People & Culture Committee

Tue 12 September 2023, 09:00 - 12:00

Agenda

09:00 - 09:10
10 min

1. Standing Items

Sara Moseley

1.1. Welcome & Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes from the previous meeting – 11 July 2023

📄 1.4 Draft Public People & Culture Minutes NS.pdf (10 pages)

1.5. Action Log following the previous meeting – 11 July 2023

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

1.6. Chair's Actions

09:10 - 10:40
90 min

2. Items for Review & Assurance

2.1. Staff Story (RCN Nurse of the Year Award)

Rachel Gidman/Tara Rees

2.2. Health and Safety Update to include:

Rachel Gidman/Robert Warren/ Geoff Walsh

2.2.1. a. Health and Safety Sub-Committee Chairs Report

📄 2.2 H&S Chair's Report.pdf (3 pages)

2.2.2. Health and Safety Risks

📄 2.2b Health and Safety Risks.pdf (2 pages)

2.2.3. Capital, Estates & Facilities – Estates Risk Register

📄 2.2c Capital, Estates & Facilities – Estates Risk Register Cover Paper Sept 2023.pdf (3 pages)
📄 2.2c. Appendix 1 Estates Master Register.pdf (4 pages)

2.3. Board Assurance Framework Report

Matt Phillips

📄 2.3 BAF Cover Report.pdf (2 pages)
📄 2.3a BAF.pdf (8 pages)

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

Rachel Gidman/Claire Whiles

📄 2.4 Introducing a consistent, evidence-based approach to Cultural Assessments at Cardiff and Vale UHB.pdf (6 pages)
📄 2.4a Culture and Leadership Programme P&C Committee.pdf (10 pages)

2.5. Key Workforce Performance Indicators

Rachel Gidman/ Lianne Morse

📄 2.5 KPI Paper Jul-23 Data.pdf (5 pages)
📄 2.5a New IPR - Workforce Section Jul-23.pdf (3 pages)

2.6. Clinical Board Spotlight

Paul Bostock/Jane Murphy/ Louise Platt

Medicine Clinical Board (Verbal Update)

📄 2.6 Medicine Clinical Board.pdf (7 pages)

2.7. Staff Comms Plan

Joanne Brandon

2.8. Break - 10 minutes

2.9. All Wales Staff Survey

Rachel Gidman/Claire Whiles

📄 2.9 All Wales Staff Survey.pdf (20 pages)
📄 2.9a NHS Wales Staff Survey Update 2023 Presentation P&CCommittee.pdf (6 pages)

10:40 - 10:55
15 min

3. Items for Approval / Ratification

3.1. Welsh Language Annual Report

Rachel Gidman/Claire Whiles

📄 3.1 Welsh Language Annual Report Cover Paper.pdf (3 pages)
📄 3.1a Welsh Language Annual report 2022-2023.pdf (13 pages)

3.2. Policies for Approval:

📄 3.2 Employment Policies Cover Paper.pdf (3 pages)

3.2.1. Waiting List Initiative Procedure Medical and Dental Staff

📄 3.2a WLI Procedure 31.08.23 Final.pdf (7 pages)

3.2.2. Industrial Action (All Wales) Guidelines

📄 3.2b Guidlines for Managing Industrial Action - UHB formatting revised June 23.pdf (34 pages)

10:55 - 11:05
10 min

4. Items for Information & Noting

4.1. Corporate Risk Register

Matt Phillips

📄 4.1 Corporate Risk Register.pdf (3 pages)
📄 4.1a Detailed Corporate Risk Register -People and Culture Linked Risk Sept 2023.pdf (2 pages)

4.2. Equality Impact Assessments: More than a Tick Box Exercise Management Response

Audit Wales

📄 4.2 Equality Impact Assessments Management Response.pdf (1 pages)

11:05 - 11:05
0 min

5. Any Other Business

11:05 - 11:05
0 min

6. Private Agenda Items:

6.1. Private Minutes from the previous meeting – 11 July 2023

6.2. Fire Prosecution Update – Verbal (exempt from publication due to confidential nature of legal case)

11:05 - 11:05
0 min

7. Review & Final Closure

Sara Moseley

7.1. Items to be deferred to Board/Committees

7.2. Date & time of the next meeting

Tuesday 14 November 2023 at 9am via MS Teams

11:05 - 11:05
0 min

8. Declaration

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

Draft Minutes of the People and Culture Committee
Held On 11 July 2023
Via MS Teams

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Rhian Thomas	RT	Independent Member for Capital & Estates
Mike Jones	MJ	Independent Member for Trade Union
Susan Elsmore	SE	Independent Member for Local Authority
In Attendance:		
Rebecca Aylward	RA	Deputy Executive Nurse Director
Jo Brandon	JB	Director of Communications
Daniel Crossland	DC	Director of Operations Mental Health Clinical Board
Rachel Gidman	RG	Executive Director of People & Culture
Katrina Griffiths	KG	Head of People Services
Fiona Jenkins	FJ	Executive Director of Therapies
Mitchell Jones	MJ	Head of Equity and Inclusion
Fiona Kinghorn	FK	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
Clem Price	CP	Head of Strategic Workforce Planning at HEIW
James Quance	JQ	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Richard Skone	RS	Deputy Executive Medical Director
David Thomas	DT	Director of Digital and Health Intelligence
Robert Warren	RW	Head of Health and Safety
Adam Wright	AW	Head of Service Planning
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Akmal Hanuk	AH	Independent Member for Community
Meriel Jenney	MJ	Executive Medical Director
Suzanne Rankin	SR	Chief Executive Officer
Ceri Phillips	CP	Vice Chair of the UHB

Item No	Agenda Item	Action
P&C 11/7/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 11/7/002	**Apologies for Absence** Apologies for absence were noted.	
P&C 11/7/003	**Declarations of Interest**	

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	No Declarations of Interest were noted.	
P&C 11/7/004	**Minutes from meeting on 16th May 2023** The Minutes taken from the 16th May 2023 meeting were received. Page 3 – The CC advised that the second bullet point in relation to the Terms of Reference (TOR) should state "potentially the remit was very wide." The Executive Director of Public Health (EDPH) advised that page 3 should include "the People and Culture Committee would be in part review the Equality Framework, together with the Quality, Safety and Experience Committee. **The Committee resolved that:** a) The draft minutes of the meeting held on 16th May 2023, were held to be a true and accurate record of the meeting pending the above amendments.	
P&C 11/7/005	**Action Log following 16th May 2023 Meeting** The Action Log was received. **The Committee resolved that:** a) The Action Log was discussed and noted.	
P&C 11/7/006	**Chair's Actions** There were no Chair's Actions.	
	Items for Review & Assurance	
P&C 11/7/007	**My Hearing Loss Staff Story** A Hearing Loss Staff Story was presented to the Committee. The Independent Member for Local Authority (IMLA) declared an interest in the story since she came from a family of hearing loss and requested assurance regarding the Genomic Services team moving to an open plan environment to help mitigate any hearing issues the staff member may face. The Independent Member for Trade Union (IMTU) queried where staff could get the hearing aid badges, which highlighted when a member of staff had hearing difficulties. He also suggested that it would be useful to put out more information about the Staff Access Ability Network.	

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	The CC suggested that the story should be linked to a campaign day with relevant charities and the Independent Members should be invited. The CC thanked Daisy for sharing her story and expressed that staff stories were a really important element. **The Committee resolved that:** a) The Hearing Loss Staff Story was noted.	

P&C 11/7/008	**Board Assurance Framework Report**
	
	The Director of Corporate Governance (IDCG) presented the Board Assurance Framework (BAF).
	
	It was noted that the three risks included in the BAF were there to provide assurance to the Board and that there were several risks noted in relation to People and Culture. The DCG suggested that he would bring one risk at a time to future meetings to allow the Committee to delve into those further.
	
	The Director of Digital and Health Intelligence (DDHI) commented that he had previously discussed digitally excluded staff with the Executive Director of People and Culture (EDPC). There were 2000 staff without emails or NADEX accounts and this was not reflected anywhere within the BAF data.
	
	The EDPH queried whether the risk relating to Covid was too high because most things had moved forward.
	
	The EDPC responded that the Covid risk needed to be reviewed and added that they had been able to look at a post for Organisational Development (OD) and Digital which would allow for joint working between the digital teams and educational teams.
	
	The Independent Member for Capital & Estates (IMCE) queried how employees with long term Covid were being supported.
	
	The Deputy Director of People & Culture (DDPC) responded that direct support took place via their line managers. She added that the People and Services team also ensured that the staff members had the correct support.
	
	The Committee resolved that:
	
	   a) The attached risks in relation to Workforce, Sustainable Culture Change and Staff Wellbeing were reviewed.
	   b) The approach to reporting of BAF risks to the Committee on a rolling basis as proposed were agreed.
		JQ

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P&C 11/7/009	**Focus on Census 2021 for Workforce Planning Presentation** The Head of Strategic Workforce Planning at HEIW (HSWPH) presented the Focus on Census 2021 for Workforce Planning Presentation and highlighted the following: • Her team recently went through the published ONS data sets for the census and created a workforce planning analysis through a supply lens. • The population in Wales had grown by 1.4%. This was a lot less than anticipated. • The England population rose by 6.6%. • The South East corner had the largest population. Cardiff and Vale Health Board came up top at 4.6%. • The working age population shrank by 2.4%. The 35 to 44-year-old category had decreased. • The dependent young population had shrunk by 1.5%. • The Cardiff and Vale younger population was "bulging". This was due to the high number of students within the area. • The gender split of the Welsh population was female 51.1% and male 48.9%. • The life expectancy for females was higher than males in Wales, however the healthy life expectancy age was lower than the pension age. • Education levels were higher in the South East. • Welsh speaking was much higher in the Hywel Dda UHB area. • Cardiff and Vale had the largest ethnic minority makeup in Wales. • Overall, the NHS Wales workforce was 4.6% of the working age population (age 18-64). The average age of the workforce was older than the average age of the population. • In the future, it was predicted that the population would grow by 6%. The working population was expected to increase. This was due to the increase in state pension age. • There were also issues with workforce supply. There were less 18-year olds in Wales than England. There was also a larger ageing population of 65+. • The younger population would be more ethnically diverse. The DDPC advised the Committee that the Heads of People and Culture were responsible for supporting the organisation with the strategic workforce plans. She added that the teams regularly met with Health Education Inspectorate Wales (HEIW) to ensure they had support and that they also aligned with the Health Boards strategic programmes.	

	It was noted that for 2023-24 they would focus on how to align the clinical board's operational plans into the IMTP and that the biggest risks were that they currently did not have a dedicated team or lead for strategic workforce planning.	
	The HSWPH advised the Committee that they would be creating a workforce observatory in the next 1 to 3 years which would provide high-level information for workforce planning.	
	The EDPH advised that the older workforce may not be able to afford to retire which could impact sickness levels and noted that the younger generation would become more ethnically diverse.	
	She added that Cardiff also had a very large student population and it was important to attract and draw them into working within healthcare.	
	The EDPC concluded that they had benchmarked and mapped resources and she would present this to the CEO and EDF the following week.	
	The Committee resolved that:	
	a) The Focus on Census 2021 for Workforce Planning Presentation was noted.	
P&C 11/7/010	**Key Workforce Performance Indicators**	
	The DDPC presented the Key Workforce Performance Indicators and highlighted the following:	
	• It was the last time the Committee would see this version of the report. • Going forward it would be replaced by the Integrated Performance Report. • Key Performance Indicators (KPI's) continued to improve. • More work was required around Values Based Appraisals (VBA) rates. • The team were still maturing the benchmarking data.	
	The CC stated that the benchmarking categories were very wide and queried the Health Board's equivalent used for benchmarking.	
	The DDPC responded that they had chosen the organisations on the basis of how many staff they employed.	
	She added that the team would look into what the Health Boards equivalent organisations were.	

	The Committee resolved that: a) The contents of the report were noted and discussed.	
P&C 11/7/011	**Value Based Appraisal Update Report** The EDPC presented the Value Based Appraisal Update Report and highlighted the following: • She had previously taken the paper to the Strategy and Delivery Committee. • She would invite clinical boards to speak about their own data and what their planned actions were. • The ambition was to get VBA rates to 85%. • Historically it had been around 40%. • Capital Estates and Facilities had gone over and above their target. The Director of Operations - Mental Health Clinical Board (DOMH) advised that there were lots of challenges around VBAs and noted that the brief VBA form had helped to solve those issues. He added that there were limited numbers within the Mental Health Clinical Board and that there were challenges of freeing up people to fill out the form. **The Committee resolved that:** a) The contents of the report and the current VBA position across the UHB by Clinical and Service Board were noted. b) The local actions being taken to improve compliance, and approve the recommendation that a further update be brought to Committee in November 2023 was noted.	**RG**
P&C 11/7/012	**Cost of Living Impact Presentation** The DOMH presented the Cost of Living Impact Presentation and highlighted the following: • It was the highest level of demand which mental health services had experienced to date. • There were 250 primary care liaisons a day. • In one month, there were 1500 referrals to Mental Health Services. • A conversation took place with Mental Health Community teams recently around fragile situations leading to increased admissions. • The majority of them confirmed that they were experiencing the highest bed capacity.	

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	• There was an impact on English integrated health boards with a large number of individuals presenting in Cardiff. • Unions reported an increased number of staff referred to food banks. • There was an increasing request for 'long day' shifts to reduce travel costs. The Executive Nurse Director (END) advised that a wide range of options had been explored and noted that the Wage Stream was an independent provider who supported heath boards to allow bank workers to get their pay weekly. He added that the Health Board was losing a lot of staff because agency staff could get paid weekly and noted that although the Executives agreed, he was disappointed because there was a lack of support from staff. The IMTU responded that it was a regional decision. **The Committee resolved that:** a) The Cost of Living Impact Presentation was noted.	
P&C 11/7/013	**Health & Safety Update** The Head of Health and Safety (HHS) presented the Health & Safety Chairs Report and highlighted the following: • The Health and Safety Committee would be feeding into the People & Culture Committee. • The Health and Safety risks and fire safety risks would be received by the People & Culture Committee. • There was increased risk in the tunnel area underneath the University Hospital of Wales (UHW). It was noted that the team had completed a detailed inspection all the tunnels and that the Tunnel Safety Group had also been reinstated. • There had been a challenge over the last 12 months to obtain suitable Fire Advisors. • The Health and Safety Annual Report had also been completed. • There had been an increase in fire signals. The CC advised that they needed to understand more around the risks held by the Committee. The EDPC responded that she had conversations with the EDF and noted that the Director of Capital, Estates and Facilities would bring the risks to future Health and Safety Committee meetings which would feed into the People and Culture Committee.	

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	The DCG advised that he would look at the narrative that came through the Corporate Risk Register and BAF to ensure they were captured properly. **The Committee resolved to:** a) The contents of this Report were noted.	
	Items for Approval / Ratification	

P&C 11/7/014	**People and Culture Committee Terms of Reference and Work Plan 2022/23**
	
	The People and Culture Committee Terms of Reference and Work Plan 2022/23 was received.
	
	The EDPH advised that she should be noted down as a member of the Committee and that the Equality Framework and the socio-economic duty should be included under the legal aspect.
	
	The DCG responded that he would incorporate the comments and circulate it again for agreement outside of the Committee which would then be received by the Board in July 2023.
	
	The Committee resolved to:
	
	   a) The Terms of Reference and work plan 2023/24 for the P&C Committee were reviewed.
	   b) The Terms of Reference and work plan 2023/24 for the P&C Committee were ratified.
	   c) The changes were recommended to the Board for approval on 27 July 2023.	

P&C 11/7/015	**Gender Pay Gap Report 2022** The Gender Pay Gap Report 2022 was received. The Head of Equity and Inclusion (HEI) highlighted that the Report was updated due to an inaccuracy contained within it. He added that the Report was previously approved by the Strategy and Delivery Committee and that a Chairs Action was sought to approve the updated version. The HEI added that it was disappointing to see that the gender pay gap still existed, however, the gap was much less than previously reported and that at March 2022, the gender pay gap was 17.49% which had reduced to 17.2% by March 2023.	**RG/MJ**

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	The IMCE commented that she struggled to see what the Health Board did tangibly to ensure fair gender pay and requested a deep dive on the topic.	
	The HEI responded that there was more work to do and that flexible and agile working needed to be promoted to allow women to work in higher paid roles within the Health Board.	
	The IMLA stated that the Kings Fund was doing lots of leadership seminars and that it was important to recognise the women in the workforce.	
	The Deputy Executive Medical Director (DEMD) advised the Committee that it was recognised nationally that there were problems with the bonus and excellence awards applications.	
	They added that it had been changed to the Clinical Service Awards to encourage people who were not working full time or had taken time out of their careers and noted that more people needed to be encouraged to apply.	
	The Committee resolved that:	
	a) The contents of the report were ratified.	
	Items for Information & Noting	
P&C 11/7/016	**Corporate Risk Register**	
	The Corporate Risk Register was received.	
	The Committee resolved that:	
	a) The Corporate Risk Register risk entries linked to the People and Culture Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates was noted.	
	Any Other Business	
	Private Agenda Items	
P&C 11/7/017	i) *Suspension/ Exclusion Report (exempt from publication due to the confidential nature of the report)* ii) *Fire Prosecution Update – Verbal (except from publication due to confidential nature of legal case)*	
	Review & Final Closure	
P&C 11/7/018	Items to be deferred to Board/Committees	

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	Date & time of the next meeting: Tuesday 12 September 2023 at 9am via MS Teams	

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05/09/2023 11:12:40

Public Action Log
Following People and Culture Committee Meeting
11 July 2023
(For the Meeting 12 September 2023)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Completed Actions					
P&C 16/05/001	ONS Data	To bring the ONS data in Wales.	Rachel Gidman	July 2023	**Completed** Update provided in July 2023
P&C 16/05/001	Workforce planning	Paper detailing workforce planning covering the national aspect.	Rachel Gidman	July 2023	**Completed** Update provided in July 2023
P&C 16/05/005	Terms of Reference	To be brought back to the Committee.	James Quance	July 2023	**Completed** Update provided in July 2023
P&C 16/05/006	Staff on long term sickness	To bring back the figures for staff on long term sickness.	Lianne Morse	July 2023	**Completed** Update provided in July 2023
P&C 16/05/007	Health and Safety	Consider the health and safety risks which related to people.	Rachel Gidman	July 2023	**Completed** Update provided in July 2023
Actions in Progress					
P&C 11/7/008	BAF	Covid risk was too high and needed to be reviewed.	Matt Phillips	September 2023	Update to be provided in September

CARING FOR PEOPLE
KEEPING PEOPLE WELL

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

					- Agenda item 2.2
P&C 11/7/011	Value Based Appraisal	Clinical Boards to be invited to speak about own data.	Rachel Gidman	September 2023	Update to be provided in September - Agenda item 2.7
P&C 11/7/015	Gender Pay Gap Report 2022	Deep dive on what the Health Board does to tangibly achieve fair gender pay,	Rachel Gidman/ Mitchell Jones	November 2023	Update to be provided in November
Actions referred from Board / Committees					
UHB 23/03/013	Gender Pay Gap Report	The Gender Pay Gap is to be considered at the new People and Culture Committee	Rachel Gidman	July 2023	**Completed** Update provided in July 2023 -
SLB 2023/02/02/012	Cost of Living Impact Assessment	To be presented to People and Culture Committee	Rachel Gidman	July 2023	**Completed** Update provided in July 2023
Actions referred to Board/Committees					
P&C 16/05/009	Clinical Consultation Plan – Welsh Language	To discuss how the Plan could be fully resourced to ensure support and enactment of the Plan	Rachel Gidman	July 2023	**Completed** Update provided to Board in July 2023

Mohamed,Sarah
05/09/2023 11:12:40

CARING FOR PEOPLE
KEEPING PEOPLE WELL

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Report Title:	Health and Safety Sub-Committee – Chair's Report			Agenda Item no.	2.2
Meeting:	People and Culture Committee	Public	x	Meeting Date:	12 September 2023
		Private			
Status (please tick one only):	Assurance	x	Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				

Main Report
Background and current situation:

The purpose of this report is to provide People and Culture Committee Members with a summary of key issues discussed at the Health and Safety Sub-Committee Meeting held on **18 July 2023.**

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

The standard items of business were discussed at the meeting. These included the following:

Health and Safety Overview – The Sub-Committee was advised that there had been an increase in training compliance across majority of areas with the exception of Violence & Aggression Module B and D. The Health and Safety Culture Plan was progressing steadily and 26 actions had been completed.

It was also noted that the Capital, Estates and Facilities (CEF) teams were leading a planning group to simulate a planned power outage for the University Hospital Wales (UHW) site in September. This was necessary to determine the robustness of the electrical infrastructure.

It was also noted that there had been increased Health, Safety and Fire risk in the tunnels at UHW. The Tunnel Safety Group was now back up and running.

A recent IP&C audit highlighted the smell of smoke within theatres, staff smoking at the back of theatres and a smoke smell being pulled into the ventilation system. Staff had been asked on many occasions to stop smoking, and poor responses had been received and non-compliance continued.
The Sub-Committee Chair (SCC) requested to meet with the Executive Director of People and Culture (EDPC) and Executive Director of Public Health (EDPH) to discuss smoking issues.

It was noted that there had been a 66% increase in fire signals at UHW. The increase was due to malicious ignitions. There had also been a downward trend in the number of reported manual handling incidents over 10 years including RIDDORs.

Fire Safety Report – The Sub-Committee was advised that a small electrical fire had occurred in the main Hemophilia clinical trials fridge in the reception area of the Hemophilia Centre. Upon further investigation, it appeared that a loose wire generating heat caused a layer of dust to ignite, resulting in a bad smell and a small amount of smoke being emitted from the fridge. A lesson learnt exercise was completed.

It was noted that the total Unwanted Fire Signals (UWFS) from 01/04/23 to 22/06/23 was 40 which was a reduction on previous performance. The Health Board Fire Safety training compliance continued to improve month on month and Fire Safety Weeks were being held at UHW and UHL.

Environmental Health Inspector Report - Several inspections had taken place and the outcomes were noted in the papers received. The Central Food Production Unit had gone from a previous rating of 2 to 4.

Serious Incident Review Standard Operating Procedure - The procedure was being received as a follow up to the incident which occurred in the waste yard in May 2023. Actions were taken and operational processes were implemented to mitigate the risk.

Capital, Estates & Facilities – Estates Risk Register was received by the Sub-Committee. The risks were not reported on the corporate risk register and there was a concern that risks coming into fruition were not being sighted. The Director of Capital, Estates and Facilities (DCEF) would work with the Head of Risk and Regulation (HRR) to ensure estates risks were on the BAF and certain risks with a higher score were escalated to the Board.

The **Medical Gas Pipeline Systems Annual Report, Authorizing Engineer (Ventilation) Annual Report and Authorizing Engineer (High Voltage) Annual Report** were received.

Operational Health and Safety Group – 7.3.2023 minutes - were noted by the Sub-Committee.

The minutes of the Health and Safety Sub-Committee held on 18 July 2023 contain further details of the above matters highlighted in this report and will be available once formally approved by the Health and Safety Sub-Committee in October 2023.

Recommendation:

The Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*				
1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance		x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn		x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care 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	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 *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Report Title:	H&S Risks			Agenda Item no.	2.2b
Meeting:	People & Culture	Public	X	Meeting Date:	12.09.23
		Private			
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of Health and Safety				

Main Report
Background and current situation:

The Health Board is committed to ensuring that suitable arrangements are in place in line with statutory requirements to minimise the risk of any hazards that could lead to a safety related incident to one of its patients, visitors, employees, contractors or other stakeholders.

HSE Interventions

The HSE have written to the CEO's of all Health Boards in Wales including Suzanne Rankin in relation to Violence & Aggression against our staff and musculoskeletal injuries. They will be conducting a corporate intervention with senior UHB management in September and this will be followed by a series of on-site operational interventions between November 2023 and January 2024.

The Health & Safety department have identified a number of high-risk areas for both disciplines and are currently auditing them for compliance around;

- Risk Assessment
- Training
- Roles & Responsibilities
- Monitoring & Review

Senior H&S department managers will be supporting the clinical/service boards with the on-site HSE interventions.

Tunnel Safety

An elevated Health, Safety and Fire risk exists in the tunnels at UHW, a contributory factor being people's behaviours in dumping waste and unwanted items there.

The tunnel safety group continue to work through an ongoing action log however, progress is difficult due to financial constraints. Clinical staff are now being co-opted into the group and part of their remit will be to change behaviours of some staff.

Fire Risk Assessment

A reduction from 98% to 92% compliance in fire risk assessment completion was brought to the last meeting, this was largely attributed to reduced resource within the fire team over the last 10 months. Three new Fire Safety Advisors joined the team on 3rd July and compliance has now improved to 100% with none overdue at the time of writing.

The Senior Fire Safety Advisor role has now been filled on a 12-month secondment basis from within the fire team. The team have caught up with the risk assessments and processes are being reviewed around the monitoring of the actions generated. This will provide a more informed view of fire specific fire risks across the UHB.

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

To note that the highest risk Health and Safety issues across the UHB will feed into the People and Culture meeting.

Recommendation:

The Board is requested to: Note the findings of this report.

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

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

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

Risk: Yes/No

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

Safety: Yes/No

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

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
People & Culture	12th September 2023

Report Title:	Capital, Estates & Facilities – Estates Risk Register		Agenda Item no.		2.2c
Meeting:	People and Culture Committee	Public	x	Meeting Date:	12/09/23
		Private			
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 (P&C) Committee with details of the risks identified by Capital, Estates & Facilities (CEF) in relation to the estate infrastructure. Whilst it is accepted that Clinical Boards submit all risks above 15 for inclusion on the Corporate Risk register, Capital Estates and Facilities have been instructed to submit only those of 20 and above, due to the numbers.

Unfortunately, the risks identified by the CEF Service Board scoring between 15 and 20 are beginning to be realised, the most recent of which was the Gas main at UHW. This risk was not visible to Executives or the Board, however, the cost for the remedial works was circa £500k.

Current situation
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

All departments within CEF hold their own risk registers, with all those above 15 added to the Service Board Register (Appendix 1). The individual risk registers are reviewed on a bi-monthly basis at the Boards Assurance & Compliance meetings which is also the forum where cross cutting risks are reviewed. This level of scrutiny ensures a consistency of approach by all sections within CEF.

Reporting sheets for May 2023

Risk Registers CEF - Estates
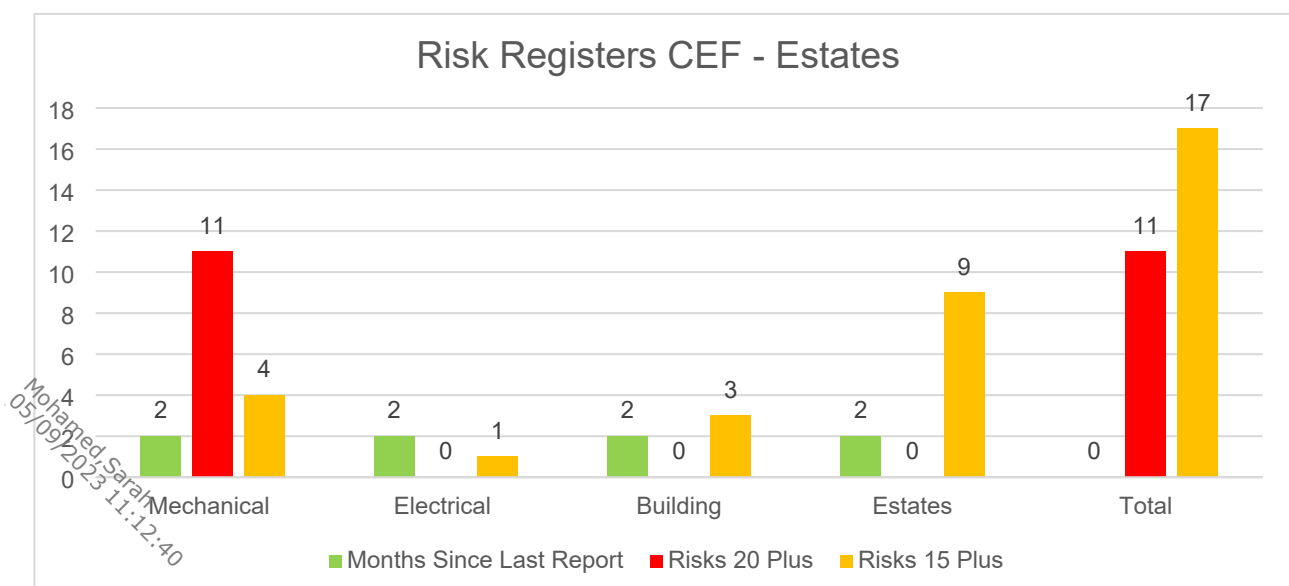
The graph indicates the number of risks we have between 15 and 20 and between 21 and 25, with the total being 28, 17 of which would not be reported up to feed into the corporate risk register.

A number of the risks will reduce over the next 2 years as WG have provided 'Estate, Facilities Advisory Board' (EFAB) funding to address some of the, high level backlog maintenance issues. The UHB have secured £6.035m over the next two years which is 70% of the total works value with the UHB contributing 30% from its discretionary capital funding allocation. The table below identifies the schemes supported through the EFAB programme.

