

# People & Culture Committee

## 10.09.2024

Tue 10 September 2024, 09:00 - 11:00

MS Teams

## Agenda

---

### 09:00 - 09:05 **1. Standing Items (09:00 - 09:05)**

5 min

#### 1.1. Welcome & Introductions

*Sara Moseley*

#### 1.2. Apologies for Absence

*Sara Moseley*

#### 1.3. Declarations of Interest

*Sara Moseley*

#### 1.4. Minutes from the previous meeting – 09th July 2024

*Sara Moseley*

📄 1.4 - Public People & Culture Minutes 09.07.24.pdf (7 pages)

#### 1.5. Action Log following the previous meeting – 09th July 2024

*Sara Moseley*

📄 1.5 - Action log - following 09.07.24.pdf (1 pages)

#### 1.6. Committee Chair's Actions

*Sara Moseley*

---

### 09:05 - 10:40 **2. Items for Review & Assurance (09:05 - 10:40)**

95 min

#### 2.1. Staff Story - Sickness - 10 MINUTES

10 mins *Rachel Gidman*

#### 2.2. Board Assurance Framework - Culture - 15 MINUTES

15 mins *Claire Whiles*

📄 2.2 - People and Culture Committee Sept 2024 BAF - Culture.pdf (4 pages)

#### 2.3. Keyword Performance Indicators - 10 MINUTES

10 mins *Lianne Morse*

📄 2.3a - People Culture Committee KPI Paper Jul-24 Data.pdf (7 pages)

📄 2.3b - New IPR - Workforce Section Jul-24.pdf (4 pages)

Regan Nikki  
09/09/2024 08:32:00

## 2.4. Clinical Board Spotlight – Surgical Clinical Board - 30 MINUTES

30 mins Abraham Theron / Rachel Thomas

📄 2.4 SCB People and Culture Plan.pdf (16 pages)

## 2.5. Long Term Sickness Update - 10 MINUTES

10 mins Lianne Morse

📄 2.5 - SicknessData.pdf (4 pages)

## 2.6. Director of Public Health Update – Smoking Update - 10 MINUTES

10 mins Claire Beynon

📄 2.6 - Tobacco Presentation SG August 2024.pdf (10 pages)

## 2.7. Digital Communications & Analytics - 10 MINUTES

10 mins Joanne Brandon

📄 2.7a - Digital Communications and Analytics.pdf (2 pages)

📄 2.7b - Digital Communications Analytics June-August (1).pdf (14 pages)

---

## 10:40 - 10:55 3. Items for Approval / Ratification (10:40 - 10:55)

15 min

### 3.1. People Policies Report - 5 MINUTES

5 mins Rachel Pressley

📄 3.1a - Employment Policies Report - cover paper.pdf (4 pages)

📄 3.1b - App 1 2024\_07\_09 Respect and Resolution at Work FINAL.pdf (9 pages)

📄 3.1c - App 2 2024\_05\_16 All Wales Respect and Resolution Policy FAQs v3.0.pdf (7 pages)

### 3.2. Welsh Language Annual Report - 10 MINUTES

10 mins Mitchell Jones

📄 3.2a - Welsh Language Annual Report paper - People Culture Committee - 10.09.2024.pdf (3 pages)

📄 3.2b - Welsh Language Annual report 2023-2024 005.pdf (19 pages)

---

## 10:55 - 10:55 4. Items for Information & Noting (10:55)

0 min

### 4.1. Health & Safety / Capital & Estates Update

0 mins Robert Warren

📄 4.1 - H&S Update Covering Report 24.09.10.pdf (2 pages)

### 4.2. Capital & Estates Update

0 mins Geoff Walsh

📄 4.2a - Estates Update - Sept 24.pdf (5 pages)

📄 4.2b - Estate Compliance & Assurance August 2024 Final.pdf (19 pages)

---

## 10:55 - 10:55 5. Any Other Business

0 min

Regan Nikki  
09/09/2025 08:42:00

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

0 min

- i) Patient Safety Visits
  - ii) Clinical Service Review
  - iii) Culture Leadership Programme
- 

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

5 min

Sara Moseley

**7.1. Items to be deferred to Board/Committees**

Sara Moseley

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

Sara Moseley

**Tuesday 19th November 2024 at 9am via MS Teams**

---

11:00 - 11:00 **8. Declaration:**

0 min

Sara Moseley

*"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"*

Regan, Nikki  
09/09/2024 08:42:00

**Draft Minutes of the Public People and Culture Committee  
Held On 09<sup>th</sup> July 2024  
Via MS Teams**

Recording (YouTube link) – [Click here](#)

<b>Chair:</b>		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
<b>Present:</b>		
Mike Jones	MJ	Independent Member for Trade Unions
Akmal Hanuk	AH	Independent Member for Local Community
Rhian Thomas	RT	Independent Member for Capital & Estates
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
<b>In Attendance:</b>		
Joanne Brandon	JB	Director of Communications
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
David Thomas	DT	Director of Digital Health & Intelligence
Rachel Gidman	RG	Executive Director of People & Culture
Paul Bostock	PB	Chief Operating Officer
Matt Phillips	MP	Director of Corporate Governance
Rebecca Corbin	RC	Senior Education, Culture & OD Manager
Angela Voyle-Smith	AVS	Senior Manager Retention & OD
Jonathan Pritchard	JP	Assistant Director of People Resourcing
Dino Motti	DM	Consultant in Public Health
<b>Secretariat</b>		
Nikki Regan	NR	Corporate Governance Officer
<b>Apologies:</b>		
Catherine Phillips	CP	Executive Director of Finance
Claire Whiles	CW	Assistant Director of OD

Item No	Agenda Item	Action
<b>P&amp;C 09/07/001</b>	<b>Welcome &amp; Introductions</b>  The Committee Chair (CC) welcomed everyone to the meeting.	
<b>P&amp;C 09/07/002</b>	<b>Apologies for Absence</b>  Apologies for absence were noted.	
<b>P&amp;C 09/07/003</b>	<b>Declarations of Interest</b>  The IM-CE declared an interest as a panel Chair of the Health & Care Professionals Tribunal Service from June 2024 would be an ongoing declaration.	
<b>P&amp;C 09/07/004</b>	<b>Minutes from meeting on 14<sup>th</sup> May 2024</b>  The IMCE to send amendments to NR.  <b>The Committee resolved that:</b> a) The draft minutes of the meeting held on 14 <sup>th</sup> May 2024 were agreed to be a true and accurate record of the meeting.	
<b>P&amp;C 09/07/005</b>	<b>Action Log following 14<sup>th</sup> May 2024 Meeting</b>	

	<p>The DDPC explained that long term sickness (LTS) was looked at by the team, who were doing a deep dive to look at support arrangements and will bring a paper to September. <b>Action – to add LTS as an agenda item for September 2024.</b></p> <p><b>The Committee resolved that:</b></p> <p>a) The Action Log was discussed and noted.</p>	
<b>P&amp;C 09/07/006</b>	<p><b>Chair's Actions</b></p> <p>There were no Chair's Actions.</p>	
<b>Items for Review &amp; Assurance</b>		
<b>P&amp;C 09/07/007</b>	<p><b>Staff Story – Staff Survey</b></p> <p>The staff story on the staff survey was shared with the People &amp; Culture Committee.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Staff Story was received.</p>	
<b>P&amp;C 09/07/008</b>	<p><b>Staff Survey Update</b></p> <p>The SECODM presented on the NHS Wales staff survey paper for 2023 and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The staff engagement score was made up of 7 sections with the following responses highlighted: <ul style="list-style-type: none"> <li>- Willing to go the extra mile reduced from 89% to 80%</li> <li>- Proud to tell people they work for CAV declined from 74% to 65%</li> <li>- Happy with friends or family receiving care from CAV fell from 75% to 58%</li> <li>- Harassment &amp; bullying from line managers increased to 17.94%</li> </ul> </li> <li>• Morale, work life balance, burnout and learning &amp; development had declined</li> <li>• Positive areas included: compassionate culture, team working, autonomy and control and other i.e. encouraging or reporting errors, immediate manager values work and feel secure raising concerns.</li> <li>• A working group took place on 01.07.24, which generated conversations and help CAV produce actions and prioritise &amp; plan for a further session which the Chief Executive will lead in September</li> <li>• Comms and engagement planned for all staff members to invite them to be a part of the working group, with the next survey due in October 2024</li> </ul> <p><b>Action - The CC suggested that the staff survey findings and resulting actions be referred to the Board meeting.</b></p> <p>The IMLC thanked the SECODM for the presentation. He noted the information was not good with a lot of challenges for the UHB and would like to see action taken between now and the next survey.</p> <p>The IMTU thanked SECODM for the presentation and focused on the survey for 2024. He asked what CAV were planning to do differently to encourage more staff to take part in the survey? The SECODM explained that the staff survey working group would be relied upon and planned to engage with staff with the results using regular communications. CAV will need to prepare the UHB for the 2024 survey to demonstrate work was being done with the results.</p> <p>The IMLA expressed concern regarding the results on staff being bullied and asked if there was an action being taken to remind staff to show the support available to them? The EDPC explained CAV now have '<i>Speaking up Safely</i>' mechanisms, which enable staff to raise concerns with managers or access a network. The '<i>res/ect and Resolution</i>' is also in place with provision to talk to the relevant Head of People Services.</p> <p>The CC noted that assurance was needed by the Committee and for staff that CAV were taking an improved approach, given the survey findings. Whilst she commended the work to promote the last survey, she also asked for assurance regarding increasing the response rate to the October survey and requested the EDPC &amp; HoC work together to</p>	

Regan, Nikki  
09/09/2024 08:42:08

	<p>achieve this and demonstrate that completing the survey resulted in action. The Chair suggested that this should include cascade and support through line management.</p> <p><b>Action – EDPC &amp; HoC consider how to build on progress regarding internal communications to increase engagement with staff survey and corporate news.</b></p> <p>The COO commented that some of the issues highlighted were because of managers not being confident in resolving issues early and communicating well with teams. He added that a leadership programme for clinical leaders was aimed at improving this.</p> <p><b>The Committee resolved that:</b></p> <p>a) The actions being taken and communication and engagement of the Staff Survey results within the UHB were noted.</p>	
<p><b>P&amp;C</b> <b>09/07/009</b></p>	<p><b>Speaking Up Safely</b></p> <p>The DCG explained an inquiry took place in 2023 and WG introduced the speaking up safely in Wales. He highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The Board direction at the time was for the IMTU to be the non-exec lead in this area, alongside the DCG</li> <li>• Our 'Freedom to Speak Up' measures were sufficient to comply with Government requirements but not to meet our ambition.</li> <li>• Actions taken by CAV include put a working group together, re-visiting recommendations from the Francis review in England and speaking to other HB's in Wales.</li> <li>• The conclusions showed we need a simple and clear system, means of providing assurance, a decent network of people, and time &amp; resource.</li> <li>• The rates of return in the Staff survey showed a level of distrust that has been hard to overcome the hurdle.</li> <li>• BCU have used 'Working in Confidence', a 3<sup>rd</sup> party, cloud-based system, which enables anonymous feedback with staff able to use work or personal email addresses without having to provide personal details.</li> <li>• This system has now been procured and the Digital &amp; IG Teams were thanked for their help</li> </ul> <p>The IMLC thanked DCG for all the work. He asked if due diligence was done in relation to the procurement and if any other systems or best practises were considered?</p> <p><b>Action – The DCG to provide a written answer following the committee.</b></p> <p><b>The Committee resolved that:</b></p> <p>a) The work undertaken and conclusions drawn was noted and;</p> <p>b) The CVUHB is satisfying current requirements of the SUS framework but will go further in terms of its approach was assure;</p> <p>c) The successful procurement of the Working in Confidence system to underpin this work was noted and;</p> <p>d) The next steps were noted and;</p> <p>e) The proposal for the People and Culture Committee to act as the appropriate point for assurance in relation to the SUS framework was endorsed.</p>	
<p><b>P&amp;C</b> <b>09/07/010</b></p> <p style="transform: rotate(-45deg); opacity: 0.5; font-size: small;">Regan, Nikki 09/09/2024 08:42:00</p>	<p><b>Board Assurance Framework – Workforce Attract, Recruit &amp; Retain</b></p> <p>The ADPR presented the BAF to the committee and highlighted the following:</p> <ul style="list-style-type: none"> <li>• CAV currently employ over 17k staff with more than 250 job roles</li> <li>• There are 121k vacancies across the NHS in the UK</li> <li>• Welsh Government estimate an average NHS vacancy rate of 6.2%, with CAV the lowest at 1.2%</li> <li>• Risks included inability to provide services to patients, increasing lengths of stay, increased pressure on existing staff &amp; services</li> <li>• International recruiting had been positive</li> </ul>	

	<ul style="list-style-type: none"> <li>• CAV UHB job pages received 30k visits per month</li> <li>• Over 150 HCSW on the CAV bank with agency nurses requesting to join</li> <li>• Staff turnover reduced by 2% since May 2022</li> <li>• Nurse vacancies fell from 492 WTE to 173 WTE in June 2024 and forecasted to reduce to 100 WTE by November</li> <li>• Widening access initiatives have opened a new pipeline of candidates and helped UHB's workforce to better represent our community</li> <li>• The progress has enabled a review of the risk rating. The view is this can be reduced from 25 to 16</li> </ul> <p>The CC asked the COO around reshaping the workforce and asked where are we on this work? The COO explained that the teams were encouraging staff to see the reshaping the workforce as a larger piece of work but that it was a major exercise and taking longer than expected.</p> <p>The DDHI suggested utilising digital capabilities to optimise the workforce. He highlighted the need to empower people to lead and to see the positive impact that digital investment can bring.</p> <p><b>The Committee resolved that:</b></p> <p>a) The paper was noted and discussed and was accepted as assurance.</p>	
--	---	--

<p><b>P&amp;C</b> <b>09/07/011</b></p>	<p><b>Staff Retention (including exit interviews)</b></p> <p>The SMROD presented on retention and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The turnover rate fell to 11.12% with 118 leavers in May 2024 - 45% voluntary resignation, 28% retirement and 8% relocation</li> <li>• Exit interview participants had decreased</li> <li>• CAV are broadening the scope of the starter survey to all staff (currently aimed at student nurses) to provide insights from a wider range of perspectives</li> <li>• A new platform for the staff survey and other feedback will be introduced later in 2024 (Working in Confidence) to allow people to input responses in confidence</li> </ul> <p>The IMTU thanked the team for the presentation and hard work and questioned the 28% retired and asked if they had retired and returned to work? The DDPC explained the returners cannot be identified via ESR but are correlated with data in the P&amp;C team which will be report going forward.</p> <p>The IMLA asked if CAV were reliant on exit surveys or if we were offering interviews for staff who were not engaging with these? The SMROD explained that some of the surveys were being strengthened as CAV want to provide everyone access to be able to tell their story.</p> <p>The EDPC noted the resourcing team had observed a staff retention hotspot in A&amp;E during the pandemic, and looked at this in more detail, including interviews.</p> <p><b>The Committee resolved to:</b></p> <p>b) The information within the paper was noted and discussed and was accepted as assurance.</p>	
--	--	--

<p><b>P&amp;C</b> <b>09/07/012</b></p>	<p><b>Key Workforce Performance Indicators</b></p> <p>The DDPC explained that the KPI data was often looked at first to help identify issues. The workforce has grown since 2019 but the growth ceased in Jan / Feb 2024 (CAV workforce has since reduced by 100 WTE). This focus has led to reduced spending on agency spend staff, especially in previously high-cost areas.</p>	
--	--	--

	<p>The COO noted it would take a while to review all the job plans in the light of service change.</p> <p><b>The Committee resolved to:</b></p> <p>a) The contents of the report were discussed and noted.</p>	
<p><b>P&amp;C</b> <b>09/07/013</b></p>	<p><b>Clinical Board Spotlight – People &amp; Culture Team</b></p> <p>The EDPC explained the P&amp;C was the first corporate team to present under the clinical board spotlight. The plan was presented and the following highlighted:</p> <ul style="list-style-type: none"> <li>• 16 departments overseen within People &amp; Culture including Health &amp; Safety</li> <li>• Age profile ranged from 21 – 71 years with female, full-time staff members predominating</li> </ul> <p>The DDPC talked through the KPI's and highlighted the following:</p> <ul style="list-style-type: none"> <li>• VBAs were above the HB target of 85% but had a small reduction recently</li> <li>• Turnover was higher than anticipated. There were a few teams driving the number of leavers, but the turnover was below the nationally recommended 10%</li> <li>• Statutory and mandatory training was monitored</li> <li>• Sickness levels were 6.3%, driven by LTS</li> <li>• People &amp; Culture annual recognition awards were well attended</li> <li>• Team development days were well received</li> <li>• An apprenticeship role was introduced within the people team and the individuals were promoted quickly within the team</li> <li>• The team are open to flexible working and retire and return</li> <li>• The teams are being digitally upskilled</li> <li>• Agency and overtime use had ceased</li> <li>• First in Wales AHOP Occupational specialist</li> </ul> <p>The EDPC noted the following:</p> <p>Three awards were received for HPMA including the Apprenticeship in Macro employer of the year and the British HR Awards</p> <ul style="list-style-type: none"> <li>• UHL Creche manager one of 6 in the UK to have pathways quality mark (Childrens feeling and wellbeing)</li> <li>• Local annual staff and people and culture awards and clinical recognition events were held</li> <li>• Hotspots and risks included high sickness and vacancies</li> <li>• A key, hard to fill vacancy as Head of Strategic Workforce Planning &amp; Transformation, and</li> <li>• Band 7 H&amp;S (environmental), hard to fill post</li> </ul> <p>The CC thanked the team for presenting. She noted the Equalities team and asked if the team included translators. The HEI confirmed the team of 5 included 2 translators.</p> <p>The CC noted that identifying posts where Welsh Language competencies were required had been previously discussed and asked whether progress had been made on how we would address this? The EDPC explained a conversation would need to take place outside of this meeting and possible bring back later (action).</p> <p>The HEI noted we have a good task and finish group to look at how we can take this forward.</p> <p>The COO highlighted that the People &amp; Culture team were under resourced for an organisation this size. He noted that some of the things the P&amp;C team are asked for, are general management questions and that we should only be going to the P&amp;C team for specialist HR advice. We need to ensure that there is access to specialist HR and OD support when it is needed.</p> <p>The CC was assured a long-term plan was being put in place to better utilise this pressured resource. She expressed her thanks for the People &amp; Culture teams and</p>	

Regan, Nikki  
09/09/2024 08:42:00

	<p>suggested to think about how to highlight and seek assurance from other corporate teams at Committee meetings.</p> <p><b>The Committee resolved to:</b></p> <p>a) The Clinical Board Spotlight on the People &amp; Culture Team was noted.</p>	
	<b>Items for Approval / Ratification</b>	
<b>P&amp;C 09/07/014</b>	<b>No items</b>	
	<b>Items for Information &amp; Noting</b>	
<b>P&amp;C 09/07/015</b>	<p><b>Director of Public Health Update</b></p> <p>The EDPH introduced Dino Motti (CPH) and updated on the following priorities:</p> <ul style="list-style-type: none"> <li>• Reducing smoking levels</li> <li>• Reducing obesity in 0-5 years</li> </ul> <p>The CPH highlighted the following regarding vaccinations:</p> <ul style="list-style-type: none"> <li>• Vaccines protect our community including the most vulnerable (young children, cancer patients, frailer &amp; elderly and immunocompromised)</li> <li>• Since the measles vaccine was introduced in 1968 it has helped avoid 20million infections and 4500 lives were saved</li> <li>• Vaccines are given at different ages and stages</li> <li>• We are trying to increase the uptake of MMR in schools as there are areas in Cardiff with an uptake of less than 50%</li> <li>• Also increase staff vaccine uptake for the next winter season</li> <li>• In terms of vaccine hesitancy – main factors were having a large family, being born outside of UK, living in a deprived area and recorded language other than English or Welsh</li> <li>• The producing of translated material</li> </ul> <p>The IMLA thanked the team for the presentation and asked if there was a specific action for communities that have higher levels of deprivation? The CPH explained CAV were focusing on this and plan to set up community vaccine centres, which were piloted with COVID, and expansion of the winter vaccination campaign.</p> <p>The EDPC asked whether there were recruitment opportunities for vaccination staff? The CPH explained CAV sought to recruit across communities and record data to match need. We partner with Local Authorities and have recruited someone to help expand our knowledge and focus on vaccinations.</p> <p><b>The Committee resolved to:</b></p> <p>a) The Director of Public Health Update was noted.</p>	
<b>P&amp;C 09/07/016</b>	<p><b>Strategic Workforce Plan for Primary Care Presentation</b></p> <p>Given the crucial role it plays in people, culture and public health, the CC suggested we consider a focus on primary care at a future meeting to seek assurance.</p> <p><b>Action – to add Primary Care to a future agenda.</b></p> <p><b>The Committee resolved to:</b></p> <p>a) The Strategic Workforce Plan for Primary Care Presentation was noted.</p>	
<b>P&amp;C 09/07/017</b>	<p><b>Health &amp; Safety Highlights</b></p> <p>For information only.</p>	
<b>P&amp;C 09/07/018</b>	<b>Digital Communications &amp; Analytics</b>	

Regan Mikki  
09/09/2023 10:42:00

	<p><b>Action - The CC suggested a focus on Digital Communications &amp; Analytics at a future meeting given the progress made in gathering and presenting these to the meeting.</b></p> <p>The DoC highlighted the following points on the Digital Communications and Analytics paper:</p> <ul style="list-style-type: none"> <li>• The Jobs webpages and success of linked in helped recruitment levels</li> <li>• Internal staff comms increased in engagement and follow up</li> <li>• Ask Suzanne session helped staff spotlight and people on their everyday job</li> <li>• Digitally excluded is an area that needed to be looked in to</li> </ul> <p><b>The Committee resolved to:</b></p> <p>a) The Digital Communications &amp; Analytics was noted.</p>	
	<b>Any Other Business</b>	
<b>P&amp;C 09/07/019</b>	No items.	
	<b>Review &amp; Final Closure</b>	
<b>P&amp;C 09/07/020</b>	The CC thanked the committee for the excellent papers and input.	
	<p><b>Date &amp; time of the next meeting:</b> Tuesday September 10<sup>th</sup> 2024 at 9am via MS Teams</p>	

Regan, Nikki  
09/09/2024 08:42:00

**Public Action Log**  
**Following People and Culture Committee Meeting**  
**09<sup>th</sup> July 2024**  
(Updated for the Meeting 10<sup>th</sup> September 2024)

Minute Ref	Subject	Agreed Actions	Lead	Date	Status/Comments
<b>Actions</b>					
<b>P&amp;C 09/07/005</b>	Long Term Sickness	To bring a paper to the Committee which will look at the support arrangements regarding long term sickness	Lianne Morse	10.09.2024	<b>Completed – on the forward plan for 10.09.24 P&amp;C Committee meeting</b>
<b>P&amp;C 09/07/009</b>	Speaking Up Safely	The DCG to provide a written answer regarding if the due diligence was done and if there were any other systems or best practises looked in to regarding speaking up safely	Matt Phillips	07.09.2024	<b>Completed – Matt provided a written answer following the P&amp;C committee on 09.07.2024.</b>
<b>P&amp;C 09/07/008</b>	Digital Communications & Analytics	To consider how to build on progress with regard to internal communications to increase engagement with staff survey and other corporate news. To include Digital Communications & Analytics on future agendas	Jo Brandon / Rachel Gidman	10.09.2024	<b>Completed – on the forward plan for 10.09.24 P&amp;C Committee meeting</b>
<b>P&amp;C 09/07/016</b>	Primary Care	To have a focus on Primary Care to receive assurance in terms of people & culture for primary care		19.11.2024	<b>Completed – on the forward plan for 19.11.24 P&amp;C Committee meeting</b>
<b>Actions referred from Board / Committees</b>					
<b>P&amp;C 09/07/008</b>	Staff Survey Update	To refer Staff Survey outcomes and actions to the Board.	Rebecca Corbin / Rachel Gidman		<b>Completed – went to Board on 25.07.24</b>

Regan, Nikki  
09/09/2024 08:42:00

Report Title:	Board Assurance Framework – Culture	Agenda Item no.	2.2
Meeting:	People and Culture Committee	Meeting Date:	10/09/2024
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Assistant Director Organisational Development, Wellbeing and Culture		

**Main Report**  
Background and current situation:

**Background**

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

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

This is due to a number of factors that include:

- The belief that the current climate is high in bureaucracy and low in trust.
- Staff reluctance to engage with change as they are overwhelmed with system pressures and ongoing demands.
- Staff not feeling involved in, or understanding the part their role plays for the case for cultural change due to lack of communication filtering through all levels of the UHB.
- Additional complexities as colleagues continuously respond to the challenges following the pandemic, making involvement in, and response to change complex and challenging.

The UHB are taking a number of steps, and implementing controls to reduce the risks linked to leading sustainable cultural change which are outlined within the detail of the BAF. A selection of these were focused upon in more detail in the March paper highlighting progress with controls, actions and risks around:

- Clinical Board Executive Reviews
- Strategic Equality Plan
- Anti-Racist Action Plan
- Leadership and Management Development

In March 2024, the UHB received the overarching results from the NHS Wales Staff Survey, which took place between October and November 2023. Presented at Committee in July 2024 and providing valuable insight into employee experience, the UHB has seen via the results:

- A decline in participation / completion of the NHS Wales Staff Survey
- A decline in overall levels of employee engagement of 1%
- An increase in bullying and harassment by a colleague and by a line manager
- Negative scoring relating to questions around burnout; having adequate resources; work life balance and work pressures.
- Positive responses in areas including: clarity of role; encouraged to report errors; compassionate culture towards patient and between colleagues; work valued by immediate manager; team working.

## **Current Situation – UHB Response to the Risk & Progress to Date**

The UHB continues to recognise the importance of culture in delivering our vision of Living Well, Caring Well, Working Together. A number of actions within the People and Culture Plan priorities support the development of a compassionate and inclusive culture across the UHB.

A number of key pieces of work are being developed and delivered across the UHB, examples of these include:

### **Improving Sustainable Cultural Change – Organisational Development, Culture and Retention**

- Successful recruitment into the new Head of Organisational Development and Culture post.
- OD and Culture Team to oversee staff survey, employee experience surveys, cultural assessment to ensure collation of themes and responses, to inform priorities and action.
- Retention framework in development for launch October 2024 to support cultural understanding and improvement.
- Dashboard development to ensure understanding and dissemination of feedback from across UHB – Staff Survey; Culture and Leadership Programme; employee life cycle surveys etc.
- Scope and 'offer' of new OD and Culture team in development.
- OD and Culture Team continue to support cultural priorities, including: Culture and Leadership Programmes; Service Reviews; Team Effectiveness; "Shaping our Future Workforce" workshops to support workforce sustainability.

### **Improving Sustainable Cultural Change - Staff Survey**

#### **Staff Voice**

- Results cascaded across UHB upon receipt in March 2024.
- Call out for UHB Staff Survey Group to discuss results and help shape responses / actions.
- Staff Survey Group attended by over 25 colleagues and discussion of themes and priorities.
- Second workshop 1<sup>st</sup> October 2024 to continue conversations / promote future engagement.
- Ambition to form 'Staff Assembly' to continuously engage with and involve colleagues in identifying priorities and responding effectively.
- Requirement to address barriers to be actively involved linked to banding, role, place of work.

#### **Staff Survey Autumn 2024**

- Results and expectations provided to Clinical Boards August 2024 under 4 key areas.
- High level communication and engagement Plan for 2024 NHS Wales Survey developed and provided to HEIW.
- Detailed communication and engagement plan in development.
- System improvements at HEIW should facilitate more timely feedback and interrogation of results.

### **Improving Sustainable Cultural Change – Speaking Up Safely / Avoidable Employee Harm**

- Work in confidence platform to be launched October 2024
- Enable anonymous mechanism to hold 2 ways conversations and report themes / impact.
- Categories to enable supportive conversations on areas including: bullying and harassment; discrimination; values and behaviours; leadership and management; wellbeing; patient safety.
- Working groups established to focus on improvement of people processes and ways of working, specific focus on avoidable employee harm; sexual safety; moral injury etc.

### **Improving Sustainable Cultural Change – Leadership and Management Development**

- Ongoing delivery and evaluation of management programmes to ensure fit for purpose.
- Supported by HEIW / Professor Michael West train the trainer programme to develop 'Compassionate Leadership' masterclass – now being delivered across the UHB.
- Development of General Manager Leadership and Management Programme Sept 2024.
- Scoping exercise to identify leadership and management principles, competencies and pathways. (Aligned to HEIW leadership competency work.)

- Training needs analysis to identify organisational requirements by March 2025.

### Improving Sustainable Cultural Change – Equity, Diversity and Inclusion; Welsh Language

- Regular reporting upon progress of the Strategic Equality Plan through monitoring of objectives and actions.
- Meeting with Welsh Government September 2024 to develop actions as a result of the findings of the Workforce Race Equality Standards (WRES) report.
- Anti-Racist Action Plan (ARAP) to be reviewed following report of WRES findings.
- Planned development of the UHB LGBTQ+ Action plan.
- Increase opportunities to learn Welsh to support ability to respond to the ‘active offer’ through ongoing work with Dysgu Cymraeg Caerdydd, building upon work with reception areas.
- Roll-out of form designed to capture Welsh Language skills and improve organisational awareness and understanding of current workforce language ability.
- Communication and engagement plan in development to assist dissemination of actions and requirements at UHB, Clinical Board, Directorate and local team level.

### Next Steps

This report outlines a snapshot of the work being undertaken across the UHB. The requirement and demand for ‘cultural work’ continues to demonstrate the understanding of its importance, and the requirement to address cultural concerns and strive for improvements in experience and outcomes for both our patients and our staff – putting people first.

Lessons learned from other NHS organisations, for example The Francis Report, reinforce the importance of culture and leadership, especially in times of financial strain or resource challenges.

The priorities and action plan relating to cultural change are detailed within the People and Culture Plan and monitored and reported upon monthly, enabling early identification of risks, evaluation of inputs and areas requiring review or change.

