organisational action plans and programmes outline specific strategies and actions geared towards achieving the outlined Strategic Equality Objectives. We recognise the importance of clear accountability and established timelines for implementation to drive meaningful change within the Health Board.

Anticipating future legislative requirements, we commit to staying informed and adapting our approach to align with evolving legal frameworks. We will also adopt this approach to evolving organisational priorities, plans and programmes to ensure that the work being undertaken to deliver our Strategic Equality Objectives is relevant and current.

The incorporation of Equality Health Impact Assessments (EHIA) into our organisational approach is a crucial mechanism to systematically evaluate the impact of the Health Board's policies, procedures, and strategies on individuals from diverse communities, including those from various socio-economic backgrounds. Undertaking EHIA provides a structured framework for analysing potential differential effects, ensuring that our initiatives do not inadvertently exacerbate existing disparities. By assessing the potential impact on different demographic groups, we can identify and address any unintended consequences that may disproportionately affect specific communities. This proactive approach aligns with our commitment to inclusivity and allows us to tailor policies and strategies to better meet the diverse needs of our population. The insights gained from EHIA will be integral in steering our efforts towards creating an equitable and accessible healthcare environment for all.

Monitoring and evaluation will be paramount to our success. We will establish key performance indicators (KPIs) and conduct regular evaluations to assess the effectiveness of our implemented actions. This commitment to continuous assessment and improvement demonstrates our dedication to delivering on our Strategic Equality Objectives.

The realisation of our Strategic Equality Objectives hinges on the collective responsibility of every member of our staff. Every individual working within the Health Board has a personal responsibility to actively contribute to fostering an inclusive culture. By recognising and addressing disparities, embracing diversity, and promoting a culture of respect, our staff play a pivotal role in reducing health inequities and ensuring equitable healthcare access for all. Creating a workplace that is not only committed to these objectives but actively striving to embody them is essential. Therefore, each staff member has a duty to champion inclusivity, contribute to reducing health inequities, and actively contribute to cultivating a work environment that reflects our commitment to being a great place to train, work, and live. This shared responsibility reinforces our collective dedication to the values of equality, diversity, and inclusion, making it integral to the fabric of our organisation.

This organisational approach is crafted to propel us towards achieving our four Strategic Equality Objectives, which focus on:

1. Respect
2. Communication and Engagement
3. Accessibility
4. Data

Our focus on intersectionality and alignment with the Shaping Our Future Wellbeing Strategy ensures an inclusive culture of respect, acknowledging and addressing the unique challenges faced by diverse groups. Through active collaboration and stakeholder engagement, we aim to enhance communication and engagement, fostering a participatory healthcare experience. The emphasis on accessibility is integrated into our plans, actively involving diverse communities in making healthcare more responsive. Leveraging data-

driven insights, we are committed to monitoring and evaluating our initiatives, contributing to a transparent and accountable pursuit of equity and inclusion.

Together, we look forward to building a healthier, more equitable, and inclusive Cardiff and Vale of Glamorgan.

The 3I Framework

Beynon, Scott, Whiles, Hughes, Jones, and Roberts, 2023

Identify:

Acknowledge and understand the differential experience, access to health services, health inequity and inequality for local people and our employees

Output – summary of equity and excellence priorities

Intelligence for action:

Use community engagement and qualitative insights to understand lived experience and improve quantitative data collection on equity and use both sources to co-produce service improvements that deliver equity and excellence

Output – co-produced intervention based on data and evidence

Interventions tailored to need:

Integrate equity, equality experience and patient safety improvements into existing and new work programmes, staff development initiatives and policies

Output – interventions integrated into routine practice

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Respect

Objective:

Foster an inclusive culture of respect through awareness campaigns and education, ensuring all individuals, including staff, patients and service users, feel valued and dignified.

Education

To fulfil our commitment to fostering an inclusive culture of respect, we will prioritise education as a cornerstone of our approach. Leadership and management courses will be tailored to include modules on diversity, compassion, and the promotion of respectful workplace environments. By providing our leadership teams with the tools to embrace compassionate leadership, we aim to create a top-down culture that values and prioritises inclusivity.

Simultaneously, we recognise the significance of extending education beyond our internal staff to include patients and service users. Implementing educational initiatives for these groups will empower them with the knowledge to actively participate in and contribute to our shared commitment to respect and dignity. Through comprehensive educational programs, we aspire to cultivate a community that is not only aware of the importance of equity, inclusion and respect but is also equipped with the skills and understanding to actively practice and promote it.

Awareness campaigns

In our pursuit of an inclusive culture, we will launch awareness campaigns utilising our inclusion calendar, marking key dates and events. This calendar ensures our initiatives align with relevant themes, promoting diversity and respect.

To enhance transparency and openness, staff are encouraged to raise concerns through Speaking Up Safely, facilitating prompt resolution. Patients and service users are also empowered to voice concerns through Putting Things Right.

Our organisational values and behaviours framework will be central, guiding every aspect of our interactions with a commitment to respect and dignity. Additionally, we will actively support and promote staff networks, recognising their role in creating a sense of belonging and the importance of providing a voice for our people by strengthening and building the role of staff networks. These integrated efforts aim to cultivate a culture of inclusion within our organisation.

Communication & Engagement

Objective:

Enhance communication channels and strategies to make information accessible to everyone, fostering inclusive engagement.

Communication Channels:

To enhance Cardiff & Vale University Health Board's communication channels, prioritising feedback is crucial. Actively listening to the voices of patients, service users, and staff is fundamental for fostering inclusivity, and links to our strategic priority of 'Putting People First'.

Establishing robust feedback mechanisms ensures that we not only hear but also understand the diverse perspectives within our community. By engaging in meaningful dialogue, we can identify specific needs and concerns, allowing us to tailor our communication channels to effectively reach and engage with our diverse population. This approach ensures that information is not only disseminated but is accessible and relevant to everyone.

Engagement Strategies:

Collaboration and co-production are integral strategies in aligning with Cardiff & Vale University Health Board's Shaping Our Future Wellbeing strategy. We will achieve our vision, including the reduction in unfair differences in health outcomes, by working with local communities and the Public Services Board partners to tackle the issues that cause preventable illness and premature death.

Collaborative efforts enable the development of engagement materials and methods that are culturally sensitive and resonate with different communities. This approach not only enhances the effectiveness of our engagement, but also strengthens the sense of community ownership and engagement.

By weaving collaboration and co-production into our engagement strategies, we align with the broader organisational goal of shaping a future wellbeing that is inclusive and responsive to the needs of all.

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Accessibility

Objective:

Improve accessibility of our health services and facilities, creating a more inclusive healthcare and working environment for everyone.

Easy to Access:

Ensuring the improvement of accessibility to health services and facilities requires a multi-faceted approach. Firstly, adopting accessible communication methods is paramount. Communicating with individuals in ways that meet their diverse needs fosters inclusivity.

Embracing technology further enhances accessibility, providing platforms for virtual consultations, online resources, and streamlined appointment systems. Equally crucial is the physical accessibility of sites and facilities, ensuring they meet the diverse mobility and sensory needs of all users.

By prioritising these aspects, Cardiff & Vale University Health Board can create an environment where healthcare is accessible for everyone.

Welsh Language:

Aligning with the national *More than just words* strategy, prioritising the Welsh language in healthcare is crucial. Adhering to Welsh Language Standards ensures that services are delivered bilingually, promoting inclusivity. The importance of Welsh language healthcare is emphasised through compliance with standards and active participation in Cymraeg 2050, aiming to achieve one million Welsh speakers.

By integrating the Welsh language seamlessly into health services, Cardiff & Vale University Health Board contributes to a more inclusive and linguistically diverse healthcare environment.

Education:

Education plays a pivotal role in achieving an inclusive healthcare environment. Staff must be educated on effective communication with a diverse population, encompassing different languages and communication formats. Training programmes should equip healthcare professionals with the skills to provide culturally sensitive and language-appropriate care.

Additionally, educating staff on supporting patients and service users in navigating and accessing healthcare services within Cardiff & Vale University Health Board fosters an

environment where everyone feels adequately supported in their healthcare journey. Continuous education ensures that the health system remains responsive to the evolving needs of a diverse community.

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Data

Objective:

Enhance the accuracy of data collection and analysis to identify and address inequity in both health outcomes and staff experience.

Workforce Planning:

Effective workforce planning is crucial to address equity in both health outcomes and staff experience. Data can be a powerful tool in measuring whether we are an organisation which is representative of the diverse demographic profile of Cardiff and the Vale of Glamorgan. By leveraging data, the health board can identify gaps in representation and implement targeted strategies to enhance diversity and inclusion. Having a workforce which is representative of our population will enable our staff to better understand the individual needs of our patients and service users.

Furthermore, workforce planning should extend beyond numbers; it should encompass skill development to equip our staff with the cultural competence needed to provide quality care to the diverse population we serve. This includes recognising the importance of Welsh language skills data to ensure that our workforce is adequately prepared to provide Welsh language healthcare. This proactive approach ensures that our workforce is well-prepared for the evolving healthcare landscape and can effectively meet the linguistic needs of the community.

Pay Gap Reporting:

Understanding and reporting on pay gaps is a key element in addressing inequities within employment. By analysing pay gaps, the health board gains insights into potential disparities that may exist across different demographic groups. This not only fulfils legislative duties but also enables the implementation of targeted interventions to rectify any imbalances. Pay gap reporting serves as a transparent mechanism, promoting accountability and driving the health board's commitment to equal opportunities and fair treatment for all staff.

Data Collection:

Improving the accuracy of data collection is pivotal in addressing health inequities and enhancing staff experience. For patients and service users, aligning data collection practices with 'The 3I Framework', ensures a comprehensive understanding of health inequities. This framework emphasises the importance of intersectionality, inequality, and inequity in health outcomes.

Regarding staff, robust data collection, including equality monitoring information and Welsh language skills, is crucial. Accurate data informs better decision-making processes, allowing the health board to tailor strategies that address inequities in both health outcomes and staff experiences. The underlying goal of analytics is to identify, interpret and communicate patterns that can inform strategic decisions and improve performance.

By continuously refining data collection practices, the health board establishes a foundation for evidence-based interventions that foster equity across all aspects of its services.

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Monitoring and review

We will monitor our progress against the objectives and supporting actions on an ongoing basis, which will lead to the publication of an annual report. The report will summarise our progress and any changes to our future work.

Progress will be reported through our People and Culture Committee.

Our Board is accountable for the equality objectives, with our staff being responsible for the delivery and implantation of actions.

Feedback

We value feedback about our work, including the objectives and actions set out in this document, on an ongoing basis. If you would like to share any feedback or would like to discuss any aspect of our work, please contact:

Cardiff and Vale University Health Board
Equity & Inclusion
1st Floor, Woodlands House
Maes Y Coed Road
Llanishen
Cardiff
CF14 4TT

Or

EquityAnd.Inclusion@wales.nhs.uk



Tegwch a Chynhwysiant
Equity & Inclusion

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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Cardiff & Vale University Health Board Annual Equality Report 2022 – 2023

This document is available in Welsh and on request in a range of accessible formats and languages.

Please email EquityAnd.Inclusion@wales.nhs.uk



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Introduction & Background

The Cardiff & Vale UHB Annual Equality Report 2022-2023 provides an overview of the progress we have made in delivering our outcomes as set out in our [Strategic Equality Plan 2020-2024](#). To learn more about our work, we recommend reading the [Cardiff and Vale UHB Annual Report 2022-2023](#) and [Shaping Our Future Wellbeing 2023-2035](#)

Cardiff & Vale UHB is responsible for the care of over 500,000 people living throughout Cardiff and the Vale of Glamorgan. In 2022/23 we employed 17,221 members of staff across the organisation.

Our work aims to support everyone to ensure that they are treated fairly and with respect, and we work within several different legislative requirements including the Human Rights Act 1998 and the Equality Act 2010. The Public Sector Equality Duty places a statutory Duty on Cardiff & Vale UHB to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

The Health Board aims to discharge this duty through delivering on our Strategic Equality Plan 2020-2024. Our Plan sets out our equality objectives to support the delivery of our strategic aims. Our Annual Report describes our work towards implementing the objectives during 2022/23. This includes highlighting achievements and identifying areas where further work needs to be done.

Our objectives were developed through engagement with patients, staff, partners, equality organisations, and other stakeholders in partnership with Wales Public Body Equality Partnership.

The four outcomes set out in our Strategic Equality Plan 2020-2024 are:

1. People are and feel respected, this includes patients, carers and family members as well as staff and volunteers.
2. We communicate and engage with people in ways that meet their needs.
3. More people receive care and access services that meet their individual requirements, including those from socio-economic communities.
4. Gender and any other protected characteristic pay gaps are eliminated.

These outcomes are aligned to our [Shaping our Future Wellbeing Strategy](#) (<https://cavuhb.nhs.wales/about-us/our-mission-vision/shaping-our-future-wellbeing-strategy/>) and the [Well-being of Future Generations Act 2015](#) (<https://www.gov.wales/sites/default/files/publications/2021-10/well-being-future-generations-wales-act-2015-the-essentials-2021.pdf>) goals.

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Reflecting on 2022 – 2023...

In the following section, we reflect upon the work undertaken in Cardiff & Vale UHB to deliver the four outcomes set in our Strategic Equality Plan 2020-2024.

Outcome 1: People are and feel respected

Promoting Cardiff & Vale UHB as a great place to work

The People Resourcing Team

During 2022/23, the People Resourcing Team promoted the Health Board as a great place to work to a variety of diverse groups within our community. Some of the ways in which this was achieved are detailed below.

The People Resourcing Team engaged with over 12,000 people within Cardiff and the Vale locality to promote the many job opportunities and career pathways available within the Health Board to generate interest and help secure our future workforce. The Health Board obtained over 1,530 applications and enquiries because of our attendance at recruitment events, such as 'Open Your Eyes Week', which reached an audience of over 5,000 school pupils. Almost 80% of pupils stated they 'would like' or 'would maybe like' to work for Cardiff and Vale UHB following the presentation.

The team also attended two Career Transition Partnership recruitment events to promote employment within the NHS to the military personnel who are reaching the end of their time within the military. This focused on roles around project management.

Throughout the year the People Resourcing Team have engaged with many different initiatives which includes:

- Engaging with 68 Schools and Colleges providing Careers Carousels, Mock Interviews, Interview sessions and Careers days reaching large audiences including schools in areas such as Ely, St Mellons, and Llanrumney.
- Princes Trust – 'Get Hired Day' giving eleven individuals a work placement with a view to them gaining experience to apply for a role at end of placement.
- Refugee Recruitment days for individuals from Afghanistan and Ukraine.
- Inter Work Services, DWP, Careers Wales and Community Centre Recruitment Days and two job fairs in Cardiff City Hall attracting large audiences.
- Secured funding from Cardiff & Vale UHB's Health Charity to produce ten 'Day in the Life of' videos for areas and roles where it has proved difficult to recruit to.
- Held four recruitment fairs at The Hilton Hotel in Cardiff, which attracted a diverse audience from across our communities.
- Adverts have been redesigned to be more representative of our workforce in an effort to attract diverse talent.

The Work Experience Framework has been followed to reinvigorate and expand the wide variety of work placements within the Health Board to include job taster sessions, internships and work experience placements for school and university

students and the long-term unemployed. Two Pharmacy taster sessions were carried out providing over 30 children an insight into a career in Pharmacy.

Pharmacy

Pharmacy is a diverse profession as a whole and this is also the case within Cardiff & Vale UHB. The Pharmacy workforce consist of people from a range of backgrounds and promote a culture of inclusion within the workplace.

Pharmacy have an established wellbeing team and have arranged a wellbeing counsellor to be available regularly within the directorate, alongside running regular events both in and out of work to promote a culture of inclusion within the department.

The directorate has successfully worked with Project Search since its introduction to the Health Board, regularly welcoming interns on placement who experience working within the pharmacy stores and distribution team, gaining useful knowledge and employment skills. This has proven beneficial for the department and staff who support the placements. Pharmacy's participation in the programme has led to two interns gaining substantive employment within the Pharmacy department at the University Hospital of Wales (UHW).

The directorate's monthly Quality and Safety Group has a regular agenda item to discuss initiatives to improve access to services. The directorate is reviewing the patient experience whilst visiting Pharmacy, including work to ensure all staff are aware of procedures where there are language barriers when engaging with patients around their medicines.

Stonewall's Workplace Equality Index 2023



The Health Board participated in Stonewall's Workplace Equality Index 2023 to benchmark our LGBTQ+ inclusion against organisations from across the UK. The Health Board achieved Gold Award status and were ranked the Top 100 most LGBTQ+ inclusive employers for the second consecutive year. This score has enabled us to promote the Health Board as an excellent place to work for members of the LGBTQ+ community and demonstrates our wider commitment to equality and inclusion.

Digital Stories

The Patient Experience Team uses Digital Stories to empower individuals to share their experiences of not only the care we provide, but also of working within our organisation. The link below is a digital story from a colleague highlighting the importance of having a diverse and inclusive workforce.

Dr Kerry Ann Holder – <https://youtu.be/xavVfBpVuHE>

Staff Networks

Access Ability Staff Network



The Health Board's Access Ability Staff Network which was launched in January 2021, supports members of staff living with a disability, impairment or long-term health condition. Access Ability is a lived-experience network for CAVUHB staff to come together and talk about their experiences at work, and other barriers that

impact their day-to-day lives.

The Health Board joined Purple Space, a community that promotes conversations about disability and work, which provided access to resources for members of our Access Ability Network Committee. Purple Space have helped us promote 'Confident Conversations' that helps employees build inner confidence and personal resilience.



LGBTQ+ Staff Network



Our LGBTQ+ Staff Network continues to help our staff create a more inclusive and diverse organisation. The network provides staff with the opportunity of social interaction, peer support and assisting in raising awareness of equality. The network supported the Health Board in promoting LGBTQ+ awareness events, including Pride Month and Trans Day of Remembrance. The network also contributed to the Stonewall Workplace Equality Index submission for 2023.

As part of LGBT+ History Month in February 2022, the Health Board hosted a reading group for colleagues from across NHS Wales. The group read 'The Picture of Dorian Gray' by Oscar Wilde. The group took the time to reflect on the book, the author, and their own experiences.

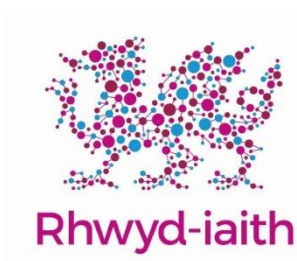
One Voice Staff Network



Our OneVoice Staff Network is an employee group for colleagues from ethnically diverse communities. The Network aims to raise awareness of the lived experiences of people from ethnically diverse communities, provide peer-to-peer support, and to work with the Health Board in our journey to becoming an anti-racist organisation. The Health Board has launched a SharePoint page for the OneVoice Staff Network to encourage colleagues to join the network and to raise awareness of the network's work.

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Rhwyd-iaith Staff Network



Rhwyd-iaith is our staff network for Welsh language users of all capabilities. Launched in 2022, Rhwyd-iaith is a group where people can gain the confidence to use their Welsh in the workplace and at home, to build connections between colleagues, and raise awareness of the importance of Welsh language in healthcare. Providing excellent quality patient care is the Health Board's priority and using Welsh in the workplace can support with that.

Anti-racist Wales Action Plan

This year, the Health Board began to implement the Welsh Government's Anti-racist Wales Action Plan launched in June 2022. In August 2022, our Board members took part in a facilitated session regarding the importance and power of representation.



The Health Board's Anti-racist Action Plan is also being developed with the support of the One Voice Staff Network and other key stakeholders throughout the Health Board.

Inclusion Calendar 2023

During 2023 we saw the Health Board launch its second organisational 'Inclusion Calendar'. The document provides a selection of key dates and events that reflect the diverse local population of our staff, service users, and stakeholders. The calendar helps us to ensure that important events and meetings are not scheduled when key sections of the workforce of patients may not be able to attend.



Employment initiatives

DFN Project Search



DFN Project search is an employment preparation programme that takes place entirely in the workplace. During 2022/23, the Health Board continued our partnership with DFN Project Search, Cardiff Council, and the Vale of Glamorgan Council in order to run the programme. The programme helps to deliver the best employment outcomes for young adults with learning disabilities and/or autism from the Cardiff and Vale area who are studying with Special Education Needs providers. During 2022/23, the Health Board hosted its second cohort of nine young interns, five of which went on to gain employment within the organisation, with the remaining individuals choosing to return to further education or alternative employment. The third cohort will be starting in September 2023 and consists of 11 individuals.

The Project Search Scheme has been a fantastic success and has received very positive feedback from the managers who participated:

“I have been impressed with how the project teachers have supported the interns in their daily tasks in the various areas they are working throughout the hospital”.

– Tony Holden, Linen Department

“The help that the interns have given in processing the returned medication has been invaluable and has saved us both time and money. I would recommend anyone to sign up for the project”.

- Ruth Holland, Senior Pharmacy Technician

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Princes Trust Project



The People Resourcing Team worked in collaboration with the Department of Work and Pensions (DWP), Princes Trust and the Education Culture and Organisational Development department (ECOD) to produce a programme for nine individuals to participate in a work experience placement for four weeks. This included a fully comprehensive induction course run by ECOD followed by experience on the wards as a Patient Environment Support Worker, assisting Health Care Support Workers (HCSW) and nurses. The placement provided the participants with the opportunity to consider and apply for a HCSW role and enter a career pathway within the NHS. From this cohort, four individuals went on to apply to become a HCSW through the nurse bank in the first instance.

Serco

The People Resourcing Team has developed an initiative with Serco (who work in partnership with the DWP) to deliver a Restart Scheme employability programme, which provides enhanced support to individuals throughout Wales who are in receipt of universal credit to find suitable employment. Taster sessions and tours were organised with the Catering and Housekeeping department to give these individual an insight into the role before applying.

Work with the Department of Work and Pensions

The People Resourcing Team worked closely with the DWP to promote careers to the long term unemployed. This led to a number of work placement taster sessions to improve knowledge and develop skills.

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Development of the Assistant Practitioner Role

As a result of national shortages of registered nurses, the Health Board has developed a new role that undertakes a variety of skilled tasks on a ward which is above the level of a Health Care Support Worker (HCSW) but below the level of a registered nurse. The vast majority of applicants have been internationally educated nurses (IENs) who have not yet been able to gain their UK Nursing and Midwifery Council registration. The scheme will enable these candidates to initially gain the skills required to work as an Assistant Practitioner prior to gaining nursing registration in as little as six months. The development of this role has provided a great opportunity to those IENs who would have otherwise found it difficult to gain employment as a registered nurse.

Apprenticeship Academy

The Apprenticeship Academy saw a significant boost in apprenticeship opportunities with the recruitment of 23 new apprentices during 2022/23. This recruitment supported the younger people into the workplace with a view to gaining valuable work experience and a nationally recognised qualification. These opportunities included areas such as Business Administration, Digital Skills, Building Service Engineers, and IT.

During National Apprenticeship Week 2023, the Health Board showcased the brilliant work that has taken place in our Concerns Team. Since the beginning of the apprenticeship programme, the team have employed six apprentices, the most recent being in January 2023.

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Faith Lloyd

Team Secretary

Cardiff and Vale University Health Board



What made you choose an apprenticeship in the NHS?

After making the tough decision to leave Sixth Form prematurely, I encountered a dilemma regarding my next steps. I wanted to further enhance my qualifications and skill set, while also seeking full-time employment. Fortunately, I found an apprentice advert within the NHS that presented me with the opportunity to achieve both aspirations. The prospect of working within the NHS greatly appealed to me, as I was already aware of the rewarding nature of such a profession.

What support were you given?

Upon my success after the interview, Emma promptly contacted me extending her support with the next steps of my Pre-Employment checks and information regarding my position in the NVQ, Level 2 Business Administration course. Throughout my time as an apprentice I received unwavering support from my administrative colleagues and managers who assigned me tasks aligned with my course, thereby significantly contributing to my progress. Furthermore, I received a lot of support from the Talk Training Team when completing my qualification, they were so accommodating with anything I needed during this period.

What have been the benefits to you?

Gaining an apprentice within the NHS has benefited me by providing me the opportunity to expand my qualification base at the same time as gaining on - hand experience.

How did it feel gaining your permanent role on completion of the apprenticeship and how did the support continue?

Having being offered a permanent role on completion of my apprentice made me extremely proud and happy with myself but it also made the hard work and effort I put in feel worth it. The support continued into my current role with even more training and away day opportunities being offered to me as well as monthly 1-1's to monitor my progress.

Would you recommend an apprenticeship in the NHS to a friend?

I would 100% recommend the NHS apprenticeship route to anybody.

How has completing the apprenticeship broadened your horizons? What's next for you?

Completing the apprenticeship has also allowed to me to meet and learn about the different teams within the NHS and as a result given me insight as to the route I'd like to take my career down now. I have recently been successful in gaining a new job down the clinical route as Community Nursery Nurse in the Flying Start Team. From this I am hoping to complete my Level 3 qualification in Health and Social Care and potentially access the nursing degree in the near future.

Engaging with stakeholders

Shaping Our Future Wellbeing Strategy Refresh

The Health Board set out to engage with the public, our colleagues, and our stakeholders on the contents of our refreshed strategy, *Shaping Our Future Wellbeing* to 2033. The Planning team have commissioned the third sector council to undertake workshops on behalf of the Health Board to target people with protected characteristics and connect with diverse communities.



Shaping Our Future
Wellbeing

Cardiff and Vale Health Inclusion Service



Cardiff and Vale Health Inclusion Service's (CAVHIS) vision is to improve the health and wellbeing of individuals who find it hard to access healthcare through the delivery of a high-quality health screening service and community orientation. CAVHIS works hard with our partners towards reducing health inequalities in Cardiff and the Vale of Glamorgan.

As part of the work completed by CAVHIS, questionnaires were cascaded to service users to gather information on what they find difficult about accessing primary care. This work was undertaken with the help of third sector charities Street Life/Cardiff Council Homeless Hostels and the British Red Cross. This crucial feedback from service users was used to inform the future proposed model at our stakeholder engagement sessions.

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Pride Cymru



The Health Board was proud to join NHS Wales colleagues in the annual Pride Cymru parade which took place in August 2022 in Cardiff city centre. Some of our members of staff who marched alongside Health Board colleagues, supporting the event voluntarily or attending in other

capacities, spoke about why they took part and why Pride Cymru was as important as ever. A link to our internet article can be found [here](#). Pride Cymru was a great opportunity to promote the Health Board as an LGBTQ+ inclusive organisation and to engage with our LGBTQ+ community.

Members of staff also supported and participated in the NHS Wales Pride Quiz, which was open to colleagues across NHS Wales.

Cardiff & Vale Youth Board

The Youth Board for Cardiff and Vale UHB is made up of a group of volunteers, aged 13-25 from a wide range of different backgrounds and communities. The volunteers each have very different experiences, opinions and knowledge in which they make unique contributions towards a variety of different subjects. The Youth Board is fundamental in giving young people a voice in shaping services across Cardiff and Vale. The Youth Board is currently participating in the engagement of the Health Board's ten year strategy, *Shaping Our Future Wellbeing*. The Youth Board continue to contribute to the ongoing developments in Child and Adolescent Emotional Wellbeing and Mental Health Services, where they have developed support during the 'waiting list' period and are currently producing resources to practically help children and young people with their emotional and mental health needs.



Cardiff And Vale Health Youth Board
Bwrdd Iechyd Ieuencid Caerdydd A'r Fro

People are respected and free from abuse, harassment, bullying and violence

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Safeguarding

Child Health

There has been an increase in Violence Against Women Domestic Abuse Sexual Violence (VAWDASV) Group 2 training for staff at all levels who are patient/public facing. We have introduced training twice a month on a rolling programme.

Disclosures of Domestic Abuse from both the public and staff has increased since lockdown. The Health Board has appointed further health Independent Domestic Violence Advisors (IDVA) to address this. We have also appointed an IDVA for Children to consider healthy relationships and will pick up cases from the Paediatric Emergency Department.

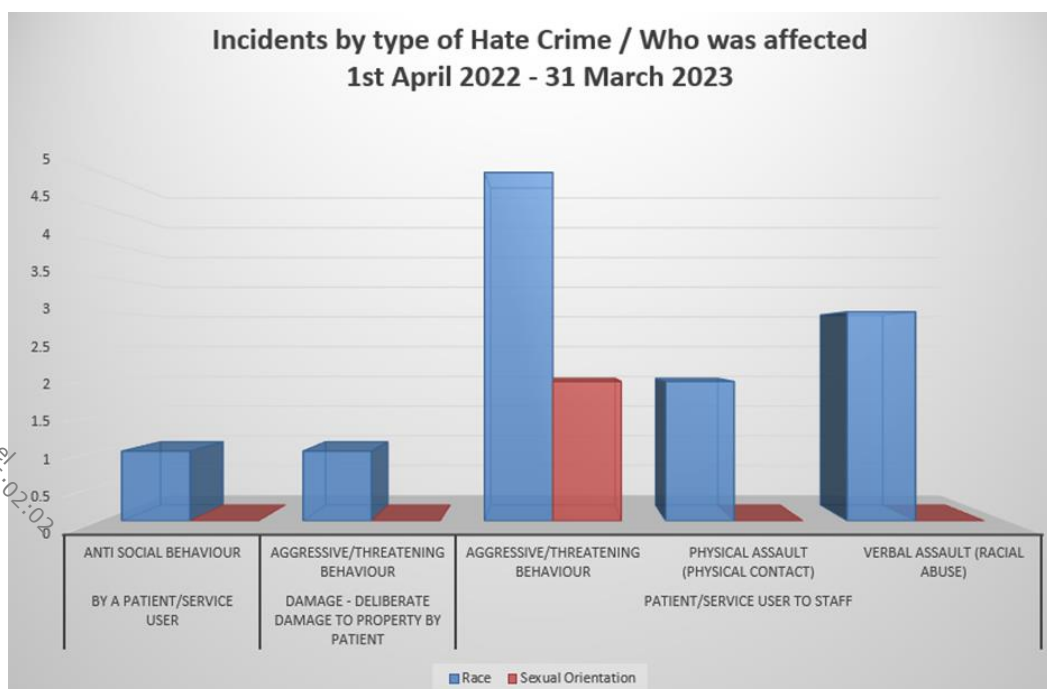
The whole of the safeguarding agenda has increased with more awareness and recognition of abuse in all its forms and neglect. Staff can find more information in the [CAVUHB Safeguarding Annual Report 2022/2023](#)

Health and Safety - Hate Crime

The Health Board is committed to tackling hate crime. The Case Management Team work to raise awareness of what a hate crime is and help staff understand that it is not acceptable to target individuals based on their identity. We acknowledge that hate crimes and incidents can be frightening and confusing and encourage victims of abuse to report the incidents to the police where appropriate, whilst acknowledging that by reporting to South Wales Police, victims are not committing themselves to taking any further action, but it does allow them to access support. [Support can also be found here.](#)

When staff report hate crime incidents, the Case Management Team offer advice and support. Staff can be signposted to DatixCymru to report an incident internally as per the UHB's incident reporting policy and procedure. During 2022/23, two incidents of Racially Aggravated Public Order towards staff at Cardiff and Vale UHB have been progressed via the Criminal Justice System resulting in custodial sentences for the perpetrators of these crimes.

The data included in the graph below has been taken from DatixCymru - the UHB incident reporting system where the incident has been categorised as a hate crime.