	2023/24	2024/25
Fire		
UHW Fire Alarm Upgrade	√	√
UHL Fire Alarm Upgrade	√	√
Fire Damper inspection access	√	√
Community Fire Alarm Upgrade	√	√
Cause & Effect UHL	√	
Fire Stopping	√	√
Infrastructure		
UHL Hot Water Service Upgrade	√	
UHW Main O2 Pipeline & removal of O2 tank	√	
UHW Foul Drainage Programme	√	√
Dental Hospital Drainage	√	√
Sub 2 Generator Back-up	√	
UHW Dental Electrical Upgrade	√	√
UHW Main switchgear	√	√
UHL Hotwell Tank	√	
UHW Main Medical Air Plant		√
UHW Ambulatory Care Medical Air Plant		√
Ventilation Plant Maternity		√
Decarbonisation		
UHW BMS Outstation Upgrade	√	√
UHL Pipework insulation (roof void/plant/equipment	√	√

In addition to the above schemes, the UHB have submitted the following Businesses Cases to Welsh Government seeking funding support, which subject to approval further reduce some significant risks across the estate:

- Tertiary Tower Electrical Infrastructure Resilience Upgrade £2.286m
- UHW Lift Replacement Programme £9.3m
- Mortuary Refurbishment £3.5m

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

- The estate infrastructure is a significant risk for the UHB which requires continued and substantial investment
- The CEF Service Board are reviewing the risks and where resource allows undertaking works to reduce the risks but are frequently unable to mitigate the risk fully
- Much of the plant and equipment is well beyond its life expectancy and a percentage of it is now obsolete and spares are often difficult to procure with some specially manufactured to ensure the equipment can continue to operate.

Recommendation:

The Committee are requested to:

NOTE the work undertaken by the CEF Service Board to identify, manage and mitigate where possible the risks associated with the estate infrastructure

NOTE the progress made to address a number of the most severe and disruptive risk recognising the good work undertaken within a limited funding envelop

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	

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 are currently being managed within the resource available.

Financial: Yes

To eliminate the risks significant capital funding is required over a number of years. EFAB is going some way to support this

Workforce: No

Legal: Yes

Where risks are linked to statutory obligations and not progressed, availability of resource is not considered a defence

Reputational: Yes

A major loss of heating or hot water for a prolonged period would not only affect services but could cause reputational damage

Socio Economic: No

Equality and Health: No

Decarbonisation: Yes

New plant and equipment would reduce the UHB carbon footprint

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

RISK REGISTER TEMPLATE: Master template 15+
CLINICAL BOARD: CEF
DIRECTORATE: Estates

Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	Review Date	Target Risk rating			D a s	A s
					Conseq	Likelih	Total			Conseq	Likelih	Total						Conseq	Likelih	Total		
Building																						
B4			Plant room roofs at UHW are showing signs of degragation and failure. Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corroision with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting	CP	5	3	15	Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss	Roof is being monitored	5	3	15	No plan at present to address the issues	Monitoring is not recorded formally	Put in a plan to formally monitor roof in A block and carry out full structural survey of all roofs including lift plant room roofs	Head of Discretionary Capital and Compliance	Jun-23	5	2	10		
B8		17/05/2023	106 plant room failure to control bird invasion causing the various plant to be contaminated with bird guana Risk: failure to complete PPM and plant repairs due to the risk of ill health from pigeon guana for in house and contractors staff Impact: failure of critical plant due breakdown as result of maintenance and repairs not being completed	CP	4	5	20	Ad hoc cleaning has been completed by specialist cleaning contractors which allows for repairs to be completed when necessary	Plant is repaired when breakdown occurs once a specialist clean is completed	4	4	16	Although specialist cleans are completed when repairs are necessary the area has never been secured to stop thre ingress of bird and other vermin. Resulting in a specialist clean being	Although essential repairs are completed PPM are often not completed on time due to the contamination in the area and in particular on the plant	The area needs major work to prevent and control of birds and vermin and to allow PPMs and repairs to being carried out in a timely manner and safe access to 106 area	Head of Discretionary Capital and Compliance	Jun-23	4	1	4		
B9		17/05/2023	Heulwen north and south - roof failures causing major leaks to clinical areas Risk: Clinical areas in both wards are having to deal with water ingress and interruptions to patient services Impact: Loss of clinical areas due to major disruption as a result of heavy rain causing large volumes of water ingress	CP	4	5	20	Emergency repairs have been carried out to minimise the disruption to the wards	Emergency repairs have reduced the likelihood of closures at present	4	4	16	Emergency repairs are only a stop gap and will have a time limit of no more 6 months	Emergency repairs can not be gauranteed to last through the winter months	Both roofs need replacing before next winter	Head of Discretionary Capital and Compliance	Jun-23	4	1	4		
Electrical																						
E9			There is currently no backup power Generator for the Tertiary Tower Building. Due to a recent high voltage network fault the Tertiary Tower lost power on two occasions putting Staff, Patients and Visitors at risk. **Risk**- power failure with no back up system **Impact** - failure of power at key times such as during surgery risking loss of life	CP	4	4	16	Detail design being carried out by the Discretionary Capital team to provide future long term resilence for the Tertiary Tower	A short term plan has now been put in place to reduce some of the risks and provide backup to essential plant in the Tertiary Tower however a long term solution is still required to deal with this situation.	4	4	16	Redesign of the electrical infrastructure required to improve reliability and resilience	None	Approval for funding required.	Head of Estates and Facilities	Jun-23	4	1	4		
Estates																						
33 UHW	LGF Oxygen & Main Gas pipework c / Mechanical		**Risk/Issue:** Due to water leaking from above it has now become coated with calcified and adhered to the pipework which will corrode the pipework and risk of loss of oxygen to the hospital - which will have major inpact on patient care.	CP	4	4	16	No Control specified - investigation into looking for alternate route and plan to replace section of pipework.	Whilst the pipework remains undisturbed then should be reasonable to say it is secure without cutting away the build up and risk any damage.	4	4	16	Review current system around the site to provide back up without total loss to site.			Head of Estates and Facilities	Jun-23	4	1	4		
34 UHW	LGF Oxygen & Main Gas pipework c / Mechanical	25/09/2023 11:12:40 Mohamed,Sarah	**Risk/Issue:** Due to water leaking from above it has now become coated with calcified and adhered to the pipework which will corrode the pipework and risk of loss of gas to the hospital - which will have major inpact on patient care.	CP	4	4	16	No Control specified - investigation into looking for alternate route and plan to replace section of pipework.	Whilst the pipework remains undisturbed then should be reasonable to say it is secure without cutting away the build up and risk any damage.	4	4	16	Review current system around the site to provide back up without total loss to site.	What emergency action plan if the event occurred and lost gas today?	To get a quotation to install new pipeline for the oil fuel line back up for the 3 main boilers.	Head of Estates and Facilities	Jun-23	4	1	4		

Loc	Cat	Sub	Risk/Issue	CP	L	I	S	Control	Further Control	L	I	S	Consequence	Impact	Action	Owner	Date	L	I	S	
			Risk/Issue: Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change. Obsolete equipment and currently out of compliance with overdue unspection.	CP	4	4	16	No specific control for this equipment, only visual inspection.	Checks on the equipment.	4	4	16	Possibility of manifold back up and alternate supplies for certain gases.	Unable to isolate equipment supplying critical parts of thehospital.	plan in place to incorporate the difficulties in changing obsolete and live working safety valves and obsolete PRV /GAUGES whilst maintaining the med gas supplies	Head of Estates and Facilities	Jun-23	4	1	4	
UHL	Boilers - Parts		**Risk/Issue:** No 1 & 3 boilers - Obsolete parts for the control panel for the two main boilers. Which now is more likely not to be able to source a replacement part, which cannot be repaired. This would cause the boilers to fail and cause the loss of central heating, hot water and steam supply.	CP	4	4	16	To look to source the availbility of new or second hand parts for the Deep Sea Controller.	To continue to look for available parts	4	4	16	3 months for new EST installation for new control panel. (Has order been placed?)	Any delay's in ordering new panels or specification for new design panel.	To get a quotation to install two new control panels for the two main boilers.	Head of Estates and Facilities	Jun-23	4	1	4	
UHL	Main Hydrotherapy Pool		**Risk/Issue:** Main hydrotherapy pool steam heating system pipework and calorifier are currently in very poor state and preventing pool operations for patients.	CP	4	4	16	To replace with new PHE system and replace all pipework and assciated safety equipment for the steam and water supplies.	To source and replace u/s parts for immediate action, but may will monitor constantly to ensure continuous operation.	4	4	16	System and equipment is so old and poor condition, then this poses as high risk due to what could fail next on the system.	If any further faults or equipment issues may occur.	To get a quotation to install new PHE system and replace all pipework including safety equipment.	Head of Estates and Facilities	Jun-23	4	1	4	
All	REG 18 araes	Building	**Risk/Issue:** To individuals in high asbestos risk areas and improved control over access required.	CP	4	4	16	Current system in place but requires improved control.	No incidents recorded and people understand the Regulation 18 control. Asbestos register is used to check prior to work commencing. Once Key cabinet installed then with the CLIQ key can control and log the	4	4	16	Without a system to log access then could be uncontrolled.	Reliant on person's trust not to access the area.	To install a key cabinet, padlocks and cntrol with CLIQ padlock to gain access into the key cabinet. Estimated cost is £1,500	Head of Estates and Facilities	Jun-23	4	1	4	#
community Barry	Heating	Mechanical	**Risk/Issue:** 30 radiators not working in Barry hospital and requires investigation and further works to follow on.	CP	4	4	16	Temporary heating in place and new pump unit required and on order, awaiting delivery.	Temperatures not too low currently, but compliants will follow.	4	4	16			Further action to checks pumps are working correctly, flush radiator thermostats as required.	Head of Estates and Facilities	Jun-23	4	1	4	#
UHW	Heating	Mechanical	**Risk/Issue:** China stores heating and pump station not working and causing issues to ward areas.	CP	4	4	16	Temporary heating in place to reduce effect of system not working	Temperatures low currently, but compliants to follow.	4	4	16	Not sustainable and requires full repair.		Source spares and carry out full repair - Ensure routine inspection conducted.	Head of Estates and Facilities	Jun-23	4	1	4	#
UHW	Heating	Mechanical	**Risk/Issue:** General heating issues to various ares due to zero degree temperatures.	CP	4	4	16	Temporary and portable heating in place to reduce effect of system not working	Temperatures low currently, compliants and estates dealing with issues as best they can with resources and equipment.	4	4	16	Not sustainable and requires full repair. Look for longterm solution with backlog maintenance to replace equipment to ensure reliability.		Source spares and carry out full repair - Utilise & apply for backlog maintenance funding to repair and/or replace equipment. PPM to be reconfigured to check and test heating system prior to winter period	Head of Estates and Facilities	Jun-23	4	1	4	#

Mechanical

Loc			Risk/Issue	CP	L	I	S	Control	Further Control	L	I	S	Consequence	Impact	Action	Owner	Date	L	I	S	
M1			**Risk/Issue:** Some of the Ventilation systems and theatre spaces are old and are reaching the end of their useful life. This is resulting in large number of remedial works being required. **Impact:** Closure of theatres, impact on service delivery.	CP	5	4	20	Verifications at UHW & UHL theatres have identified many issues with ventilation system and environment condition of theatres. Theatre are also not to current HTM guidance for size. Short, medium and long term plans for theatres are being progressed.	Theatres are being maintained to ensure continuity of service. Plans are in place to ugrade theatres in line with HTMs on a priortiy basis	5	3	15	Theartres are not to current HTMs for size.	Maintenance of older plant is getting more and more difficutl as parts are difficult to source	continue with plans	Head of Discretionary Capital and Compliance	Jun-23	5	1	5	

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ID	Date	Risk/Issue		L	C	Rating	Controls	Assurance		L	C	Rating	Gaps in Control	Gaps in Assurance	Action	Owner	Date	L	C	Rating
M17	Feb-20	**Risk/Issue:** UHW HSDU Chiller Plant. Chiller is 22 years old and failing with new spare parts now unavailble chiller will require to be renewed in the near future **Impact:** Failure leading to loss of cooling to HSDU department.	CP	5	4	20	Regular maintenance being carried out. Actions currently being progressed.	System is subject to statutory testing and inspection in line with legislation and HTM		5	3	15	System is currently being maintained but needs replacing	Non complian with HTM	prepare plans to renew the Chiller	Head of Discretionary Capital and Compliance	Jun-23	5	1	5
M19	Dec-19	**Risk/Issue:** Ventilation verification of critical systems has identified UHW Dental Theatres & recovery does not comply with HTM's for ventilation. Airflow is low in 2 dental theatres fed by the same plant **Impact:** Not compliant	CP	5	4	20	Regular maintenance being carried out	Theatres cannot be used in current condition short term plan being executed to provide 1 compliant theatre		5	3	15	Not compliant with HTM		New AHU required to feed theatres only.	Head of Discretionary Capital and Compliance	Jun-23	5	1	5
M21	Mar-21	**Risk/Issue:** UHW Maternity (MAN1& 7) Medical Gas Entonox Manifold is obsolete **Impact:** Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients	CP	5	4	20	Regular maintenance being carried out	Maternity areas would suffer from loss of Entonox until a new manifold was installed		5	4	20	Not compliant with HTM		New Entonox Manifold required	Head of Discretionary Capital and Compliance	Jun-23	5	1	5
M27	Mar-21	**Risk/Issue:** UHW Tunnels corroded Main O2 Pipeline due to building leakage **Impact:** Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients	CP	5	4	20	Regular maintenance being carried out	UHW would suffer from Loss of Oxygen to Hospital		5	4	20	Not compliant with HTM		Repair Building Leak and renew section's of corroded pipework	Head of Discretionary Capital and Compliance	Jun-23	5	1	5
M28	Mar-21	**Risk/Issue:** UHL Main Boiler F&E TANKS are badly corroded and require renewing **Impact:** Corrosion causing tanks to leak and loss of Heating throughout Hospital	CP	5	4	20	No controls in place as cleaning tanks may result in leakage	UHL would suffer from loss of heating		5	4	20	Not compliant with HTM		Renew or reline tanks to prevent leaks	Head of Discretionary Capital and Compliance	Jun-23	5	1	5
M29	Jun-21	**Risk/Issue:** Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation. **Impact:** Not compliant	CP	5	4	20	Maintenance intermitent due to access issues AHU with ward WASTE room Fancoils in ward are not accesable unles ward emptied but do not comply anyway	System has never complied with HTM'S		5	4	20	System isnt suitable and correct maintenance is restricted	Curernt HTM not being adhered to	Look at improving the sytem to comply with current HTMs	Head of Discretionary Capital and Compliance	Jun-23	5	1	3
M30	Jun-21	**Risk/Issue:** Ventilation verification of critical systems has identified UHW ITU B3N North does not comply with HTM's for ventilation. **Impact:** Not compliant	CP	5	4	20	Maintenance intermitent due to access issues AHU with ward	System has never complied with HTM'S		5	4	20	System isnt suitable and correct maintenance is restricted	Curernt HTM not being adhered to	Look at improving the sytem to comply with current HTMs	Head of Discretionary Capital and Compliance	Jun-23	5	1	3
M31	Jun-21	**Risk/Issue:** Ventilation verification of critical systems has identified UHW Cardiac ITU C3 Link does not comply with HTM's for ventilation. **Impact:** Not compliant	CP	5	4	20	Regular maintenance being carried out	System has never complied with HTM'S		5	4	20	Not compliant with HTM	Curernt HTM not being adhered to	Look at improving the sytem to comply with current HTMs	Head of Discretionary Capital and Compliance	Jun-23	5	1	3
M32	Apr-22	**Risk/Issue:** Main walk in Drugs fridge in UHW Pharmacy stores LGF, is old and requires renewing due to being unreliable and parts difficult to obtain. **Impact:** Loss of refrigerated drugs causing interuption to service	CP	5	4	20	Regular maintenance being carried out	Fridge is maintained on a regular basis however breakdowns have occurred outside of the service window.		5	4	20	due to age failure is likely	Parts are currently long lead in time if system was to fail	Renewal of Fridge and componenets with run and standby equipment required	Head of Discretionary Capital and Compliance	Jun-23	5	1	3
M33	Apr-22	**Risk/Issue:** SPS walk in Drugs fridge in UHW Pharmacy stores GF is old and requires renewing due to being unreliable and parts difficult to obtain. **Impact:** Loss of refrigerated drugs causing interuption to service	CP	5	4	20	Regular maintenance being carried out	Fridge is maintained on a regular basis however breakdowns have occurred outside of the service window.		5	4	20	due to age failure is likely	Parts are currently long lead in time if system was to fail	Renewal of Fridge and componenets with run and standby equipment required	Head of Discretionary Capital and Compliance	Jun-23	5	1	3
M34		**Risk/Issue:**Helipad Main Medical Air Plant supplied and installed by another with no medical gas certification. Plant components are bespoke items which are not specified for medical gas systems. Plant is non-compliant to the HTM02-01 MGPS Part A: Design, Installation, Validation & Verification Medical Compressed Air Systems. **Impact:** Quality of Air supplied & Not compliant	CP	5	5	25	Regular maintenance being carried out	The medical air plant is maintained on a regular basis however breakdowns have occurred outside of the service window.		5	4	20	System is currently being maintained but needs replacing	Non complian with HTM	prepare plans to renew the medical air plant	Head of Discretionary Capital and Compliance	Jun-23	5	1	5
M35		**Risk/Issue:** Ambulatory Care Medical Air Plant supplied and installed by another with no medical gas certification. Plant components are bespoke items which are not specified for medical gas systems. Plant is non-compliant to the HTM02-01 MGPS Part A: Design, Installation, Validation & Verification Medical Compressed Air Systems. **Impact:** Quality of Air supplied & Not compliant	CP	5	5	25	Regular maintenance being carried out	The medical air plant is maintained on a regular basis however breakdowns have occurred outside of the service window.		5	4	20	System is currently being maintained but needs replacing	Non complian with HTM	prepare plans to renew the medical air plant	Head of Discretionary Capital and Compliance	Jun-23	5	1	5
M36		**Risk/Issue:** UHW & UHL Medical Gas Pressure reducing sets out of manufacturers recommended operational service dates **Impact:** Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients	CP	5	5	25	Regular maintenance being carried out	UHW & UHL would suffer from Equipment Failure due to high pressures		5	4	20	Not compliant with HTM		New Pressure reducing set required	Head of Discretionary Capital and Compliance	Jun-23	5	1	5

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| M37 | | | Risk/Issue: Medical Gas PPM at all sites has identified that there are no "low line Pressure" alarms and warning lamps as per the requirments of HTM.   Impact: Equipment Failure leading to Loss of Service and Interruption of supply impacting on critical procedures patient safety | CP | 5 | 5 | 25 | Regular maintenance being carried out | | 5 | 3 | 15 | Systems are currently being maintained but they need upgrading | Non compliant with HTM | prepare plans to install alarm panels and warning lights, critical areas first i.e theatres, ITU etc to comply with HTM's | Head of Discretionary Capital and Compliance | Jun-23 | 5 | 1 | 5 | | |

Report Title:	**Board Assurance Framework** – People & Culture		Agenda Item no.		2.3	
Meeting:	People & Culture Committee	Public	x	Meeting Date:	12th September 2023	
		Private				
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Main Report
Background and current situation:

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

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

Each will come to the committee on a rotating basis or as required. This meeting will focus on Culture. The BAF will be updated and considered in its entirety at Board on 28 Sep 23.

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

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

Recommendation:

The People & Culture Committee is asked to:

(a) Review the attached risk in relation to Sustainable Culture Change
(b) Make any comments to the Exec Director to be addressed prior to Board consideration on 28 September.

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

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
Safety: ~~Yes~~/No
Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	28 September 2023

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

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

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	- There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. - Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition, also staff overwhelmed with change and ongoing demands as a result of the pandemic. - Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB. - Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.		
Impact	- Staff morale may decrease - Increase in absenteeism and/or presenteeism - Difficulty in retaining and recruiting staff - Potential decrease in staff engagement - Increase in formal employee relations cases - Transformation of services may not happen due to staff reluctance to drive the change through improvement work. - Patient experience ultimately affected. - UHB credibility as an employee of choice may decrease - Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve.		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	- Values and behaviours Framework in place - Cardiff and Vale Transformation story and narrative - Leadership Development Programmes, e.g. Acceler8 and CLIMB supporting inclusive, compassionate leadership principles - Management Programmes offering a blended approach to learning and including development around change and transformation - Talent management and succession planning cascaded through the UHB - Values based recruitment / appraisal - Staff survey results and actions taken, including NHS Staff Survey and Medical Engagement Scale. - Involvement in All Wales NHS Staff Engagement Working Group - Increasing the diversity of the workforce through the Kickstart programme, Apprenticeship Academy, Project SEARCH; development of UHB action plans, e.g. Anti-Racist Action Plan - Patient experience score cards - CEO and Executive Director of People and Culture sponsors for culture and leadership		

	• Raising concerns procedure/Freedom to Speak Up. UHB part of all Wales Group looking at Freedom to Speak Up across NHS Wales • Interviews conducted with senior leaders regarding learnings and feedback from Covid 19 and lessons learnt document completed in September 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 • Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team • Executive Team identified as Inclusion Ambassadors, each leading on a Protected Characteristic, and Welsh Language, being cascaded throughout Clinical Boards
Current Assurances	Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report [3]; Engagement of staff side through the Local partnership Forum (LPF) [1] Matrix of measurement now in place which will be presented in the form of a highlight report to Committee [1]

Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)

Gap in Controls	Agreed and consistent organisational approach to cultural change Continued high demands impacting on ability to release staff for development / involvement in transformation / development
Gap in Assurances	VBA rate continues to be low Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement

Actions	Lead	By when	Update since May 2023
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Leadership Programmes have been developed: (i) Acceler8 (ii) Collabor8 (iii) Climb Compassionate and inclusive leadership principles will be at the core of all the programmes	Rachel Gidman	June 2023 May-Sept 2023	Acceler8 Senior Leadership Programme Cohort 2 ended in May 2023. Evaluation to take place June 2023. The Collabor8 Leadership programme, Cohort 1 is continuing. The review of a CAV Leadership Development Strategy is underway. Leadership development across the UHB is being mapped to identify gaps in provision, areas of duplication, and opportunities for collaboration. Education, Culture and OD Team (previously LED) currently reviewing

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		June-Sept 2023	leadership and management development offer to plan schedule from September 2023.
			Enhancement of a coaching and mentoring network continues. Coaches currently supporting Senior Nurses in Phase 1 of development. Access to coaches continues to be challenging. Development of push-far coaching platform to aid network development underway.
		Jan-March 2023	Mentoring training has been acquired and the initial training will support the development of the Anti-Racist Action Plan, in supporting Inclusion Ambassadors to hear from colleagues with lived experience. Identification of mentors to take place May/June 2023, including discussions on reverse mentoring.
			3 Coaching supervisors have been identified, training delayed to June 2023 due to availability.
		July 2023	Simplified VBA process has been communicated and training ongoing to support for both managers and staff. Simplified paperwork agreed and part of communication. All CBs have provided an action plan and trajectory for achieving VBA targets by March 2023 (60%) and June 2023 (85%). VBA training continues to be well attended and compliance is showing an increase.

		June 2023	There has been an increase in the number of requests to facilitate cultural programmes/OD work within directorates and teams. ALAS discovery phase has been completed utilising Culture and Leadership Programme and Framework. Analysis and recommendations to be provided to DMT ~~early~~ May 2023.
		June 2023	OD support for UHB strategic programmes also requested, SOFH, SOFCS etc and challenges to capacity being discussed.
			HEIW has reserved 8 licenses for CAV on the NHSE/I Culture and Leadership Programme Framework to increase capability and understanding of the tool. CAV will also provide NHSE/I with a case study of the existing programme.
		March-June 2023	6-month programme of work developed to support EU, has completed stage 1. Evaluation in progress, People and Culture Team to work with SMT to identify next steps.
		May-June 2023	Equity and Inclusion Audit has been completed and reasonable assurance obtained. Management response provided and action plan developed to address areas for improvement.

		June 2023	
		June 2023	
		May-June 2023	
		May 2023	
2. Showcase	Rachel Gidman	June 2023	Review of showcase required.
3. Equality, Diversity and Inclusion	Rachel Gidman	July 2023	Equality Strategy Welsh Language Group under review. To be discussed

			at People and Culture Committee July 2023.
			Review of group TOR taking place to ensure all CBs are represented and appropriate governance is in place.
Welsh Language Standard being implemented.		May 2023	A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff. Cost effectiveness of SLA currently being reviewed based on costs per word and waiting times. Initial analysis demonstrates savings to be made through increasing in-house translation capacity. To be presented May 2023.
Inclusion - Nine protected Characteristics		May-June 2023	The UHB continues to receive and respond to inquiries from the Welsh language Commissioner's Office, particularly around recruitment and data. The Welsh language team are supporting prioritised Clinical Boards to further understand their responsibilities and are taking a stepped approach to this due to capacity.
			All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. This approach has also been rolled-out across CBs. An 'Inclusion Ambassador' pack has been circulated that support in understanding and learning.
			Training has been identified for mentors to support Inclusion

			Ambassadors at executive level. Step two will be identification / nominations for mentors, followed by training.
		Ongoing	Existing networks are collaborating to develop the scope and outline of an 'Ally Network'. Work is at an early stage, initial proposal to be taken to the ESWLSG meeting in June 2023. Review of networks in light of 'Employee resource groups' discussions at Board Development with Race Equality First.
		May-Sept 2023	The Anti-Racist Wales Action Plan developed by Welsh Government was published in June 2022. Board development continued in May 2023 facilitated by Race Equality First. Anti-Racist Action Plan to be presented at Board May 2023.
			The draft proposal for a framework looking at Equality, Health Inequalities and Safety. A collaboration of areas including the E&I Team; ADOD; PH; Patient Experience; Quality and Safety formed a working group to review existing documentation and benchmarking.

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		May 2023	
		June 2023	
4. CAV Convention	Rachel Gidman	TBC	Action under review and date to be confirmed once known.
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

Report Title:	Introducing a consistent, evidence-based approach to Cultural Assessments at Cardiff and Vale UHB	Agenda Item no.	2.4
Meeting:	People and Culture Committee	Meeting Date:	12/08/2023
Status *(please tick one only):*	Assurance		Approval		Information	x
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture		

Main Report
Background and current situation:

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

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

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

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

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

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

The Culture and Leadership Programme Approach to Cultural Assessment

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

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

How it Works

The CLP is based on a clear framework for culture change, looking at six cultural elements:
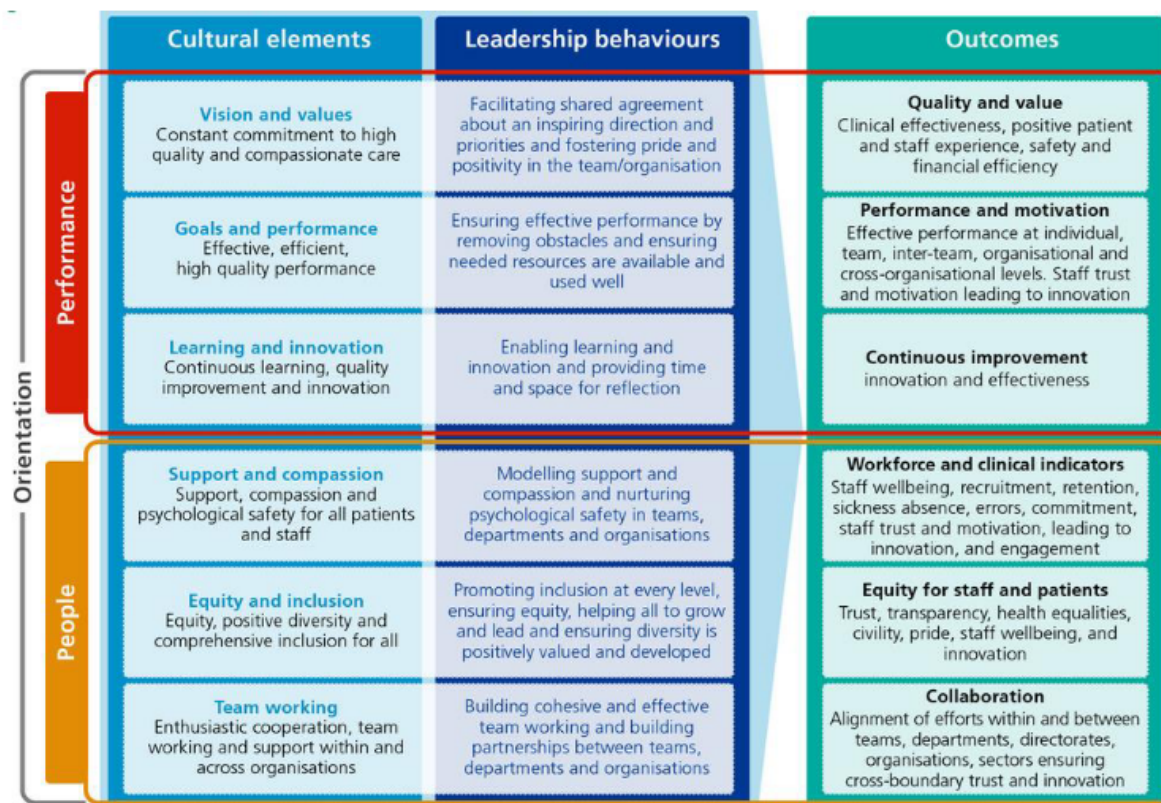
Figure 1: Framework for Culture Change

And delivered through four phases:

- **Scoping** – identifying the purpose, building the case for change, ensuring senior team commitment, project planning
- **Discovery** – collecting a baseline of current culture, draw in other data sources for insight, listening as a core activity, understand needs for the future
- **Design** – co-design of interventions, strategies focusing on impact
- **Delivery** – implement to test interventions and improve culture
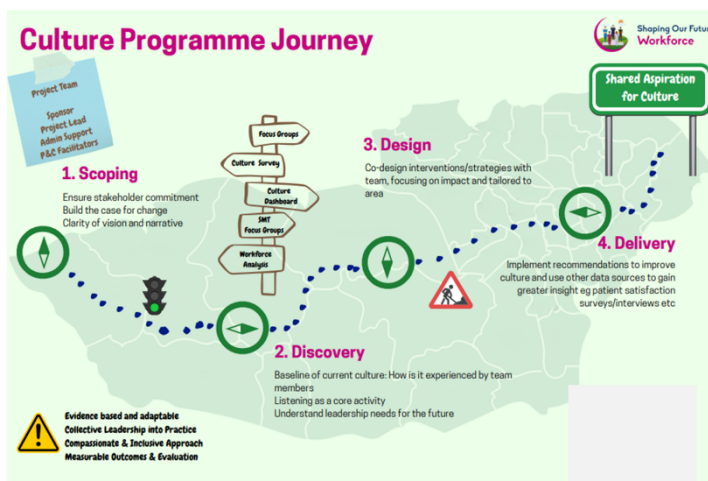
Figure 2: Draft culture map for CAVUHB

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

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

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

The discovery stage (2), involved:

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

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

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

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

Next Steps

Developing an understanding and appreciation of the CLP, including assessing whether it is a suitable approach for CAVUHB, is integral. To date, engagement has commenced with a 'Culture Summit' held in August 2023, where members of the Executive Team and other Senior Leaders were present.