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

Understanding our existing culture and delivering sustainable cultural change is essential if we are to maintain and improve standards of care, attract, retain and support a talented, diverse and engaged workforce, ensure sustained organisational effectiveness, and build public trust. Without a compassionate and inclusive culture, the UHB will compromise its ability to deliver safe, effective, equitable and compassionate healthcare.

The Board Assurance Framework enables a focus on the risks associated with sustaining cultural change but also provides the controls, assurances and actions required to support the programme of work required. This report provides an overview of some of the work currently being undertaken to address risks, and serves to provide assurance to the committee.

### Recommendation:

#### People and Culture Committee as asked to:

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

### Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant*

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x
------------	---	-----------	---	-------------	--	---------------	---	-------------	---

**Impact Assessment:**

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

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

Safety: yes – as above

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

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

Legal: yes – Strategic Equality Objectives; Welsh Language Standards

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

Socio Economic: yes – impact on local community; Strategic Equality Objectives

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

Decarbonisation: Yes – opportunity to gather ideas on how to improve at a local level

**Approval/Scrutiny Route:**

Committee/Group/Exec | Date:

Regan, Nikki  
09/09/2024 08:42:00

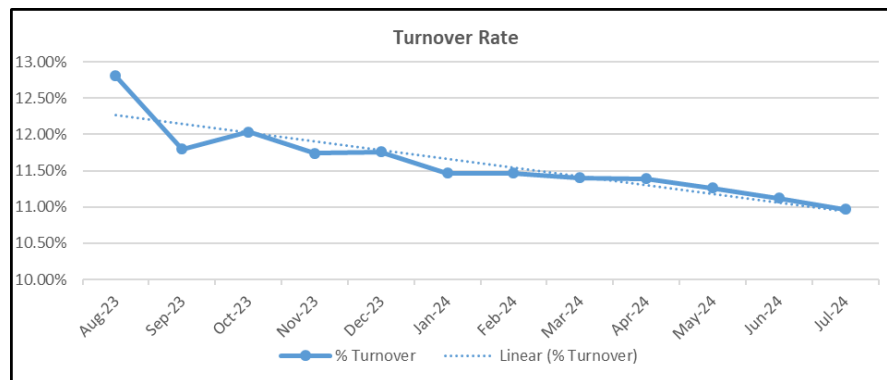
Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.3
Meeting:	People & Culture Committee	Public	X	Meeting Date:	10 <sup>th</sup> September 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture / Head of People Analytics				

Main Report

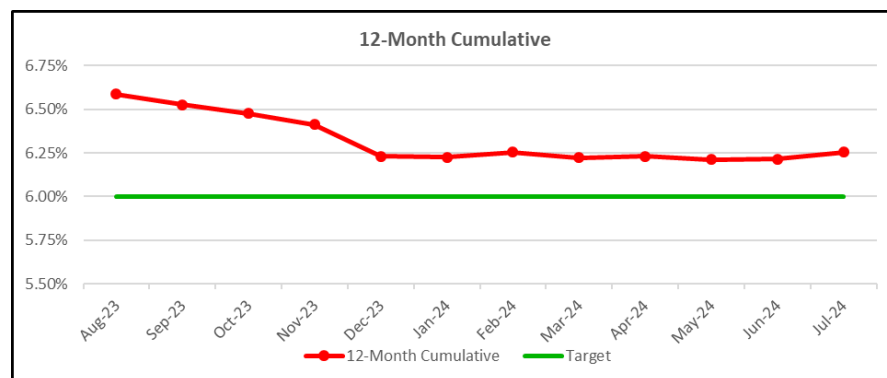
Background and current situation:

Section 2 of the attached Integrated Performance Report (IPR) provides the UHB position against the People and Culture key performance indicators. Highlights to bring to the Committee's attention include:

- **Turnover** has fallen month on month over the last 12 months, from 12.81% at Aug-23 to 10.97% at Jul-24.

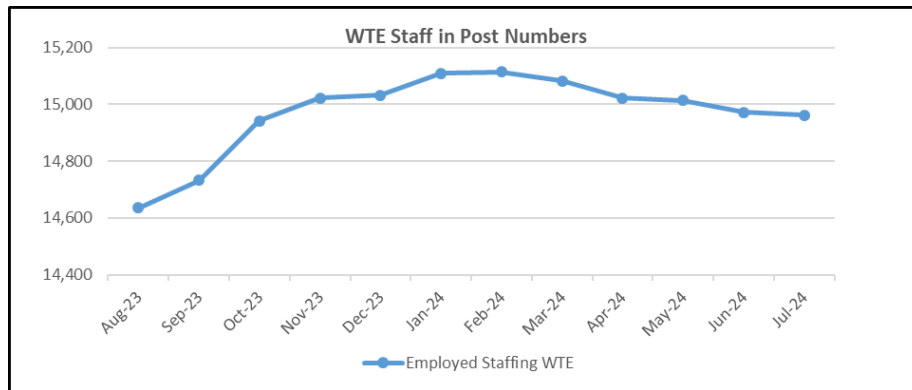


- The trend of 12-month cumulative **sickness** is downwards, to 6.26% at Jul-24.



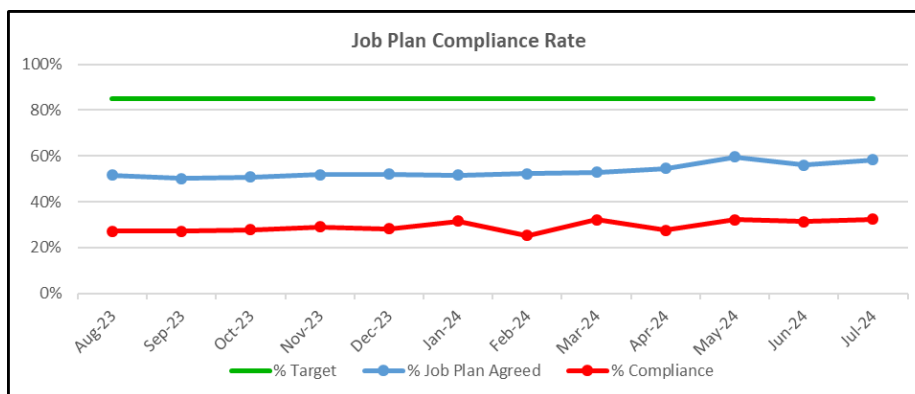
Regan, Nikki  
09/09/2024 08:42:00

- **Staff in Post** - Since February 2024 the workforce has reduced by 152.26 WTE, this has been achieved by enhanced levels of scrutiny.

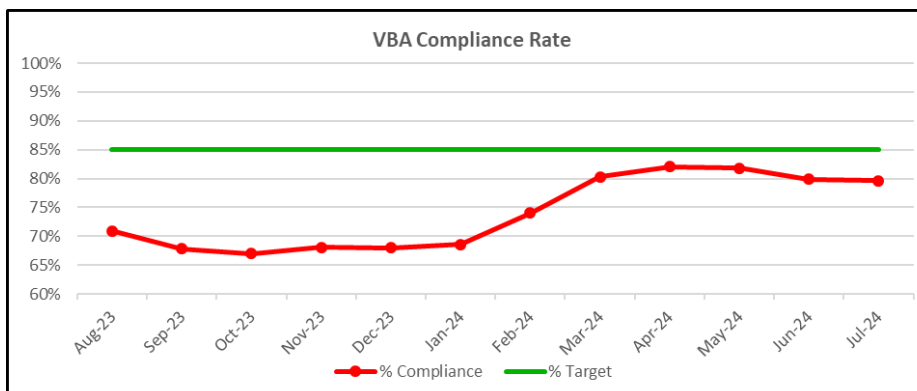


The Workforce Sustainability Programme and Clinical Board reviews continue to focus on improving job planning, reaching the VBA target and reduction in agency use.

- 32.31% of Consultants have an agreed **job plan** that has been signed off within the past 12 months. A further 25.96% have an agreed job plan that was last reviewed and signed off before Aug-23, 58.27% in total.

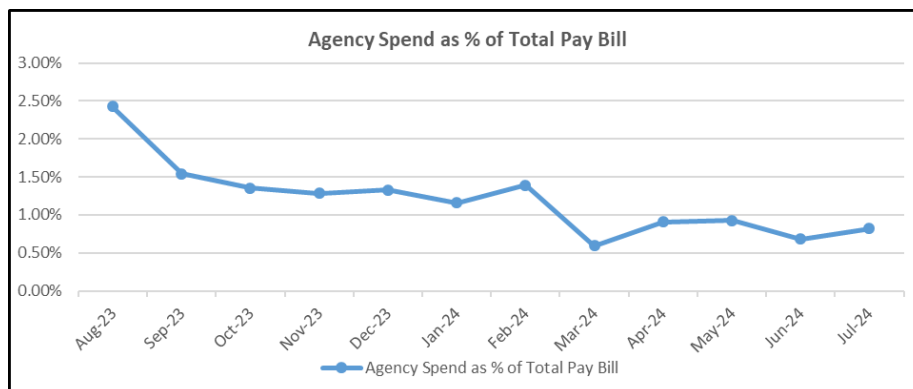


- The significant improvement with **VBA** compliance achieved between Dec-23 and Apr-24 (from 68.00% to 82.09% compliance) has deteriorated slightly in Jul-24 to 79.61%. The importance of having a meaningful VBA is still a priority of the UHB and discussed at the monthly Clinical Board review meetings.



Regan, Nikki  
09/09/2024 08:42:00

- Spend on **agency** has fallen to 0.82% of the total pay bill. Through the Workforce Sustainability Programme savings have been identified in the region of £7.4 million for 24/25 through the reduction of agency. The majority of the savings identified are from our Nursing and Medical workforce where the expenditure on agency is the highest.



- **Workforce Reshaping** - The People and Culture Team have been delivering re-shaping workshops within the Clinical Boards. The workshops are jointly facilitated by a Head of People and Culture alongside a member of the OD Team. These sessions support the Clinical Boards with their workforce planning assumptions, re-shaping and IMTP submissions. To date £2.2m of savings have been identified through workforce reshaping. Ensuring we have a future workforce that is both affordable and sustainable remains a key priority.
- **EDI** - The Health Board has received its Workforce Race Equality Standard report from Welsh Government and will be discussing at Management Exec on 12<sup>th</sup> August 2024 prior to meeting with the WRES team on 3<sup>rd</sup> September 2024. The *Recommendations from the Audit of All-Wales NHS Workforce Policies through an Anti-racist Lens* have also been received and will be reviewed by the People & Culture Team with a view to taking forward.
- **Cymraeg** - The Recruitment Task & Finish Group have made good progress with development of a Welsh language skills assessment system to help managers assess whether vacancies need someone with Welsh language skills as desirable or essential, and if so what level of Welsh is needed. The aim to have a new process in place by 15<sup>th</sup> October 2024. Delivery of Cwrs Croeso (basic Welsh language skills course) has been agreed with Dysgu Cymraeg and will commence in Autumn 2024.
- **Retention** - continues to improve, over the last 12 months turnover has reduced from 12.81% at Aug-23 to 10.97% at Jul-24. Starter Surveys have been implemented with student nurses and by October 2024 these will go to all new starters. 'Stay Surveys' are also to be introduced with a pilot programme in Acute Medicine during July and August which will be evaluated in September 2024. Exit Surveys currently under review to address declining participation rates.
- The ECOD team have led the All Wales Nurse Education Leads group, in conjunction with WG, in developing **the Restorative Clinical Supervision (RCS) Supervisor Training for Wales**. The training package was tested w/c 29/07/24 via a train the trainer event, which trained 8 nurse educators from C&V UHB, ABUHB and CTM UHB for their roles as RCS Supervisors and programme facilitators. This will enable the UHB to meet the restorative clinical supervision standards for nursing set out in the March 2024 Welsh Health Circular

Regan  
09/09/2024  
10:21

issued by the CNO for Wales. Further training will be delivered to train trainers and new supervisors over the next few months.

- A detailed 6-month review of **nursing and midwifery preceptorship provision** has taken place through wide stakeholder engagement across the organisation. An updated preceptorship programme, which is compliant with both Welsh Government and Nursing and Midwifery Council standards for preceptorship is being launched at the end of August. The programme incorporates the Welsh Government mandated restorative clinical supervision provision enabling nurses to access this vital support in their first 12 months in post.
- Two members of the People and Culture team have attended the **HEIW Compassionate Leadership train the trainer programme**, which is delivered by Michael West and are reviewing how internal programmes will benefit from this learning. The ECOD Compassionate Masterclass, launched in April 2024, has been well evaluated and attended by 142 staff across bands 4-8c to date, with another 109 booked to attend future workshops.
- **Staff Survey** – the OD team are pulling together Directorate level data from the 2023 NHS Wales Staff Survey and will share upon completion in August 2024. A communication and engagement plan is being developed to support the Staff Survey which will be launched in the Autumn, the aim is to improve participation rates.

### **Inclusive Recruitment**

- A range of experiences are offered to individuals brought up in care as part of the Care Leavers Project. To date 3 individuals have participated in a 3 day nursing work experience placement, with two more due to commence a 3-6 months placement.
- Successful meetings have been held with Llamau and Huggard to initiate workshops with the homeless to promote and assist them gaining employment with the UHB
- Nursing work experience opportunities in collaboration with Cardiff Commitment and ECOD were delivered to 20 individuals per week over 3 weeks. Feedback from both the wards and the participants was that it was a fantastic opportunity leading to young people investigating the nursing route to a career.
- A Widening Access Framework has been developed and is ready to promote to all areas.

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

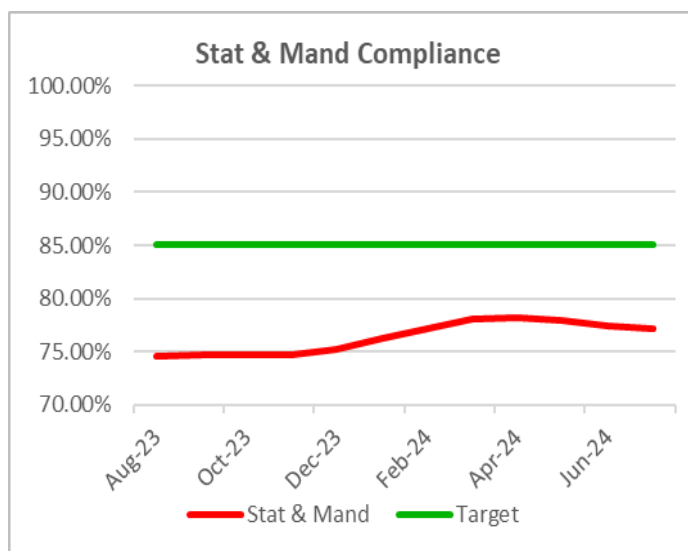
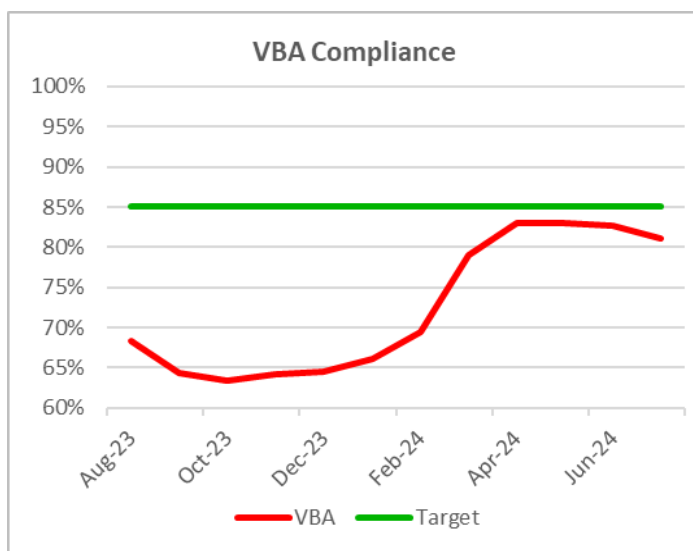
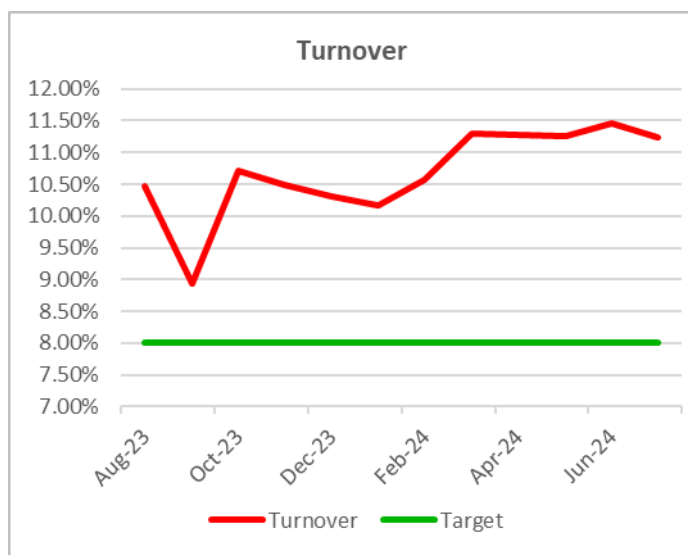
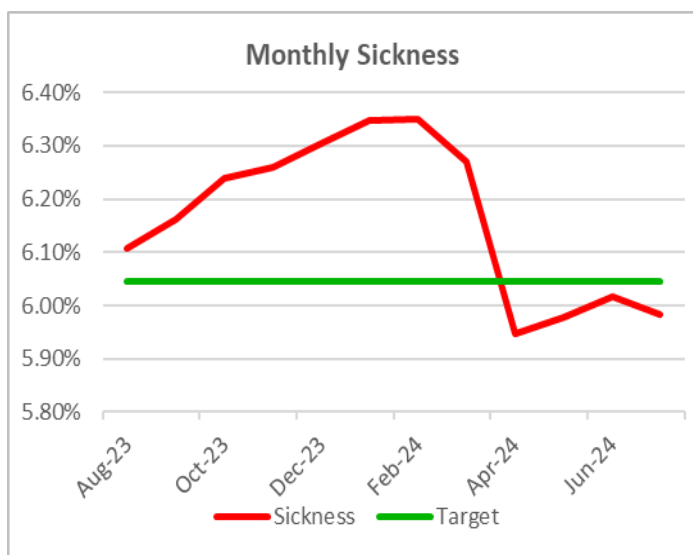
#### **Our approach**

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

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

Regan, Nikki  
09/09/2024 08:42:00

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



### Suspension/Exclusion from Work

As at 22<sup>nd</sup> August 2024, there were 22 ongoing formal cases being investigated in accordance with the All Wales Disciplinary Policy, plus 2 being investigated in accordance with the Upholding Professional Standard in Wales Procedure (UPSW). 10 of these investigations have been ongoing for more than 4 months.

The UHB currently has 3 staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct. One member of staff has been excluded from work for over 18 months, this is due to the investigation being put on hold due to concerns raised under the Formal Respect and Resolution Policy. The investigation has now recommenced and is being managed via the UPSW procedure. The remaining 2 members of staff have been suspended for 3 months and 1 month. Both cases are due to a criminal investigation, one has now concluded and an internal investigation is being undertaken. All 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*

Pr ev en tio n		Long term		Integration		Collaborati on		Involvement	
----------------------------	--	-----------	--	-------------	--	-------------------	--	-------------	--

**Impact Assessment:**

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

Risk: No

Safety: No

Financial: No

Workforce: Yes

Workforce risks and mitigating actions taken are described throughout this report

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: Yes/No

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

Regan, Nikki  
09/09/2024 08:42:00

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
<b>Turnover</b>	<p>The overall trend is downwards since Aug-23; the rates have fallen from 12.81% at Aug-23 to 10.97% in Jul-24 UHB wide. This is a net 1.84% decrease, which represents 263 WTE fewer leavers.</p> <p>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'.</p>	July 2024	
<b>Sickness Absence</b>	<p>Rates remain high; although the rates appear to be falling towards more 'normal' levels. The monthly sickness rate for Jul-24 was 5.88%. The 12-month cumulative rate has settled over the past 6 months, and is 6.26% at Jul-24 (by comparison with Jul-23, which was 6.53%).</p>	July 2024	
<b>Statutory and Mandatory Training</b>	<p>The overall compliance rates fell marginally for Jul-24 to 83.34%, 1.66% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates &amp; Facilities, Clinical Diagnostics &amp; Therapeutics and Children &amp; Women's are above the 85% target, and Corporate Executives are above 80% compliance.</p> <p>The compliance with Fire training was 72.99% for Jul-24. All Wales Genomics Service have reached 86.29%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	July 2024	
<b>Values Based Appraisal</b>	<p>VBA compliance has fallen again during Jul-24 to 79.61%, the 3<sup>rd</sup> successive monthly fall in the compliance rate. Capital, Estates &amp; Facilities are the only Clinical Board that continues to exceed the 85% target. Children &amp; Women's, Surgical Services, All-Wales Genomics Service and PCIC are above 80%.</p>	July 2024	
<b>Employee Relations</b>	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases is just below the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p>	July 2024	

Regan, Nikki  
09/09/2024 08:42:00



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
<b>Job Plans</b>	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 32.31% have an agreed job plan that has been signed off within the past 12 months. A further 25.96% have an agreed job plan that was last reviewed and signed off before Aug-23.	July 2024	
<b>Medical Appraisals</b>	The rate of compliance with Medical Appraisal has fallen for Jul-24, to 80.45%, and remains below the 85% target.	July 2024	
<b>Staff in Post</b>	The overall Health Board Staffing Numbers have increased in the last 12 months by 326 WTE, to 14,961.84 WTE at Jul-24. It is worth noting that the numbers have actually fallen slightly in the past 5 months, from a high of 15,114.10 WTE in Feb-24. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	July 2024	
<b>Variable Pay (Bank, Agency, Overtime..)</b>	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Aug-23 the percentage was 10.12% of the total spend on pay, but in Jul-24 had fallen to 8.04%. It must however be borne in mind that the total pay bill is increasing.	July 2024	
<b>Staff Winter Vaccination Programme</b>	The 2023-24 winter vaccination programme closed at the end of Mar-24. The programme for 2024-25 will commence in Sept-24.		
<b>Agency Spend as % of Total Pay Bill</b>	The proportion of the total pay bill attributed to Agency continues to fall. At Aug-23 the percentage was 2.42% of the total spend on pay, but in Jul-24 had fallen to 0.82%. It must however be borne in mind that the total pay bill is increasing.	July 2024	

Regan, Mikki  
09/09/2024 08:42:00

Priority	Performance Summary	Reported Period	Data
<b>Time to Hire</b>	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 59 days. The figure for Cardiff & Vale uHB for Jul-24 was 78 days, but over the past 12 months the trend is downwards.	July 2024	
<b>Time to Shortlist</b>	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 6.8 days. The figure for Cardiff & Vale uHB for Jul-24 was 5.6 days.	July 2024	
<b>Exit Questionnaire Completion</b>	The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received an direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%.  During the intervening 9 months the return rate has risen, to 29.50% at Jun-24.	June 2024	
<b>Nursing &amp; Midwifery Band 5 &amp; 6 Vacancy Rates</b>	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Jul-24 the rate was 4.17%, by comparison with a nominal 5% target.  It is worth bearing in mind that there is a project running to validate the funded establishment WTE, so some future changes might be driven by improvements in accuracy of recording the funded establishment WTE rather than any changes in staff recruitment and/or retention.	July 2024	
<b>Provision of EDI Data in ESR</b>	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR.  At Jul-24 31.75% have recorded all of their EDI data. Country of Birth has the poorest compliance rate; if this is excluded from calculations the compliance increases to 72.29%	July 2024	
<b>Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR</b>	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). Approximately 60% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this.  At Jul-24 4.99% of staff have recorded their Welsh Skills between level 2 and level 5.	July 2024	

Regan, Nikki  
09/09/2024 08:42:00

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend					
					Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
36.	Percentage of sickness absence rate of staff	July 2024	6%	<b>5.88%</b>	6.44%	5.93%	5.87%	5.78%	5.88%	5.88%
37.	Staff turnover	July 2024	7%-9%	<b>10.97%</b>	11.47%	11.41%	11.39%	11.26%	11.12%	10.97%
38.	Agency spend as a percentage of the total pay bill	July 2024	12 month reduction trend	<b>0.82%</b>	1.39%	0.60%	0.91%	0.93%	0.68%	0.82%
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)	July 2024	85%	<b>79.66%</b>	74.52%	80.36%	81.98%	81.80%	80.03%	79.66%

