

Public People & Culture Committee Meeting

Tue 19 November 2024, 09:00 - 11:00

Virtual - MS Teams

Agenda

09:00 - 09:05 **1. Standing Items** 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 - 10th September 2024

Sara Moseley

📄 1.4 - Public People Culture Minutes 10.09.24.pdf (6 pages)

1.5. Action log following the previous meeting - 10th September 2024

Sara Moseley

📄 1.4 - Public People Culture Minutes 10.09.24.pdf (6 pages)

1.6. Chairs actions

Sara Moseley

09:05 - 10:50 **2. Items for Review & Assurance** 105 min

2.1. Staff Story – International Educated Nurse

Rachel Gidman

2.2. Board Assurance Framework – Wellbeing

Claire Whiles

📄 2.2 - People and Culture Committee Nov 2024 BAF Wellbeing Update.pdf (7 pages)

📄 2.2a - DoOps Proposal.pdf (4 pages)

2.3. Key Workforce Performance Indicators

Lianne Morse

📄 2.3 People Culture Committee KPI Paper Oct-24 Data (003).pdf (7 pages)

📄 2.3a New IPR - Workforce Section Oct-24.pdf (4 pages)

Regen Nikki
18/11/2024 13:42:00

2.4. Clinical Board Spotlight – Mental Health Clinical Board

Daniel Crossland

2.5. Notices from the Welsh Language Commissioner and update on Welsh Language standards

Mitchell Jones

📄 2.5 - WLC Matters.pdf (6 pages)

2.6. Health & Safety Update

Robert Warren

📄 2.6 - H&S Update.pdf (3 pages)

📄 2.6a - H&S Culture Plan.pdf (24 pages)

2.7. Primary Care Workforce Plan

Emma Lewis / Nicola Robinson

📄 2.7 - Strategic Workforce Plan for Primary Care.pdf (8 pages)

10:50 - 10:50 3. Items for Approval / Ratification

0 min

3.1. People Policies Report

Rachel Pressley

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

📄 3.1a - 2024_09_28 Flexible Pensions Policy Final Approved.pdf (29 pages)

📄 3.1b - app 2 2024_07_24 All Wales Pregnancy Loss Support Policy FINAL English.pdf (9 pages)

📄 3.1c - appendix 2 - All Wales Recovery of Overpayments Procedure.pdf (25 pages)

10:50 - 10:50 4. Items for Information & Noting

0 min

4.1. Engagement brief to include Digital Communications & Analytics KPI

Joanne Brandon / Claire Whiles

📄 4.1 - Digital Communications and Analytics _October.pdf (2 pages)

📄 4.1a - People and Culture Paper _ Digital Communications August - October 2024.pdf (13 pages)

10:50 - 10:55 5. Any Other Business

5 min

Sara Moseley

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

0 min

6.1. Oxygen Incident

6.2. UHW Pharmacy / Estates Issue

6.3. NWSSP Audit

Regen Nikki
18/11/2024 15:47:00

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

5 min

7.1. Items to be deferred to Board / Committees

7.2. To note the date & time of the next meeting: Tuesday 21st January at 9am via MS Teams

Regen, Nikki
18/11/2024 13:47:00

**Draft Minutes of the Public People and Culture Committee
Held On 10th September 2024
Via MS Teams**

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

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Akmal Hanuk	AH	Independent Member for Local Community
Present:		
Rhian Thomas	RT	Independent Member for Capital & Estates
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
In Attendance:		
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
Mitchell Jones	MJ	Head of Equality & Inclusion
Claire Whiles	CW	Assistant Head of Organisational Development
Clare Wade	CW	Director of Operations – Surgical Clinical Board
Rachel Thomas	RT	Director of Nursing – Surgical Clinical Board
Rachel Pressley	RP	Head of People, Assurance & Experience
Emma Cooke	EC	Director of Therapies & Healthcare Sciences
Katrina Griffiths	KG	Associate Director of People & Culture
Leanne Morris	LM	People Services Manager
Nicola Robinson	NR	Head of People & Culture
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
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Mike Jones	MJ	Independent Member for Trade Unions

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P&C 10/09/004	Minutes from meeting on 09th July 2024 Following an amendment on page 1, the minutes were received as a true and accurate record. The Committee resolved that: a) The draft minutes of the meeting held on 09 th July 2024 were agreed to be a true and accurate record of the meeting.	