Training, support and development

Treat Me Fairly

Equality and diversity training is mandated in the Health Board with staff required to complete the 'Treat Me Fairly' eLearning module. As of 31st March 2022, 72.7% of our staff had completed the eLearning module.

Welsh Gender Service

The Welsh Gender Service have done excellent work in contributing towards Equity & Inclusion for all. Dr Sophie Quinney has delivered regular Trans Inclusive Healthcare Awareness Sessions to GP trainees, GP practices, Health Boards and Health Board departments throughout the year to raise awareness. Conversations were started with Public Health Wales where health screening programmes can exclude trans patients, as screening is traditionally based on gender markers. During 2022/23, the Welsh Gender Service hosted the LGBTQ+ Law Clinic, in which a service was developed to offer legal advice, free of charge to the LGBTQ+ community. Regular stakeholder meetings have been held throughout the year with the trans community, to ensure that the Welsh Gender Service is shaped to meet the needs of the patient community. Dr Sophie Quinney has held regular CPD sessions, which are open to all with an interest in furthering trans healthcare and reducing inequity of access for our patient group. During 2022/23, the first Welsh Gender Service clinic in Holywell was opened, to improve access to Face2Face care for people living in North Wales. Important work has continued, including working closely with the Digital Health and Inclusion Team to improve how our systems record information for the trans and non-binary community, including how we record a person's gender identity and their preferred pronouns.

Patient Experience Team and Sight Life

The Patient Experience Team made links with Sight Life to look at how we can work together to improve the experiences of people living with a sight impairment, using our services. Initially we are looking at developing bespoke training for our Information Centre and Meet and Greet volunteers raising awareness of the different types of sight impairment and how best they can support someone who comes into the hospital requiring the volunteers help.

Diverse Cymru

Diverse Cymru will shortly be carrying out an independent anti-racist review of the All-Wales NHS Workforce policies. All staff who self-identify as Black, Asian or from ethnically diverse communities, as well as Trade Unions, NHS Wales employers and equality, diversity and inclusion representatives are invited to take part.

Diverse Cymru has provided the Health Board with resources on Young Onset Psychosis and Traumatic Stress, where these services treat a high number of people from ethnically diverse communities, as well as asylum seekers and refugees to try and address these health inequalities and be more proactive in tackling them.



Photo credit to <https://diverseecymru.org.uk/>

Equality Health Impact Assessment (EHIA)

The Health Board made EHIAs (Equality and Health Impact Assessment) more user friendly and deliver training sessions on how to implement them within strategy, policy, plan, procedure and/or service change.

Further information on the EHIA toolkit can be found on our website:

[EHIA toolkit - Cardiff and Vale University Health Board \(nhs.wales\)](https://cavuhb.nhs.wales/staff-information/toolkits/ehia-toolkit/)

[\(https://cavuhb.nhs.wales/staff-information/toolkits/ehia-toolkit/\)](https://cavuhb.nhs.wales/staff-information/toolkits/ehia-toolkit/)

Inclusion Ambassadors (previously Equality Champions)

Our vision is to see people representing protected characteristic groups within their teams and across their Clinical and Service Boards, to bring about changes that matter to staff and help make the Health Board a safer, kinder and more inclusive place to work. As a Health Board, we have developed Inclusion Ambassadors, a role which is designed to help everyone advocate for change and actively support their colleagues. The Inclusion Ambassador role has been rolled out in Clinical Boards throughout the Health Board.

Example of embedding EDI and Inclusion Ambassadors at Clinical Board Level

During 2022/23, the Clinical Diagnostics and Therapeutics (CD&T) Clinical Board placed increased focus on the Equality, Diversity and Inclusion (EDI) Agenda and implemented a monthly Inclusion Ambassador Group whereby each member of the Senior Management Team, the Lead Staff Representative and Finance Business Partner agreed to take on the role as an Ambassador for a specific protected characteristic. There has been close collaboration with the Health Board's Head of Equity and Inclusion and the Chair of Staff Side to consider the best approach for developing this work.

An Inclusion Ambassadors page on the Clinical Board's SharePoint site has been developed with the purpose of sharing content relating to the EDI agenda widely across the Clinical Board. Equality, Diversity and Inclusion is also a standing agenda item at the Clinical Board Partnership Forum and the Quality and Safety Sub-Committee.

Discussions are being held between the Clinical Board and Partnership colleagues around creating a 'Safe Space' for staff to raise concerns around discrimination. These discussions are at an early stage, but the aim is for staff within the Clinical Board to have an alternative process for raising their concerns that will protect their anonymity, whilst not deflecting from the formal processes within the Health Board.



Bwrdd Iechyd Prifysgol
Cardiff and Vale
University Health Board



Llunio ein
Gueithlu
i'r Dyfodol
Shaping Our Future
Workforce



Become An Inclusion Ambassador



Rhwydwaith Anabledd
Access Ability Network



Un
Llais

One
Voice



Rhwydwaith LHDTC+
LGBTQ+ Network



Meddwl Cymraeg
Think Welsh

#peopleandculture

Outcome 2: We communicate and engage with people in ways that meet their needs

Accessible communication and information

All Wales Therapeutics and Toxicology Centre (AWTTC)

AWTTC has established an Equality Group, an internal working group of staff from the different sections of AWTTC. The group aims to promote equality, diversity and inclusion throughout the Health Board and ensure that AWTTC conducts and publishes high-quality EHIA's for its work projects.

Speech and Language Therapy

Speech and Language Therapy (SLT) have an MSc Psychology Student on a 12-week placement in the Head and Neck SLT Team. Their remit is to design and deliver a project that engages patients in shaping its services through patient stories and Patient and Relative Education Programme for Stroke (PREMS). Once the project is complete, this will be utilised to develop the service and it will be the foundation for future co-production projects. The patient selection for the project has been random to ensure data is collated from a cross section of the patient population. A poster is being designed to showcase the work.

Speech and Language Therapy offers appointments in a variety of settings including use of Telehealth. The service frequently uses Language Line during patient MDT appointments. The service provides bilingual communication charts and translated written information for patients due to have surgery to ensure they can access the same information as those who have English as their first language. Going forward there are plans to engage SLT students in populating the Royal College of Speech and Language Therapists (RCSLT) health inequalities self-audit tool for the service so that the service can better understand the population it serves.

Speech and Language Therapists in the acute setting have been involved with the Stepping Stones project. This is a co-produced piece of work that aims to support people living with long term conditions. Therapists focused on developing easy read versions of documents to make information more accessible to the neuro-diverse population and people with learning difficulties.

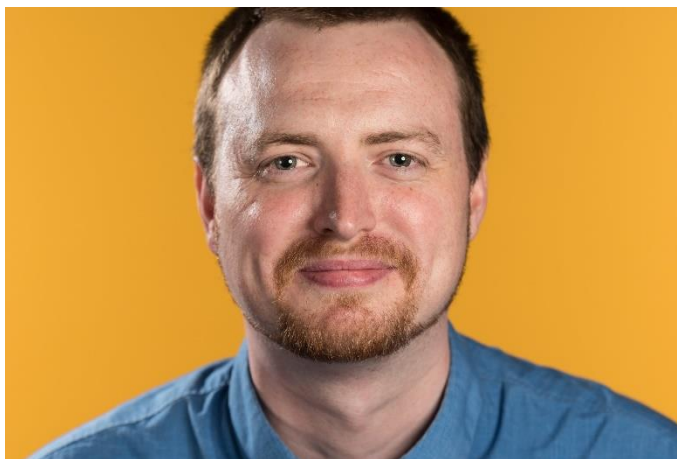
Medical Illustration

Medical Illustration provide design, photography and print services to the Cardiff and Vale University Health Board. They have designed and printed Inclusion Calendars, LGBTQ+ posters, and the Annual Equality Report, to name but a few. They support departments by providing bilingual patient material, both in printed and digital format.

The department has a Disability Champion who is also able to use BSL. A member of the team also attends the Access Ability Network meeting.

The photographers are trained to be sensitive to patient needs and to adjust their care accordingly to ensure all patients are treated equitably. A survey is offered to all patients and results are used to inform appropriate improvements to the service.

The designers have been trained and have extensive experience of designing material for a wide variety of learning needs and issues. They have produced large-format versions of documents for those with visual impairments and advised on accessible design improvements and designs to help patients with cognitive impairments. This all helps contribute to an improved patient experience for all those who need the care of the UHB.



Khris is the Disability Champion from Medical Illustration

Cedar Service



Centre for Healthcare Evaluation, Device Assessment and Research (CEDAR) is a service that focuses on service improvement and redesign projects for medical devices, diagnostics and interventional procedures within NHS Wales. The national Patient Recorded Outcome Measures (PROMs) translation into Welsh is led by Cedar and Cedar has employed a Welsh-language Co-ordinator to undertake this work. The National Patient Reported Experience Measure (PREM) refresh has involved stakeholder groups around Wales including Mental Health, Llais, visual and hearing impairment groups, learning disabilities groups, ethnically diverse communities, youth and the elderly.

Cedar provided a major contribution to the Moondance Cancer Initiative's "Towards Zero Deaths from Bowel Cancer in Wales: Our Case for Change" which addressed health inequalities in bowel cancer treatment. Cedar is also evaluating the SWAN (Syndrome

Without a Name), IBD (Irritable Bowel Disease) services for Cardiff & Vale UHB and has evaluated the Adferiad (Long Covid) programme for Wales to determine patient opinions on those services and opportunities for improvement. Cedar has launched an internal project to find ways to engage with our diverse communities or patients who do not routinely participate in research or surveys. New projects underway are on Patient Engagement Measures in Podiatry, the OECD GP/patient survey for Wales, and evaluation of Lupus service in Wales, all of which will assess equality of access and treatment of patients.

Communication Support Devices

The UHB worked with the IT department to repurpose some of our old virtual visiting devices to be used as communication devices enabling busy acute areas, such as the Emergency Unit, to access interpreter services at short notice and out of hours. The devices include:

- **Language Line Insight** - giving staff easy access translators for over 40 different languages including American & British Sign Language.
- **Sign Live** –This app is the preferred video interpretation services for British Sign Language users and allows staff easy access to translators.

We have also been able to support wards with these devices. We were contacted by a couple who required a BSL interpreter but were worried this would not always be possible on the ward, when they would need to communicate with staff on an adhoc basis. We were able to provide a communication device that allowed the couple to access a video BSL interpreter at any point of the day. This instantly alleviated communication concerns and supported staff in safely treating and discharging the patient. In this case we were also able to loan the device to the patient to support them in communicating with the community staff who were visiting the patient following being discharged.

Feedback Mechanisms

As a Health Board, we introduced the CIVICA Once for Wales Feedback System in October 2022. This new patient feedback system allows the Patient Experience Team to engage with our local community, to understand how the services the Health Board provides are working. Patients are sent a text message link to leave feedback on the services they have received, making it far more accessible for those with sensory loss as they will be able to access it using their own devices, the mobile friendly survey pages also adapt to screen size.

The surveys are clear and user friendly with a logical layout and sharp colours and contrast. To ensure the surveys are accessible they can be created with photo symbols for those with learning difficulties, in BSL for those who are hearing impaired, Text-To-Speech and Speech-To-Text format and can be translated into several languages.

In addition, we have 'Happy or Not' kiosks in a number of outpatient areas, these kiosks are very user friendly, using universally understood visuals for patients to provide quick, real-time feedback.

Information & Support Centres

Our Information and Support Centres continue to stock leaflets on a range of conditions in easy read, audio and large print format, when available. When information is not readily available in a visitor's preferred format or language, staff and volunteers are able to support by ordering information that can be sent directly to the visitor, or printing off the information. However, this support does depend on the availability of such materials from the organisations themselves. The centres are also equipped with hearing loops which staff have been trained how to use.

Editorial Panel & Guidance

A guide for staff on how to make written information accessible has been developed and is available on our SharePoint pages for staff to use.

The Patient Experience Team also run a Volunteer Editorial Panel allowing teams to have any new leaflets/information that they are developing reviewed by members of the public to give their opinion on the accessibility of the layout and content.

Interpretation services



The Health Board continues to use the Wales Interpretation and Translation Service (WITS) to support patients and service users who require interpretation when accessing care. In the case of emergencies where WITS is not available, or where interpreters cannot be agreed, the Health Board has two online interpreting services available, one being Sign Live which supports with British Sign Language (BSL) interpretation.

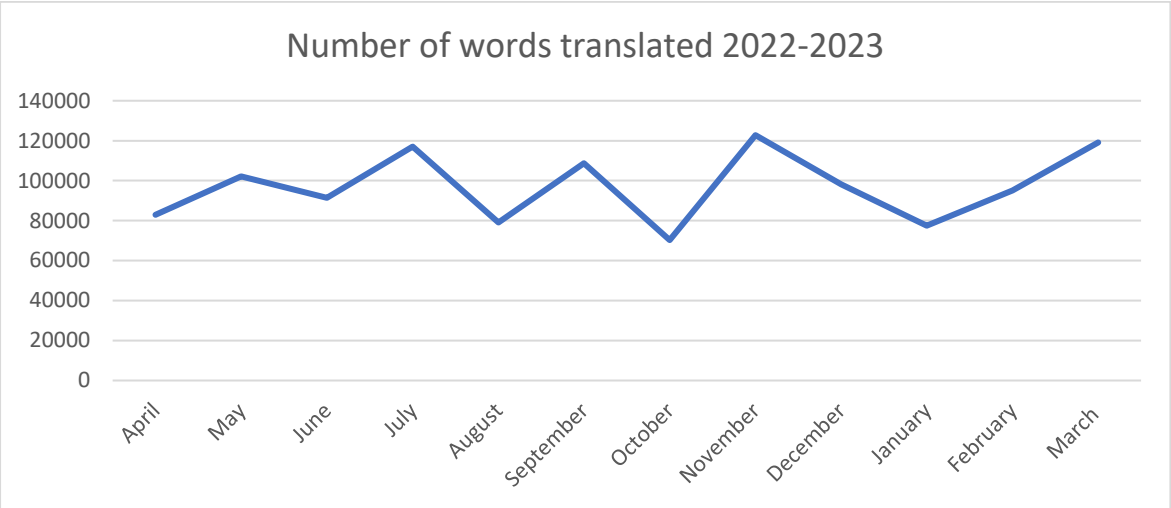
Sign Live allows BSL Users to communicate with anyone, at any time, using the app to connect them to a qualified BSL Interpreter. A number of devices in the Health Board have this app and it can also be used via a computer, making it easily accessible. The Health Board also uses Language Line, which has the option of BSL and American Sign Language (ASL). Available within seconds at the touch of a button, Language Line's award-winning video interpreting is available in over 40 of the most requested languages.

Welsh Language Standards

The Health Board made excellent progress on the Welsh Language agenda, continuing to work on its compliance with Welsh Language Standards and the ‘More than Just Words’ strategy.



The Welsh Language Translation Team supported the Health Board in its compliance with the Welsh Language Standards having translated over 1,100,000 words during 2022 – 2023. The Unit translates a range of materials, including public facing documents to improve accessibility for Welsh speakers, posters, signs and leaflets.



The Equality Strategy and Welsh Language Standards Group provide a governance structure for organisational compliance with the Welsh Language Standards.

For further information on Cardiff and Vale UHB and the Welsh Language, please see our [Welsh Language Standards Annual Report 2022-2023](#).

Outcome 3: More people receive care and access services that meet their individual requirements

Efforts to reduce health inequities

Public Health

The Health Board's Public Health Team is fully committed to reducing health inequities across Cardiff and the Vale of Glamorgan. The team have been involved at a strategic level and with practical delivery. A selection of the work is highlighted here including the development of an Equity, Equality, Experience and Patient Safety Framework for the organisation; the publication of a health needs assessment for inclusion health; the preparation of a grant bid to support Public Service Boards in addressing the wider determinants of health; the work on 'Amplifying Prevention' with our local partners and our community engagement work.

Equity Equality, Experience and Patient Safety Framework

In 2022/23 a working group from across the Health Board was established to explore the benefit of creating an Equity, Equality, Experience and Patient Safety Framework to deliver improvement action on this agenda across the organisation, on the premise that we have challenges in this regard that need to be acted upon. There are already distinct programmes of work in each arena. However, it is clear that, whilst we have some elements of overlapping work, there are interconnections and dependencies where, with better data collection and health intelligence analysis, and joined up conversations, we could:

1. Identify the largest areas of health gain in these overlapping arenas that could be focused upon to have the biggest impact on improved health, at the population level in the community, in our access to clinical services arena including planned care access, in our hospital services with regard to safety and harm, and with a linked lens and attention to the equality agenda and the protected characteristics.
2. Create a common framework with a core set of principles within which such prioritised action could be progressed.
3. Develop and track a measurable set of indicators to assess impact.

The group reviewed twenty-two existing models and found five that had resonance to Cardiff and Vale University Health Board, from these five the important elements were distilled and used to create a Framework for our organisation. This Framework was developed in partnership during 2022/23 and will be presented to the Board in September 2023.

In addition to developing the Framework, the group recognised a need to identify a suite of projects across the organisation that will deliver change on equality, equity, experience and patient safety. A number of projects have therefore been identified as being of strategic importance and are being considered for early prioritisation. This work will continue over the next few years.

Health Needs Assessment for Inclusion Health

A comprehensive Health Needs Assessment for Inclusion Health was completed. A Programme Board for Health Inclusion has been established, and a revised clinical model is being worked through.

Health Foundation Grant Application

The Public Health team worked with counterparts across the Public Health system in 2022/23 to develop a funding bid to support Public Service Boards in Wales to apply theory and evidence informed systems approaches to influencing wider determinants of health. The bid was submitted to the Health Foundation.

The bid proposed establishing a national system support to help Public Services Boards in Wales apply systems approaches to influencing wider determinants of health, to learn from their collective experiences and to share learning. The premise is that despite the theoretical basis for systems approaches, real-world learning from applying these approaches to the wider determinants of health is lacking. This funding will support Public Service Boards by developing Applied Systems Learning Cohorts, involving leaders and technical officers, who will apply a flexible systems framework across three themes relating to the wider determinants of health. Applied learning agreements with PSBs will support translation into practice.

This multi-year bid has been successful and action to implement this to best effect locally and nationally will now commence.

Amplifying Prevention

The Cardiff and Vale of Glamorgan's [Director of Public Health Report 2020](#), published in September 2021, found that the COVID-19 pandemic exposed and exacerbated the inequalities and inequities that are present in our communities. It advocated for a collective partnership approach, working truly alongside our local communities, to halt and reverse this trend, ensuring that we 'level up' in the process. Our experience of partnership working during the pandemic showed that there are already strong existing partnership arrangements in place in Cardiff and the Vale of Glamorgan on which to build. The recommendations of the report were accepted by regional partner organisations and a set of principles was agreed to guide future partnership working, including a commitment to taking an evidence and data driven approach to improving population health and tackling inequalities.

This partnership approach towards combatting inequities has been called 'Amplifying Prevention', and a partnership board was established to provide the strategic overview of this and other partnership activities focussed on prevention and tackling inequities. The vision agreed by partners was 'That by working collectively and effectively as a Partnership of Anchor Organisations, we will work together to reduce health inequities in Cardiff and the Vale of Glamorgan' The Amplifying Prevention approach aligns with the agreed principles for future partnership working, and sits within the overall partnership arrangements of the two Public Service Boards (PSBs), whilst also being complementary to the work of the Regional Partnership Board (RPB).

Three topic areas were chosen for initial focussed attention as part of Amplifying Prevention, namely childhood immunisations, bowel screening, and Move More, Eat Well. The stated aim of the approach was to improve preventative activities in Cardiff and the Vale of Glamorgan and reduce health inequities by taking focussed action to:

- Improve uptake and close the gap in childhood immunisation rates
- Improve uptake and close the gap in bowel screening rates in all eligible age groups
- Further enhance implementation of specified actions in the Move More Eat Well Action Plan

The evidence around all three topics shows that the experience is worse for those communities experiencing deprivation. In addition, uptake of childhood immunisation and bowels screening is known to be lower in some ethnic minority groups. This evidence has guided and influenced the Amplifying Prevention approach.

The following summarises some of the actions delivered in 2022/23:

Move More, Eat Well



School clusters in communities experiencing the greatest inequities were identified and engaged to identify actions that can help improve levels of physical activity and nutrition. Workplaces were contacted and offered training and support around eating well in work and increasing opportunities to be physically active during the working day. As a result, 15 champions were trained. A Healthier Advertising Event was held to include both Cardiff and Vale Councils and a mapping of Council owned advertising sites was undertaken in Autumn 2022. This has led to the development of a policy to stop advertising of High Fat, Salt and Sugar (HFSS) products at these sites, particularly where they will be seen by children, for example close to schools.

Childhood Immunisations

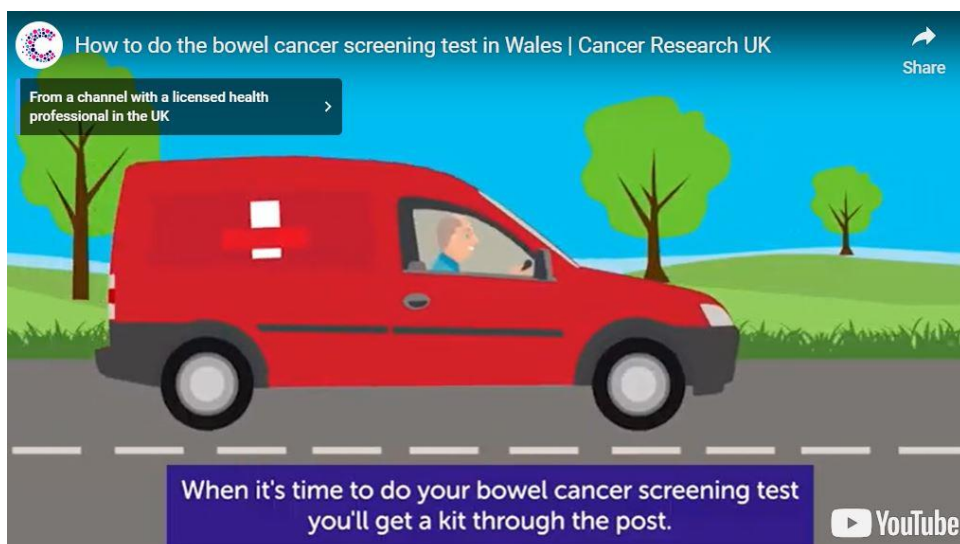


A wide range of actions have been delivered in several settings, with the aim of increasing uptake and closing the gap in childhood immunisation rates. This includes working with the two local authorities to identify areas to target and ways to best reach communities. During 2022/23 new communication materials have been developed in a range of languages and been shared across partnership communication platforms. School clusters in areas of lowest uptake have been identified and support offered, including teaching materials to utilise as part of Health & Wellbeing element of new curriculum and peer education work. Focus group work with parents will help inform future actions, which will be taken forward in collaboration with public health, school nursing, IC and Healthy Schools. Stakeholder experiences, insights and information about barriers has been gathered through commissioned research by Cardiff Metropolitan University. Specific work was also undertaken to contact families who had missed appointments to offer a new appointment.

Bowel Screening

Similar to the approach taken in relation to childhood immunisation, work this year has focussed both on ensuring communication resources developed by Public Health Wales Screening Division are shared as widely as possible by partners, and more focussed work with areas where uptake is lowest. This includes working with a range of partners in the primary care cluster areas with the lowest uptake (Cardiff City and South and Cardiff South East Clusters) to understand barriers and promote uptake. A [bowel screening animation](#) produced by Public Health Wales and already available in English and Welsh, was dubbed and subtitled into four languages (Arabic, Bengali, Somali, Urdu), and is being displayed on a selection of community Hub and GP screens.

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Communications and engagement

The fundamental importance of communication and engagement work to support Amplifying Prevention is understood by all partners. A partnership Communication Strategy has therefore been developed and a plan is in place, which is being driven by a Communication Cell with representatives from each of the three partners. A mapping of key groups has been completed to allow targeting of population groups. As part of this work, we have also recognized the importance of our staff in being able to discuss the three topics with the people they meet, and resources have been developed to support this, including offering Making Every Contact Count (MECC) training.



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Outcome 4: Gender and any other protected characteristic pay Gaps are eliminated

Gender Pay Gap

Cardiff and Vale University Health Board aims to ensure that people are treated fairly and equitably at work. Our focus ensures that staff have the same access and opportunities to reward, recognition, and career development.

Gender Pay Gap legislation (developed by the Government Equalities Office), whilst a statutory responsibility for all employers of 250 or more, provides a useful mechanism with which we can measure our progress toward gender pay equality. Cardiff & Vale's Gender Pay Gap Report 2023 can be found on our website. The report outlines the current Gender Pay Gap within the Health Board, the steps that have been taken to reduce it, and the actions that will be taken to eliminate it.

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Conclusion and Vision 2023 – 2024

The Health Board has made good progress in taking forward its Strategic Equality Plan 2020 – 2024 objectives during the 2022/23 period. The development of the Inclusion Ambassador programme has supported the Health Board in better understanding the lived experiences of its diverse workforce. The work undertaken by the People Resourcing Team to engage with our diverse communities has provided the opportunity to promote the Health Board as a great place to work, which will support us in diversifying our workforce. The increase in words translated by the Welsh Language Translation Team demonstrates the progress in embedding a bilingual culture into the organisation, with more departments accessing the service to ensure documents and communications are also available in Welsh.

During 2022/23 the Health Board worked with our community partners to shape our services and we will continue to do so going forward, understanding the importance of having diverse voices in developing strategies and processes that are inclusive. Work such as the development of an Equity, Equality, Experience and Patient Safety Framework and the engagement for the Shaping Our Future Wellbeing strategy will be important steps in reducing health inequalities and inequities in our communities. Cardiff and Vale University Health Board intends to use the 2023-2024 period to meet its Strategic Equality Plan objectives by:

- Finalising the Equity, Equality, Experience and Patient Safety Framework
- Progressing the Anti-racist Wales Action Plan.
- Progressing Welsh Government's LGBTQ+ Action Plan.
- Progressing the *More than just words* national strategy.
- Improving its data collection processes, for patients and staff.
- Continuing to engage with community partners, including development of the Shaping Our Future Wellbeing strategy.
- Working to reduce the Gender Pay Gap.



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Cardiff and Vale
University Health Board

Cardiff and Vale University Health Board

Gender Pay Gap Report 2023

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Introduction

Cardiff and Vale University Health Board aims to ensure that people are treated fairly and equitably at work. Our focus ensures that staff have the same access and opportunities to reward, recognition, and career development.

Gender Pay Gap legislation (developed by the Government Equalities Office), whilst a statutory responsibility for all employers of 250 or more, provides a useful mechanism with which we can measure our progress toward gender pay equality.

At 31st March 2023 we employed 17,221 staff as defined by the gender pay reporting guidelines, of which 76.22% were female and 23.78% male. Table 1 shows our data on this. These staff are engaged in a wide variety of activities, and cover a number of different grades and pay scales. There are 5 more male employees in Band 1 roles compared to females and more male employees in Medical & Dental and 'Other' roles. However, female employees make up the majority of the staff on Bands 2 to 9, which accounts for over 92% of the total workforce.

Table 1

Pay Band	Female	%	Male	%	Total	%
Band 1	26	0.15%	31	0.18%	57	0.33%
Band 2	2368	13.75%	1011	5.87%	3379	19.62%
Band 3	1365	7.93%	476	2.76%	1841	10.69%
Band 4	1086	6.31%	233	1.35%	1319	7.66%
Band 5	2746	15.95%	506	2.94%	3252	18.88%
Band 6	2714	15.76%	516	3.00%	3230	18.76%
Band 7	1491	8.66%	358	2.08%	1849	10.74%
Band 8a	454	2.64%	136	0.79%	590	3.43%
Band 8b	180	1.05%	66	0.38%	246	1.43%
Band 8c	82	0.48%	49	0.28%	131	0.76%
Band 8d	28	0.16%	24	0.14%	52	0.30%
Band 9	18	0.10%	12	0.07%	30	0.17%
Medical & Dental	538	3.12%	643	3.73%	1181	6.86%
Other	30	0.17%	34	0.20%	64	0.37%
Grand Total	13126	76.22%	4095	23.78%	17221	100.00%

We are publishing our numbers in line with the gender pay gap reporting guidelines. Although this is not a legal requirement in Wales, this is an important aspect of our commitment to transparency about pay. We are serious about, and committed to, identifying the causes of the pay gap and work to find solutions to address this.

What is the gender pay gap?

The Gender Pay Gap shows the difference in the average pay between men and women in the workforce.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6th April 2017, which requires employers with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees.

What is our pay gap?

The Gender Pay Gap in hourly pay in Cardiff and Vale University Health Board can be found in Table 2.

Table 2

Gender	Avg. Pay	Median Pay
Male	22.6141	16.8426
Female	18.7412	16.8442
Difference	3.8729	-0.0016
Pay Gap %	17.1261	-0.0098

Yearly Comparison of our Mean Pay Gap

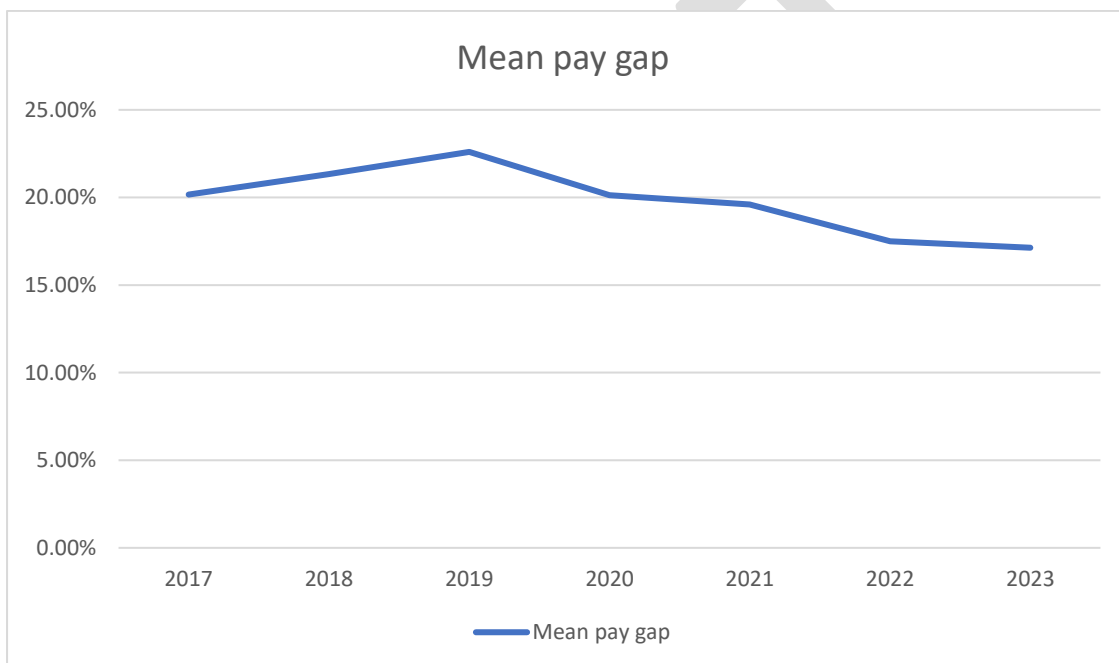
We first started reporting our Gender Pay Gap in 2017. Table 3 shows our data on this. Initially there was an increase in the Gender Pay Gap up to and including 2019; however, since 2020 the gap has steadily decreased and this year we are reporting the lowest figure to date, with our mean pay gap being 17.13%. In 2023 we have seen a further marginal decrease of 0.36%. The trajectory is visually demonstrated in Graph 1 below. We will continue to monitor and work on reducing our pay gap further over the coming year.