Further engagement and discussion is required to provide clarity around the tool itself, and demonstrate where its use could support the development of cultures that deliver high quality, continuously improving, compassionate care. The approach will be taken to Workforce Partnership Group in September, and presented at Senior Leadership Board on the 21st September. A further paper on a proposed approach to cultural assessments at CAVUHB, informed by these discussions, will be presented to People and Culture Committee in November 2023, following a presentation at Local Partnership Forum to ensure a collaborative approach.

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

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

- Higher staff engagement and lower staff turnover
- Higher performance ratings
- Lower staff stress, sickness and injury
- Lower levels of bullying

- Better patient relationships, more effective care and lower patient mortality
- Better patient safety and more innovation
- Higher performance ratings

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

- not recognising, addressing and improving areas where change is needed
- not recognising and learning from areas of excellence (spread and scale)
- not understanding the quality of employee experience and subsequently engagement, performance, innovation and retention
- how the above impacts upon quality of patient care and patient experience

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

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

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

Recommendation:

People and Culture Committee as asked to:

NOTE the information included within the paper

APPROVE the next steps, including engagement with Senior Leadership Board and TU Partners

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

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

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

Safety: yes – as above

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

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

Legal:no

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

Socio Economic: no

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

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

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Understanding and Shaping Our Culture at CAVUHB

Developing cultures that deliver high quality, continuously improving, compassionate care

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Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

"Culture is the way we do things around here. It is the norms, rituals, expected behaviours and unwritten rules within a work organisation. Culture is vital because it shapes our behaviour and values at work."

Professor Michael West

"THE CULTURE OF ANY ORGANIZATION IS SHAPED BY THE WORST BEHAVIOR THE LEADER IS WILLING TO TOLERATE."

GRUENTER AND WHITAKER

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Noise in the system
What alerts us when things are not 'quite right'?
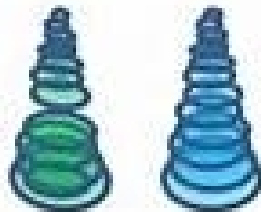
The Culture and Leadership Programme

An evidence based programme to support cultural understanding and identify actions to make positive change through Compassionate, Collective, and Inclusive Leadership

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It is based on a clear framework for culture change
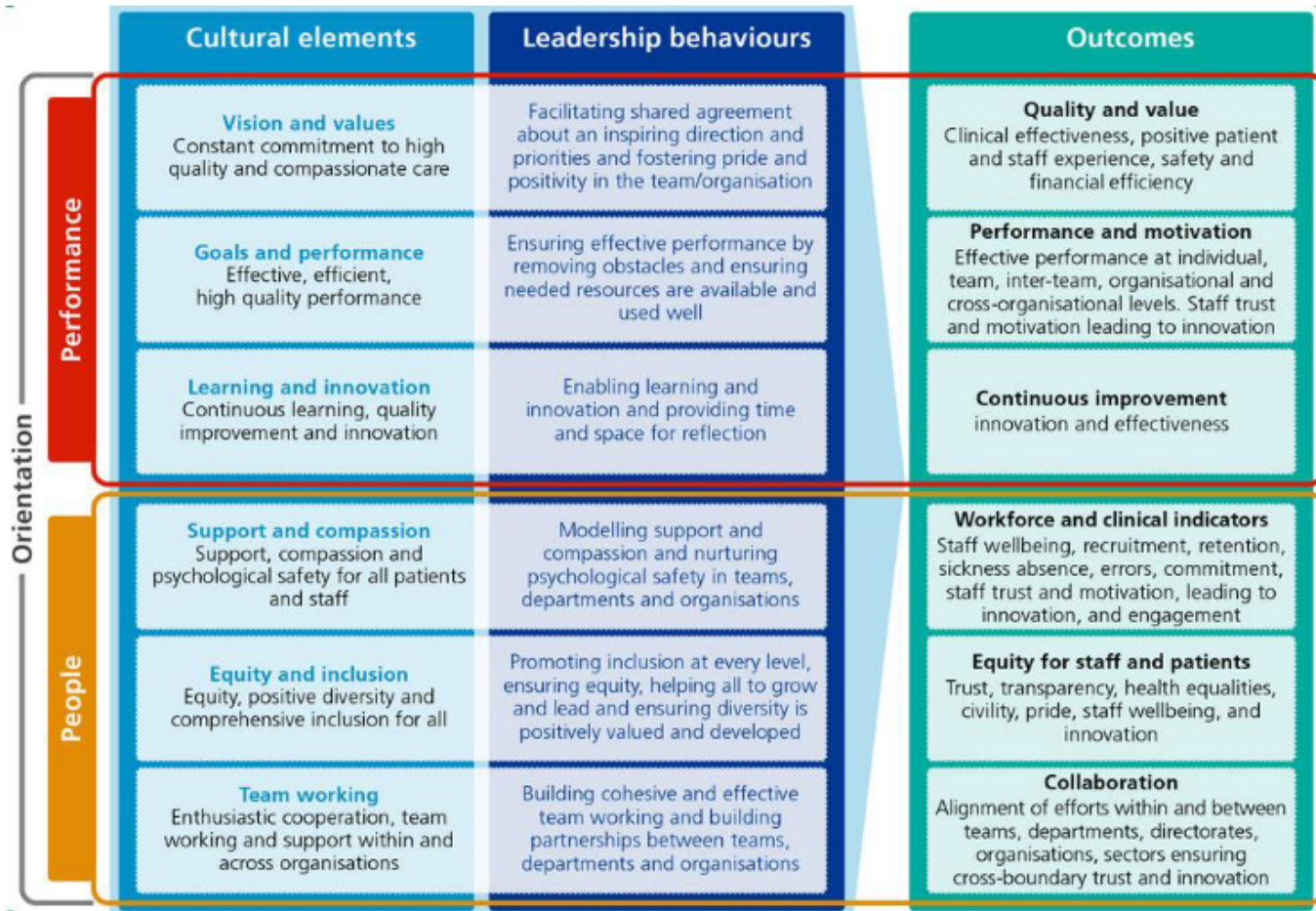
Culture Programme Journey

Shaping Our Future Workforce

Project Team

Sponsor
Project Lead
Admin Support
P&C Facilitators

Shared Aspiration for Culture

Focus Groups

Culture Survey

Culture Dashboard

SMT Focus Groups

Workforce Analysis

1. Scoping

Ensure stakeholder commitment
Build the case for change
Clarity of vision and narrative
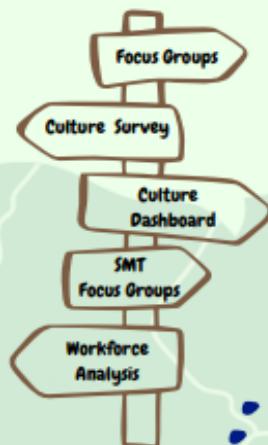
3. Design

Co-design interventions/strategies with team, focusing on impact and tailored to area

4. Delivery

Implement recommendations to improve culture and use other data sources to gain greater insight eg patient satisfaction surveys/interviews etc

2. Discovery

Baseline of current culture: How is it experienced by team members
Listening as a core activity
Understand leadership needs for the future

Evidence based and adaptable
Collective Leadership into Practice
Compassionate & Inclusive Approach
Measurable Outcomes & Evaluation

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The financial case for compassionate & inclusive leadership cultures

By nurturing compassionate cultures organisations can achieve:

- **Higher staff engagement & lower staff turnover**
- Lower staff stress, sickness & injury
- Lower levels of bullying
- Higher work efficiency / use of resources

- **Better patient relationships, more effective care & lower patient mortality**
- Better patient safety & more innovation
- Higher performance ratings

As shown here an understanding of the linkages between variables, soft and hard financial benefits can be more easily identified.
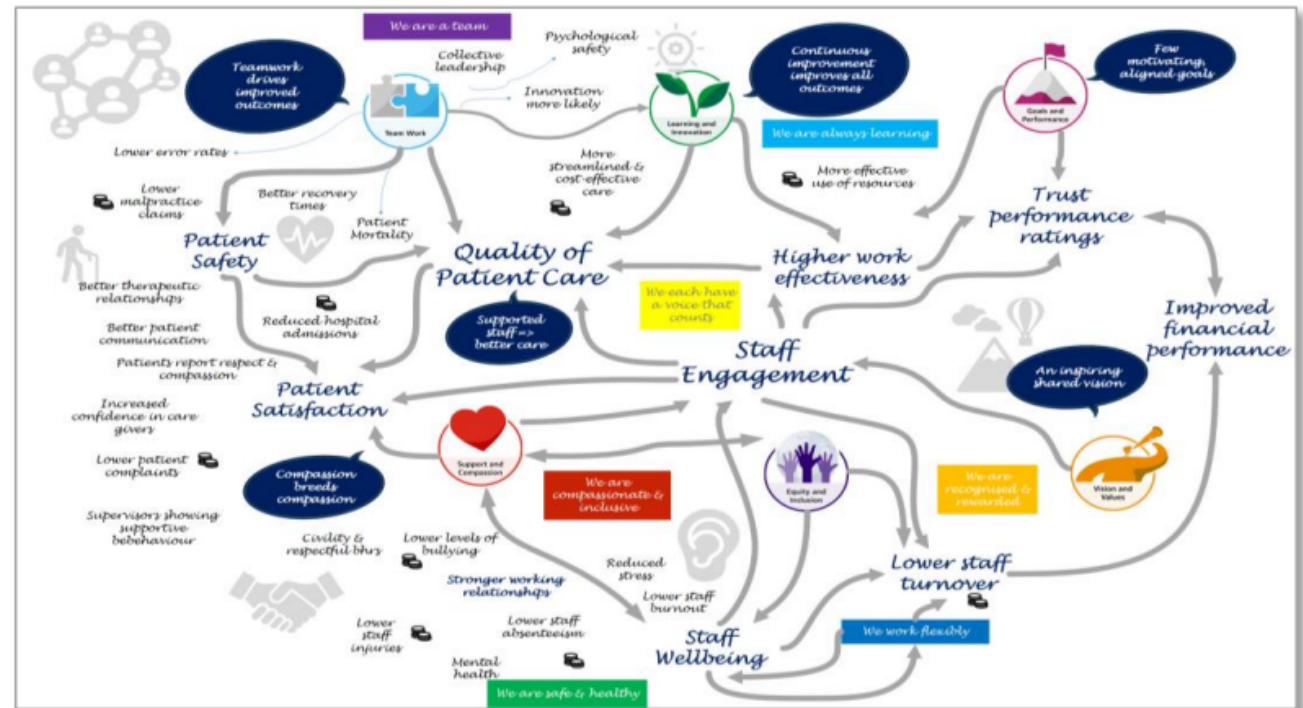
Figure 1: Highlights of the evidence base

Next Steps

- Engagement and discussion September 2023
  - TU Partners
  - Senior Leadership Board
- Paper outlining proposed approach and areas of focus to People and Culture Committee, November 2023
- Continuation of pilot areas, including review of effectiveness / lessons learnt

- People and Culture Committee are asked to:
  - Note the information included in the paper
  - Approve the next steps of engagement

Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.5
Meeting:	People & Culture Committee	Public	X	Meeting Date:	12th September 2023
		Private			
Status (please tick one only):	Assurance	X	Approval		Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture / Head of People Analytics				

Main Report Background and current situation:

Section 2 of the attached Integrated Performance Report provides detailed information on the People and Culture key performance indicators, which include:

- Turnover
- Sickness absence
- Statutory and mandatory training
- Values-based appraisal
- Formal employee relations cases
- Job Planning
- Medical appraisal
- Staff in post and Variable pay.

In addition to the information in the attached report, there are a few points to bring to the Committee's attention:

- The **sickness absence** rate for Jul-23 was 4.97%. The last time the monthly rate was lower than this was Aug-20, and before that Jul-18, as can be seen in the chart below.
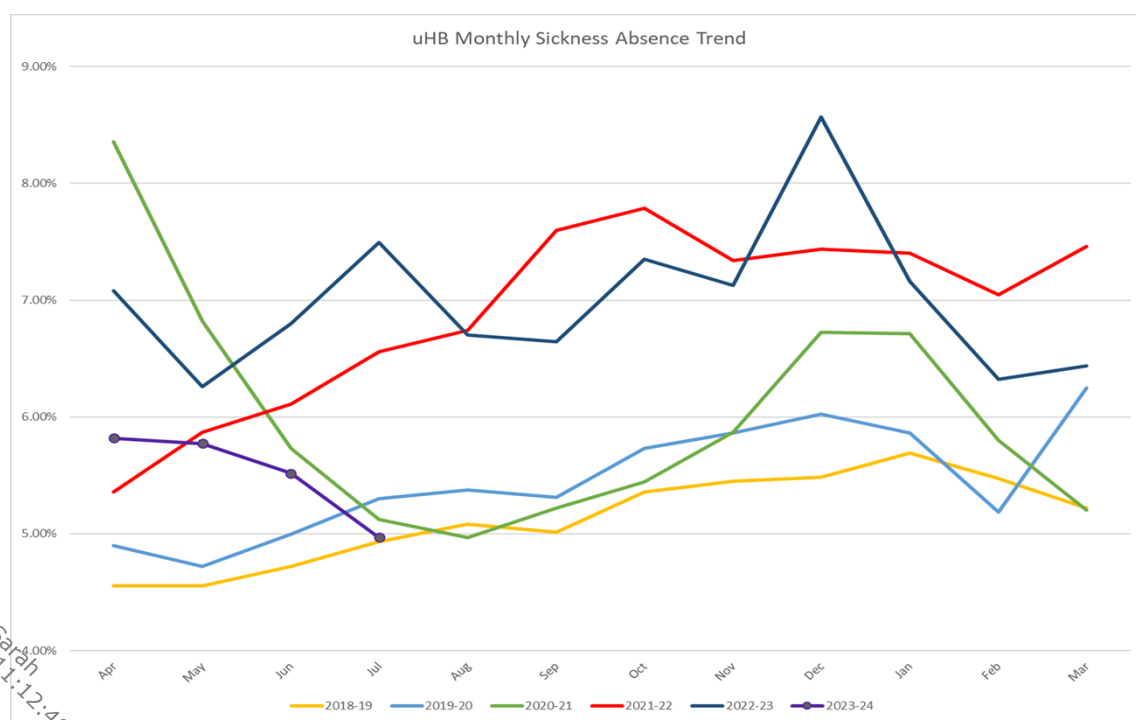
The 12-month cumulative sickness absence rate at Jul-23 was 6.53%, the lowest the rate has been since Jul-21.

- The calculation methodology for **values-based appraisal** compliance changed in July, staff who have commenced employment within the past 12 months are now excluded from the data reporting. The compliance rate as reported for July-23 using this revised methodology was 71.64%, if new starters had been included the rate would have been 67.69%.
- **Variable pay** – the workforce sustainability programme is focusing on significantly reducing variable pay through reducing reliance on agency workers, effective rostering, appropriate use of overtime and bank, etc.

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

Benchmarking

Together with the Wales University Health Boards, key workforce metrics (where available) have been collected from published Board papers from a selection of Trusts in England. The team continue to build relationships with these Trusts with an aim of sharing and obtaining up-to-date data. There are still gaps in the benchmarking data but we anticipate that the data collection will improve as relationships are built.

Current position below:

Whole-Time Equivalent Staff in Post

	Feb-23	Mar-23	Apr-23	May-23
Aneurin Bevan UHB	12,599	12,685	12,665	12,700
Betsi Cadwaladr UHB	17,512	17,589	17,641	17,738
Cardiff & Vale UHB	14,499	14,530	14,505	14,511
Cwm Taf Morgannwg UHB	11,174	11,184	11,068	11,071
Hywel Dda UHB	10,052	10,117	10,119	10,178
Swansea Bay UHB	12,085	12,121	12,087	12,119
King's College Hospital NHS Foundation Trust	13,165	13,161	13,201	-
University Hospitals Birmingham NHS Foundation Trust	20,063	20,102	20,177	-
Leeds Teaching Hospitals NHS Trust	17,745	17,909	17,853	-
University Hospitals of Leicester NHS Trust	14,747	14,899	14,923	-
University Hospitals Sussex NHS Foundation Trust	14,376	14,533	14,486	-

12-Month Cumulative Sickness

	Feb-23	Mar-23	Apr-23	May-23
Aneurin Bevan UHB	6.83%	6.74%	6.62%	6.57%
Betsi Cadwaladr UHB	6.41%	6.33%	6.24%	6.23%
Cardiff & Vale UHB	7.04%	6.90%	6.87%	6.84%
Cwm Taf Morgannwg UHB	7.47%	7.37%	7.21%	7.15%
Hywel Dda UHB	6.58%	6.52%	6.43%	6.38%
Swansea Bay UHB	7.71%	7.59%	7.41%	7.32%
King's College Hospital NHS Foundation Trust	-	-	-	-
University Hospitals Birmingham NHS Foundation Trust	6.30%	6.21%	6.10%	6.00%
Leeds Teaching Hospitals NHS Trust	5.80%	-	-	5.70%
University Hospitals of Leicester NHS Trust	-	-	-	-
University Hospitals Sussex NHS Foundation Trust	5.37%	-	-	5.20%

Monthly Sickness

	Feb-23	Mar-23	Apr-23	May-23
Aneurin Bevan UHB				
Betsi Cadwaladr UHB				
Cardiff & Vale UHB				
Cwm Taf Morgannwg UHB				
Hywel Dda UHB				
Swansea Bay UHB				
King's College Hospital NHS Foundation Trust	4.46%	4.42%	4.04%	4.11%
University Hospitals Birmingham NHS Foundation Trust	-	-	-	-
Leeds Teaching Hospitals NHS Trust	-	-	-	-
University Hospitals of Leicester NHS Trust	5.00%	5.20%	4.67%	4.80%
University Hospitals Sussex NHS Foundation Trust	4.80%	4.00%	4.20%	4.10%

Turnover

	Feb-23	Mar-23	Apr-23	May-23
Aneurin Bevan UHB	10.80%	10.46%	10.31%	10.01%
Betsi Cadwaladr UHB	10.30%	9.86%	9.71%	9.56%
Cardiff & Vale UHB	14.10%	13.61%	13.21%	13.23%
Cwm Taf Morgannwg UHB	13.00%	13.26%	13.09%	12.84%
Hywel Dda UHB	9.10%	8.44%	8.77%	8.41%
Swansea Bay UHB	10.40%	10.39%	10.33%	10.25%
King's College Hospital NHS Foundation Trust	15.00%	14.60%	14.65%	14.22%
University Hospitals Birmingham NHS Foundation Trust	12.20%	11.93%	11.80%	11.70%
* Leeds Teaching Hospitals NHS Trust	11.62%	8.40%	-	8.14%
University Hospitals of Leicester NHS Trust	12.16%	8.70%	8.50%	8.10%
University Hospitals Sussex NHS Foundation Trust	9.68%	9.65%	9.52%	9.33%

* Voluntary turnover reported

Stat & Mand Compliance

	Feb-23	Mar-23	Apr-23	May-23
Aneurin Bevan UHB	81.86%	82.30%	82.60%	82.54%
Betsi Cadwaladr UHB	87.38%	87.95%	88.19%	88.13%
Cardiff & Vale UHB	77.35%	78.75%	79.69%	80.24%
Cwm Taf Morgannwg UHB	75.29%	76.90%	78.07%	78.56%
Hywel Dda UHB	85.58%	86.31%	86.80%	87.11%
Swansea Bay UHB	85.03%	85.89%	86.36%	86.77%
King's College Hospital NHS Foundation Trust	87.23%	86.05%	75.84%	80.53%
University Hospitals Birmingham NHS Foundation Trust	80.00%	-	-	93.00%
Leeds Teaching Hospitals NHS Trust	-	-	-	-
University Hospitals of Leicester NHS Trust	92.00%	93.00%	93.00%	93.00%
University Hospitals Sussex NHS Foundation Trust	90.50%	88.70%	87.70%	86.70%

VBA / Appraisal Compliance

	Feb-23	Mar-23	Apr-23	May-23
Aneurin Bevan UHB	66.96%	66.52%	66.03%	64.90%
Betsi Cadwaladr UHB	75.32%	76.37%	76.72%	77.22%
Cardiff & Vale UHB	55.12%	57.74%	59.60%	61.63%
Cwm Taf Morgannwg UHB	59.24%	60.33%	60.75%	59.39%
Hywel Dda UHB	73.14%	74.54%	76.00%	76.63%
Swansea Bay UHB	68.46%	67.84%	70.94%	66.87%
** King's College Hospital NHS Foundation Trust	92.46%	91.35%	23.82%	37.14%
University Hospitals Birmingham NHS Foundation Trust	-	92.00%	-	-
*** Leeds Teaching Hospitals NHS Trust	-	-	-	-
University Hospitals of Leicester NHS Trust	79.39%	77.10%	77.00%	78.60%
University Hospitals Sussex NHS Foundation Trust	78.90%	77.90%	76.70%	71.20%

** AfC & M&D Combined

*** Appraisal cycle runs from April to July. No data presently published

Suspension/Exclusion from work

There are currently 16 ongoing formal cases being investigated in accordance with the All Wales Disciplinary Policy, plus 4 being investigated in accordance with the Upholding Professional Standard in Wales Procedure (UPSW). 8 of these investigations have been ongoing for more than 4 months.

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

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

The remaining 2 members of staff have been suspended for 8 months and 5 months, both due to ongoing Police Investigations. All these cases are reviewed monthly to ensure suspension/exclusion is the appropriate course of action.

Recommendation:

The People & Culture Committee is requested to:

- **Note** and **discuss** the contents of the report

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

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	

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

Risk: Yes/No   No

Safety: Yes/No   No

Financial: Yes/No   No

Workforce: Yes/No Yes
Workforce risks and mitigating actions taken are described throughout this report

Legal: Yes/No   No

Reputational: Yes/No   No

Socio Economic: Yes/No   No

Equality and Health: Yes/No   No

Decarbonisation: Yes/No

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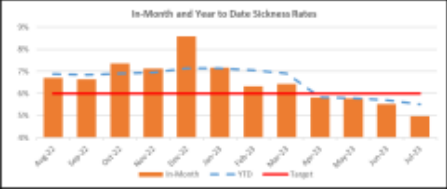
Committee/Group/Exec	Date:
Strategy & Delivery	

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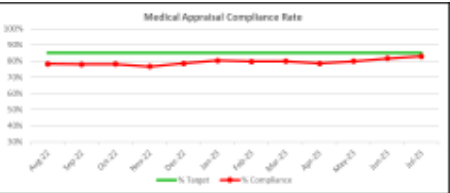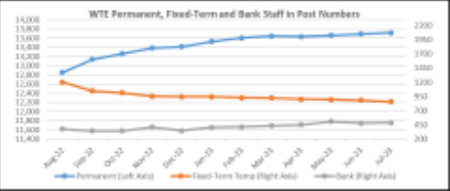
Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Aug-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to a low of 12.51% in May-23 UHB wide. The rate for Jul-23 is 12.94%. This is a net 0.72% decrease, which equates roughly to 99 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Work Life Balance' and 'Voluntary Resignation – Promotion'.	July 2023	
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Jul-23 was 4.97% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 7 months to 6.53% (by comparison with Jul-22, which was 7.24%).	July 2023	
Statutory and Mandatory Training	Compliance rate has risen to 81.20% for Jul-23, 3.80% below the overall target. The compliance for the All-Wales Genomics Services, Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics are all above the 85% target, and Children & Women's, PCIC, Corporate Executives and Specialist Services are above 80% compliance. Compliance with Fire training has also risen during Jul-23, to 74.87%. Again, Capital, Estates & Facilities and the All-Wales Genomics Services have exceeded the 85% compliance target, and Clinical Diagnostics & Therapeutics is above 80%.	July 2023	
Values Based Appraisal	Compliance has more than doubled over the last year; the compliance at Jul-23 was 71.64%. Clinical Boards had been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023. Capital, Estates & Facilities (91.77%) are the only Clinical Board to have exceeded the 85% target, but all of the Clinical Boards with the exception of Mental Health and the Corporate Executive group are now above the 60% transitory target.	July 2023	

Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past three months but remains below the UHB Target. Further work is being undertaken to help embed the Just Culture principles within the UHB and a Just Culture Toolkit is being developed. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	July 2023	
Job Plans	91.14% of clinicians have engagement with job planning and have a job plan in the system, however only 51.25% of these plans are fully signed off. Focus continues to be on supporting the approval and sign off process.	July 2023	
Medical Appraisals	The rate of compliance with Medical Appraisal has risen during the past 12 months. At Jul-23 the compliance was 83.05%, by comparison with the target 85%.	July 2023	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 522.29 WTE, to 14,573.19 WTE. The change in the split between permanent and fixed-term as shown in the graph below is largely due to validation of the ESR data held for staff contract type. The quantity of 'replacement' WTE by bank is increasing; in Aug-22 this represented 378.34 WTE, in Jul-23 this had risen to 488.93 WTE.	July 2023	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) is falling. It has been as high as 10.85% of the total spend on pay, but in Jul-23 was 9.93%. It must however be borne in mind that the total pay bill is increasing.	July 2023	

NHS Wales Performance Framework Measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Apr-23	May-23	Jun-23	Jul-23
36.	Percentage of sickness absence rate of staff	Jul-23	6%	**4.97%**	5.82%	5.77%	5.52%	4.97%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Jul-23	7%-9%	**12.94%**	12.52%	12.51%	13.00%	12.94%
38.	Agency spend as a percentage of the total pay bill	Jul-23	12 month reduction trend	**2.41%**	2.48%	1.86%	1.99%	2.41%
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)	Jul-23	85%	**72.37%**	59.60%	61.63%	65.86%	72.37%