Regan, Nikki  
09/09/2024 08:42:00





Shaping Our Future  
**Workforce**

# Surgery Clinical Board People and Culture Plan People & Culture Committee

**September 2024**

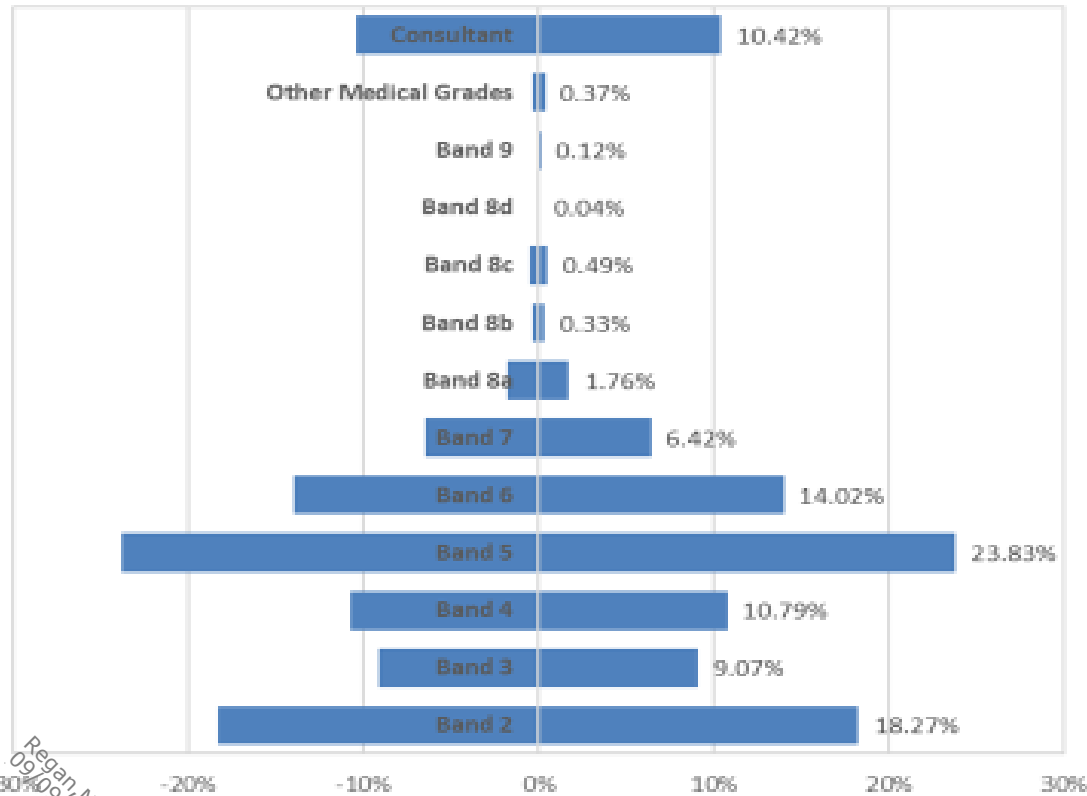
Regan, Nikki  
09/09/2024 08:42:00

# Workforce Profile as at July 2024



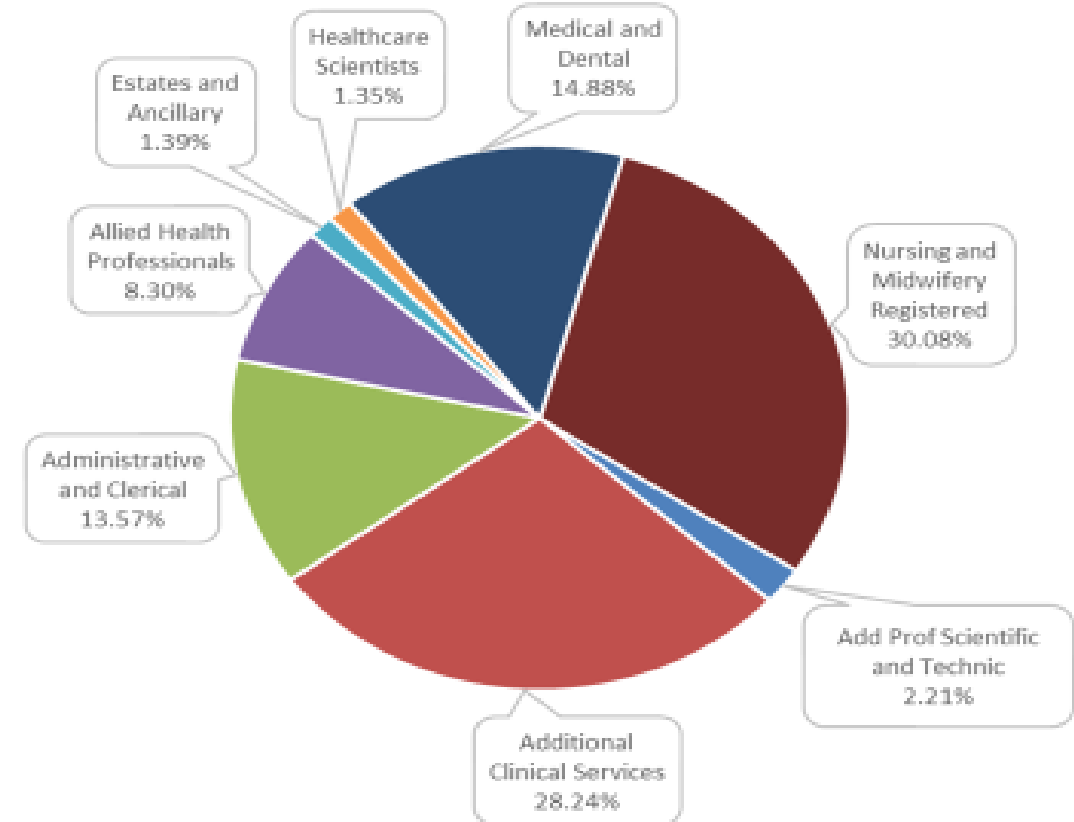
Shaping Our Future  
**Workforce**

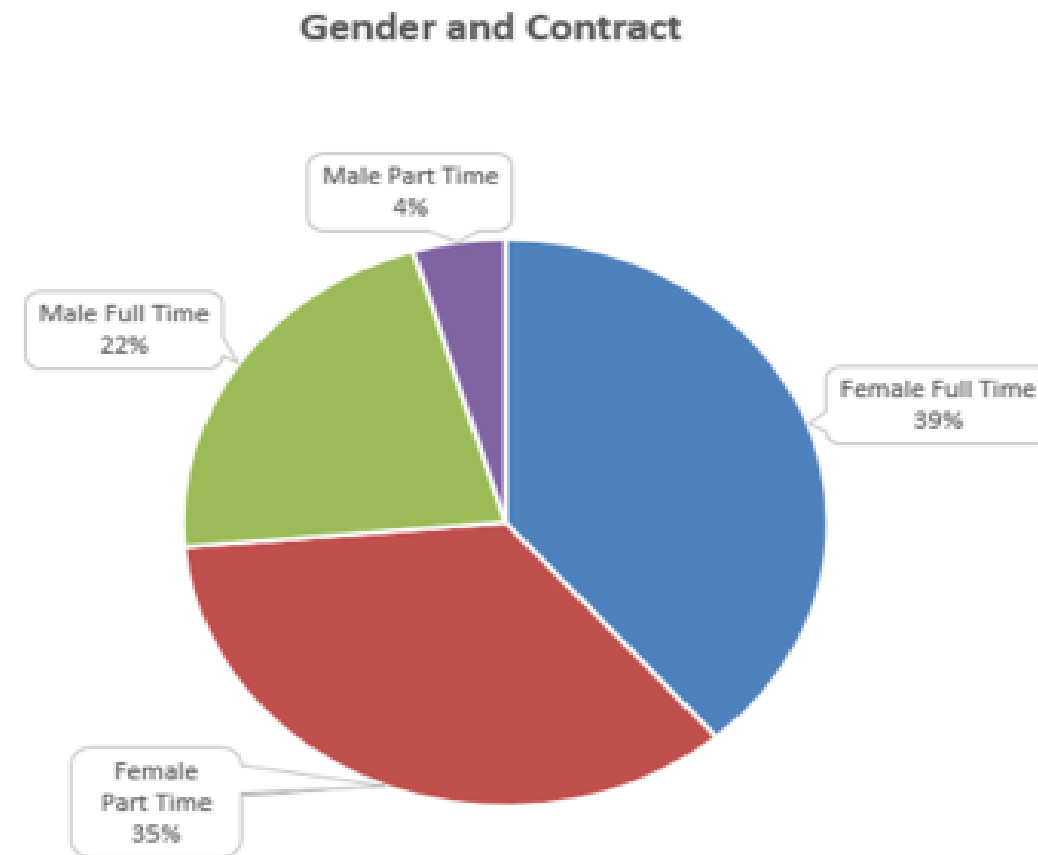
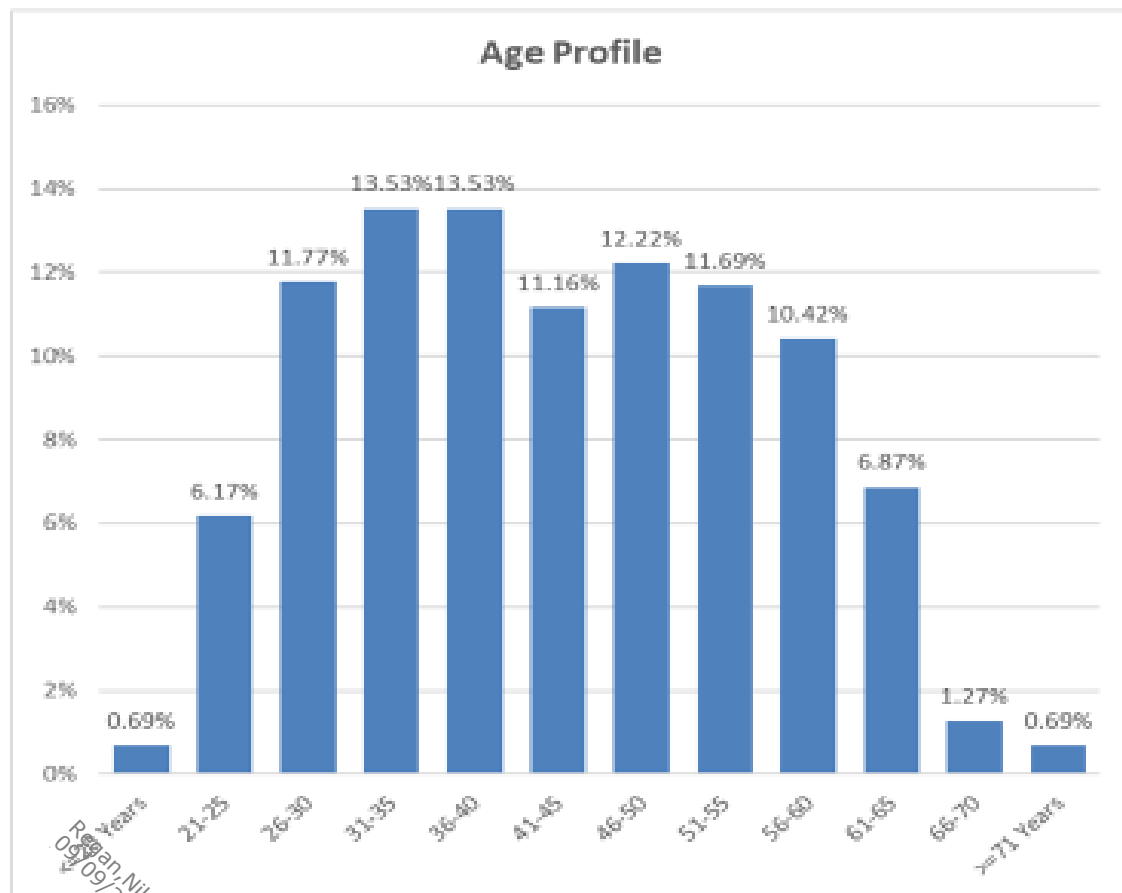
### Staffing Profile by Pay Band



Regan, Nikki  
09/09/2024 08:42:00

### Staff Group

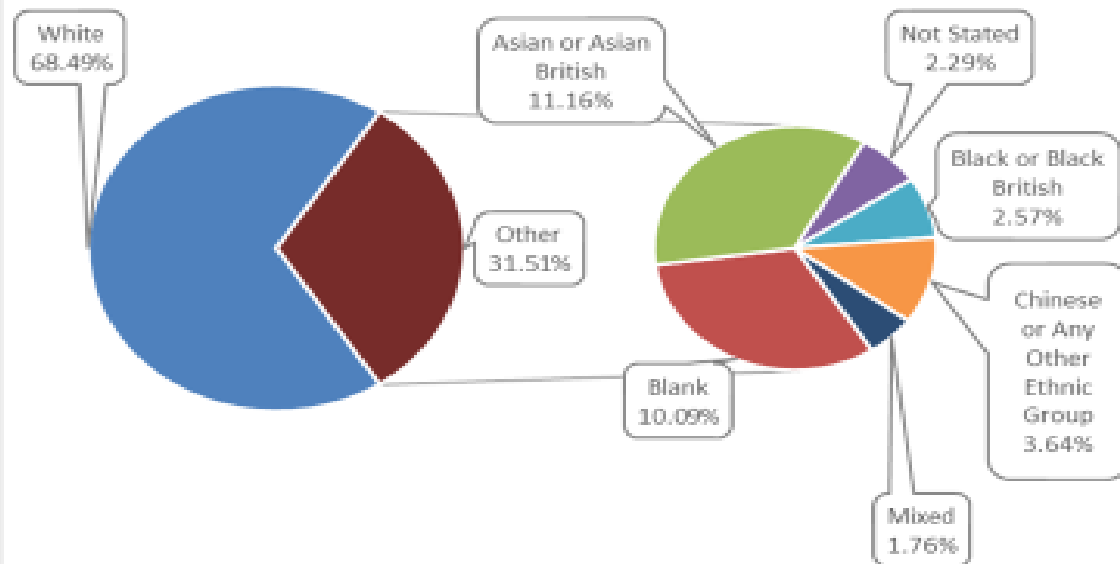




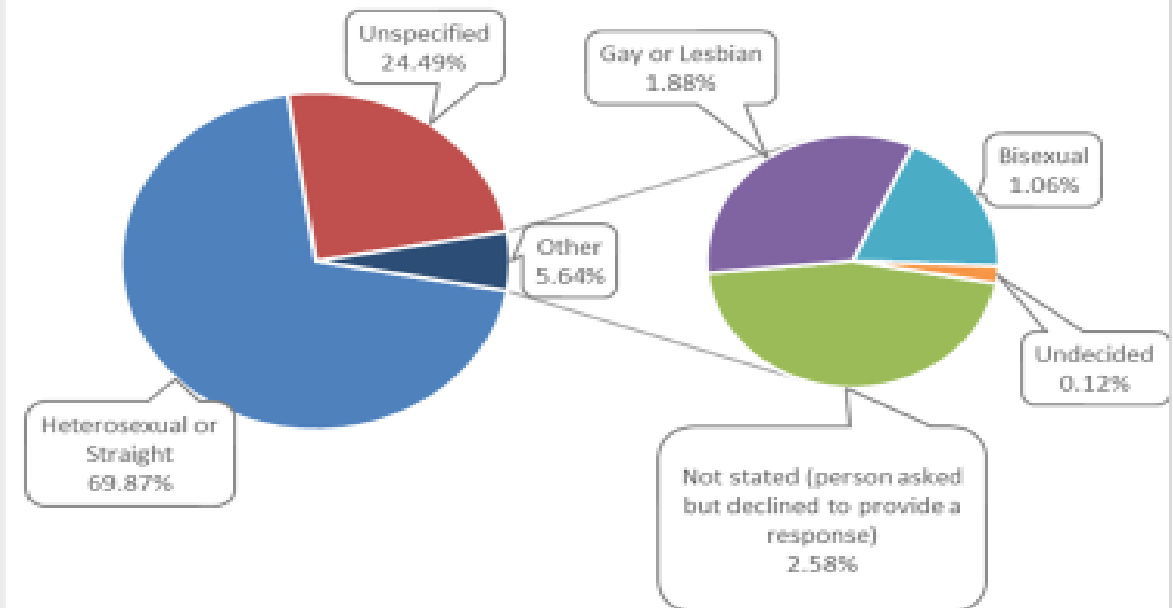
Report: Nikki  
09/09/2024 08:42:00



### Ethnic Group



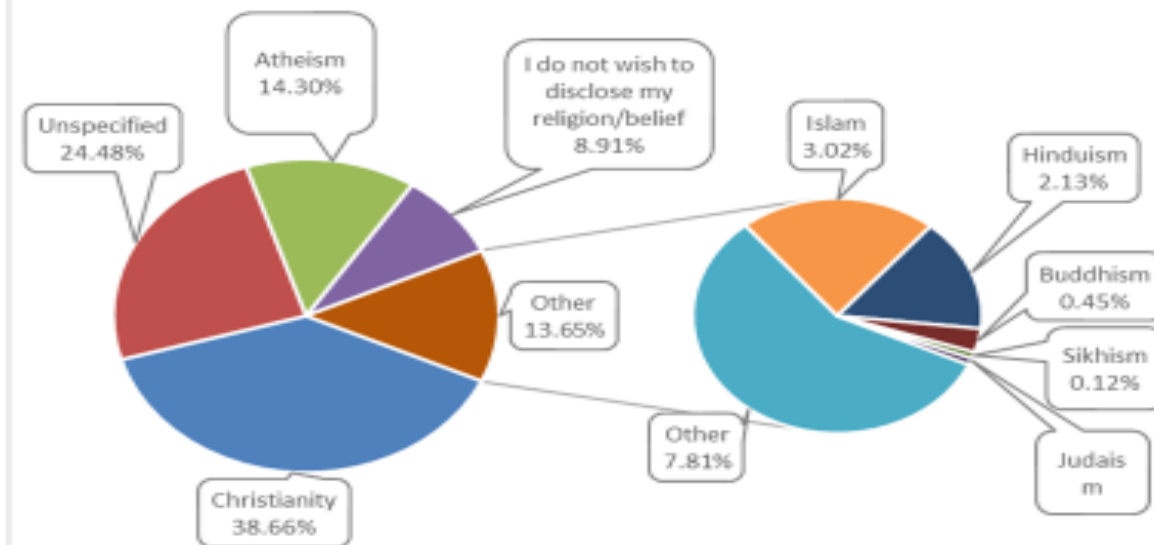
### Sexual Orientation



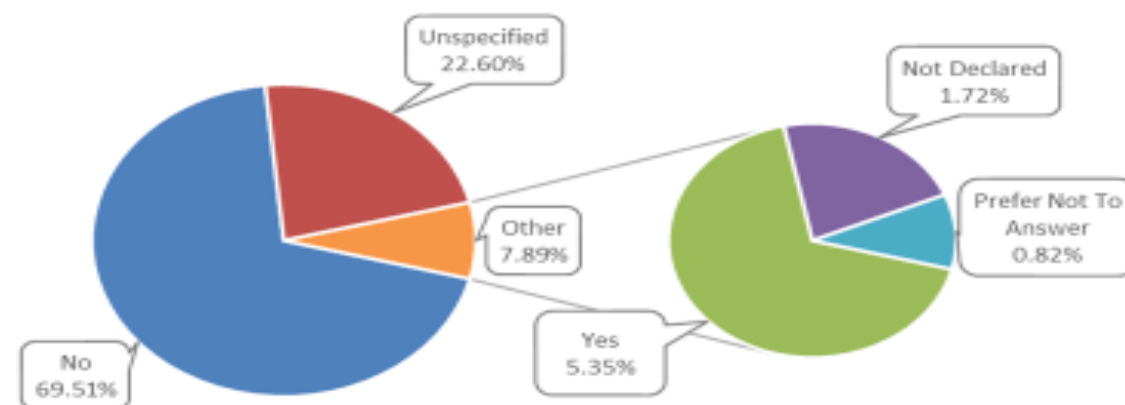
Regan, Nikki  
09/09/2024 08:42:00



### Religious Belief



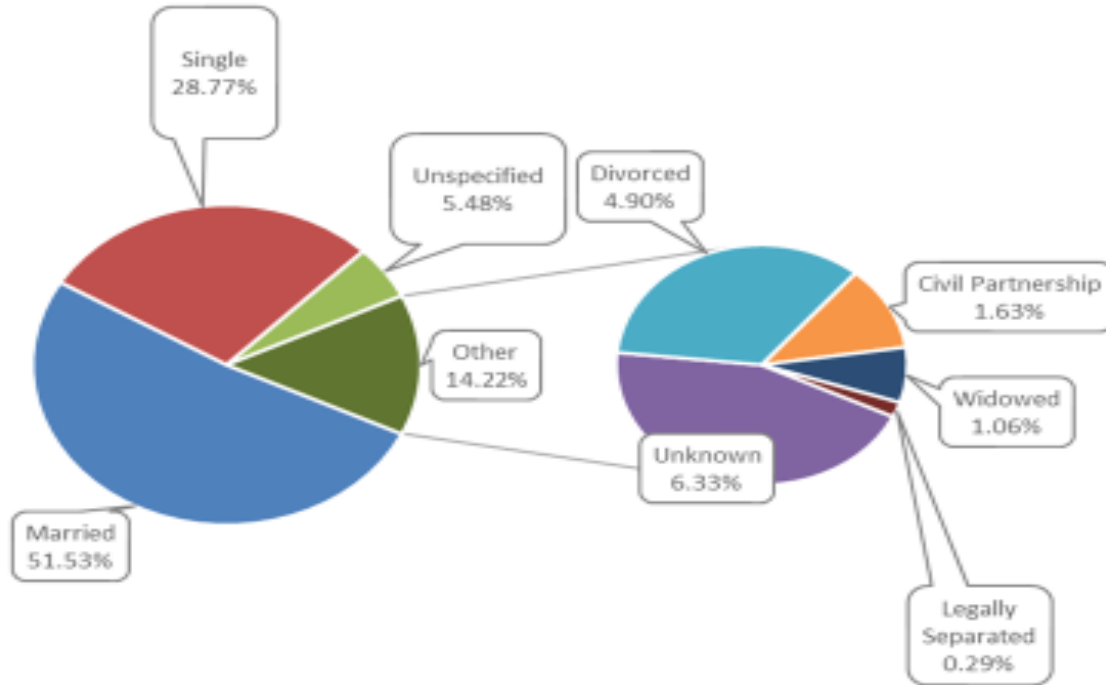
### Disability



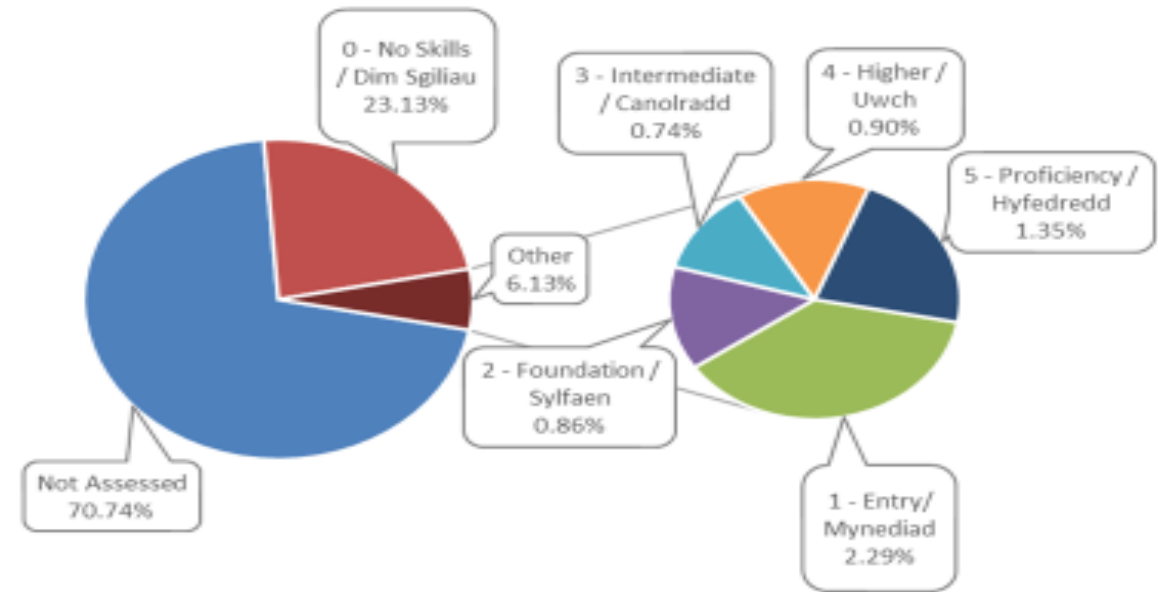
Regan, Nikki  
09/09/2024 08:42:00



### Marital Status



### Listening/Speaking Welsh



Regan, Nikki  
09/09/2024 08:42:00

# Surgery Clinical Board Workforce KPI's September 2024



**Summary of the Surgical Services position has been included as part of the committee report. Key headlines:**

## **Sickness**

- For the first time since July 2023 the CB monthly Sickness rate fell below the CB target of 6.05% in July 2024 (to 5.57%). Sickness panels taking place now monthly chaired by the Director of Nursing
- The CB 12-month cumulative sickness has been consistently around 6.30% for the past 6 months.

## **Turnover**

- There has been a rising trend of turnover during the past 12 months, from 10.54% in August 2023 to 11.24% in July 2024, with variation between Directorates and staff groups

## **Stat & Mand training**

- The Statutory and Mandatory compliance has risen to 77.21% by July 2024, but remains below the 85%.

## **VBA**

The CB has made significant progress with VBA compliance in the last quarter. After reaching 83.08% for April 2024 the rate has fallen to 81.14% for July 2024. Performance is monitored through Directorate Performance Reviews and a weekly touch point meeting chaired by the Deputy Director of Operations

# Clinical Board Approach to People & Culture



Shaping Our Future  
**Workforce**

- Strong Clinical Board Triumvirate working and role modelling
- Highlighting staff achievements and celebrating successes
- Positive reinforcement of values and behaviours
- Staff wellbeing initiatives
- Saying “thank you”
- Open and honest conversations
- Strong partnership working with Trade Union reps
- Compassionate leadership
- Empowering Directorate Management teams
- Comms – 3 x Facebook pages

Regan  
09/02/2024 08:10:00

# Key CB P&C Plan Achievements



## Seamless Workforce Models & Workforce Supply and Shape:

Introduced 7 days working for Urology NPs with 2 WTE posts (currently in recruitment)

Development of -band 3 HCSW in SDEC to support triage

Looking to introduce Band 3 patient navigators in T&O

Band 4 plaster technicians have been introduced into trauma clinic and CAVC OPD



## Engaged, Healthy and Motivated Workforce:

Well-being champions / inclusion champions and notice boards in all areas

Creation of “Culture Club” @UHL

Well being walks at lunchtimes for UHW site

Surgery Star Awards

Entrants and nominations to local and national awards

Moondance award winners for several years

Development of Inclusion champions.

Dental wellbeing away days

Urology Planning Day and Collaboration with Innovation and Improvement



## Attract, Recruit and Retain:

New Streamliners 'meet and greet' event proven successful

Offering opportunities to move within SCB to suit skillset of NQ nurses

Excellent improvement on VBA rates

Cadet open days supported

Support with CPD including post-graduate level education

Periop workforce manager went to India to recruit 25 IEN

Skills to Manage and ILM course for managers



# Key CB P&C Plan Achievements



## Digital Ready Workforce:

Move over to OpenEyes in Ophthalmology  
Trial of WNCR  
Tenable audits as standard on wards and clinics  
AMAT used to audit specific quality improvement projects  
Health Roster rollout in wards, clinics and recently Dental Hospital  
ePMA engagement  
Nursing Dashboard – recent engagement event with ward managers and planned event for periop



## Education and Learning:

Specialist Study Days  
Surgical Skills Study Days and New Starters Days for NQ Nurses  
PPDN support with ECOD days  
CPA and NMP for NPs  
Injector qualification in Ophthalmology  
Trialling a General Manager development Programme  
Restarted Dental nurse training programme  
Use of Moondance bursary money were possible



## Leadership:

New Deputy Director of Nursing  
ILM and Essential Skills Courses for all staff in managerial roles  
Bronze Accreditation Scheme C6  
Band 6/7 compassionate leadership training in Perioperative Care



# Reshaping our Workforce Plans



## **Workforce Sustainability:**

Opportunities for skill mix reviews, e.g. OPD, CNS roles  
Enhanced CB vacancy scrutiny  
Review of fixed term contracts and retire & return applications  
Further roll out of Health Roster e.g. Dental  
Undertaking deep dives with individual directorates to examine workforce baselines, financial position, review governance arrangements for high-cost variable pay, reduction of pay bill, digital and other opportunities, e.g. agency shut-off



## **Recruitment & Retention:**

Workforce redesign plans– including opportunities for apprentice roles and scoping out of other available roles  
Continue with active recruitment to reduce variable pay , particularly in relation to HCSW's  
Skill mix review – considered wherever possible  
Continue recruitment and support of Internationally Educated Nurses



## **Introduction of New Roles:**

QSE roles – bespoke roles evolving according to need e.g. periop and SCB  
Development of CNS/ NP roles to reduce reliance on consultant roles e.g. Vascular NP/ Max Fax Np/ Liver CNS/ Thyroid CND  
Vascular new model of working – reduced reliance on registered nursing, increased HCSW/therapy input to focus on rehabilitation and the team around the patient  
Adopting multiprofessional approach to recruitment of practitioner roles e.g. ODP and RN roles in periop , PA role in POPS team

## Preceptorship

- Lead Preceptor
- Streamliner events
- Surgery 'Meet and Greet' for new starters
- ~~New Starter Study Days~~
- Surgery Skills Study Days
- Ward Welcome Books



# Nursing Study Days

**DrEaMing**  
Enhanced Recovery After Surgery  
DrEaMing  
To reduce complications and length of stay, please help your patients to:

- Drink
- Eat
- Mobilise

WITHIN 24 HOURS OF SURGERY

We are aiming for 80% compliance in DrEaMing from 5th August 2024!

- Talk about DrEaMing on every contact with the patient and empower them to ask about their recovery
- Identify barriers to DrEaMing, especially post-operatively
- Discuss recovery expectations and document any DrEaMing deviations
- Assume that DrEaMing is the default standard of care for all patients. Examples of exceptions can be found here (qr code)
- Clear documentation for DrEaMing is key. Please help us with this until STAMP launches

[CLICK HERE TO FIND OUT MORE](#) [CONTACT US](#)

What would you score the study day out of 0-5? 29 responses submitted

4.90

5 stars: 100%

## Study Day Feedback

Would you recommend this study day to a colleague? 29 responses submitted

qualified sure clear idea teams **Yes** Defenety definitely related topics

## ERAS relaunch

## Specialist Study Days



# Good news stories



Shaping Our Future  
**Workforce**



**SIA Rebuilding Lives Awards**



**Moondance Award Winner – Peritoneal Service**



**Practice Learning Awards**



**PNA Awards**



**RCN Awards**

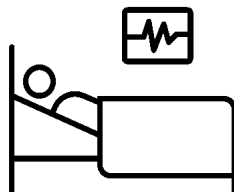


# Surgery CB Cultural Hotspots

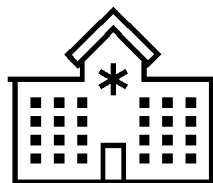
Regan, Nikki  
09/09/2024 08:42:00



**Audiology**



**Peri operative Care**



**HSDU**

# Support required



- Stronger People and Culture support
- Consistent advice and a constant contact in P&C
- Training on workforce planning for Managers
- Protected time for People and Culture initiatives

Regan, Nikki  
09/09/2024 08:42:00



Report Title:	Long Term Sickness Absence Data – over 3 months			Agenda Item no.	2.5
Meeting:	People & Culture Committee	Public	X	Meeting Date:	10 <sup>th</sup> September 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of People and Culture & Executive Director of Nursing				
Report Author (Title):	Deputy Director of People & Culture				

## Main Report

### Background and current situation:

The People & Culture Committee asked for a report to provide assurance on the number of long-term sickness cases over three months.

During the period July 23 to July 24 sickness absence cases across the Health Board have reduced, the long-term sickness absence rate in July 2023 was 4.35% out of a cumulative total of 6.54%. In July 2024 it was 4.04% out of a cumulative total of 6.21%.

The table below shows the level of sickness absence cases broken down by Clinical Board with comparison between July 23, February 2024 and July 2024. The number of sickness absence cases has slightly increased between February and July 2024 from 188 cases to 211, but remain significantly lower than reported in July 2023 where there were 268 cases reported.

#### **Sickness Absence cases (over 3 months)**

Clinical Board	July 23	February 24	July 24
All Wales Medical Genomics Service	2	0	1
Capital, Estates & Facilities	32	17	31
Children & Women	41	22	21
Clinical Diagnostics & Therapeutics	22	15	26
Corporate Executives	10	10	15
Medicine	54	29	28
Mental Health	32	28	21
	20	10	17
Primary, Community Intermediate Care			
Specialist Services	25	34	27
Surgical Services	30	23	24
<b>Total</b>	<b>268</b>	<b>188</b>	<b>211</b>

#### **Sickness Absence cases by Staff Group (over 3 months)**

The table overleaf shows the same data broken down by Staff Group, the levels between July 2023 and July 2024 in most of the Staff Groups have stayed at a similar level. It is pleasing to see the significant reduction in both “Additional Clinical Services” and “Nursing and Midwifery Registered” as a result of focused pieces of work that have been supported by the People Services Team.

Regan, Nikki  
09/09/2024 08:42:00

Clinical Board	July 23	February 24	July 24
Add Prof Scientific and Technic	5	3	3
Additional Clinical Services	86	61	57
Administrative and Clerical	39	45	39
Allied Health Professionals	14	10	16
Estates and Ancillary	32	18	33
Healthcare Scientists	2	3	2
Medical and Dental	5	4	7
Nursing and Midwifery Registered	85	44	54
<b>Total</b>	<b>268</b>	<b>188</b>	<b>211</b>

### **Sickness Absence cases by Absence Reason (over 3 months)**

The table below shows sickness absence broken down by absence reason. The number of cases related to “Benign & Malignant tumours, cancers” has increased from 13 cases in July 2023 to 21 cases in July 2024. There has also been a substantial increase in cases related to “Gastrointestinal problems” increasing from 7 cases in July 23 to 16 cases in July 24.

Sickness absence cases related to “anxiety/stress/depression/ other psychiatric illnesses” have slightly increased from 69 cases in February 24 to 74 cases in July 24, but remain lower than July 23 where 103 cases were reported. There has also been a noteworthy improvement of cases reported as “other known causes – not elsewhere classified” dropping to only 4 cases in July 24 compared to 13 cases in July 23.

Absence Reason	July 23	February 24	July 24
S10 Anxiety/stress/depression/other psychiatric illnesses	103	69	74
S11 Back Problems	11	17	14
S12 Other musculoskeletal problems	25	13	19
S13 Cold, Cough, Flu - Influenza	9	3	6
S15 Chest & respiratory problems	19	8	9
S16 Headache / migraine	5	5	5
<b>S17 Benign and malignant tumours, cancers</b>	<b>13</b>	<b>13</b>	<b>21</b>
S18 Blood disorders	0	0	3
S19 Heart, cardiac & circulatory problems	10	7	7
S21 Ear, nose, throat (ENT)	3	1	0
S23 Eye problems	1	0	1
S24 Endocrine / glandular problems	1	3	4
<b>S25 Gastrointestinal problems</b>	<b>7</b>	<b>14</b>	<b>16</b>
S26 Genitourinary & gynaecological disorders	9	6	9
S27 Infectious diseases	11	4	2
S28 Injury, fracture	14	11	9
S29 Nervous system disorders	7	4	3
S30 Pregnancy related disorders	2	4	1
S31 Skin disorders	2	0	0
S98 Other known causes - not elsewhere classified	13	3	4
S99 Unknown causes / Not specified	3	3	4
<b>Total</b>	<b>268</b>	<b>188</b>	<b>211</b>

### **Cases related to Long Covid**

The data provided includes cases related to colleagues suffering with long Covid. There has been a significant reduction in cases related to long Covid, reducing from 26 in July 2023 to 6 in February 2024 and only 2 in July 24. The People Services team have supported colleagues to either return to work in their

substantive role, return to work in an alternative role via the redeployment process, access ill-health retirement where they are unable to return to work or as a last resort termination of employment when all options have been exhausted.