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Table 3

Year	Mean Pay Gap
2017	20.16%
2018	21.34%
2019	22.60%
2020	20.12%
2021	19.59%
2022	17.49%
2023	17.13%

Graph 1



What is the difference between the mean pay gap and the median pay gap?

The mean pay gap is the difference between the average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women.

Understanding the pay gap

In Cardiff and Vale University Health Board, one of the primary reasons the Gender Pay Gap exists is as a result of the makeup of our workforce. Although there are more women than men in senior roles, the proportion of women relative to men in these roles is less than is

seen in the lower graded roles throughout the Health Board. Essentially, although there are significantly more women within our workforce, the proportionality of women relative to men is lower in senior roles in comparison to the lower graded roles.

The proportion of men and women in each quartile of our pay structure is shown in Table 4 below.

Table 4

Number of employees | Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	3019.00	1093.00	73.42	26.58
2	3199.00	924.00	77.59	22.41
3	3429.00	694.00	83.17	16.83
4	2898.00	1226.00	70.27	29.73

The reasons behind the Gender Pay Gap are complex and overlapping. The Health Board will continue to review the available data to better understand the reasons behind the gap and to continue on our trajectory towards eliminating the Gender Pay Gap within the organisation.

Understanding the bonus pay gap

Bonus pay is defined as remuneration relating to profit sharing, productivity, performance, incentive or commission for the period 1st April 2022 to 31st March 2023.

All analysis taken with regards to bonus payments only includes Consultants in receipt of Clinical Excellence Awards of Commitment Awards. The figures given in Table 5 show recipients of these awards as a percentage of the whole Health Board workforce. The gender split is 37.5% female and 62.5% male. This is a marginal improvement on last year's split of 36% female and 64% male. Further work is needed to understand the implications of this and to continue these improvements.

Table 5

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	142.00	14353.00	0.99
Male	236.00	4476.00	5.27

Working to close the gender pay gap in CAVUHB

Cardiff and Vale University Health Board is committed to addressing workplace barriers to equality, supporting diversity and creating an open and inclusive community. This is underpinned by our values of being kind, caring and respectful whilst demonstrating trust, integrity and personal responsibility.

Some of the work undertaken includes:

- Continued discussions about agile working within the organisation.
- Monitored job adverts for inclusive language through sampling.
- Promoted our work in schools, avoiding the use of stereotypes.
- Reducing the Gender Pay Gap is a Strategic Equality Plan Objective.

The impact of these actions will not be seen immediately and a positive impact is likely to show in future Gender Pay Gap figures.

As our journey continues, we have identified the following actions:

- Promote and encourage agile/flexible working.
- Monitor the number of male and female applicants for jobs, including part time workers.
- Ensure we have an Inclusion Ambassador for gender at Board level and in each of our Clinical and Service Boards.
- Continue to raise awareness through speakers, factsheets and staff training.
- Improve the reporting of our work around reducing the Gender Pay Gap through the People & Culture Committee.

Declaration

This data has been calculated according to the requirements of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

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Employment Data 2022-23

Our Responsibility

It is our responsibility under the Equality Act 2010 to ensure that we provide information about how we use the data we collect and how it relates to protected characteristics. We collect demographic information about our staff to ensure that everyone is treated fairly and that they can access any support or resources they may need.

Each year, we publish our information regarding groups of staff who fall under each of the protected characteristic groups under the Equality Act. These protected characteristics are:

- Age
- Disability
- Ethnicity
- Gender
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion
- Sexual Orientation

Publication Contents

We have published our data in line with the format and content requirements outlined by Welsh Government. Our data provides information about the staff in our employment on 31/3/2023. This information is provided by staff when they update their details on our Electronic Staff Record (ESR). As such, this data relies on the information that staff choose to provide. Cardiff and Vale University Health Board continues to improve the quality of this data through our Equality Data and Welsh Language campaign.

Our Findings

Staff Profile

We have 17,221 members of staff in post as of 31st March 2023. Our three largest staff groups are 'Nursing and Midwifery Registered', 'Additional Clinical Services' and 'Administrative and Clerical'. Our smallest is 'Students'.

Age

Table 1 provides details about the age of our workforce. Our largest age group is 31-35, followed by 36-40. Our smallest age group is 71+.

Table 1

Age Band	Headcount	Percentage %
<=20 Years	114	0.66
21-25	1254	7.28
26-30	2022	11.74
31-35	2311	13.42
36-40	2183	12.68
41-45	2028	11.78
46-50	1971	11.45
51-55	2107	12.24
56-60	1855	10.77
61-65	1048	6.09
66-70	241	1.40
>=71 Years	87	0.51
Grand Total	17221	100.00

Disability

Staff have the choice to declare any disabilities or long-term health conditions that would qualify under the Equality Act 2010. Table 2 shows our data on this. A total of 2% of staff have chosen not to disclose this information, and 23.5% of staff have not completed this section of ESR. A total of 5.9% of staff have chosen to disclose their disability.

Table 2

Disability	Headcount	Percentage %
No	11752	68.2
Unspecified	4043	23.5
Yes	1018	5.9
Not Declared	340	2.0
Prefer Not To Answer	68	0.4
Grand Total	17221	100.00

Ethnicity

Ethnicity is also a category that relies on staff self-declaration for us to measure. Table 3 shows our data on this. A total of 91% of staff have chosen to provide us with this information.

Table 3

Ethnic Group	Headcount
A White - British	9782
B White - Irish	144
C White - Any other White background	465
C2 White Northern Irish	3
C3 White Unspecified	1679
CA White English	55
CB White Scottish	11
CC White Welsh	788
CD White Cornish	4
CF White Greek	3
CH White Turkish	1
CK White Italian	3
CP White Polish	8
CV White Serbian	1
CX White Mixed	8
CY White Other European	32
D Mixed - White & Black Caribbean	79
E Mixed - White & Black African	45
F Mixed - White & Asian	81
G Mixed - Any other mixed background	73
GA Mixed - Black & Asian	2
GC Mixed - Black & White	1
GD Mixed - Chinese & White	2
GE Mixed - Asian & Chinese	2
GF Mixed - Other/Unspecified	6
H Asian or Asian British - Indian	755
J Asian or Asian British - Pakistani	107
K Asian or Asian British - Bangladeshi	55
L Asian or Asian British - Any other Asian background	257
LA Asian Mixed	4
LB Asian Punjabi	1
LD Asian East African	2
LE Asian Sri Lankan	7
LF Asian Tamil	1
LG Asian Sinhalese	1

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LH Asian British	11
LK Asian Unspecified	11
M Black or Black British - Caribbean	57
N Black or Black British - African	221
P Black or Black British - Any other Black background	24
PA Black Somali	3
PB Black Mixed	1
PC Black Nigerian	7
PD Black British	11
PE Black Unspecified	1
R Chinese	62
S Any Other Ethnic Group	162
SA Vietnamese	1
SB Japanese	1
SC Filipino	87
SD Malaysian	4
SE Other Specified	10
Unspecified	1551
Z Not Stated	528
Grand Total	17221

Gender

Table 4 shows our gender breakdown by staff group. We have 76.2% of female members of staff and 23.8% of male staff. For this section, we only collect male and female data points on ESR.

Table 4

Gender	Headcount	Percentage %
Female	13126	76.2
Male	4095	23.8
Grand Total	17221	100.00

Gender Reassignment

We do not ask staff whether they are considering, undergoing or have undergone gender reassignment so there is no estimate of this staff group.

Marriage & Civil Partnership

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Table 5 demonstrates that the “Single” and “Married” categories make up the majority of the marital and civil partnership status of our staff at 80.4%. A total of 34.1% of our staff reported themselves as “Single”, and 46.3% of our staff indicated that they were married. 1.5% of staff indicated that they were in a Civil Partnership.

Table 5

Marital Status	Headcount	Percentage %
Married	7971	46.3
Single	5877	34.1
Unspecified	2007	11.7
Divorced	879	5.1
Civil Partnership	259	1.5
Widowed	123	0.7
Legally Separated	105	0.6
Grand Total	17221	100.00

Pregnancy & Maternity

As of 31st March 2023, there were 2.1% of on maternity or adoption leave. Table 6 shows our data on this.

Table 6

Assignment Status	Headcount	Percentage%
Maternity & Adoption	363	2.1%
Grand Total	17221	100.00

Religion

Like many protected characteristics, religion is a category which is affected significantly by staff self-declarations on ESR. . Table 7 shows our data on this. A total of 77.65% of staff have provided this information, with the majority of staff identifying as Christian.

Table 7

Religious Belief	Headcount	Percentage %
Christianity	6283	36.5
Unspecified	3851	22.4
Atheism	3075	17.9
I do not wish to disclose my religion/belief	1766	10.3
Other	1581	9.2
Islam	353	2
Hinduism	195	1.1
Buddhism	89	0.5

Sikhism	16	0.09
Judaism	8	0.04
Jainism	4	0.02
Grand Total	17221	100.00

Sexual Orientation

Sexual Orientation is another protected characteristic that relies on self declaration. Table 8 shows our data on this. A total of 77.6% of staff have chosen to provide their sexual orientation on ESR.

Table 8

Sexual Orientation	Headcount	Percentage %
Heterosexual or Straight	11994	69.6
Unspecified	3864	22.4
Not stated (person asked but declined to provide a response)	640	3.7
Gay or Lesbian	407	2.4
Bisexual	251	1.5
Undecided	38	0.2
Other sexual orientation not listed	27	0.2
Grand Total	17221	100.00

Equality & Health Impact Assessment for

Strategic Equality Objectives 2024-2028 Shaping our Inclusive Culture

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1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Strategic Equality Objectives 2024-2028
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Equity & Inclusion Mitchell Jones – Mitchell.Jones@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	<ul style="list-style-type: none"> As a public body, Cardiff & Vale UHB is bound under the Equality Act (2010) to develop Strategic Equality Objectives every 4 years. The objective of the plan is to ensure that CAVUHB delivers exceptional, accessible and inclusive care to its patients, whilst providing an inclusive environment for all staff.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> population data staff and service user's data, as applicable needs assessment engagement and involvement findings research good practice guidelines participant knowledge list of stakeholders and how stakeholders have engaged in the development stages comments from those involved in the design and development stages <p>Public Health Wales Observatory</p> <p>Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership (cvihsc.co.uk)</p>	<p>The combined population of Cardiff and The Vale of Glamorgan stands at 494,249, with Cardiff hosting 362,310 individuals and The Vale of Glamorgan comprising 131,939 residents (Census, 2021). Given the separation of census data, the assessment will consider Cardiff and the Vale of Glamorgan as two separate areas.</p> <p>Sex</p> <ul style="list-style-type: none"> Cardiff <ul style="list-style-type: none"> 51.2% Female 48.8% Male Vale of Glamorgan <ul style="list-style-type: none"> 51.8% Female 48.2% Male <p>Gender Identity</p> <ul style="list-style-type: none"> Cardiff <ul style="list-style-type: none"> 92.9% Gender identity the same as sex registered at birth 0.2% Gender identity different from sex registered at birth but no specific identity given

[CAVUHB - Home \(sharepoint.com\)](#)

- 0.1% Trans Woman
- 0.1% Trans Man
- 0.1% Non-binary
- 0.1% Other
- 6.4% Not answered

- **Vale of Glamorgan**

- 94.5% Gender identity the same as sex registered at birth
- 0.1% Gender identity different from sex registered at birth but no specific identity given
- 0.1% Trans woman
- 0.1% Trans Man
- 0.1% Non-binary
- 0.0% Other
- 5.2% Not answered

Sexual Orientation:

- **Cardiff**

- 87.0% Heterosexual / Straight
- 2.4% Gay or Lesbian
- 2.4% Bisexual
- 0.2% Pansexual
- 0.1% Asexual
- 0.1% Queer
- 0.2% Other
- 7.7% Not answered

- **Vale of Glamorgan**

- 90.3% Heterosexual / Straight
- 1.7% Gay or Lesbian
- 1.1% Bisexual
- 0.1% Pansexual
- 0.1% Asexual
- 0.0% Queer
- 0.1% Other
- 6.6% Not answered

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<p>Chilcott, Rachel 04/03/2024 16:02:02</p>		<p>Age</p> <ul style="list-style-type: none"> • Cardiff <ul style="list-style-type: none"> - 24.4% 4 -19 years - 10.5% 20-24 years - 15.5% 25-34 years - 18.6% 35-49 years - 16.5% 50-64 years - 8.0% 65-74 years - 4.6% 75-84 years - 2.0% 85+ years • Vale of Glamorgan <ul style="list-style-type: none"> - 22.7% 4-19 years - 4.6% 20-24 years - 11.4% 25-34 years - 18.6% 35-49 years - 20.7% 50-64 years - 11.8% 65-74 years - 7.3% 75-84 years - 2.8% 85+ years <p>Race / Ethnicity</p> <ul style="list-style-type: none"> • Cardiff <ul style="list-style-type: none"> - 9.7% Asian, Asian British or Asian Welsh - 3.8% Black, Black British, Black Welsh, Caribbean or African - 4.0% Mixed or Multiple ethnic groups - 79.2% White - 3.3% Other • Vale of Glamorgan <ul style="list-style-type: none"> - 2.1% Asian, Asian British or Asian Welsh - 0.5% Black, Black British, Black Welsh, Caribbean or African - 2.3% Mixed or Multiple ethnic groups - 94.6% White - 0.5% Other <p>Religion:</p>
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<div>Chilcott, Rachel 04/03/2024 16:02:02</div>		<ul style="list-style-type: none">• Cardiff<ul style="list-style-type: none">- 42.9% No religion- 38.3% Christian- 0.4% Buddhist- 1.5% Hindu- 0.2% Jewish- 9.3 % Muslim- 0.4% Sikh- 0.6% Other- 6.3% Not answered• Vale of Glamorgan<ul style="list-style-type: none">- 47.9% No religion- 44.1% Christian- 0.3% Buddhist- 0.3% Hindu- 0.1% Jewish- 0.9% Muslim- 0.1% Sikh- 0.5% Other- 5.7% Not answered <p>Disability</p> <ul style="list-style-type: none">• Cardiff<ul style="list-style-type: none">- 8.2% Disabled under 2010 Equality Act, day-to-day activities limited a lot- 10.4% Disabled under 2010 Equality Act, day-to-day activities limited a little- 7.0% Not disabled under 2010 Equality Act, but has long term physical/mental health condition- 74.4% Not disabled under 2010 Equality Act, no long term physical/mental health condition• Vale of Glamorgan<ul style="list-style-type: none">- 8.9% Disabled under 2010 Equality Act, day-to-day activities limited a lot- 11.0% Disabled under 2010 Equality Act, day-to-day activities limited a little
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- 7.5% Not disabled under 2010 Equality Act, but has long term physical/mental health condition
- 72.6% Not disabled under 2010 Equality Act, no long term physical/mental health condition

Legal Partnership Status

- **Cardiff**

- 48.6% Never married / never registered in a civil partnership
- 36.8% Married / in a civil partnership
- 1.8% Separated, but still legally married / in a civil partnership
- 7.85% Divorced / civil partnership dissolved
- 5.0% Widowed or surviving civil partnership partner

- **Vale of Glamorgan**

- 33.5% Never married / never registered in a civil partnership
- 47.4% Married / in a civil partnership
- 2.0% Separated, but still legally married / in a civil partnership
- 10.1% Divorced / civil partnership dissolved
- 7.0% Widowed or surviving civil partnership partner

The impact of the Strategic Equality Objectives extends to all staff, service users, and stakeholders. Initially, when designing our engagement, we reviewed the engagement questions that other organisations had posed, including other NHS organisations. This step aimed to guarantee the delivery of an equitable and thorough engagement process for all our stakeholders. We engaged in discussions with our strategy department to verify our adherence to engagement guidelines and to ensure alignment with the engagement conducted for Shaping Our Future Wellbeing. Face-to-face engagement sessions were organised for staff across multiple hospital sites, including UHW, Llandough, St David's, and CRI as part of our engagement. During our Face-to-Face sessions, we delivered a comprehensive presentation outlining the background of our previous Strategic Equality Objectives & Plan, detailing the efforts undertaken by the Health Board thus far to achieve these objectives, and an explanation as to why our approach differed slightly this time around. For service users, various drop-in sessions were arranged at locations including UHW, CRI, Barry Hospital, and Maelfa Health & Wellbeing Hub, offering in-person discussions about our objectives. In addition, we

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<p>Chilcott, Rachel 04/03/2024 16:02:02</p>		<p>facilitated online sessions for staff, stakeholders, and staff networks, utilising a presentation format on Mentimeter to encourage widespread contribution and feedback. Additionally, we distributed a stakeholder letter on behalf of Chief Executive, Suzanne Rankin and the Chair of Cardiff & Vale UHB, Charles Janczewski, and set up an online Microsoft form to provide people with a platform to submit their views. As part of the Microsoft form, we provided context regarding the aim of the engagement, emphasising our commitment to fulfilling the public sector duty by developing new strategic equality objectives every four years. The form was readily available in Welsh and hard copies were taken to engagement sessions. Other formats were available on request. Additionally, we incorporated a privacy notice in the form to transparently communicate to participants how their data would be utilised in compliance with privacy regulations. To promote our engagement, we circulated information through various communication channels, including Ask Suzanne, Sharepoint, Social Media platforms, as well as through posters strategically placed across different CAVUHB sites. We also maintained an onsite presence throughout the engagement period to enhance visibility and accessibility.</p> <p>Throughout the engagement process, we systematically examined comments using Microsoft Excel, categorising them into distinct themes. We maintained a tally of similar comments and viewpoints to understand common themes and help us shape our objectives. This process played a pivotal role in formulating our objectives and underpinning key workstreams. Additionally, we scrutinised the feedback received from the Shaping Our Future Wellbeing engagement to ensure alignment with the ongoing organisational initiatives. Two prominent themes that resonated in both our engagement and Shaping Our Future Wellbeing were 'Putting People First' and 'Providing Outstanding Quality,' influencing our new objectives.</p> <p>As part of the Microsoft Form offered, participants were given the option to respond to Equality & Diversity questions, which were voluntary. This decision was made to ensure that we gather input from everyone, encompassing individuals with diverse protected characteristics. Out of the total 301 responses received, 209 participants opted to engage with the Equality & Diversity Monitoring Questions. Among those who participated in the questionnaire 9.3% were affiliated with a Staff Diversity Network.</p>
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		Census - Office for National Statistics (ons.gov.uk)
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The plan will affect all staff, service users and stakeholders.

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people based on their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 <div>Chilcott, Rachel 04/03/2024 16:02:02</div>	<p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people of all ages.</p> <p>Objective 1: Fostering an inclusive culture through education and awareness campaigns promotes respect for individuals of all ages, ensuring that every individual is valued and dignified in the workplace and</p>	<p>To share our engagement on different social media platforms, such as Instagram, to target a wider audience.</p>	<p>We noticed that the majority of respondents fell into the 51-60yr age category and felt we needed to act to engage a broader age range. We discussed the matter with the Communication and Engagement Team who suggested using different social media platforms and subsequently advertised our engagement via the Health Board's Instagram account.</p>

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>healthcare settings, no matter what age they are.</p> <p>Objective 2 Prioritising feedback mechanisms ensures that the voices of individuals of all ages are considered. This approach helps identify specific needs and concerns related to age, ensuring that communication channels are tailored to effectively reach and engage individuals at different life stages.</p> <p>Objective 3: Improving accessibility to health services benefits individuals of all ages, including older individuals who may have specific mobility or sensory needs. This includes making both physical and virtual healthcare services easily accessible.</p> <p>Objective 4: Effective workforce planning considers age diversity, ensuring that the organisations staff profile</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	is representative of the diverse demographic profile of the community. This can lead to better understanding the healthcare needs of individuals at different life stages.		
<p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Some people with sensory loss may not have been able to access form or take part in our Mentimeter presentation</p> <p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people with a disability as defined in the Equality Act 2010.</p> <p>Objective 1</p> <p>Education and awareness campaigns can contribute to a more inclusive environment for individuals with disabilities, fostering respect and dignity. This includes promoting understanding and respect for diverse abilities and ensuring that individuals with</p>	<p>Ensure form is available in different formats.</p> <p>Target AccessAbility network.</p> <p>Ensure someone was available in our online sessions to take notes for anyone who could not contribute.</p>	<p>People had the option to request the form in a different format.</p> <p>Engagement was promoted through our Accessability Staff Network.</p> <p>Someone was available to take notes during online sessions.</p>

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>disabilities are treated with dignity in both the workplace and healthcare settings.</p> <p>Objective 2 Prioritising feedback mechanisms ensures that individuals with disabilities have accessible communication channels to voice their concerns. This approach helps in identifying specific needs and concerns related to disability, allowing the organisation to tailor communication channels to effectively engage individuals with diverse abilities.</p> <p>Collaboration and co-production in engagement strategies ensure that the needs and perspectives of individuals with disabilities are considered. This inclusive approach strengthens community ownership and engagement, fostering an environment that is responsive to the needs of all, including those with disabilities.</p> <p>Objective 3</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Improving accessibility to health services and facilities benefits individuals with disabilities. This encompasses physical accessibility, communication methods that meet diverse needs, and the utilisation of technology to enhance access, such as virtual consultations and online resources.</p> <p>Objective 4 Enhancing data collection practices is pivotal for addressing health inequities related to disability. Accurate data on disability status allows the health board to better understand the unique health challenges and experiences of individuals with disabilities, enabling tailored strategies to address their specific needs.</p> <p>Thoughtful workforce planning takes into account a range of abilities, striving to create a staff profile that reflects individuals with disabilities. Such an approach</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	cultivates an environment where employees are more attuned to the diverse needs of patients and service users with various abilities, promoting better support and understanding.		
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p> <p>Stonewall</p> <p>Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)</p>	<p>Positive impact: The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people of different genders.</p> <p>Objective 1: The goal is to foster an inclusive culture by conducting education and awareness campaigns, creating an environment where individuals of all genders feel esteemed and respected. This involves advocating for an understanding and respect for diverse gender identities and expressions, ensuring that everyone is treated with dignity, irrespective of their gender.</p>	<p>Promote engagement in a greater range of locations, including through posters, to encourage greater participation from diverse communities.</p>	<p>As part of the engagement, we noticed diversity was lacking in relation to respondents of different genders and gender identities.</p> <p>Posters were taken to the Queer Emporium to engage with people of different genders and gender identities.</p> <p>Engagement was also promoted through our LGBTQ+ Staff Network.</p>

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Objective 2: By incorporating collaboration and co-production in engagement strategies, the goal is to ensure that the needs and perspectives of individuals of different genders are considered. This inclusive approach strengthens community ownership and engagement, creating an environment that is responsive to the needs of all genders.</p> <p>Objective 3: The objective is to improve the accessibility of health services and facilities, benefiting individuals of all genders. This includes addressing physical accessibility, employing communication methods that meet diverse needs, and utilising technology to enhance access. The aim is to ensure that healthcare services are accessible to everyone, irrespective of gender.</p> <p>Objective 4:</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:12:10</p>	<p>Enhancing data collection practices is crucial for addressing gender-related health inequities. Accurate gender-related data allows the health board to better understand the unique health challenges and experiences of individuals of different genders, facilitating the development of tailored strategies to address their specific needs.</p> <p>Inclusive workforce planning entails considering gender diversity, ensuring the organisational staff profile is reflective of individuals from various genders. This strategy cultivates an environment where the workforce is more adept at comprehending and addressing the healthcare needs of patients and service users, irrespective of their gender.</p>		
<p>6.4 People who are married or who have a civil partner.</p>	<p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	have a positive impact on people who are married or have a civil partner.		
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether they are on maternity leave.</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on women who are expecting a baby, who are on a break, from work after having a baby, or who are breastfeeding.</p> <p>Objective 1: Awareness campaigns and education initiatives can address the specific needs and challenges faced by pregnant women and those on maternity leave, ensuring they feel valued and dignified.</p> <p>Objective 2: Communication channels and strategies should be designed to be accessible to women in various stages of pregnancy or those on maternity leave.</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Feedback mechanisms should consider the unique experiences and concerns of these women, allowing them to actively participate in the dialogue and shaping the communication methods.</p> <p>Objective 3: The objective to improve accessibility of health services should extend to accommodate the needs of pregnant and breastfeeding women. This includes ensuring physical accessibility of facilities, adopting technology for virtual consultations to minimise travel, and providing resources that support their specific healthcare requirements.</p> <p>Objective 4: Workforce planning and equality monitoring are essential for women who are on a break from work due to pregnancy or maternity leave. Ensuring a supportive return-to-work</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	environment and addressing any potential gaps in representation or treatment is crucial in achieving equity for women in these circumstances.		
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p> <p>The Runnymede Trust</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people of a different race, nationality, colour, culture or ethnic origin including non-English speakers, the travelling communities, migrant workers</p> <p>Objective 1: These initiatives can specifically address the unique cultural backgrounds and ethnicities of individuals, ensuring that campaigns are culturally sensitive and that education modules include content that respects and values diversity.</p> <p>Objective 2:</p>	<p>Discuss how we can better engage with ethnically diverse communities with Communication & Engagement Team.</p>	<p>As part of the engagement, we noticed that respondents are predominantly white and not representative of the population we serve.</p> <p>Posters were displayed in areas with populations of greater ethnic diversity (as per census data), including Butetown Pavilion & Grangetown Pavilion.</p> <p>Engagement was promoted through our One Voice Staff Network.</p>

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Communication channels and strategies should prioritise language accessibility, recognising non-English speakers. This involves providing information in multiple languages and utilising interpreters to facilitate meaningful engagement. Feedback mechanisms should be inclusive, considering the diverse linguistic needs of the community, including those of migrant workers and the travelling communities.</p> <p>Objective 3: Improving the accessibility of health services includes ensuring cultural inclusivity. This involves recognising and accommodating the diverse cultural practices and preferences of individuals from different races, nationalities, and ethnic origins. Physical accessibility should also consider the unique needs of the travelling communities.</p> <p>Objective 4:</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>Data collection practices, as part of the data objective, should include equality monitoring information related to ethnicity. This ensures that the health board has a comprehensive understanding of health inequities among diverse demographic groups and can tailor strategies to address disparities.</p>		
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people with a religion or belief or with no religion or belief.</p> <p>Objective 1: The respect objective, which focuses on fostering an inclusive culture, can include awareness campaigns that recognise and respect diverse religious beliefs. These campaigns should promote an environment where individuals with different religious or non-</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<div>Chilcott, Rachel 04/03/2024 16:02:02</div>	<p>religious backgrounds feel valued and included.</p> <p>Objective 2: Communication channels and engagement strategies should facilitate respectful dialogue that considers the diverse religious beliefs and non-religious perspectives within the community. Feedback mechanisms should be designed to be inclusive, ensuring that individuals with various beliefs, or those with no religious affiliation, feel heard and understood.</p> <p>Objective 3: Improving the accessibility of health services should include considerations for individuals with specific religious practices or those with no religious beliefs. Accommodations may include providing spaces for prayer or reflection and ensuring that healthcare services are inclusive and respectful of diverse belief systems.</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>Objective 4: Data collection practices, as part of the data objective, should include information related to religious beliefs or the absence thereof. This ensures that the health board has insights into potential health inequities or variations in staff experiences related to religious beliefs or non-religious perspectives.</p>		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) <p>Stonewal</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people who are attracted to other people of the opposite sex, the same sex or both sexes.</p> <p>Objective 1: The respect objective, focusing on fostering an inclusive culture, can include awareness campaigns that promote respect and dignity for individuals of all sexual orientations. These campaigns</p>	<p>Promote engagement in a greater range of locations, including through posters, to encourage greater participation from diverse communities.</p>	<p>As part of the engagement, we noticed diversity was lacking in relation to respondents with different of sexual orientations.</p> <p>Posters were taken to the Queer Emporium to engage with people with different of sexual orientations.</p> <p>Engagement was promoted through our LGBTQ+ Staff Network.</p>

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>should celebrate diversity and create an environment where everyone, regardless of sexual orientation, feels valued and acknowledged.</p> <p>Objective 2: Communication channels and engagement strategies should facilitate open and inclusive dialogue that acknowledges and respects diverse sexual orientations. Feedback mechanisms should be designed to be sensitive to the experiences and concerns of individuals with different sexual orientations, creating an environment where everyone's voice is heard and respected.</p> <p>Objective 3: Improving the accessibility of health services should consider the specific needs of individuals with different sexual orientations. This includes providing healthcare services that are inclusive, non-discriminatory, and respectful of</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>diverse relationship structures, including those of heterosexual, lesbian, gay, and bisexual individuals.</p> <p>Objective 4: Data collection practices, as part of the data objective, should include information related to sexual orientation. Equality monitoring ensures that the health board has insights into potential disparities or variations in health outcomes and staff experiences related to different sexual orientations.</p>		
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Objective 1 Awareness campaigns and education modules can highlight the importance of linguistic diversity and promote an inclusive environment where individuals who communicate in Welsh feel valued and dignified.</p> <p>Objective 2 Communication channels and engagement strategies should</p>	<p>Ensure due consideration is given to the Welsh language throughout the engagement process to ensure it is treated no less favourably than English.</p>	<p>Our Microsoft Form was offered in Welsh & English, we held sessions in Welsh to give people the opportunity to engage in their chosen language.</p> <p>Welsh speakers were available at all our engagement sessions.</p> <p>Engagement was promoted through our Rhwydiaith Staff Network.</p>

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>actively include Welsh language correspondence. This involves providing information, updates, and correspondence in Welsh to ensure that individuals who prefer or exclusively communicate in Welsh are included in meaningful communication. Feedback mechanisms should also be available in Welsh to encourage participation.</p> <p>Objective 3: Improving the accessibility of health services should extend to accommodating the Welsh language. Service plans and design should consider the linguistic needs of Welsh speakers, ensuring that information is available in both Welsh and English. Physical accessibility should also include spaces that cater to individuals who communicate primarily in Welsh.</p> <p>Objective 4</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>Data collection practices, as part of the data objective, should include information related to Welsh language skills. Equality monitoring ensures that the health board is aware of the linguistic preferences and needs of the community, allowing for targeted strategies that enhance the provision of services in both Welsh and English.</p>		
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p> <p>Chilcott Rachel 04/03/2024 16:02:02</p>	<p>The SEO will support our Public Sector Equality Duty and will have considered people of all backgrounds. Therefore, it will have a positive impact on people according to their income related group.</p> <p>Objective 1 The respect objective, focusing on fostering an inclusive culture, should ensure that awareness campaigns and education modules address the unique challenges faced by individuals in different income-related groups. This includes acknowledging the</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>dignity of individuals on low income, those economically inactive, unemployed, and those unable to work due to ill-health.</p> <p>Objective 2: Communication channels and engagement strategies should be designed to be accessible to individuals in various income-related groups. This involves creating communication materials that consider the financial and health circumstances of the target audience, ensuring that information is presented in a way that is understandable and relevant to all.</p> <p>Objective 3 Improving the accessibility of health services should consider the financial limitations of individuals in different income-related groups, including accessing services across our locality. This includes designing services that are easily accessible for those with limited means.</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>Objective 4</p> <p>The objective holds the potential to significantly impact individuals from diverse socio-economic communities. By leveraging data, the Health Board can tailor interventions, allocate resources more effectively, and identify root causes of health inequities. This approach fosters transparency, accountability, and community engagement, enabling the development of targeted policies and interventions. Additionally, it promotes workforce diversity and supports advocacy for systemic changes, ultimately contributing to improved health outcomes and a more equitable healthcare environment for individuals across various socio-economic backgrounds.</p>		
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health</p>	<p>The SEO will support our Public Sector Equality Duty and will have considered people from all backgrounds. Therefore, it will</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>indicators, people unable to access services and facilities</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>have a positive impact on people according to where they live.</p> <p>Objective 1 The respect objective, which aims to foster an inclusive culture, should consider awareness campaigns and education modules that address the unique challenges faced by individuals in areas known for poor economic and health indicators. This includes acknowledging the dignity of residents in these regions and avoiding stigmatisation.</p> <p>Objective 2 Communication channels and engagement strategies should be tailored to address the specific needs of individuals residing in areas with poor economic and health indicators. This involves designing communication materials that are sensitive to the local context, ensuring that information is relevant and</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>relatable to the residents of these regions.</p> <p>Objective 3 Improving the accessibility of health services should specifically target regions with poor economic and health indicators. This includes designing services that are equitable, removing geographical barriers to access, and ensuring that healthcare facilities are strategically located and well-equipped to serve the needs of residents in these areas.</p> <p>Objective 4 Data collection practices, as part of the data objective, should include information related to regional disparities. Equality monitoring ensures that the health board is aware of potential inequalities in health outcomes and experiences based on geographical location, allowing for targeted interventions that address the specific needs of</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	residents in areas with poor economic and health indicators.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A		