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Medicine Clinical Board

Workforce Summary

People & Culture Committee

Medicine CB Sickness Absence
April 22 to March 23 and Target April 23 to March 24
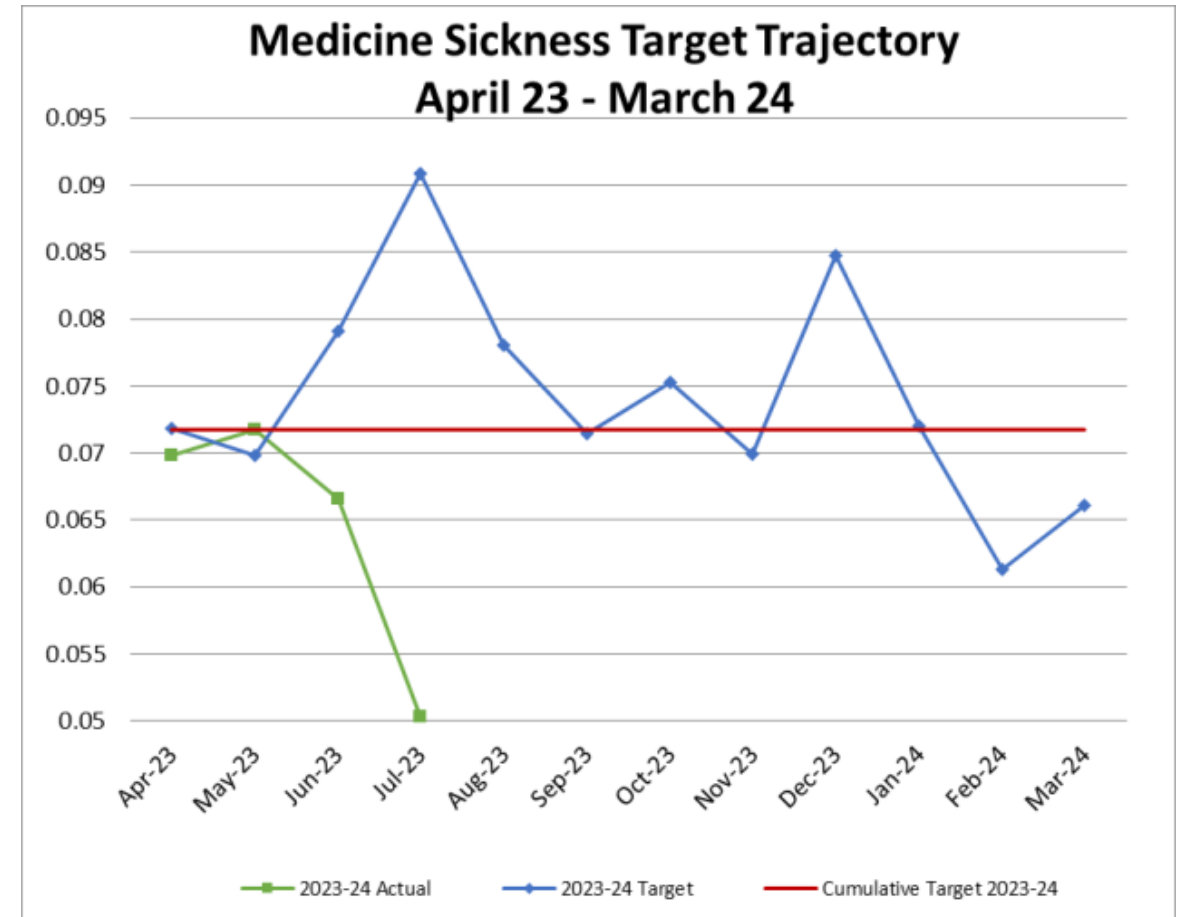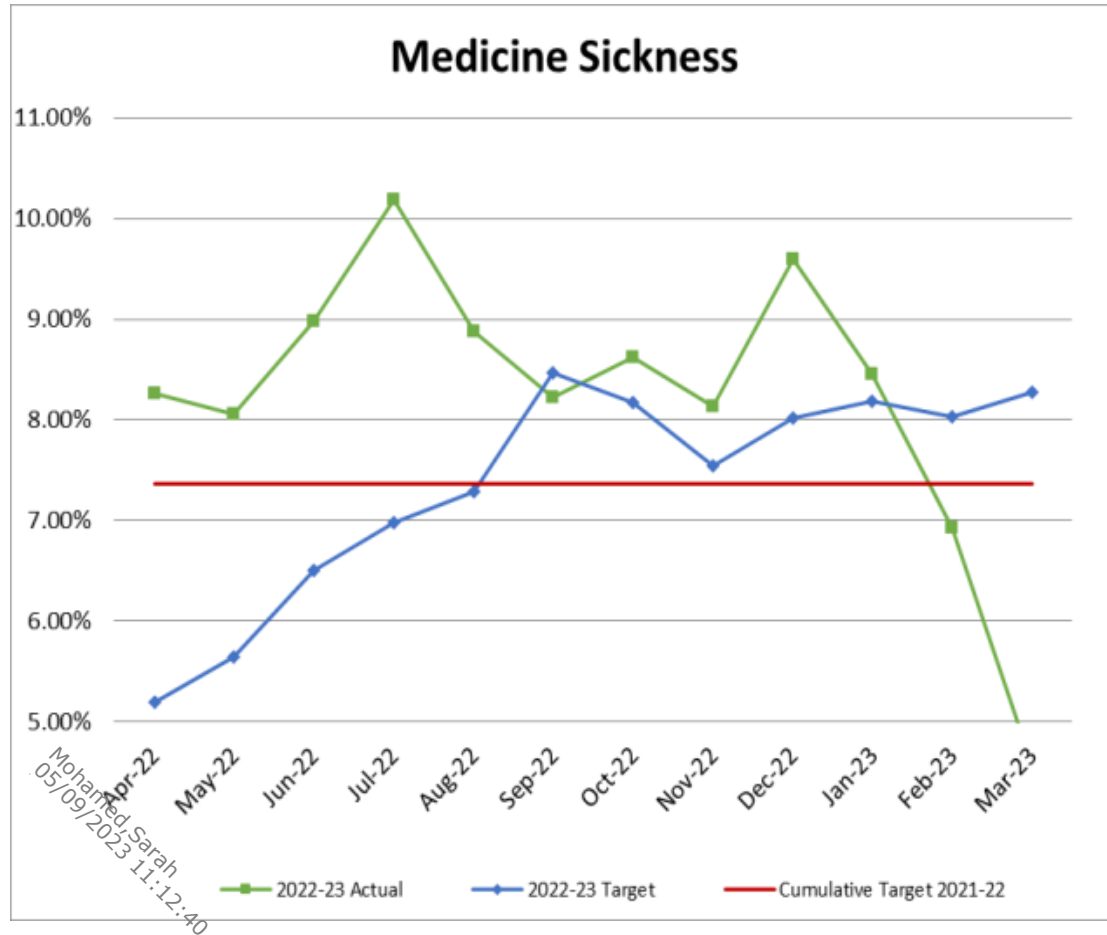
MCB Long/Short Term Sickness
Aug 21 – Jul 23 & Aug 22 – Jul 23
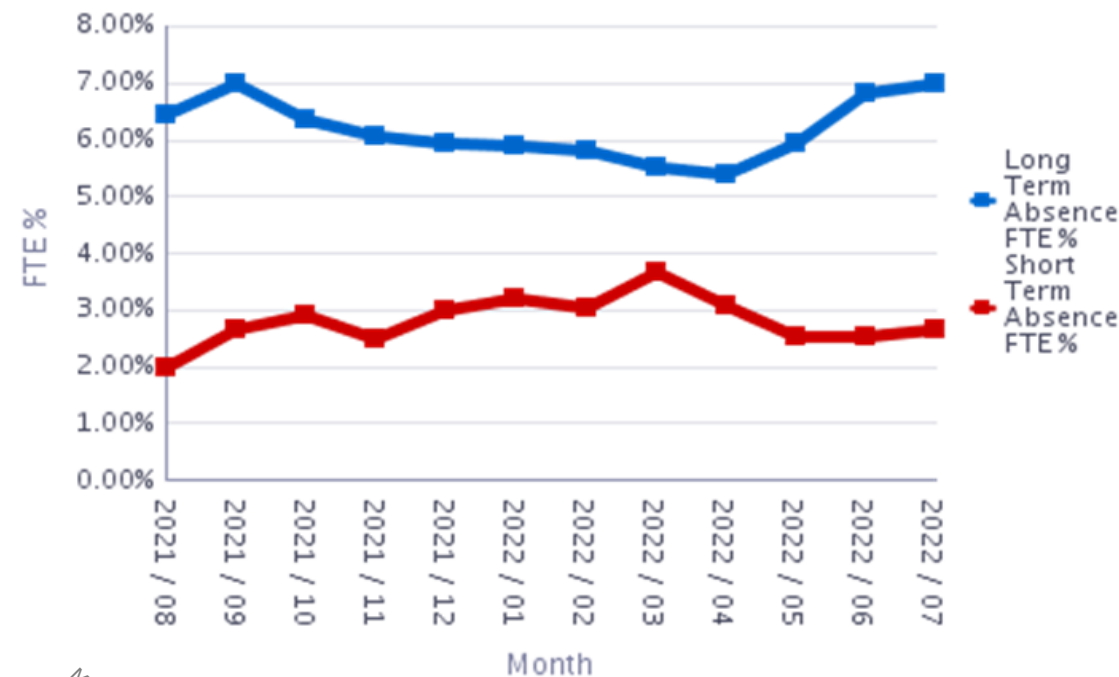
Month	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
LT FTE %	6.43%	7.00%	6.35%	6.08%	5.93%	5.91%	5.80%	5.52%	5.39%	5.95%	6.83%	7.00%
ST FTE %	2.01%	2.67%	2.90%	2.47%	3.01%	3.19%	3.02%	3.66%	3.09%	2.55%	2.53%	2.67%
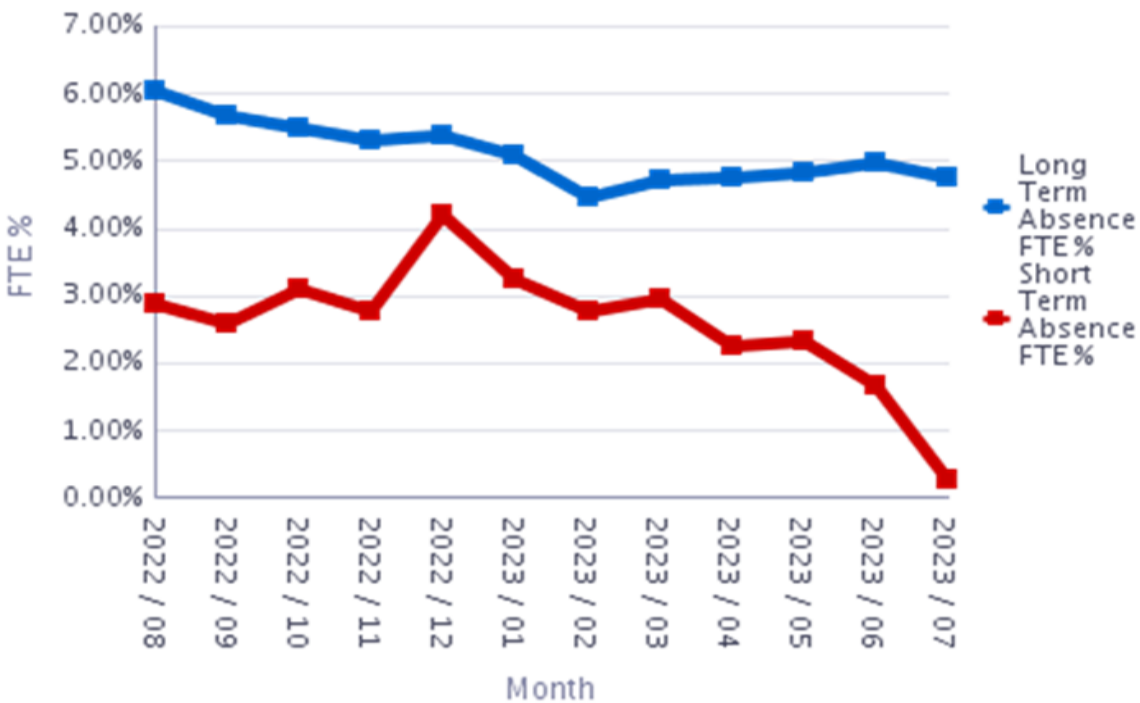
Month	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
LT FTE %	6.03%	5.67%	5.51%	5.32%	5.36%	5.07%	4.46%	4.70%	4.74%	4.84%	4.97%	4.75%
ST FTE %	2.88%	2.57%	3.12%	2.77%	4.21%	3.24%	2.75%	2.93%	2.24%	2.33%	1.68%	0.29%

Nursing Sickness by Directorate
Aug 22 – Jul 23
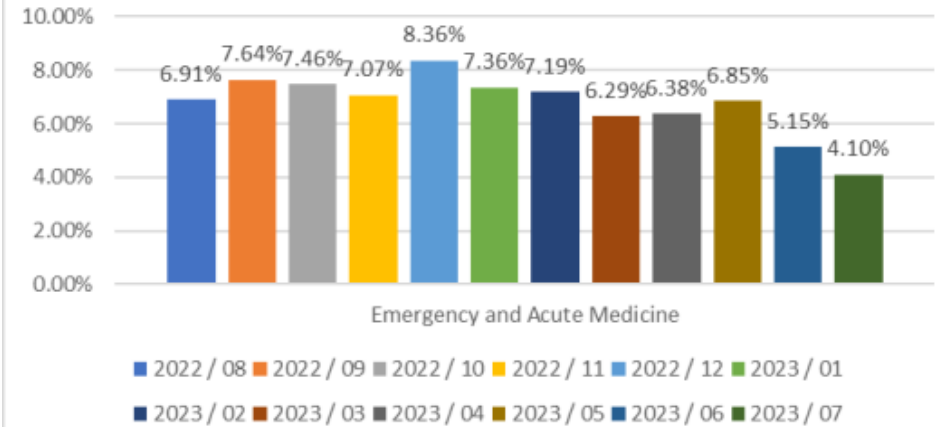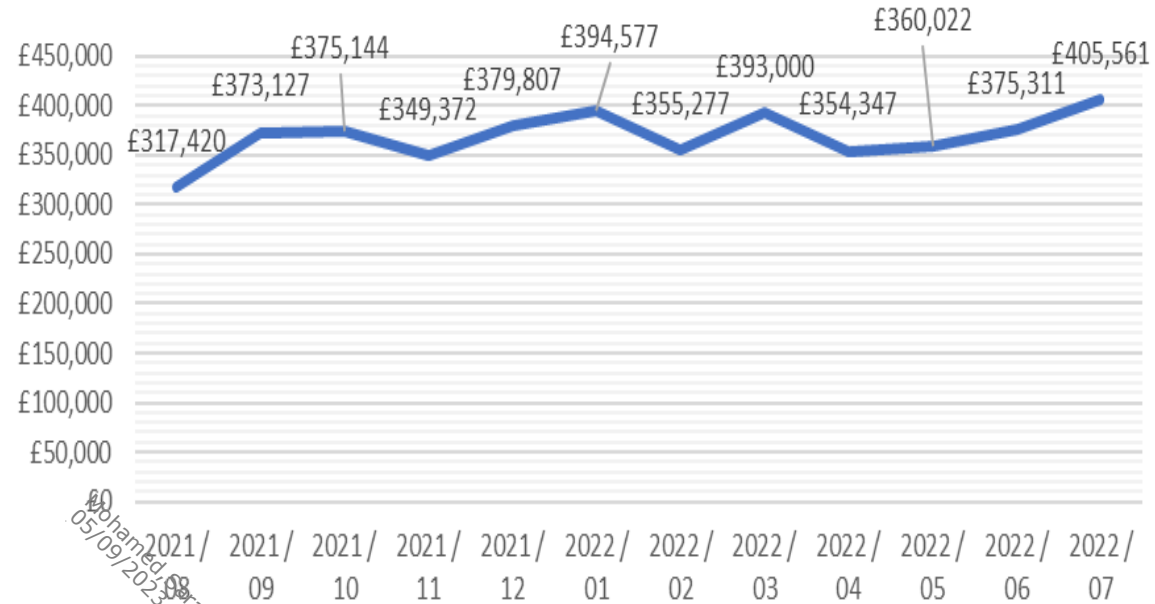
MCB Sickness Costs
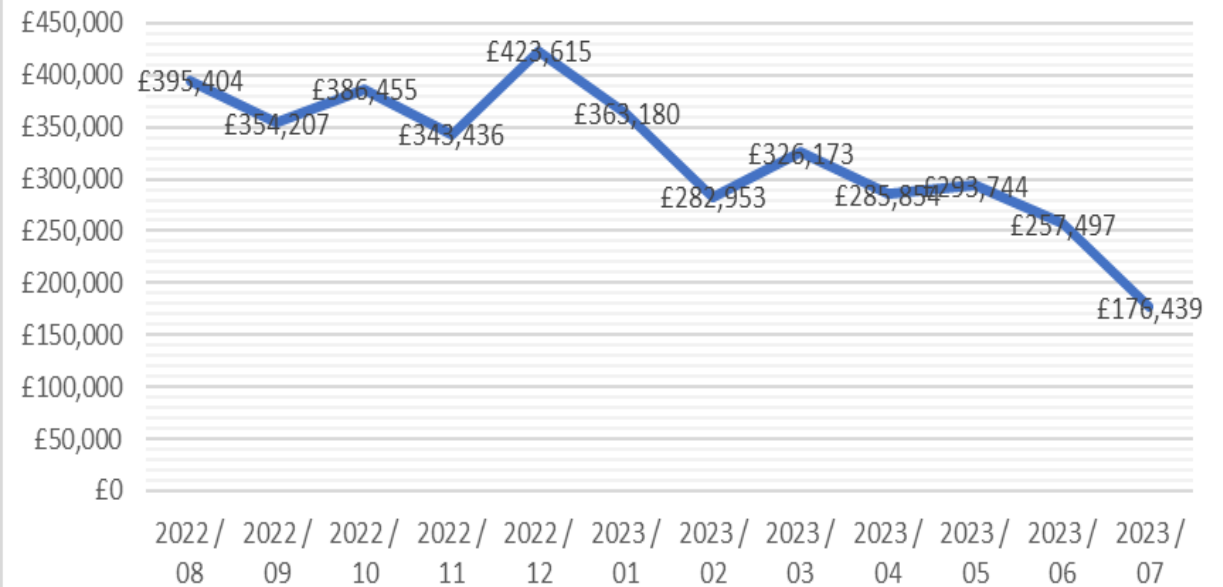
Values Based Appraisals by Directorate July 22 and July 23

MCB VBA by Directorate July 22

Category	Value
Emergency and Acute Medicine	19.07%
Integrated Medicine	11.71%
Medicine Clinical Board Management	21.43%
Specialised Medicine	21.46%

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MCB VBA by Directorate July 23

Category	Value
Emergency and Acute Medicine	59.03%
Integrated Medicine	65.66%
Medicine Clinical Board Management	66.67%
Specialised Medicine	73.97%

Nursing VBA's - 2023									
Jan	Feb	March	April	May	June	July	August	September	October
37.94%	39.19%	41.86%	43.17%	46.56%	54.69%	66.27%			

VBA by Staff Group
July 22 and July 23
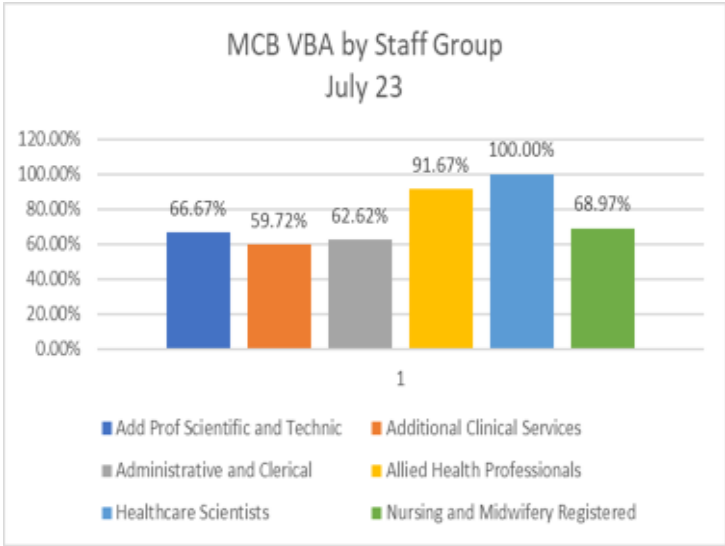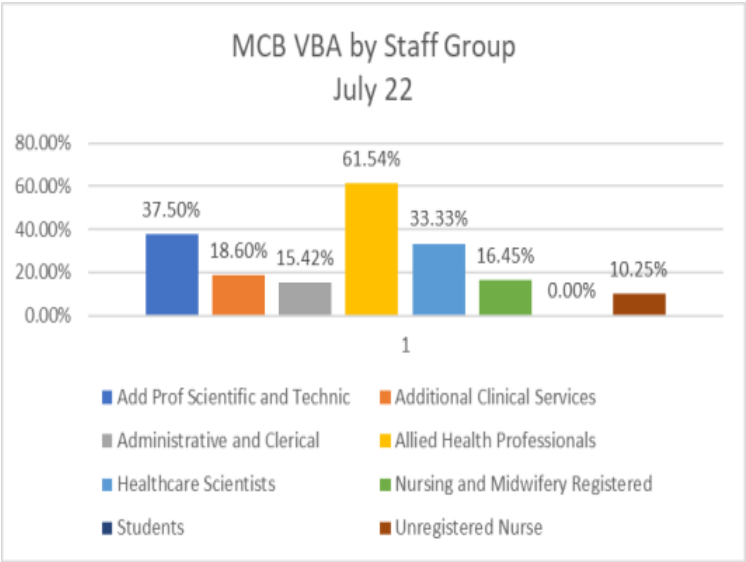
Report Title:	All Wales Staff Survey			Agenda Item no.	2.9	
Meeting:	People & Culture Committee	Public	x	Meeting Date:	12th September 2023	
		Private				
Status (please tick one only):	Assurance		Approval		Information	x
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Senior Education, Culture and OD Manager					

Main Report
Background and current situation:

SITUATION

As part of the Workforce Strategy for Health and Care in Wales, HEIW is committed to scope, design and deliver the NHS Wales Staff survey. Further information about the context and process is outlined in their paper to Workforce & OD Directors (Appendix 1).

HEIW have identified key project milestones. These have been amended from Appendix 1, as the survey launch has been pushed back to October 2023:

Date	Key Project Milestones
13/03/2023 – 31/07/2023	Engagement of stakeholders
01/04/2023 – 17/07/2023	Procurement process
17/07/2023 – 28/08/2023	System design
05/09/2023 – 15/09/2023	Training of NHS Organisation Survey Admins
02/10/23	**Launch NHS Wales Staff Survey 2023**
02/10/2023	Survey is open (4 weeks)
30/10/2023	Survey closes (for electronic submissions)
06/11/2023	Survey closes (for paper submissions)
14/12/2023	NHS Organisations can access their full survey data
26/02/2024 – 01/03/2024	HEIW to share national picture of 2023 survey findings

BACKGROUND

Historically, prior to the Covid-19 pandemic, the NHS Wales Staff Survey was conducted bi-annually.

Cardiff and Vale UHB response rates have declined since 2016, as has the overall engagement score. This has also been reflected in UHBs across Wales.

Survey Year	Response Rate	Engagement %	Engagement Score
2020	22%	74%	3.7
2018	23%	77%	3.85
2016	36%	73%	3.65

The highest previous uptake was during 2016, with an overall response of 36%. During that year, a 50/50 split between on-line and paper copies was made available. This survey was also open for 10 weeks.

During 2018, 1,500 paper copies were made available and the survey was open for 10 weeks in total. This survey was distributed and linked to staff employee numbers, enabling accurate reporting

by department. However, it raised many concerns regarding anonymity as many believed the use of employee number compromised this.

In the 2020 NHS Wales Staff Survey there was a huge shift in both questions asked and approach. The questions were reduced considerably and the survey supplier changed from previous years. There was no option or provision for the completion of paper copies and the survey was open for 3 weeks only.

Question Set 2023
Appendix 2 shows the draft question set which is being finalised w/c 21st August 2023 and this includes questions that will support the actions within the CAVUHB Anti-Racist Action Plan and completion of the Workforce Race Equality Standards (WRES) in 2024.

ASSESSMENT

HEIW
HEIW are finalising the system procurement in readiness for a launch in October 2023. A robust all-Wales communications and engagement plan is being developed, led by HEIW, and this includes access to a communications pack with branding. This is due for distribution to organisational leads the week commencing 21st August 2023. HEIW has also engaged with Trade Union Colleagues, staff networks and communication leads across Wales.

Requirements of CAVUHB
HEIW has requested the structures of NHS Wales UHB's and Trusts to support analysis. This detail has been provided for CAVUHB, however, HEIW have sent another request to minimise the number of Directorates, Departments and Teams. This is currently being reviewed, however, this will impact on the ability to 'drill down' into the survey results to department and team level.

CAVUHB has requested 4000 paper copies to support completion, including a number of paper copies in the Welsh language. The paper copies will be made available to roles that have minimal access to IT, including HCSWs and bands 1-3 in Operational services.

CAVUHB has also provided HEIW with UHB logos for branding of merchandise. HEIW are providing pop-up stands and other marketing materials which the internal Communications and Engagement Group will utilise prior to, and during the Survey.

Internal Communications and Engagement Group
A group has been established to effectively manage engagement and communication of the Staff Survey within CAVUHB. This group will compose and position information about the survey to colleagues across the UHB, emphasising the importance of completion, while informing people of the launch dates and ways to access. This group has representation from the Education, Culture and OD team and the Communications Team.

Communication and Engagement Plan
There are several risks around the communication and engagement of the NHS Wales Staff Survey, largely centering around the willingness of staff to engage, and the challenging backdrop of a post-pandemic NHS and the current financial situation. Specifics of risks include:
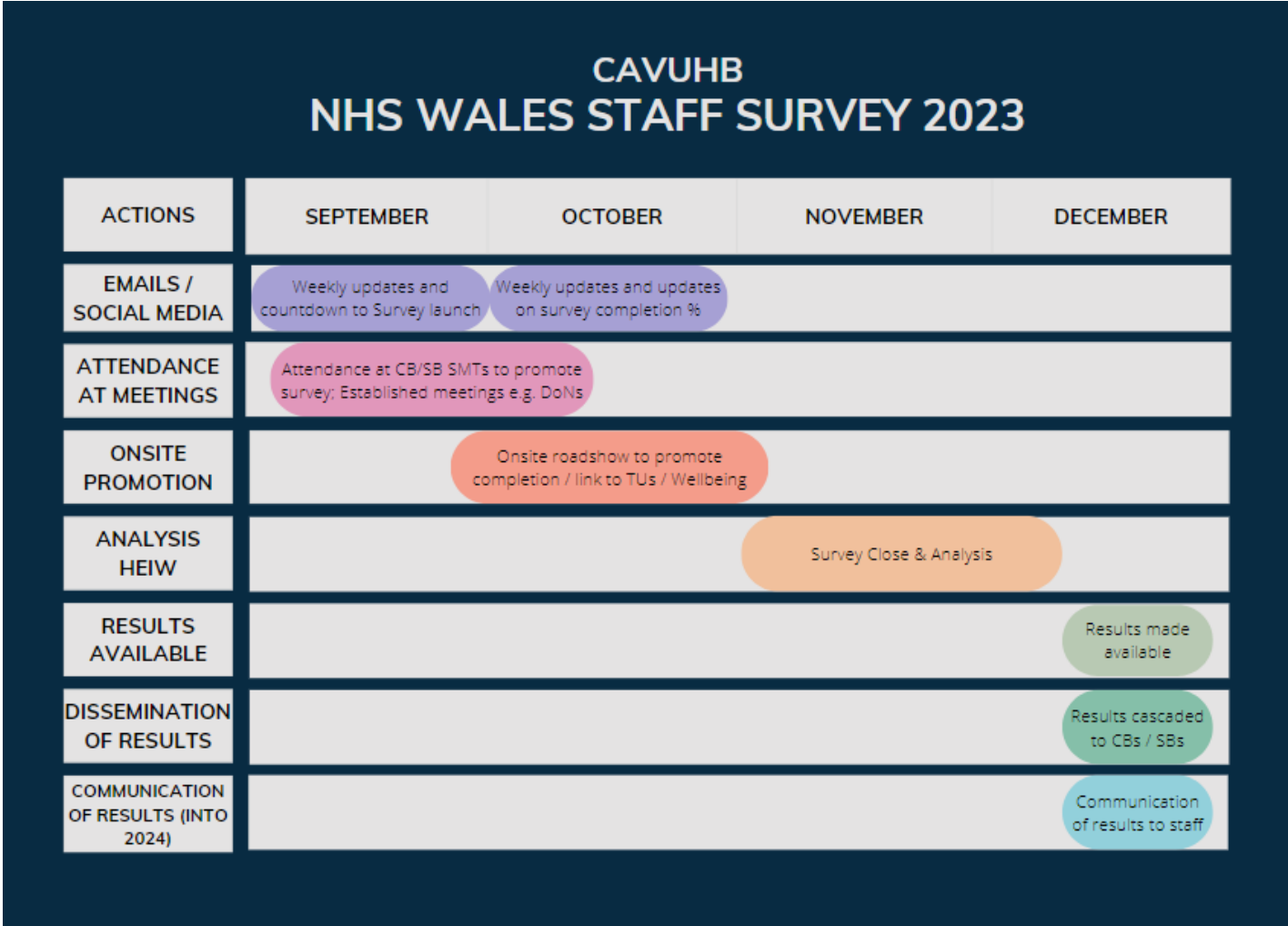
- Gaining Senior Leaders sign off on communications during challenging times.
- Making communications easily accessible on every platform.
- Having stakeholder involvement, engagement, and feedback.
- Access to information and updates.
- Publishing content in a timely manner.

The Communication and Engagement Plan is formulated to minimise these risks.

A structured communications and engagement plan is in development and is being led by the People and Culture Directorate and the Communications Team. This plan details pre-survey promotion via both email and online communications and signposting, and will be supplemented by on-site presence and stakeholder engagement, utilising the promotional materials provided by HEIW.

The Education, Culture and OD Team will contact Clinical and Service Boards during early September to encourage ownership and participation, highlighting the benefits of promoting and encouraging teams to complete, while answering any questions regarding the survey, anonymity and analysis.

An outline of the steps of the communication and engagement plan is shown below. The full plan will be finalised upon receipt of the additional detail from HEIW which is expected by Friday, 25ᵗʰ August 2023.

CAVUHB
NHS WALES STAFF SURVEY 2023

ACTIONS	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
EMAILS / SOCIAL MEDIA	Weekly updates and countdown to Survey launch	Weekly updates and updates on survey completion %		
ATTENDANCE AT MEETINGS	Attendance at CB/SB SMTs to promote survey: Established meetings e.g. DoNs			
ONSITE PROMOTION		Onsite roadshow to promote completion / link to TUs / Wellbeing		
ANALYSIS HEIW			Survey Close & Analysis	
RESULTS AVAILABLE				Results made available
DISSEMINATION OF RESULTS				Results cascaded to CBs / SBs
COMMUNICATION OF RESULTS (INTO 2024)				Communication of results to staff

Post Survey Communication and Engagement
The key driver for completion and participation of Staff Survey is the timely communication of results, and an understanding of how this feedback shapes future practice and experiences in the workplace at an organisational and local level.

Following survey completion, the results will be presented back to the UHB in a formal paper highlighting key themes. Groups will include:

- Local Partnership Forum
- Senior Leadership Board
- People and Culture Committee

- Board

Results will also be disseminated to Clinical and Service Boards for local consideration and dissemination to staff groups. It is important to note that while there will be UHB wide themes, recommendations and actions, the results are owned by the whole UHB, and follow up communication and engagement is required at all levels, including formation of local action plans following receipt of the analysis from HEIW. This messaging will form part of the pre-survey engagement when expectations are set.