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

The People Services Team has a culture of continuous improvement and they are always looking at ways in which they can improve how colleagues and managers are supported with the Managing Attendance at Work process. Below are examples of some of the actions that have been taken:

#### Continuous Improvement:

- The People Services team have been and are continuing to support the majority of Clinical Board Directors of Nursing (DoN) with Sickness Absence panels. The panels are led by DoN and assurance is provided by Lead and Senior Nurses on how they are managing both short- and long-term sickness absence appropriately. The People Services team attend the panels to offer expert advice, support and direction.
- Managing Attendance at Work (MAAW) Clinics are in place, managers book a slot to discuss cases with the team. The aim of the clinic is to provide managers with expert advice and support, to build manager capability and confidence and ultimately ensure that colleagues feel supported.
- Regular training sessions are offered and delivered in partnership with Trade Union colleagues, sessions include MAAW training.
- Toolkit Talks are delivered by the team, they are short training sessions delivered virtually to maximise attendance and cover a wide range of employment topics. The topics are chosen through the reports that are generated from ActionPoint showing what queries are being asked or queries received directly from managers and members of staff.
- The team are working closely with Clinical Boards and Directorate teams where high levels of sickness absence have been identified.
- When colleagues are off work with long term sickness they receive a 'Wellbeing Letter' signposting them to available support via the Employee Wellbeing Service, Occupational Health, etc.
- The team are continuing to focus on improving the accuracy of our data, this is being achieved by educating managers on the reasons that should be used, therefore reducing the use of "other unknown", ensuring ESR reflects the correct sickness absence reason.
- Priority has been awarded to cases related to Anxiety/stress/depression, the team contact managers at the earliest opportunity to provide support, signposting and guidance on completion of stress risk assessments.
- The Employee Wellbeing team work closely with the People Services team to ensure effective signposting, support and guidance to resources, materials, services, etc.
- An 'Avoidable Employee Harm' task and finish group has been established looking at the link between formal employment processes and sickness absence. The aim of the group is to develop mechanisms to support to support colleagues to remain well enough to stay in work.
- The team are continuing to advise and support managers with Occupational Health referrals, e.g. when to refer and when not to, the quality of information provided, etc.

#### Recommendation:

The People and Culture Committee is requested to:

- **Note** the contents of the report

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

*Please tick as relevant*

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

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant*

Prevention		Long term		Integration		Collaboration		Involvement	
------------	--	-----------	--	-------------	--	---------------	--	-------------	--

**Impact Assessment:**

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

Risk: No

Safety: No

Financial: No

Workforce: Yes

Workforce risks and mitigating actions taken are described throughout this report

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: Yes/No

**Approval/Scrutiny Route:**

Committee/Group/Exec Date:

Strategy & Delivery



GIG  
CYMRU  
NHS  
WALES

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

# Smoking Update

Regan, Nikki  
09/09/2024 08:42:00



# Why is smoking one of our 'top three' priorities?

- Smoking is the leading cause of preventable death. In Wales, in 2018, around 5,600 deaths in people aged 35+ were attributable to smoking and smoking related illnesses accounted for 4.6% of all hospital admissions in the same age group
- Smoking is the cause of death in around half of all long-term smokers, and is linked to a wide range of illnesses including cancers, respiratory disease and cardiovascular disease (incl. strokes, heart attacks, dementia)
- Exposure to second hand smoke causes significant harm, increasing the risk of lung cancer and cardiovascular disease – it is particularly harmful to children
- The environmental impacts of tobacco include deforestation, the use of fossil fuels, the leaking of waste into the environment, air pollution and litter
- Smoking patterns are not uniform across our society and smoking is a major cause of inequalities

Regain  
09/09/2024 08:42:00





# What the evidence shows about smoking in the UK

- Smoking rates generally higher in men than women
- Smoking rates are higher in certain communities and groups:
  - those experiencing deprivation –unemployed; people in routine an manual occupations; those living in social housing
  - people with serious mental health illnesses
  - Some ethnic minority communities
  - People from LGBTQ+ communities
- Reducing prevalence needs elements of prevention, cessation and environmental controls (including enforcement)

Ream, Nikki  
09/09/2024 08:42:00





# Key messages about smoking cessation

- In Cardiff and Vale about 13% of people report smoking
- Most smokers (7 in 10) want to quit
- There are a range of free NHS services available to support people on their quit journey.
- In CAV we have 4 part time staff who run 16 community clinics per week
- Nicotine in tobacco is a highly addictive substance, and it is recognised that individuals often have several attempts before successfully quitting smoking.
- Individuals are 3 times more likely to quit if they have face to face behavioural support from an expert combined with stop smoking aids

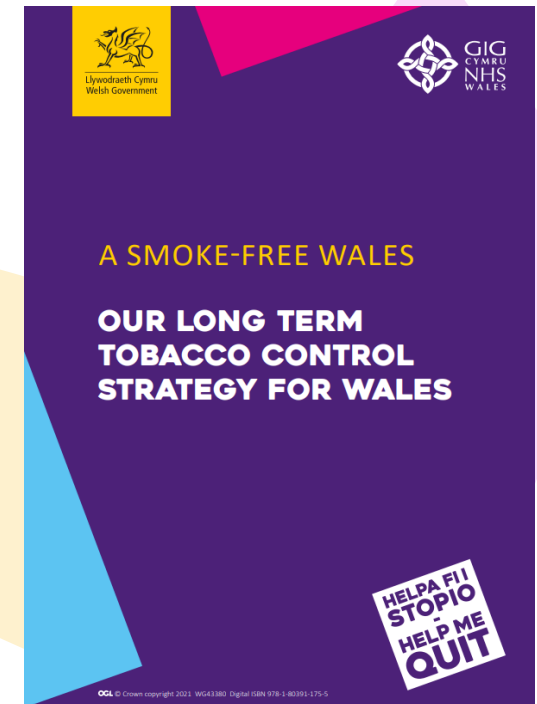
Regan, Nikki  
09/09/2024 08:42:00





# Strategy and policy in Wales

- **A Smoke Free Wales – Our Long Term Tobacco Control Strategy for Wales has three key themes:**
  - Reducing Inequalities
  - Future Generations
  - Whole System Approach for a Smoke-Free Wales
- **Towards a Smoke Free Wales: Tobacco Control Delivery Plan (2022 – 2024) has 5 priority areas:**
  - Smoke-Free environments
  - Continuous improvement and supporting innovation
  - Priority Groups
  - Tackle illegal tobacco and the tobacco control legal framework
  - Working across the UK



[A SMOKE-FREE WALES - Our Long Term Tobacco Control Strategy for Wales \(gov.wales\)](https://gov.wales)

Regan, Nikki  
09/09/2024 08:42:00





# Data

- National Survey for Wales – smoking prevalence
- Student Health and Wellbeing in Wales survey – smoking and vaping behaviours in young people aged 11-16
- Maternity and birth statistics for maternal smoking rates
- Help Me Quit performance data

Regan, Nikki  
09/09/2024 08:42:00





# Addressing smoking in C&V

- **Enacting legislation**

- Bans on smoking in enclosed public and work spaces, cars carrying children, hospital grounds, school grounds, outdoor areas of childcare settings and public playgrounds

- **Help Me Quit—national smoking cessation service**

- Community services
- In Hospital
- Pharmacy
- Maternity services

- **Prevention**

- Schools based action –*Just B SmokeFree, educational resource*
- Reducing Smoking Harms to Children and Young People'

Delivery Plan 2022-2025 - Public Health Practitioner newly in post for C&V

Regan, Nikki  
09/09/2024 08:42:30



# Communications



GIG  
CYMRU  
NHS  
WALES

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

["I quit smoking after four decades of addiction – if I can do it anyone can" - Cardiff and Vale University Health Board \(nhs.wales\)](#)

Cardiff and Vale University Health Board  
Published by Orlo · 31 May at 11:02 ·

If you smoke or vape, you are entitled to free NRT whilst staying as an inpatient in hospital, even if you aren't ready to quit right now. The Help Me Quit team are on hand to support you to become smoke free, making you comfortable and helping you improve your recovery <https://orlo.uk/ONSag>

ACCESS FREE  
NICOTINE  
REPLACEMENT  
THERAPY DURING  
YOUR STAY

NICOTINE GUM

ALL HOSPITAL  
SITES AND  
GROUNDS IN WALES  
ARE SMOKE FREE

Regan Nikki  
09/09/2024 08:42:00

Cardiff and Vale University Health Board  
Published by Orlo · 31 May at 09:02 ·

All hospital sites in Wales are smoke free by law. This applies to everyone, including staff, patients, visitors and contractors. If you're an inpatient, staff are on hand to support you to remain smoke free and comfortable during your stay. We can give you free stop smoking medication to help cope while you can't smoke or vape, even if you aren't ready to quit right now. We can also connect you to the friendly Help Me Quit team for expert advice and support <https://orlo.uk/vs1Hj>

ALL HOSPITAL  
SITES AND  
GROUNDS IN WALES  
ARE SMOKE FREE

HELPA FFI  
STOPIO  
HELP ME  
QUIT

Cardiff and Vale University Health Board  
Published by Orlo · 24 May at 09:01 ·

Want to break free from cigarettes?

With Help Me Quit Wales, you can gain access to free stop smoking medication and expert support to help you quit smoking for good.

Head to <https://orlo.uk/ZKFHX> to start your smoke free journey.

0:05 / 0:10

Ydych chi gwrth sefyll  
211 se-wrthod  
**STOPIO  
YSMYGU**  
The best chance you  
can make to  
**QUIT  
SMOKING**  
Ewch i:  
helpmequit.wales  
Tel: 0800 085 2219  
Visit:  
helpmequit.wales  
Text: HMQ to 80818

**0800  
085 2219**

HELPA FFI  
STOPIO  
HELP ME  
QUIT

["How I quit smoking after 50 years of addiction" – Cardiff and Vale University Health Board \(nhs.wales\)](#)



# Welsh resident smokers who made a quit attempt via NHS smoking cessation services, by local health board and cumulative quarters within a financial year, 2022/23



	Number of Welsh resident smokers treated by smoking cessation services.	Estimated number of Welsh resident smokers. (1)	Percentage of the estimated smoking population of Wales who made a quit attempt via smoking cessation services.
Wales	13876	332668	4.2
Betsi Cadwaladr University Local Health Board	3268	76123	4.3
Powys Teaching Local Health Board	381	12114	3.1
Hywel Dda University Local Health Board	2335	39842	5.9
Swansea Bay University Local Health Board	1426	42193	3.4
Abertawe Bro Morgannwg University Local Health Board	.	.	.
Cwm Taf Morgannwg University Local Health Board	2509	55782	4.5
Cwm Taf University Local Health Board	.	.	.
Aneurin Bevan University Local Health Board	2810	56961	4.9
Cardiff and Vale University Local Health Board	1147	49653	2.3

**NHS Wales  
Performance  
Target = 5%**

Source: [Smoking cessation services \(gov.wales\)](https://www.gov.wales/government/department/department-for-health-wales/health-wales/nhs-wales-performance-target)



# Public Health - Smoking



Purpose		Design Principles		Priorities
<ul style="list-style-type: none"> <li>Reduce health inequalities caused by smoking</li> <li>Protect future generations from the harm caused by tobacco</li> <li>Develop a 'whole system approach' for a smoke free Cardiff and Vale</li> </ul>		<p>Work with partners to deliver evidence based actions that prevent people taking up smoking and help current smokers to quit</p> <p>Support advocacy for changes to legislation that will help deliver a smoke free environment</p>		<p>The three areas of focus for 2024/25 are</p> <ol style="list-style-type: none"> <li>1) Reducing smoking rates from 13% to 5% by 2030 using a whole system approach</li> <li>2) Ensure all interventions address inequalities in smoking prevalence</li> <li>3) Reduce the number of people who start smoking</li> </ol>
Deliverables				
<p>Deliver and target effective smoking cessation services through:</p> <ul style="list-style-type: none"> <li>Community based HMQ</li> <li>HMQ in hospital</li> <li>Community pharmacy</li> <li>Specialist service for pregnant smokers</li> </ul> <p>Maximise the potential of a settings based approach to smoking cessation</p>	<p>Advocate for national smoking policy change</p> <p>Deliver a sustainable model for enforcing 'no smoking' legislation on hospital sites</p>	<p>Stop children starting smoking and vaping</p> <p>Delivery of smoking prevention education</p>	<p>Develop a communication and engagement strategy to effectively disseminate smoking cessation / prevention information, with specific consideration of communities where smoking rates are higher</p>	



Report Title:	Digital Communications & Analytics			Agenda Item no.	2.7
Meeting:	People and Culture Committee	Public	X	Meeting Date:	10/09/2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Rachel Gidman, Executive Director of People and Culture				
Report Author (Title):	Joanne Brandon, Director of Communications, Arts, Health Charity and Engagement				

### Main Report

#### Background and current situation:

The CAVUHB Communications team continually monitor and evaluate internal and external approaches to content across a range of digital channels to ensure the best possible engagement.

The Digital Communications and Analytics dashboard outlines key statistics and data from each of our digital communications platforms over a two-month period. The dashboard highlights key areas of success, spikes in activity, and considerations for future approaches.

Learnings from the dashboard enables the Communications team to take an evidence-based approach to content through monitoring and evaluating approaches.

Examples included in the dashboard highlight how the Communications team are supporting the Shaping Our Future Wellbeing strategic objectives, including Putting People First and making people feel valued, developed, supported and engaged.

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





#### Recommendation:

The Committee is requested to:

- a) Hear about the approaches that are being taken and provide feedback for the Communications teams consideration.

#### Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

1.	 Putting People First	X	2.	 Providing Outstanding Quality	X
3.	 Delivering in the Right Places	X	4.	 Acting for the Future	X

#### Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention		Long term	X	Integration	X	Collaboration	X	Involvement	X
------------	--	-----------	---	-------------	---	---------------	---	-------------	---

**Quality Impact Assessment Completed?:**

Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)	No – (Please provide reasoning, e.g. not required)	X	Sharing data and statistics. No QIA required.
---	--	---	---

**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

No

Legal: Yes/No

No

Reputational: Yes/No

No

Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)

No

Equality and Health: Yes/No - Useful guidance on the completion of an EHIA can be found at the following link: [EHIA toolkit - Cardiff and Vale University Health Board \(nhs.wales\)](#)

N/A

Decarbonisation: Yes/No

No

Welsh Language: Yes/No

No

**Approval/Scrutiny Route (please note anywhere else this paper has been before):**

Committee/Group/Exec

Date:

Regan, Nikki  
09/09/2024 08:42:00



GIG  
CYMRU  
NHS  
WALES

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

# CAVUHB Digital Communications Analytics

June - August 2024

Figures from 1 June - 16 August 2024

Regan, Nikki  
09/09/2024 08:42:00

Last Updated: 23 August 2024

# Website Traffic

'Jobs' page received the most views during this month so far this year, with over 48,900 views

## June

Jobs - Cardiff and Vale University Health Board	43,033
Home - Cardiff and Vale University Health Board	16,331
University Hospital of Wales - Cardiff and Vale University Health Board	8,209
Search Results - Cardiff and Vale University Health Board	7,240
University Hospital of Wales Visiting Times - Cardiff and Vale University Health Board	5,388
Sexual Health - Cardiff and Vale University Health Board	3,416
University Hospital Llandough - Cardiff and Vale University Health Board	3,393
Maternity Services - Cardiff and Vale University Health Board	2,770
404 - Page not found - Cardiff and Vale University Health Board	2,715
I suffered a devastating brain injury - volunteering played a huge part in my recovery - Cardiff and Vale University Health Board	2,229

First time a news article has appeared in our top 10 most viewed webpages this year.

 Views: 272,110

 Visitors: 85,660

 Views per visitor: 3.18

## July

Jobs - Cardiff and Vale University Health Board	48,959
Home - Cardiff and Vale University Health Board	16,542
University Hospital of Wales - Cardiff and Vale University Health Board	8,788
Search Results - Cardiff and Vale University Health Board	7,422
University Hospital of Wales Visiting Times - Cardiff and Vale University Health Board	5,454
Sexual Health - Cardiff and Vale University Health Board	3,548
Maternity Services - Cardiff and Vale University Health Board	2,722
University Hospital Llandough - Cardiff and Vale University Health Board	2,698
404 - Page not found - Cardiff and Vale University Health Board	2,553
Contact Us - Cardiff and Vale University Health Board	2,122

 Views: 274,401

 Visitors: 82,811

 Views per visitor: 3.31

## August

Jobs - Cardiff and Vale University Health Board	32,022
(not set)	11,734
Home - Cardiff and Vale University Health Board	11,130
University Hospital of Wales - Cardiff and Vale University Health Board	6,071
Search Results - Cardiff and Vale University Health Board	4,904
University Hospital of Wales Visiting Times - Cardiff and Vale University Health Board	3,416
Sexual Health - Cardiff and Vale University Health Board	2,416
Clinical Attachments - Cardiff and Vale University Health Board	2,047
Maternity Services - Cardiff and Vale University Health Board	1,810
University Hospital Llandough - Cardiff and Vale University Health Board	1,804

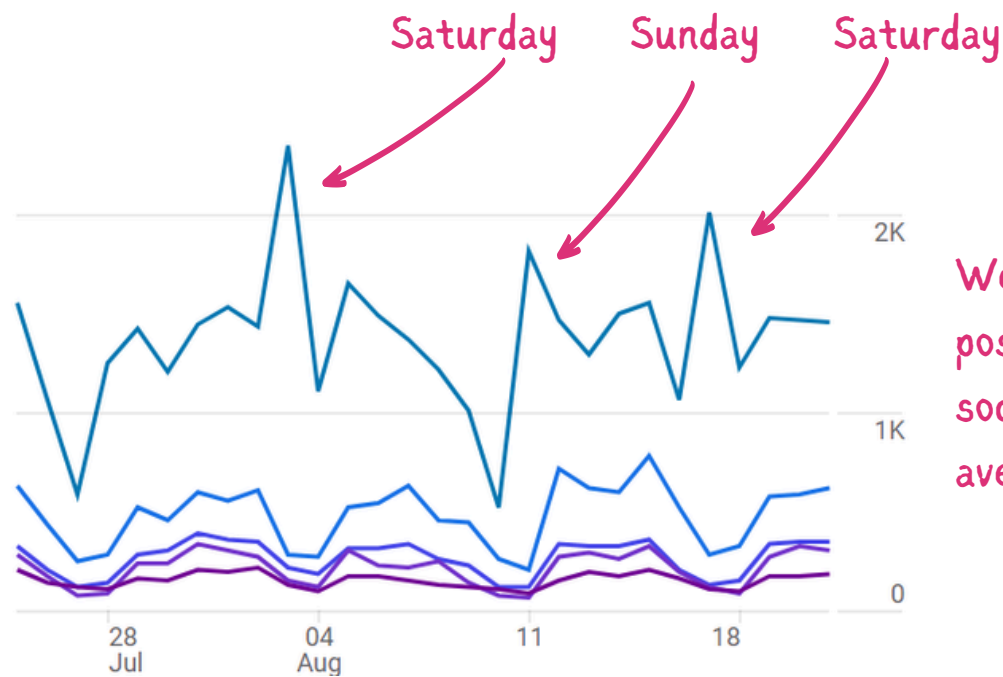
 Views: 198,691

 Visitors: 59,326

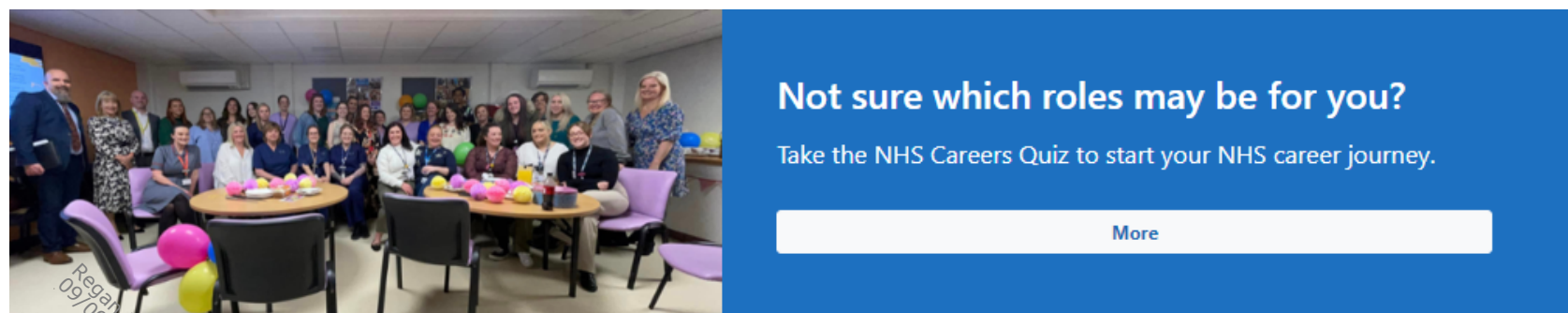
 Views per visitor: 3.35

# Website Development - Jobs page

Due to the Jobs page of the website consistently being the most viewed webpage, even more than the homepage, work has taken place to turn this into a recruitment hub of useful information.



We see a spike in page views each time we post a weekend round up of vacancies to social media, all of which have received on average 2,000 views to the Jobs page.



Link to interactive quiz based on users interest now added, which highlights available vacancies across the NHS including roles at CAVUHB

New pages set up for further visibility and highlighting pages beneficial for candidates



## Tips for your application

The application is judged solely on how well you match with what has been asked for in the job description.



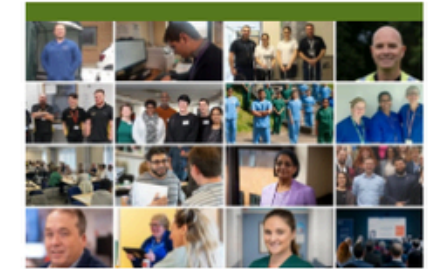
## A Great Place to Live and Work

See how you can work for Wales and how Wales can work for you.



## Medical & Dental Managed Locum Bank

The Health Board employs a talented pool of Locum bank staff who support us by working flexible hours on a temporary basis.



## Careers in the NHS

With more than 350 roles on offer, NHS Wales is an exciting place to develop your career.

Analytics shows an average time of 1 minute 28 seconds is currently being spent on this new webpage, which reflects the read time of content.

'Day in the Life' videos added showcasing a wide range of roles across different departments with further information available.

Views to the new webpage show most clicks currently are to find out about apprenticeships.

### Day in the Life

Allied Health Professionals	<p><b>Maintenance Engineering</b> A Maintenance Engineer's role is to install, repair and maintain mechanical equipment within the hospitals and other healthcare settings.</p>
Estates & Facilities	<p><b>Retail Catering</b> Retail caterers work as part of a team delivering catering services to customers, including patients, colleagues, students and visitors.</p>
Healthcare Sciences	<p><b>Ward Based Caterer</b> A ward based caterer is responsible for working with the ward team to develop and maintain the patient environment. Providing a high quality, courteous and efficient beverage and meal service to meet patient needs.</p>
Nursing	
Other	

# CAV Communities - Viva Engage

New internal communications platform and app launched on Friday 26th August

Over 600 CAVUHB colleagues have joined community groups



Examples where the platform has been used for problem solving

**Richard Mansell (Cardiff and Vale UHB - Medical Resourcing & Systems)**  
 Aug 2  
 Just created a test page and seems to be working great. Thank you  
<https://cavuhb.nhs.wales/staff-information/people-and-culture-teams/medical-resourcing-systems/testing/>

**Jenny Seal (Cardiff and Vale UHB - Communications And Engagement)**  
 Aug 2  
 Fabulous! I feel like this is what Viva Engage was made for.

Colleagues in a wide range of roles have been posting and engaging

**Mark Taubert (Velindre - Palliative Medicine)**  
 Jul 31 • Edited  
 Seen by 46 ...  
**Professor Anthony Byrne- Retirement**  
 This month, a very dear colleague is partially retiring, Professor Anthony Byrne. Anthony has dedicated his life to a career in Palliative Care, and has been working in University Hospital Llandough, as well as the hospice and for the Marie Curie Research Centre in Cardiff for decades. Beloved by patients, he has also been a friend, mentor and kept the palliative care teams at C&V going with his Irish sense of humour, and his sparkle.  
 Retirement will allow h... see more



**Chandra Almeida (Cardiff and Vale UHB - People & Culture)**  
 Aug 15  
 Me and my nephew at Pride Cymru: he began the day feeling a little apprehensive but by the end of the afternoon was asking for more glitter!!



Most popular community group is CAV Staff Benefits with 161 members

**Millie Cook (Cardiff and Vale UHB - Communications And ...)**  
 Jul 29  
 Seen by 55  
**POLL**  
 Who's planning to go and see 'Deadpool and Wolverine' this summer? 🎬  
 Did you know Cardiff and Vale UHB colleagues can get up to 40% off cinema tickets, food and drink at the best cinemas, including Odeon, Vue and Cineworld.  
 Find out more here → [Cinema Tickets from Health Service Cinema Tickets | Health Service Discounts](#)  
 Yes 🤩 9 votes  
 No 🙅 0 votes  
 9 total votes - Change vote - Reload

Executives actively engaged on the platform

**Jason Roberts (Cardiff and Vale UHB - Corporate Nursing)**  
 Mon at 10:00 PM  
 Looking forward to seeing the fantastic patient care and experience that Cardiff and Vale staff provide to our population 🙌

**Suzanne Rankin (Cardiff and Vale UHB - Executives)**  
 Tue at 11:56 AM  
 Really looking forward to seeing the first episode tonight where I know we will see Team CAV at our very best but also an honest reflection of the very real challenges faced in delivering treatment and care to those who need it. Thanks to all who star in the episode and to the many more behind the scenes who make the magic happen 🙏

**Rachel Gidman (Cardiff and Vale UHB - Executive Director of People and Culture)**  
 Tue at 10:41 PM  
 Wow very proud of our workforce . A great series showing all your talent #veryproud

# SharePoint News Engagement

Since the launch of CAV Communities via Viva Engage, the number of views on News articles has increased.

In the week before the launch of Viva Engage, 14 news articles were published with 7 viewed less than 100 times.

Since then 34 articles have been published with average views of 246; only 3 have had less than 100 views.