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7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Objective 1 Awareness campaigns and education modules can emphasise the importance of respectful and equitable service provision to address health inequalities.</p> <p>Objective 2 Communication strategies should prioritise accessibility for individuals in areas of deprivation. This involves designing communication channels that are easy to access and understand, considering the unique challenges faced by residents in these areas and tailoring information to their specific needs.</p> <p>Objective 3 Improving the accessibility of health services should be targeted at addressing health inequalities. This includes making services physically and financially</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	<p>accessible, removing barriers for individuals in areas of deprivation, and ensuring that healthcare facilities are strategically located to serve those who need them the most.</p> <p>Objective 4 Equality monitoring ensures that the health board is aware of potential inequalities in service access, allowing for targeted interventions that address the specific needs of individuals in areas of deprivation and experiencing health inequalities.</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation</p>	<p>Objective 1 The respect objective, focusing on fostering an inclusive culture, should include initiatives that respect and acknowledge diverse cultural practices and preferences related to healthy lifestyles. Awareness campaigns and education modules can be tailored to the cultural contexts of different communities to promote healthy living.</p> <p>Objective 2</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>services, weight management services etc.</p> <p>Creating healthier places spaces.pdf (wales.nhs.uk)</p> <p>Chilcott Rachel 04/03/2024 16:02:02</p>	<p>Communication channels and engagement strategies should prioritise the dissemination of accessible and culturally sensitive health promotion information. This involves designing materials that consider the preferences and needs of diverse communities, making it easier for individuals to understand and adopt healthier lifestyles.</p> <p>Objective 3 Improving the accessibility of health services should extend to supportive services that promote healthy lifestyles. This includes ensuring equitable access to smoking cessation services, weight management services, and other interventions that support individuals in adopting and maintaining healthy habits.</p> <p>Objective 4: Equality monitoring ensures that the health board is aware of potential disparities in the adoption of healthy lifestyles, allowing for targeted interventions and services that address the</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	<p>are accessible to individuals with different income and employment statuses, fostering inclusivity in the workforce.</p> <p>Objective 4 Equality monitoring ensures that the organisation is aware of potential disparities in job opportunities, wage levels, and working conditions, allowing for targeted interventions to address the specific needs of individuals with different income and employment statuses.</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff, and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p>Objective 1 The respect objective, focused on fostering an inclusive culture, should include initiatives that ensure dignity in the built environment. This involves awareness campaigns and education modules that promote equitable access to safe, well-designed spaces for individuals, regardless of their background or demographic characteristics.</p> <p>Objective 2 Communication channels and engagement strategies should</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>prioritise the dissemination of accessible information about the physical environment. This includes making information on transport, healthy food options, and leisure activities easily accessible, fostering informed and empowered choices for individuals.</p> <p>Objective 3 Improving the accessibility of green spaces and leisure activities should be a key consideration. This involves ensuring that these spaces are designed to be inclusive and accessible to individuals with diverse needs, promoting physical and mental well-being.</p> <p>Objective 4 Equality monitoring ensures that the organisation is aware of potential disparities in access to green spaces, exposure to pollutants, and safety concerns, allowing for targeted interventions to address the specific needs of different communities.</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Objective 1 The respect objective, focused on fostering an inclusive culture, should encompass initiatives that respect and acknowledge diverse family structures and cultural practices. Awareness campaigns and education modules can promote understanding and appreciation of different family organisations and roles, contributing to a supportive environment.</p> <p>Objective 2 Communication channels and engagement strategies should prioritise the promotion of social support and networks. This involves creating communication materials that emphasise the importance of strong social connections, neighborliness, and a sense of belonging to enhance overall well-being.</p> <p>Objective 3 Improving accessibility should extend to supporting community identity. This includes initiatives that celebrate and support diverse cultural and spiritual ethos,</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	<p>fostering a sense of pride and belonging within the community and promoting positive health outcomes.</p> <p>Objective 4 Equality monitoring ensures that the organisation is aware of potential disparities in social support, isolation, and community identity, allowing for targeted interventions to address the specific needs of different communities.</p>		
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>Objective 1 The respect objective, focused on fostering an inclusive culture, can involve advocacy for government policies that promote equality, fair economic development, and environmental sustainability. This includes supporting policies that address social and economic disparities and ensure a sustainable and inclusive future.</p> <p>Objective 2 Communication channels and engagement strategies should prioritise informing stakeholders about the economic and</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>environmental impacts of the organisation's actions and policies. This includes transparent communication about the organisation's commitment to sustainability, economic development, and social equality.</p> <p>Objective 3 Improving accessibility should extend to promoting sustainable economic development. This involves initiatives that contribute positively to GDP while considering the long-term environmental and social consequences. It also includes ensuring that economic activities benefit diverse communities equitably.</p> <p>Objective 4 Equality monitoring ensures that the organisation is aware of potential disparities in environmental consequences, allowing for targeted interventions to address the specific needs of different communities affected by these impacts.</p>		

Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summaries the potential positive and/or negative impacts of the strategy, policy, plan, or service</p> <p>Chilcott, Rachel 04/03/2024 16:02:02</p>	<p>The Strategic Equality Objectives (SEO) are created to make a significant positive impact by addressing the Public Sector Equality Duty and considering people of all protected characteristics. The objectives outlined demonstrate a comprehensive approach to fostering an inclusive culture, promoting respect, and ensuring accessibility across diverse demographics.</p> <p>Objective 1 - focuses on fostering an inclusive culture through education and awareness campaigns. By advocating for respect for individuals of all ages, genders, abilities, and backgrounds, this objective contributes to creating a workplace and healthcare setting where everyone feels valued.</p> <p>Objective 2 - emphasises the importance of feedback mechanisms, ensuring that the voices of individuals from different demographics are heard. By tailoring communication channels to effectively reach diverse groups, the SEO aims to identify and address specific needs of all backgrounds.</p> <p>Objective 3 - targets the improvement of accessibility to health services, a crucial step for individuals with various needs. This includes physical and virtual accessibility, benefiting older individuals, those with disabilities, and people from different cultural backgrounds.</p> <p>Objective 4 - focuses on effective workforce planning, aims to create a staff profile representative of the community's demographic diversity. This ensures a better understanding of healthcare needs at different life stages, promoting inclusivity in service delivery.</p> <p>The positive impact extends to specific protected characteristics. For individuals with disabilities, the SEO emphasises education, inclusive communication, accessibility, and data-driven strategies to address health inequities. The approach towards different genders includes campaigns, inclusive communication, improved accessibility, and workforce diversity.</p> <p>The SEO recognises the unique needs of individuals from ethnically diverse backgrounds. It promotes inclusive campaigns, accessible communication, culturally sensitive health services, and comprehensive data collection to address health disparities.</p> <p>The SEO fosters an inclusive culture for individuals with different sexual orientations through awareness campaigns, inclusive communication, accessible health services, and data collection. Linguistic diversity is acknowledged by offering services in Welsh and English, conducting sessions in Welsh, and prioritising Welsh language communication, ensuring inclusivity.</p>
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	<p>The SEO recognises income-related groups, addressing their unique challenges through respectful campaigns, accessible communication, affordable health services, and targeted data collection. Regional disparities aim to be tackled by fostering inclusivity through campaigns, region-specific communication, equitable health services, and region-specific data collection.</p> <p>The SEO positively impacts individuals in areas of deprivation by promoting inclusive campaigns, tailored communication, accessible health services, and region-specific data collection. The objectives are adaptable to various demographic characteristics, supporting diverse cultural practices, family structures, economic statuses, and community identities.</p> <p>In summary, the Strategic Equality Objectives, through its well-crafted objectives, demonstrates a commitment to inclusivity, respect, accessibility, and data-driven decision-making, ensuring a positive impact on individuals across diverse demographic characteristics.</p>
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Action Plan for Mitigation / Improvement and Implementation	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
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8.2 What are the key actions identified as a result of completing the EHIA?	<p>We noticed that the majority of respondents fell into the 51-60yr age category and felt we needed to act to engage a broader age range. We discussed the matter with the Communication and Engagement Team who suggested using different social media platforms and subsequently advertised our engagement via the Health Board's Instagram account.</p>	Equity & Inclusion Team	24/02/2024	<p>We noticed that the majority of respondents fell into the 51-60yr age category and felt we needed to act to engage a broader age range. We discussed the matter with the Communication and Engagement Team who suggested using different social media platforms and subsequently advertised our engagement via the Health Board's Instagram account.</p>
	<p>During the engagement process, it was observed that individuals with disabilities might face challenges accessing the form or participating in the Mentimeter presentation.</p>	Equity & Inclusion Team	24/02/2024	<p>The form was offered in various formats on request to enhance accessibility.</p> <p>Efforts were directed towards targeting the Accessibility staff network to ensure inclusivity.</p> <p>Furthermore, in online sessions, provisions were made to have someone available to take notes, facilitating participation by different means.</p>
	<p>During the engagement process, we noticed diversity was lacking in relation to respondents of different genders and gender identities.</p>	Equity & Inclusion Team	24/02/2024	<p>Posters were taken to the Queer Emporium to engage with people of different genders and gender identities.</p>

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Action Plan for Mitigation / Improvement and Implementation	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
	As part of the engagement, we noticed that respondents are predominantly white and not representative of the population we serve.	Equity & Inclusion Team	24/02/2024	Engagement was also promoted through our LGBTQ+ Staff Network. Posters were displayed in areas with populations of greater ethnic diversity (as per census data), including Butetown Pavilion & Grangetown Pavilion. Engagement was promoted through our One Voice Staff Network.
	As part of the engagement, we noticed diversity was lacking in relation to respondents with different of sexual orientations.	Equity & Inclusion Team	24/02/2024	Posters were taken to the Queer Emporium to engage with people with different of sexual orientations. Engagement was promoted through our LGBTQ+ Staff Network.

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Action Plan for Mitigation / Improvement and Implementation	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	No			

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Action Plan for Mitigation / Improvement and Implementation	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions: - <ul style="list-style-type: none"> Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 	<p>The Health Board's Strategic Equality Objectives have been shaped by the engagement process.</p> <p>The Strategic Equality Objective's document, Shaping our Inclusive Culture, will follow the Health Board governance process for approval and publication.</p> <p>Any amendments suggested as part of the internal governance process will be considered for inclusion prior to publication.</p> <p>The document will be available on the Health Board's website by 31st March 2024.</p>	Equity & Inclusion	31/03/2024	Strategic Equality Objectives to be approved by Health Board and published on website.

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Report Title:	Audit Wales – Review of Workforce Planning Arrangements			Agenda Item no.	
Meeting:	People & Culture Committee	Public	X	Meeting Date:	12/03/2024
Status (please tick one only):	Assurance		Approval		Information
Lead Executive Title:	Executive Director of People & Culture				
Report Author (Title):	Deputy Director of People & Culture				
Main Report					
Background and current situation:					

Cardiff & Vale University Health Board recently participated in a national review of workforce planning arrangements conducted by Audit Wales. The Health Board were asked to respond to the draft report and the final report was issued on 9th February 2024.

The key focus of the review has been on whether the Health Board’s approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, the review looked at the Health Board’s strategic approach to workforce planning, operational action to manage current and future challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering, consultant job planning and operational deployment of agency staffing, fall outside the scope of this review. The methods used by Audit Wales used to deliver the work are summarised in Appendix 1 on the report.

The review identified that the Health Board is facing significant workforce challenges across a range of services and professions, causing greater workload pressures on existing members of staff. The workforce indicators presented in Appendix 2 highlight that despite the Health Board steadily increasing its workforce numbers over the past decade, it still faces serious workforce challenges with recruitment and retention, which threaten the stability of services. This has caused a sharp rise in the use of agency staff, which cost the Health Board over £28 million in 2022-23, further exacerbating an already pressurised financial situation. The Health Board’s staff turnover (11.5%) and sickness rates (7%) are amongst the highest in Wales and present significant challenges. In 2022-23, the Health Board’s workforce spending was £879 million, which is a 30% increase in the four years since 2018-19. Financial pressures facing the Health Board could pose a risk to the sustainability of the workforce in the short and longer term, although effective workforce planning would support more efficient and effective use of the Health Board’s existing resource.

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

Overall, the review found that the Health Board is taking appropriate action to address its significant workforce challenges. However, it needs to ensure that it has sufficient workforce planning resources to support delivery of the Health Board’s people plan and better understand the impact of the actions it is taking. The key findings are contained within the Audit Wales report but for ease of reading they have also been summarised below:

Strategic approach to workforce planning

The Health Board is clear about its workforce challenges and is taking steps to improve its strategic approach. However, there are opportunities to improve workforce planning analysis and ensure a greater focus on addressing future risks.

Operational action to manage workforce challenges

The Health Board is proactively managing its workforce challenges, although it needs to sustain its arrangements to address medium-term and future risks. Additional resources may also be required to effectively support the proposed work.

Monitoring and oversight of workforce plan/strategy delivery

There is effective oversight of operational workforce performance. However, the Health Board needs to better understand whether its People Plan is making a difference.

Recommendations

- When the Health Board reviews its People Plan’s priorities, it should ensure it supports the delivery of the Health Board’s refreshed long-term strategy ‘Shaping Our Future Well-being’.
- The Health Board should share the baseline document developed for C&W Clinical Board with other clinical professions to ensure they adopt a consistent approach.
- Evaluate the new People & Culture structure, with Heads of People & Culture aligned to Clinical Boards. Findings of the evaluation and any improvement actions should be reported to the People and Culture Committee.
- Restart workforce planning training to build capability and to plan sustainable workforce models.
- The Health Board should review the information in its corporate and strategic risk registers, using fresh insight from the high-level clinical plans and workforce baseline plans, to identify potential additional sources of assurance and new risks.
- The Health Board needs to strengthen its focus on the impact that delivery of the People Plan is achieving, and should update the People and Culture Committee twice a year on its progress and impact.

Appendix 3 contains the Health Board’s response to the above audit recommendations.

Recommendation:

The Committee is requested to Note the content of the Audit Wales Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an “X” in the below boxes 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	
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Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes/No

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: Yes/No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: Yes/No

The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)

(If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No

Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.

Useful guidance on the completion of an EHIA can be found at the following link: [EHIA toolkit - Cardiff and Vale University Health Board \(nhs.wales\)](#)

(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:

- A focus upon preventing ill health in our population
- Saving energy or increasing throughput.

- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.

Does the subject matter of your paper risk any of the above not being achieved. Any queries, please contact edward.hunt@wales.nhs.uk or calum.shaw@wales.nhs.uk.

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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Review of Workforce Planning Arrangements – Cardiff and Vale University Health Board

Audit year: 2023

Date issued: January 2024

Document reference: 3706A2023

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Summary report

Introduction

- 1 An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists ([A Picture of Healthcare, 2021](#)). In nursing alone, the Royal College of Nursing Wales reported 2,900 vacancies in their [2022 Nursing in Numbers](#) analysis. In addition, the social care sector, which is complementary to the health sector, is also facing its own workforce issues. These challenges have been exacerbated by the pandemic as the health sector looks to recover services.
- 2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.
- 3 National and local workforce plans need to anticipate service demand and staffing levels over the short, medium, and long term. But there are a range of complex factors which impact on planning assumptions, these include:
 - workforce age profile, retirement, and pension taxation issues;
 - shifts in attitudes towards full and part-time working;
 - developing home grown talent and the ability to attract talent from outside the country into Wales; and
 - service transformation which can change roles and result in increasing specialisation of roles.
- 4 Cardiff and Vale University Health Board's (the Health Board) People and Culture Plan (the People Plan) was approved by the Board in January 2022. The People Plan is supported by an implementation plan which focuses on the first year of delivery.
- 5 The key focus of our review has been on whether the Health Board's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering, consultant job planning and operational deployment of agency staffing, fall outside the scope of this review.
- 6 The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

- 7 Overall, we found that **the Health Board is taking appropriate action to address its significant workforce challenges. However, it needs to ensure that it has sufficient workforce planning resources so support delivery of the Health Board's people plan and better understand the impact of the actions it is taking.**

Key workforce planning challenges

- 8 The Health Board is facing significant workforce challenges across a range of services and professions, causing greater workload pressures on existing members of staff. The workforce indicators presented in **Appendix 2** highlight that despite the Health Board steadily increasing its workforce numbers over the past decade, it still faces serious workforce challenges with recruitment and retention, which threaten the stability of services. This has caused a sharp rise in the use of agency staff, which cost the Health Board over £28 million in 2022-23, further exacerbating an already pressurised financial situation. The Health Board's staff turnover (11.5%) and sickness rates (7%) are amongst the highest in Wales and present significant challenges. In 2022-23, the Health Board's workforce spending was £879 million, which is a 30% increase in the four years since 2018-19. Financial pressures facing the Health Board could pose a risk to the sustainability of the workforce in the short and longer term, although effective workforce planning would support more efficient and effective use of the Health Board's existing resource.

Strategic approach to workforce planning

- 9 **The Health Board is clear about its workforce challenges and is taking steps to improve its strategic approach. However, there are opportunities to improve workforce planning analysis and ensure a greater focus on addressing future risks.**
- 10 The Health Board's People Plan is clearly focused on addressing workforce challenges in the short and medium term, but more attention is needed on addressing long-term risks. Although the Health Board is at the initial stages of understanding its current service capacity, it needs to strengthen how it predicts service demand to allow it to model and plan for the future. The Health Board is working effectively with internal and external stakeholders to find shared solutions to current and future workforce challenges.

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Operational action to manage workforce challenges

- 11 **The Health Board is proactively managing its workforce challenges, although it needs to sustain its arrangements to address medium-term and future risks. Additional resources may also be required to effectively support the proposed work.**
- 12 The Health Board has clear intent to improve workforce planning capability but should ensure it has the resources to support delivery of its People Plan. It has a good understanding of the risks that might prevent the delivery of its workforce ambitions, but actions to mitigate these risks have had minimal effect to date. The Health Board is also appropriately focussing on its current workforce challenges at an operational level through a range of recruitment, retention, and development activities. However, significant challenges remain, and education commissioning is not yet supporting a sustainable workforce, leaving gaps in some key areas.

Monitoring and oversight of workforce plan/strategy delivery

- 13 **There is effective oversight of operational workforce performance. However, the Health Board needs to better understand whether its People Plan is making a difference.**
- 14 The newly established People and Culture Committee is starting to receive timely and comprehensive workforce performance reports, but the Health Board needs to strengthen the focus on the impact of People Plan actions.

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Recommendations

15 **Exhibit 1** details the recommendations arising from this audit. These include timescales and our assessment of priority. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations	
Reviewing the People Plan's priorities	
R1	We found the Health Board recently refreshed its long-term strategy 'Shaping Our Future Well-being'. When the Health Board reviews its People Plan's priorities, it should ensure it supports the delivery of the Health Board's refreshed long-term strategy 'Shaping Our Future Well-being' (medium priority).
Shared learning	
R2	To help ensure consistency of workforce information, the Health Board should share the baseline document developed by the Children and Women Clinical Board with other clinical professions to ensure they adopt a consistent approach (high priority).
Evaluate the new structure	
R3	Whilst the People and Culture Team has been restructured to align with the People Strategy, we found insufficient resources for strategic workforce planning. Specifically, there is no dedicated workforce planning manager and workforce planning is only a proportion of the Heads of People and Culture's role. Once the new structure has been operational for a year, the Health Board should evaluate the new structure to assess if Clinical Boards have enough strategic workforce planning support. Findings of the evaluation and any improvement actions should be reported to the People and Culture Committee (medium priority).

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Recommendations

Restarting workforce planning training

- R4 We found that the Health Board was strengthening workforce planning capability through delivery of training workshops, but due to limited capacity this training has now stopped. The Health Board should restart its workforce planning training in order to enable services to plan sustainable workforce models **(high priority)**.

Managing risk

- R5 The scale of the Health Board's workforce challenges means that the actions it is taking are having limited effect on reducing workforce risks. The Clinical Board's high-level clinical plans and workforce baseline plans have the potential to highlight new workforce risks. The Health Board should review the information in its corporate and strategic risk registers, using fresh insight from the high-level clinical plans and workforce baseline plans, to identify potential additional sources of assurance and new risks **(high priority)**.

Performance monitoring

- R6 We found that currently it is difficult to gauge the progress and impact of the Health Board's People Plan delivery. The Health Board needs to strengthen its focus on the impact that delivery of the People Plan is achieving, and should update the People and Culture Committee twice a year on its progress and impact **(high priority)**.

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Detailed report

Our findings

- 16
- The following three tables set out the areas that we have reviewed and our findings. These focus on:
- the health body’s approach to strategic workforce planning (**Exhibit 2**);
 - operational action to manage workforce challenges (**Exhibit 3**); and
 - monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

Exhibit 2: the Health Board’s approach to strategic workforce planning

This section focusses on the Health Board’s approach to strategic planning. Overall, we found that **the Health Board is clear about its workforce challenges and is taking steps to improve its strategic approach. However, there are opportunities to improve workforce planning analysis and ensure a greater focus on addressing future risks.**

What we looked at	What we found
<p>We considered whether the Health Board’s workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which:</p> <ul style="list-style-type: none">identifies current and future workforce challenges;has a clear vision and objectives;is aligned to the organisation’s strategic objectives and wider organisational plans;is aligned to relevant national plans, policies, and legislation, including the	<p>We found that the Health Board’s People Plan is clearly focused on addressing workforce challenges in the short and medium term, but more attention is needed to identify and target specific areas requiring improvements.</p> <p>The Health Board’s 2022-25 People Plan sets a clear and logical focus for improving the wellbeing, inclusion, capability, and engagement of its workforce. Its high-level objectives focus on:</p> <ul style="list-style-type: none">building seamless workforce models;having an engaged, motivated, and healthy workforce;attracting, recruiting, and retaining its staff;having a digitally ready workforce;providing education and learning opportunities;leadership and succession; and

<p>national workforce strategy for health and social care; and</p> <ul style="list-style-type: none"> • is supported by a clear implementation plan. 	<ul style="list-style-type: none"> • having a sufficient and sustainable workforce. <p>The Health Board is starting to improve how it identifies its specific workforce challenges using its workforce baseline plans as a starting point, although the current evidence-based is limited. The challenges it describes in the People Plan are not a comprehensive assessment nor specific enough to help the organisation target its improvement activity.</p> <p>The People Plan appropriately supports the ambitions set out in the National Workforce Strategy for Health and Social Care¹, using the same seven national themes set in the context of Cardiff and Vale University Health Board. The People Plan also aligns to relevant national legislation, such as the Well-being of Future Generations (Wales) Act 2015, Nurse Staffing Levels (Wales) Act 2016, and the Welsh Language Standards². The People Plan supports the delivery of the Health Board's long-term strategy, and Annual Plan³ through the Shaping our Future Workforce enabling programme. The Health Board recently refreshed its long-term strategy 'Shaping Our Future Well-being', gaining Board approval in July 2023. As part of the Health Board's annual work of reviewing the People Plan priorities, the Health Board should take the opportunity to ensure it aligns to the refreshed long-term strategy 'Shaping Our Future Well-being' (Recommendation 1).</p> <p>The People Plan is supported by a separate annual implementation plan detailing how the Health Board plans to implement its workforce ambition. The implementation plan aligns to the Health Board's wider 2023-24 Annual Plan and includes measures of success and quarterly Key Performance Indicators.</p>
<p>We considered whether the Health Board has a good understanding of current and future service demands. We expected to see:</p>	<p>We found that the Health Board is at the initial stages of understanding its current service capacity. However, it needs to strengthen how it models and plans its workforce to ensure it is sustainable.</p>

¹ 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' is a ten-year strategy launched in October 2020 by HEIW and Social Care Wales.

² Welsh Language (Wales) Measure 2011.

³ The Health Board does not currently have an approved Integrated Medium Term Plan (IMTP), instead the Health Board works to and Annual Plan set within a three-year context.

- use of reliable workforce information to determine workforce need and risk in the short and longer term; and
- action to improve workforce data quality and address any information gaps.

The Health Board did not include workforce analysis and service modelling in its development of the People Plan. However, it is now starting to understand its workforce gaps and what this will look like in future if, for example, it takes no action. Each Clinical Board⁴ is developing high-level clinical plans accompanied by workforce baseline plans to feed into the IMTP planning cycle. At the time of our fieldwork, the Health Board had already produced a baseline for the nursing workforce of the Children and Women Clinical Board. This provides good analysis on current nursing workforce levels and demand, workforce availability, workforce growth, performance and areas of concern, and sets out improvement action. We understand that nursing workforce baselines have now also been developed by all other Clinical Boards. The Health Board should share this baseline as a template with other clinical professions with the aim of ensuring consistent collection, analysis and presentation of workforce information across the organisation (**Recommendation 2**). The Health Board also needs a clearer understanding of its future service models for acute and community services. Without this, it will not be able to effectively develop its workforce and associated new roles or forecast capacity and demand to ensure workforce sustainability in the medium to long term.

The Health Board has reasonable operational data, such as sickness levels, vacancy, and appraisal rates which it sources from the Electronic Staff Record system (ESR). This supports workforce planning and analysis. The implementation of EsrGo⁵ will help to ensure that managers only need to update staff changes once. It will also help to ensure that budgeted workforce establishments⁶ and daily staffing levels are correct. The Health Board has agreed nurse establishments and these are updated in ESR to ensure that the workforce data is accurate.

The Health Board is taking steps to improve service-level access to workforce data using management dashboards. These will start initially with metrics on appraisal and statutory and mandatory training, sickness and maternity absence rates, and turnover and vacancy rates.

⁴ The Health Board is structured and designed into eight Clinical Boards: Children and Women; Clinical Diagnostics and Therapeutics; Dental; Medicine; Mental Health; Specialist Services; Surgery; Primary, Community and Intermediate Care – which cover the four main service areas Our Health Board Structure – Cardiff and Vale University Health Board.

⁵ EsrGo is an automated interface between the Electronic Staff Records payroll system and Allocate Software's HealthRoster rostering system.

⁶ Establishment is the term for the workforce levels, staff roles and the NHS Agenda for Change banding, which is financially budgeted for.

We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:

- effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and
- shared solutions identified with key stakeholders to help address workforce challenges.

We found that **the Health Board is working proactively with internal and external stakeholders to find shared solutions to current and future workforce challenges.**

The Health Board is effectively engaging with internal and external stakeholders to develop its strategic workforce approach. The development of the People Plan was informed by good engagement with staff, the Board and external stakeholders using development days and workshops, and by circulating the draft Strategy for comment. Each of the People Plan's themes has a named People and Culture Team lead and Trade Union representative. Now that the Heads of People and Culture⁷ have been reintroduced into Clinical Boards, it will help strengthen relationships and help to better understand services' current and future needs.

The Health Board also recognises the importance of regional working to support the development of sustainable services. It actively engages its local authority partners⁸ to find shared workforce solutions, through the Regional Partnership Board⁹ (RPB). They are collectively working on an integrated workforce model for health and social care to set out their joint working approach over the next ten years, with regular workshops held between the RPB partners to progress the work.

There are also several regional transformation projects at various stages, which have workforce implications and will need regional workforce modelling and plans. These include Orthopaedics, Regional Cataracts expansion and improvements to the Community Diagnostic Centres and Endoscopy programmes. The Health Board routinely engages with Health Education Improvement Wales (HEIW) on local and regional workforce issues. For example, HEIW was involved in developing the South East Wales Vascular Network.

⁷ Based on a Human Resources Business Partnering model.

⁸ Two local authorities cover the Health Board area: these are Cardiff and the Vale of Glamorgan county councils.

⁹ The Cardiff and Vale Regional Partnership Board was established by the Social Services and Well-being (Wales) Act 2014 to ensure local health boards, local authorities and the third sector work together to deliver services, care and support that meet the needs of people who live in Cardiff and the Vale.

Exhibit 3: operational action to manage workforce challenges

This section focusses on the actions the Health Board is taking to manage workforce challenges. Overall, we found that **the Health Board is proactively managing its workforce challenges, although it needs to sustain its arrangements to address medium-term and future risks. Additional resources may also be required to effectively support the proposed work.**

What we looked at	What we found
<p>We considered whether the Health Board has identified sufficient resources to support workforce planning over the short, medium, and long term. We expected to see:</p> <ul style="list-style-type: none">• clear roles and responsibilities for workforce planning;• appropriately skilled staff to ensure robust workforce planning;• sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan; and• sufficient financial resources to deliver the workforce strategy or plan.	<p>We found that the Health Board has clear intent to improve workforce planning capability but should ensure it has the resources to support delivery of its People Plan.</p> <p>In the last year, the Health Board has restructured its People and Culture Team to align with the People Strategy. The new team structure has been fully operational since April 2023 and has continued to embed over the last six months. The People and Culture directorate, led by the Executive Director of People and Culture, includes a Deputy Director, two Assistant Directors with ten teams sitting within the directorate¹⁰. The Health Board’s four Heads of People and Culture are each assigned to two Clinical Boards as business partners. The recent reorganisation resulted in the establishment of two additional teams to deal with day-to-day HR matters¹¹. Despite these changes, the Health Board has not sufficiently invested in strategic workforce planning resources and does not have a dedicated workforce planning manager. Workforce planning is only a proportion of the Heads of People and Culture’s role. Although the new structure seems logical, it is too early to judge whether it is appropriately supporting effective workforce planning. The Health Board should review its model to assess if Clinical Boards have enough strategic workforce planning support (Recommendation 3).</p>

¹⁰ The Directorate teams include: Education, Culture and Organisational Development; E-Rostering Project Team; Medical Resourcing Team; People Assurance and Experience; People Resourcing; Equity and Inclusion; Health and Safety; People Analytics; People Health and Wellbeing Services; and People Services.

¹¹ The two new teams include a specialist team responsible for employee relations and a generalist team responsible for change management, managing attendance, job descriptions, recruitment queries, redeployment, and fixed-term contracts guidance.