<p>P&C 10/09/005</p>	<p>Action Log following 09th July 2024 Meeting</p> <p>Staff survey was referred to the Board. The CC noted it was important to see the evidence of what was going on in the team.</p> <p>The Committee resolved that: a) The Action Log was discussed and noted.</p>	
<p>P&C 10/09/006</p>	<p>Chair's Actions</p> <p>There were no Chair's Actions.</p>	
<p>Items for Review & Assurance</p>		
<p>P&C 10/09/007</p>	<p>Staff Story – Sickness</p> <p>The EDPC introduced the staff story video which focused on long term sickness. She highlighted that support was needed for managers to allow them to provide support to staff where required. She added that consistency and fair treatment was required across all groups.</p> <p>The IMLA thanked the member of staff who shared their story and noted areas where we need to strengthen our support and asked if we support the staff when they return. The DDPC explained a paper would be presented during the meeting to look at LTS.</p> <p>The Committee resolved that: a) The Staff Story was received.</p>	
<p>P&C 10/09/008</p>	<p>Board Assurance Framework – Culture</p> <p>The ADOD presented and noted that we need to have and understand the culture which was impacting the HB currently and highlighted the following:</p> <ul style="list-style-type: none"> • Some impacts were apparent from the staff survey • Culture remained everyones responsibility • Successfully recruited in to the Head of OD position and have a more focused approach on the development of cultural programmes and projects • We are developing to cultural insight via surveys i.e. staff / cultural to enable us to understand what is going on in the HB • Overarching feeling was unfairness and inconsistency across the HB • Encourage all to take part in surveys • Sexual safety working group was established with 179 people reporting in the staff survey that they had experienced inappropriate sexual behaviour in a workplace • Discussions were had to talk through the workforce race and equality • We want to change the focus to a Staff Assembly to regularly bring people together to discuss topics • We have 55 people registered for the session planned for 1st October • We will ensure a thorough review will take place on our cultural assessment <p>The CC questioned how the next steps would feed through to the Board regarding assurance given the serious nature of some of the findings. Findings relating to leadership & management development seemed particularly important. The CC asked if there was an assessment for which concerns and actions should be prioritized and how actions all fit together?</p> <p>The ADOD explained that a mapping exercise of issues and interventions was being undertaken focused on delivering the strategic aims and responding to the financial challenges.</p> <p>The EDPC noted that CAV UHB have management courses were well attended but plan to look at the pathway and to take a paper to SLB. The CC suggested that an update was provided when the Committee next consider this BAF priority.</p>	