Assistant Director Opinion and Key Issues to bring to the attention of the Exec Directors:

Listening to the feedback from our colleagues to understand the experiences of working within CAVUHB is integral to us responding to our current and future healthcare challenges. Encouraging people to complete the NHS Wales Staff Survey will help us understand our culture at an organisational and local level, and we have a collective responsibility to communicate and use this valuable feedback to effectively support retention, improve employee engagement and morale, support colleague wellbeing, while enabling the most effective delivery of high quality, safe and compassionate care.

Participation in the Staff Survey will be driven by clarity and transparency around what we as an organisation will do with the results. Our people need to understand how we will use the feedback to make a difference, and trust that we will do this. If we commit, as a People and Culture Committee, to taking ownership of the results, to share them in a timely manner, and provide further opportunities for engagement to formulate local action plans for improvement, we can encourage our teams, and each other, to participate.

Recommendation:

1. The Board / Committee are requested to:

Note the actions being taken and support the communication and engagement of the NHS Wales Staff Survey within CAVUHB. Members of People and Culture Committee are asked to commit to championing and encouraging engagement at a local level and to lead the communication of results and development of local action plans following receipt of the analysis in December 2023.

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		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

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

Risk: Yes/~~No~~

Lack of engagement may result in low participation and incomplete feedback.

Safety: Yes/~~No~~

The survey offers opportunities to gain insight into safe practice/s and reporting of incidents.

Financial: Yes/~~No~~

Not understanding the current temperature of the UHB could lead to a negative impact on engagement and morale, and therefore negatively impact retention and recruitment.

Workforce: Yes/~~No~~

Staff may not feel encouraged to complete if they do not expect action to be taken.

Legal: ~~Yes~~/No

Reputational: Yes/~~No~~

Not understanding the current temperature of the UHB could lead to a negative impact on engagement and morale, and therefore negatively impact retention and recruitment.

Socio Economic: ~~Yes~~/No

Equality and Health: Yes/~~No~~

The survey will assist in completion of the WRES in 2024, and also assists in understanding colleague experience.

Decarbonisation: ~~Yes~~/No

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

Appendix 1: HEIW Paper to Workforce & OD Directors

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Meeting Date	July 2023	Agenda Item	
Report Title	**NHS Wales Staff Survey Update**		
Report Author	Fahnim.khanum2@wales.nhs.uk Rhiannon.windsor2@wales.nhs.uk		
Report Sponsor	Julie Rogers, Deputy CEO and Director of Workforce and OD		
Presented by	Rhiannon Windsor, Assistant Director of OD, Wellness and Inclusion		
Freedom of Information	Open		
Purpose of the Report	To update on the design and progress of the roll out of the NHS Wales staff survey for 2023, in line with 'A Healthier Wales' and our National Workforce Implementation Plan (NWIP).		
Key Issues	Procurement exercise almost complete to secure a platform provider for the survey. The functionality will allow for individual NHS organisation to run pulse surveys. Staff survey partnership group to meet regularly and provide both the organisational and TU representatives shaping the Wales approach. NHS Wales Staff Survey to be run annually commencing in September 2023. Survey design and implementation to be evidence based. Current draft question set can be accessed in Appendix 1. Final approval for the survey to be provided by Wales Partnership Forum Business Committee.		
Recommendations	Workforce and OD Directors are asked to **Endorse** the proposals set out in this paper.		

NHS Wales Staff Survey Update

1. INTRODUCTION

One of the actions within our Workforce Strategy for Health and Care in Wales is a commitment for HEIW to scope, design and deliver the NHS Wales Staff surveys creating a consistent approach to monitoring and measuring employee experience and other key workforce metrics.

2. BACKGROUND

Research consistently shows that staff experience (of all the data collected in the NHS across the UK) has the strongest association of any factor with NHS Board and Trust performance in relation to care quality, patient satisfaction, financial performance, staff retention and (in the acute sector) avoidable patient mortality.

For example, the NHS England Staff Survey provides a large data set enabling sophisticated longitudinal analysis. The analysis shows a clear value chain from culture and leadership to NHS organisations' performance. Where staff report their leaders listen to staff, understand their challenges, empathise with them, and then support them, staff engagement and satisfaction are higher; patient satisfaction is higher; there is better quality of care; and better organisational financial performance. In the acute sector, such leadership is also associated with significantly lower levels of patient mortality. There is similar evidence of the impact of leadership in primary care.

Although NHS organisations are regularly surveying their staff, what the NHS Wales Staff Survey does is monitor and measure employee experience at the national level through the engagement index score and other NHS Wales measures. The last national staff survey took place in 2020, however this was a condensed question set to the 2018 survey, due to Covid19 pressures.

As outlined in the NWIP, HEIW has the remit to manage the overall NHS Wales Staff Survey project which includes the design and roll out of the survey as well as using data from the survey results to underpin workforce culture transformation.

The survey will be designed using evidence-based practice on a survey platform that is accessible and provides data that can be easily analysed locally. We have sought the advice from Professor Michael West who has played an integral role in supporting and shaping the data set with the survey in England. We will ensure alignment of questions with key areas of assessment for NHS Wales including compassionate cultures, ABC of core needs (i.e., Autonomy, Belonging and Contribution) and WRES (Workforce Race Equality Standards). This will enable us to monitor improvement over time, including our progress towards our 'A Healthier Wales' ambition, that NHS Wales should be an exemplar employer.

Survey design and implementation are evidence-based processes that are informed by a wealth of rigorous international research. Just as research evidence should underpin and guide healthcare so too should such evidence guide the development and implementation of the Staff Survey to ensure the NHS, NHS staff and the people of Wales are best served by this important exercise. Our stakeholders play a key role in ensuring the purposes of the survey are well understood and in encouraging good survey response rates, whilst voicing what's worked well in the past. However, the survey design must also be evidence-based and we can build on the knowledge we already have about survey content and design across the UK and internationally.

The preparation for the launch of the 2023 survey is underway. HEIW has entered the final stage of a procurement exercise to select a supplier to host the NHS Wales staff survey for the next two years, during which the service provided will be evaluated, before a further commitment is made. The contract is on track to be awarded by 10th July 2023 with a contract start date of 17th July 2023.

3. PROPOSAL

The vision for the relaunch of the staff survey is to partner with Trade Union colleagues and Staff Networks and ask they lead the engagement of the staff survey across NHS Wales. They will be supported by their organisation Staff Survey Leads, Equality Leads and People and OD colleagues.

The key challenges with the staff survey have been low engagement, in 2020, the overall average response rate was 14%. Over the last 4 months, we have engaged with stakeholders, including Trade Union colleagues, Staff Networks, and the top reasons shared for the lack of engagement has been a perceived lack of anonymity and a perception of organisations not taking learning from previous survey feedback. Additionally, NHS organisations are using local surveys as their feedback mechanism so there is potential for survey fatigue and a lack of organisational commitment to national staff survey.

As per the commitment in the 'A Healthier Wales' strategy, *'to make Wales a great place to work in health and social care'*, the NHS Wales staff survey will take place annually, with a consistent evidence-based practice question set (including Employee Engagement Index) which can be completed electronically or via paper submissions. Those wishing to make paper submissions will be given pre-paid envelopes that are addressed to the system supplier. There will be no unique identifier information linked to (electronic and paper) submissions and each NHS organisation will have their own unique survey link which can be accessed by any device with internet access. NHS Organisations will be able to host an additional pulse survey, on the system, if they wish to further explore some of the key themes their national survey results.

The engagement and communications surrounding the NHS Wales staff survey is pivotal to its success. In addition to engagement on the ground, we will be running a wide scale social media campaign, and we will be seeking endorsement of the survey from Trade Union colleagues, Staff Networks, representatives from all staff occupational groups, Welsh Government, Executives and IM Board members through short videos.

This approach has been positively met by our stakeholders including the WPF Business Committee, Workforce and OD Community, Staff Network representatives and Trade Union colleagues.

The project timescale is below.

Date	Key Project Milestones
13/03/2023 – 31/07/2023	Engagement of stakeholders
01/04/2023 – 17/07/2023	Procurement process
17/07/2023 – 28/08/2023	System design
05/09/2023 – 15/09/2023	Training of NHS Organisation Survey Admins
25/09/2023	Launch NHS Wales Staff Survey 2023
25/09/2023	Survey is open (4 weeks)
23/10/2023	Survey closes (for electronic submissions)
31/10/2023	Survey closes (for paper submissions)
14/12/2023	NHS Organisations can access their full survey data
26/02/2024 – 01/03/2024	HEIW to share national picture of 2023 survey findings

The work will be informed and supported by the NHS Wales Staff Survey Leads Partnership Group. This group is represented by Trade Union nominations from Wales Partnership Forum Business Committee, People and OD representatives from all NHS Organisations in Wales and Welsh Government representatives. Final

approval for the survey to be provided by Wales Partnership Forum Business Committee.

4. RECOMMENDATION

Workforce and OD Directors are asked to endorse the proposals set out in this paper.

APPENDIX 2: DRAFT NHS WALES STAFF SURVEY QUESTION SET

Draft NHS Wales
Staff Survey Question

Mohamed.Sarah
05/09/2023 11:12:40

Appendix 2 - Draft NHS Wales Staff Survey 2023 Question set

Theme	Predictors	Scale
Compassionate and inclusive leadership	Q1. To what extent do you agree or disagree with the following statements about your immediate manager? My immediate manager (line manager) ... a. ...encourages me at work. **WSS18 ESS21 ESS22** b. ...gives me clear feedback on my work. **WSS18 ESS21 ESS22** c. ...asks for my opinion before making decisions that affect my work. **WSS18 ESS21 ESS22** d. …takes a positive interest in my health and well-being. **WSS18 ESS21 ESS22** e. …values my work. **ESS21 ESS22** f. …works together with me to come to an understanding of problems. **ESS21 ESS22** g. …is interested in listening to me when I describe challenges I face. **ESS21 ESS22** h. …cares about my concerns. **ESS21 ESS22** i. …takes effective action to help me with any problems I face. **ESS21 ESS22**	1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree
Teamworking	Q2. Do the following statements apply to you and your job? a. The team I work in has a set of shared objectives. **WSS18 ESS21 ESS22** b. The team I work in often meets to discuss the team's effectiveness. **WSS18 ESS21 ESS22** c. Team members trust each other. **Additional item** d. Team members understand each other's roles. **ESS21 ESS22** **e.** Team members take time out to reflect and learn. **WW18, WSS20 ESS21 ESS22** f. Team members have to communicate closely with each other to achieve the team's objectives. **Additional item** g. In my team, disagreements are dealt with constructively. **ESS21 ESS22** h. I enjoy working with the colleagues in my team. **ESS21 ESS22** i. I feel valued by my team. **ESS21 ESS22** j. I feel a strong personal attachment to my team. **Additional item** k. Team members work well with other teams. **WSS18 WSS20 ESS22**	1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree

Workload	Q3. For each of the statements below, how often, if at all, do these statements apply to you?
	a. I have unrealistic time pressures. **ESS20**
	b. I am able to meet all the conflicting demands on my time at work. **ESS22**
	c. I have adequate supplies, materials and equipment to do my work. **ESS22**
	d. There are enough staff at this organisation for me to do my job properly. **ESS22**
	
	Q4. How many hours a week are you contracted to work? **WSS18 ESS21 ESS22**
	     1. Up to 29 hours
	     2. 30 or more hours
		1. Never
		2. Rarely
		3. Sometimes
		4. Often
		5. Always

	b. On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? Please include paid overtime, bank shifts, and additional paid hours on-call. **WWS18 ESS21 ESS22** c. On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call. **WSS18 ESS21 ESS22**	1. 0 hours 2. Up to 5 hours 3. 6-10 hours 4. 11 or more hours

Inclusion and discrimination WRES	Q5. Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, religion or sexual orientation? **ESS22**
	    1. Yes
	    2. No
	    3. Don't know
	a. In the last 12 months have you personally experienced discrimination at work from patients/ service users, their relatives, or other members of the public? **WSS18 ESS22**
	    1. Yes
	    2. No
	On what grounds have you experienced discrimination? (Tick all that applies)
	b. In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?
	    1. Yes
	    2. No **WSS18 ESS22**
	On what grounds have you experienced discrimination?
	(Tick all that applies)
	c. In the last 12 months have you personally experienced discrimination at work from other colleagues? **ESS22**
	    1. Yes
	    2. No
	On what grounds have you experienced discrimination?
	(Tick all that applies)
		1. Age
		2. Disability
		3. Ethnic background
		4. Gender
		5. Religion,
		6. Sexual orientation,
		7. Other (please specify)

Bullying, harassment, and violence WRES	Q6. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?
	a. Patients / service users, their relatives, or other members of the public
	b. Managers/ Team leaders
	c. Other colleagues **WSS18 ESS22**
	
	d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? **WSS18 ESS22**
	    1. Yes, I reported it
	    2. Yes, a colleague reported it
	    3. No
	    4. Don't know
	    5. Not applicable
	
	Q7. In the last 12 months how many times have you personally experienced physical violence at work from...? **ESS22**
		1. Never
		2. 1-2
		3. 3-5
		4. 6-10
		5. More than 10

	a. Patients / service users, their relatives, or other members of the public b. Managers/Team leaders c. Other colleagues d. The last time you experienced physical violence at work, did you or a colleague report it? **ESS22** • Yes, I reported it • Yes, a colleague reported it • No • Don't know • Not applicable Q8. In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users? **ESS22** 1. Yes 2. No Q9. To what extent do you agree or disagree with the following statements? a. My organisation treats staff who are involved in an error, near miss or incident fairly. **ESS22** b. My organisation encourages us to report errors, near misses or incidents. **Additional item** c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again. **ESS22** d. We are given feedback about changes made in response to reported errors, near misses and incidents. **ESS22**	1. Never 2. 1-2 3. 3-5 4. 6-10 5. More than 10 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree
Theme	**Processes**	**Scale**
The need for autonomy	Q10. To what extent do you agree or disagree with the following statements about your work? **ESS22** a. I always know what my work responsibilities are. **WSS18 ESS22** b. I am trusted to do my job. **ESS22** c. There are frequent opportunities for me to show initiative in my role. **ESS22** d. I am involved in deciding on changes introduced that affect my work area/ team/ department**. WSS18 ESS22** e. I have a choice in deciding how to do my work. **ESS22** f. I am satisfied with the opportunity for flexible working patterns. **Additional item** g. My organisation is committed to helping me balance my work and home life. **ESS22** h. I achieve a good balance between my work life and my home life. **ESS22** i. I can approach my immediate manager (line manager) to talk openly about flexible working **ESS22** j. I would feel secure raising concerns about unsafe clinical practice. **Additional item** k. I would feel secure raising concerns about unethical behaviour. **Additional item** l. I am confident my organisation would address my concern. **ESS22**	1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree

	Q11. To what extent do this statement reflect your view of your organisation as a whole? I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.). **ESS22**	1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree
The need for belonging	Q12. To what extent do the following statements apply to you and your job? a. I get recognition for good work. **ESS22** b. The organisation values my work. **ESS22** c. Teams within this organisation work well together to achieve their objectives. **ESS21 ESS22** d. The people I work with are understanding and kind to one another. **ESS21 ESS22** e. The people I work with are polite and treat each other with respect. **ESS21 ESS22** f. The people I work with show appreciation to one another. **ESS21 ESS22** g. Relationships at work are strained. (Reverse scored) **ESS22**	1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree
	Q13. The following statements relate to levels of compassion shown to and demonstrated by people in your workplace. How strongly do you agree or disagree with the following statements? **Additional item** a. People here are very compassionate towards colleagues when they face problems. **Additional item** b. People here give good support to colleagues who are distressed. **Additional item** c. People here are very compassionate in the way they behave towards patients/ service users. **Additional item** d. People here take effective action to help patients/service users in distress **Additional item**	1. Strongly agree 2. Agree 3. Neither agree or disagree 4. Disagree 5. Strongly disagree
	Q14. To what extent do these statements reflect your view of your organisation as a whole? **WSS18 ESS21 ESS22** a. Care of patients / service users is my organisation's top priority. **WSS18 ESS22** b. My organisation acts on concerns raised by patients / service users. **ESS22** c. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. **WSS18** d. I feel safe to speak up about anything that concerns me in this organisation. **ESS22** e. If I spoke up about something that concerned me, I am confident my organisation would address my concern. **ESS22**	1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree
The need for contribution	Q15. To what extent do these statements reflect your view of your organisation as a whole? **ESS21 ESS22** a. This organisation offers me challenging work. **ESS21 ESS22** b. There are opportunities for me to develop my career in this organisation. **ESS21 ESS22** c. I have opportunities to improve my knowledge and skills. **ESS21 ESS22** d. I feel supported to develop my potential. **ESS21 ESS22** e. I am able to access the right learning and development opportunities when I need to. **WSS18 ESS21 ESS22** Q16a. In the last 12 months, have you had an appraisal, PADR, annual review or development review? **WSS18** 1. Yes	1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree

Theme	Outcomes	Scale

	2. No
	3. Can't remember
	
	Q16b. If yes, to what extent do you agree with the following statements?
	
	   a. It helped me to improve how I do my job. **WSS18**
	   b. It helped me agree clear objectives for my work. **WSS18**
	   c. It left me feeling that my work is valued by my organisation. **WSS18**
		1. Yes, definitely
		2. Yes, to some extent
		3. No

Theme	**Outcomes**	**Scale**
Burnout and stress	Q17. a. How often, if at all, do you find your work emotionally exhausting? **ESS22** b. How often, if at all, do you feel burnt out because of your work? **ESS22** c. How often, if at all, does your work frustrate you? **ESS22** d. How often, if at all, are you exhausted at the thought of another day/shift at work? **ESS22** e. How often, if at all, do you feel worn out at the end of your working day/shift? **ESS22** f. How often, if at all, do you feel that every working hour is tiring for you? **ESS22** g. How often, if at all, do you not have enough energy for family and friends during leisure time? **ESS22** Q18. To what extent do these statements reflect your view of your organisation as a whole? a. My organisation takes positive action on health and wellbeing. b. In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities? Yes/No c. During the last 12 months have you felt unwell as a result of work-related stress? Yes/No **WSS18** d. In the last three months have you ever come to work despite not feeling well enough to perform your duties? Yes/No **WSS18** If YES to d, answer 'e' below e. Have you felt pressure from your manager to come to work? Yes/No **WSS18**	Copenhagen Burnout Inventory (CBI) 1. Never 2. Rarely 3. Sometimes 4. Often 5. Always 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree

Staff Engagement Index	Q19. For each of the statements below, how often do you feel this way about your job? **ESS22**
	   a. I look forward to going to work. **WSS18, WSS20**
	   b. I am enthusiastic about my job. **WSS18, WSS20**
	   c. I am happy to go the extra mile at work when required. **WSS18, WSS20**
	
	Q20. To what extent do you agree or disagree with the following statements about your work?
	   a. I am able to make improvements in my area of work. **WSS18 ESS22**
	   b. I am involved in discussions/ decisions on change introduced in my work/ department/ team. **ESS22**
		1. Never
		2. Rarely
		3. Sometimes
		4. Often
		5. Always
		
		1. Strongly disagree
		2. Disagree
		3. Neither agree or disagree
		4. Agree

		Key
		5. Strongly agree

	Q21. To what extent do these statements reflect your view of your organisation as a whole?
	   a. I would recommend my organisation as a place to work. **WSS18 ESS22**
	   b. I am proud to tell people I work for my organisation. **WSS18, WSS20**
		1. Strongly disagree
		2. Disagree
		3. Neither agree or disagree
		4. Agree
		5. Strongly agree

Intention to quit	Q22. To what extent do you agree or disagree with the following statements? a. I often think about leaving this organisation. **ESS22** b. I will probably look for a job at a new organisation in the next 12 months. c. As soon as I can find another job, I will leave this organisation. Q23. If you are considering leaving your current job, what would be your most likely destination? Please only select one answer. **ESS22** a. I am not considering leaving my current job. b. I would want to move to another job within this organisation. c. I would want to move to a job in a different NHS Trust/Board/organisation. d. I would want to move to a job in healthcare, but outside the NHS. e. I would want to move to a job outside healthcare. f. I am considering a change of career. g. I would retire or take a career break.	1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree
	Q24. If you have any additional comments about working in this organisation, please write them below. **ESS22** Written comments you provide will be passed to your organisation, so do not include any personal details in your comments if you want to remain anonymous.	

WSS18	NHS Wales Staff Survey 2018	**ESS21**	NHS England Staff Survey 2021
WSS20	NHS Wales Staff Survey 2020	**ESS22**	NHS England Staff Survey 2022
Additional item		Additional recommended evidence-based item	

The Evidence-based practice underpinning the Draft Survey Question Set

Purpose: The NHS Wales Staff Survey will powerfully shape organisational transformation in NHS Wales so that our staff receive high quality, continually improving and compassionate support in order to effectively deliver high quality, continuously improving and compassionate care for the communities they serve across Wales.

Staff Survey content: The key areas of content can be guided by the value chain of predictors, processes (meeting core needs of staff) and outcomes in health and social care.

Predictors	
Compassionate and inclusive leadership	Sustaining cultures of high-quality compassionate care requires compassionate and inclusive leadership at every level and in interactions between all parts of the system – from national leaders to local teams. This results in higher patient satisfaction, higher staff engagement and satisfaction, and better-quality care and financial performance. Where staff generally report the absence of such leadership in NHS organisations, there are lower levels of patient satisfaction, staff report higher levels of work overload, less influence over decision-making, there is poorer-quality care, worse financial performance and (in the acute sector) higher patient mortality. The NHS in Wales has the largest, most skilled, and motivated workforce in any area of industry. Highly motivated and skilled people do not need command-and-control environments to do their jobs well – on the contrary, it will undermine their motivation and wellbeing. Compassionate, inclusive, and collaborative leadership are required for health service effectiveness. Such leadership should be assessed in the Staff Survey.
Teamworking	Successive national and international inquiries into failings in health care identify culture and teamwork as fundamental to success. Yet, the quality of teamworking and inter-teamworking in health and social care in the UK is often poor. The data from staff surveys across the four UK countries suggests, that between 50 per cent and 60 per cent of staff work in 'pseudo teams' in health and social care, which either do not have clear, shared goals or which do not meet regularly to review performance and consider how it can be improved. Yet the more people working in real teams in a health care organisation (those with these two characteristics), the lower the levels of stress, errors, injuries, harassment, bullying and violence against staff, staff absenteeism and (in the acute sector) patient mortality; and the higher the levels of patient satisfaction. Quality of teamworking should therefore be assessed in the Staff Survey.

Workload	The research evidence points clearly to chronic excessive workload as the key factor influencing staff stress, staff shortages, absenteeism, turnover, long working hours, and moral distress. Put simply, among many staff working in health and social care, work demands consistently exceed their resources to meet those demands. Staff across the service are exhausted and chronic excessive workloads have become normalised. Working additional hours is highly associated with levels of stress and workplace injury. In England, the figures from the 2020 NHS Staff Survey show 33.5 per cent of staff working additional paid hours and 55.2 per cent working additional unpaid hours. Around three-quarters of staff report they routinely face unrealistic time pressures. The Health and Social Care Committee inquiry into workforce burnout and resilience in the NHS and social care concluded, 'Burnout is a widespread reality in today's NHS and has negative consequences for the mental health of individual staff, impacting on their colleagues and the patients and service users they care for.' It identified chronic excessive workload as a key driver and recommended that it 'must be tackled as a priority'. The Staff Survey should therefore include measures of workload.
Inclusion and discrimination	Inclusion was a founding value of the welfare state in the UK but organisational cultures in health and social care continue to reflect discrimination within our wider society. The pandemic has shone a spotlight on health inequalities including the effects of discrimination on health in society with far higher proportions of those with disabilities or those from minority ethnic groups dying from Covid-19. Positively inclusive teams and organisations are more productive and innovative than those which are less inclusive. This is because they utilise the knowledge, skills, motivation, and experience of all who work within them much more fully than non-inclusive teams and organisations. This is particularly true for the complex settings of health and social care where multi-professional teamworking and the integration of diverse perspectives are key to promoting the health and wellbeing of people and communities. The Staff Survey should therefore include measures of these aspects of work experience.
Bullying, harassment and violence	In Wales, previous staff surveys suggest 20% of staff report having been bullied by a colleague or manager in the previous year and 32% by a patient, service user or another member of the public. In England, 37.5 per cent of nurses and midwives report having been subjected to harassment, bullying or abuse from patients, their relatives, or carers in the previous year. On top of that, more than 21 per cent of nurses and midwives have experienced harassment bullying or abuse from colleagues in the previous year. Darbyshire and colleagues suggest that bullying and incivility are 'a part of the fabric of almost every nurse's and health professional's lives'.

	Bullying causes distress and depression, with as many as 25 per cent of those bullied leaving their jobs or the profession. Between 20 to 40% of nursing staff and healthcare assistants report being victims of violence from patients, service users or another member of the public each year with very damaging consequences for their health and wellbeing. The Staff Survey should therefore include measures of bullying, harassment and violence.

Processes

Leaders must focus on meeting core workplace needs of health and social care staff by ensuring autonomy and control, belonging, and competence and contribution (the ABC of workplace needs). This is central to addressing the workforce crisis described above. Inquiries into the mental health and wellbeing of doctors, nurses and midwives across the UK suggest there are several key workplace factors that will impact on the wellbeing, flourishing and work engagement of health and social care staff, aligned across these three core needs.

The need for autonomy	The need for autonomy refers to the need for volition, choice and freedom to organise our experiences for ourselves, and for self-integrity – being able to integrate our behaviour and experiences with our sense of self and our values, for example, as a provider of high-quality and compassionate care.
The need for belonging	The need for belonging reflects our desire to feel and to be connected to others – to feel valued, respected and supported in teams and organisations and to care and be cared for in those contexts.
The need for contribution	The need for contribution reflects a need to make a positive difference through our work as well as to achieve valued outcomes, such as to deliver high-quality care that improves patients' lives. It requires ensuring that all staff are continuously learning, developing their skills and growing their professional knowledge.

When all three of these needs are met, evidence suggests that people are more intrinsically motivated and engaged and have better health and wellbeing, leading to enhanced performance, persistence and creativity. If any one of these needs is not met, then wellbeing, motivation and performance suffer. An integrated, coherent strategic approach to meeting these needs will powerfully transform the work lives of healthcare staff, their productivity and effectiveness, and thereby the safety and quality of the care that they deliver. The extent to which these three core needs of staff are met should be measured in the Staff Survey.

Outcomes

Burnout	Burnout and poorer wellbeing are associated with poorer quality and safety of care, higher staff absenteeism, and higher staff turnover rates. Work periods of more than eight hours carry an increased risk of accidents that accumulates: the risk of an accident is around twice as high after 12 hours of work as it is after 8 hours, imperilling both patients and staff. The Staff Survey must include a measure of staff burnout and there is a widely used measure used in a variety of international healthcare settings and introduced for the first time in England in 2021 - The Copenhagen Burnout Inventory (CBI). Other measures of staff stress, used in previous NHS Wales Staff Surveys could also be used to augment the CBI.
Staff satisfaction and engagement	It is important to pay attention to strengths and potential in human behaviour, rather than focusing solely on problems and weaknesses. We must promote positive work environments that encourage job satisfaction and work engagement. Fundamentally, NHS Wales staff are enthusiastic about their roles and clearly have a powerful sense of vocation. National staff survey data for the four UK countries show that more than 70 per cent of nurses and midwives report being enthusiastic about their jobs. Given the importance of staff engagement as a key predictor of organisational outcomes including care quality, financial performance, patient satisfaction, staff absenteeism, staff intention to quit and (in the acute sector) patient mortality, satisfaction and engagement should be measures in the Staff Survey.
Intention to quit	Intention to quit - Retention of staff is a key concern in the context of high levels of vacancies, sickness absence and staff stress and burnout. Staff turnover is also a well-established indicator of organisational health. Monitoring intention to quit is therefore a vital element of the Staff Survey. Questions can focus on whether staff are thinking of leaving, with what destination in mind and within what timescale.

NHS Wales Staff Survey 2023

Communication and Engagement Update

Timelines

Steps	Dates
HEIW confirm of question-set	w/c 21st August 2023
HEIW provision of communication and engagement materials to UHBs/Trusts	w/c 21st August 2023
CAVUHB Communication and Engagement Plan finalised	w/c 28th August 2023
Launch of CAVUHB Comms and Engagement	w/c 4th September 2023
Attendance at SMTs; LPF; Staff Networks	11th September – 02 October 2023
On-site Staff Survey Roadshows / Distribution of Paper Copies	02nd October 2023 – 05th November 2023
Online Survey Close	30th October 2023
Paper Survey Close	06th November 2023
Results available to UHBs	14th December 2023

Previous Participation & Engagement Scores CAVUHB

Survey Year	Response Rate	Engagement %	Engagement Score
2020	22%	74%	3.7
2018	23%	77%	3.85
2016	36%	73%	3.65

Listen to Understand, Act & Improve

Most people do not listen with the intent to understand; they listen with the intent to reply.