## Popular articles



### A new retail unit to open on UHW concourse

Cardiff and Vale University Health Board are pleased to announce M&S will

News (Cardiff and Vale UHB - Communications) 1 August  
1127 views



### Costco Pop Up Event – Friday 12th July 2024

Cardiff and Vale University Health Board colleagues are eligible for discou

News (Cardiff and Vale UHB - Communications) 9 July  
1104 views



### A message from Suzanne Rankin, Chief Executive — O

We are proud that Cardiff and Vale University Health Board provides h

News (Cardiff and Vale UHB - Communications) 7 days ago  
693 views



Views of News Homepage



2057

2073



Number of News articles published



191

221



Amount of articles with less than 100 views



85

81



Number of articles with 100-200 views



60

40



Number of articles with 200+ views



46

25

Last 90 days

Previous 90 days

# Facebook Engagement



Followers: 37,897k ↑ 274

Post impressions: 1.8m ↑ 337k

Link clicks: 29,778 ↑ 4.2k

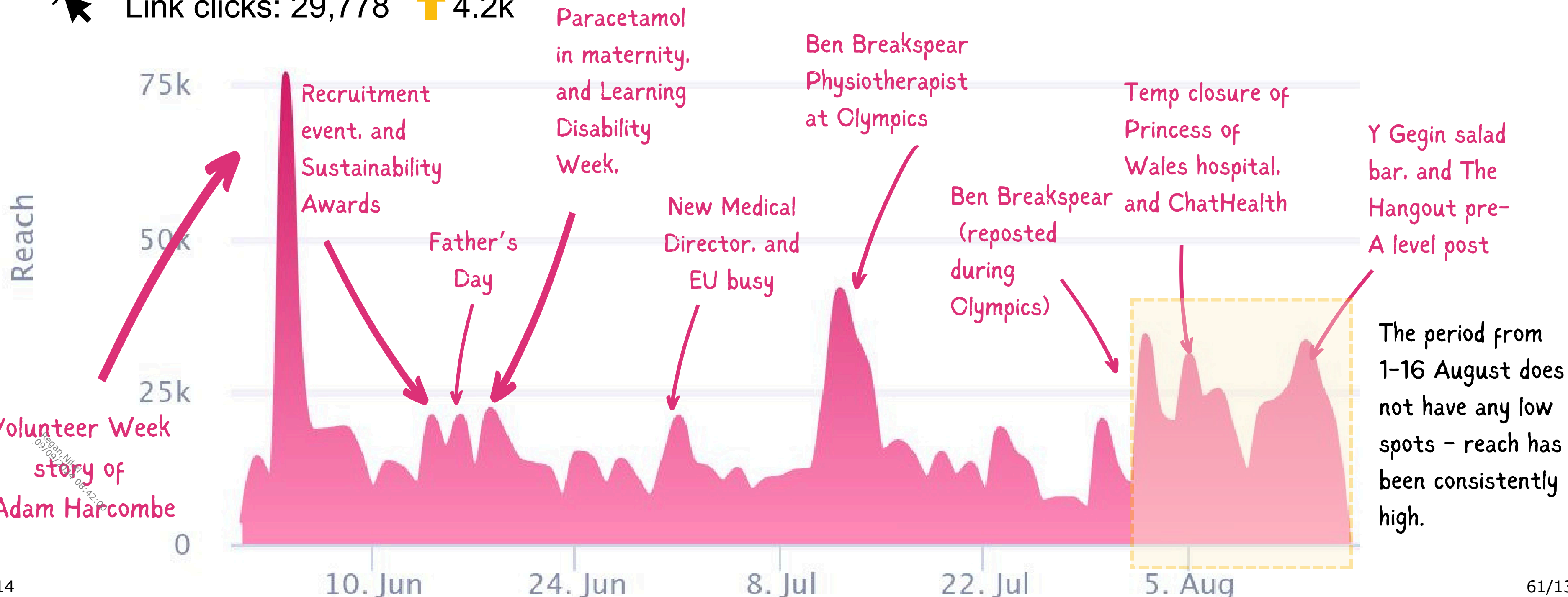


Number of posts: 205 ↑ 52



Post engagement: 2.29% ↓ 0.08%

Our engagement rates are above average for health sector (1.17)

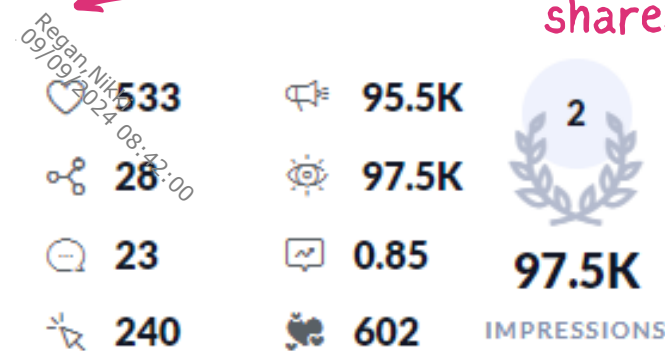


# Successful Facebook posts

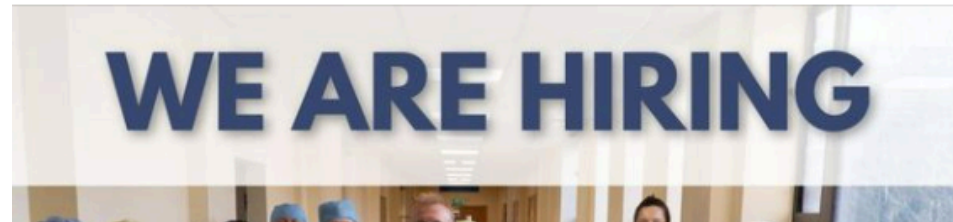
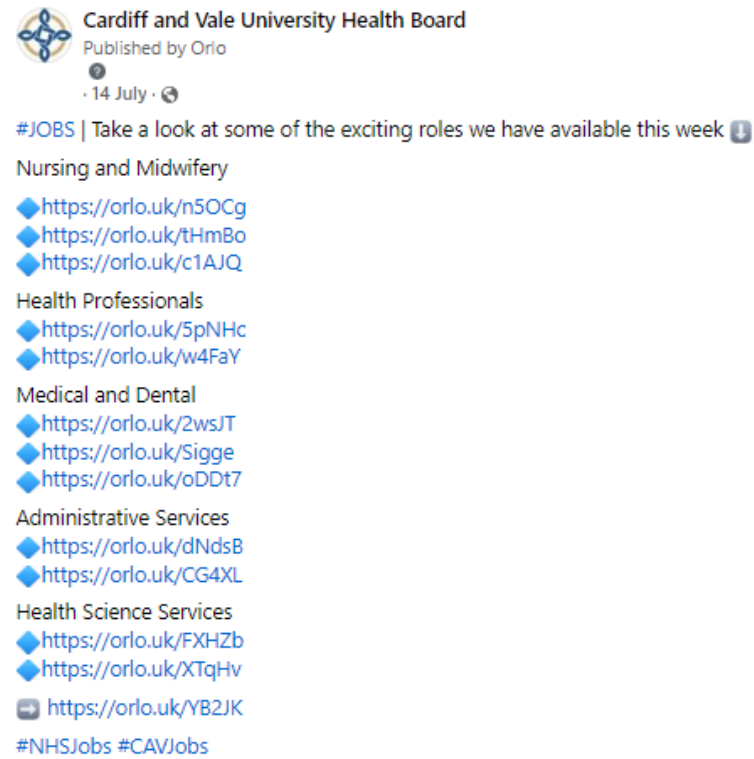
Good news posts that link to a trending / current event (the Olympics, story about Adam Harcombe's attacker that had media interest) receive the most engagement.



The post was liked a further 800 times through other people's shares.



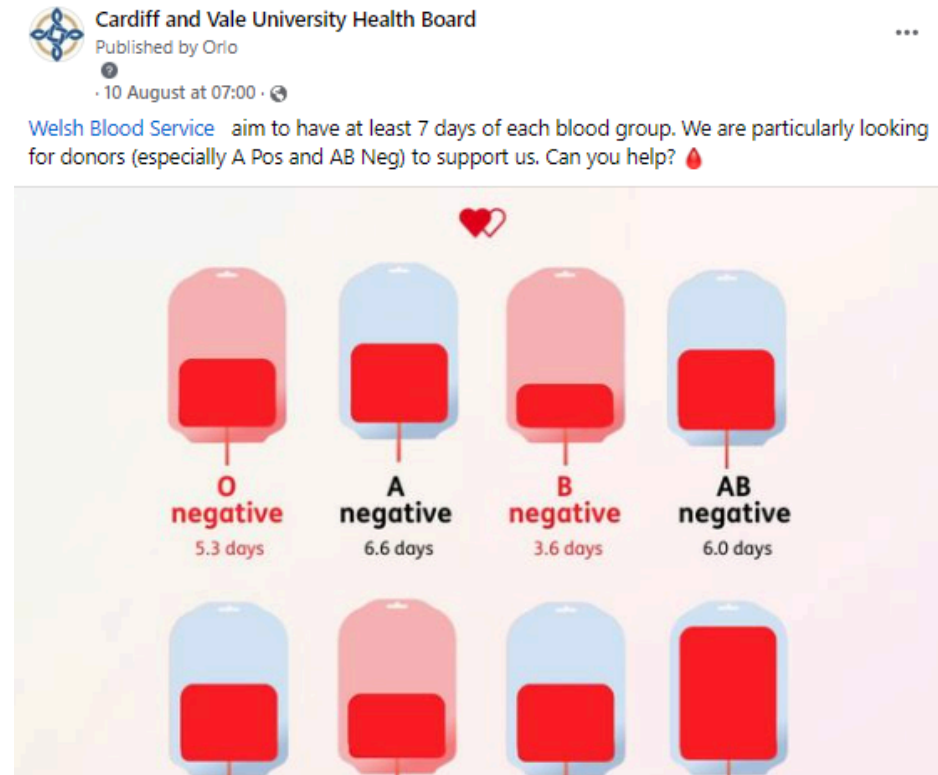
Job posts consistently receive the most clicks.



Most clicks of last 12 months



Graphics can work when there is a strong and clear message behind them, but photos are far more reliably successful.



## Insights

Seven out of ten of the most viewed posts of the last 12 months are from this period.

Reach and engagement are getting consistently stronger on Facebook.

# X / Twitter Engagement



Followers: 28.6k ↓ 157

Post impressions: 194.9k ↑ 44.6k

Link clicks: 674 ↑ 816



Number of posts: 127 ↓ 40



Post engagement: 1.14% ↑ 0.16%

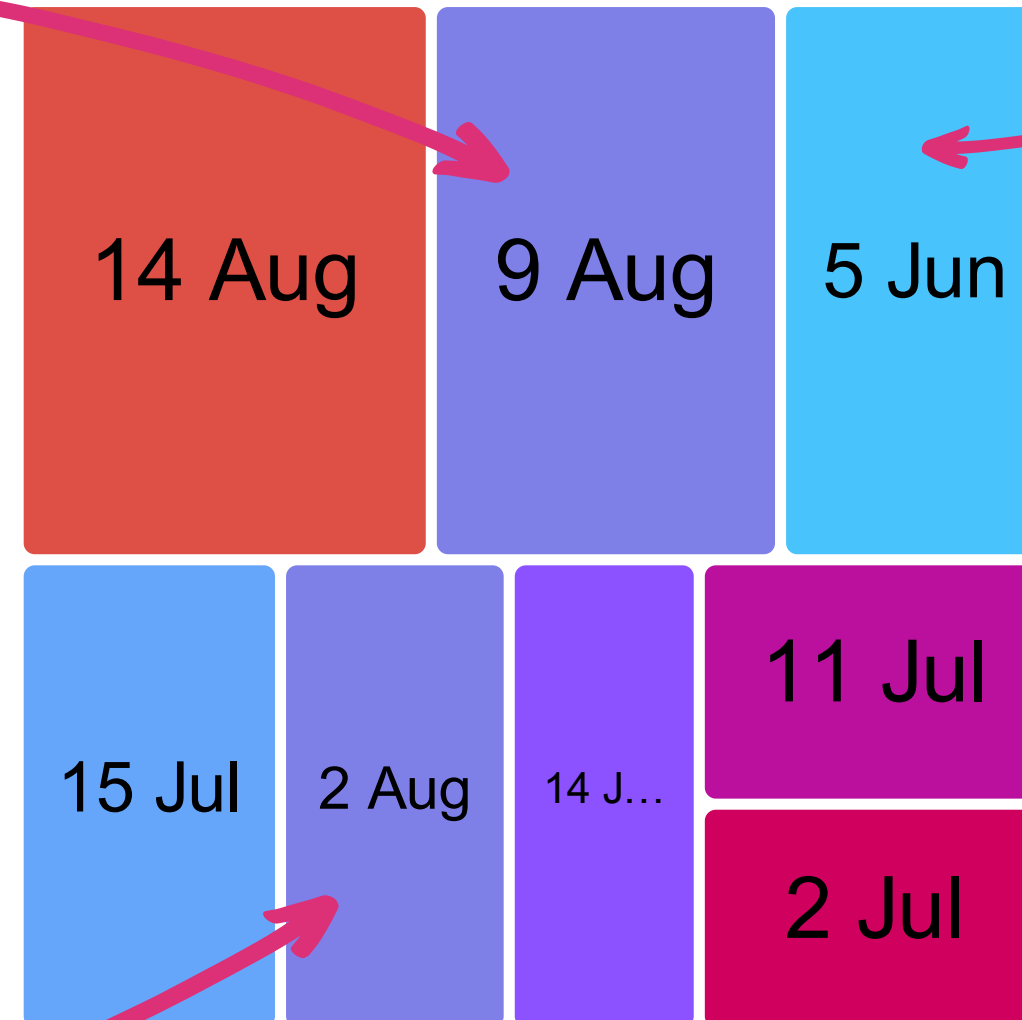
Our engagement rate is currently average for the health sector.

In the Spotlight - PC  
Martin Baggett  
(8621 impressions)

Saving Lives  
(10,062 impressions)

Paediatric Services Survey  
(5,361 impressions)

MMR Vaccine popups  
(4,774 impressions)



E-triage kiosks  
(6,497 impressions)

Ben Breakspear Physiotherapist at Olympics  
(3,760 impressions)

Walkie Talkie  
(3,431 impressions)

Sustainability awards  
(3,967 impressions)

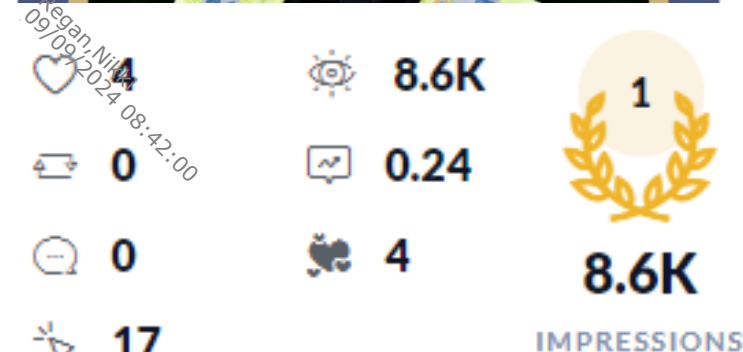
Regan, Nikki  
09/09/2024 08:42:00

# Insights

## Successful X / Twitter posts

Recently our highest viewed posts have been boosted by being quote reposted by accounts with a large following - in this case South Wales Police.

The Saving Lives documentary is being shared widely by colleagues on X.



Cardiff and Vale University Health Board @CV\_UHB · Aug 14 Promote ...  
Cardiff and Vale University Health Board is the focus of BBC's six-part documentary series Saving Lives in Cardiff — and the first episode will air on Tuesday, 20 August 📺



1 Comment 44 Retweets 99 Likes 10K Views



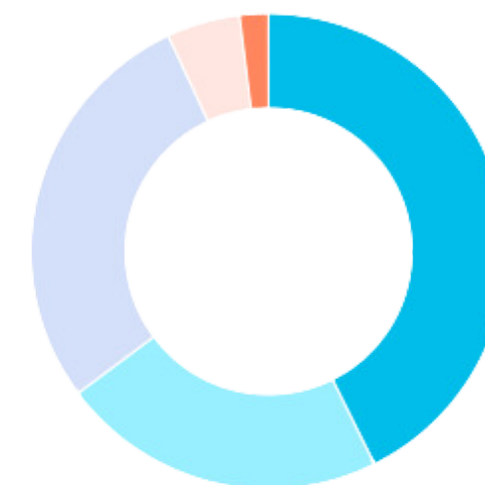
Brand sentiment is overall more positive than Facebook.

Actively asking other organisations or key people to quote repost is well worth doing.

Overall we have lost 87 followers over this period.

We are currently reviewing our approach on this platform.

### Brand sentiment



- 42.7% | Positive
- 22.1% | Semi Positive
- 28.3% | Neutral
- 5.0% | Semi Negative
- 2.0% | Negative

# Instagram Engagement



Followers: 830 ↑ 76

Post impressions: 15.9k ↑ 7.4k

Number of posts: 41 ↑ 19

Number of reels: 6 ↓ 2

Post engagement: 3.78% ↓ 0.48%

Top content based on reach

Our engagement rates are above average for health sector (1.7%)



Graphic posts (including the EU is busy posts) do not perform well - with the exception of the Saving Lives post.

Our least popular reels do better than some of our most popular posts. Instagram prioritises reels over posts - they reach far more non-followers.

The 12 items with the greatest reach over the last 3 months include 7 reels, 3 posts with multiple photos and 2 posts with one image only.

# LinkedIn Engagement



- Followers: 14,913 ↑ 790
- Post impressions: 134,308 ↑ 100.8k
- Link clicks: 6,014 ↑ 5.8k



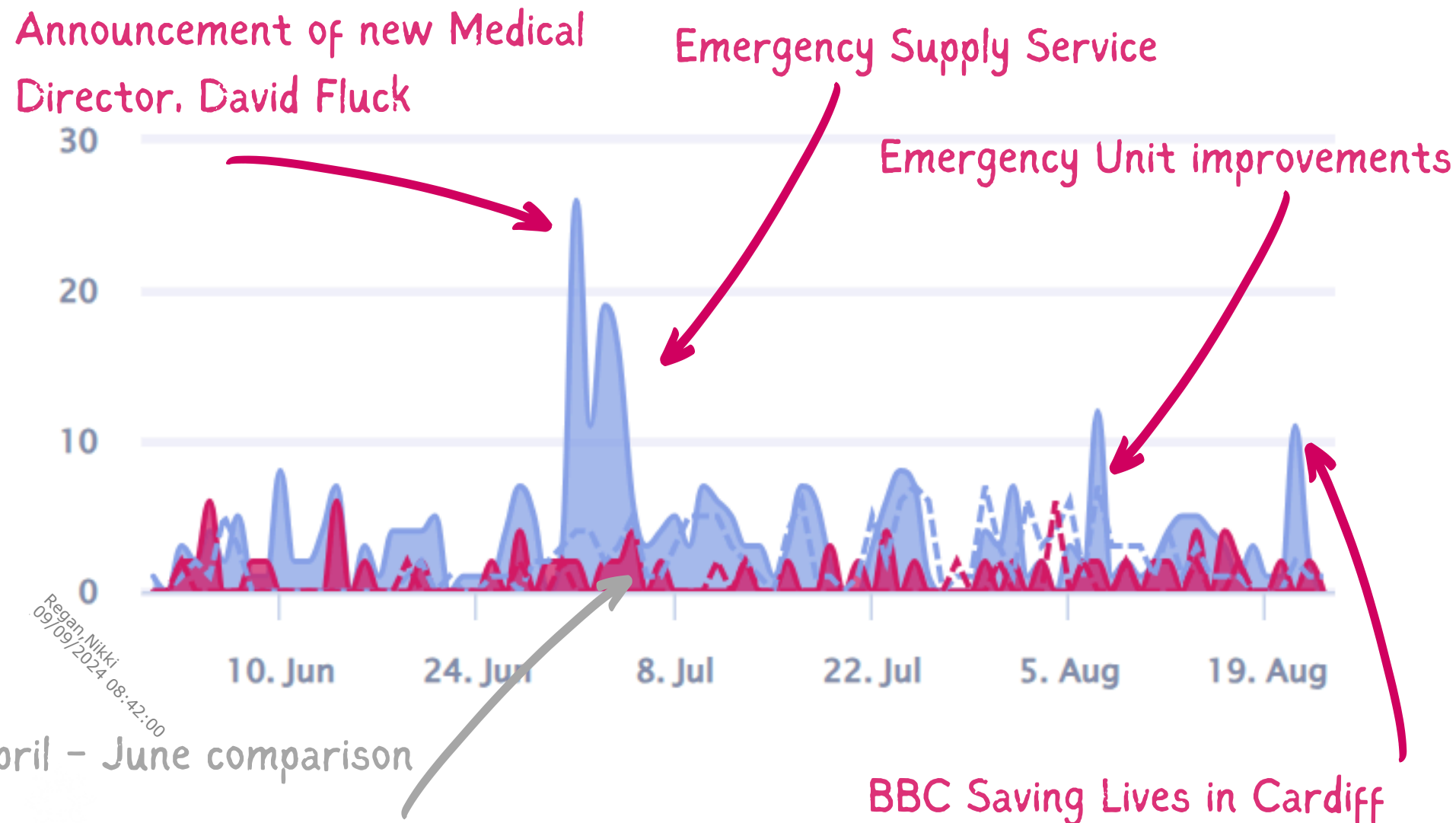
Number of posts: 91 ↑ 70



Post engagement: 6.18% ↑ 3.69%

Our engagement rates are above average for health sector (1.23%)

Brand sentiment: 67.1% Positive



## Insights

Posting more frequently to LinkedIn has seen a considerable increase across all measurable metrics.

Announcement posts of staff, posts celebrating success, and sharing new BBC documentary series have performed well.

Comments and engagement is generally much more positive than other channels.

# TikTok Engagement



Followers: 1,043 ↑

Views: 34,000 ↓

Likes: 361 ↓

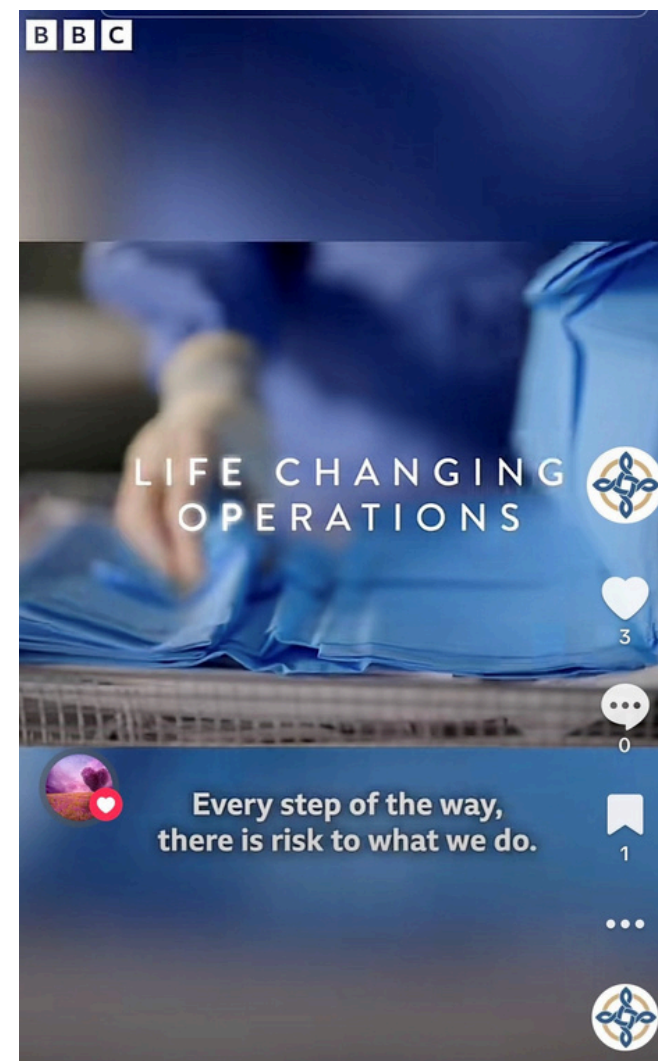
Number of new posts: 3



844 Views 16 Likes



199 Views 3 Likes



173 Views 3 Likes

## Insights

We have posted less content over the last two months, which reflects less engagement in our metrics.

Short videos aligned to trends or using a trending sound continue to be our best performing content on the platform.

Engaging with comments further boosts videos in the algorithm

Regan, Nikki  
09/09/2024 14:42:00

# CEO Communications



## ASKSUZANNE



**June**  
Cystic Fibrosis  
196 views  
Watch time:  
22.1 hours

**July**  
Clinical Audit  
Awareness  
106 views  
Watch time:  
10.9 hours

**August**  
SWAN Clinic  
99 views  
Watch time:  
16 hours

**June** 94 views of recorded session 96 attendees  
**July** 151 views of recorded session 130 attendees  
**August** 128 views of recorded sessions 90 attendees

Welsh Language guest speaker, where the presentation was delivered in Welsh with live English interpretation

Presentation on Financial Sustainability

Due to positive feedback from staff being able to listen to Ask Suzanne live in Welsh language, we are now providing this live option at all sessions with an interpreter.

# Social Media Tips

LinkedIn is our fastest growing social media account for followers since we have been more active in posting.

To use more frequently as a corporate information platform.

Post content with colleagues sharing this to their own profiles in mind.

Actively asking relevant / partner organisations to share our content helps to boost the views, reach and engagement of posts, particularly if they have a large following.

Instagram prioritises reels - they reach far more non-followers.

Photo based content performs far more reliably successful than graphics.

# Best Practice

If you want to reach journalists and people in an emergency then X / Twitter is still relevant.

It's very clear that journalists remain all over the platform.

National reporters as well as local ones are still finding stories there and organisations are still connecting with them there.

Right now in 2024, public sector X / Twitter makes sense as a prime emergency channel rather than a prime daily platform.

Ref: Dan Slee

Report Title:	People Policies Report			Agenda Item no.	3.1
Meeting:	People and Culture Committee	Public	x	Meeting Date:	10 September 2024
		Private			
Status <i>(please tick one only):</i>	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 (people) policies are developed and reviewed in partnership via the Employment Policies Sub Group (EPSG) and, where appropriate, through 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.

### All-Wales Respect and Resolution Policy

The All Wales Respect & Resolution Policy was launched in June 2021. The Policy replaced the old Grievance Policy and Dignity at Work Process promoting a culture of managing difficult relationships, with early intervention of workplace disagreements, conflicts and complaints. This Policy has now been reviewed on a national basis. The revised version was agreed at the Welsh Partnership Forum at its meeting held on 21 March and the Medical and Dental Business Group meeting held on 22 May and applies to all employees. It was issued to all Health Boards in July 2024 and now needs to be adopted formally by the UHB.

The changes to the Policy are minor, though important, with additional text included at paragraphs 2.2 and 2.4 as follows (new text in italics):

2.2 The status quo at the time you make your request for resolution will normally remain in place throughout the policy. *The status quo will continue until the request for resolution has been resolved or the formal procedure has been exhausted, other than in exceptional circumstances where it would be a breach of legal requirements or safety issues which may impact upon the status quo.*

2.4 Every workplace in the NHS in Wales should be free from bullying and harassment. We are committed to ensure all staff are treated, and treat others, with dignity and respect. *This policy covers harassment or bullying which occurs at work and out of the workplace, such as on business trips, at work-related events, social functions or online. It covers bullying and harassment by staff (which may include contractors and agency workers) and also by third parties such as patients and visitors to our premises. Conversely, staff who have experienced bullying, harassment or discrimination (such as racism) may have experiences not being believed, not taken seriously, or not having issues addressed. They may feel discouraged*

*from raising issues, poorly treated or revictimized through the process, resulting in significant detrimental mental health impacts on individuals. Such allegations should come in at the formal stage of the respect and resolution process, where appropriate, and if there was evidence in line with initial assessment we would move to disciplinary or capability processes. Whilst it would not be appropriate for an employee to specify a pre-determined sanction (such as disciplinary action) as a potential resolution, staff must be given a reasonable expectation that their concerns will be taken seriously, and that behaviour inconsistent with NHS Wales values will be actively identified and addressed, particularly in situations where there is evidence of repeated patterns of behaviour or causing relationship breakdown, balancing confidentiality with the need to keep the individual updated. Compassionate leadership principles and approaches should be applied throughout, supported by training in applying the policy in an anti-discriminatory and culturally competent manner. In particular, the culture of blaming those who have raised experiences of racism, whilst denying NHS Wales organisations are systemically racist, needs to be actively acknowledged and addressed*

However, the FAQs have been significantly updated and a copy is attached for information.

A local Healthy Working Relationships Group was established in July 2023 to work in partnership with the trade unions to improve and develop the application of the Respect and Resolution Policy, with a focus on continuous improvement, Just & Learning culture and avoiding employee harm in the process. Workstreams included general policy training for staff and managers, enhanced guidance for managers around role of the Chair, support in holding facilitated discussions and the introduction of the Peer Support role to support staff during the R&R process. All of these tools help managers and staff use the Respect and Resolution policy more effectively. As a result, we have seen an increase in the amount of cases being resolved informally and more quickly, and there is more trust that outcomes can be reached in a timely manner due to the upskilling of those involved. Cardiff and Vale UHB are now viewed as exemplar in this space and have been asked to share the work undertaken with other Health Boards.

The Respect and Resolution Policy applies to all staff groups and is mandated to all NHS organisations in Wales. During a recent review of our People Policies it was identified that the Collective Dispute Policy was still extant, despite being very old, out of date and not in line with the All-Wales approach to managing conflict. It is therefore requested that the Collective Disputes Policy is now rescinded and that the Respect and Resolution Policy is recognised as the framework for all disputes or issues at work as set out in the agreed FAQs.

A copy of the All-Wales Respect and Resolution Policy and FAQs are attached as Appendices 1 and 2 of this report.

## **Health and Safety Policies**

Due to the change in reporting line of the Health and Safety Committee, from the Board to the People and Culture Committee, all Health and Safety Policies are now required to go before three committees or groups prior to approval. The Health and Safety Committee is chaired by an Independent Member and all Policies go through a robust consultation process. As such, it is requested that the People and Culture Committee delegate its Policy approval power to the Health and Safety Committee. Approved policies will then be noted by the People and Culture Committee periodically.

The Committee is asked to note that the approval of Health and Safety Procedures has already been delegated to the Health and Safety Operational Group.

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

The All-Wales Respect and Resolution Policy has been developed and agreed in partnership and should now be adopted by the UHB as the framework for all workplace disputes.

The Collective Disputes Policy is no longer fit for purpose and has been replaced in practice by the Respect and Resolution Policy. This document should therefore be rescinded and removed from the UHB register of control documents.

The approval of Health and Safety Policies should be delegated to the Health and Safety Committee to streamline the process and to ensure that the approving body has adequate time and resources to consider the issues appropriately.

**Recommendation:**

The People and Culture Committee is requested to:

- Formally adopt the revised All-Wales Respect and Resolution Policy
- Rescind the Collective Disputes Policy
- Delegate authority to approve Health and Safety Policies to the Health and Safety Committee

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

*Please tick as relevant*

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

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant*

Prevention		Long term		Integration		Collaboration		Involvement	
------------	--	-----------	--	-------------	--	---------------	--	-------------	--

**Impact Assessment:**

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

Risk: Yes/No

Safety: Yes/No

By delegating the authority to approve H&S policies to the H&S committee we will ensure that the approving body has adequate time to consider the issues in detail and a stage will be cut from the process so changes will be implemented in a more timely way

Financial: Yes/No

Workforce: Yes/No

We know that to meet the health and care needs of our population effectively it is important to have a workforce which is healthy, engaged and motivated. One of the ways of achieving this is to develop and maintain a culture where disagreements and conflict can be dealt with appropriately

Legal: Yes/No	
Reputational: Yes/No	
Socio Economic: Yes/No	
no	
Equality and Health: Yes/No	
NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. An Equality Impact Assessment of this Policy was completed when this policy was originally developed. There were no changes made as a consequence of the 2024 review.	
Decarbonisation: Yes/No	
no	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
P&C Cmte	10.09.24

Regan, Nikki  
09/09/2024 08:42:00

**NHS WALES**

**RESPECT AND RESOLUTION POLICY**

Regan Nikki  
09/09/2024 08:42:00

## CONTENTS

---

1.	About this policy .....	1
2.	Using this policy .....	1
3.	Informal Resolution .....	3
4.	Formal Request for Resolution .....	3
5.	Formal Resolution Meetings.....	4
6.	Appeals .....	4
7.	Right to be accompanied .....	5
8.	Collective Request for Resolution .....	5
9.	Overlapping Requests for Resolution and Disciplinary Processes .....	5
10.	Learning From Events .....	6

Regan Nikki  
09/09/2024 08:42:00

Version 2.0 09/07/2024

## 1. ABOUT THIS POLICY

- 1.1 We seek to ensure that all employees have access to a policy to help deal with any requests for resolution relating to their employment fairly, constructively and without unreasonable delay.
- 1.2 We aim to encourage fairness and positive relationships within the workplace. We aim to prevent bullying, harassment and any form of unacceptable behaviour.
- 1.3 We recognise that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience. A positive working environment can also lead to better performance, improved employee retention and reduced stress related sickness absence. Focusing on resolution is good for our organisation, it is good for you and it is good for our patients and service users.
- 1.4 We recognise conflict and disagreements in the workplace happens but should not always be viewed negatively. When conflict is managed well it leads to healthy, resilient and positive working relationships. We strive for a workplace where everyone can engage with each other constructively and use the toolkit available to seek their own resolution as far as possible.
- 1.5 If this happens, we will support employees and managers to work together to resolve any issues and conflict constructively and quickly.
- 1.6 We commit to resolving issues at the earliest opportunity without resorting to a formal policy. As a last resort it may be necessary to use the formal part of this policy to resolve disputes or issues. This policy sets out our commitment to helping you seek a resolution.
- 1.7 This policy applies to all employees.
- 1.8 This policy has been agreed by the Wales Partnership Forum.
- 1.9 This policy constitutes the formal grievance policy.
- 1.10 The Core Principles of NHS Wales are central to this policy and apply throughout.