Regan, Nikki
18/11/2024 13:47:06

	<p>The IMLC questioned if there was a specific way CAV UHB were reaching out to the teams / clinical boards to help them achieve what is required in terms of improvement? The ADOD explained that CAV UHB have a multi-pronged approach and ensure that staff were supported and utilise the networks effectively.</p> <p>The Committee resolved that:</p> <p>a) The information included within the paper was discussed, noted and accepted as assurance.</p>	
<p>P&C 10/09/009</p>	<p>Keyword Performance Indicators</p> <p>The DDPC presented the Keyword Performance Indicators and highlighted the following:</p> <ul style="list-style-type: none"> • Absences improved and were a percentage higher than August 2019 • Data from August showed a reduction in staff turnover reduced to 10.03% • The VBA percentage remained at 79-80%. • Predictions for registered Nursing it will be less than 1% by November and will help reduce agency expenditure <p>The IMCE asked how the panel set up to scrutinize vacancies as part of the efficiency plans were working? The DDPC explained that CAV have clinical boards scrutiny panels at a local level with a provision for escalation to the corporate panel.</p> <p>The EDPC explained that she and the COO had seen a reduction in the number of jobs coming to the Exec panel as local scrutiny was becoming established and working better.</p> <p>The CC asked how this was lining up with our aspirations in terms of achieving savings. Is the sum included in our forecast budget still seem right or should it be reviewed?</p> <p>The EDPC replied that the People & Culture plan spans 3 years. We need to link this in with the UHB strategy and will see more direction over the next few years.</p> <p>The DDPC noted we may over achieve in some areas regarding savings. We have allocated approx. £2mil for the reshaping work. The only way to make the savings required is to reduce the workforce.</p> <p>The Committee resolved that:</p> <p>a) The content of the report was noted and discussed.</p>	
<p>P&C 10/09/013</p>	<p>Clinical Board Spotlight – Surgical Clinical Board Team</p> <p>The DNSCB & DOSCB were introduced to the committee and they presented on the Clinical Board Spotlight for the Surgical Clinical Board and highlighted the following:</p> <ul style="list-style-type: none"> • 2200 staff with majority working in bands 2 – 7 • 75% staff are female, with 68% from an ethnic group • Sickness rate fell and the turnover rate reduced to 9.61% • Statutory & mandatory training rose to 77.21% • VBA had fallen to 81.14% and aim to reach the 85% • 3 face book pages were used to promote well-being events & training etc • 7-day working was introduced for Urology nurse practitioners • Developed band 3 HCSW in SDEC to support triage along with band 4 plaster technicians into trauma clinic and CAVOC OPD • Well-being walks at lunchtimes in UHW and walking VBA's were introduced • A well-established meet and greet event for new staff members • Bespoke learning sessions created for band 7 and above • When requested to sign off replacement posts, the financial and governance position is looked at to see if we are able to use staff flexibly • CNS roles have been developed and invested in nurse maxillofacial and look to invest in a thyroid nurse specialist 	

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<p>P&C 10/09/014</p>	<p>Long Term Sickness Update</p> <p>The PSM highlighted the following regarding the long-term sickness update:</p> <ul style="list-style-type: none"> • There was an increase in LTS following the pandemic • LTS reported at 4.4% in July 2024 • People services attend sickness panels to provide expertise advice / support A pilot to tackle LTS across Medicine & Children & Women was successful and has been rolled out in other clinical boards • Sickness absence reasons saw an increase in cancer, but anxiety & stress was the highest cause of LTS across the HB • Wellbeing letters were being sent to staff on LTS with stress / anxiety • In addition to supporting sickness panels, people services were working with the trade unions to embed the best practise and support managers in dealing more confidently with staff sickness <p>The EDPH suggested to have the top 5 absence reasons for next time.</p> <p>The Committee resolved to:</p> <p>a) The content of the report was noted.</p>	
<p>P&C 10/09/015</p> <p>Regan, Nikki 18/11/2024 13:47:00</p>	<p>Director of Public Health Update – Smoking Update</p> <p>The EDPH presented on the smoking update and highlighted the following:</p> <ul style="list-style-type: none"> • Smoking rates were higher in men and in areas of deprivation • 13% within CAV are smokers with 7 in 10 who want to quit smoking and aim to reach 5% by 2030 • 4 staff run 16 smoking cessation clinics per week • Data was collected from a range of sources – national survey, schools, maternity appointments and help me quit performance data • National branding was utilised and will be running a campaign later in the year • CAV have the lowest percentage in Wales of smokers attempting to quit via smoking cessation services 	