Stephen R. Covey

Recruitment and Retention

Engagement and Morale

Wellbeing

Team and professional relationships

Leadership

High quality, safe and compassionate care

Mohamed,Sarah
05/09/2023 11:12:40

People and Culture Committee is asked to:

- Note and support the actions being taken to communicate and engage colleagues in completion of the NHS Wales Staff Survey within CAVUHB

- Champion and encourage engagement and participation at a local level (including completing the survey themselves)

- Commit to role in communicating the results and developing local actions / follow up work following receipt of the analysis in December 2023

Report Title:	Welsh Language Annual Report			Agenda Item no.	3.1
Meeting:	People & Culture Committee	Public	x	Meeting Date:	12th September 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Executive Director for People and Culture				
Report Author (Title):	Head of Equity & Inclusion Welsh Language Officer				

Main Report
Background and current situation:

Standard 120 of the Welsh Language Standards requires the Health Board to publish an annual report to provide an overview of organisational activity around the Welsh language, including compliance with the Standards.

The reporting period covers the last financial year, between April 2022 – March 2023, and needs to be published by the end of September 2023.

The attached report includes information on:

- Governance and structure
- Activities under the *'Meddwl Cymraeg / Think Welsh'* Campaign
- Provision of bilingual information for patients and the public
- Compliance with the Service Delivery Standards
- Recruitment of Welsh language skills
- Translation services
- Concerns raised
- Welsh language skill profile of staff

Clinical and Service Boards throughout the Health Board were invited to contribute to the report.

The report also outlines the priorities for the next financial year.

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

There has been some excellent progress made over the past year in raising the profile of the Welsh language throughout the Health Board. However, members of the committee will note the report shows that improvements are needed, due to the data indicating:

- A low number of staff that being recruited to the organisation with Welsh language skills as essential.
- A low number of staff registering their Welsh Language skills through Electronic Staff Records.

In response, the Health Board is establishing a task and finish group to improve process around recruiting people with Welsh language skills and are running a campaign to increase the registration of Welsh language skills. This campaign includes making the process of registering Welsh language skills easier through the use of Microsoft Forms.

Recommendation:

The People & Culture Committee are requested to approve the report for publication on the Health Board's website.

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		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	x	Integration		Collaboration		Involvement	x

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

Risk: Yes

There are legal, reputational, and financial risks for noncompliance with the Standards.

Safety: No

Financial: Yes

Not complying could result in sanctioning by the Welsh Language Commissioner, including fines.

Workforce: Yes

Buy-in from our staff is essential in ensuring compliance with the Standards. Creating an culture where Welsh speaking staff can use their preferred language will support them in the workplace.

Legal: Yes

There is a legal duty to comply with the Standards.

Reputational: Yes

Not complying with the Standards and publishing our annual report, could impact the reputation of the Health Board, particularly the seriousness with which we take the importance of the Welsh language in Wales and the provision of bilingual services for our population

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee	Date:

Mohamed,Sarah
05/09/2023 11:12:40

Cardiff and Vale University Health Board

Welsh Language Annual Report

2022-2023

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Introduction

On 30th May 2019, the Welsh Language Measure (2011) came into force placing legislative duties on Cardiff and Vale University Health Board with regards to the Welsh language. The specific duties that Health Boards are required to comply with, set by the Welsh Language Commissioner, are available here. As set out in the compliance notice, the Health Board must provide a service for patients, service users, and the general public in Welsh should that be their preferred language. Additionally, the Health Board is required to deliver a range of services for its staff through the medium of Welsh.

The story of the Welsh language in Cardiff and the Vale of Glamorgan is unique. According to the latest Welsh Government statistics, when considering the percentage of the local population who speak Welsh, Cardiff came in as the 8th highest with 28% of residence speaking the language. The Vale of Glamorgan was ranked 19th, with 18.5% of people living in the area being Welsh speakers. When considering, the actual number of those who speak Welsh, Cardiff tops the list with 102,000 people, higher than any other region in Wales. The Vale of Glamorgan has 18,000 Welsh speakers, which is ranked as the 18th largest in the country.[1]

Governance and Structure

The Chief Executive is corporately responsible for the Welsh Language Standards, with the Executive Director for People and Culture responsible at Board level. The Assistant Director for Organisational Development, Wellbeing and Culture alongside the Equity and Inclusion Senior Manager provides strategic leadership.

The Welsh Language Officer, working within the Health Board's Equity and Inclusion Team, is responsible for the Standards on a day-to-day basis and acts as a point of contact for the Standards and other matters relating to the Welsh language.

The Equality Strategy and Welsh Language Standards Group was responsible for assessing and ensuring organisational compliance and provides assurances to the UHB's Strategy and Delivery Committee.

Complaints received by Cardiff and Vale University Health Board are dealt with and responded to through one of two processes. All concerns regarding patient care and patient experience are dealt with through the Putting Things Right process, administered by the Health Board's Concerns Team. Concerns relating to compliance in corporate areas are dealt with directly by the Welsh Language Officer. The corporate concerns process is available on the Health Board's website.

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[1] Annual Population Survey – Ability to speak Welsh by local authority - https://statswales.gov.wales

3

Activities under the 'Meddwl Cymraeg / Think Welsh' Campaign

Eisteddfod GIG

The Health Board collaborated with other NHS Wales organisations to hold the first NHS Wales Eisteddfod. Staff members were invited to participate in a variety of artistic competitions. Categories included written word, photography, Welsh Language Learner of the Year, and a drawing competition for the children of our staff.

The aim of the Eisteddfod was to promote Welsh language culture and the positive impact that participating in artistic and creative activities can have with maintaining positive mental health and wellbeing.

The award ceremony took place virtually on St Davids Day 2023, with the winners of each category celebrated through various social media platforms.

Awareness Days

The organisation continued to use national awareness days to promote the importance of the Welsh language in healthcare. This includes St Dwynwen's Day, Welsh Language Music Day and Diwrnod Shw'mae Day.

Mohamed.Sarah
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Welsh Language Award at the HPMA Cymru Awards.

In March 2023, the Health Board won the Welsh Language Award at the HPMA Cymru Annual Conference and Awards 2023. The Health Board were recognised for efforts in building a bilngual culture, including work around the Meddwl Cymraeg campaign and the work undertaken by the Translation Unit.

Prompt Cards

Prompt cards were developed to include some simple Welsh phrases for staff to use when answering the telephone. The cards were a hit with over one thousand copies printed and widely distributed across Health Board sites. The aim of the prompt cards is to help staff in greeting and handling calls bilingually and supporting compliance with Standard 17 and 18 of the Standards.

The success of the cards as led to a further 2,500 copies being ordered. The prompt cards are also available through the Welsh language intranet site.

Staff members learning Welsh
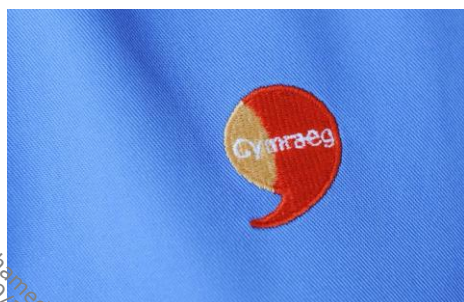
The Health Board promoted the availability of Welsh Language lessons for staff through the Welsh Language intranet page. Staff have taken advantage of the opportunities, with 35 people registering to undertake the Cymraeg Gwaith courses during 2022-2023.

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Developing Confidence residential courses

Further to the staff enrolling onto the online courses, other staff members have attended the fully funded residential courses that were held in Nant Gwrtheyrn. These are designed for staff members who have Welsh language skills but are maybe lacking confidence to speak Welsh in the workplace. One staff member spoke of her experience of Nant Gwrtheyrn:

"*a really good experience...I felt more confident by the end of the week. I haven't spoken as much Welsh since being at school. We met for breakfast, lunch and socialised at night. It felt natural because we greeted each other in Welsh, instead of in English, first.*"

"*I feel a lot more confident now. I would now like to meet other people in an informal group to practice. I read more in Welsh, listen to more podcasts and to the radio and television too.*"

Collaborating with other public services in the Cardiff and Vale Area

Cardiff and Vale University Health Board continues to support Cardiff City Council in devising the 'Bilingual Cardiff' Strategy, to increase the awareness and use of the Welsh language within the city.

Fforwm Caerdydd

The Health Board has continued in its role in being an active member of the Welsh Language Forum for Cardiff and the Vale of Glamorgan.

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Providing bilingual information for the patient and the public.

Cardiff and Vale University Health Board Translation Unit.

The Unit continues to provide an effective translation service for the Health Board.

Over the 2022-2023, the unit translated over one million words, including a wide range of documents such as the Shaping Our Future Wellbeing Strategy consultation documents, the Annual Equality Report, as well as the weekly newsletter from the Chief Executive, CEO Connects.

The graph below shows how many words were translated by the Unit during 2022-2023 in comparison to 2021-2022. the graph demonstrates an increase in the number of words translated during this two-year period.
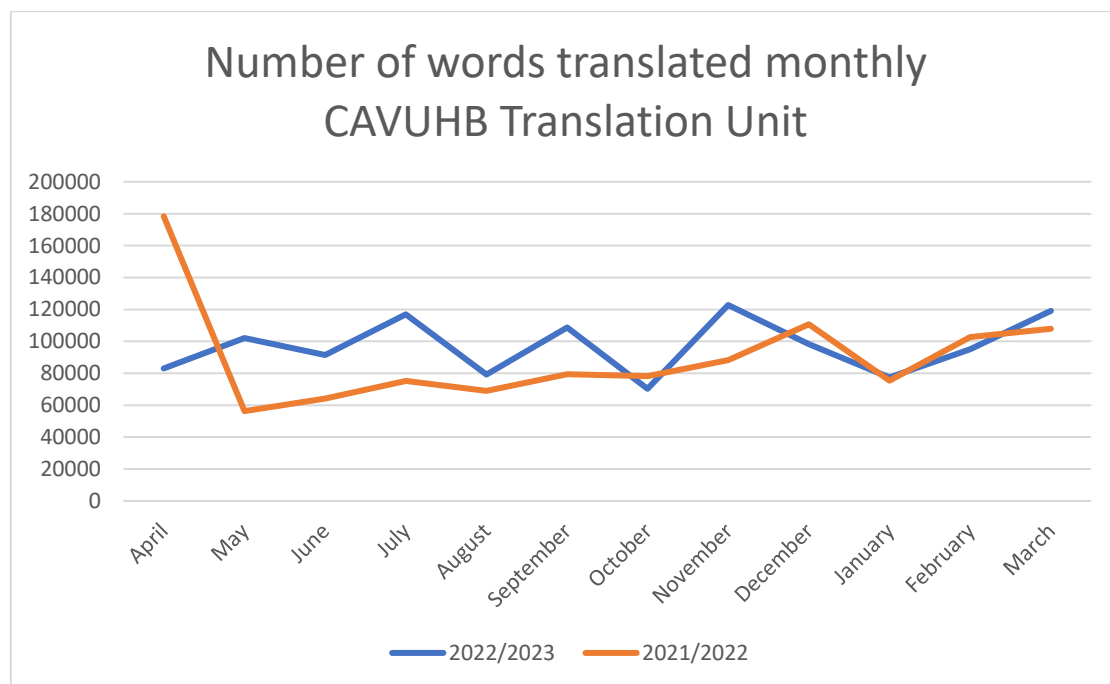
The Unit has had a hugely positive impact on the Health Board, with many colleagues contacting to praise the team for the service offered:

"*One patient in particular expressed they felt more at ease, being able to communicate in their first language (Welsh).*"

"Thank you so much. We appreciate you doing that so quickly. We have now been able to update our website and are updating socials to let people know!"

Mohamed Sarah
05/09/2023 11:12:40

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"I was talking to the Assistant Director of Organisational Development, Wellbeing and Culture yesterday and made sure she knew what a fantastic service you both have always provided from my point of view."

"I know how busy you are … so I really appreciate everything that you've done for me this week and the speed with which you've turned it all around"

Service Level Agreement with Bilingual Cardiff Translation Unit.

The Health Board continued to work with Bilingual Cardiff, the Welsh Language translation service managed by Cardiff City Council, in line with the service level agreement in place, to increase organisational translation capacity. During the 2022-2023 Bilingual Cardiff translated over 1,400,000 words for the Health Board; having translated a just over 3,000,000 words since 2019 for the organisation.

Number of words tranlsated annually
Bilingual Cardiff Translation Service
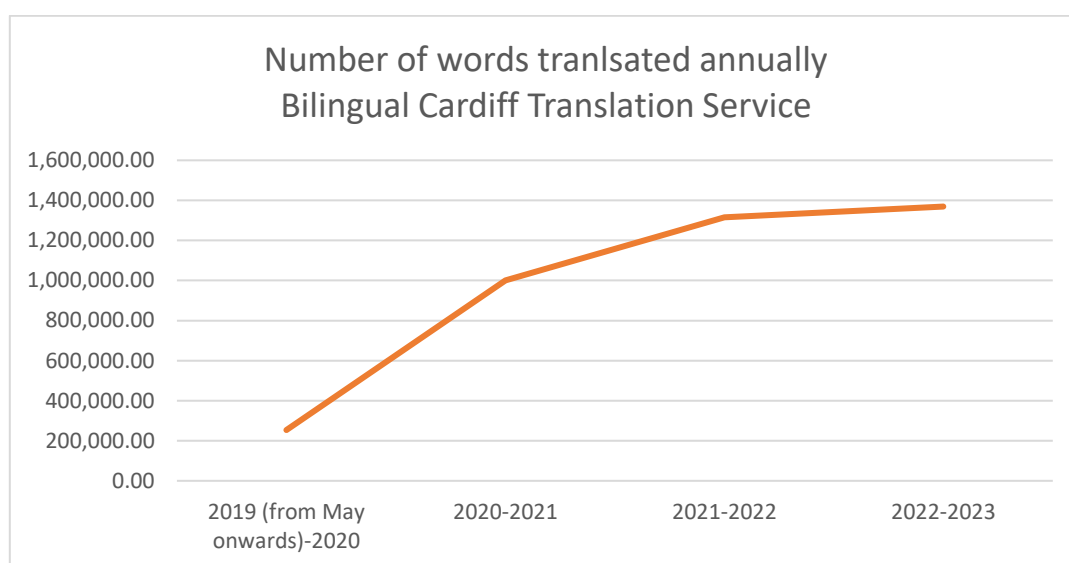
Service Delivery Standards

Welsh Language Ambassadors

The Health Board continues to successfully use Welsh Language Ambassadors as part of the Inclusion Ambassadors programme for Executive and Board Members, as well as Clinical Boards, including Mental Health, Primary and Community Care and Clinical Diagnostics and Therapies. The Ambassadors take on a role where they

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promote the importance of the Welsh language in their local areas, support with the implementation of the Standards, celebrate success and report any challenges encountered.

Progress by the Clinical Boards

The Clinicial and Service Boards have worked to ensure compliance with the Welsh Language Standards through regularly linking in with the Equity, Inclusion and Welsh Language Team for guidance and support.This includes the provision of bilingual information to patients and service users such as leaflets, forms, and signage in public areas.

The Clinical and Service Boards are able to offer a language choice when organising external meetings, such as with members of the public. As an example, the All Wales Medicines Strategy Group asks for language preference for those who attend their meetings The Clinical and Service Boards have also been responsible for ensuring staff greet people bilingually over the telephone and that email signatures and out-of-office messages are in Welsh and English.

The Clinical Boards are also further utilising their Welsh speaking staff members to provide services for patients and service users who prefer to speak Welsh
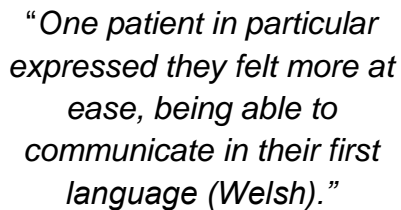

Most Clinical Boards have established a Welsh Language Ambassador within their teams. The roles help to promote the importance of the Welsh Language in healthcare in local areas, providing advice, and signposting people appropriately to access the information they need.
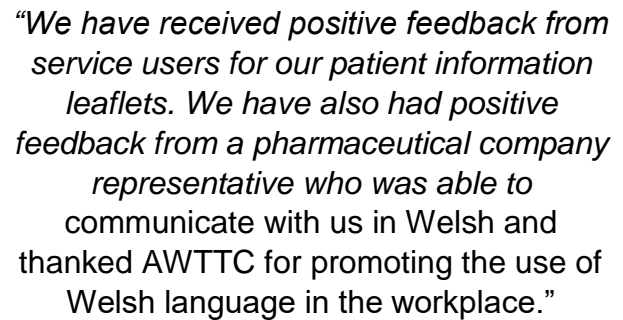
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Some positive feedback recieved from Clinical Boards regarding the delivery of a Welsh language service includes:

"*One patient in particular expressed they felt more at ease, being able to communicate in their first language (Welsh).*"

"We have received positive feedback from service users for our patient information leaflets. We have also had positive feedback from a pharmaceutical company representative who was able to communicate with us in Welsh and thanked AWTTC for promoting the use of Welsh language in the workplace."

Organisational Standards

SharePoint

The Health Board has built a comprehensive intranet site which provides advice, guidelines and resources to enable all staff, including those delivering patient care, to understand the importance of the Welsh language in healthcare, the implementation of the Standards, and how to provide effective services for Welsh Language users.

During 2022-2023, the Welsh language intranet site has been improved and regularly updated to include further examples of good practice, including on compliance with the Standards. Examples of additions to the site include:

- Guidelines on how to run a bilingual meeting via Microsoft Teams
- Registering your skills via the Electronic Staff record
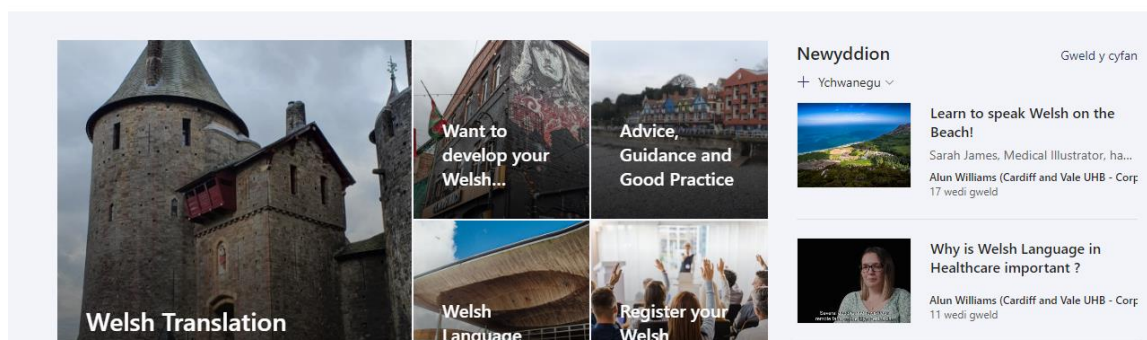- Guidelines on requesting Welsh Language translation.

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The section on learning and developing Welsh language skills is regularly updated to provide staff with the latest opportunities for those who want to learn Welsh.

Recruitment
(Information required as per the Standards)

The table below provides information on the number of vacancies advertised during 2022-2023 and the type of Welsh language skills that were requested:

Cardiff & Vale UHB 2022-2023	
Total number of vacancies advertised as:	
Welsh language skills are essential	2
Welsh language skills are desirable	3409
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	118
Total Number of vacancies advertised	3529

Welsh Language Concerns
(Information required as per the Standards)

Cardiff and Vale University Health Board has two formal complaints systems to handle complaints and concerns in relation to the Welsh Language.

The '*Putting Things Right*' concern system handles concerns around patient and service user care. The Concerns Team liaises closely with the Equity and Inclusion Team to ensure that any concerns in relation to the Welsh language are managed appropriately. The Patient Experience Team did not receive any complaints around

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the compliance of the Welsh Language Standards from members of the public during the 2022-2023 reporting period.

A separate corporate concerns process is available for non-clinical and corporate concerns. A copy of the process is available on the Health Board's website. The organisation received two concerns through this route during 2022-2023.

The Welsh Language Commissioner raised three concerns during the 2022-2023 period, which the Health Board has supported the Commissioner in investigating. Two of the matters were resolved during the reporting period with one ongoing. The concerns raised included the recruitment of Welsh language skills, registration of Welsh language skills amongst staff, and the Covid Vaccination Service.

Welsh Language skills of Staff
(Information required as per the Standards)

The table below provides information on the registration of Welsh language skills of staff as at 31st March 2022:

Listening/Speaking Welsh	Headcount
0 - No Skills / Dim Sgiliau	4407
1 - Entry/ Mynediad	883
2 - Foundation / Sylfaen	235
3 - Intermediate / Canolradd	154
4 - Higher / Uwch	192
5 - Proficiency / Hyfedredd	298
Not Assessed	11052
Grand Total	**17221**

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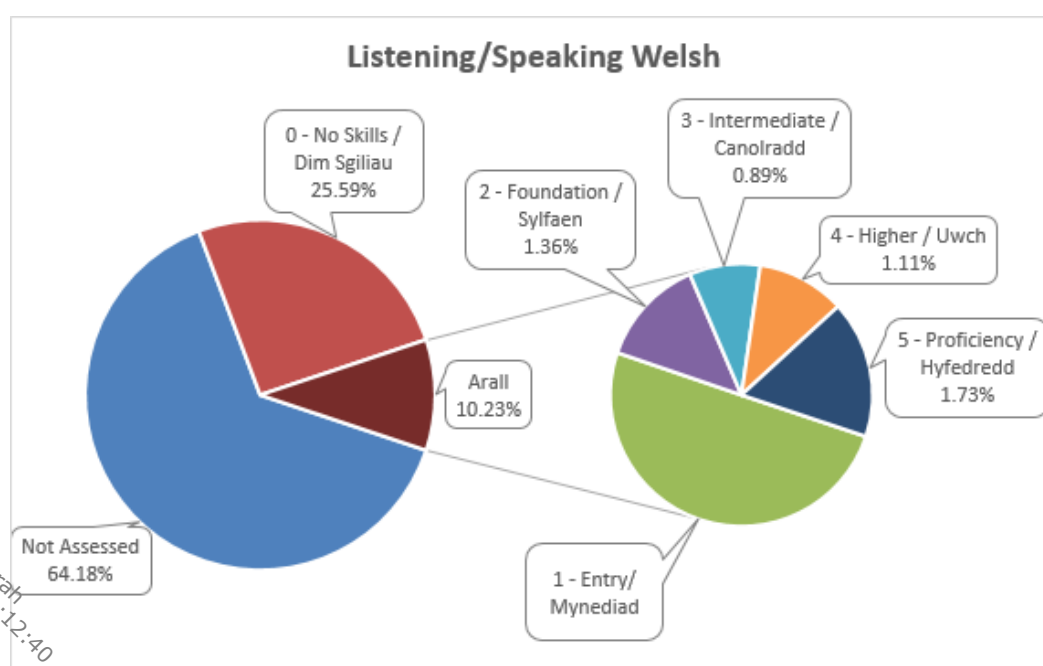
Conclusion and Vision 2023-2024

In conclusion, there has been progress in compliance with the Standards and some excellent work in celebrating Welsh language culture, including the inaugral NHS Wales Eisteddfod.

The '*Meddwl Cymraeg – Think Welsh*' campaign supported the Health Board in establishing a cultural change through highlighting the importance of the Welsh language. The campaign has enjoyed positive feedback and helps to promote and encourage staff to use Welsh in the workplace.

The Health Board has ensured that the Welsh language agenda is mainstreamed and incorporated into organisational strategy, such as the People and Culture Plan.

However, it is recognised that there is more to do in building a bilingual culture and providing a bilingual service for patients and service users. Cardiff and Vale UHB look forward to the year ahead and taking forward our vision for 2023-2024:

The Health Board has ensured that the Welsh language agenda is mainstreamed and incorporated into organisational strategy, such as the People and Culture Plan.

- Improve the registration of Welsh Language skills for our staff onto our Electronic Staff Record system.
- Embed a new process for advertising Welsh language skills into the recruitment our recruitment processes.
- Improve the availability of Welsh language reception services throughout the Health Board.
- Continue to work with Clinical Boards to improve the level of Welsh Language services for patients and services users.
- Ensure that staff complete the Welsh Language Awareness Session on our Electronic Staff Record system.
- Develop a Welsh Language Staff Network called *Rhwydiaith*.

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Report Title:	Employment Policies for Approval or Adoption			Agenda Item no.	3.2
Meeting:	People and Culture Committee	Public	x	Meeting Date:	12.09.23
		Private			
Status _(please tick one only):_	Assurance		Approval	x	Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				

Main Report
Background and current situation:

Within Cardiff and Vale University Health Board (the UHB), employment policies are developed and reviewed in partnership via the Employment Policies Sub Group (EPSG) and, where appropriate, though the Local Negotiating Committee (LNC). The development of such policies involves a comprehensive consultation process before final submission for approval by the People and Culture Committee. The authority to approve general employment procedures and guidelines has been delegated to the EPSG.

All Policies and Procedures relating to Medical and Staff **only** are developed in Partnership with the BMA and are considered by the Local Negotiating Committee (LNC).

All-Wales Policies are developed and agreed in partnership by the Welsh Partnership Forum and must be adopted, without amendment, by all Health Boards in Wales.

This paper summarises for the People and Culture Committee two documents which have been developed or reviewed recently and asks for them to now be approved/adopted by the UHB:
- A new Waiting List Initiative Procedure
- The revised NHS Wales Guidelines on Managing Industrial Action
.

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

Waiting List Initiative Procedure - Medical & Dental Staff

This document sets out the procedure to be followed in relation to booking, authorising and recording Waiting List Initiative work to ensure timely and accurate payment to medical and dental staff for additional work undertaken outside of core contracted hours and appropriate monitoring arrangements. The Procedure:
- Defines a Waiting List Initiative Procedure
- Sets out the responsibilities of managers and Medical and Dental staff
- Describes the Operational Procedure to be followed, including: needs assessment; Authorisation of Waiting List Initiatives; and Booking, recording and reporting of Waiting List Initiatives
- describes the remuneration arrangements and payment criteria

The People and Culture Committee is asked to note that this Procedure does not apply to non-medical / dental staff employed on Agenda for Change terms and conditions as separate arrangements are already in place.

A copy of the Procedure is attached as Appendix 1.

NHS Wales Guidelines on Managing Industrial Action

Cardiff and Vale UHB, along with other NHS Organisations in Wales, recognises that its employees have the right to take industrial action without it being held against them in any way. The need to cope successfully with industrial action is a key challenge for employers and managers so All-Wales guidelines were developed to provide some written advice on actions to be taken and corporate / managerial responsibilities during a period of industrial action and were adopted by the Strategy and Delivery Committee in November 2022.

These guidelines have been amended with additional guidance provided in section 8 (Contractual and Pay Deductions) and appendix 3 (Required level of support).

A copy of the Guidelines has been attached to this report as Appendix 2.

Recommendation:

The People and Culture Committee is requested to:

- **APPROVE** the new Waiting List Initiative Procedure
- Formally **ADOPT** the revised Guidelines on Managing Industrial Action

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	

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

Risk: No

Safety: no

Financial: No

Workforce: no

Legal: Yes

These Guidelines are compliant with relevant legislation including the Trade Union and Labour Relations (Consolidation) Act 1992 and Trade Union (Wales) Act 2017

Reputational: No

Socio Economic: No	
Equality and Health: no	
Decarbonisation: no	

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

Reference Number: TBA	Date of Next Review: *To be included when document approved*
Version Number: 1	
	Previous Trust/LHB Reference Number: N/A

Waiting List Initiative Procedure **Medical & Dental Staff**

Introduction and Aim

To ensure the Health Board delivers its aims, objectives, responsibilities and obligations transparently and consistently, this document sets out the procedure to be followed in relation to booking, authorising and recording Waiting List Initiative work.

Objectives

- To ensure there are effective processes in place for planning, authorising, recording and monitoring the arrangements for Waiting List Initiatives.
- To provide for timely and accurate payment to medical and dental staff for additional work undertaken outside of core contracted hours.

Scope

This procedure applies to all medical and dental staff engaged to deliver Waiting List Initiative work within Cardiff & Vale University Health Board in all locations including those with honorary contracts. **For the avoidance of doubt, this does not apply to non-medical / dental staff employed on Agenda for Change terms and conditions.**

Equality and Health Impact Assessment	An Equality and Health Impact Assessment has not been completed. This is because the procedural guidance is covered by the Adaptable Workforce Policy EHIA which found there to be a positive impact.
Documents to read alongside this Procedure	- Amendment to the National Consultant Contract in Wales; - Terms & Conditions relating to the Cardiff and Vale UHB Medical and Dental Staff Bank; - Directorate specific WLI procedures (where applicable).
Accountable Executive or Clinical Board Director	Executive Director of People and Culture
Author(s)	Medical Workforce Sustainability Group

Document Title: *Waiting List Initiative Procedure, Medical & Dental staff*	2 of 7	Approval Date: dd mmm yyyy
Reference Number:		Next Review Date: dd mmm yyyy
Version Number: 1		Date of Publication: dd mmm yyyy
Approved By: People and Culture Committee		

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
1			New document

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Document Title: *Waiting List Initiative Procedure, Medical & Dental staff*	3 of 7	Approval Date: dd mmm yyyy
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Approved By: People and Culture Committee		

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Approved By: People and Culture Committee		

1	**Introduction**
	This procedure details arrangements for planning, authorising, recording and monitoring Waiting List Initiative (WLI) work in relation to medical and dental staff.
2	**Definition of a Waiting List Initiative**
	A Waiting List Initiative (WLI), as referenced in section 2.36-2.39 of the Amendment to the National Consultant Contract in Wales (2003), is an additional clinic or list undertaken outside of core contracted hours to alleviate or reduce patient waiting times and one which has been identified and agreed in accordance with the UHB's Planning Cycles or via additional Welsh Government funding (see section 5).