What we looked at	What we found
	<p>We met with Service Leads as part of this audit. They indicated they understood their role in workforce planning. However, we found capacity constraints are affecting operational workforce plan development. The Health Board is strengthening workforce planning capability by providing training for managers based on HEIW's six-step model¹². We met service leads who have attended the training. While they thought it was helpful, they felt they did not have sufficient time to 'think strategically', put their learning into action and develop workforce plans and solutions. We understand from the Health Board that training has been postponed due to limited capacity to deliver. The Health Board should restart its workforce planning training in order enable services to plan sustainable workforce models. (Recommendation 4).</p> <p>The Health Board's workforce plan is costed as part of its annual IMTP, but beyond this, the Health Board has not identified the longer-term costs, skills or other resources associated with delivering its People Plan. Exhibits 6 and 7 show historical growth in staffing levels and costs, which may not be sustainable in the long term. The Health Board is working in a very challenging financial environment. This means services will need to think differently to tackle workforce challenges and exercise tighter control on workforce spending. In 2023-24, the Health Board is aiming to create efficiencies by reducing agency staff use by around £6 million compared to 2022-23.</p>

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¹² Health Education and Improvement Wales has developed a workforce planning toolkit based on the following six steps: 1, Define your plan, 2. Map the service change, 3. Define the workforce, 4. Workforce supply, 5. Define actions required, 6 Implement and monitor.

What we looked at	What we found
<p>We considered whether the Health Board has a good understanding of the short and longer-term risks that might prevent it from delivering its workforce strategy or plan. We expected to see:</p> <ul style="list-style-type: none"> • a good understanding of the barriers that might prevent delivery of the workforce strategy or plan; • plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions; and • clearly documented workforce risks that are managed at the appropriate level. 	<p>We found that the Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions, but actions to mitigate these risks have had minimal effect to date.</p> <p>The Health Board has clearly articulated its workforce ambitions, but there are a range of risks which may prevent its delivery. These relate to workforce shortages, financial pressures, and a lack of clarity about future clinical models, primary care, care closer to home, and more services delivered in the community. The Health Board identifies risks to the delivery of the People Plan in its monthly flash progress reports using a RAG rating¹³. These flash reports also include major workforce programme risks and mitigating actions, which prompt any necessary decision or intervention from relevant Executives. Workforce shortages are limiting the Health Board's ability to meet the requirements of the Nurse Staffing Levels Act (Wales)¹⁴. Despite taking mitigating actions at corporate and operational levels, during 2022-23, the Health Board struggled in many areas to ensure it appropriately complied with the Act¹⁵.</p> <p>Corporately, the Health Board appropriately reflects high-level, short and longer-term workforce risks, which it manages through the Board Assurance Framework (BAF) and corporate risk framework. The newly established People and Culture Committee¹⁶ is responsible for overseeing these risks, routinely scrutinising mitigating actions. As of September 2023, there were seven high-scoring corporate risks related to workforce, specifically staffing levels and vacancies. Operationally, Clinical Boards routinely review risk registers at bi-monthly Clinical Board meetings. Workforce risks are discussed at executive level clinical board performance reviews to understand workforce issues, priorities and identify contingency plans. The Health Board has also reintroduced its Nursing Productivity Group. However, the scale of the workforce challenges mean that mitigating actions are having a minimal effect on reducing workforce risks, as shown by the Health Board's inability to meet the targets risk scores set on their corporate risk register. As Clinical Boards, high-level clinical plans and workforce baseline plans have the potential to highlight new workforce risks. The Health Board should review the information in its corporate and strategic risk registers using fresh insight from the high-level clinical plans and workforce baseline plans to identify potential additional sources of assurance and new risks (Recommendation 5).</p>

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What we looked at	What we found
<p>We considered whether the Health Board is effectively addressing its current workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • effective reporting and management of staff vacancies; • action to improve staff retention; • efficient recruitment practices; • commissioning of health education and training which is based on true workforce need; and • evidence that the organisation is modernising its workforce to help meet current and future needs. 	<p>We found that overall, the Health Board is taking appropriate steps to address current workforce challenges at an operational level through a range of recruitment, retention, and development activities. However, significant challenges remain, and education commissioning is not yet supporting a sustainable workforce.</p> <p>The Health Board is actively managing vacancy rates and agency spending using bank staff. Between 2018 and 2023, it has undertaken a rolling programme of international recruitment for nurses. In total, it has supported 445 international nurses through professional registration resulting in their employment in the Health Board. However, due the cost involved, the Health Board paused this programme at the beginning of 2023. Instead, it has progressed other approaches, such as increasing the number of registered nurses and healthcare support workers registered with its bank and increasing the focus on domestic recruitment.</p> <p>The Health Board is also experiencing challenges with staff retention (Exhibit 9). To determine the causes, it is taking steps to improve exit survey response rates. The Health Board is seeking to address its staff retention issues through its wellbeing support, and it is considering other practical solutions to further help address the loss of staff. These include flexible working, reviews of rostering, supporting staff rotation and the establishment of the Nursing Hub¹⁷. These actions are</p>

¹³ Red, Amber, and Green.

¹⁴ Nurse Staffing Levels (Wales) Act 2016 was passed in March 2016. The Act places a duty on health bodies to have regard to providing appropriate nurse staffing levels. This is to ensure their nurses have the time to provide the best possible care for patients. Currently the Act only applies to adult acute medical and surgical, and paediatric inpatient wards.

¹⁵ In May 2023, the Board received the 2022-23 Nurse Staffing Levels Annual Assurance Report, covering the period between April 2022 and April 2023.

¹⁶ The People and Culture Committee met for the first time in May 2023, prior to its establishment workforce matters were scrutinised by the Strategy and Delivery Committee.

¹⁷ The Hub is responsible for Nurse Resourcing, Nurse Retention, Nurse workforce planning and the Band 4 Assistant Practitioners programme.

What we looked at	What we found
	<p>demonstrating some positive impact on the workforce metrics¹⁸. The Health Board has also introduced a starter survey for students to capture intelligence about their experiences and to try to rectify issues early on. To help address low survey response rates, the Health Board is giving students earlier notice and following the text up with an e-mail.</p> <p>The Health Board also has a relatively high sickness rate (Exhibit 11) and like many other health bodies, it is not meeting the national target. A task and finish group was established in September 2022 to take forward an agreed action plan to support staff with their financial wellbeing. Working with both internal and external colleagues, the Health Board has delivered a series of staff support interventions such as financial wellbeing roadshows, dedicated webpages to provide information to colleagues, the provision of online training for Wellbeing Champions and line managers, and the development of a staff 'Financial Wellbeing' framework.</p> <p>The Health Board is introducing new staff career progression opportunities including enhancing existing 'grow your own' and apprenticeship schemes through the Apprenticeship Academy. The academy has a dual role in upskilling existing staff and creating new employment opportunities. These include administrative, building service engineer, IT and Healthcare Science professions. The Health Board is also assisting healthcare support workers' re-registration as part of their nursing programme training. The first cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and moved into Band 4 Assistant Practitioner roles.</p> <p>Given the Health Board's substantial vacancies, it also needs to have effective recruitment practices. The Health Board is taking steps to streamline and centralise recruitment to address inefficiencies in its internal recruitment process. This includes managing nursing vacancies centrally through the Nursing Hub and fast-tracking appointment to urgent posts.</p> <p>There are weaknesses in the education commissioning process that mean that the pipeline of newly qualified staff does not meet demand. For 2022-23, the Health Board completed the education and training commissioning process alongside a review of its nursing workforce baseline to ensure</p>

¹⁸ Turnover - May 2023 12.51%, fallen from 13.66% in November 2022 – net decrease of 0.72% equating to 99 (whole time equivalent) fewer leavers.

What we looked at	What we found
	commissioning numbers accurately reflect service needs. However, the Health Board reported it appoints significantly less staff than it trains through the commissioning process. The Health Board recognises the need to use the workforce differently and is starting to seek alternative solutions to ensure a sustainable workforce, for example, it has established its Assistant Practitioner role. The Health Board has ambitions to develop academic fellows, physician associates, anaesthetic associates, dietetic assistants, and acute care physicians.

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Exhibit 4: monitoring and oversight of workforce plan/strategy delivery

This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **there is effective oversight of operational workforce performance. However, the Health Board needs to better understand whether its People Plan is making a difference.**

What we looked at	What we found
<p>We considered whether delivery of the Health Board's workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none">• arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels;• effective action where progress on elements of the workforce strategy or plan are off-track;• performance reports showing the impact of delivering the workforce strategy or plan; and• the organisation benchmarking its workforce performance with similar organisations.	<p>We found that the Health Board has reasonable mechanisms to monitor workforce strategy delivery, but it needs to strengthen its focus on the impact of the actions it takes. The Health Board is taking steps to strengthen its approach to benchmarking.</p> <p>The newly established People and Culture Committee, which met for the first time in May 2023, is responsible for scrutinising workforce performance and delivery against the People Plan. This responsibility previously fell to the Strategy and Delivery Committee, which was stood down in March 2023. The dedicated People and Culture Committee is providing greater focus on workforce performance and challenges, which is one of the Health Board's biggest risks. While the People and Culture Committee oversees delivery of its people plan and operational key performance indicator trends, there needs to be a stronger and more integrated approach to reporting on the impact of the Health Board's actions and the difference the People Plan is making, bringing together key actions, relevant performance measures and an evaluation of impact (Recommendation 6).</p> <p>The Health Board has a range of sensible approaches to monitor workforce performance. These approaches include the Health Board's Senior Management Team receiving monthly in-depth progress updates for each of the People Plan's seven themes. Alongside the reports, the Health Board shares dashboards allowing them to scrutinise performance such as sickness, vacancies, and data on recruitment. The Strategic Programme Portfolio Steering Group receives high-level progress reports through flash reports.</p> <p>Positively, the Health Board has recently started benchmarking its workforce performance with other health bodies in Wales and beyond. The Health Board has collected key workforce metrics (where available) from published Board papers from a selection of Trusts in England. It intends to continue to build relationships with these Trusts with an aim of sharing and obtaining up-to-date data.</p>

Appendix 1

Audit methods

Exhibit 5: audit methods

This exhibit sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Workforce strategy and associated workforce plan(s)• Implementation/delivery plans for workforce strategy• Integrated Medium Term Plan• Evidence of evaluation of workforce strategy and/or associated initiatives• Structure charts for workforce planning functions• Examples of workforce planning training offered to staff, eg CIPD, other training (formal or informal)• Workforce finance and resource plans• Corporate and operational risk registers• Document showing recruitment process, and recruitment and retention initiatives• Corporate and operational level oversight and monitoring of workforce metric and strategy delivery
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Interim Director of Primary, Community and Urgent Care• Executive Nurse Director• Director of Nursing Strategic Nursing and Midwifery Workforce• Nurse Resourcing Programme Manager• Senior Nurse for Nurse Education

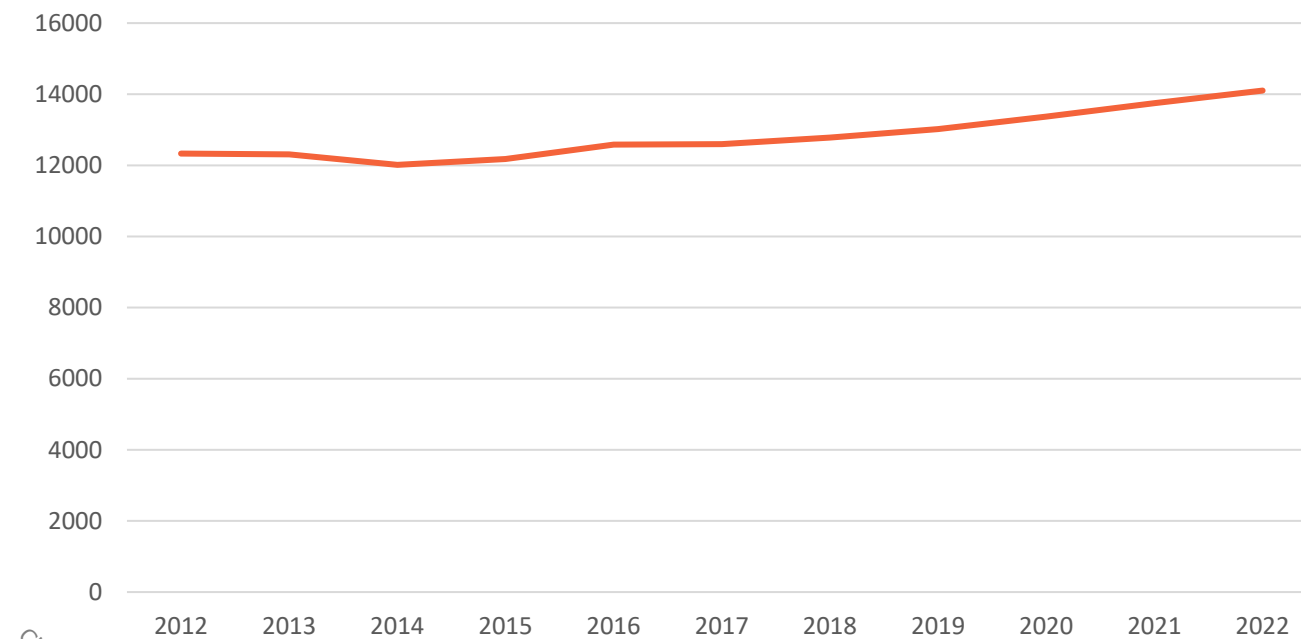
Element of audit approach	Description
	<ul style="list-style-type: none"> • Deputy Director of Finance • Executive Director of People and Culture • Deputy Director of People and Culture • Assistant Director of Wellbeing, Culture and Organisational Development • Independent Member • Assistant Director of People Resourcing • Head of People Analytics • Head of People and Culture x3
Focus groups	We ran a focus group with a selection of service leads involved in clinical workforce planning and a selection of service leads involved in the workforce planning of enabler services.

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Appendix 2

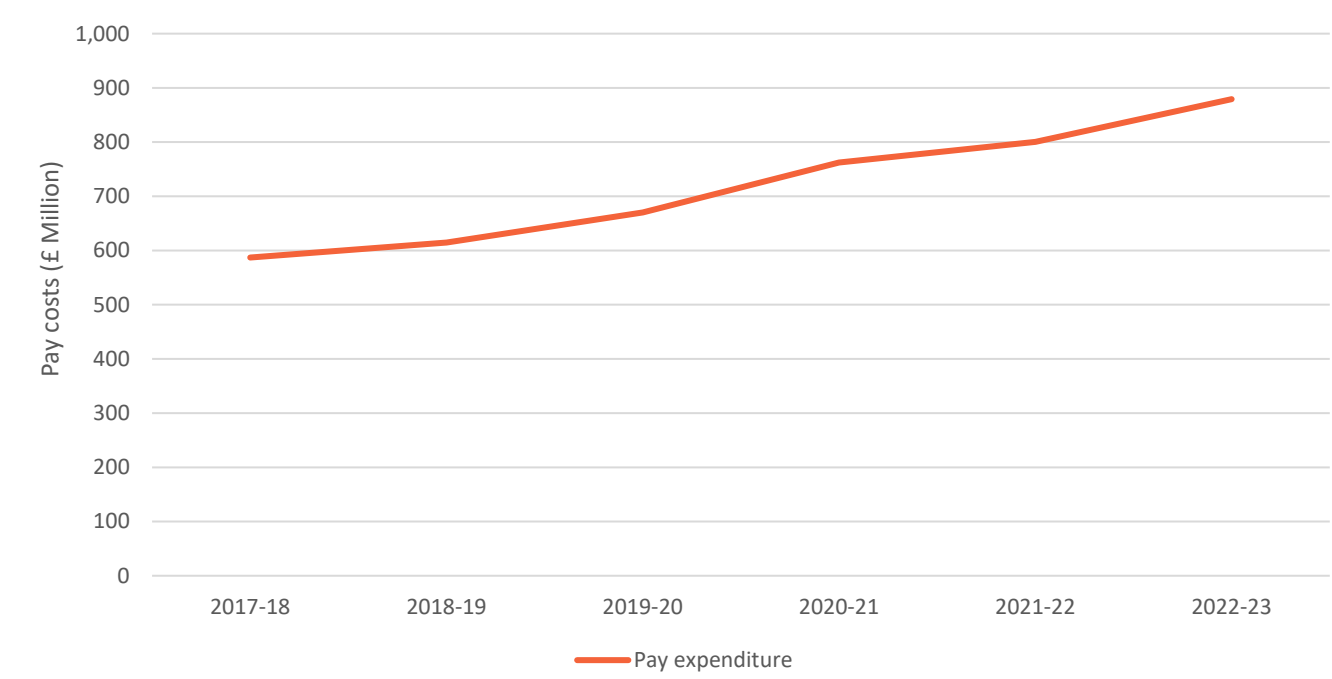
Selected workforce indicators

Exhibit 6: trend in workforce numbers (full-time equivalent), Cardiff and Vale University Health Board



Source: Welsh Government, Stats Wales

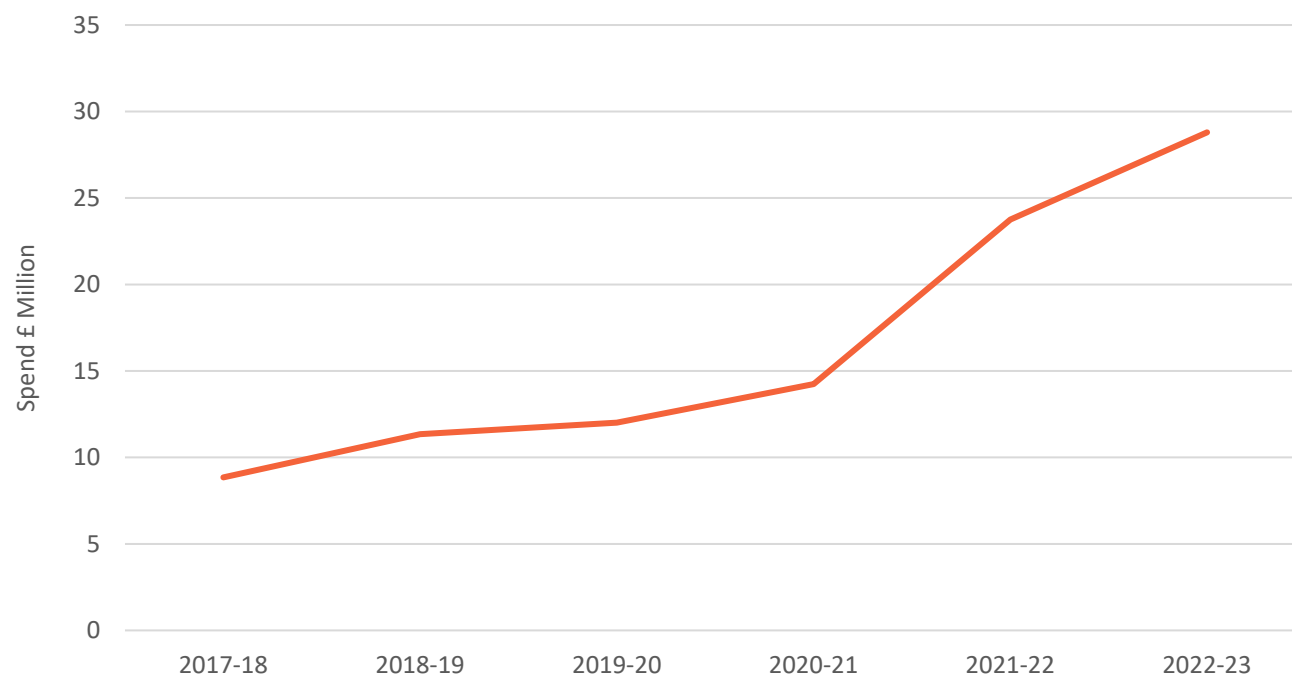
Exhibit 7: trend in actual workforce costs, Cardiff and Vale University Health Board



Source: Monthly Monitoring Returns reported to the Welsh Government

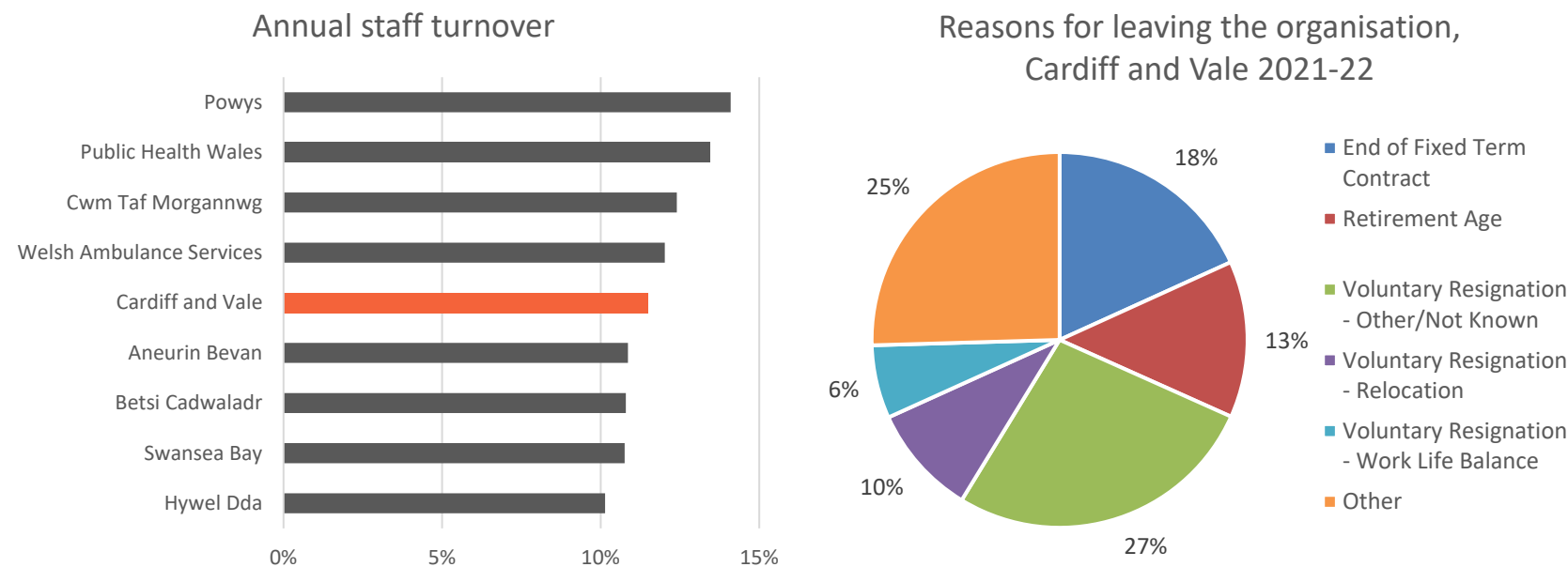
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Exhibit 8: trend of expenditure on workforce agency £ million, Cardiff and Vale University Health Board



Source: Monthly Monitoring Returns reported to the Welsh Government

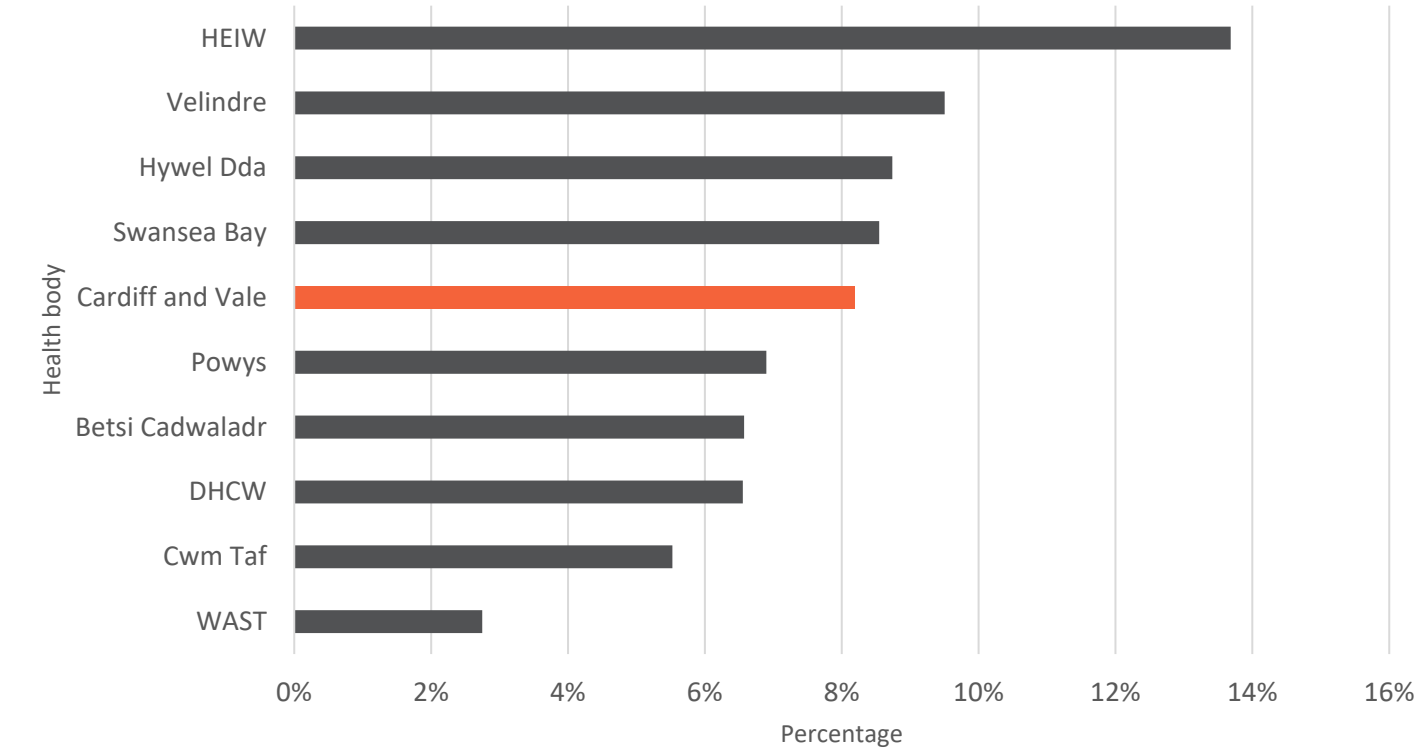
Exhibit 9: annual staff turnover and reason for leaving, 2021-22, Cardiff and Vale University Health Board



Source: staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request

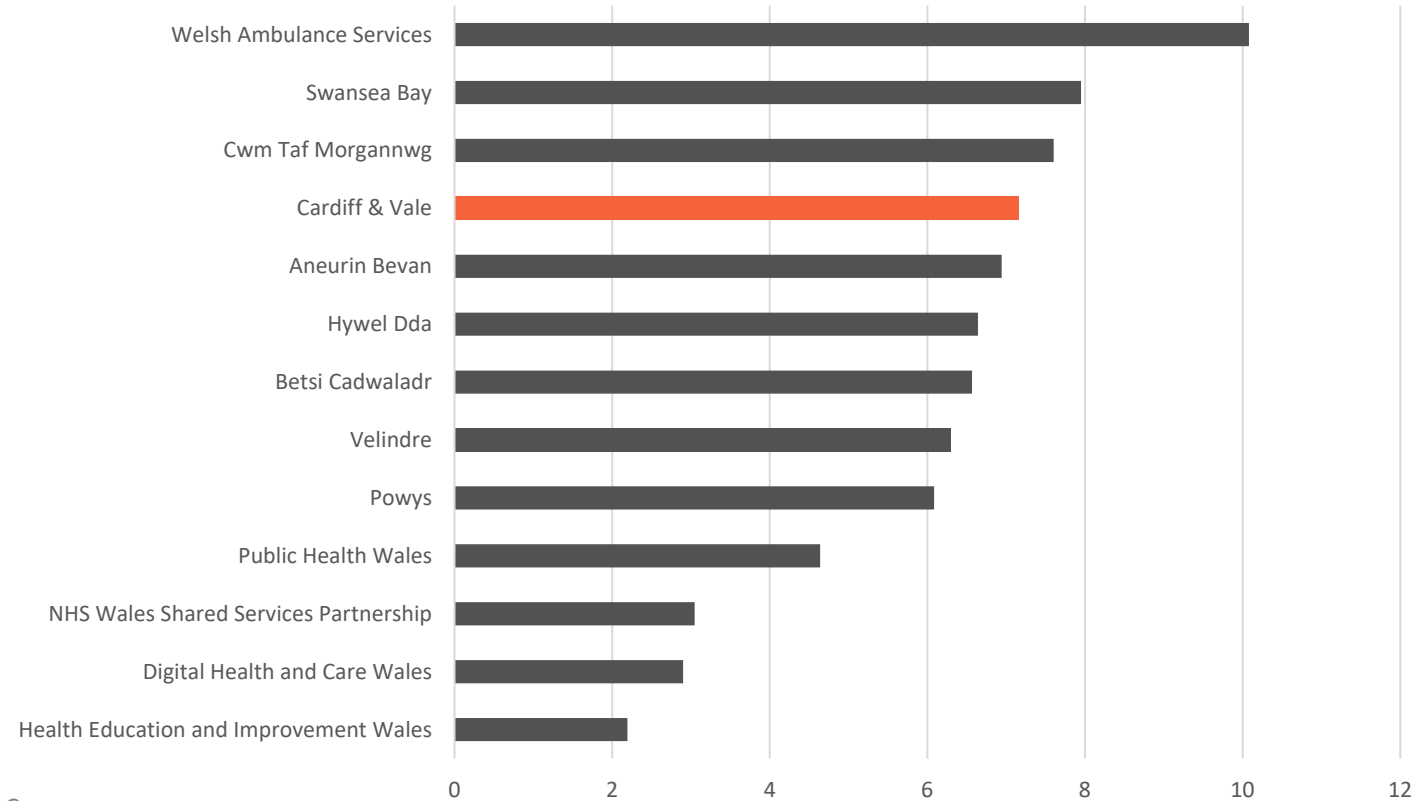
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Exhibit 10: vacancies as a percentage of total establishment, March 2022



Source: health body data request

Exhibit 11: sickness absence by organisation, 2022



Source: Welsh Government, Stats Wales

Appendix 3

Organisational response to audit recommendations

Exhibit 12: Cardiff and Vale University Health Board's response to our audit recommendations

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	Reviewing the People Plan's priorities We found the Health Board recently refreshed its long-term strategy 'Shaping Our Future Well-being'. When the Health Board reviews its People Plan's priorities, it should ensure it supports the delivery of the Health Board's refreshed long-term strategy 'Shaping Our Future Well-being' (medium priority).	<p>The UHB are in the process of reviewing the People and Culture Plan priorities as part of the 2024-25 Annual Plan/IMTP. Priorities and deliverables will be linked to the SOFW objective: Putting People First and the following objectives:</p> <ul style="list-style-type: none">• 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	31 January 2024	Deputy Director of People and Culture

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Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	Reviewing the People Plan's priorities We found the Health Board recently refreshed its long-term strategy 'Shaping Our Future Well-being'. When the Health Board review its People Plan's priorities, it should ensure it supports the delivery of the Health Board's refreshed long-term strategy 'Shaping Our Future Well-being' (medium priority).	The seven themes within the plan have been merged into three for 2024-25 with priority objectives and deliverables aligned. The refresh of the People and Culture Plan will commence in the Autumn of 2024 and will be aligned to SOFW and the Workforce Strategy for Health and Social Care.	January 2025	Executive Director of People and Culture
R2	Shared learning To help ensure consistency of workforce information, the Health Board should share the baseline document developed by the Children and Women Clinical Board with other clinical professions to ensure they adopt a consistent approach (high priority).	The HoPC are currently working with CBs to obtain an accurate baseline for all staff groups and to translate operational delivery plans into an operational/tactical workforce plan for the next 24 months. This work is being undertaken as part of the Annual Plan/IMTP 2024-25 submission.	31 January 2024	Heads of People and Culture

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Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R3	<p>Evaluate the new structure</p> <p>Whilst the People and Culture Team has been restructured to align with the People Strategy, we found insufficient resources for strategic workforce planning. Specifically, there is no dedicated workforce planning manager, and workforce planning is only a proportion of the Heads of People and Culture's role. Once the new structure has been operational for a year, the Health Board should evaluate the new structure to assess if Clinical Boards have enough strategic workforce planning support. Findings of the evaluation and any improvement actions should be reported to the People and Culture Committee (medium priority).</p>	<p>The structure would have been fully operational for 1 year in April 2024 and will be evaluated at that point. Even without the evaluation, it is evident that we do not have enough dedicated expertise to support the UHB with longer-term/strategic workforce planning. Unfortunately, we were unable to recruit to a newly created role of Head of Strategic Workforce Planning, due to current financial constraints.</p> <p>The outcome of the audit will form part of a wider paper for P&C Committee, highlighting the challenges and the risks.</p>	<p>June 2024</p> <p>July 2024</p>	<p>Deputy Director of Resourcing</p> <p>Heads of People and Culture</p>

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Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R4	Restarting workforce planning training We found that the Health Board was strengthening workforce planning capability through delivery of training workshops, but due to limited capacity this training has now stopped. The Health Board should restart its workforce planning training to enable services to plan sustainable workforce models (high priority).	Unfortunately, we do not have the capability or capacity to restart the training, but instead will be utilising the pre-recorded workforce planning training that HEIW will be launching in February 2024. The HEIW training will be supplemented by ongoing advice and support via the HoPC.	March 2024	Deputy Director of People and Culture

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Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R5	Managing risk The scale of the Health Board's workforce challenges means that the actions it is taking are having limited effect on reducing workforce risks. The Clinical Board's high-level clinical plans and workforce baseline plans have the potential to highlight new workforce risks. The Health Board should review the information in its corporate and strategic risk registers, using fresh insight from the high-level clinical plans and workforce baseline plans, to identify potential additional sources of assurance and new risks (high priority).	Clinical Board plans will be reviewed as part of the Annual Planning cycle and any new workforce risks will be escalated to Board via the BAF and Risk Registers. Appropriate plans will then be developed to mitigate the risks.	April 2024	Deputy Director of People and Culture

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Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R6	Performance monitoring We found that currently it is difficult to gauge the progress and impact of the Health Board's People Plan delivery. The Health Board needs to strengthen its focus on the impact that delivery of the People Plan is achieving and should update the People and Culture Committee twice a year on its progress and impact (high priority).	<p>An end of year report is currently being compiled for the January People and Culture Committee which will include highlights, achievements and key deliverables, with an emphasis on the difference they have made.</p> <p>As part of the IMTP/Annual Plan for 2024-25, the proposed priorities, objectives and quarterly deliverables will be discussed and approved by People and Culture Committee and Board.</p> <p>Performance against the plan will be reported to P&C Committee and WG on a quarterly basis.</p> <p>An interim report showing progress for the first six months of 2024-25 will be shared with P&C Committee.</p>	<p>31 December 2023</p> <p>31 March 2024</p> <p>August 2024</p>	<p>Head of People Assurance and Experience</p> <p>Head of People Assurance and Experience</p> <p>Head of People Assurance and Experience</p>

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We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Chilcott, Rachel
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Adolygu Trefniadau Cynllunio'r Gweithlu — Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Blwyddyn archwilio: 2023

Dyddiad cyhoeddi: Ionawr 2024

Cyfeirnod y ddogfen: 3706A2023

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Paratowyd y ddogfen hon yn rhan o waith a berfformiwyd yn unol â swyddogaethau statudol.