	<ul style="list-style-type: none"> • looking at online support packages <p>The IMCE asked how prevalent vaping was in young people as opposed to smoking and questioned how this was being dealt with?</p> <p>The EDPH said that we try to attend as many of our (180) schools as possible but only have 1 member of staff. Vaping is a good tool if people want to quit smoking but we don't want non-smokers to take up vaping. Reducing the type of vapes sold and strengthening the legislation would help.</p> <p>The IMLA noted the low numbers in CAV who used the cessation service compared to CTM and asked were other HB's doing something different?</p> <p>The EDPH said it was mainly due to capacity and was looking at new novel ways to increase our participation with limited capacity.</p> <p>The Committee resolved to:</p> <p>a) The Director of Public Health Update – Smoking Update was discussed and noted.</p>	
<p>P&C 10/09/016</p>	<p>Digital Communications & Analytics</p> <p>The IMLC took over as chair of the committee.</p> <p>The DoC presented on the Digital Communications and Analytics and highlighted the following points:</p> <ul style="list-style-type: none"> • A comms and engagement strategy supported the 'Shaping our Future Wellbeing' strategy • July 2024 saw the highest number of people visiting our job pages • The jobs page was being developed and the data & metrics showed people were remaining on the website longer • CAV Communities – Viva Engage - was launched in July 2024 and staff are using this to communicate • Share point news engagement was growing consistently • Some HB's have chosen to step away from using X but CAV UHB still use the channel • LinkedIn has improved a number of areas for CAV • TikTok has less engagement due to less being posted • There was a decline in the people viewing the CEO Comms during the summer months • CAV now have a consistent Welsh translator for the CEO sessions • In the spotlight campaign was to highlight a valued member of staff, which has become really popular <p>The IMLA questioned the capacity to manage social media. She noted that the CAV facebook page was encouraging patients to vaccinate children but people had posted videos / information to discourage people from vaccinating their children.</p> <p>The DoC explained that these types of posts were removed but we do keep an open facebook page. We rely upon colleagues and we look in to sensitive / controversial comments. Very often we will have information terrorists and we rely on our digital colleagues to help in instances such as these.</p> <p>The EDPH noted it was important not to allow anti-vaxxers to have their space within our social media channels.</p> <p>The Committee resolved to:</p> <p>a) The Digital Communications & Analytics was discussed and noted.</p>	
	<p>Items for Approval / Ratification</p>	
<p>P&C 10/09/017</p>	<p>People Policies Report</p> <p>The HPAE discussed the people policies report and highlighted the following:</p> <ul style="list-style-type: none"> • The committee is requested to formally adopt the policy 	

Regen, Nikki
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	<ul style="list-style-type: none"> Rescind the collective disputes policy Request to delegate the approval of the H&S policies to the H&S committee <p>The EDPC noted the Corporate Team were currently reviewing the committees and it may need to come to the P&C committee for approval.</p> <p>The Committee resolved that:</p> <p>a) The people policies report was approved.</p>	
P&C 10/09/018	<p>Welsh Language Annual Report</p> <p>The HEI updated on the Welsh Language Annual Report and highlighted the following:</p> <ul style="list-style-type: none"> Approval was being sought prior to publishing on the website The report will be sent to medical illustration and will be translated <p>The IMCE noted the improving relationship with the Welsh Language Commissioner.</p> <p>The HEI noted work to develop the relationship with the Commissioner's office. There is an understanding that a re-set is needed across NHS Wales with honesty regarding where we are regarding the Welsh language. CAV are in a better place than we have been and are more collaborative when matters arise from the Commissioner's office.</p> <p>The committee resolved that:</p> <p>a) The Welsh Language Annual report was noted and approved.</p>	
Items for Information & Noting		
P&C 10/09/019	<p>Health & Safety / Capital & Estates Update</p> <p>The IMLA asked whether there are measures in place to manage in the case of fire evacuation.</p> <p>The EDPC noted this had been discussed with the END and that he was asking his deputy to take this on and will go through QSE.</p> <p>The Committee resolved to:</p> <p>a) The content of the reports were noted.</p>	
Any Other Business		
P&C 10/09/020	No items.	
Review & Final Closure		
P&C 10/09/021	The CC thanked the committee for the excellent papers and input.	
	<p>Date & time of the next meeting: Tuesday 19th November 2024 at 9am via MS Teams</p>	