## 2. USING THIS POLICY

- 2.1 This Resolution Policy is aimed at securing constructive and lasting solutions to workplace disagreements, conflicts and complaints. Issues that could cause disagreements, conflicts or complaints may include but are not limited to:
  - (a) terms and conditions of employment;
  - (b) health and safety;
  - (c) work relations;

Regan Nikki  
09/09/2024 08:42:00

- (d) bullying and harassment;
- (e) new working practices;
- (f) working environment;
- (g) organisational change; and
- (h) discrimination.

2.2 The status quo at the time you make your request for resolution will normally remain in place throughout the policy.

The status quo will continue until the request for resolution has been resolved or the formal procedure has been exhausted, other than in exceptional circumstances where it would be a breach of legal requirements or safety issues which may impact upon the status quo.

2.3 Everyone should ensure that issues are dealt with in a fair and consistent way and dealt with quickly and supportively.

2.4 Every workplace in the NHS in Wales should be free from bullying and harassment. We are committed to ensure all staff are treated, and treat others, with dignity and respect. This policy covers harassment or bullying which occurs at work and out of the workplace, such as on business trips, at work-related events, social functions or online. It covers bullying and harassment by staff (which may include contractors and agency workers) and also by third parties such as patients and visitors to our premises.

Conversely, staff who have experienced bullying, harassment or discrimination (such as racism) may have experiences not being believed, not taken seriously, or not having issues addressed. They may feel discouraged from raising issues, poorly treated or revictimized through the process, resulting in significant detrimental mental health impacts on individuals. Such allegations should come in at the formal stage of the respect and resolution process, where appropriate, and if there was evidence in line with initial assessment we would move to disciplinary or capability processes.

Whilst it would not be appropriate for an employee to specify a pre-determined sanction (such as disciplinary action) as a potential resolution, staff must be given a reasonable expectation that their concerns will be taken seriously, and that behaviour inconsistent with NHS Wales values will be actively identified and addressed, particularly in situations where there is evidence of repeated patterns of behaviour or causing relationship breakdown, balancing confidentiality with the need to keep the individual updated.

Compassionate leadership principles and approaches should be applied throughout, supported by training in applying the policy in an anti-discriminatory and culturally competent manner.

In particular, the culture of blaming those who have raised experiences of racism, whilst denying NHS Wales organisations are systemically racist, needs to be actively acknowledged and addressed.

Regan, Nikki  
09/09/2024 08:42:00

### 3. INFORMAL RESOLUTION

- 3.1 It is our aim that we each take ownership of our relationships so that they are as healthy as possible. To help this, a [toolkit](#) has been developed which includes these useful approaches:
- (a) Reflecting Tips on how we can have healthy relationships
  - (b) Having a Cuppa Conversation
  - (c) Discussing with an appropriate leader/manager
  - (d) Taking part in an independently Facilitated Conversation
  - (e) Accessing accredited Mediation.
- 3.2 It is expected that the variety of tools and resources available are used to help resolve the issue(s) prior to raising a formal request for resolution. This can be done with the support of your line manager though this may not always be necessary.
- 3.3 Most disagreements can be resolved quickly and informally through discussion with your colleagues or line manager. If you feel unable to speak to your manager, for example, because the issue involves them, then you should speak informally to a more senior manager, your Trade Union Representative or a member of Human Resources. If this does not resolve the issue, you should follow the formal part of the policy below.

### 4. FORMAL REQUEST FOR RESOLUTION

- 4.1 This step of the policy constitutes a formal grievance.
- 4.2 If your issues cannot be resolved informally by using the resources outlined in the toolkit, you should put your request for resolution in writing and submit it to your line manager (or a more senior manager if the issue involves your line manager) or a member of Human Resources.
- 4.3 Human Resources will appoint someone impartial, of sufficient seniority to consider the request. This appointment usually takes place within seven days of receiving the request. This person will be known as the Chair and will decide on the outcome of your request.
- 4.4 Your written request for resolution should contain a description of the nature of your issue, including any relevant facts, dates, names of individuals involved and the desired resolution you hope to achieve. In some situations, we may ask you to provide more information.
- 4.5 An employee may make a complaint or raise an issue in Welsh and may also respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

## 5. FORMAL RESOLUTION MEETINGS

- 5.1 The Chair will meet with you to discuss your request for resolution. This should happen within 14 days of the chair being appointed. The purpose of this meeting is to allow you to explain your issue, explain how you think it should be resolved, enabling a decision to be reached based on the available evidence and representations you have made. The focus of this meeting will be seeking a resolution.
- 5.2 Depending on the detail included within your request for resolution the Chair will either explore the issues with you at this meeting and decide on an outcome or will initiate an investigation to enable your request to be considered further.
- 5.3 If a detailed investigation is necessary, the Chair will appoint an investigator. This will normally be an employee of the organisation who is impartial. At this stage, the terms of reference and the timescales will be agreed.
- 5.4 The level of any investigation required will depend on the nature of the issues involved and will vary from case to case. It may involve interviewing and taking statements from you and any witnesses, and/or reviewing relevant documents.
- 5.5 The Chair will make a decision based on the information gathered at the formal resolution meeting(s) and with reference to any investigation, if appropriate.
- 5.6 If it is possible the Chair will provide you with a verbal decision at the end of the meeting. In any event, we will write to you, usually within seven days of the formal resolution meeting, to inform you of the outcome and any further action that is intended to resolve the issues. We will also remind you of your right of appeal.
- 5.7 An accurate record of the meeting will be made and will be available upon request.

## 6. APPEALS

- 6.1 If your issue has not been resolved to your satisfaction you may appeal in writing within 14 days of the date on which the decision was communicated to you in writing.
- 6.2 We will hold an appeal meeting, normally within one month of receiving your written appeal. This will be dealt with impartially by a more senior person than the Chair who has not previously been involved in the case (although they may ask anyone previously involved to be present where relevant for points of clarification).
- 6.3 This person will be known as the Appeal Chair. The Appeal Chair will be appointed by Human Resources and will usually be appointed within seven days of the appeal being received. The focus of this meeting, again, will be on seeking a resolution.
- 6.4 We will confirm our final decision in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal.

Regan, Nikki  
09/09/2024 08:42:00

## **7. RIGHT TO BE ACCOMPANIED**

- 7.1 You may bring a companion to any investigatory meeting, resolution meeting or appeal meeting to help and support you. The companion may be either a Trade Union Representative or a work colleague.
- 7.2 At the resolution and appeal meetings your companion may address the meeting to put and sum up your case, respond on your behalf to any views expressed, ask questions and confer with you during the meeting. Your companion should not answer questions on your behalf. You may adjourn and talk privately with them at any time during the meeting.
- 7.3 All witnesses will also have the right to be accompanied.

## **8. COLLECTIVE REQUEST FOR RESOLUTION**

- 8.1 This part of the policy applies where more than one employee wishes to invoke the policy on the same issue. This would constitute a formal collective grievance.
- 8.2 If resolution is required for a collective issue the stages of this policy will be followed in accordance with sections 3 to 7 above. All employees who are in support of the collective request for resolution will need to be identified on the submission.
- 8.3 The number of employees attending the formal meeting to represent the collective group will be agreed at the outset (but should not normally exceed three employees plus their companion).
- 8.4 Where this policy fails to reach a resolution to the collective issue, either side may refer the matter to the Advisory Conciliation & Arbitration Service (ACAS) for advice or conciliation.

## **9. OVERLAPPING REQUESTS FOR RESOLUTION AND DISCIPLINARY PROCESSES**

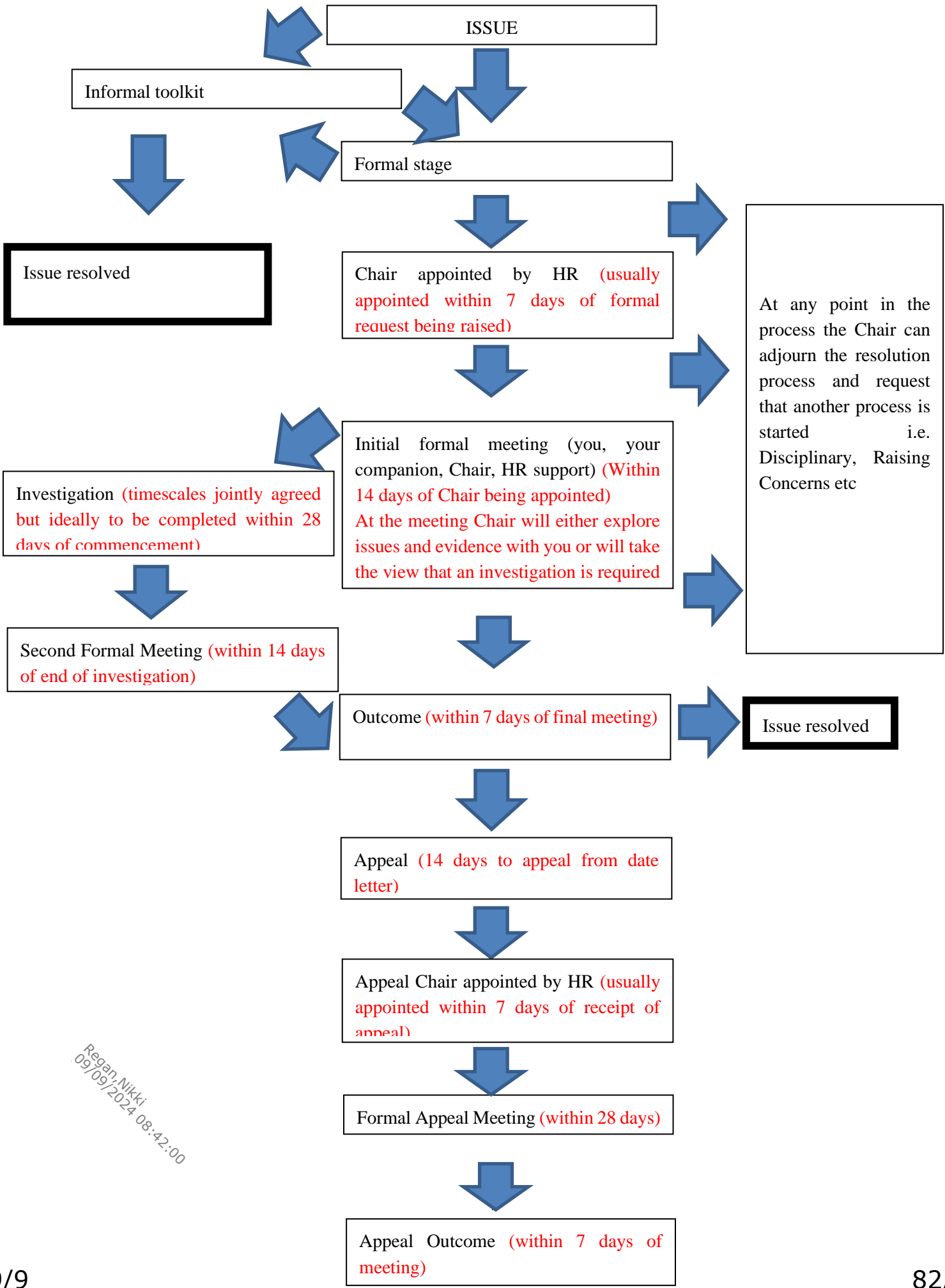
- 9.1 Where you raise a request for resolution during a disciplinary process, the manager will discuss with you and your representative before a decision is made on whether the disciplinary policy should be temporarily suspended in order to deal with the request for resolution. Where the request for resolution and disciplinary cases are related it may be appropriate to deal with both issues concurrently.
- 9.2 There may be occasions when disagreements or conflict have been resolved using the toolkit however the organisation may feel that a disciplinary process is required where core values or standards have been breached.
- 9.3 In some circumstances, such as in cases of harassment or discrimination, it may be decided by the Chair that it is more appropriate to suspend the resolution process and progress the matter under the appropriate disciplinary policy.

Regan Nikki  
09/09/2024 08:42:00

## 10. LEARNING FROM EVENTS

- 10.1 Where appropriate we will reflect and learn from the resolution process. This stage is not a requirement but is encouraged and may be useful in helping develop healthier working environments and relationships.
- 10.2 This review should be conducted in partnership where appropriate, with a view to developing and supporting a healthy working culture. These discussions should be focused on positive outcomes and change (see [toolkit](#)).

Regan, Nikki  
09/09/2024 08:42:00



Regan, Nikki  
09/09/2024 08:42:00

## **Respect and Resolution Policy FAQs**

### **1. Who is “we” and who is “you”?**

“You” refers to you; i.e. the employee making the request for resolution. “We” refers to the employer as a corporate entity; i.e. the organisation. “We” should not be confused with the manager who is conducting the meeting(s) i.e. the Chair.

### **2. Who is covered by this policy?**

Only employees are covered by the formal resolution policy. Workers (either agency or bank) do not have recourse to the formal part of this policy. However, all staff (substantive employees and bank and agency workers) have recourse to the informal resolution stages and should be supported and encouraged to seek resolution using the various tools. Workers will have a separate right to raise issues via their contractual terms of engagement.

### **3. Does this policy apply after employment has ended?**

This policy applies to employees only, and therefore would not ordinarily apply after employment has ended. There may be some circumstances where the employer may want to explore/investigate issues raised after the employment has ended such as if there is a concern over unpaid wages or unused annual leave. If there is such a request for resolution it may be that the matter can be resolved without the need to use the formal part of the policy. Best practice would be to consider each issue on a case-by-case basis and to try to seek a resolution that means that the matter is not escalated externally.

### **4. What constitutes an accurate record?**

Depending on the employer’s normal practice an accurate record can be minutes taken by a note taker (supplied by the employer), an audio recording, contemporaneous letter or email.

The employee raising the request for resolution should have an opportunity to comment on the accuracy of the record and access a copy of the record.

It is good practice to keep a written record of all stages in the process including investigation and meetings.

### **5. Are there any instances when status quo would not apply?**

Status quo means that the existing state of affairs remains unchanged. The status quo at the time you make your request for resolution will normally remain in place throughout the policy.

The status quo will continue until the request for resolution has been resolved or the formal procedure has been exhausted, other than in exceptional circumstances where it would be a breach of legal requirements or safety issues which may impact upon the status quo.

In such exceptional circumstances early dialogue with the employee(s) and/or representative(s) should take place.

## **6. Does this policy apply if my complaint is about terms and conditions or working practices for instance?**

Yes, this policy is the framework for any disagreement or issues at work. Some examples are provided in 2.1 of the policy. We would encourage and expect you to use discretion in deciding which is the most appropriate part of the toolkit to use to resolve your issue. You can seek advice from your Trade Union Representative or Human Resources should you require assistance in determining where to start with your particular issue.

## **7. Does this policy replace the Dignity at Work Policy and the Grievance Policy?**

Yes, this policy is the framework for any workplace dispute. This policy replaces the previous Dignity at Work policy and the Grievance Policy. The aim of this approach is to encourage and support employees to use informal tools to resolve their workplace disagreements early and effectively in the first instance whilst still providing a clear formal procedure to follow if informal resolution is not possible.

Trade Union Representatives and Human Resources staff are able to assist should the issues involved be too sensitive to address directly.

## **8. I don't believe informal resolution is possible can I go straight to the formal part of the policy?**

There may be circumstances where there is no other option than to go straight to the formal part of the policy however, we would expect and encourage that the toolkits for informal resolution are used if possible.

We recognise that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience.

Conversely, staff who have experienced bullying, harassment or discrimination (such as racism) may have experiences not being believed, not taken seriously, or not having issues addressed. They may feel discouraged from raising issues, poorly treated or revictimized through the process, resulting in significant detrimental mental health impacts on individuals. Such allegations should come in at the formal stage of the respect and resolution process, where appropriate, and if there was evidence in line with initial assessment we would move to disciplinary or capability processes.

Whilst it would not be appropriate for an employee to specify a pre-determined sanction (such as disciplinary action) as a potential resolution, staff must be given a reasonable expectation that their concerns will be taken seriously, and that behaviour inconsistent with NHS Wales values will be actively identified and addressed, particularly in situations where there is evidence of repeated patterns of behaviour or causing relationship breakdown, balancing confidentiality with the need to keep the individual updated.

Compassionate leadership principles and approaches should be applied throughout, supported by training in applying the policy in an anti-discriminatory and culturally competent manner.

In particular, the culture of blaming those who have raised experiences of racism, whilst denying NHS Wales organisations are systemically racist needs to be actively acknowledged and addressed.

### **9. Can witnesses be called to resolution meetings?**

Witnesses can be called to resolution meetings but there is not an automatic right to this. Discussions should take place between you and the Chair depending on the issues involved and the particular relevance of a specific witness. Witnesses should be allowed where their evidence is specific to the events on which the request for resolution is based. Where appropriate written witness statements should be encouraged.

Whilst the focus at resolution meetings should be on finding and achieving a resolution, it is understood that arbitration between conflicting evidence is sometimes necessary to achieve resolution (especially if the member of staff feels they have not been supported, believed, or taken seriously).

### **10. The time scales set out in the policy have been missed. What are the implications of this?**

We will always try to comply with the time scales set out in the policy however there may be circumstances where this is not possible due to resource issues, or the complex nature of some of the issues raised. If it appears likely that timescales set out in the policy will not be met, then a realistic timeframe should be agreed and communicated to all parties. It is expected that the employer will have a mechanism for recording and auditing the reasons for delays.

### **11. How long should an investigation take to complete?**

The length of an investigation will vary depending on the facts and nature of the circumstances. It is expected that an investigation should be completed within 28 days. In accordance with 5.3 of the policy, the parties should agree timescales and keep each other informed where possible.

### **12. What could happen if a malicious request for resolution is raised?**

In circumstances where it becomes apparent that a request for resolution has been raised in a malicious manner the employer may decide to invoke disciplinary procedures against the employee raising the issue in a malicious manner. This is unlikely to occur very often however it is important to recognise that accusations made against individuals can be very upsetting and cause distress. Where it becomes apparent that the accusations are either malicious, have no basis or are in effect a form of bullying then the employer reserves the right to take the appropriate course of action.

Regan Nikki  
09/09/2024 08:42:00

### **13. Should all documentation be fully disclosed?**

An open and transparent approach is important with regards to resolving conflicts and therefore ordinarily it would be expected that all parties receive all the documentation related to the case. There may be certain circumstances where information about patients or third parties will need to be redacted or that the nature of the complaint (i.e. sexual harassment) requires a greater degree of discretion. In circumstances where full disclosure is not possible, employers will be expected to explain why.

### **14. Is the resolution process confidential?**

Individual resolution processes should be regarded as strictly confidential by all parties involved. Details should only be shared with the parties involved which includes Trade Union Representatives. Breaching confidentiality will be treated very seriously and could result in disciplinary action.

### **15. What happens if there is an existing contractual process to resolve my complaint?**

Where such processes exist, they should be followed. Example of such situations include but is not limited to processes like Agenda for Change job re-evaluation, or Junior Doctor banding appeals. If such processes exist, the appropriate processes should be followed. The decision in those processes will be final. If an issue arises with the process, however, then the resolution policy can be used.

### **16. Are the informal steps (i.e. using the toolkits) mandatory?**

Use of the toolkits to informally resolve any issues is strongly encouraged and is fundamental to developing healthy working relationships in the long term. There will of course be circumstances where this is not appropriate but in the majority of cases we believe that you will be able to resolve your issues far better if the informal steps are pursued in a sincere manner.

Use of the toolkits to informally resolve any issues is strongly encouraged and is fundamental to developing healthy working relationships in the long term. We believe that you will be able to resolve your issues far better if the informal steps are pursued in a sincere manner. In circumstances where this is not possible or appropriate the formal process will be followed.

It is recognised that our aim is to move the culture of NHS Wales organisations from individuals feeling blamed for their experiences (often unintentionally) to one of hearing and supporting individuals who experience discrimination due to race or other protected characteristics.

### **17. How long should the file relating to the process be kept for?**

The significant documents and records of this process should be kept on your personnel file indefinitely. This includes the minutes of the meetings or the audio files (or the transcripts of the audio files). A record should be made on the relevant employees' files providing a

summary of the process. This too should be kept indefinitely. No sanctions arise from the resolution process and in no way should this record be viewed as having negative connotations. By having accurate records, it will allow us to identify where the process has been successful (or not) and identify patterns and trends that potentially warrant more work in order to build healthy working relationships.

## **18. What is harassment?**

Harassment is any unwanted physical, verbal or non-verbal conduct that has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. A single incident can amount to harassment. It also includes treating someone less favourably because they have submitted or refused to submit to such behaviour in the past.

Unlawful harassment may involve conduct of a sexual nature (sexual harassment), or it may be related to age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation. Harassment is unacceptable even if it does not fall within any of these categories.

Harassment may include, for example:

- (a) unwanted physical conduct or "horseplay", including touching, pinching, pushing and grabbing;
- (b) continued suggestions for social activity after it has been made clear that such suggestions are unwelcome;
- (c) sending or displaying material that is pornographic or that some people may find offensive (including e-mails, text messages, video clips and images sent by mobile phone or posted on the internet);
- (d) unwelcome sexual advances or suggestive behaviour (which the harasser may perceive as harmless);
- (e) racist, sexist, homophobic or ageist jokes, or derogatory or stereotypical remarks about a particular ethnic or religious group or gender;
- (f) outing or threatening to out someone as gay or lesbian;
- (g) offensive e-mails, text messages or social media content; or
- (h) mocking, mimicking or belittling a person's disability.

A person may be harassed even if they were not the intended "target". For example, a person may be harassed by racist jokes about a different ethnic group if the jokes create an offensive environment.

## **19. What is bullying?**

Bullying is offensive, intimidating, malicious or insulting behaviour involving the misuse of power that can make a person feel vulnerable, upset, humiliated, undermined or threatened. Power does not always mean being in a position of authority but can include both personal strength and the power to coerce through fear or intimidation.

Bullying can take the form of physical, verbal and non-verbal conduct. Bullying may include, by way of example:

- (a) physical or psychological threats;
- (b) overbearing and intimidating levels of supervision;
- (c) inappropriate derogatory remarks about someone's performance;

Legitimate, reasonable and constructive criticism of a worker's performance or behaviour, or reasonable instructions given to workers in the course of their employment, will not amount to bullying on their own.

Bullying and harassment can happen face-to-face, by letter, by email or online (i.e. social media) and by phone or text.

## **20. What should I do if I feel like I am being bullied or harassed?**

If you are being harassed or bullied, with reference to the toolkit, consider whether you feel able to raise the problem informally with the person responsible. You could start by explaining clearly to them that their behaviour is not welcome or makes you uncomfortable.

However, if there is an imbalance of power, or some other reason that this is too difficult or uncomfortable you should speak to your line manager, your Trade Union Representative or a member of Human Resources, who can provide confidential advice and assistance about both informal and formal methods of resolution.

## **21. I want to make a formal complaint about bullying and harassment – how?**

If informal steps are not appropriate, or have been unsuccessful, you should follow the formal request for resolution procedure set out at clause 4 onwards in the policy. If you wish to make a formal complaint about bullying or harassment, you should submit your request for resolution in writing in accordance with clause 4.2 so that it can be fully investigated.

As a general principle, the decision whether to progress a complaint is up to you. However, we have a duty to protect all staff and may pursue the matter independently if, in all the circumstances, we consider it appropriate to do so.

## **22. How will I be protected during this process?**

Where your complaint is about another person, such as a colleague, patient or visitor, we will consider what action may be appropriate to protect you and anyone involved pending the outcome of the investigation, bearing in mind the reasonable needs of the organisation and the rights of that person. Where appropriate, we will attempt to discuss the matter with the third party.

We will also seriously consider any request that you make for changes to your own working arrangements during the investigation. For example, you may ask for changes to your duties or working hours so as to avoid or minimise contact with the alleged harasser or bully.

Moving the person who has raised a complaint after that complaint has been upheld is not always appropriate and may have a negative impact on their career and wellbeing. It is vital to ask individuals what they want to happen and if they or the other person should be moved.

### **23. Who would be at a formal meeting and who would be at a formal appeal?**

Attendance should be limited to those who are required to attend. Ordinarily this means the person making the request for resolution, their representative (or colleague), the Chair and the Chair's HR support. Minute takers may be required. Additional attendees such as subject matter experts may also be invited but this will be agreed on a case-by-case basis by the parties. Observers are permitted for learning and development again if there is agreement by the parties. With regards to witnesses please see FAQ 9 and 5.4 of the policy.

### **24. Is it possible to go through the process through the medium of Welsh?**

Yes, it is possible for you to raise a concern or complaint through the medium of the Welsh language both verbally and in writing, you also have a right to have meetings conducted through the medium of Welsh. In some instances, when English speaking staff attend any meetings, you or your employer can request that an interpreter be present to translate from Welsh to English, and this can be arranged by following local arrangements by the organisation that you work for.

These are specific rights for Welsh speaking staff working in any NHS organisation in Wales, as per the [Welsh Language Standards](#) the specific standards that cover this specific process are

standards 82, 83, 84, 85, 86, 87.

Regan, Nikki  
09/09/2024 08:42:00

Report Title:	The Annual Welsh Language Standards Report			Agenda Item no.	3.2
Meeting:	People & Culture Committee	Public	X	Meeting Date:	10 September 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	
Lead Executive Title:	Executive Director for People and Culture				
Report Author (Title):	Head of Equity & Inclusion				

## Main Report

### Background and current situation:

The Health Board has a duty to comply with Welsh Language Standards, which involves providing services in Welsh and promoting the language within the healthcare setting. As part of the compliance, the Health Board is required to publish an annual report detailing progress and, in particular, against the following performance indicators:

1. Concerns received about the lack of compliance to the Welsh Language Standards.
2. The number of vacancies that were advertised with Welsh language skills as essential, desirable or not needed
3. The breakdown of Welsh Language skills of the staff within the Health Board.

The annual report presents an opportunity for the Health Board to highlight its commitment to the Welsh language. It showcases the successful integration of Welsh language services in healthcare, reflecting on key events and initiatives that have advanced bilingual provision. This document goes beyond demonstrating compliance with Welsh Language Standards but also celebrates cultural inclusivity and the improvements made in enhancing patient care through language accessibility.

The report also highlights the ongoing challenges in compliance, particularly in the registration of Welsh language skills and the integration of Welsh language requirements into recruitment processes. Addressing these issues is crucial for ensuring that Welsh language provisions are upheld.

The Health Board is mandated to make the report publicly available by 31<sup>st</sup> September 2024. The final report published will be enhanced by the Medical Illustration team.

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

Members should note the data that shows:

- a low number of staff that were recruited to the organisation with Welsh language skills as essential.
- a low number of staff who have registered their Welsh language skills on their Electronic Staff records, after a concerted effort to improve registration.

The Welsh Language Commissioner, who is responsible for monitoring the organisation's compliance with the Welsh Language Standards, has voiced concern about these two issues - leading to Standards Enforcement Investigations being opened.

As a response, the Health Board is currently working to ensure that the recruitment process improves the level of staff members with Welsh Language skills. Furthermore, the organisation is continuing campaign to ask staff to register their Welsh Language Skills.

**Recommendation:**

The Committee is requested to:

The Committee is requested to note and approve the report for publication on the Health Board's website.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

Please place an "X" in the below boxes as relevant.

1.  <b>Putting People First</b> Click the objective above to view more detail.	x	2.  <b>Providing Outstanding Quality</b> Click the objective above to view more detail.	x
3.  <b>Delivering in the Right Places</b> Click the objective above to view more detail.		4.  <b>Acting for the Future</b> Click the objective above to view more detail.	x

**Five Ways of Working (Sustainable Development Principles) considered**

Please place an "X" in the below boxes as relevant

Prevention		Long term	x	Integration	x	Collaboration		Involvement	x
------------	--	-----------	---	-------------	---	---------------	--	-------------	---

**Quality Impact Assessment Completed?:**

Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	X	The Welsh Language report does not constitute a strategic decision and instead seeks to discharge a legal duty outlined by the Welsh Language Standards through reporting organisational progress during 2023-2024.
---	--	--	---	---

**Impact Assessment:**

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

<b>Risk: Yes</b> As per the Welsh Language Standards, the Health Board is legally required to publish an annual report outlining the progress made in relation to the Welsh language by the end of September. Failure to do so would lead to legal sanctions by the Welsh Language Commissioner.
<b>Safety: No</b> N/A
<b>Financial: Yes</b> Failure to comply with the Welsh Language Standards, including by not publishing our Annual Welsh Language Report, could lead to financial penalties being issued by the Welsh Language Commissioner.
<b>Workforce: No</b> N/A
<b>Legal: Yes</b> As per the Welsh Language Standards, the Health Board is legally required to publish an annual report outlining the progress made in relation to the Welsh language by the end of September. Failure to do so would lead to legal sanctions by the Welsh Language Commissioner.
<b>Reputational: Yes</b> Failure to comply with the Welsh Language Standards, including by not publishing our Annual Welsh Language Report, could lead to a Standards Enforcement Investigation being undertaken by the Welsh Language Commissioner, the results of which are made public.
<b>Socio Economic: No</b> - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <a href="#">The Socio-economic Duty: guidance   GOV.WALES</a>

N/A	
Equality and Health: No - <i>Useful guidance on the completion of an EHIA can be found at the following link: <a href="#">EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)</a></i>	
N/A	
Decarbonisation: No	
N/A	
Welsh Language: Yes	
The report outlines the progress the Health Board as made in our journey towards delivering Welsh language services, as per the Welsh Language Standards and the <i>More than just words</i> national strategy. Failure to publish the report would be detrimental to our communities and colleagues confidence in our commitment to the Welsh language.	
Approval/Scrutiny Route ( <i>please note anywhere else this paper has been before</i> ):	
Committee/Group/Exec	Date:

Regan, Nikki  
09/09/2024 08:42:00



**GIG**  
CYMRU  
**NHS**  
WALES

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



Llunio ein  
**Llesiant**  
i'r Dyfodol  
Shaping Our Future  
**Wellbeing**

# Cardiff and Vale University Health Board

## Welsh Language Annual Report 2023-2024



Llunio ein  
**Gweithlu**  
i'r Dyfodol  
Shaping Our Future  
**Workforce**



**Tegwch a Chynhwysiant**  
**Equity & Inclusion**

## Contents

Introduction .....	3
Governance and Structure .....	4
Building a bilingual culture.....	5
Welsh Language Translation .....	11
Service Delivery Standards.....	12
Operational Standards .....	16
Recruitment .....	17
Welsh Language Concerns .....	17
Welsh Language Skills of Staff .....	18
Conclusion and Vision for 2023-2024.....	19

Regan, Nikki  
09/09/2024 08:42:00

## Introduction

On 30<sup>th</sup> 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 8<sup>th</sup> highest with 28% of residence speaking the language. The Vale of Glamorgan was ranked 19<sup>th</sup>, 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 18<sup>th</sup> largest in the country.<sup>1</sup>

Regan, Nikki  
09/09/2024 08:42:00

---

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

## 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 UHB's receives assurances that its services are complying to the Welsh Language Standards through the People and Culture 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

Regan, Nikki  
09/09/2024 08:42:00

# Building a bilingual culture

## Strategic Equality Plan and the Welsh Language

The Strategic Equality Plan of Cardiff and Vale University Health Board (UHB) plays a significant role in supporting the Welsh language agenda.