Os derbynnir cais am wybodaeth y gallai'r ddogfen hon fod yn berthnasol iddi, tynnir sylw at y Cod Ymarfer a gyhoeddwyd o dan adran 45 o Ddeddf Rhyddid Gwybodaeth 2000. Mae Cod adran 45 yn nodi'r arfer a ddisgwylir gan awdurdodau cyhoeddus wrth ymdrin â cheisiadau, gan gynnwys ymgynghori â thrydydd partïon perthnasol. Mewn cysylltiad â'r ddogfen hon, mae Archwilydd Cyffredinol Cymru ac Archwilio Cymru yn drydydd partïon perthnasol. Dylid anfon unrhyw ymholiadau ynglŷn â datgelu neu ailddefnyddio'r ddogfen hon i Archwilio Cymru yn swyddog.gwybodaeth@archwilio.cymru.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi. We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay.

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Cynnwys

Adroddiad cryno	
Cyflwyniad	4
Canfyddiadau allweddol	5
Argymhellion	7
Adroddiad manwl	
Ein canfyddiadau	9
Atodiadau	
Atodiad 1—Dulliau archwilio	23
Atodiad 2—Dangosyddion gweithlu dethol	25
Atodiad 3—Ymateb sefydliadol i argymhellion archwilio	31

Adroddiad cryno

Cyflwyniad

- 1 Mae gweithlu sydd wedi ei gynllunio'n effeithiol yn hanfodol i ddarparu gwasanaethau gofal o ansawdd da. Mae'r GIG yn cyflogi amrywiaeth o staff clinigol ac anghlinigol sy'n darparu gwasanaethau ar draws gofal sylfaenol, eilaidd a chymunedol, sy'n cynrychioli un o fuddsoddiadau mwyaf y GIG. Dros y blynyddoedd, mae pryderon wedi eu cofnodi'n dda am gynaliadwyedd gweithlu y GIG. Ac amlygir heriau'r gweithlu inni yn rheolaidd yn ein hadolygiadau archwilio a'n gwaith ymgysylltu parhaus â chyrff iechyd. Er gwaethaf cynnydd cyffredinol yng ngweithwyr y GIG, mae'r pryderon hyn yn parhau. Mae bylchau yn y gweithlu yn enwedig o ddifrifol ar gyfer rhai proffesiynau megis meddygon teulu, nyrsys, radiolegwyr, pediatregwyr ac offthalmolegwyr ([Darlun o Ofal iechyd, 2021](#)). Ym maes nyrsio yn unig, adroddodd Coleg Nyrsio Brenhinol Cymru 2,900 o swyddi gwag yn ei ddadansoddiad [Niferoedd Nyrsio 2022](#). Yn ogystal â hynny, mae'r sector gofal cymdeithasol, sy'n ategu'r sector iechyd, yn wynebu ei broblemau gweithlu ei hun hefyd. Mae'r pandemig wedi gwaethygu'r heriau hyn wrth i'r sector iechyd geisio adfer gwasanaethau.
- 2 O ystyried yr heriau presennol, mae cynllunio gweithlu cadarn ac arloesol yn bwysicach nag erioed. Mae cynllunio gweithlu effeithiol yn sicrhau bod gan wasanaethau cyfredol a gwasanaethau'r dyfodol y gweithlu sydd ei angen i ddarparu'r lefelau disgwylidig o wasanaeth yn effeithiol ac yn ddiogel. Mae cynllunio yn enwedig o bwysig o ystyried yr amser sydd ei angen i hyfforddi rhai grwpiau staff, yn enwedig staff meddygol.
- 3 Mae angen i gynlluniau gweithlu cenedlaethol a lleol ragweld y galw am wasanaethau a lefelau staffio dros y tymor byr, canolig a'r hirdymor. Ond mae ystod o ffactorau cymhleth sy'n effeithio ar ragdybiaethau cynllunio, gan gynnwys:
 - materion proffil oedran y gweithlu, ymddeoliad, a threthiant pensiwn;
 - agweddau sy'n newid, tuag at weithio llawn amser a rhan-amser;
 - datblygu talent frodorol a'r gallu i ddenu talent o'r tu allan i'r wlad, i Gymru;
 - trawsnewid gwasanaeth a all newid swyddogaethau ac arwain at gynyddu arbenigedd swyddogaethau.
- 4 Cymeradwywyd Cynllun Pobl a Diwylliant (y Cynllun Pobl) Bwrdd Iechyd Prifysgol Caerdydd a'r Fro (y Bwrdd Iechyd) gan y Bwrdd ym mis Ionawr 2022. Cefnogir y Cynllun Pobl gan gynllun gweithredu sy'n canolbwyntio ar y flwyddyn gyntaf y cyflawniad.
- 5 Pwyslais allweddol ein hadolygiad fu a yw dull cynllunio gweithlu y Bwrdd Iechyd yn ei helpu i fynd i'r afael yn effeithiol â heriau gweithlu cyfredol y GIG a'i heriau gweithlu yn y dyfodol. Yn benodol, gwnaethom edrych ar ddull strategol y Bwrdd Iechyd ar gyfer ymdrin â'r hyn a ganlyn: cynllunio'r gweithlu, camau gweithredol i reoli heriau cyfredol a heriau yn y dyfodol, a monitro a goruchwyllo trefniadau. Mae trefniadau rheoli'r gweithlu gweithredol, megis ymdrin â rhestr y staff/y rhestr

nyrsio, cynllunio swyddi ymgynghorwyr a defnyddio staff asiantaeth yn weithredol, y tu hwnt i gwmpas yr adolygiad hwn.

- 6 Crynhoir y dulliau a ddefnyddiwyd gennym i gyflawni ein gwaith yn **Atodiad 1**.

Canfyddiadau allweddol

- 7 Yn gyffredinol, canfuom fod y **Bwrdd lechyd yn cymryd camau priodol i fynd i'r afael â'i heriau gweithlu sylweddol. Fodd bynnag, mae angen iddo sicrhau bod ganddo ddigon o adnoddau cynllunio gweithlu i gefnogi'r gwaith o gyflawni cynllun pobl y Bwrdd lechyd a deall yn well effaith y camau y mae'n eu cymryd.**

Heriau allweddol i gynllunio'r gweithlu

- 8 Mae'r Bwrdd lechyd yn wynebu heriau gweithlu sylweddol ar draws amrywiaeth o wasanaethau a phroffesiynau, gan achosi mwy o bwysau llwyth gwaith ar aelodau staff presennol. Mae dangosyddion y gweithlu a gyflwynir yn **Atodiad 2** yn amlygu, er bod y Bwrdd lechyd wedi cynyddu niferoedd ei weithlu yn raddol yn ystod y degawd diwethaf, ei fod yn dal i wynebu heriau gweithlu difrifol o ran recriwtio a chadw, sy'n bygwth sefydlogrwydd gwasanaethau. Mae hyn wedi achosi cynnydd sylweddol yn y defnydd o staff asiantaeth, a gostiodd dros £28 miliwn i'r Bwrdd lechyd yn 2022–23, gan waethygu sefyllfa ariannol sydd eisoes o dan bwysau. Mae trosiant staff (11.5%) a chyfraddau salwch (7%) y Bwrdd lechyd ymhlith yr uchaf yng Nghymru ac maent yn cyflwyno heriau sylweddol. Yn 2022–23, £879 miliwn oedd gwariant gweithlu y Bwrdd lechyd, sy'n gynnydd o 30% yn y pedair blynedd ers 2018–19. Gallai pwysau ariannol sy'n wynebu'r Bwrdd lechyd beri risg i gynaliadwyedd y gweithlu yn y tymor byr a'r tymor hwy, er y byddai cynllunio gweithlu effeithiol yn cefnogi defnydd mwy effeithlon ac effeithiol o adnoddau presennol y Bwrdd lechyd.

Dull strategol o gynllunio'r gweithlu

- 9 **Mae'r Bwrdd lechyd yn glir am ei heriau gweithlu ac mae'n cymryd camau i wella ei ddull strategol. Fodd bynnag, mae cyfleoedd i wella'r dadansoddiad o'r broses o gynllunio'r gweithlu ac i sicrhau mwy o bwyslais ar fynd i'r afael â risgiau yn y dyfodol.**
- 10 Mae Cynllun Pobl y Bwrdd lechyd yn canolbwyntio'n glir ar fynd i'r afael â heriau gweithlu yn y tymor byr a'r tymor canolig, ond mae angen mwy o sylw ar fynd i'r afael â risgiau hirdymor. Er bod y Bwrdd lechyd ar y camau cychwynnol o ddeall ei gapasiti gwasanaeth cyfredol, mae angen iddo gryfhau y modd mae'n rhagweld galw'r gwasanaeth er mwyn ei alluogi i fodelu a chynllunio ar gyfer y dyfodol. Mae'r Bwrdd lechyd yn gweithio'n effeithiol gyda rhanddeiliaid mewnol ac allanol er mwyn dod o hyd i atebion a rennir i heriau gweithlu cyfredol ac yn y dyfodol.

Camau gweithredol i reoli heriau gweithlu

- 11 Mae'r Bwrdd lechyd yn rheoli heriau ei weithlu yn rhagweithiol, er bod angen iddo gynnal ei drefniadau i fynd i'r afael â risgiau tymor canolig ac yn y dyfodol. Efallai y bydd angen adnoddau ychwanegol hefyd i gefnogi'r gwaith arfaethedig yn effeithiol.
- 12 Mae gan y Bwrdd lechyd fwriad clir o wella'r gallu i gynllunio'r gweithlu ond dylai sicrhau bod ganddo'r adnoddau i gefnogi'r broses o gyflawni ei Gynllun Pobl. Mae ganddo ddealltwriaeth dda o'r risgiau a allai ei atal rhag cyflawni ei uchelgeisiau gweithlu, ond ychydig iawn o effaith y mae'r camau i liniaru'r risgiau hyn wedi ei chael hyd yn hyn. Mae'r Bwrdd lechyd hefyd yn canolbwyntio'n briodol ar heriau cyfredol ei weithlu ar lefel weithredol drwy amrywiaeth o weithgareddau recriwtio, cadw a datblygu. Fodd bynnag, mae heriau sylweddol sy'n parhau, ac nid yw comisiynu addysg yn cefnogi gweithlu cynaliadwy eto, ac mae hyn yn gadael bylchau mewn rhai meysydd allweddol.

Monitro a goruchwyllo'r cynllun gweithlu/y broses o gyflawni'r strategaeth

- 13 Goruchwylir perfformiad gweithredol y gweithlu yn effeithiol. Fodd bynnag, mae angen i'r Bwrdd lechyd ddeall yn well a yw ei Gynllun Pobl yn gwneud gwahaniaeth.
- 14 Mae'r Pwyllgor Pobl a Diwylliant sydd newydd ei sefydlu yn dechrau derbyn adroddiadau perfformiad y gweithlu amserol a chynhwysfawr, ond mae angen i'r Bwrdd lechyd gryfhau'r pwyslais ar effaith gweithredoedd y Cynllun Pobl.

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Argymhellion

- 15
- Manylir ar yr argymhellion sy'n deillio o'r archwiliad hwn yn **Arddangosyn 1**. Mae'r rhain yn cynnwys amserlenni a'n hasesiad blaenoriaeth. Crynhoir ymateb y Bwrdd lechyd i'n hargymhellion yn **Atodiad 3**.

Arddangosyn 1: argymhellion

Argymhellion	
Adolygu blaenoriaethau y Cynllun Pobl	
A1	Canfuom fod y Bwrdd lechyd wedi adnewyddu ei strategaeth hirdymor, 'Siapio ein Llesiant yn y Dyfodol', yn ddiweddar. Pan fydd y Bwrdd lechyd yn adolygu ei flaenoriaethau Cynllun Pobl, dylai sicrhau ei fod yn cefnogi'r broses o gyflawni strategaeth hirdymor newydd y Bwrdd lechyd, sef 'Siapio ein Llesiant yn y Dyfodol' (blaenoriaeth ganolig).
Rhannu'r hyn a ddysgwyd	
A2	Er mwyn helpu i sicrhau cysondeb yr wybodaeth am y gweithlu, dylai'r Bwrdd lechyd rannu'r ddogfen llinell sylfaen a ddatblygwyd gan y Bwrdd Clinigol Plant a Menywod â phroffesiynau clinigol eraill i sicrhau eu bod yn mabwysiadu dull cyson (blaenoriaeth uchel).
Gwerthuso'r strwythur newydd	
A3	Er bod y Tîm Pobl a Diwylliant wedi ei ailstrwythuro i sicrhau cysondeb â'r Strategaeth Pobl, canfuom fod adnoddau annigonol ar gyfer cynllunio gweithlu strategol. Yn benodol, nid oes rheolwr cynllunio gweithlu penodol a dim ond cyfran o swyddogaeth Penaethiaid Pobl a Diwylliant yw cynllunio'r gweithlu. Pan fydd y strwythur newydd wedi bod yn weithredol ers blwyddyn, dylai'r Bwrdd lechyd werthuso'r strwythur newydd er mwyn asesu a oes gan Fyrddau Clinigol ddigon o gymorth cynllunio gweithlu strategol. Dylid adrodd canfyddiadau'r gwerthusiad ac unrhyw gamau gwella i'r Pwyllgor Pobl a Diwylliant (blaenoriaeth ganolig).
Ailddechrau'r hyfforddiant cynllunio gweithlu	
A4	Canfuom fod y Bwrdd lechyd wedi cryfhau'r gallu i gynllunio'r gweithlu drwy ddarparu gweithdai hyfforddi, ond oherwydd capasiti cyfyngedig, fod yr hyfforddiant hwn wedi dod i ben erbyn hyn. Dylai'r Bwrdd lechyd ailddechrau'r hyfforddiant cynllunio gweithlu er mwyn galluogi gwasanaethau i gynllunio modelau gweithlu cynaliadwy (blaenoriaeth uchel).

Argymhellion

Rheoli risgiau

- A5 Mae graddfa heriau gweithlu y Bwrdd Iechyd yn golygu bod y camau y mae'n eu cymryd yn cael effaith gyfyngedig ar leihau risgiau gweithlu. Mae gan gynlluniau clinigol lefel uchel a chynlluniau llinell sylfaen gweithlu y Bwrdd Clinigol y potensial o dynnu sylw at risgiau gweithlu newydd. Dylai'r Bwrdd Iechyd adolygu'r wybodaeth yn ei gofrestrau risg corfforaethol a strategol, gan ddefnyddio mewnwelediad newydd o'r cynlluniau clinigol lefel uchel a chynlluniau llinell sylfaen y gweithlu, er mwyn nodi ffynonellau sicrwydd ychwanegol posibl a risgiau newydd (**blaenoriaeth uchel**).

Monitro perfformiad

- A6 Canfuom ei bod yn anodd mesur cynnydd ac effaith y broses o gyflawni Cynllun Pobl y Bwrdd Iechyd ar hyn o bryd. Mae angen i'r Bwrdd Iechyd gryfhau ei bwyslais ar yr effaith y mae cyflawni'r Cynllun Pobl yn ei chael, a dylai roi'r wybodaeth ddiweddaraf ar gynnydd ac effaith hyn i'r Pwyllgor Pobl a Diwylliant ddwywaith y flwyddyn (**blaenoriaeth uchel**).

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Adroddiad manwl

Ein canfyddiadau

- 16
- Mae'r tri thabl canlynol yn nodi'r meysydd yr ydym wedi eu hadolygu a'n canfyddiadau. Mae'r rhain yn canolbwyntio ar yr hyn a ganlyn:
- dull cynllunio gweithlu strategol y corff gwasanaeth iechyd (**Arddangosyn 2**);
 - camau gweithredol i reoli heriau gweithlu (**Arddangosyn 3**); a
 - monitro a goruchwyllo'r cynllun gweithlu/y broses o gyflawni'r strategaeth (**Arddangosyn 4**).

Arddangosyn 2: dull cynllunio gweithlu strategol y Bwrdd lechyd

Mae'r adran hon yn canolbwyntio ar ddull cynllunio strategol y Bwrdd lechyd. Ar y cyfan, canfuom fod **y Bwrdd lechyd yn glir am ei heriau gweithlu a'i fod yn cymryd camau i wella ei ddull strategol. Fodd bynnag, mae cyfleoedd i wella'r dadansoddiad o'r broses o gynllunio'r gweithlu ac i sicrhau mwy o bwyslais ar fynd i'r afael â risgiau yn y dyfodol.**

Yr hyn yr oeddem yn edrych arno	Yr hyn a ganfuwyd gennym
<p>Gwnaethom ystyried a yw strategaeth a chynlluniau gweithlu y Bwrdd lechyd yn debygol o fynd i'r afael â'r risgiau i'r gweithlu presennol ac yn y dyfodol. Roeddem yn disgwyl gweld strategaeth neu gynllun gweithlu sy'n gwneud yr hyn a ganlyn:</p> <ul style="list-style-type: none">adnabod heriau gweithlu cyfredol ac yn y dyfodol;bod â gweledigaeth ac amcanion clir;	<p>Canfuom fod Cynllun Pobl y Bwrdd lechyd yn canolbwyntio'n glir ar fynd i'r afael â heriau gweithlu yn y tymor byr a'r tymor canolig, ond bod angen mwy o sylw ar nodi a thargedu meysydd penodol sydd angen gwelliannau.</p> <p>Mae Cynllun Pobl 2022–25 y Bwrdd lechyd yn rhoi pwyslais clir a rhesymegol ar wella llesiant, cynhwysiant, gallu ac ymgysylltiad ei weithlu. Mae ei amcanion lefel uchel yn canolbwyntio ar:</p> <ul style="list-style-type: none">adeiladu modelau gweithlu di-dor;bod â gweithlu brwdfrydig ac iach sy'n ymgysylltu;denu, recriwtio a chadw ei staff;bod â gweithlu sy'n barod yn ddigidol;darparu cyfleoedd addysg a dysgu;

- alinio ag amcanion strategol y sefydliad a chynlluniau sefydliadol ehangach;
- cyd-fynd â chynlluniau, polisïau a deddfwriaeth cenedlaethol perthnasol, gan gynnwys strategaeth gweithlu cenedlaethol ar gyfer iechyd a gofal cymdeithasol; a
- chael ei gefnogi gan gynllun gweithredu clir.

- arweinyddiaeth ac olyniaeth; a
- bod â gweithlu digonol a chynaliadwy.

Mae'r Bwrdd Iechyd yn dechrau gwella sut mae'n nodi ei heriau sy'n benodol i'r gweithlu gan ddefnyddio ei gynlluniau llinell sylfaen y gweithlu fel man cychwyn, er bod y dystiolaeth bresennol yn gyfyngedig. Nid yw'r heriau y mae'n eu disgrifio yn y Cynllun Pobl yn asesiad cynhwysfawr nac yn ddigon penodol i helpu'r sefydliad i dargedu ei weithgaredd gwella.

Mae'r Cynllun Pobl yn cefnogi'n briodol yr uchelgeisiau a nodir yn Strategaeth Gweithlu Cenedlaethol ar gyfer Iechyd a Gofal Cymdeithasol¹, gan ddefnyddio'r un saith thema genedlaethol a osodir yng nghyd-destun Bwrdd Iechyd Prifysgol Caerdydd a'r Fro. Mae'r Cynllun Pobl hefyd yn gyson â deddfwriaeth cenedlaethol perthnasol, megis Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, Deddf Lefelau Staff Nyrsio (Cymru) 2016, a Safonau'r Gymraeg². Mae'r Cynllun Pobl yn cefnogi'r broses o gyflawni strategaeth hirdymor y Bwrdd Iechyd, a'r Cynllun Blynyddol³ drwy raglen alluogi Llundio ein Gweithlu i'r Dyfodol. Mae'r Bwrdd Iechyd wedi adnewyddu ei strategaeth hirdymor, 'Siapio ein Llesiant yn y Dyfodol' yn ddiweddar, gan sicrhau cymeradwyaeth y Bwrdd ym mis Gorffennaf 2023. Yn rhan o waith blynyddol y Bwrdd Iechyd o adolygu blaenoriaethau'r Cynllun Pobl, dylai'r Bwrdd Iechyd gymryd y cyfle i sicrhau ei fod yn gyson â'r strategaeth hirdymor newydd, 'Siapio ein Llesiant yn y Dyfodol' (**Argymhelliad 1**).

Cefnogir y Cynllun Pobl gan gynllun gweithredu blynyddol ar wahân sy'n manylu ar sut mae'r Bwrdd Iechyd yn bwriadu gweithredu ei uchelgais gweithlu. Mae'r cynllun gweithredu yn gyson â Chynllun

Strategaeth ddeng mlynedd a lansiwyd ym mis Hydref 2020 gan AaGIC a Gofal Cymdeithasol Cymru yw 'Cymru Iachach: Strategaeth ein Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol'.

² Mesur Gymraeg (Cymru) 2011.

³ Ar hyn o bryd nid oes gan y Bwrdd Iechyd Gynllun Tymor Canolig Integredig, yn lle hynny mae'r Bwrdd Iechyd yn gweithio i Gynllun Blynyddol a osodir mewn cyd-destun tair blynedd.

	Blynyddol ehangach 2023–24 y Bwrdd Iechyd ac mae'n cynnwys mesurau llwyddiant a Dangosyddion Perfformiad Allweddol chwarterol.
<p>Gwnaethom ystyried a oes gan y Bwrdd Iechyd ddealltwriaeth dda o ofynion gwasanaethau cyfredol ac yn y dyfodol. Roeddem yn disgwyl gweld:</p> <ul style="list-style-type: none">• defnydd o wybodaeth ddibynadwy am y gweithlu i bennu anghenion a risg y gweithlu yn y tymor byr a'r tymor hwy; a• chomau gweithredu i wella ansawdd y data am y gweithlu ac i fynd i'r afael ag unrhyw fylchau gwybodaeth.	<p>Canfuom fod y Bwrdd Iechyd ar y camau cychwynnol o ddeall ei gapasiti gwasanaeth cyfredol. Fodd bynnag, mae angen iddo gryfhau sut mae'n modelu ac yn cynllunio ei weithlu i sicrhau ei fod yn gynaliadwy.</p> <p>Ni wnaeth y Bwrdd Iechyd gynnwys dadansoddiad o'r gweithlu na modelu'r gwasanaeth wrth ddatblygu'r Cynllun Pobl. Fodd bynnag, mae bellach yn dechrau deall bylchau ei weithlu a sut bydd hyn edrych yn y dyfodol os, er enghraifft, nad yw'n cymryd unrhyw gamau. Mae pob Bwrdd Clinigol⁴ yn datblygu cynlluniau clinigol lefel uchel ynghyd â chynlluniau llinell sylfaen y gweithlu i fwydo i gylch cynllunio'r Cynllun Tymor Canolig Integredig. Ar adeg ein gwaith maes, roedd y Bwrdd Iechyd eisoes wedi cynhyrchu llinell sylfaen ar gyfer gweithlu nyrsio y Bwrdd Clinigol Plant a Menywod. Mae hyn yn darparu dadansoddiad da ar lefelau a galw cyfredol y gweithlu nyrsio, y gweithlu sydd ar gael, twf y gweithlu, ei berfformiad a meysydd sy'n peri pryder, ac mae'n nodi camau gwella. Rydym yn deall bod llinellau sylfaen y gweithlu nyrsio hefyd wedi eu datblygu bellach gan bob Bwrdd Clinigol arall. Dylai'r Bwrdd Iechyd rannu'r llinell sylfaen hon â phroffesiynau clinigol eraill fel templed, gyda'r nod o sicrhau y cesglir, y dadansoddir ac y cyflwynir gwybodaeth am y gweithlu yn gyson ar draws y sefydliad (Argymhelliad 2). Mae angen i'r Bwrdd Iechyd gael dealltwriaeth gliriach hefyd o'i fodelau gwasanaeth yn y dyfodol ar gyfer gwasanaethau aciwt a chymunedol. Heb hyn, ni fydd yn gallu datblygu ei weithlu a swyddogaethau newydd cysylltiedig yn effeithiol na rhagweld y capasiti a'r galw i sicrhau cynaliadwyedd y gweithlu rhwng y tymor canolig a'r hirdymor.</p>

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⁴ Mae'r Bwrdd Iechyd wedi ei strwythuro a'i ddylunio yn wyth Bwrdd Clinigol: Plant a Menywod; Therapiwteg a Diagnosteg Glinigol; Deintyddol; Meddygaeth Iechyd Meddwl; Gwasanaethau Arbenigol; Llawfeddygaeth; Sylfaenol, Cymunedol a Chanolraddol—sy'n cwmpasu'r pedwar prif faes gwasanaeth Strwythur Ein Bwrdd Iechyd—Bwrdd Iechyd Prifysgol Caerdydd a'r Fro.

	<p>Mae gan y Bwrdd lechyd ddata gweithredol rhesymol, megis lefelau salwch, swyddi gwag, a chyfraddau arfarnu y mae'n eu cael o system Cofnod Staff Electronig. Mae hyn yn cefnogi'r gwaith o gynllunio a dadansoddi'r gweithlu. Bydd gweithredu EsrGo⁵ yn helpu i sicrhau mai dim ond unwaith y bydd angen i reolwyr ddiweddarau newidiadau staff. Bydd hefyd yn helpu i sicrhau bod staff y gweithlu sydd wedi eu cyllidebu⁶ a'r lefelau staffio dyddiol yn gywir. Mae'r Bwrdd lechyd wedi cytuno ar staff nyrsio ac mae'r rhain wedi eu diweddarau yn Cofnod Staff Electronig er mwyn sicrhau bod data y gweithlu yn gywir.</p> <p>Mae'r Bwrdd lechyd yn cymryd camau i wella mynediad lefel gwasanaeth i ddata gweithlu gan ddefnyddio dangosfyrddau rheoli. I ddechrau, bydd y rhain yn cychwyn â metrigau ar arfarnu a hyfforddiant statudol a gorfodol, cyfraddau absenoldeb salwch a mamolaeth, a chyfraddau trosiant a swyddi gwag.</p>
<p>Gwnaethom ystyried a yw'r Bwrdd lechyd yn gweithio gyda phartneriaid i helpu i ddatrys heriau cyfredol y gweithlu a'r rhai a ragwelir yn y dyfodol. Roeddem yn disgwyl gweld:</p> <ul style="list-style-type: none"> ymgysylltu effeithiol ac amserol a gweithio gyda rhanddeiliaid mewnol ac allanol allweddol i fynd i'r afael â materion gweithlu cyfredol a rhai y dyfodol; ac atebion a rennir a nodwyd gyda rhanddeiliaid allweddol i helpu i fynd i'r afael â heriau y gweithlu. 	<p>Canfuom fod y Bwrdd lechyd yn gweithio'n rhanddeiliaid gyda rhanddeiliaid mewnol ac allanol er mwyn dod o hyd i atebion a rennir i heriau gweithlu cyfredol ac yn y dyfodol.</p> <p>Mae'r Bwrdd lechyd yn ymgysylltu â rhanddeiliaid mewnol ac allanol yn effeithiol er mwyn datblygu ei ddull gweithlu strategol. Hysbyswyd datblygiad y Cynllun Pobl drwy ymgysylltu'n dda â'r staff, wrth i'r Bwrdd a rhanddeiliaid allanol ddefnyddio diwrnodau datblygu a gweithdai, a thrwy gylchredeg y Strategaeth ddrafft er mwyn gofyn am sylwadau. Mae gan bob un o themâu y Cynllun Pobl arweinydd Tîm Pobl a Diwylliant a enwir a chynrychiolydd Undebau Llafur. Gan fod Penaethiaid Pobl</p>

⁵ Rhyngwyneb awtomataidd rhwng system gyflogres Cofnod Staff Electronig a system restru HealthRoster Allocate Software yw EsrGo.