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<p>P&C 10/09/014</p>	<p>Long Term Sickness Update</p> <p>The PSM highlighted the following regarding the long-term sickness update:</p> <ul style="list-style-type: none"> • There was an increase in LTS following the pandemic • LTS reported at 4.4% in July 2024 • People services attend sickness panels to provide expertise advice / support A pilot to tackle LTS across Medicine & Children & Women was successful and has been rolled out in other clinical boards • Sickness absence reasons saw an increase in cancer, but anxiety & stress was the highest cause of LTS across the HB • Wellbeing letters were being sent to staff on LTS with stress / anxiety • In addition to supporting sickness panels, people services were working with the trade unions to embed the best practise and support managers in dealing more confidently with staff sickness <p>The EDPH suggested to have the top 5 absence reasons for next time.</p> <p>The Committee resolved to:</p> <p>a) The content of the report was noted.</p>	
<p>P&C 10/09/015</p> <p>Regan, Nikki 18/11/2024 13:47:00</p>	<p>Director of Public Health Update – Smoking Update</p> <p>The EDPH presented on the smoking update and highlighted the following:</p> <ul style="list-style-type: none"> • Smoking rates were higher in men and in areas of deprivation • 13% within CAV are smokers with 7 in 10 who want to quit smoking and aim to reach 5% by 2030 • 4 staff run 16 smoking cessation clinics per week • Data was collected from a range of sources – national survey, schools, maternity appointments and help me quit performance data • National branding was utilised and will be running a campaign later in the year • CAV have the lowest percentage in Wales of smokers attempting to quit via smoking cessation services 	

	<ul style="list-style-type: none"> • looking at online support packages <p>The IMCE asked how prevalent vaping was in young people as opposed to smoking and questioned how this was being dealt with?</p> <p>The EDPH said that we try to attend as many of our (180) schools as possible but only have 1 member of staff. Vaping is a good tool if people want to quit smoking but we don't want non-smokers to take up vaping. Reducing the type of vapes sold and strengthening the legislation would help.</p> <p>The IMLA noted the low numbers in CAV who used the cessation service compared to CTM and asked were other HB's doing something different?</p> <p>The EDPH said it was mainly due to capacity and was looking at new novel ways to increase our participation with limited capacity.</p> <p>The Committee resolved to:</p> <p>a) The Director of Public Health Update – Smoking Update was discussed and noted.</p>	
<p>P&C 10/09/016</p>	<p>Digital Communications & Analytics</p> <p>The IMLC took over as chair of the committee.</p> <p>The DoC presented on the Digital Communications and Analytics and highlighted the following points:</p> <ul style="list-style-type: none"> • A comms and engagement strategy supported the 'Shaping our Future Wellbeing' strategy • July 2024 saw the highest number of people visiting our job pages • The jobs page was being developed and the data & metrics showed people were remaining on the website longer • CAV Communities – Viva Engage - was launched in July 2024 and staff are using this to communicate • Share point news engagement was growing consistently • Some HB's have chosen to step away from using X but CAV UHB still use the channel • LinkedIn has improved a number of areas for CAV • TikTok has less engagement due to less being posted • There was a decline in the people viewing the CEO Comms during the summer months • CAV now have a consistent Welsh translator for the CEO sessions • In the spotlight campaign was to highlight a valued member of staff, which has become really popular <p>The IMLA questioned the capacity to manage social media. She noted that the CAV facebook page was encouraging patients to vaccinate children but people had posted videos / information to discourage people from vaccinating their children.</p> <p>The DoC explained that these types of posts were removed but we do keep an open facebook page. We rely upon colleagues and we look in to sensitive / controversial comments. Very often we will have information terrorists and we rely on our digital colleagues to help in instances such as these.</p> <p>The EDPH noted it was important not to allow anti-vaxxers to have their space within our social media channels.</p> <p>The Committee resolved to:</p> <p>a) The Digital Communications & Analytics was discussed and noted.</p>	
Items for Approval / Ratification		
<p>P&C 10/09/017</p>	<p>People Policies Report</p> <p>The HPAE discussed the people policies report and highlighted the following:</p> <ul style="list-style-type: none"> • The committee is requested to formally adopt the policy 	