WLI work is temporary and will be undertaken on a voluntary basis. It does not form part of the Consultant job plan. |
| **3** | **Purpose** |
| | The purpose of this document is to:

- Detail the procedure to be followed by operational managers and staff when authorising or undertaking WLI activity.
- Ensure robust arrangements exist in relation to agreeing, recording and monitoring WLI activity and that there is a clear audit trail. |
| **4** | **Responsibilities** |
| | Managers should ensure that:

- they understand and comply with this procedure as pertaining to them and their role;
- all relevant medical & dental staff are aware of this procedure;
- there are appropriate and robust systems in place to approve all WLI work prior to it being undertaken;
- all medical and dental staff have equal opportunity to participate in WLI arrangements and that any additional work is allocated accordingly;
- there is an up to date job plan in place to evidence that any WLI activity is undertaken outside of agreed contracted time. In the event that WLI work is agreed and undertaken through the temporary displacement of SPA commitments outside of the job plan, this must be recorded.
- Arrangements are in place to approve payments pertaining to WLI work in accordance with the UHB's Medical & Dental Staff Bank system. |

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Medical & Dental staff should ensure that:

- they understand and comply with this procedure as pertaining to them and their role;
- WLI work is not undertaken in time that is already contracted and paid for by the Health Board as per the agreed job plan including periods of on-call and any other additional sessions or work undertaken for which additional payment is claimed. In exceptional circumstances, WLI work may be accommodated through the temporary displacement of SPA commitments to a time outside the approved job plan schedule. The nature of the displaced SPA activity and when this will be rescheduled must be agreed in advance;
- they do not undertake any WLI activity whilst absent from work on sick leave or if they are currently excluded from the workplace.
- they are aware that any WLI activity is voluntary and may only be undertaken in uncontracted time;
- they are aware that remuneration for such work will be at the rate set out in the current Wales national pay circular for medical & dental staff. All aspects of such work will be considered in calculating such sessions, e.g. time taken to see patients pre and post operatively;

5	**Operational Procedure**

Needs assessment

The need to undertake Waiting List Initiatives should generally be determined through the Health Board's established annual and quarterly Planned Care Planning Cycles or through the Recovery and Redesign Planning cycle. The plans should contain both solutions to address demand and capacity on a sustainable basis, thereby reducing dependence on flexible sessions and also solutions to address the backlog.

Before WLI sessions are requested and approved, the opportunities for temporary changes to job plans to incorporate this additional clinical work or other options not dependent on additional activity through WLIs should be exhausted.

The need for Waiting List Initiatives to reduce waiting times over and above those agreed through the UHB's Planning cycles may also arise from additional specific Welsh Government funding to reduce waiting times. Where this is the case, the Chief Operating Officer's Operations Team will agree the level of additional WLI activity and associated funding with Directorates / Clinical Boards.

The need to provide adequate support resources and the potential impact upon clinical support services and non-clinical support must be considered when planning for WLI sessions.

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Authorisation of Waiting List Initiatives
All Waiting List Initiative work must be agreed in advance and have appropriate managerial approval before proceeding. The approver must be a delegated budget holder and the WLI must be clearly identified.

Managers should maintain a record of all Waiting List Initiatives approved. This should include date of clinic/list, clinic code where relevant, and planned number of patients.

Booking of Waiting List Initiatives
The number of patients to be booked will be defined and agreed in advance with the member of staff undertaking the WLI.

The activity undertaken should, as a minimum, accord with the individual's standard templates and productivity as per their regular job plan.

No private patients will be permitted to be seen in a WLI clinic or list.

WLI activity must not be agreed with medical and dental staff who are currently absent from work due to sick leave or temporarily excluded from the workplace.

Recording Waiting List Initiatives
All activity must be recorded on the Health Board's relevant Patient Management System (PMS).

Where a patient has been booked to attend a WLI clinic and later needs to be re-scheduled, the relevant Patient Management System will be updated and a new appointment letter should be created, printed and utilised.

Remuneration for Medical & Dental Staff
Consultants are to be paid in accordance with the Welsh Amended Consultant Contract at the appropriate Waiting List Initiative sessional rate (Section 2.36 – 2.39 and Annex 1e) and as uplifted in the relevant medical & dental pay circular (£690 per session – as at 2023-24). The session duration is 3.75 hours (£184 per hour as at 2023-24 rates) and payments will be calculated on a pro rata basis. The WLI activity time will include any administrative time necessary to complete the activity.

In the event that a WLI session is cancelled, no payment will be made.

There is no uplift in payment for agreed WLI activity undertaken on weekends or bank holidays – the agreed WLI rate applies in all circumstances.

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Approved By: People and Culture Committee		

Payment criteria

Additional sessions should only be authorised where there is an agreed job plan. Exceptions to this will need to be authorised by the Medical Director or Chief Operating Officer.

Instigating payment to staff for Waiting List Initiatives

The service must create a WLI activity via the Medical and Dental Staff Bank electronic platform.   Where the activity is for a standard WLI, the WLI reason code on the Medical and Dental Staff Bank electronic platform is to be selected so the spend is accurately recorded.

Where it is agreed for WLI activity to be accommodated through temporarily displacing SPA commitment to a time outside the agreed job plan, the nature of SPA activity and when it is rescheduled to must be recorded.

Electronic timesheets must be submitted within three months of the work being undertaken.

Reporting

The Directorate will keep a record of actual WLI activity versus planned WLI activity and associated expenditure.

Within three working days of the calendar month end, the Directorate will send this information to the Clinical Board's Finance team with a copy to the Assistant Director of Finance to ensure the ledger position can be adjusted to reflect payments owed but not yet made.

Monthly reports will be created via the Medical and Dental Staff Bank team which will detail the associated costs split by Directorate and month.

Mohamed,Sarah
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CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Guidelines for Managing Industrial Action[1]

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[1] These Guidelines contain contractual requirements and as such these elements are not discretionary and must be applied.

C O N T E N T S

Mohamed,Sarah
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**CARING FOR PEOPLE
KEEPING PEOPLE WELL**

2/34

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

119/157

1. **Introduction**

1.1 NHS organisations in Wales should recognise that their members of staff have a right to take industrial action without it being held against them in any way.

1.2 The need to cope successfully with industrial action remains a key challenge for many employers and managers. These guidelines have been developed to provide managers with some written advice on action they need to take and responsibilities they will have during a period of industrial action. These guidelines address key issues that may arise but are by no-means exhaustive. They also need to form part of a much wider emergency planning/contingency planning process within NHS organisations led by the civil contingencies team. Although, these guidelines are designed for use by generic managers, this wider planning process will also need to involve Executive Directors, particularly the Workforce and OD Director, Medical Director, Nurse Director, IT director and director responsible for facilities (usually the Planning director), as decisions will need to be taken as to what essential services need to be maintained, the level of staffing required to deliver these essential services, and how staff will be trained and cross cover provided.

'NHS organisations must ensure that for all functions for which they are responsible, the highest level of service to patients is maintained regardless of what may happen to clinical/nonclinical procedures or the infrastructure of facilities, on a 24 hour a day, 7 day a week basis if circumstances require this' (NHS Resilience and Business Continuity Management Guidance, WAG 2008).

The guidelines apply only to lawful industrial action that has been called in accordance with the statutory requirements. Additional external sources of information for managers in relation to Industrial Action are signposted throughout this document.

1.3 The approach of Trade Unions participating in the strike action will be governed by their own guidance/protocols and may not accord fully with these guidelines. Where strike action is declared, one of the main aims of the Trade Unions is, within the legal framework, to maximise disruption to the employer.

1.4 These guidelines provide general advice on managing strike action, including Action Short of a Strike (ASOS), but cannot cover every eventuality. For advice on specific situations and/or circumstances, managers should contact a senior Workforce and OD manager, who

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GIG CYMRU
NHS WALES

where appropriate can seek advice from NHS Wales Employers or legal advice.

1.5 These guidelines should be read in conjunction with National Terms and Conditions of Service and local trade union facilities agreements.

2. Definitions

2.1 Business Continuity Management (BCM)

For the NHS, BCM is defined as:

- The management process that enables an organisation to identify those key services which if interrupted for any reason would have the greatest impact upon the community, the health economy and the organisation
- To identify and reduce the risks and threats to the continuation of these key services
- To develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time.

Effective BCM is not only about minimising the likelihood of an event occurring but also having the ability to recover and restart if the worst happens (NHS Resilience and Business Continuity Management Guidance, WAG 2008)

2.2 Industrial Action

Industrial action can take many forms, the extent and impact of which will often depend on the causes and issues at stake in any particular dispute. This section provides details of the main types of industrial action.

2.3 Official industrial action

Official industrial action is that which is authorised or endorsed by a recognised trade union. In practice, this means any industrial action which is authorised by the trade union from the outset and any industrial action which starts as unofficial but which the union later decides to endorse. A formal ballot must precede any form of official industrial action. The union is required to give the employer 7 days written notice of the intention to hold such a ballot and a copy of the ballot paper at least 3 days before. Strict requirements need to be adhered to in order for the industrial action to be lawful. Also, Trade Unions are legally bound to provide 14 days'

notice before the industrial action is due to commence or 7 days if the parties agree.

2.4 Unofficial industrial action

Unofficial industrial action is that which is not authorised or endorsed by a recognised trade union. By its nature unofficial industrial action is often initiated at local or branch level in response to particular issues, although it may sometimes form part of a wider co-ordinated campaign. Such action is therefore likely to take place spontaneously or at least with little forewarning and management should therefore have a contingency plan for dealing quickly with this action should it arise. Employees participating have limited protection under current legislation should their employer take action against them.

2.5 Strikes

Strikes can be for a long-term continuous period (when the union has called out its members for an indefinite period); short-term (for example a one day strike, or a strike for one or two hours only); or intermittent for a discontinuous period (when strikes take place for part of the day or week on a rolling basis but normal working is resumed for the rest of the working day/week). Whatever other response may be appropriate in particular circumstances, the central principle is "that all periods where staff are on strike will be unpaid".

2.6 Industrial action short of a strike

There are a number of ways in which staff may take industrial action short of a strike.

2.6.1 Bans on overtime

Bans on overtime are a common form of industrial action. Overtime bans may be introduced to put collective pressure on management to make concessions over a particular dispute and may in certain circumstances constitute a breach of contract.

2.6.2 Working to rule/going slow

This can have a damaging and disruptive effect on work, whilst those engaged in such action suffer no financial loss and unions do not have to meet 'strike pay'. In areas of work where, of necessity, there are detailed instructions about the way in which a task should

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be done, working to rule offers considerable scope for disruptive action. It will be necessary for management to establish the extent to which staff are deliberately applying an over-rigid interpretation (or misinterpretation) of rules and instructions with the aim of creating maximum disruption and to consider whether this amounts to partial performance which can amount to a breach of contract.

2.6.3 Wilful disruption (e.g., selective working)

It is necessary to consider whether the intention is wilfully to disrupt the employer's business or merely involves a withdrawal of goodwill. Where there is wilful intent to disrupt the organisation's business, such action could amount to a breach of contract. Selective working may be a refusal to undertake certain tasks or a refusal to operate new working procedures. Where selective working is in prospect, it may be possible to specify in advance to the staff involved the duties to be undertaken and when. Failure to comply with such instructions given in advance in some circumstances may amount to a breach of contract.

2.6.4 Non-co-operation with job evaluations and similar exercises

Management may require a member of staff to be interviewed in connection with exercises such as Job Evaluations, efficiency scrutinises or the implementation of new working practices. Co-operation with management on such exercises constitutes part of a member of staff's obligations as an employee. Refusal to be interviewed may amount to a breach of an employee's contract of employment. It will be necessary for management to establish the extent to which staff are deliberately applying an over-rigid interpretation (or misinterpretation) of rules and instructions with the aim of creating maximum disruption and to consider whether this amounts to partial performance which can amount to a breach of contract.

2.6.5 Health, Safety and Accommodation Issues

There may be occasions when staff take spontaneous unauthorised absence over issues relating to health, safety and accommodation. There may be overlap with the Procedure for NHS Staff to Raise Concerns/Health and Safety requirements. Consideration will need to be given to the wider picture and the relevant Raising Concerns

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and Health and Safety Policies   rather than considering this guidance in isolation.

2.6.6 Sit-ins

In normal working circumstances, employees use their employer's premises with the employer's express or implied consent. However, if they, or indeed third parties, occupy the premises for a sit-in without the employer's position, they may become trespassers, whether or not the sit-in is in contemplation or furtherance of a trade dispute. It can be difficult in some circumstances to differentiate between workers gathering for industrial action or a gathering for legitimately exercising a statutory right such as participating in union activities.

The above is not an exhaustive list of all possible types of industrial action but covers the main forms which are likely to be encountered.

3.   Prevention and Avoidance

3.1 Principles

Disputes with employees and/or their representatives, and any resulting industrial action, are potentially costly and damaging to both the service and staff. Therefore, every effort should be made by all parties involved to avoid conflict arising in the first place by working proactively in partnership with trade union colleagues. If, however, conflict does arise, procedures should be in place for resolving the source of the conflict as soon, and as amicably, as possible. This will reduce the potential financial cost of the dispute, minimise the damage done to employee relations and the reputation of the service and help maintain service continuity.

Good relations between NHS Organisations and their staff are key to creating a productive working environment. NHS Organisations should therefore seek to encourage a workplace culture that prevents conflict from arising. Failure to do so could result in disputes which, in turn, lead to tribunal claims or calls for industrial action.

3.2 Informing and Consulting

It is good practice for the NHS Organisations to develop regular channels for informing and consulting with their workforce and/or their representatives on employment matters and service changes or

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developments. In some circumstances, organisations are legally obliged to inform and consult.

The Organisational Change Policy for NHS Wales contains a specific section on consultation requirements (see S5 – Consultation with Staff Interests) for NHS Organisations in Wales.

3.3 Negotiation

In most disputes, negotiating with employees and/or or their representatives face-to-face will be the quickest, and most effective means of resolving the problem. Both parties to the dispute will know what the issues are and can look for solutions in partnership. This approach should be encouraged and exhausted as far as possible to prevent any potential dispute which could result in industrial action.

It is also important to ensure that the right people are conducting negotiations on behalf of organisations involved and that these individuals have the right skills.

In some cases, it may be appropriate to involve ACAS where a dispute exists that is not able to be resolved informally. ACAS is an independent statutory body whose role is to improve working life through better employment relations. ACAS can not only help to resolve a dispute once it arises but also can help employers and employees and/or their representatives to work together to prevent disputes arising in the first place.

3.4 Establishing the Legality of the Industrial Action (See flowchart appendix 2)

Trade unions are required to comply with strict balloting and notification rules in the Trade Union and Industrial Relations (Consolidation) Act 1992 (TULRCA) in order for the industrial action to be immune from legal liability, as follows: -

- The industrial action must be taken "in contemplation or furtherance of a **trade dispute**";
- The industrial action must not be taken for a **prohibited purpose**, such as to enforce a "closed shop" or to protest at the dismissal of workers taking unofficial industrial action. Neither can it amount to secondary action or unlawful picketing;
- It must have the support of a properly organised postal **ballot** of union members. The union must ballot (and only ballot) all members who it is

reasonable for it to believe will be induced to take part (save for minor accidental errors);

- Before calling for industrial action, a union must have the majority support of a properly organised ballot;
- The union must comply with a number of procedural requirements otherwise the employer will have grounds to seek an interim injunction to prevent the action going ahead (and/or seek damages) (See appendix 3).

Upon receipt of a ballot result in favour of a strike and where the NHS Organisation is aware that key procedural requirements have not been adhered to, the NHS Organisation will need to weigh up the advantages and disadvantages of applying for an injunction before a strike is actually announced. These will depend on particular circumstances – for example, the state of negotiations with the union and the possibility of the dispute being resolved before a strike is called. NHS Organisations will want to seek their own legal advice in making this decision.

There is no need to wait for a formal notice of strike to be issued, or even for the results of the ballot, if a breach of the balloting or notification rules has taken place. However, if the union's failure is an accidental minor breach of balloting or notification rules, it may still be able to remedy the defect.

Even so, the NHS Organisation will have bought itself a few extra days to make contingency plans. Before applying for an injunction, it is good practice to first seek an undertaking from the trade union not to engage in the industrial action (or to remedy any breaches first). An injunction can then be sought if the undertaking is not provided.

Any managers who become aware that a ballot for industrial action may be taking place within their organisation should advise the Director of Workforce and OD with immediate effect.

4.   **Business Continuity Management**

4.1 The NHS Organisation should have in place agreed processes to prepare for and manage during episodes of industrial action. Specific responsibilities for managers are outlined below. The organisation should also establish a 'command and control' process to ensure the organisation has a clear understanding of the impact of this action in each area and the actions that are being taken to maintain services, and

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support decisions in relation to the reduction of services or redeployment of staff. This process should be led by an executive director (or appropriate deputy). Dependent on the potential impact of the Industrial Action the organisation may decide to set up an urgent response group (model terms of reference are included at appendix 5) to provide direction, with membership to be determined dependent on the planned action.

The exercising of plans should be undertaken. This will ensure that everyone understands their role and provides an overall appreciation of the plan. An exercise will test the system, the plan and rehearse the staff prior to any real event.

4.2 Managers need to have in place contingency plans in anticipation of strike and/or other industrial action that can be drawn upon once strike action is confirmed to:

- Ensure patient safety and continuity of care
- Maintain essential service delivery
- Ensure that H&S is in place for non-striking employees, service users and contractors
- Ensure, where practicable, all statutory duties are met.

4.3 A risk assessment approach should be taken to contingency planning for industrial action using local risk assessment tools. Managers should review their services to establish which are essential and then consider the key elements that need to be in place if they are to be delivered. Those key elements then need to be assessed as to their vulnerability to strike and/or other industrial action and as to the likelihood of such action taking place. As Trade Unions are legally bound to provide at least 7 days' notice of any intention to ballot, there should be sufficient time to implement contingency plans that have been previously prepared. Managers should draw on plans that are in place in relation to other critical events e.g., severe weather or pandemic which should take into account reductions in staffing levels. A management action card is included at appendix 4.

4.4 Such arrangements need to be sufficiently clear and understood by those who will continue to deliver essential services on strike and/or other industrial action days. Decisions on building and service opening and closing will be up to the relevant senior manager in consultation with the site managers and facilities managers.

4.5 NHS Organisation wide communications during periods of strike action will be co-ordinated by the Organisation's Communications Team (see

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section 5). Senior managers should ensure that communications are accessible to those not on e-mail and that any service specific information is also made available to their employees. Organisational communication should be agreed through the 'command and control' process to ensure continuity of messages, recognising the impact of industrial action on public confidence and organisational reputation.

4.6 In addition to putting in place arrangements for continued essential service delivery, managers must also establish systems to capture details of striking staff (As opposed to staff who are absent for other reasons for example sickness absence or annual leave who are not associated with or taking part in the action.) (For pay deduction purposes) and to enable responses to requests for information on the impact of strike action to be collated as quickly as possible.

5. **Communication**

5.1 The Communications Team should establish the necessary internal and external communication channels as early as possible within the business continuity planning process. Communication should be a key element of the contingency planning / project management arrangements and regular communication briefing documents agreed and disseminated as appropriate.

5.2 Internal communication links may include*:

- Workforce & OD department
- Departments affected by the industrial action
- Other internal support departments, such as Estates, Facilities, IM & T,
- National / Regional / Local Trade Union Representatives
- Staff
- Patients / Service Users
- Visitors

5.3 External communication links may include*:

- Other Health Boards and Trusts (particularly Welsh Ambulance Service Trust)
- Police
- Local Councils
- Community Health Councils
- General Practitioners (GPs)
- Welsh Government

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- Media / National and Local Press
- External contractors

* These lists are not exhaustive.

5.4 All communication between the organisation and the Media / Press should be handled and approved by the Communications Team.

5.5 The Workforce & OD department will also play a pivotal role in ensuring that communications between the relevant unions and the organisation are actively and effectively maintained. The Director of Workforce & OD should be made aware of all formal correspondence relating to industrial action from the relevant Union(s).

6. **Exemptions from Strike Action**

6.1 It is for the employer to make requests for exemptions. This process will be co-ordinated by Workforce and OD departments. Managers will be asked to provide full details, including wherever practicable names rather than blocks of jobs of any staff who they feel should be exempted on a "life and limb" basis. This definition should be strongly adhered to by the Trade Unions and will be the only basis on which exemptions will be considered. Workforce and OD departments should liaise with the Trade Unions and inform managers of exemption decisions as soon as possible. It is likely that the number of exemptions that the Trade Unions agree will be kept to a minimum.

6.2 Exemption information needs to be provided in the required format and should be submitted within the timescales specified by Workforce and OD departments. Reasons as to why timescales cannot be adhered to by Service Areas should be communicated via Workforce and OD managers to the Trade Unions and responses co-ordinated.

7. **Health & Safety**

7.1 The Health and Safety at Work Act 1974 states that it shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his/her employees", and in particular that such a duty extends to:

- Provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health;

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- Arrangements for ensuring, so far as is reasonably practicable, safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances;

- Provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of their employees;

- So far as is reasonably practicable as regards any place of work under the employer's control, the maintenance of it in a condition that is safe and without risks to health and the provision and maintenance of means of access to and egress from it that are safe and without such risks;

- Provision and maintenance of a working environment for his employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work.

7.2 Legal responsibilities and duties on the NHS Organisation and individuals are not suspended during industrial action. There is a statutory duty to ensure safe and healthy work environments, safe working practices for those who remain in work and to ensure the health and safety of the public. A health and safety risk assessment should be carried out beforehand on all workplaces remaining open on the day(s) of strike action by an appropriate, competent person. All work activities, procedures, systems and the environment/workplace should be reviewed during and throughout the days of strike action to ensure risks to health and safety of employees and the public are reduced as far as is reasonably practicable. Suitable and sufficient risk assessments should be undertaken and recorded using the normal risk assessment form and the appropriate control measures implemented and monitored.

7.3 Whilst it is not possible to identify all the issues which need to be considered in risk assessments across the organisation, particular attention should be paid in respect of:

- lone working,
- reduced staff levels,
- staff requiring close supervision/instruction,
- disabled people,
- young persons,
- visitors and the public,
- emergency evacuation procedures for staff and the public,

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- first aid provision,
- increased risk of violence, and
- use of plant, vehicles and equipment.

Evacuation procedures for employees and the public, including those who are disabled, should be reviewed to ensure that if needed, buildings can still be evacuated safely.

7.4 Employees have a duty under health and safety legislation to take care of their own health and safety, and that of other people. This could include maintaining or co-operating in the maintenance of safety equipment up until the time any strike action occurs.

There is a duty on all persons, regardless of their employment status, to not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety, or welfare.

8. Operational Workforce Guidance

8.1 Preparation for Industrial Action Short of a Strike

When planning and preparing for industrial action short of a strike, the principles of planning and preparation should be the same as for strike action and these guidelines should support this. However, the following should be borne in mind: -

- If employees take industrial action short of a strike which does not involve a breach of contract, they are entitled to be paid in full.

- If industrial action short of a strike is a breach of contract the employer has two options:

   Demand that the participating employees comply with their contracts in full or otherwise stay away from work (and not be paid) until they are prepared to comply,

   Accept partial performance and continue to pay the employees – which can in certain circumstances be subject to a deduction for partial performance.

- Employers are entitled to demand full performance and do not have to accept partial performance. If an employee is in breach of contract and the employer accepts partial performance in theory the employer may claim damages and the Courts may allow some deduction from wages.

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This is however a complex area and relevant advice should be sought from Workforce.

- If an economic loss cannot be quantified a deduction may be based on the loss of employee's services, e.g.

Royle –v- Trafford Borough Council - a teacher carried on teaching his existing class of 31 pupils but refused (in breach of contract) to take on a further 5 pupils. The Court held that the employer was entitled to set off 5/36th from his salary.

Sim v Rotherham Metropolitan District Council – a Court allowed a set off of part of teachers' wages when they had refused (in breach of contract) to cover for colleagues. Set off was proportionate to the time they would have spent covering colleagues.

A set off in respect of some types of industrial action may be difficult to quantify and it may be difficult to persuade a Court to allow a set off.

8.2 Pre-Strike Actions

Managers should try to identify employees' intentions as soon as possible in advance of the days of strike action in order to establish the levels of service cover that are likely to be available. However, there is no obligation on an employee to indicate either way whether they will be partaking in strike action though it is anticipated that most will respond. The ballot notice should include (not exhaustive); categories of employees/ workplaces affected and the number of employees at that workplace concerned/ number of employees concerned/ explanation of the numbers. This will not necessarily be indicative of number who will actually partake in the industrial action/strike. Although not a legal requirement, trade unions may advise management of the number of employees in each area that are affected by the industrial action. Local negotiation over exact details will need to take place. After the ballot there is an obligation to notify the result of the ballot and notice of industrial action/strike 14 days before the start date (or 7 days' notice if agreed between the parties).

8.3 Contractual and Pay Deductions

8.3.1 The contractual right to be paid is dependent upon the member of staff being ready and willing to work. Staff are therefore not entitled to be paid for any period during which they are on strike.

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8.3.2 [2]It is important that employers note that, in accordance with Part 2, Section 7 of Agenda for Change, the maximum pay deduction for each strike day for salaried staff working under Agenda for Change terms is 1/365th of their annual salary if paid weekly or 1/12th of salary divided by the number of days in that calendar month rule if paid monthly.

8.3.3 A facility has been developed to facilitate payment of time worked in the event that a staff member returns to work during a period that they are taking strike action. (See appendix 6 (excel) for payroll guidance).

8.3.4 Organisations should be aware that under section 8 of the Employment Rights Act 1996, they are required to provide employees with an itemised pay statement at or before any time at which any payment of salary is made. Section 8(2) states that particulars should be contained of any fixed or variable deductions from the gross amount and the purposes for which the deductions are made. As such, deductions made from an employee's wages for a day of action or partial performance should be clearly set out on the payslip.

The NHS Electronic Staff Record (ESR) has introduced a new payslip message to its system that will notify employees when a deduction has been made from their pay as a result of industrial action. This message will be shown on an employee's payslip where an absence has been recorded as either 'unpaid unauthorised special' or 'unpaid unauthorised special hours', and the reason for the absence is 'industrial action'.

The payslip message will read: Pay reduced by x day(s)/hour(s) due to Industrial Action from Date A to Date B.

8.3.5 Managers should ensure that accurate, proper and consistent administrative arrangements are in place for the recording of those participating in the industrial action, i.e., it must be clear whether their staff are taking industrial action, on sick leave, on annual leave/TOIL/ flexi leave (pre booked before the date of the strike was announced) or other legitimate absence. Pay deductions should be made from the earliest possible pay period following strike action. Information will be

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[2] Failure to adhere to this will result in a breach of the national terms of conditions of service.

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circulated on the deduction process and timescales. (See appendix 6 (excel) for payroll guidance).

8.3.6   For those employees who contribute to the NHS Pension Scheme, no pension contributions will be collected on days when they are on strike and the period cannot reckon as pensionable membership for benefit purposes. The number of days lost should be recorded as disallowed days when the pension data returns are being made to the NHS Pensions Agency.

No pension service credit will accrue for the period. This means that employers are not obliged to make any employer pension contribution payments for the strike days as no pensionable pay will have been paid. However, employees who are active members of the NHS Pension Scheme can purchase additional pension if they wish to do so. Please refer to NHS Business Service Authorities website for detail.

8.4 Sickness/Annual Leave/Flexi/TOIL etc.

8.4.1   Once strike action is declared, annual leave, flexi leave, TOIL etc. should not be approved (unless pre-agreed) for the day(s) of action. Unless their normal place of work is home, requests from staff to work from home on strike day(s) should also be refused. In relation to those whose normal place of work is at home, managers will need to clarify the intentions of those employees in relation to strike days. Any sickness absence which occurs on the day(s) of action may need to be accompanied by a Fit Note. Organisations and managers will need to consider the proportionality of putting such a provision in place and the impact this may have on primary care

8.4.2   Those on self certificated sick leave before industrial action starts should be assumed to be on sick leave, providing that a Fit Note is provided that covers the day(s) of action.

8.4.3   Those on flexi time who take strike action should be credited with their normal working hours for the day as they will not be paid for the day.

8.4.4   In terms of those on shift work, the intention of shift workers and the hours they actually work should be closely monitored.

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8.5 Reallocation of work to others

Managers will need to consider whether any of the work that will be disrupted by the action is essential i.e., endangers life, fulfils a statutory duty, strategically important, etc. If this work must be covered, managers should make contingency arrangements and the following options should be considered: -

8.5.1 Reallocating work to those not taking part in the action.

Managers should not endanger goodwill with staff not participating in industrial action. They should not ask them to perform additional duties that are either unreasonable or for which they are not competent/qualified to perform.

8.5.2 Reallocating work to other groups

Staff cannot be forced to perform alternative work if it conflicts with their contract of employment unless it is a reasonable request. Appropriateness of work in relation to the employee's current duties, position, skills/qualifications, etc are factors that should be taken into account. A request to undertake additional duties is more likely to be considered reasonable if the work is necessary to prevent a break of the NHS Organisation's statutory duty or is vital to service provision.

8.5.3 Alternative Workplace

Managers should assess the impact of the industrial action so that, if possible, alternative arrangements can be made. Once made, staff should be advised so that they clearly understand the arrangements. If possible, staff wishing to work on the strike day(s) may be asked to report to an alternative location, where reasonable alternative duties will be provided. Those attending work should report their attendance to a senior manager within the service.