⁶ 'Staff' yw'r term ar gyfer lefelau'r gweithlu, swyddogaethau staff a bandin Agenda ar gyfer Newid y GIG, sydd wedi ei gyllidebu'n ariannol.

a Diwylliant⁷ bellach wedi eu hailgyflwyno i Fyrddau Clinigol, bydd hyn yn helpu i gryfhau perthnasoedd ac yn helpu i ddeall anghenion cyfredol a dyfodol gwasanaethau yn well.

Mae'r Bwrdd Iechyd hefyd yn cydnabod pwysigrwydd gweithio rhanbarthol i gefnogi datblygiad gwasanaethau cynaliadwy. Mae'n mynd ati i ymgysylltu â'i bartneriaid awdurdod lleol⁸ i ddod o hyd i atebion i'r gweithlu a rennir, drwy'r Bwrdd Partneriaeth Rhanbarthol⁹. Maent yn cydweithredu ar fodel gweithlu integredig ar gyfer iechyd a gofal cymdeithasol i nodi eu dull cydweithio dros y ddeng mlynedd nesaf, a chynhelir gweithdai rheolaidd rhwng y partneriaid Bwrdd Partneriaeth Rhanbarthol i ddatblygu'r gwaith.

Mae nifer o brosiectau trawsnewid rhanbarthol ar wahanol gamau hefyd, sydd â goblygiadau i'r gweithlu a bydd angen modelu a chynlluniau rhanbarthol ar gyfer y gweithlu. Mae'r rhain yn cynnwys Orthopedeg, ehangu Cataractau Rhanbarthol a gwelliannau i'r Canolfannau Diagnostig Cymunedol a rhaglenni Endosgopi. Mae'r Bwrdd Iechyd yn ymgysylltu'n rheolaidd ag Addysg a Gwella Iechyd Cymru (AaGIC) ar faterion gweithlu lleol a rhanbarthol. Er enghraifft, chwaraeodd AaGIC ran yn natblygiad Gwasanaethau Fasgwlaidd De-ddwyrain Cymru.

Yn seiliedig ar fodel Partner Busnes Adnoddau Dynol.

⁸ Mae dau awdurdod lleol sy'n cwmpasu ardal y Bwrdd Iechyd: cyngorau sir Bro Morgannwg a Chaerdydd yw'r rhain.

⁹ Sefydlwyd Bwrdd Partneriaeth Rhanbarthol Caerdydd a'r Fro gan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 er mwyn sicrhau bod fyrddau iechyd lleol, awdurdodau lleol a'r trydydd sector yn gweithio gyda'i gilydd i ddarparu gwasanaethau, gofal a chymorth sy'n diwallu anghenion pobl sy'n byw yng Nghaerdydd a'r Fro.

Tudalen 13 o 38 - Adolygu Trefniadau Cynllunio'r Gweithlu — Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Arddangosyn 3: camau gweithredol i reoli heriau gweithlu

Mae'r adran hon yn canolbwyntio ar y camau gweithredu y mae'r Bwrdd Iechyd yn eu cymryd i reoli heriau gweithlu. Ar y cyfan, canfuom fod y **Bwrdd Iechyd yn rheoli heriau ei weithlu yn rhagweithiol, er bod angen iddo gynnal ei drefniadau i fynd i'r afael â risgiau tymor canolig ac yn y dyfodol. Efallai y bydd angen adnoddau ychwanegol hefyd i gefnogi'r gwaith arfaethedig yn effeithiol.**

Yr hyn yr oeddem yn edrych arno	Yr hyn a ganfuwyd gennym
<p>Gwnaethom ystyried a yw'r Bwrdd Iechyd wedi nodi digon o adnoddau i gefnogi'r broses o gynllunio'r gweithlu dros y tymor byr, canolig a'r hirdymor. Roeddem yn disgwyl gweld:</p> <ul style="list-style-type: none">• swyddogaethau a chyfrifoldebau clir ar gyfer cynllunio'r gweithlu;• staff â sgiliau priodol i sicrhau bod y gweithlu yn cael ei gynllunio yn gadarn;• capasiti gweithlu digonol ar draws y sefydliad i gynllunio a chyflawni strategaeth neu gynllun y gweithlu; ac• adnoddau ariannol digonol i gyflawni strategaeth neu gynllun y gweithlu.	<p>Canfuom fod gan y Bwrdd Iechyd fwriad clir o wella'r gallu i gynllunio'r gweithlu ond dylai sicrhau bod ganddo'r adnoddau i gefnogi'r broses o gyflawni ei Gynllun Pobl.</p> <p>Yn ystod y llynedd, mae'r Bwrdd Iechyd wedi ailstrwythuro ei Dîm Pobl a Diwylliant i sicrhau cysondeb â'r Strategaeth Pobl. Mae'r strwythur tîm newydd wedi bod yn gwbl weithredol ers mis Ebrill 2023 ac mae wedi parhau i ymwreiddio yn ystod y chwe mis diwethaf. Dan arweiniad Cyfarwyddwr Gweithredol Pobl a Diwylliant, mae'r gyfarwyddiaeth Pobl a Diwylliant yn cynnwys Dirprwy Gyfarwyddwr, dau Gyfarwyddwr Cynorthwyol gyda deg tîm yn eistedd yn y gyfarwyddiaeth¹⁰. Neilltuir pedwar Pennaeth Pobl a Diwylliant y Bwrdd Iechyd i ddau Fwrdd Clinigol fel partneriaid busnes. Arweiniodd yr ad-drefniad diweddar at sefydlu dau dîm ychwanegol i ymdrin â materion Adnoddau Dynol o ddydd i ddydd¹¹. Er gwaethaf y newidiadau hyn, nid yw'r Bwrdd Iechyd wedi buddsoddi'n ddigonol mewn adnoddau cynllunio gweithlu strategol ac nid oes ganddo reolwr cynllunio gweithlu pwrpasol. Dim ond cyfran o swyddogaeth y Penaethiaid Pobl a Diwylliant yw</p>

Mae tîmau'r Gyfarwyddiaeth yn cynnwys: Addysg, Diwylliant a Datblygu Sefydliadol; Tîm Prosiect E-Roster; Tîm Adnoddau Meddygol; Sicrhau Pobl a Phrofiad; Adnoddau Pobl; Ecwiti a Chynhwysiant; Iechyd a Diogelwch; Gwybodaeth y Gweithlu; Gwasanaethau Iechyd a Lles Pobl; a Gwasanaethau Pobl.

¹¹ Mae'r ddau dîm newydd yn cynnwys tîm arbenigol sy'n gyfrifol am gysylltiadau cyflogaion a thîm cyffredinol sy'n gyfrifol am reoli newid, rheoli presenoldeb, disgrifiadau swyddi, ymholiadau recriwtio, adleoli a chanllawiau contractau tymor penodol.

Yr hyn yr oeddem yn edrych arno	Yr hyn a ganfuwyd gennym
	<p>cynllunio'r gweithlu. Er bod y strwythur newydd yn ymddangos yn rhesymegol, mae'n rhy gynnar i farnu a yw'n cefnogi'n briodol y broses o gynllunio'r gweithlu yn effeithiol. Dylai'r Bwrdd lechyd adolygu ei fodel er mwyn asesu a oes gan Fyrddau Clinigol ddigon o gymorth cynllunio gweithlu strategol (Argymhelliad 3).</p> <p>Cyfarfuom ag Arweinwyr Gwasanaeth yn rhan o'r archwiliad hwn. Dywedasant eu bod yn deall eu swyddogaeth wrth gynllunio'r gweithlu. Fodd bynnag, canfuom fod cyfyngiadau capasiti yn effeithio ar ddatblygiad cynllun gweithredol y gweithlu. Mae'r Bwrdd lechyd yn cryfhau'r gallu i gynllunio'r gweithlu drwy ddarparu hyfforddiant i reolwyr yn seiliedig ar fodel chwe cham AaGIC¹². Gwnaethom ni gwrdd ag arweinwyr gwasanaeth a ddilynodd yr hyfforddiant. Er eu bod yn credu ei fod yn ddefnyddiol, roeddent yn teimlo nad oedd ganddynt ddigon o amser i 'feddwl yn strategol', rhoi yr hyn y maent wedi'i ddysgu ar waith na datblygu cynlluniau ac atebion i'r gweithlu. Rydym yn deall gan y Bwrdd lechyd fod yr hyfforddiant wedi ei ohirio oherwydd capasiti cyfyngedig i gyflawni. Dylai'r Bwrdd lechyd ailddechrau ei hyfforddiant cynllunio gweithlu er mwyn galluogi gwasanaethau i gynllunio modelau gweithlu cynaliadwy. (Argymhelliad 4).</p> <p>Mae cynllun gweithlu'r Bwrdd lechyd yn cael ei gostio yn rhan o'i Gynllun Tymor Canolig Integredig blynyddol, ond y tu hwnt i hyn, nid yw'r Bwrdd lechyd wedi nodi'r sgiliau, y costau tymor hwy, na'r adnoddau eraill sy'n gysylltiedig â chyflawni ei Gynllun Pobl. Mae Arddangosion 6 a 7 yn dangos twf hanesyddol mewn lefelau staffio a chostau efallai nad ydynt yn gynaliadwy yn yr hirdymor. Mae'r Bwrdd lechyd yn gweithio mewn amgylchedd ariannol heriol iawn. Mae hyn yn golygu y bydd angen i wasanaethau feddwl yn wahanol er mwyn mynd i'r afael â heriau'r gweithlu ac ymarfer rheolaeth</p>

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¹² Mae Addysg a Gwella lechyd Cymru wedi datblygu pecyn cymorth cynllunio gweithlu yn seiliedig ar y chwe cham canlynol: 1, Disgrifio eich cynllun, 2. Mapio'r newid gwasanaeth, 3. Diffinio'r gweithlu, 4. Cyflenwi'r gweithlu, 5. Diffinio'r camau gweithredu sydd eu hangen, 6 Gweithredu a monitro.

Yr hyn yr oeddem yn edrych arno	Yr hyn a ganfuwyd gennym
	<p>dynnach ar wariant gweithlu. Yn 2023–24, mae'r Bwrdd Iechyd yn bwriadu creu effeithlonrwydd drwy gyflawni lleihad o oddeutu £6 miliwn yn y defnydd o staff asiantaeth o'i gymharu â 2022–23.</p>

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Gwnaethom ystyried a oes gan y Bwrdd Iechyd ddealltwriaeth dda o'r risgiau tymor byr a hirdymor a allai ei hatal rhag cyflawni ei strategaeth neu gynllun y gweithlu. Roeddem yn disgwyl gweld:

- dealltwriaeth dda o'r rhwystrau a allaiatal strategaeth neu gynllun y gweithlu rhag cael ei gyflawni;
- cynlluniau i liniaru risgiau a allaiatal y sefydliad rhag cyflawni ei uchelgeisiau gweithlu; a
- risgiau gweithlu sydd wedi eu dogfennu'n glir a reolir ar y lefel briodol.

Canfuom fod gan y **Bwrdd Iechyd ddealltwriaeth dda o'r risgiau a allai eiatal rhag cyflawni ei uchelgeisiau gweithlu, ond ychydig iawn o effaith y mae'r camau i liniaru'r risgiau hyn wedi ei chael hyd yn hyn.**

Mae'r Bwrdd Iechyd wedi mynegi ei uchelgeisiau gweithlu yn glir, ond mae amrywiaeth o risgiau a allai eiatal rhag eu cyflawni nhw. Mae'r rhain yn ymwneud â phrinder gweithlu, pwysau ariannol, a diffyg eglurder ynghylch modelau clinigol yn y dyfodol, gofal sylfaenol, gofal yn nes at y cartref, a rhagor o wasanaethau a ddarperir yn y gymuned. Mae'r Bwrdd Iechyd yn nodi risgiau i gyflawni'r Cynllun Pobl yn ei adroddiadau cynnydd fflach misol gan ddefnyddio sgôr Coch, Melyn, a Gwyrdd¹³. Mae'r adroddiadau fflach hyn hefyd yn cynnwys risgiau i raglenni gweithlu mawr a chamau lliniaru, sy'n ysgogi unrhyw benderfyniad neu ymyrraeth angenrheidiol gan Weithredwyr perthnasol. Mae prinder gweithlu yn cyfyngu ar allu'r Bwrdd Iechyd i fodloni gofynion Deddf Lefelau Staff Nyrsio (Cymru)¹⁴. Er ei fod wedi cymryd camau lliniaru ar lefelau corfforaethol a gweithredol yn ystod 2022–23, cafodd y Bwrdd Iechyd drafferth sicrhau ei fod yn cydymffurfio â'r Ddeddf yn briodol mewn sawl maes¹⁵.

Yn gorfforaethol, mae'r Bwrdd Iechyd yn adlewyrchu'n briodol risgiau gweithlu lefel uchel, tymor byr a thymor hwy, y mae'n eu rheoli drwy Fframwaith Sicrwydd y Bwrdd a'r fframwaith risg corfforaethol. Mae'r Pwyllgor Pobl a Diwylliant¹⁶ sydd newydd ei sefydlu yn gyfrifol am oruchwylio'r risgiau hyn, gan graffu ar gamau lliniaru fel mater o drefn. Ym mis Medi 2023, roedd saith risg gorfforaethol â sgôr uchel yn gysylltiedig â'r gweithlu, yn benodol lefelau staffio a swyddi gwag. Yn weithredol, mae Byrddau Clinigol yn adolygu cofrestrau risg fel mater o drefn yng nghyfarfodydd deufisol y Bwrdd Clinigol. Trafodir risgiau'r gweithlu ar lefel weithredol yn adolygiadau perfformiad clinigol y bwrdd er mwyn deall materion gweithlu, blaenoriaethau a nodi cynlluniau wrth gefn. Mae'r Bwrdd Iechyd hefyd wedi ailgyflwyno ei Grŵp Cynhyrchiant Nyrsio. Fodd bynnag, fel y dangosir gan anallu'r Bwrdd Iechyd i gyflawni'r sgoriau risg targed a nodir ar eu cofrestr risg corfforaethol, mae maint heriau y gweithlu yn golygu mai bach iawn yw'r effaith y mae'r camau lliniaru yn eu cael ar leihau risgiau y gweithlu. Fel Byrddau Clinigol, mae gan gynlluniau clinigol lefel uchel a chynlluniau llinell sylfaen gweithlu y potensial o dynnu sylw at risgiau gweithlu newydd. Dylai'r Bwrdd Iechyd adolygu'r wybodaeth yn ei gofrestrau risg corfforaethol a strategol, gan ddefnyddio mewnwelediad newydd o'r cynlluniau clinigol lefel uchel a chynlluniau llinell sylfaen y gweithlu, er mwyn nodi ffynonellau sicrwydd ychwanegol posibl a risgiau newydd (**Argymhelliad 5**).

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Yr hyn yr oeddem yn edrych arno	Yr hyn a ganfuwyd gennym
<p>Gwnaethom ystyried a yw'r Bwrdd Iechyd yn mynd i'r afael â'i heriau gweithlu presennol yn effeithiol. Roeddem yn disgwyl gweld:</p> <ul style="list-style-type: none">• swyddi gwag yn cael eu hadrodd a'u rheoli'n effeithiol;• camau gweithredu i gadw staff yn well;• arferion recriwtio effeithlon;• addysg a hyfforddiant iechyd sy'n cael eu comisiynu yn seiliedig ar wir angen y gweithlu;• tystiolaeth bod y sefydliad yn moderneiddio ei weithlu i helpu i ddiwallu anghenion cyfredol ac anghenion y dyfodol.	<p>Canfuom ar y cyfan, fod y Bwrdd Iechyd yn cymryd camau priodol i fynd i'r afael â heriau cyfredol ei weithlu ar lefel weithredol drwy amrywiaeth o weithgareddau recriwtio, cadw a datblygu. Fodd bynnag, mae heriau sylweddol sy'n parhau, ac nid yw comisiynu addysg yn cefnogi gweithlu cynaliadwy eto.</p> <p>Mae'r Bwrdd Iechyd yn rheoli cyfraddau swyddi gwag a gwariant asiantaethau yn weithredol drwy ddefnyddio staff banc. Rhwng 2018 a 2023, mae wedi ymgymryd â rhaglen recriwtio rhyngwladol treigl i recriwtio nyrsys. Mae wedi cefnogi cyfanswm o 445 o nyrsys rhyngwladol drwy gofrestru proffesiynol, a arweiniodd at eu cyflogaeth yn y Bwrdd Iechyd. Fodd bynnag, oherwydd y gost dan sylw, gohiriodd y Bwrdd Iechyd y rhaglen hon ar ddechrau 2023. Yn lle hynny, mae wedi datblygu dulliau eraill, megis cynyddu nifer y nyrsys cofrestredig a'r gweithwyr cymorth gofal iechyd a gofrestrir gyda'i fanc a chynyddu'r pwyslais ar recriwtio domestig.</p> <p>Mae'r Bwrdd Iechyd hefyd yn wynebu heriau gyda chadw staff (Arddangosyn 9). I benderfynu beth yw'r achosion, mae'n cymryd camau i wella cyfraddau ymateb yr arolwg ymadael. Mae'r Bwrdd Iechyd yn ceisio mynd i'r afael â'i faterion cadw staff drwy ei gymorth llesiant, ac mae'n ystyried atebion ymarferol eraill i helpu ymhellach i fynd i'r afael â cholli staff. Mae'r rhain yn cynnwys</p>

¹³ Coch, Melyn, a Gwyrdd (RAG).

¹⁴ Pasiwyd Deddf Lefelau Staff Nyrsio (Cymru) 2016 ym mis Mawrth 2016. Mae'r Ddeddf yn rhoi dyletswydd ar gyrff iechyd i roi sylw i ddarparu lefelau staff nyrsio priodol. Mae hyn er mwyn sicrhau bod gan eu nyrsys yr amser i ddarparu'r gofal gorau posibl i gleifion. Ar hyn o bryd, nid yw'r Ddeddf ond yn berthnasol i wardiau cleifion mewnol pediatrig, a llawfeddygol a meddygol aciwt oedolion.

¹⁵ Ym mis Mai 2023, cafodd y Bwrdd Adroddiad Sicrwydd Blynnyddol Lefelau Staff Nyrsio 2022–23, sy'n cwmpasu'r cyfnod rhwng Ebrill 2022 ac Ebrill 2023.

¹⁶ Cyfarfu'r Pwyllgor Pobl a Diwylliant am y tro cyntaf ym mis Mai 2023; cyn iddo gael ei sefydlu, y Pwyllgor Strategaeth a Chyflawni oedd yn craffu ar faterion gweithlu.

Yr hyn yr oeddem yn edrych arno	Yr hyn a ganfuwyd gennym
	<p>gweithio hyblyg, adolygiadau rhestru, cefnogi cylchdro staff a sefydliad yr Hyb Nyrsio¹⁷. Mae'r camau hyn yn dangos rhywfaint o effaith gadarnhaol ar y metrigau gweithlu¹⁸. Mae'r Bwrdd lechyd hefyd wedi cyflwyno arolwg cychwynnol fel y gall myfyrwyr gael gwybodaeth am eu profiadau a cheisio cywiro materion yn gynnar. Er mwyn helpu i fynd i'r afael â chyfraddau ymateb isel i'r arolwg, mae'r Bwrdd lechyd yn rhoi rhybudd cynharach i fyfyrwyr ac yn dilyn y neges destun gydag e-bost.</p> <p>Mae gan y Bwrdd lechyd gyfradd salwch cymharol uchel (Arddangosyn 11) hefyd ac fel llawer o gyrff ieuchyd eraill, nid yw'n cyflawni'r targed cenedlaethol. Sefydlwyd grŵp gorchwyl a gorffen ym mis Medi 2022 i fwrw ymlaen â chynllun gweithredu y cytunwyd arno i gefnogi staff gyda'u llesiant ariannol. Gan weithio gyda chydweithwyr mewnol ac allanol, mae'r Bwrdd lechyd wedi cyflawni cyfres o ymyriadau cymorth staff megis sioeau teithiol llesiant ariannol, tudalennau gwe pwrpasol i ddarparu gwybodaeth i gydweithwyr, darparu hyfforddiant ar-lein i Hyrwyddwyr Llesiant a rheolwyr llinellau, a datblygu fframwaith 'Llesiant Ariannol' ar gyfer y staff.</p> <p>Mae'r Bwrdd lechyd yn cyflwyno cyfleoedd newydd i ddatblygu gyrfaedd y staff gan gynnwys gwella cynlluniau 'tyfu ar eich pen eich hun' presennol a chynlluniau prentisiaeth drwy'r Academi Brentisiaeth. Mae gan yr academi swyddogaeth ddeuol: uwchsgilio staff cyfredol a chreu cyfleoedd cyflogaeth newydd. Mae'r rhain yn cynnwys proffesiynau gweinyddol, peiriannydd gwasanaethau adeiladau, TG a Gwyddor Gofal lechyd. Mae'r Bwrdd lechyd hefyd yn cynorthwyo gweithwyr cymorth gofal ieuchyd i ailgofrestru yn rhan o'u hyfforddiant rhaglen nyrsio. Mae'r garfan gyntaf o Ymarferwyr Cynorthwyol mewn Gofal Amdriniaethol wedi cwblhau eu cymhwyster Lefel 4 a symud i swyddogaethau Ymarferydd Cynorthwyol Band 4.</p>

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¹⁷ Mae'r Hyb yn gyfrifol am Adnoddau Nyrsys, Cadw Nyrsys, cynllunio gweithlu Nyrsys a rhaglen Ymarferwyr Cynorthwyol Band 4.

¹⁸ Trosiant—Mai 2023 12.51%, wedi gostwng o 13.66% ym mis Tachwedd 2022—gostyngiad net o 0.72% sy'n cyfateb i 99 yn llai o ymadawyr (cyfwerth ag amser llawn)

Yr hyn yr oeddem yn edrych arno	Yr hyn a ganfuwyd gennym
	<p>O ystyried swyddi gwag sylweddol y Bwrdd Iechyd, mae angen arferion recriwtio effeithiol arno hefyd. Mae'r Bwrdd Iechyd yn cymryd camau i symleiddio a chanoli ei waith recriwtio er mwyn mynd i'r afael ag aneffeithlonrwydd yn ei broses recriwtio mewnol. Mae hyn yn cynnwys rheoli swyddi gwag nyrsio yn ganolog drwy'r Hyb Nyrsio a phenodi ar garlam i swyddi brys.</p> <p>Mae gwendidau yn y broses comisiynu addysg sy'n golygu nad yw'r llif o staff newydd gymhwyso yn bodloni'r galw. Ar gyfer 2022–23, cwblhaodd y Bwrdd Iechyd y broses comisiynu addysg a hyfforddiant ynghyd ag adolygiad o linell sylfaen ei weithlu nyrsio er mwyn sicrhau bod y niferoedd a gomisiynir yn adlewyrchu anghenion y gwasanaeth yn gywir. Fodd bynnag, dywedodd y Bwrdd Iechyd ei fod yn penodi llawer llai o staff nag y mae'n ei hyfforddi drwy'r broses gomisiynu. Mae'r Bwrdd Iechyd yn cydnabod yr angen i ddefnyddio'r gweithlu yn wahanol ac mae'n dechrau chwilio am atebion eraill i sicrhau gweithlu cynaliadwy, er enghraifft, mae wedi sefydlu ei swyddogaeth Ymarferydd Cynorthwyol.</p> <p>Mae'r Bwrdd Iechyd yn dymuno datblygu cymrodorion academiaidd, meddygon cyswllt, anesthesegwyr cyswllt, cynorthwywyr dietegol, a meddygon gofal aciwt.</p>

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Arddangosyn 4: monitro a goruchwyllo'r cynllun gweithlu/y broses o gyflawni'r strategaeth

Mae'r adran hon o'r adroddiad yn canolbwyntio ar gadernid y broses o oruchwyllo risgiau gweithlu yn gorfforaethol. Canfuom fod **perfformiad gweithredol y gweithlu yn cael ei oruchwyllo'n effeithiol. Fodd bynnag, mae angen i'r Bwrdd lechyd ddeall yn well a yw ei Gynllun Pobl yn gwneud gwahaniaeth.**

Yr hyn yr oeddem yn edrych arno	Yr hyn a ganfuwyd gennym
<p>Gwnaethom ystyried a yw'r broses o gyflawni strategaeth neu gynllun gweithlu y Bwrdd lechyd yn cael ei chefnogi gan fonitro, goruchwyllo ac adolygu cadarn. Roeddem yn disgwyl gweld:</p> <ul style="list-style-type: none">trefniadau ar waith i fonitro cynnydd strategaeth neu gynllun y gweithlu ar lefelau rheolwyr a phwyllgor;camau gweithredu effeithiol pan fo cynnydd ar elfennau o strategaeth neu gynllun y gweithlu oddi ar y trywydd iawn;adroddiadau perfformiad sy'n dangos effaith cyflawni strategaeth neu gynllun y gweithlu;y sefydliad yn meincnodi ei berfformiad gweithlu â sefydliadau tebyg.	<p>Canfuom fod gan y Bwrdd lechyd ddulliau rhesymol i fonitro'r broses o gyflawni strategaeth y gweithlu, ond bod angen iddo gryfhau ei bwyslais ar effaith y camau y mae'n eu cymryd. Mae'r Bwrdd lechyd yn cymryd camau i gryfhau ei ddull meincnodi.</p> <p>Mae'r Pwyllgor Pobl a Diwylliant sydd newydd ei sefydlu, a gyfarfu am y tro cyntaf ym mis Mai 2023, yn gyfrifol am graffu ar berfformiad y gweithlu a'r hyn a gyflawnir ganddo o'u cymharu â'r Cynllun Pobl. Y Pwyllgor Strategaeth a Chyflawni oedd yn gyfrifol am hyn yn flaenorol, ac fe'i diddymwyd ym mis Mawrth 2023. Mae'r Pwyllgor Pobl a Diwylliant ymroddedig yn rhoi mwy o bwyslais ar berfformiad a heriau y gweithlu, sef un o risgiau mwyaf y Bwrdd lechyd. Er bod y Pwyllgor Pobl a Diwylliant yn goruchwyllo'r gwaith o gyflawni ei gynllun pobl a thueddiadau dangosyddion perfformiad allweddol gweithredol, mae angen dull cryfach a mwy integredig o adrodd ar effaith gweithrediadau'r Bwrdd lechyd a'r gwahaniaeth y mae'r Cynllun Pobl yn ei wneud, gan ddod â chamau gweithredu allweddol, mesurau perfformiad perthnasol a gwerthusiad o'r effaith ynghyd (Argymhelliaid 6).</p> <p>Mae gan y Bwrdd lechyd amrywiaeth o ddulliau synhwylol i fonitro perfformiad y gweithlu. Mae'r dulliau hyn yn cynnwys darparu'r wybodaeth fanwl ddiweddaraf i Uwch-dîm Rheoli y Bwrdd lechyd yn fisol am y cynnydd gyda phob un o saith thema y Cynllun Pobl. Ynghyd â'r adroddiadau, mae'r Bwrdd lechyd yn rhannu dangosfyrddau sy'n caniatáu iddynt graffu ar berfformiad megis salwch, swyddi gwag, a data ar recriwtio. Mae Grŵp Llywio Portffolio Rhaglen Strategol yn cael yr wybodaeth lefel uchel diweddaraf am gynnydd drwy adroddiadau fflach.</p>

Yn gadarnhaol, mae'r Bwrdd Iechyd wedi dechrau meincnodi perfformiad ei weithlu yn ddiweddar o'i gymharu â chyrff iechyd eraill yng Nghymru a thu hwnt. Mae'r Bwrdd Iechyd wedi casglu metrigau allweddol y gweithlu (fel y bônt ar gael) o bapurau Bwrdd cyhoeddedig o ddetholiad o Ymddiriedolaethau yn Lloegr. Mae'n bwriadu parhau i feithrin perthynas â'r Ymddiriedolaethau hyn gyda'r nod o rannu a chael y data diweddaraf.

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Atodiad 1

Dulliau archwilio

Arddangos 5: dulliau archwilio

Mae'r arddangosyn hwn yn nodi'r dulliau a ddefnyddiwyd gennym i gyflawni'r gwaith hwn. Cyfyngir ein tystiolaeth i'r wybodaeth a dynnwyd o'r dulliau isod.

Elfen y dull archwilio	Disgrifiad
Dogfennau	<p>Gwnaethom adolygu amrywiaeth o ddogfennau, gan gynnwys:</p> <ul style="list-style-type: none">• Strategaeth y gweithlu a chynllun(iau) sy'n gysylltiedig â'r gweithlu• Cynlluniau gweithredu/cyflawni ar gyfer strategaeth y gweithlu• Cynllun Tymor Canolig Integredig• Tystiolaeth o werthuso strategaeth y gweithlu a/neu fentrau cysylltiedig• Siartiau strwythur ar gyfer swyddogaethau cynllunio'r gweithlu• Enghreifftiau o'r hyfforddiant cynllunio gweithlu a gynigir i'r staff, ee CIPD, hyfforddiant arall (ffurfiol neu anffurfiol)• Cynlluniau cyllid ac adnoddau'r gweithlu• Cofrestrau risg corfforaethol a gweithredol• Dogfen sy'n dangos proses recriwtio, a mentrau recriwtio a chadw• Goruchwyliaeth ar lefel gorfforaethol a gweithredol a monitro metrig y gweithlu a'r broses o gyflawni'r strategaeth
Cyfweliadau	<p>Gwnaethom gynnal cyfweiliadau â'r canlynol:</p> <ul style="list-style-type: none">• Cyfarwyddwr Interim Gofal Sylfaenol, Cymunedol a Brys• Cyfarwyddwr Nyrsio Gweithredol

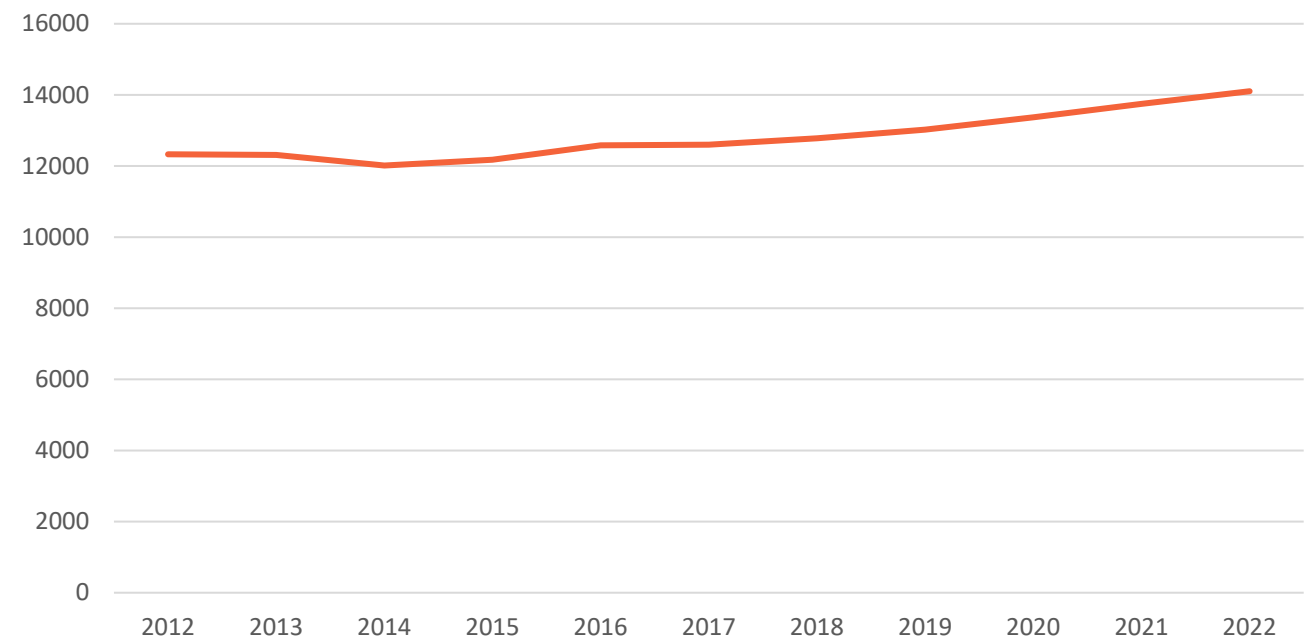
Elfen y dull archwilio	Disgrifiad
	<ul style="list-style-type: none">• Y Cyfarwyddwr Nyrsio Strategol, Nyrsio a'r Gweithlu Bydwagedd• Rheolwr Rhaglen Adnoddau Nyrsio• Uwch-nyrs ar gyfer Addysg Nyrsio• Dirprwy Gyfarwyddwr Cyllid• Cyfarwyddwr Gweithredol Pobl a Diwylliant• Dirprwy Gyfarwyddwr Pobl a Diwylliant• Cyfarwyddwr Cynorthwyol Llesiant, Diwylliant a Datblygu Sefydliadol• Aelodau Annibynnol• Cyfarwyddwr Cynorthwyol Adnoddau Pobl• Pennaeth Gwybodaeth y Gweithlu• Pennaeth Pobl a Diwylliant x3
Grwpiau ffocws	Gwnaethom gynnal grŵp ffocws gyda detholiad o arweinwyr gwasanaeth sy'n ymwneud â chynllunio'r gweithlu clinigol a detholiad o arweinwyr gwasanaeth sy'n ymwneud â chynllunio'r gweithlu ar gyfer gwasanaethau galluogi.