It does this by promoting bilingual services, offering staff training, and ensuring compliance with Welsh Language Standards. The Health Board has recognised that there are cross-cutting themes between the Welsh language and equity and inclusion. It is recognised that there is a link between Welsh Language and age or mental health, for example patients or service users who have been diagnosed with dementia.

By integrating the Welsh Language into the overall plan, it fosters an inclusive environment that respects linguistic diversity and promotes equality.



## Awareness Days



The Health Board has continued to use national awareness days to champion the importance of the Welsh language within healthcare settings. By marking days such as St. Dwynwen's Day, Welsh Language Music Day, and Diwrnod Shw'mae Day, the Health Board has actively promoted Welsh language use and its positive impact on patient care.

On St. Dwynwen's Day, the Health Board highlighted the passion and commitment of its staff towards the Welsh language. The emphasis on Welsh language serves as a vital tool for fostering community connections and enhancing healthcare services through the medium of Welsh.

Diwrnod Shw'mae, celebrated on 15th October, was a dedicated day for encouraging the use of Welsh, particularly in healthcare environments. The Health Board emphasised the significance of addressing patients in their preferred language, which can contribute to their overall well-being and recovery. Initiatives included promoting Welsh language skills development sessions and providing materials to encourage staff members to greet patients in Welsh.

09/07/2024 08:42:00

Welsh Language Music Day was celebrated by curating a Spotify playlist that aimed to evoke nostalgia and positive memories in individuals living with dementia. The playlist featured a diverse range of Welsh language music, from traditional folk tunes to contemporary artists.



St. David's Day provided an opportunity for the Health Board to showcase the staff's dedication to the Welsh language and their commitment to preserving cultural heritage and promoting language inclusivity in healthcare.

### Welsh Language Career Days



In June 2023, the Equity, Inclusion, and Welsh Language Team participated in the Welsh Language in Careers Day event hosted by Cardiff and Vale College. This event, aimed at secondary school students, provided a platform to highlight the benefits of using Welsh in the workplace and encourage students to further develop their Welsh language skills.

The Health Board was joined by other local organisations to discuss the advantages of Welsh language proficiency in various career fields. To provide firsthand insights, members of staff, including those participating in the NHS Graduate Placement program, were invited to speak with the students. The event was well-received by the attending schools, demonstrating the students' keen interest in understanding the importance of Welsh language skills in a healthcare setting.

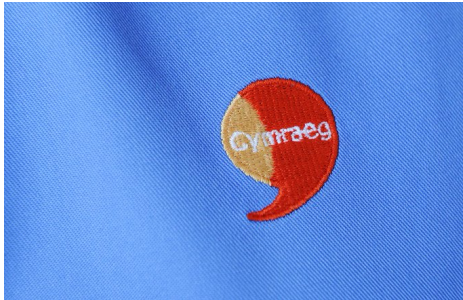
### Prompt Cards

In 2022-2023, the Health Board developed the Welsh phrases prompt card to assist staff in greeting all calls from patients and the public in Welsh. They included some simple Welsh phrases for staff to use when answering the telephone. The cards proved to be popular with staff, with over one thousand copies were printed and 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.



After the success of last year, with over 1,000 having been distributed across the Health Board, a further 2,500 copies were ordered for 2023/2024. The prompt cards are available for staff via the Welsh Language SharePoint site.

## Developing Welsh Language skills of the workforce



During 2023-2024, the Health Board developed closer collaborative relationships with the National Centre for Learning Welsh and Dysgu Cymraeg Caerdydd. Through working closer with these organisations, the Health Board will improve its ability to provide Welsh language services through developing our staff's Welsh language skills. In turn, this will support the Health Board in delivering the

*More than just words* national strategy which aims to improve the availability and quality of Welsh language healthcare throughout Wales.

Some of the opportunities on offer includes Cymraeg Gwaith courses, a building confidence course, and residential programmes which take place in Nant Gwrtheyrn in North Wales. These opportunities are all designed to foster confidence in using Welsh professionally and to support the Health Board in delivering our vision to be an organisation where the Welsh language thrives.

## 'Building Confidence' Courses

The development of the Building Confidence course has been a huge step for the Health Board in improving our ability to deliver Welsh language services. There are staff within our workforce who have good Welsh language skills but often lack the confidence to use them in a workplace setting. The Building Confidence course provides individuals with tailored one-to-one sessions with a tutor from Dysgu Cymraeg Caerdydd in Cardiff University. The sessions consider individual experiences and challenges, and aims to remove the barriers that may exist to people using their Welsh in the work.



The course encourages people to use whatever Welsh language skills they have when speaking with patients, service users or colleagues. The one-to-one sessions are complemented by group sessions where speakers throughout the Health Board of all levels are invited to join in and use the Welsh they have.

The first cohort for 'Building Confidence' began in February 2024 and has been well-received by all those participating. The Health Board will continue to promote the course and monitor progress and outcomes of those taking part.

Mat Thomas, one of the participants has reflected on their experience of the course:

*The sessions have helped me reconnect with the Welsh language that I had gained as a child but lost as an adult to the point I am now able with confidence to use the Welsh language within the workplace. It has enabled me to step back and look at some of the barriers I had been experiencing previously when learning Welsh. Flexibility to rearrange sessions within a busy department has been invaluable.*

*I feel a lot more confident in speaking Welsh and spend less time worrying about the little things like changing between Welsh and English when I forget someone can speak Welsh.*

*The last few weeks I have found a part of my Welsh language that I forgotten about, with the help of Nia Percy, my amazing tutor, I have found my inner Welsh I lost years ago. This course means so much to me for allowing me to reconnect with my heritage and the Welsh Language.*

*Being neurodiverse, I found Nia a perfect match for me and I have to say that Nia has been a massive part of the positive outcome that I have experienced, it is so important that when tutors are matched they are well equipped to be able to support in a way that meets the needs of the learner, so I have to say Diloch yn Fawr Nia for making this one of the best things that I have added to my life in a long time and will always be grateful for your support.*

### **Cymraeg Gwaith Courses**

The Health Board promoted the availability of online Welsh Language lessons for staff offered by the National Centre for Learning Welsh. The course teaches simple Welsh phrases to welcome patients and service users. Staff have made the most of the opportunity, with 35 people registering to undertake the Cymraeg Gwaith courses during 2023-2024.

### **Residential Courses in Nant Gwrtheyrn**

The Health Board had also been promoting the availability of fully funded residential courses in Nant Gwrtheyrn. The course is a one-week intensive course where people learn Welsh alongside speakers of a similar level.

Sarah James from Clinical Imaging spoke about her time at the Nant Gwrtheyrn residential courses

*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

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



## Fforwm Caerdydd

The Health Board has maintained its active involvement in the Welsh Language Forum for Cardiff and the Vale of Glamorgan. Through the forum, the Health Board has fostered collaborative relationships with other key organisations and institutions in the region, including Menter Iaith Caerdydd and Menter Y Fro (the Welsh Language Enterprise in the Vale of Glamorgan). These partnerships have enabled the Health Board to collaborate on significant projects, such as the Welsh Language in Careers conference for students.

## Rhwyd-iaith



Since its inception over a year ago, Rhwyd-iaith has experienced significant growth, now boasting 73 members with a steady increase each week. Our lively Teams channel serves as a hub for sharing information and updates related to Welsh language events within the Health Board and the wider Cardiff and Vale region. This includes announcements about chat clubs, prompt cards for assisting staff with Welsh language phone conversations, and awareness days such as "Diwrnod Shw'mae."

The Teams channel also facilitates volunteer recruitment, participation in external events, and opportunities for Welsh speakers to contribute to trials, such as the new ESR system. Rhwyd-iaith members were offered the opportunity to participate in the first cohort of the 'Building Confidence' course provided by Cardiff University. Additionally, information about Welsh language courses at Nant Gwrtheyrn has been shared with members, leading to several taking advantage of this valuable resource.

The Rhwyd-iaith Committee is currently in formation, with two roles already filled. A recent meeting focused on discussing future directions and priorities for the network

over the coming year. The goal is to complete the establishment of the Committee by the end of the year, ensuring a smooth transition of leadership to members.

The Health Board were recognised for their work in establishing Rhwyd-laith being presented with the Welsh Language Award at the HPMA Cymru Awards 2024. This is the second consecutive year that the Health Board has won this award.



Regan, Nikki  
09/09/2024 08:42:00

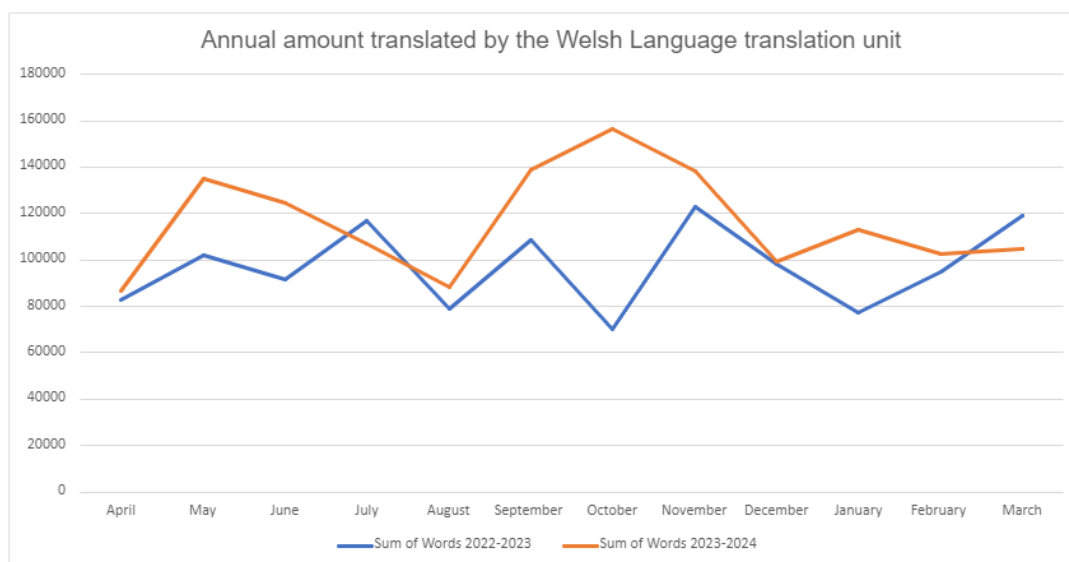
# Welsh Language Translation

## Cardiff and Vale University Health Board

The Health Board's Senior Welsh Language Translators continue to provide an effective translation service for the Health Board.

Over 2023-2024, the team translated nearly 1.4 million words, including a wide range of documents such as the Annual Welsh Language Report and the Strategic Equality Objectives and Plan 2024-2028.

As demonstrated below, the team have increased the amount of words translated during the 2023-2024 period in comparison with 2022-2023.

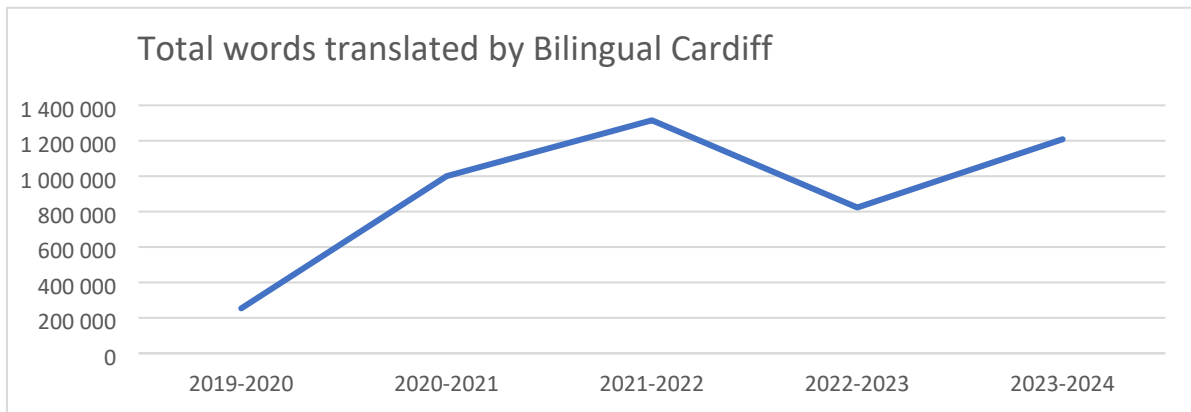


The team has significantly enhanced the Health Board's services by providing invaluable support to staff. Their efforts in ensuring bilingual information is readily available for patients and service users have been widely appreciated by colleagues.

## Service Level Agreement with Cardiff City Council

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 deliver Welsh language translation for the Health Board.

During the 2023-2024, Bilingual Cardiff also translated over 1.4 million words for the Health Board; having translated a just over 3 million words since 2019.



## 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 Children and Women, Mental Health, Primary and Community Care and Clinical

Diagnostics and Therapies. The Ambassadors take on a role where they 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 Equity and Inclusion Team has been collaborating with Clinical Boards to improve Welsh language usage while maintaining effective patient and public services. A key focus has been on encouraging staff to register their Welsh language skills. To streamline this process, the Clinical Boards have developed a user-friendly form that simplifies skill registration and seamlessly integrates information into the Electronic Staff Record.

Frontline areas have implemented several strategies to enhance Welsh language services:

Ensuring all patient and service user information is available in both English and Welsh.

- Distributing and promoting the use of "Iaith Gwaith" and "Dysgwr" badges to signify staff proficiency and learning in Welsh.
- Encouraging staff to use Welsh language signatures and out-of-office messages.
- Employing Welsh language phrases when answering calls and greeting visitors.
- Collaborating with other health boards across Wales through network groups to exchange best practices and ideas.

### **The All-Wales Therapeutics and Toxicology Centre**

The All Wales Therapeutics and Toxicology Centre (AWTTC) has been actively promoting health and safety through various bilingual resources. In collaboration with Learning Disability Wales, they've produced a tramadol information leaflet and a comprehensive guide on unlicensed medicines in both English and Welsh. Their efforts also include an educational animation on lung health, a bereavement card for grieving parents, and the 'Stepping Stones' booklet for physiotherapy patients, ensuring accessibility for Welsh speakers. Additionally, CEDAR is enhancing patient involvement by translating outcome measures into Welsh with community feedback, while the Speech and Language Therapy team has created a video to encourage Welsh usage in the workplace.

### **CEDAR – Centre for Healthcare Education, Device Assessment and Research**

During the past financial year, CEDAR has continued with the translation of PROMs (Patient-Reported Outcome Measures) questionnaires, as part of our work with [NHS Wales Centre for Value in Health](#) to provide Value-Based Healthcare across the country. Ten PROM's were thoroughly translated using [ISPOR principles](#), which includes forward translation, reconciliation, post-translation and validation with patients. Interviews were conducted with over 50 patients as part of this work. To continue this work, we developed a new [volunteers database](#) to conduct future interviews, and work has continued to advertise the database online, in newspapers and in posters. In addition, CEDAR has translated [a new update of the national PREM \(Patient-Reported Experience Measures\) questionnaire](#), a piece of work requested by the Welsh Government. ISPOR principles were again followed for this work, interviewing 10 patients in order to complete it.

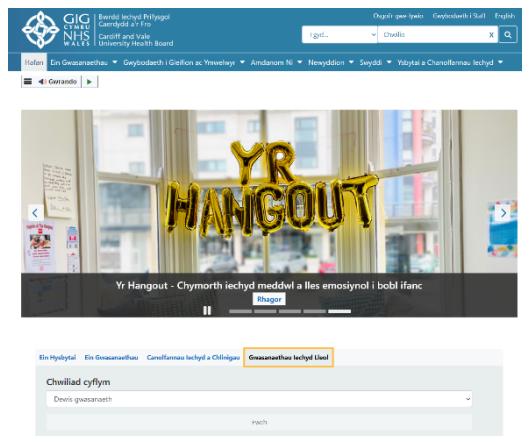
During the year CEDAR has also provided Welsh services to Welsh speaking participants across a number of local and national evaluation and research projects. This has included providing Welsh documents, including questionnaires, and conducting Welsh interviews.

With the hiring of a new Welsh Language Coordinator in early 2023, CEDAR has also begun to develop an internal Welsh policy to ensure we comply with the Health Board

and Welsh Language Commissioner policy requirements. This has included gap analysis to determine which documents need to be translated and when, what other services such as interviews and focus groups are needed as part of research projects, and the general promotion of Welsh in the CEDAR department.

## Communications and Engagement Team

The Cardiff and Vale University Health Board (CAVUHB) website currently has over 11,000 webpages. In August 2023, the Communications team enabled an approvals process for colleagues across the Health Board who have access to the website CMS



Mura, where new webpages or page amends undergo approval by the Communications and Engagement Team before going live on the public facing website.

This change has meant all new pages since August 2023 have been compliant with Welsh Language Standards. If colleagues submit a new webpage or page amends that do not have a Welsh equivalent, the Communication and Engagement Team contact the individual to inform them of the Welsh language requirements

and amendments that are needed before this page can be approved and go live, or offer additional website training support to the individual.

This approach also helps to inform colleagues across the Health Board about the Welsh Language Standards and requirements.

The team have a weekly rota for Welsh language approvals and amends on the website, and regular meetings to discuss the progress, any issues, and to identify colleagues who may need additional support in updating their webpages to be compliant.

Due to a large number of webpages being added to the website before the approvals process was in place, the team have a log of previous non-compliant pages to amend. The team use an evidence-based approach to amending these, using Google Analytics to reference the views a page has received to help prioritise which webpages to amend first.

The Communications team have also developed training resources including video tutorials of adding content to the website and training guides, which also highlight the Welsh Language requirements for colleagues' awareness.

The Communications team have also added 'We welcome phone calls in Welsh and in English' as a footer that appears on every page across the website.

The team are responsible for all content to social media and ensure all social media posts are bilingual do not post content without a Welsh equivalent.

For internal communications with colleagues across the Health Board, the team have also promoted various Welsh Language courses with staff and work closely with the Equity and Inclusion and Corporate Management teams to find out about new initiatives that we can support and provide visibility to.

### **Auditing of services via Tendable**

The Health Board has implemented Tendable, a mobile inspection and auditing system designed to educate and empower frontline staff in improving quality within healthcare settings. The system has successfully conducted two audits to assess frontline areas' compliance with the Welsh Language Standards.

The audits revealed that areas are generally compliant with the standards by providing bilingual signage, inquiring about patients' preferred language, and delivering services in Welsh when requested. Positive feedback from the audits included praise for "excellent communication" among Welsh-speaking staff and the practice of recording patient language preferences in Theatre Care Plans.

However, the audits also identified areas for improvement in ensuring consistent compliance with Welsh Language Standards. Tendable will be instrumental in providing the Health Board with a comprehensive overview of compliance across the organisation. This will enable the Health Board to conduct further investigations and implement strategies to strengthen frontline compliance with the standards.

Regan Nikki  
09/09/2024 08:42:00

# Operational Standards

## Welsh Language Skills Campaign

The Health Board has been actively working to ensure that staff members register their Welsh language skills. In collaboration with the People Analytics Team, the Equity and Inclusion Team has developed an efficient system for staff to record their language abilities.

A user-friendly Microsoft Form was created, allowing all staff to easily input their Welsh language skills. This data is then seamlessly transferred into the NHS Electronic Staff Record.

Although the process was still in its early stages as of April 2024, with 37% of staff having registered their skills, it is expected that this figure will significantly increase throughout 2024-2025.

## SharePoint

The Equity and Inclusion Team has been diligently updating the SharePoint website with comprehensive Welsh language information. Throughout 2023-2024, the team has significantly expanded the resources available on the site, covering guidelines and the importance of providing healthcare services through the medium of Welsh.

One notable addition is a dedicated page featuring patient and family stories highlighting the significance of the Welsh language in delivering effective healthcare. The SharePoint site now serves as a central hub for the latest news, events, and developments related to the Welsh language within the Health Board.

Regan, Nikki  
09/09/2024 08:42:00

## Recruitment

*(Information required as per the Standards)*

The table below provides information on the number of vacancies advertised during 2023-2024 and the type of Welsh language skills that were requested:

<b>Cardiff and Vale UHB 2023-2024</b>	
<b>Total number of vacancies advertised as:</b>	
Welsh language skills are essential	3
Welsh language skills are desirable	2487
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	49
Total Number of vacancies advertised	2539

## 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 received one complaint around the compliance of the Welsh Language Standards from members of the public during the 2023-2024 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 Health Board received three concerns through this route during 2023-2024.

The Health Board actively supported the Welsh Language Commissioner in investigating four Standards Enforcement Investigations initiated during the 2023-2024 period. While one of these matters was resolved, three remain ongoing.

One of the key concerns, and an area of focus for the Health Board over the coming year, centred on ensuring bilingual services were provided over the phone and in reception areas. In response, the Health Board has reviewed its recruitment processes around Welsh language skills and has worked with teams to develop their Welsh language skills, raising awareness of the Welsh language learning opportunities that are

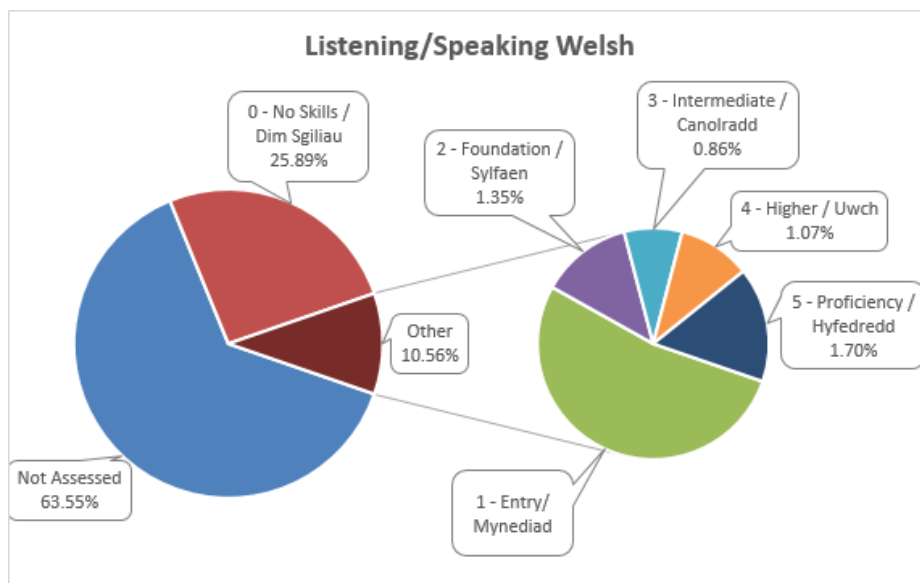
available to staff. These steps aim to empower service managers in delivering effective healthcare services in Welsh.

## 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 31<sup>st</sup> March 2024:

Listening/Speaking Welsh	Headcount
0 - No Skills / Dim Sgiliau	4624
1 - Entry/ Mynediad	997
2 - Foundation / Sylfaen	242
3 - Intermediate / Canolradd	153
4 - Higher / Uwch	192
5 - Proficiency / Hyfedredd	303
Not Assessed	11351
<b>Grand Total</b>	<b>17862</b>



Regan Nikki  
09/09/2024 08:42:00

## Conclusion and Vision for 2023-2024

The Health Board is committed to its vision of being a place where the Welsh language thrives. This vision is essential for fostering inclusive and culturally sensitive communication with patients and the wider community. By prioritising bilingualism, the Health Board aims to deliver exceptional care, respect Wales' linguistic heritage, and create a sense of belonging for all it serves.

While progress has been made in Welsh language compliance and cultural celebration, the Health Board recognises the need for further advancements. The "Meddwl Cymraeg – Think Welsh" campaign has played a vital role in fostering a cultural shift by emphasising the importance of Welsh language use. The campaign's success has encouraged staff to integrate Welsh into their workplace interactions.

The Health Board has strategically integrated the Welsh language agenda into its organisational strategy, such as the People and Culture Plan and the Strategic Equality Objectives and Plan.

Looking ahead, the Health Board aims to strengthen its bilingual culture and services. In collaboration with the Welsh Language Commissioner and Welsh Government, the Health Board will focus on the following objectives for 2024-2025:

- Improve the registration of Welsh language skills in the Electronic Staff Record system.
- Integrate Welsh language skills assessment into recruitment procedures to ensure effective bilingual communication.
- Enhance the availability of Welsh language reception services.
- Continue working with Clinical Boards to improve Welsh language services for patients and service users.
- Develop and deliver further Welsh language learning opportunities for staff.
- Continue to develop Rhwyd-iaith.

Regan Nikki  
09/09/2024 08:42:00

Report Title:	H&S Update			Agenda Item no.	4.1
Meeting:	People & Culture Committee	Public	X	Meeting Date:	10.09.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval		Information	
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Health, Safety and Fire				

**Main Report**

**Background and current situation:**

**Plus Size Patient Pathway**

**Background**

There is currently a potential wider UHB risk towards the management of plus size patients.

Presently, there is a rating on the H&S risk register of 16 for failing to have adequate systems in place to safely manage bariatric patients however, the Assistant Director of Health, Safety and Fire assesses that this is not the appropriate register and clinical ownership is more appropriate to manage the risk using an all encompassing approach towards this patient cohort. Guidance and assistance would then be provided from other clinical service boards and supporting functions including Health and Safety.

Pre-COVID, Medicine led on this however, it is not necessarily the case that they are best placed to carry this forward.

**Current Situation**

The relevant Health and Safety risks pertain to Manual Handling and Fire Safety, the former involves safe practices for both the patient and staff, whilst the latter involves fire and evacuation strategies in the event of an incident. The health and safety team continue to work with clinical boards in these disciplines using a largely reactive approach.

Assessment is required as to how best manage this patient cohort and which department is the most appropriate to lead progress with this patient group agenda. It is widely accepted that it transcends multiple clinical/service board departments and the ongoing management will require the input of various departments including Health and Safety.

The Assistant Director of Health, Safety and Fire will write to the Assistant Director of Quality and Patient Safety on this matter to determine the most suitable approach to drive this agenda forward.

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

To note the risk to patients and staff.

**Recommendation:**

The Committee is requested to:

- a) Note the content of this paper.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

Please place an "X" in the below boxes as relevant.

1.	 Putting People First	X	2.	 Providing Outstanding Quality	
----	--	---	----	---	--

Click the objective above to view more detail.		Click the objective above to view more detail.	
3.  Delivering in the Right Places Click the objective above to view more detail.		4.  Acting for the Future Click the objective above to view more detail.	

Five Ways of Working (Sustainable Development Principles) considered  
Please place an "X" in the below boxes as relevant

Prevention	X	Long term	X	Integration		Collaboration	X	Involvement	
------------	---	-----------	---	-------------	--	---------------	---	-------------	--

Quality Impact Assessment Completed?:  
Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		Comment here
---	--	--	--	--------------

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

Risk: Yes <i>Potential patient and staff risk.</i>	
Safety: Yes <i>Potential patient and staff risk.</i>	
Financial: No	
Workforce: No	
Legal: No	
Reputational: Yes <i>Potential reputational risk towards perceived poor patient care</i>	
Socio Economic: No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <a href="#">The Socio-economic Duty: guidance   GOV.WALES</a></i>	
Equality and Health: Yes/No - <i>Useful guidance on the completion of an EHIA can be found at the following link: <a href="#">EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)</a></i>	
n/a	
Decarbonisation: No	
Welsh Language: Yes/No n/a	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Group/Exec	Date:
People & Culture Committee.	10/09/2024

Regan Nikki  
09/09/2024 08:42:00

Report Title:	Capital, Estates & Facilities Update		Agenda Item no.	4.2	
Meeting:	People & Culture Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	10/09/2024
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>	Information
Lead Executive:	Director of Finance				
Report Author (Title):	Director of Capital Estates & Facilities				

## Main Report

### Background and current situation:

The purpose of this paper is to provide the People and Culture Committee with an update on Estate related matters, including; any recent estate infrastructure failings, information regarding funding received for estate infrastructure work, and update on the programme of works currently being undertaken to identify critical risks.

There have been a number of events over recent months that have and continue to place the estates department under considerable pressure. Many have been identified on the Capital Estates and Facilities risk register and have now materialized into real issues. Given the condition of the engineering infrastructure and the constraint on resource, plant and infrastructure failure is likely to continue.