8.6 Use of Agency Workers

It is not lawful for an employment agency to provide workers to cover work normally carried out by employees on strike. Therefore, managers should not use agency workers to cover the work of employees on strike, or to cover the work of employees who are not on strike but who are covering the work of employees who are on strike. On strike days, there is no requirement to stop using agency workers who are already working in the NHS organisation.

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8.6.1 Use of Temporary /Casual Staff

If essential services cannot be maintained by utilising existing staff, managers may wish to consider utilising an existing bank of casual staff. Caution will need to be exercised depending on the arrangement. N.b. the Collaborative Bank (Cwm Taf Morgannwg UHB and Swansea Bay UHB) is classified as and an "employment business" which means it would be captured by the same restrictions as agency workers supplied by an external agency, see 8.6 above).

8.7 During Strike Actions

8.7.1 Picketing

8.7.1.1 Picketing occurs when a group of people (namely a worker, ex worker or a trade union official) gather at or near a workplace to try to communicate information to persuade others e.g., non-strikers, temps, suppliers, to take some form of industrial action. It is an indirect form of industrial action that is protected by law if it is carried out in accordance with the legislation (Trade Union and Labour Relations Consolidation Act 1992 specifically sections 219(3), 220 and 220A) but will be unlawful otherwise.

8.7.1.2 Everyone whether in a Trade Union or not has the right to decide whether they will cross a picket line and they would not be subject to disciplinary action should they choose not to cross. Any response to union members who cross picket lines will be a matter for the Trade Union(s) to determine.

8.7.1.3 "Peaceful" picketing has long been recognised to be a lawful activity if it meets the legislative requirements.

8.7.1.4 The UK Government Code of Practice sets out the basic rules which must be followed if picketing is to be legally carried out.

8.7.1.5 The only purposes of lawful picketing are to peacefully obtain or communicate information; and/or persuade a person to work or not to work. Pickets do not have the legal power, to require other people to stop, or to compel them to listen or to do what they ask them to do. A person who wants to cross a picket line and report to work must be allowed to do so. The Health & Safety of all parties must be a consideration at all times.

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8.7.1.6 For the avoidance of doubt, it is a criminal offence for pickets to use threatening, abusive, insulting disorderly words or behaviour. Staff who are physically prevented by pickets from entering their workplace should contact their/a manager to support them in crossing the picket line or make alternative arrangements to attend work.

8.7.1.7 The law allows pickets to seek to explain their case to those entering or leaving the picketed premises and/or ask them not to enter or leave the premises where dispute is taking place. This may be done by speaking to people, the distribution of leaflets, carrying of placards and banners putting the picket's case. In all cases such activities by pickets and those crossing the picket lines must be carried out peacefully with mutual regard for Health and Safety matters.

8.7.1.8 Large numbers on a picket line can be intimidating and cause resentment amongst those seeking to cross that picket line. The Government's Code of Practice recommends that pickets be restricted generally to a maximum of 6 people at their own place of work.

8.7.1.9 Picketing is only lawful if it is carried out by a person attending at or near the place of work they report to. Peripatetic staff should regard the administrative centre as their place of work.

8.7.1.10 There are expected standards of behaviour on picket lines. At no time should activity on picket lines include:

- Unlawful threat or assault.
- Harassment (i.e., threatening or unreasonable behaviour causing fear or apprehension to those in the vicinity).
- Obstruction of a path, road, entrance or exit to premises

8.7.1.11 NHS Organisations have a right to expect appropriate behaviour on any picket lines on or outside their property and reserve the right to take appropriate action in relation to inappropriate and unacceptable behaviour, e.g., by informing the police.

8.8 Closed Places of Work

Individuals not involved in the strike action should report to their normal place of work. If an individual attends their normal place of work and is

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unable to gain access i.e., the building is closed, they should contact their/a manager to gain instructions. This may include being instructed to go to another location to undertake appropriate work or if this is not possible and there is not alternative work, being sent home. In the event of the latter, this should not be seen as strike action and pay should not be deducted.

8.9 Reporting Arrangements

During the strike and/or industrial action, information should be collected on a daily basis in each division/locality on the numbers of staff taking action within each staff group, the impact on the Service of the action and any plans to mitigate the effect of any action over the next 24 hour period (using the form at appendix 10). The forms should then be forwarded to the Director of Workforce and OD. An organisational position should then be collated and forwarded to Welsh Government representatives (WG reporting requirements to be established).

8.10 Post Strike Actions

Managers will be required to notify payroll of the names and staff numbers of staff for whom pay deductions are to be made, as soon as possible before the payroll deadline using the appropriate for provided by payroll.

Risk assessments undertaken should be reviewed and updated

8.11 Staff Relations

Managers should identify any ongoing issues and concerns that may staff have and deal with them promptly.

Nothing should be said written or acted upon about any employee which might be taken to suggest that they will be regarded or treated less favourably in respect of employment right, working condition, or career opportunity, on account of the industrial action they took.

This should be communicated by Managers to staff and staff side colleagues.

8.12 Return to Work

The formal terms of the return to work are usually negotiated when the dispute is settled. In particular it will be important to restore as soon as possible the pre-existing industrial relations climate, so the return to work

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can take place without any recriminations on either side. From a management point of view, this means that an employee's job or career should not be prejudiced by the fact that they took part in the industrial action.

Those who are contractually required to work on the weekends should be expected to do so and will receive the appropriate weekend enhancements if they work irrespective of whether they took strike action. Overtime rates should only be paid to employees who have actually worked hours in excess of a full week of 37.5 hours.

8.13 Debrief and Lessons Learnt

A debriefing meeting should be organised as soon as possible after the industrial action. This should involve relevant staff involved, to discuss the events of the industrial action; both positive aspects and key lessons learnt which could be implemented for future planning.

Arrangements for debriefing for staff should be organised, as required.

The nature of any debrief(s) should be to identify areas for improvement in relation to procedures and systems and should not act as forums for criticising performance.

8.14 Data Capturing and Review

Managers should collect data on:

- Numbers of staff taking industrial action
- Number of staff not working normally due to strike action i.e., those who would not cross a picket line
- The type of action taken
- The dates/period of time the action covered
- Staff on sick leave and whether Statement of fitness to work received
- Staff on pre-booked annual leave/TOIL/flexi leave
- Staff reallocated to other areas to work
- Use of Bank staff

Managers should also collect information on the effects of the industrial action on the service provision to inform the debrief sessions

See model forms at appendix 7.

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Appendix 1 - Frequently Asked Questions

Question – If a member of staff refuses to cross a picket line, whether a trade union member or not, could he/she be disciplined by the UHB?

Answer – Disciplinary action will not be taken against employees because they have refused to cross a picket line, but they should be considered to be not working normally due to strike action and the appropriate pay deducted.

Question – Can managers reallocate the duties of striking staff to non-striking staff?

Answer – Yes, non striking staff can be asked to cover essential work, shifts, or moved to other locations to cover striking staff. However, any requests to do this would need to be reasonable, taking into account the work concerned and the capability and qualifications required to undertake the work.

Question – Where workplace nurseries, schools and other care establishments are closed due to strike action, will staff who are not taking industrial action, be allowed to book leave to look after their dependents who normally attend these facilities?

Answer – In general staff are excluded from booking time off during days of industrial action, and therefore should make alternative arrangements for the care of their dependents. However, managers should look sympathetically at cases where staff can demonstrate that they are genuinely unable to make alternative arrangements.

Question – Do members of the trade unions involved in the industrial action have an option to strike or not, and if they decide against can the trade unions take disciplinary action?

Answer – It is up to individuals to decide whether they will take strike action or not. Any response to union members crossing a picket line will be a matter for the Trade Unions to determine.

Question – Should staff be allowed to work from home on the strike day?

Answer – For those whose normal place of work is their home or those who practice hybrid working, they will be allowed to work from home, but managers will need to establish whether they intend to strike or not and arrange pay deductions accordingly. Ad hoc or periodic home working should not be allowed during strike days because this could create more difficulties in

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maintaining services already being curtailed by the industrial action. However, where staff are sent home because it is not possible to gain access to their own or an alternative workplace, then they could be asked to work from home where this is possible.

Question – What should staff do who are intending to be at college on a study day on a day of strike action?

Answer – Staff should discuss the issue with their line manager. If there is a shortage of staff in the department, managers may need to request that staff do not attend college but attend the workplace to cover duties.

Question – What should staff do who have booked annual leave prior to the notification of a day of strike action and now wish to change in order to participate in the strike action?

Answer – Staff have a right to strike. If they choose to, every effort should be made to accommodate the change of leave. However, service needs will need to be met and the principles relating to carry forward of leave applied.

Further frequently asked questions can be found in the NHS Employers document "Managing Industrial Disputes: Guidelines for Employers in the NHS" at
https://www.nhsemployers.org/industrial-action.

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Appendix 2 - Flowchart – Establishing the Lawfulness of Industrial Action

NOTE: This flowchart is a simplification of the detailed rules governing union immunity from legal action in relation to industrial action. It is not intended to be a substitute for legal advice.
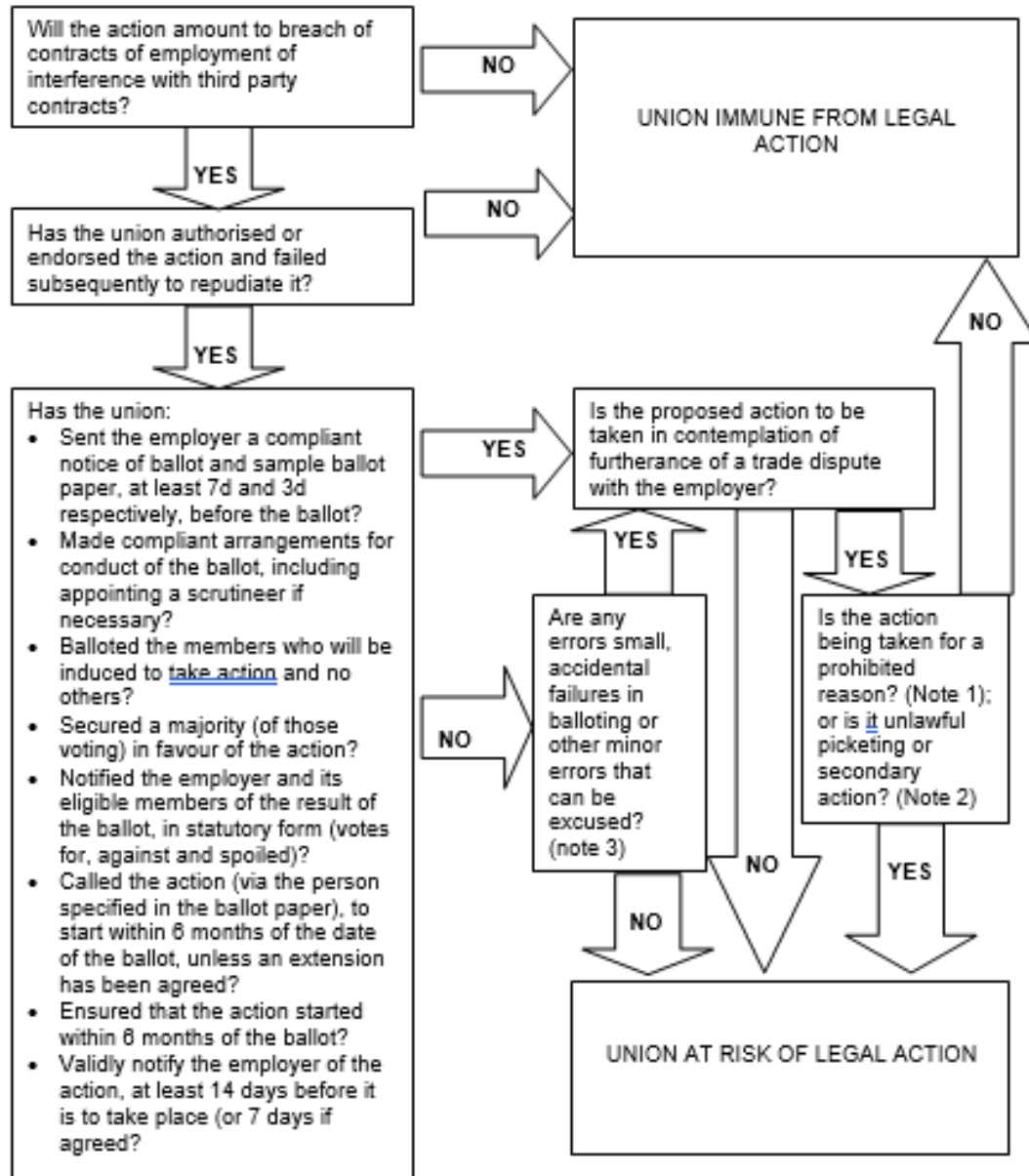
Note 1: Action will not be protected if its purpose is: to enforce union membership; to protest against dismissal of employees who have taken part in unofficial action; or to impose union membership or recognition on a supplier.

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Note 2: Some lawful picketing can amount to secondary action and can be lawful. Generally, however, if the action is about a dispute between another employer and its employees, it will be unlawful secondary action.

Note 3: following the Court of Appeal's March 2011 judgement in RMT-v- Serco and ASLEF – v- London and Birmingham Railway, the standard of accuracy required of the unions in notifying and balloting is less onerous than was previously the case. Minor errors which would have made no difference to the result of the ballot are more likely to be forgiven.

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Appendix 3 - Trade Union Ballots - Key procedural requirements

Notification of ballot to employer:

- Notification of intention to ballot, at least seven days before the ballot.
- A copy of the ballot paper, at least three days before the ballot.
- Notification of the result of the ballot, as soon as reasonably practicable
- Notification of industrial action, at least fourteen days before it is due to start (or seven days if the parties agree).

Arrangements for ballot:

- The ballot must be held in accordance with the balloting rules. Where more than 50 members are entitled to vote in the ballot, the union must appoint an independent scrutineer to run the ballot.

Entitlement to vote:

- Every union member whom the union reasonably believes will be induced to participate in the industrial action has been given an equal opportunity to vote by post, and no others, save for minor accidental breaches.

  The ballot must be organised so that all union members entitled to vote are able to do so:

- Without interference or constraint from the union or its officers, employees or officials.
- Without incurring any direct cost to themselves, which means that the ballot forms must be accompanied by stamped addressed return envelopes.

Result of ballot:

- The union must take reasonable steps to announce the result of the ballot (including the number of votes for and against, and the number of spoiled papers) as soon as reasonably practicable, to the union members who were entitled to vote **and** to their respective employers.

Required level of support:

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- There is a turnout requirement of at least 50% of eligible members. Ballot turnout requirements and required levels of support are complicated areas and it is advisable to seek advice on this matter.
- .

Report on conduct of ballot:

- The independent scrutineer must issue his report on the conduct of the ballot, within four weeks of the ballot taking place. Relevant employers can require the union to send them a copy of the report.

Notice of Industrial Action:

- This must be served on the relevant employers (that is, those whose employees the union expects to ask to participate in it) at least 14 days before the start of the industrial action, or 7 days if both parties agree.

- If the action is to be discontinuous (that is, in several bouts), the union must give at least seven days' notice of each day when the industrial action will take place. These may be set out in one notice or several, specifying the start dates of each bout.

- Industrial action must be started within 6 months of the date the ballot closed, otherwise the ballot result will be treated as "stale".

- The ballot cannot validate industrial action that started before the ballot date. The action can only start when the person specified in the ballot paper as having authority to do so calls for the industrial action to proceed.

- An industrial action ballot must comply with the following requirements:

Secret postal ballot:

- The arrangements must be sufficiently secure to allow those voting to do so in secret and for the votes to be accurately and fairly counted.

Multi-site ballots:

- If the ballot covers several sites, there should be separate ballots of only those union members entitled to vote at each workplace.

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There can be a single ballot if:

- Members of the same union at each of the sites are directly affected by the outcome of the dispute.
- Entitlement to vote is given to all union members at those sites who the union reasonably believes have a common occupation or occupations and are employed by the particular employer or employers in dispute (but no others); or
- Entitlement to vote is given to all the members of the union who are employed by the employer or employers with whom the union is in dispute (but no others).

Miscount:

- An accidental miscount of the votes will be insignificant and disregarded if the error is so small that it could not affect the outcome of the ballot

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Appendix 4 – Management Action Card

Upon Notice of Industrial Action

Organisation advises manager/or designated lead of notice of industrial action.

Within the first 24hrs the manager/or designated lead will:

- Ascertain the number of staff who are considering taking industrial action in their area (also consider worst case scenario i.e., all members of a union (and non-members of any Union) in an area choose to take industrial action).

- Review rotas to identify impact on service delivery, identify any gaps.

- Rearrange rotas, if able, to minimise disruption to service delivery, identify any gaps.

- Prioritise essential services, i.e. those services where failure to provide timely care will compromise patient safety and clinical outcomes.

- Match available staff capacity with provision of essential services, identify any gaps.

- Inform line manager of capacity shortfall to maintain essential services (this will inform senior managers' decisions about the deployment of staff across the Health Board).

- As further intelligence becomes available relating to individual staff decisions the plan should be reviewed and the line manager advised accordingly, at least daily.

In some areas the Manager may plan to take Industrial Action if this is the case, they should advise their Line manager and the actions on this card be delegated to another senior member of the team

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Appendix 5 –Terms of Reference Control and Command

(Insert name of Health Board or Trust)
Managing Industrial Action
Urgent Response Group
DRAFT EXAMPLE
Terms of Reference

Purpose
This meeting will be established if there is a risk of industrial action. The purpose of the Managing Industrial Action – Control and Command Group is to oversee the preparation and organisational readiness for the impact of industrial action, assess the impact and provide direction during an event. To support management decisions to ensure the continuation of essential services and to maintain a whole organisational perspective. To develop and agree a communication strategy for use within the organisation and to the public. To monitor recovery following industrial action and receive analysis of the impact.

Scope
The Group will:
- Provide corporate leadership and direction prior to, during and following industrial action
- Review the local plans in place to manage during industrial action
- Identify gaps in staffing
- Monitor redeployment of staff as required
- Agree the reduction or cessation of non-essential services if required
- Monitor the ongoing impact of industrial action
- Receive information from HR in relation to 'horizon scanning' of the national picture to prepare the organisation for future impact
- Receive and review organisational data relating to the extent and impact of industrial action and report to the Executive Team
- Manage communications/messages internally and externally

Membership
The group will consist of senior representatives from Divisions and Localities from across the Local Health Board or Trust, members of the communication team, and emergency planning leads. Members of the group will have knowledge of the impact or potential impact of industrial action in their area and the ability to make or contribute to decisions relating to redeployment of staff and the safe reduction or cessation of services.

Chair

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The group will be chaired by an executive director.

Administrative support
To be agreed.

Frequency of meetings
To be agreed as required.

Reporting arrangements
The group will report to the Executive Team.

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Appendix 6 – Payroll Guidance

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Industrial Action Payro

Appendix 7 – Model Data Collection Forms

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Appendix 8 – Internal situation report

To enable effective monitoring of the impact of industrial action please complete and return this form to **** by **** each day when action is taking place.

Staff group and numbers of individuals

Staff group	Number of staff on strike	Number of staff taking action short of strike
Nursing and Midwifery (registered)		
Nursing (other)		
Medical		
Therapies & Health Sciences		
Additional Clinical Services		
Ancillary Staff		
Management		
Admin and Clerical		
Works and Estates		
Other		

Impact of action on service
Mitigation put in place
Other notes

Organisation....................................Division……………………………
Department....................................Ward/Area........................
Completed by ……………………………… Date....................................

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Report Title:	Corporate Risk Register			Agenda Item no.	4.1	
Meeting:	People and Culture Committee	Public	x	Meeting Date:	12 September 2023	
		Private				
Status *(please tick one only):*	Assurance		Approval		Information	x
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					

Main Report
Background and current situation:

The Corporate Risk Register ('the Register') has been developed to enable the Board to have an overview of the key operational risks from the Health Board's Clinical Boards and Corporate Directorates. The Register records Extreme risks scoring 20 and above.

Each of these risks are linked to a Committee of the Board and the Board Assurance Framework. Those risks which are linked to the People and Culture Committee ("the Committee") and reported to Board on the 27th July 2023 are attached at Appendix A for further scrutiny and to provide assurance to the committee that relevant risks are being appropriately recorded, managed and escalated.

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

The Risk and Regulation Team continue to work with clinical and corporate colleagues to refine risk descriptors, controls and actions within Risk Registers. Since July's Board meeting the Risk and Regulation Team have continued to implement a 'Check and Challenge Process' with all Clinical Board and Corporate Directorate risk leads to ensure that those risks recorded within the Register are correctly recorded in line with the Risk Scoring Matrix detailed within the Health Board's Risk Management and Board Assurance Framework Policy ("the Policy").

This ensures that the Board and its Committees can take assurance that the risks detailed in the Register are consistent with agreed procedures and are a true reflection of the operational risks that the Health Board continues to manage.

Alongside this process the Risk and Regulation Team continue to provide ongoing support and training to risk leads across the Health Board. In advance of each Board Meeting, the Head of Risk and Regulation continues to meet with Risk Leads within Clinical Board Triumvirates and Corporate Directorates to provide additional support and guidance in advance of submission of updated risk registers. The Director of Corporate Governance also attends monthly Executive Clinical Board Reviews, at which all Clinical Board risks scoring 15/20 or higher are reviewed and scrutinised so that appropriate action is taken to mitigate prevailing risks.

At the Health Board's July 2023 Board meeting a total of 7 (from a total of 36 risks scoring 20 or above) Extreme Risks reported to the Board were linked to the People and Culture Committee for assurance purposes.

Details of those risks are attached at Appendix A but can be summarised as follows:

Risk Score (1 to 25) - Clinical Board	20/25	25/25
CD&T		
Medicine	3	
PCIC		
Specialist Services	1	
Surgery		
Digital Health		
Children and Women	3	
Mental Health		
Capital Estates and Facilities		
Workforce and OD		
Total:	**7**	

An updated Register will be shared with the Board at its September 2023 meeting. It should also be noted that each Clinical Board shares the detail of their Extreme Risks with Executive and Operational colleagues monthly at Clinical Board Operational Meetings to ensure that they are continually monitored and proactively managed.

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.

- The ongoing education and training that continues to be delivered by the Risk and Regulation Team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.

Recommendation:

The Committee is requested to:

a) **NOTE** the Corporate Risk Register risk entries linked to the People and Culture Committee and the Risk Management development work which is now progressing with Clinical Boards and Corporate Directorates.

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		x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn		x

3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care 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	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	x

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

Risk: Yes

The paper relates to the Health Boards management of extreme risks in line with the Health Board's Risk Management and Board Assurance Framework Policy

Safety: Yes/No

No

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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Clinical Board/Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Medicine Clinical Board	8	08/2022	There is a risk of physical and emotional harm to patients and staff due to the number of nursing vacanies across the Clinical Board. Secondary to this is the risk of failure to comply with regulatory staffing requirements (Nurse Staffing Levels (Wales) Act 2016).	5	5	25	Posts advertised in a timely manner. Authorisation of vacancies reviewed efficiently. Maximsation of medical ward float staff. Dedicated recruitment officer in post. Bimonthly recruitment events held. Engagement with Project 95, overseas recruitment, adaptation programmes, student streamlining and staff return to practice. Risk staff framework completed daily by the Clinical Board and shared at daily OPAT UHB meetings	5	4	20	Ongoing support and escalation via OPAT. Overseas nurses coming on board October 2022 to support staffing shortfalls. Focused work on staff exit questionairres and engagement with established staff to protect establishment.	5	3	15	Aug-23	People and Culture Committee / Quality, Safety and Experience Committee	Workforce / Patient Safety / Staff Wellbeing / Urgent and Emergency Care
	11	01/01/2021	There is a risk of patient and staff harm due to an inability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment, resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	25	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	20	Medical staffing reviewed as part of the daily OPAT meeting with ongoing planning to ensure safe staffing. Work ongoing with Medi Team and Locums to support the Emergency footprint. Ongoing recruitment into F3 posts	5	2	10	Aug-23	Quality, Safety & Experience Committee / People and Culture Committee	Patienty Safety / Staff Wellbeing / Workforce
	14		Due to workforce and capacity constraints across Gastroenterology & Endoscopy the ability to deliver a robust Gastroenterology service to meet competing demands of the speciality and service i.e. emergency/acute gastroenterology; Endoscopy activity to meet cancer diagnostic/therapeutics/surveillance as well as planned care within speciality components of gastroenterology , there is a risk of patient harm due to delayed diagnosis and treatments of cancer and benign diseases; a risk of not fulfilling commissioned activity and income generation and an inability to fulfill training needs for trainees in line with HEIW junior doctor training; Impact; patient risk of harm due to long waits; poor patient experience; patient concerns; staff burnout; reputational risk; potential to lose trainee posts further impacting on workforce; potential to lose commissioned services	5	5	25	Locum cover for the Medical Workforce gaps and progressing active recruitment Overseas Nurse recruitment and reactive recruitment efforts for Registered Nurses Work with NEP on recruitment strategy #BeVital Weekend insourcing to increase capacity Mobile Endoscopy Unit enabled an increase in activity equivalent to 4 rooms Business Case and Endoscopy expansion Implementation of FIT stool testing as part of patient risk stratification/management	5	4	20	7.02.23 - HR to support the Agenda for Change process to adopt the all Wales Clinical Endoscopist JD to be able to assimilate staff across	5	2	10	Aug-23	People and Culture Committee / Quality, Safety and Experience Committee	Patient Safety / Cancer / Workforce / Planned Care
Children and Womens Clinical Board	19	08	Vacancies (3 x Qualified Psychologist vacancies and a Lead Psychologist due on Maternity Leave) within Child and Adolescent Learning Disability Services (CALDS) will lead to no Qualified Psychologist being in post within the service. Unqualified staff are not able to hold duty of care and require supervision to work with referrals. This results in an inability to deliver the service for children with a Learning Disability presenting with challenging behaviour resulting in a risk of physical harm to child and those around them as well as quality of life harms such as breakdown of placements, reduced community access etc.	4	5	20	CALDS Psychology not accepting new referrals. Consultation only service offered.	4	5	20	Lead CALDS Psychologist developing a limited plan for managing risk and supporting staff. Emails already sent to halt any new referrals. Recruitment to permanent Band 7 posts to happen in January but newly qualified post so not able to start until October. Potential of recruiting a band 8a Psychologist for 1 day a week to review requests for support and provide supervision. Plan being made to support junior members of staff.	4	2	8	Aug-23	People and Culture Committee / Quality, Safety and Experience Committee	Patient Safety / Workforce
	20	03/2022	Due to staffing levels and service capacity within Children Looked After Services there is an inability to deliver health assessments which is a statutory requirement. This presents a risk of failure to comply with regulatory requirements and patient harm due to delays in assessment.	4	4	16	Focus on initial assessments rather than follow up. Risk assess requirments for face to face. Introduce clinic and virtual consultation where possible.	4	5	20	Regular review of Risk. Continuation of child development grant funding. Recruit to vacancy in service.	4	2	8	Aug-23	People and Culture Committee / Quality, Safety and Experience Committee	Patient Safety / Workforce
	21	01.05.22	Due to staffing levels within Maternity services there is a risk that: - there will be delay and interruption to induction of labour and the potential risk of poor patient experience and poor outcomes for mothers and babies.	5	5	25	1.Undertaking an in depth review of our staffiing to ensure that there is continued assurance that sickness is being managed according to the policy. 2. Introduced a bi-weekly planning meeting to review staffing levels for each shift for the upcoming week 3. Midwives offered bank / additional hours and overtime. Enhanced overtime approved. 4. Appointment of induction of induction of labour lead midwife who will review induction of labour policies and increased outpatient inductions. 5. From 17.12.21 IOL for non-medical reasons and Large babies (unless diabetic or part of Big Baby study) not to continue . 6.Daily 10am neonatal and labour ward safety huddles	5	4	20	1. Ongoing recruitment of band 6 midwives. 2. Improved sickness review in place. 3. Staffing planning meetings to continue. 4. Weekly internal escalation regarding staffing levels. 5. Enhanced overtime to continue to be offered to midwives and nurses. 6. Communication to women regarding possible delays.	5	2	10	Aug-23	Quality, Safety and Experience Committee / People and Culture Committee	Patient Safety / Workforce / Maternity

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Specialist Services Clinical Board	25	Sep-21	**Critical Care - Nursing Workforce** There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, sheilding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.	5	5	25	Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.	5	4	20	Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group	5	2	10	Aug-23	Quality, Safety and Experience Committee and People and Culture Committee	Patient Safety Staff Wellbeing Workforce Critical Care

Equality Impact Assessments: More than a tick box exercise? Management Response

September 2022

Recommendation	Management response	Completion date	Responsible officer
Reviewing public bodies' current approach for conducting EIAs R4 While there are examples of good practice related to distinct stages of the EIA process, all public bodies have lessons to learn about their overall approach. Public bodies should review their overall approach to EIAs considering the findings of this report and the detailed guidance available from the EHRC and the Practice Hub. We recognise that developments in response to our other recommendations and the Welsh Government's review of the PSED Wales specific regulations may have implications for current guidance in due course.	The NHS Wales Equality Leadership Group will explore the possibility of a once for Wales approach to the implementation EIAs. Cardiff & Vale UHB will participate and support this national piece of work to ensure the final approach is the most effective. The Health Board will implement any new all Wales approach. In the meantime, the Health Board will continue to develop and promote its EIA SharePoint page, where staff can access useful resources, a copy of the EIA template, and book team EIA training sessions. The Health Board will ensure that the Head of Equity and Inclusion participates in key strategic groups to ensure that EIAs form a key part of the planning process.	December 2023	Executive Director of People & Culture

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