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Atodiad 2

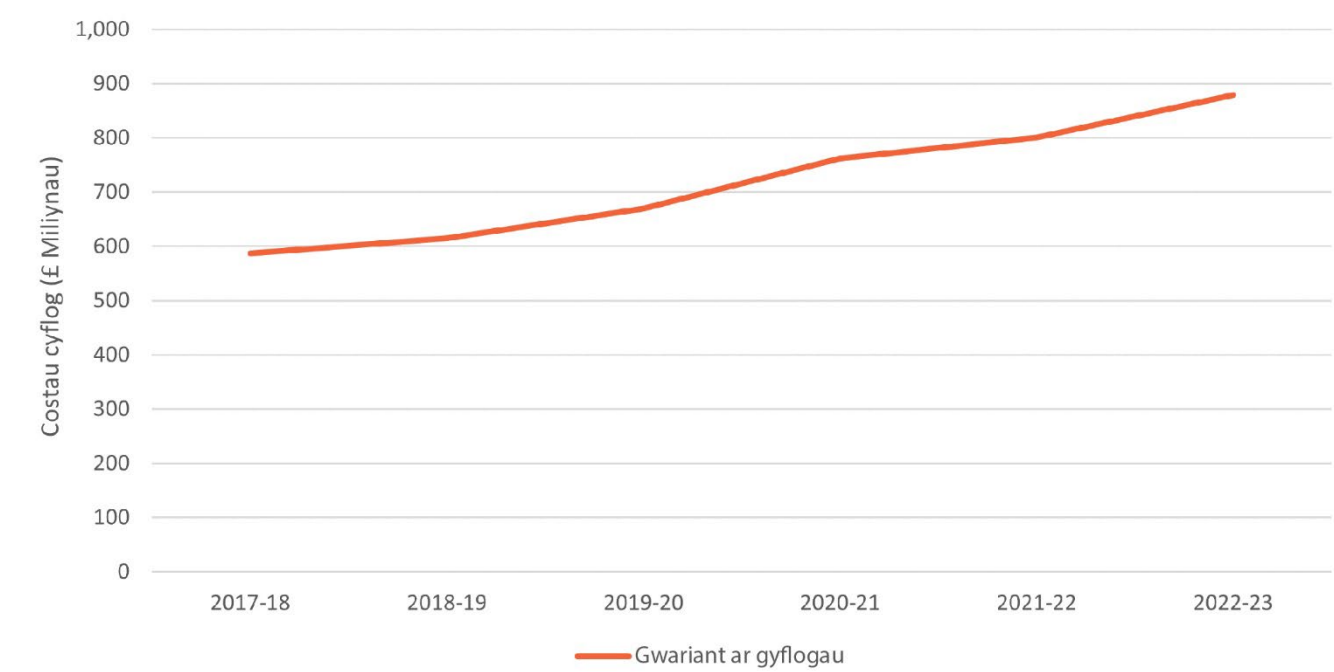
Dangosyddion gweithlu dethol

Arddangosyn 6: y tuedd yn niferoedd y gweithlu (cyfwerth ag amser llawn), Bwrdd Iechyd Prifysgol Caerdydd a'r Fro



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Ffynhonnell: Llywodraeth Cymru, Stats Cymru

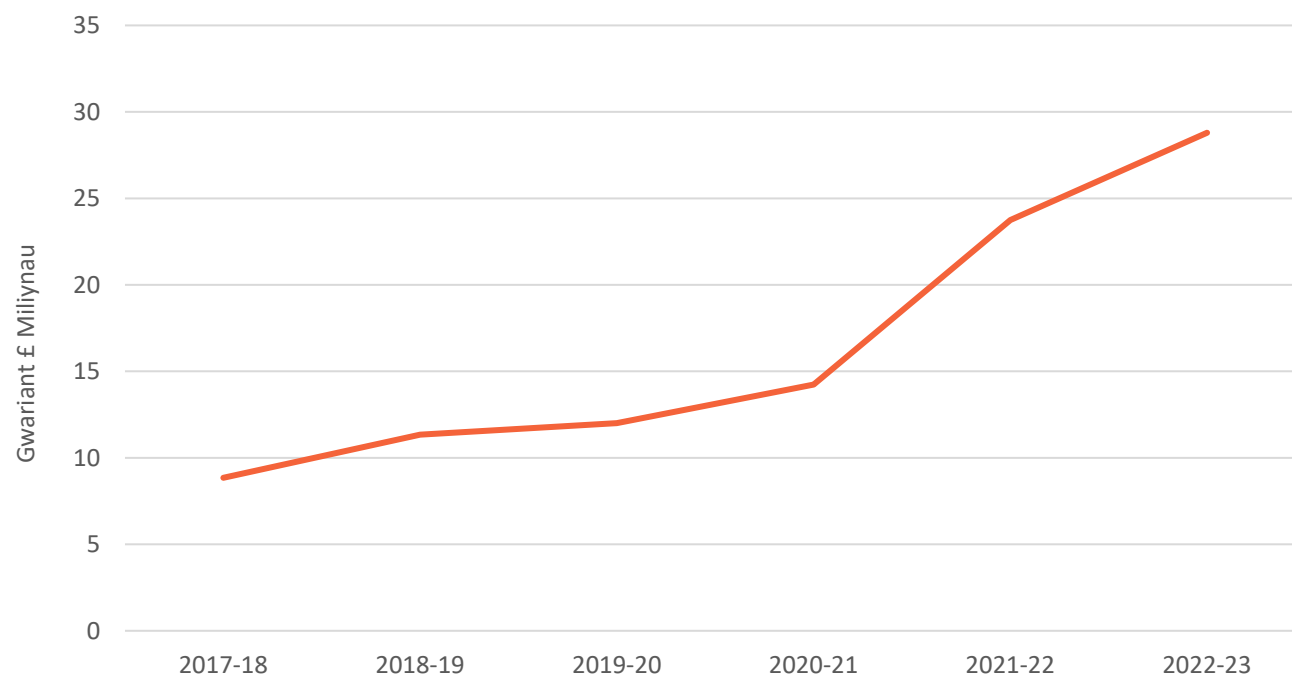
Arddangosyn 7: y tuedd o ran costau gwirioneddol y gweithlu, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro



Ffynhonnell: Ffurflenni Monitro Misol a adroddir i Lywodraeth Cymru

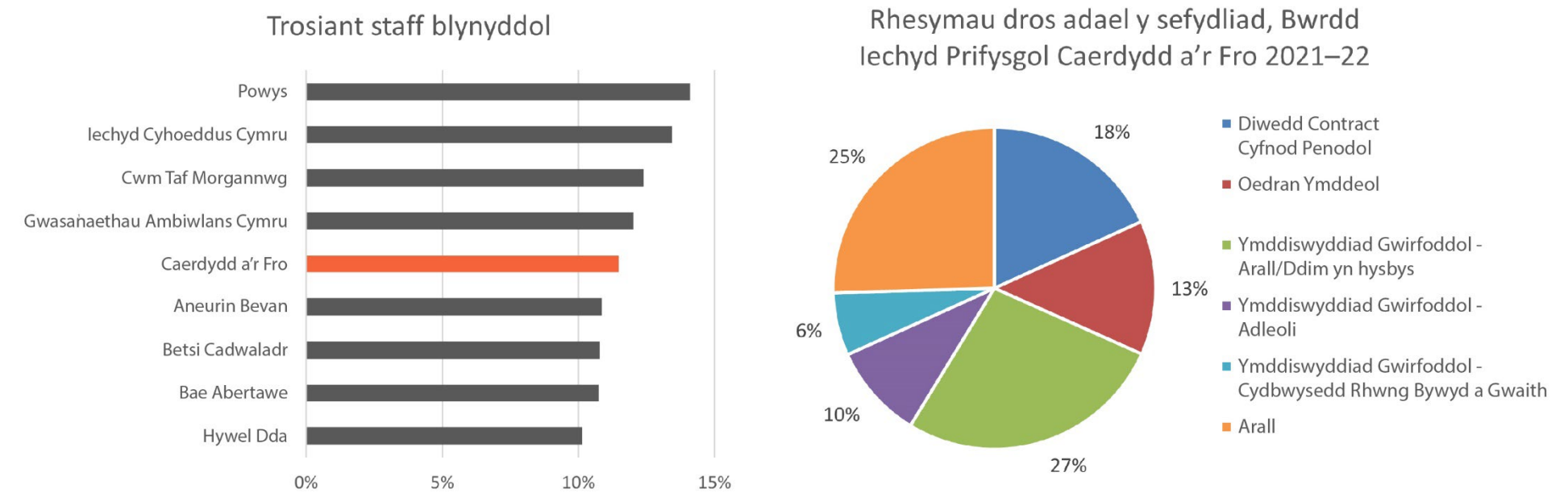
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Arddangosyn 8: tuedd y gwariant ar weithlu asiantaeth £ miliynau, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro



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Ffynhonnell: Ffurflenni Monitro Misol a adroddir i Lywodraeth Cymru

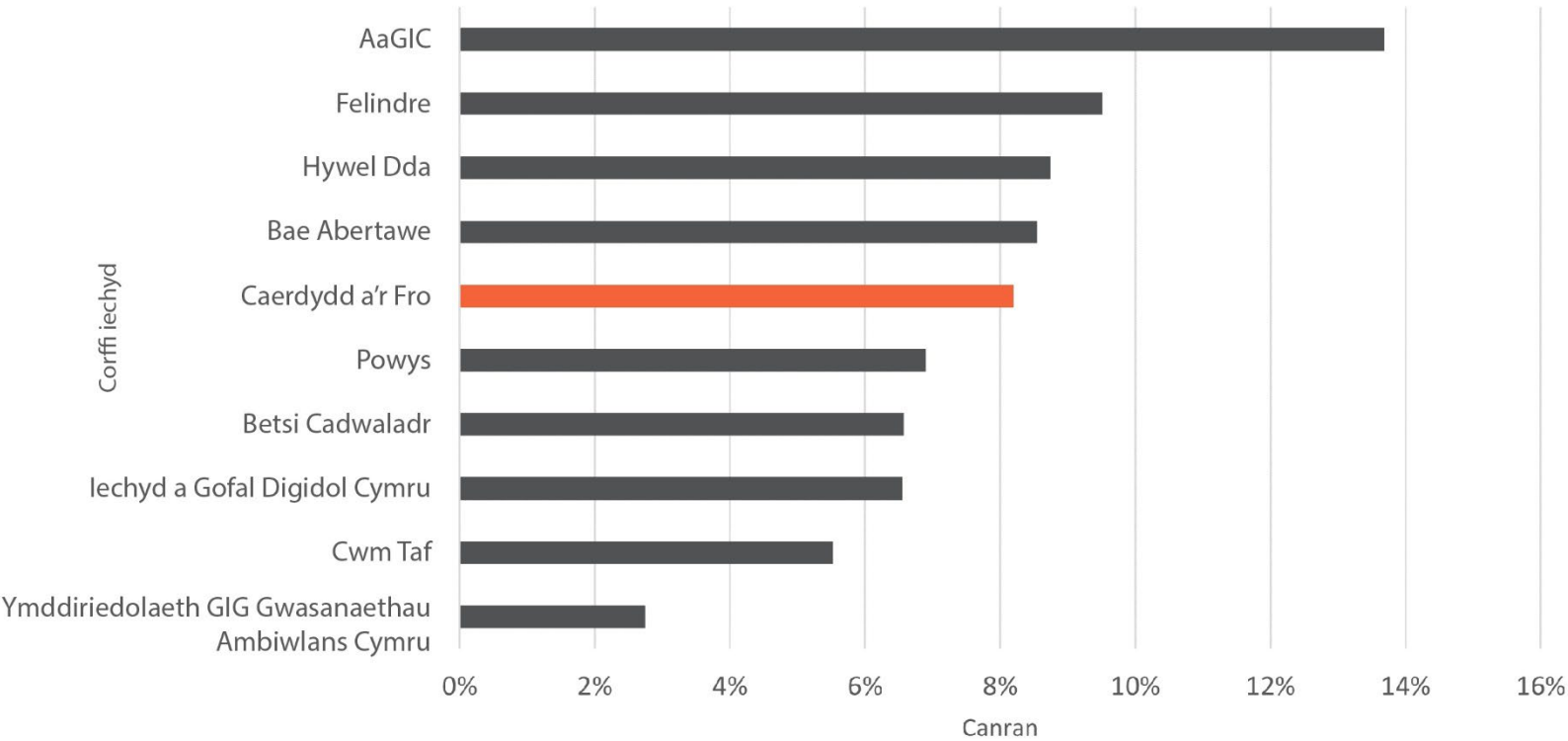
Arddangosyn 9: trosiant staff blynyddol a’r rheswm dros adael, 2021–22, Bwrdd Iechyd Prifysgol Caerdydd a’r Fro



Ffynhonnell: data trosiant staff o Addysg a Gwella Iechyd Cymru. Data rheswm dros adael o gais am ddata y corff iechyd

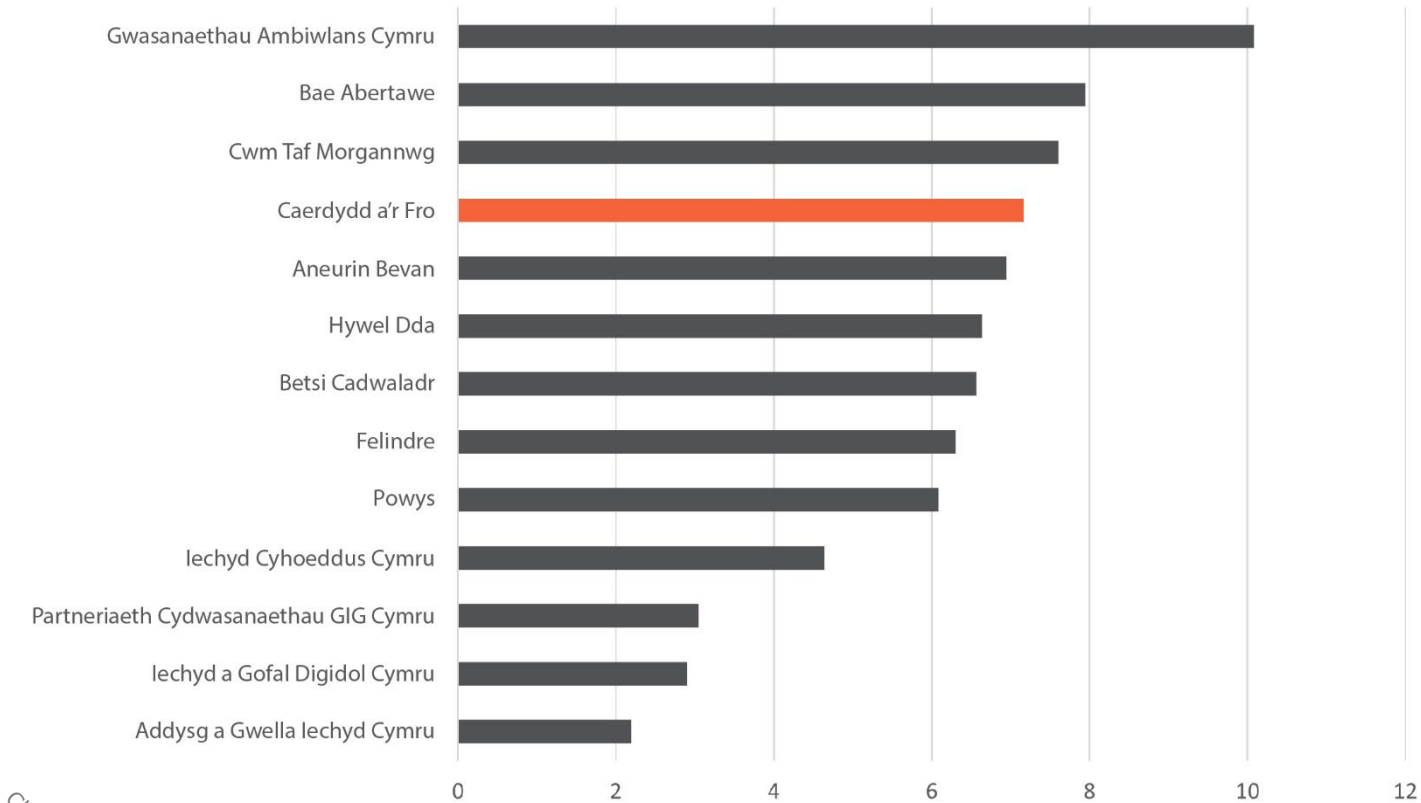
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Arddangosyn 10: swyddi gwag fel canran o gyfanswm y sefydliad, Mawrth 2022



Ffynhonnell: cais am ddata y corff iechyd
Chyflwynwyd gan Rachel
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Arddangosyn 11: absenoldeb oherwydd salwch fesul sefydliad, 2022



Ffynhonnell: Llywodraeth Cymru, Stats Cymru

Atodiad 3

Ymateb sefydliadol i argymhellion archwilio

Arddangosyn 12: Ymateb Bwrdd Iechyd Prifysgol Caerdydd a'r Fro i'n hargymhellion archwilio

Cyf	Argymhelliad	Ymateb y sefydliad Nodwch yma sylwebaeth berthnasol ar y camau gweithredu a gynllunnir mewn ymateb i'r argymhellion	Dyddiad cwblhau Nodwch bryd y bydd y camau gweithredu arfaethedig yn cael eu cwblhau	Swyddog cyfrifol (teitl)
A1	Adolygu blaenoriaethau y Cynllun Pobl Canfuom fod y Bwrdd Iechyd wedi adnewyddu ei strategaeth hirdymor, 'Siapio ein Llesiant yn y Dyfodol', yn ddiweddar. Pan fydd y Bwrdd Iechyd yn adolygu ei flaenoriaethau Cynllun Pobl, dylai sicrhau ei fod yn cefnogi'r broses o gyflawni strategaeth hirdymor newydd y Bwrdd Iechyd, sef 'Siapio ein Llesiant yn y Dyfodol' (blaenoriaeth ganolig).	<p>Mae'r Bwrdd Iechyd yn y broses o adolygu blaenoriaethau y Cynllun Pobl a Diwylliant yn rhan o'r Cynllun Tymor Canolig Integredig/Cynllun Blynyddol 2024–25. Bydd y blaenoriaethau a'r cyflawniadau yn gysylltiedig ag amcan Siapio ein Llesiant i'r Dyfodol: Rhoi Pobl yn Gyntaf a'r amcanion canlynol:</p> <ul style="list-style-type: none">Bydd pobl yn teimlo eu bod yn cael eu gwerthfawrogi, eu datblygu, eu cefnogi ac yr ymgysylltir â nhwBydd gennym ddiwylliant cynhwysol, lle bydd amrywiaeth pobl y Bwrdd Iechyd yn cynrychioli poblogaethau lleol y Bwrdd Iechyd.	31 Ionawr 2024	Dirprwy Gyfarwyddwr Pobl a Diwylliant

Cyf	Argymhelliad	Ymateb y sefydliad Nodwch yma sylwebaeth berthnasol ar y camau gweithredu a gynllunnir mewn ymateb i'r argymhellion	Dyddiad cwblhau Nodwch bryd y bydd y camau gweithredu arfaethedig yn cael eu cwblhau	Swyddog cyfrifol (teitl)
A1	Adolygu blaenoriaethau y Cynllun Pobl Canfuom fod y Bwrdd Iechyd wedi adnewyddu ei strategaeth hirdymor, 'Siapio ein Llesiant yn y Dyfodol', yn ddiweddar. Pan fydd y Bwrdd Iechyd yn adolygu ei flaenoriaethau Cynllun Pobl, dylai sicrhau ei fod yn cefnogi'r broses o gyflawni strategaeth hirdymor newydd y Bwrdd Iechyd, sef 'Siapio ein Llesiant yn y Dyfodol' (blaenoriaeth ganolig).	Mae'r saith thema yn y cynllun wedi eu cyfuno yn dair ar gyfer 2024–25 ac mae'r amcanion blaenoriaeth a'r cyflawniadau wedi eu halinio. Bydd y broses o adnewyddu'r Cynllun Pobl a Diwylliant yn dechrau yn hydref 2024 a bydd yn gyson â Siapio ein Llesiant i'r Dyfodol a Strategaeth ein Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol.	Ionawr 2025	Cyfarwyddwr Gweithredol Pobl a Diwylliant
A2	Rhannu'r hyn a ddysgwyd Er mwyn helpu i sicrhau cysondeb yr wybodaeth am y gweithlu, dylai'r Bwrdd Iechyd rannu'r ddogfen llinell sylfaen a ddatblygwyd gan y Bwrdd Clinigol Plant a Menywod â phroffesiynau clinigol eraill i sicrhau eu bod yn mabwysiadu dull cyson (blaenoriaeth uchel).	Ar hyn o bryd, mae'r Pennaeth Gofal Sylfaenol yn gweithio gyda Byrddau Clinigol er mwyn cael llinell sylfaen gywir ar gyfer pob grŵp o staff a throsi cynlluniau cyflawni gweithredol yn gynllun gweithlu gweithredol/tactegol ar gyfer y 24 mis nesaf. Mae'r gwaith hwn yn cael ei wneud yn rhan o gyflwyniad Cynllun Blynyddol/Cynllun Tymor Canolig Integredig 2024–25.	31 Ionawr 2024	Penaethiaid Pobl a Diwylliant

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Cyf	Argymhelliad	Ymateb y sefydliad Nodwch yma sylwebaeth berthnasol ar y camau gweithredu a gynllunnir mewn ymateb i'r argymhellion	Dyddiad cwblhau Nodwch bryd y bydd y camau gweithredu arfaethedig yn cael eu cwblhau	Swyddog cyfrifol (teitl)
A3	<p>Gwerthuso'r strwythur newydd</p> <p>Er bod y Tîm Pobl a Diwylliant wedi ei ailstrwythuro i sicrhau cysondeb â'r Strategaeth Pobl, canfuom fod adnoddau annigonol ar gyfer cynllunio gweithlu strategol. Yn benodol, nid oes rheolwr cynllunio gweithlu penodol, a dim ond cyfran o swyddogaeth Penaethiaid Pobl a Diwylliant yw cynllunio'r gweithlu. Pan fydd y strwythur newydd wedi bod yn weithredol ers blwyddyn, dylai'r Bwrdd lechyd werthuso'r strwythur newydd er mwyn asesu a oes gan Fyrddau Clinigol ddigon o gymorth cynllunio gweithlu strategol. Dylid adrodd canfyddiadau'r gwerthusiad ac unrhyw gamau gwella i'r Pwyllgor Pobl a Diwylliant (blaenoriaeth ganolig).</p>	<p>Byddai'r strwythur wedi bod yn gwbl weithredol am flwyddyn ym mis Ebrill 2024 a bydd yn cael ei werthuso bryd hynny. Hyd yn oed heb y gwerthusiad, mae'n amlwg nad oes gennym ddigon o arbenigedd un pwrpas i gefnogi'r Bwrdd lechyd Prifysgol â'r gwaith o gynllunio strategol/tymor hwy y gweithlu. Yn anffodus, nid oeddem yn gallu recriwtio i swyddogaeth newydd Pennaeth Cynllunio Strategol, oherwydd y cyfyngiadau ariannol presennol.</p> <p>Bydd canlyniad yr archwiliad yn ffurfio rhan o bapur ehangach ar gyfer y Pwyllgor Pobl a Diwylliant, gan dynnu sylw at yr heriau a'r risgiau.</p>	<p>Mehefin 2024</p> <p>Gorffennaf 2024</p>	<p>Dirprwy Gyfarwyddwr Adnoddau</p> <p>Penaethiaid Pobl a Diwylliant</p>

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Cyf	Argymhelliad	Ymateb y sefydliad Nodwch yma sylwebaeth berthnasol ar y camau gweithredu a gynllunnir mewn ymateb i'r argymhellion	Dyddiad cwblhau Nodwch bryd y bydd y camau gweithredu arfaethedig yn cael eu cwblhau	Swyddog cyfrifol (teitl)
A4	Ailddechrau'r hyfforddiant cynllunio gweithlu Canfuom fod y Bwrdd Iechyd wedi cryfhau'r gallu i gynllunio'r gweithlu drwy ddarparu gweithdai hyfforddi, ond oherwydd capasiti cyfyngedig, fod yr hyfforddiant hwn wedi dod i ben erbyn hyn. Dylai'r Bwrdd Iechyd ailddechrau ei hyfforddiant cynllunio gweithlu er mwyn galluogi gwasanaethau i gynllunio modelau gweithlu cynaliadwy (blaenoriaeth uchel).	Yn anffodus, nid oes gennym y gallu na'r capasiti i ailddechrau'r hyfforddiant, ond yn hytrach byddwn yn defnyddio'r hyfforddiant cynllunio gweithlu a recordiwyd ymlaen llaw y bydd AaGIC yn ei lansio ym mis Chwefror 2024. Bydd hyfforddiant AaGIC yn cael ei ategu gan gyngor a chymorth parhaus drwy'r Pennaeth Gofal Sylfaenol.	Mawrth 2024	Dirprwy Gyfarwyddwr Pobl a Diwylliant

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Cyf	Argymhelliad	Ymateb y sefydliad Nodwch yma sylwebaeth berthnasol ar y camau gweithredu a gynllunnir mewn ymateb i'r argymhellion	Dyddiad cwblhau Nodwch bryd y bydd y camau gweithredu arfaethedig yn cael eu cwblhau	Swyddog cyfrifol (teitl)
A5	<p>Rheoli risgiau</p> <p>Mae graddfa heriau gweithlu y Bwrdd Iechyd yn golygu bod y camau y mae'n eu cymryd yn cael effaith gyfyngedig ar leihau risgiau gweithlu. Mae gan gynlluniau clinigol lefel uchel a chynlluniau llinell sylfaen gweithlu y Bwrdd Clinigol y potensial o dynnu sylw at risgiau gweithlu newydd. Dylai'r Bwrdd Iechyd adolygu'r wybodaeth yn ei gofrestrau risg corfforaethol a strategol, gan ddefnyddio mewnwelediad newydd o'r cynlluniau clinigol lefel uchel a chynlluniau llinell sylfaen y gweithlu, er mwyn nodi ffynonellau sicrwydd ychwanegol posibl a risgiau newydd (blaenoriaeth uchel).</p>	<p>Bydd cynlluniau'r Bwrdd Clinigol yn cael eu hadolygu yn rhan o'r cylch Cynllunio Blyneddol a bydd unrhyw risgiau gweithlu newydd yn cael eu huwchgyfeirio at y Bwrdd drwy Fframwaith Sicrwydd y Bwrdd a'r Cofrestrau Risg. Yna bydd cynlluniau priodol yn cael eu datblygu i liniaru'r risgiau.</p>	Ebrill 2024	Dirprwy Gyfarwyddwr Pobl a Diwylliant

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Cyf	Argymhelliad	Ymateb y sefydliad Nodwch yma sylwebaeth berthnasol ar y camau gweithredu a gynllunnir mewn ymateb i'r argymhellion	Dyddiad cwblhau Nodwch bryd y bydd y camau gweithredu arfaethedig yn cael eu cwblhau	Swyddog cyfrifol (teitl)
A6	Monitro perfformiad Canfuom ei bod yn anodd mesur cynnydd ac effaith y broses o gyflawni Cynllun Pobl y Bwrdd lechyd ar hyn o bryd. Mae angen i'r Bwrdd lechyd gryfhau ei bwyslais ar yr effaith y mae cyflawni'r Cynllun Pobl yn ei chael a dylai roi'r wybodaeth ddiweddaraf ar gynnydd ac effaith hyn i'r Pwyllgor Pobl a Diwylliant ddwywaith y flwyddyn (blaenoriaeth uchel).	<p>Mae adroddiad diwedd y flwyddyn yn cael ei lunio ar hyn o bryd ar gyfer Pwyllgor Pobl a Diwylliant mis Ionawr a fydd yn cynnwys uchafbwyntiau, llwyddiannau a chyflawniadau allweddol, gyda phwyslais ar y gwahaniaeth y maent wedi ei wneud.</p> <p>Yn rhan o'r Cynllun Tymor Canolig Integredig/Cynllun Blyneddol ar gyfer 2024–25, bydd y blaenoriaethau, yr amcanion a'r cyflawniadau chwarterol arfaethedig yn cael eu trafod a'u cymeradwyo gan y Pwyllgor Pobl a Diwylliant a'r Bwrdd.</p> <p>Bydd perfformiad o'i gymharu â'r cynllun yn cael ei adrodd i'r Pwyllgor Pobl a Diwylliant a Llywodraeth Cymru fesul chwarter.</p> <p>Bydd adroddiad interim yn dangos y cynnydd ar gyfer chwe mis cyntaf 2024–25 yn cael ei rannu â'r Pwyllgor Pobl a Diwylliant.</p>	<p>31 Rhagfyr 2023</p> <p>31 Mawrth 2024</p> <p>Awst 2024</p>	<p>Y Pennaeth Sicrwydd Pobl a Phrofiad</p> <p>Y Pennaeth Sicrwydd Pobl a Phrofiad</p> <p>Y Pennaeth Sicrwydd Pobl a Phrofiad</p>

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.
We welcome correspondence and telephone calls in Welsh and English.

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