CEF continue to progress the 'critical risk' surveys and have to date assessed 100 items identified as possible points of failure to determine whether the items are risks and if so, to what level. These in turn are then added to the CEF risk register. Only 6 items were adjudged as not risks, with the following items added to the register:

Risk Level	Risk Rating	No. of items
High	20-25	16
Medium	12-16	50
Low	1-10	28

As recorded in the NHS Wales, Estates, Facilities Performance Management System (EFPMS), CAV UHB currently has an estimated backlog maintenance liability of £173m. It is suspected that this is a conservative estimate given that the last comprehensive estate condition survey was undertaken circa 10 years ago at UHW, the community facilities in 2017 and has not been undertaken at UHL for over 14 years.

It is evident that WG acknowledge the backlog issues across the NHS Wales estate and have recently made £30m available to organisations to address some of the most critical priorities. The UHB submitted a bid for £11.5m informed by the CEF risk register and were awarded £4.4m. In addition, committee members may be aware that the UHB are also in receipt of the 2<sup>nd</sup> year of the Estates, Facilities Advisory Board Funding with £2.839m of WG approved funding supported by £1.2m from its Discretionary Capital Funding.

The tables below identify the schemes being progressed through design and tender which have to be delivered before the end of March 2025:

## WG Backlog Maintenance Funded schemes 24/25

Description	Site	Value £m
UHW Main Chiller Plant	UHW	0.709
HSDU Ventilation & Chiller	UHW	0.700
UHW Continuation of Foul Drainage system replacement	UHW	0.500
CAVOC Chillers	UHL	0.500
UHW Water Mains	UHW	0.750
UHW AVSU Replacement	UHW	0.300
UHW Hot Water Valve Replacement	UHW	0.075
UHW Roof Upgrades (Lift Plant Rooms)	UHW	0.150
UHW Secondary Hot water Plate Heat Exchanger	UHW	0.250
UHL AVSU and Oxygen Transfer over to new oxygen line	UHL	0.200
UHB Fire Doors	UHB Wide	0.200
Fire Doors		0.100
<b>Total</b>		<b>4.434</b>

## WG EFAB Funded schemes 24/25

Description	Site	Value £m
<b>Infrastructure</b>		
Foul Drainage Programme	UHW	0.245
Dental Hospital Drainage	UHW	0.140
Dental Electrical Upgrade	UHW	0.550
Main Switchgear	UHW	0.533
Main Medical Air Plant	UHW	0.355
Ambulatory Care Medical Air Plant	UHW	0.446
Ventilation Plant Maternity	UHW	0.285
<b>Fire</b>		
Fire Alarm Upgrade	UHW	0.600
Fire Alarm Upgrade	UHL	0.100
Fire Damper Inspection access	UHB Wide	0.050
Community Fire Alarm Upgrade	Community	0.150
Fire Stopping	UHB Wide	0.050
<b>Decarbonisation</b>		
BMS Outstation Upgrade	UHW	0.462
Pipework Insulation	UHL	0.090
<b>Total</b>		<b>4.056</b>

## Operation POET

The committee will be aware that the UHB have approved the proposal to undertake 'Operation POET' at both UHW and UHL this year, which is designed to test the electrical resilience of both sites in the event of a total power. The project team has been re-established to include the site lead from UHL.

Preparation work including local, generator testing is nearing completion, ahead of the main events which will be undertaken on 2 separate days:

University Hospital Llandough on Thursday 19<sup>th</sup> September 2024

University Hospital of Wales on Friday 18<sup>th</sup> October 2024

Both days have been agreed with the Medical Director to be held of Clinal Audit days, when there is reduced activity across the respective sites. In addition, Senior Leadership Board (SLB) approved the undertaking of the tests on the proposed dates at their meeting of 15<sup>th</sup> August 2024. A further detailed presentation will be made to SLB on 5<sup>th</sup> August 2024 to confirm final arrangements and the outcome of the local testing.

**Presentation to Board Development**

Following a number of recent events, the Board requested a presentation at their development session held on 29<sup>th</sup> August 2024, a copy is attached for information in Appendix 1. The presentation draws out a number of issues including the most significant issues, but also some of the good work that has and continues to progress across the UHB estate.

The presentation also considered the Estates Productivity Benchmark data which considers in broad terms the number of maintenance requests received together with planned preventative maintenance activities to determine the number of, staff, required to complete the works at certain levels of productivity. The team is looking in depth at the data to establish not only the number of WTE staff that may be required but the skill mix so that qualified trade staff are not undertaking unskilled work.

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

- The 2024-25 UHB’s Discretionary Capital Allocation is significantly constrained with limited contingency allowance available to upgrade or replace critical infrastructure
- The number of risks that are now becoming issues and impacting on patient care is increasing
- The NHS Wales, Estates, Facilities Performance Management System (EFPMS), CAV UHB currently has an estimated backlog maintenance liability of £173m.

**Recommendation:**

The Committee are requested to:

**NOTE:** the content of the report and the ongoing work to identify all possible points of critical failure

**NOTE:** the approved dates to undertake ‘Operation Poet’ at both UHL and UHW

**NOTE:** The approval of additional funding in the region of £4.4m awarded by WG to address some of the most critical elements of backlog maintenance

**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	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

Maintaining an aging environment

Safety: Yes

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

Financial: Yes

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

Workforce: No

Legal: Yes

Statutory compliance failures could lead to HSE involvement

Reputational: Yes

Patient complaints and press reports are on occasion received

Socio Economic: Yes/No NO

Equality and Health: Yes/No NO

Decarbonisation: Yes/No NO

**Approval/Scrutiny Route:**

Committee/Group/Exec

Date:

Regan, Nikki  
09/09/2024 08:42:00

Regan, Nikki  
09/09/2024 08:42:00



# Cardiff & Vale UHB Estate Compliance & Assurance Review of Progress

UHB Board Development Session  
29<sup>th</sup> August 2024

Regan, Nikki  
09/09/2024 08:42:00

# The approach

Where were  
we in 2013

Where are  
we now

The journey  
continues

Output to inform  
revised 10 year  
Estates Strategy &  
New Hospital  
Programme

Regan, Nikki  
09/09/2024 08:42:00

# Where we were in 2013

- An independent audit of Estate compliance was undertaken which identified:
  - Significant problems with Asbestos Management & Control of Contractors
  - Evidence records were poor, where available, and non existent for the most part
  - Assets register fairly non existent
    - *for example, we didn't know exactly how many critical ventilation plants we had across the UHB*
  - Baq Trac maintenance system never been fully developed and utilised
    - *On installation in 2008 information transferred from old system but never updated/reviewed – this was the estates bible ( Changed CAFM system to MiCAD)*
  - Reactive maintenance was prioritised over statutory maintenance to meet service requirements and resource available

Regan, Nikki  
09/09/2024 08:42:00

# Our Response Was to!

- Establish a dedicated Compliance & Assurance team
- Develop a comprehensive asset data base identifying, in the first instance, critical plant
- Develop maintenance specifications for all assets and systems and market test to ensure that we are meeting our statutory and mandatory obligations
- Establish an auditable reporting and records system

Pagan, Nikki  
07/09/2024 08:42:00

# Our Progress

## Statutory Programme

### Statutory / Mandatory Inspection List

### Statutory /Mandatory Inspection List (cont)

- |                                  |            |
|----------------------------------|------------|
| 1. Legionella                    | Mechanical |
| 2. Legionella RO                 | Mechanical |
| 3. Smoke Dampers                 | Mechanical |
| 4. Fire Dampers                  | Mechanical |
| 5. Medical Gas                   | Mechanical |
| 6. Insurance                     | Building   |
| 7. Fire Doors / Compartmentation | Building   |
| 8. Asbestos                      | Building   |
| 9. Sprinklers                    | Building   |
| 10. Periodic                     | Electrical |
| 11. Dry Riser & Fire Hydrants    | Building   |
| 12. High Voltage                 | Electrical |
| 13. Generators                   | Electrical |
| 14. Fire Hoses                   | Building   |
| 15. Emergency Lights             | Electrical |
| 16. Fire Alarm                   | Electrical |
| 17. Legionella RA                | Mechanical |
| 18. Ventilation AHU              | Mechanical |
| 19. Gas (0)                      | Mechanical |
| 20. Ventilation Intake           | Mechanical |
| 21. Fire Extinguisher            | Building   |
| 22. Steam                        | Mechanical |

- |                           |            |
|---------------------------|------------|
| 23. Air Conditioning      | Mechanical |
| 24. Commercial Kitchen    | Mechanical |
| 25. Canopy Main           | Mechanical |
| 26. Canopy Ward           | Mechanical |
| 27. Fume Safety           | Mechanical |
| 28. Fire Suppression      | Building   |
| 29. Automatic Doors       | Electrical |
| 30. BMS                   | Mechanical |
| 31. PAT Testing           | Electrical |
| 32. UPS                   | Electrical |
| 33. Bed Heads             | Electrical |
| 34. IPS                   | Electrical |
| 35. Lifts                 | Electrical |
| 36. Helipad               | Building   |
| 37. Sterile Services      | Mechanical |
| 38. Chimneys              | Building   |
| 39. Nurse Call            | Electrical |
| 40. Local Extract         | Mechanical |
| 41. Patient Hoist         | Building   |
| 42. Lightening Conductors | Electrical |
| 43. Legionella Audits     | Mechanical |
| 44. Pools                 | Mechanical |

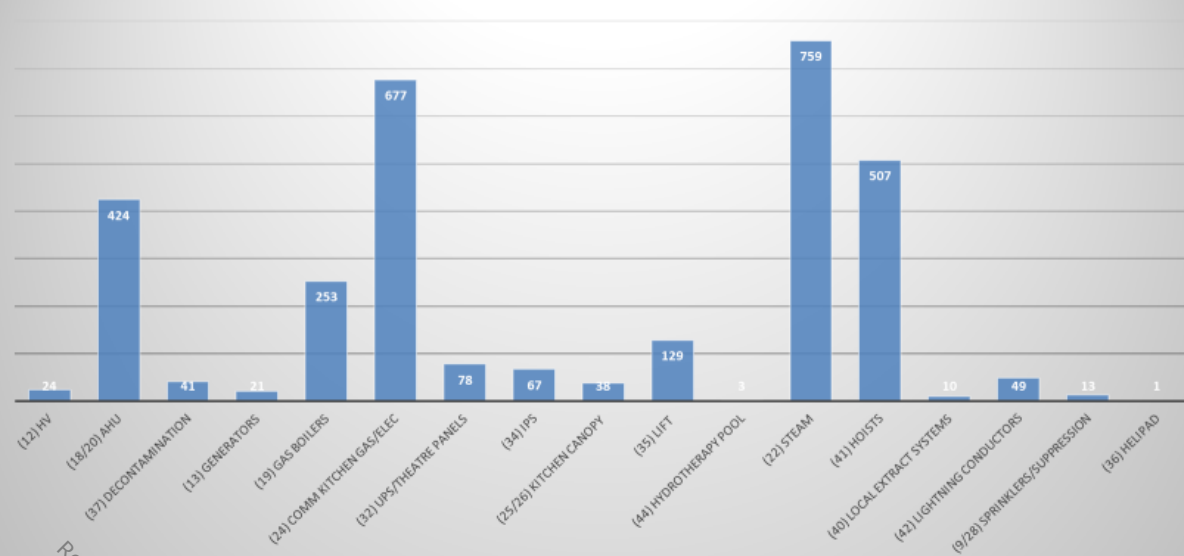
# Known Assets

TARGET %

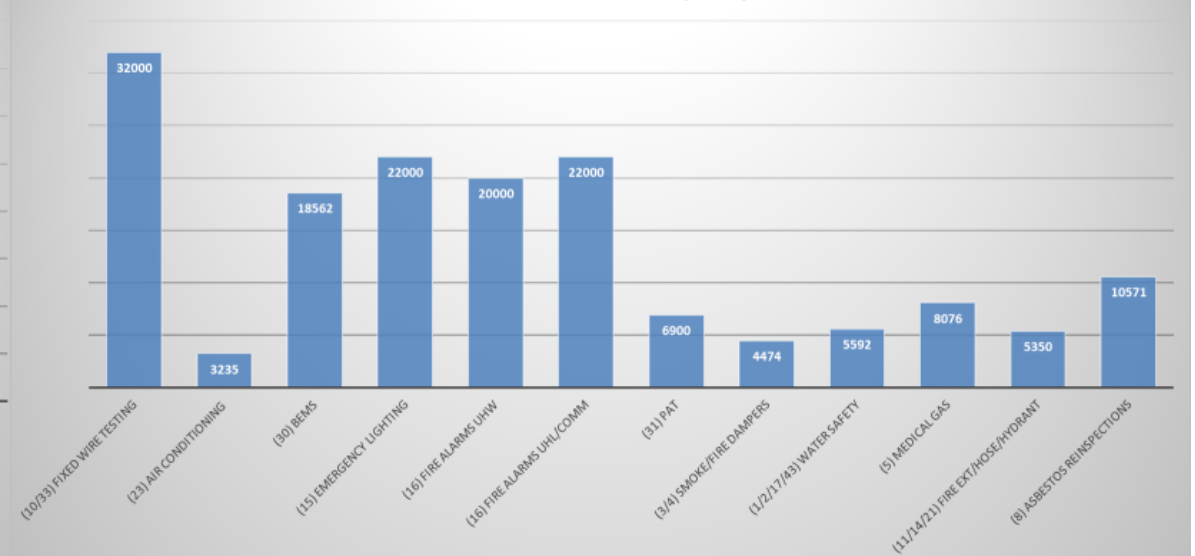
2023 Asset Numbers (Estimated number 229,204)

Total Asset number known 223,954

UHB Asset Numbers



UHB Asset Numbers (Cont)



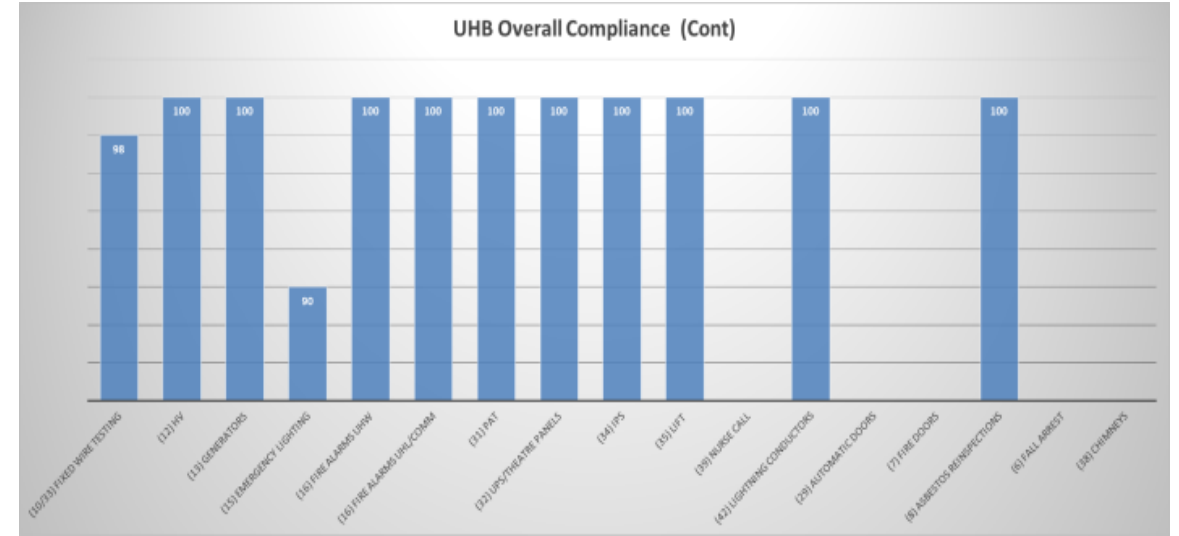
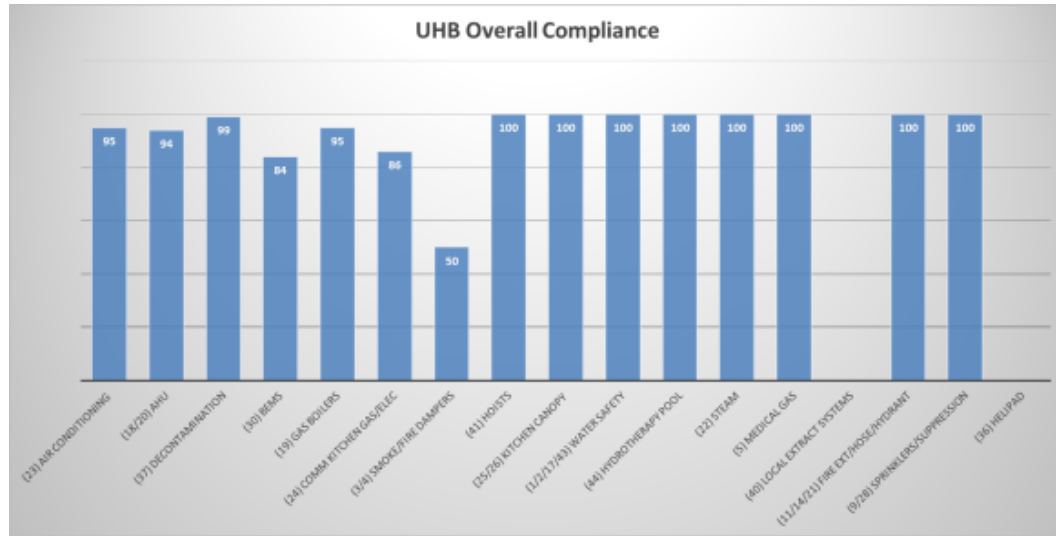
## Outstanding

	Estimated number
• Nurse Call	150
• Automatic doors	30
• Fire doors	5,000
• Fall Arrest	20
• Chimneys	50

## Summary

- Fixed wire – Circuits which equates to approx. 800 Distribution Boards.
- BMS – 337 outstations, 18,225 control/monitoring points
- Emergency lights – Fittings, approx 4400 circuits
- Fire Alarms – Devices, UHW check on 2 year cycle
- PAT – Equipment (69,000 pieces of equipment X 10 on graph)
- Water safety – 4,704 TMV's, 827 showers, 61 Water tanks)
- Med Gas – 667 main plant items, 7,409 med gas terminals
- Asbestos – 10,571 known asbestos which requires annual re-inspection

# Overall Compliance Position



Regan, Nikki  
09/09/2024 08:42:00

# Where are we know – Positive

- We have identified circa 230,000 engineering and building assets.
- Inspection and maintenance contracts are in place for the 44 elements identified in the relevant Health Technical Memoranda (HTM) and Health Building Notes (HBN)
- The UHB have undertaken ‘Operation POET’ which has proved our electrical supply resilience on UHW site, but did identify actions which have been or are being progressed
- Comprehensive risk registers are in place and reviewed bi-monthly
- A further ‘critical infrastructure’ survey is currently being undertaken

Regan, Nikki  
07/09/2024 10:42:00

# Where are we know – Negative

- Buildings across CAV were built to industry standards when they started to be constructed in 1963 to operational in 1971.
- Risks identified are now becoming issues and often have a significant impact on Clinical Services
- Mitigation is considered but until recently would have been short term solutions
- The constraint of the building impacts on our ability to upgrade to the current HTM/HBN standard

Regan, Nikki  
09/09/2024 08:42:00

# Recent Events

## UHW Main Water Supply



- Main water supply to roof top tanks
- 9 inch pipe burst
- Required Dŵr Cymru as specialists to affect a repair
- Pressure was lost to upper floors
- Bottled water supplied
- 3 days to re-instate

## UHL CAVOC Main Chiller Failure



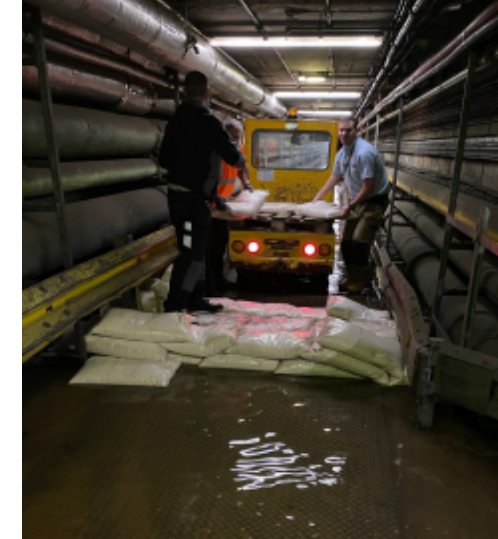
- Pipework which carries the chilled water to the ventilation plant
- Performance of chiller also affected by the corrosion reducing the flow of sufficient cold water into the A/C plant
- Replacement chiller being funded by WG 24/25

## UHW Roof above B Block Lifts (Main Circulation)



- Ongoing issue with the flat roof above the main lift cluster
- Potential to affect all 6 lifts in main circulation area
- Lift 20 serves ITU/Theatres, only lift suitable for bed transfers from Resus with staff and additional equip
- Tender due back 30/8

## UHW Tunnels flooding



- Main tunnel used by Waste, HSDU, Estates etc
- Water table has moved significantly over the years and is frequently causing flooding
- Floor is starting to break up and steel sheets are being installed as a temporary solution

# And so it continues!

## 2<sup>nd</sup> Mains Water Event



## UHL Ward Block Soil Stack Replacement Programme

- 2<sup>nd</sup> year of the programme with funding from WG's EFAB funding
- Additional funding from WG Backlog maintenance funding 24/25
- By the end of this financial year we will have completed 19 of the 42 soil stacks in the Ward Block – most high risk
- Survey required to establish the number of soil stacks in Tower Blocks 1 & 2



## Maternity Roof

- Multiple event of water ingress
- First affected theatre 1 repairs to the flashing on the roof required a spell of dry weather to undertake the works
- 2<sup>nd</sup> a mat had blocked the outlet and the video below is the result



# Financial Position

- Latest 'Backlog Maintenance' estimate £173m

EFPMS 2022/23	Estate Maintenance
	Average (£/m <sup>2</sup> )
Betsi Cadwaladr University LHB	40.31
Hywel Dda LHB	37.07
Swansea Bay University Health Board	29.53
Cardiff & Vale University LHB	17.94
Cwm Taf LHB	19.12
Aneurin Bevan LHB	19.01
Powys Teaching LHB	28.97
Velindre Nhs Trust	57.68
Welsh Ambulance Services Nhs Trust	15.36
ALL WALES TOTALS / AVERAGES (EXCLUDING WAST)	26.70

English NHS Trusts – for comparison		Estate Maintenance
Barts Health NHS Trust	PFI	59.13
Imperial College Healthcare NHS Trust	Freehold	40.95
Leeds Teaching Hospitals NHS Trust	Freehold	35.09
Nottingham University NHS Trust	Freehold	45.07
University Hospitals of Leicester NHS Trust	Freehold	40.01
Oxford University Hospitals NHS Trust	Part site - (PFI)	46.14
AVERAGE		44.40

## Estates Productivity Benchmark

PPM & Reactive Tickets Valid	In Post	Establishment	Vacancies	Productivity per 10 hours 5.18	Productivity per 10 hours 5.45	Productivity per 10 hours 5.76
105,798	65	81	16	123	117	110

- GAV have lowest spend in Wales (except WAST who have relatively small estate with no significant engineering infrastructure)



# Ongoing Plan

- ‘Critical Services’ review

- To date we have reviewed 100 items identified as possible points of failure to determine whether the items are risks and if so to what level. These are then added to the Estate/CEF risk register. 94, of which, have the following rating, with 6 items not being considered as a risk to the health board.

Risk Level	Risk Rating	No. of items
High	20-25	16
Medium	12-16	50
Low	1-10	28

- UHB Estate Condition Survey

- In discussion with WG and internal finance team regarding the accounting treatment, Revenue or Capital

- ‘Operation POET’

- UHL including in this year programme scheduled for Thursday 19<sup>th</sup> Sept
- UHW programmed for Friday 18<sup>th</sup> Oct

Regan, Nikki  
09/09/2024 08:42:00

# It's easy to forget the good news stories



## UHW Ward A4 Refurbishment

- Part of a the ward refurbishment programme funded from Discretionary Capital pre pandemic
- Improved patient environment, including hygiene facilities for bariatric patient
- Fire safety compliance, fire dampers, compartmentation etc
- Cost circa £1.2m
- No Current programme in place



## Re-fit Programme Ph 1 & 2

- WG Framework to invest in energy reduction & Carbonisation projects
- Cost savings of circa £1m on energy and 10% Carbon reduction
- LED lighting, insulation, Solar PV, motors on ventilation plant
- Installation completed Dec 23
- Investment of £10m
- Annual Carbon savings of 2,700 tonnes

## UHW – Emergency Unit

- WG funding to address issues highlighted by HIW
- Works included – decoration, new floors, ceilings, lighting, seating etc
- Work undertaken whilst maintaining clinical services, required good co-operation between CEF and the EU teams
- £870k investment over 2 year period



## UHL Boiler Replacement

- Boiler 2 replacement including the installation of temp flues
- EFAB funding of £1.2m
- Obsolete boiler and associated controls



# The good work continues



## Cardiothoracic Relocation

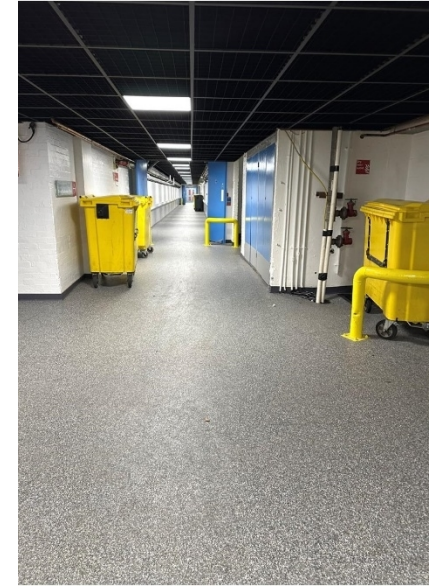
- Part of wider plan for bringing the service back to UHW from UHL
- Refurbishment of C3 Link for Cardiac Intensive Care including fire safety to meeting compliance
- Completion 29<sup>th</sup> August 2024
- £1.92m Discretionary Capital



Before

## UHW Service Tunnels Upgrade

- Service tunnels not intended for patient transfer when hospital was built (former main kitchen)
- Change of use when EU relocated from CRI requiring patient transfer to access theatres, wards, ITU
- New floors, capable of taking heavy tug traffic, wall protection, ceilings and lighting
- Improved patient experience
- Risk remains with engineering infrastructure failure
- Completed March 24
- Total Investment circa £400k Discretionary Capital



After

These are just a few of the examples of improvements that CEF have delivered or are in the process of delivering to support the clinical services plan or to improve the patient environment.

# Additional Funding

The UHB were invited to bid against 'ring fenced' funding to address backlog maintenance projects primarily on the findings of the Authorised Engineers annual reports, although a number of essential schemes which could impact on clinical activity have also been funded. These schemes have to be designed, tendered and complete 'in year'. Of the £11.5m the UHB submitted we are awarded £4.4m. This is in addition to the EFAB funding of £2.839m which requires a 30 % commitment from the UHB Discretionary Capital programme of £1.217m (total of £4.056m)

## WG Backlog Maintenance Funded schemes 24/25

Description	Site	Value £m
UHW Main Chiller Plant	UHW	0.709
HSDU Ventilation & Chiller	UHW	0.700
UHW Continuation of Foul Drainage system replacement	UHW	0.500
CAVOC Chillers	UHL	0.500
UHW Water Mains	UHW	0.750
UHW AVSU Replacement	UHW	0.300
UHW Hot Water Valve Replacement	UHW	0.075
UHW Roof Upgrades (Lift Plant Rooms)	UHW	0.150
UHW Secondary Hot water Plate Heat Exchanger	UHW	0.250
UHL AVSU and Oxygen Transfer over to new oxygen line	UHL	0.200
UHB Fire Doors	UHB Wide	0.200
Fire Doors		0.100
<b>Total</b>		<b>4.434</b>

A further £500k is allocated from Discretionary Capital for Backlog Maintenance

## WG EFAB Funded schemes 24/25

Description	Site	Value £m
<b>Infrastructure</b>		
Foul Drainage Programme	UHW	0.245
Dental Hospital Drainage	UHW	0.140
Dental Electrical Upgrade	UHW	0.550
Main Switchgear	UHW	0.533
Main Medical Air Plant	UHW	0.355
Ambulatory Care Medical Air Plant	UHW	0.446
Ventilation Plant Maternity	UHW	0.285
<b>Fire</b>		
Fire Alarm Upgrade	UHW	0.600
Fire Alarm Upgrade	UHL	0.100
Fire Damper Inspection access	UHB Wide	0.050
Community Fire Alarm Upgrade	Community	0.150
Fire Stopping	UHB Wide	0.050
<b>Decarbonisation</b>		
BMS Outstation Upgrade	UHW	0.462
Pipework Insulation	UHL	0.090
<b>Total</b>		<b>4.056</b>

# Re-fit Phase 3

- WG recently approved a further £6.9m including VAT for the next phase of the Re-fit programme
- Energy Conservation Measures Including:
  - Solar PV systems for UHW and UHL main car parks and other community properties
  - Window replacement at UHL to include over 200 windows replaced with double glazed units
  - Further LED lighting replacement at community sites
  - Further pipework re-insulation
- Estimated savings
  - **Carbon reduction pa 477 tonnes**
  - **Energy costs pa £603k**
- Completion of the works anticipated June 2025

Regan, Nikki  
09/09/2024 08:42:00



# Conclusion

- There is robust Estate compliance management and monitoring in place
- Estate risks are being identified, managed and reviewed on a frequent basis
- 'Operation POET' has improved the awareness of issues and the need for robust Business Continuity Plans across all areas
- The need to undertake an in depth condition survey to support the revised Estate Strategy and the need to continue to operate from the existing sites is essential
- What were risks are evidently increasingly becoming issues
- The impact on clinical services and patients has become more prevalent
- The estates team are dealing with more significant reactive issues which impacts on their ability to undertake planned maintenance and repairs affecting the service to wards and departments and ultimately our patients

Regan, Nikki  
09/09/2024 08:42:00



Thank you for your time and for  
listening  
Any Questions ?

Regan, Nikki  
09/09/2024 08:42:00