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	<ul style="list-style-type: none"> • Rescind the collective disputes policy • Request to delegate the approval of the H&S policies to the H&S committee <p>The EDPC noted the Corporate Team were currently reviewing the committees and it may need to come to the P&C committee for approval.</p> <p>The Committee resolved that:</p> <p>a) The people policies report was approved.</p>	
P&C 10/09/018	<p>Welsh Language Annual Report</p> <p>The HEI updated on the Welsh Language Annual Report and highlighted the following:</p> <ul style="list-style-type: none"> • Approval was being sought prior to publishing on the website • The report will be sent to medical illustration and will be translated <p>The IMCE noted the improving relationship with the Welsh Language Commissioner.</p> <p>The HEI noted work to develop the relationship with the Commissioner's office. There is an understanding that a re-set is needed across NHS Wales with honesty regarding where we are regarding the Welsh language. CAV are in a better place than we have been and are more collaborative when matters arise from the Commissioner's office.</p> <p>The committee resolved that:</p> <p>a) The Welsh Language Annual report was noted and approved.</p>	
Items for Information & Noting		
P&C 10/09/019	<p>Health & Safety / Capital & Estates Update</p> <p>The IMLA asked whether there are measures in place to manage in the case of fire evacuation.</p> <p>The EDPC noted this had been discussed with the END and that he was asking his deputy to take this on and will go through QSE.</p> <p>The Committee resolved to:</p> <p>a) The content of the reports were noted.</p>	
Any Other Business		
P&C 10/09/020	No items.	
Review & Final Closure		
P&C 10/09/021	The CC thanked the committee for the excellent papers and input.	
	<p>Date & time of the next meeting:</p> <p>Tuesday 19th November 2024 at 9am via MS Teams</p>	

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Report Title:	Board Assurance Framework - Wellbeing	Agenda Item no.	2.2
Meeting:	People and Culture Committee	Meeting Date:	19.11.2024
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 of OD, Wellbeing and Culture		

Main Report

Background and current situation:

Background

People working within Healthcare continue to be exposed to unprecedented levels of demand, change and uncertainty. Evidence indicates that Healthcare workers are at greater risk of developing mental health problems. The impact of this is unlikely to be experienced equally, with people already experiencing inequity likely to be affected disproportionately, for example having a more detrimental impact upon those with existing mental health conditions or long-term health conditions, those from Black, Asian and minority ethnic communities, and those experiencing social deprivation.

For this reason, staff wellbeing currently sits on the Board Assurance Framework. This is due to a number of factors including:

- Lack of integration and understanding of importance of health and wellbeing amongst colleagues including managers and senior leaders
- Impact upon manager wellbeing of balancing and responding to staff and service needs
- Conflict between demands of service delivery and staff wellbeing
- Exposure to psychological impact of increasingly complex and challenging demands of care
- Inability to deliver care to required standard due to reasons including staff shortages (moral injury / moral distress)
- Ongoing demands over an extended period of time, often due to shortage of staff
- Cost of living
- Current financial climate within the Health Board and healthcare as a whole

The Risk

The Board Assurance Framework outlines the risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the recovery following the pandemic and the pressures now emerging in term of continued high levels of demand, staffing shortages, financial constraints and challenges, and societal issues such as the cost of living crisis and global instability. This, together with limited time to reflect and recover, has the potential to impact negatively on the health and wellbeing of staff.

Cardiff and Vale University Health Board Response to the Risk

The Health Board is taking a number of steps, and implementing controls to reduce the risks linked to colleague health and wellbeing. A number of these were described in the May 2024 Committee Paper and continue to be developed, implemented and monitored, with development of support of leaders and managers continuing as a key priority.

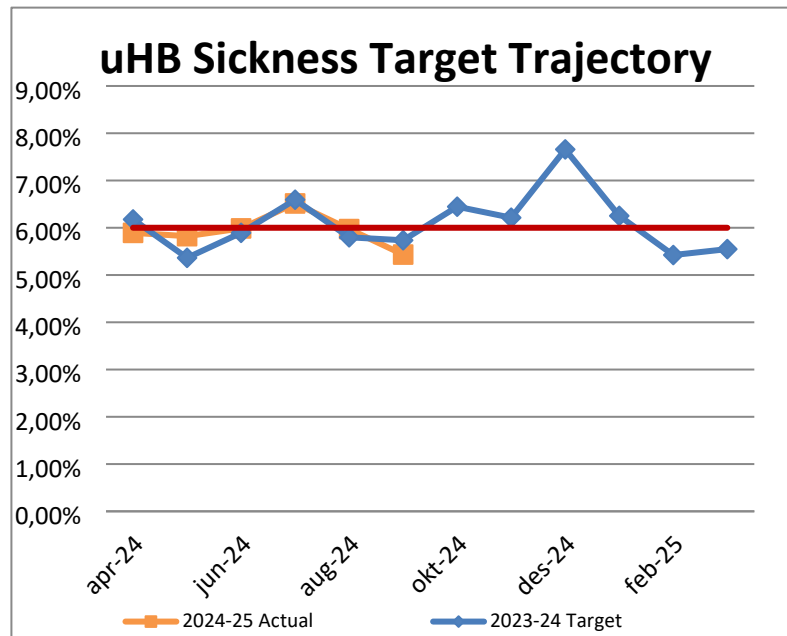
The November update of the Board Assurance Framework outlines the detail of additional actions taken over the latest period. This paper will highlight areas that continue to pose high levels of risk, and actions being taken to mitigate this risk. The areas covered by this paper include:

1. Support for colleagues experiencing a traumatic event at work – Trauma Risk Management (TRiM) update
2. Using data insights to inform action – staff survey / cultural surveys / workforce data

- Using psychometrics to support colleague resilience and wellbeing – Wellbeing and Resilience at Work (WRaW), pilot with Directors of Operations and General Managers.

Current Situation

Sickness Absence CAVUHB



Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	31.24%
S13 Cold, Cough, Flu - Influenza	11.50%
S25 Gastrointestinal problems	7.92%
S12 Other musculoskeletal problems	7.33%
S28 Injury, fracture	5.65%
S11 Back Problems	5.02%

Within CAVUHB, the sickness absence figure for 2022/23 was 6.9%, this reduced in 2023/24 to 6.2%. However, in 2022/23, 26.6% of sickness absence reported was attributed to Anxiety / stress / depression / other psychiatric illnesses.

In September 2024, 31.24% of staff absence reported was attributed to Anxiety / stress / depression / other psychiatric illnesses. Sickness absence rates for the UHB for September 2024 were under the UHB target at 5.43%, however cumulative for 2024/25 currently stands at 6.23%.

Staff Survey Results: Wellbeing / Employee Experience

The People and Culture Team have been cascading the Staff Survey 2023 results to Clinical Boards to help develop an understanding of priorities, and actions required, in response to the areas of concern relating to the health and wellbeing, and employee experience of CAVUHB colleagues.

These findings correlate to the factors outlined on the Board Assurance Framework with colleagues reporting negative impact on their working experience and performance due to a range of factors including increased pressure and demand; lack of resource including staffing; emotional exhaustion and frustration; and responding to and recovering from challenging, often traumatic, situations.

Examples of Mitigating Actions to Manage Risk

(1) Immediate Risk / Supporting Colleagues requiring Wellbeing Support / Intervention following a traumatic event

Where we are

In May 2024, the People and Culture Committee received an update on activity within the Employee Wellbeing Service, including reporting upon Key Performance Indicators (KPIs), and new developments. The service continues to deliver within KPIs, and delivered a week of wellbeing roadshows across the UHB in September 2024 to engage colleagues in developments and progress, while communicating the wellbeing offer available.

It is important to recognise the remit for the Employee Wellbeing Service, while also identifying and developing additional wellbeing interventions outside of the service. One such area requiring focus was presented to the Senior Leadership Board in September 2024, this was a proposal to support colleagues experiencing trauma at work via the introduction of Trauma Risk Management (TRiM).

What is Trauma Risk Management (TRiM)?

The well-being of NHS staff is paramount to maintaining high standards of patient care and operational efficiency. Staff across all roles, including clinical and non-clinical, are regularly exposed to traumatic events that can lead to stress, anxiety, and other mental health issues including post-traumatic Stress disorder (PTSD). This exposure can result in increased sickness absence, reduced productivity, and higher staff turnover, ultimately impacting the quality of patient care, staff experience and the organisation's overall performance.

Although the UHB manages the risk of experiencing traumatic events through risk assessments and training, it cannot eliminate these completely. There is currently no consistent approach to supporting colleagues following a traumatic event, or debrief approach across the UHB.

Trauma Risk Management (TRiM) is a peer-led, structured support system initially developed by the military to help manage the psychological impact of trauma. It has since been successfully adopted by various NHS Trusts and health boards across the UK.

TRiM focuses on early intervention, identifying individuals at risk of developing severe mental health issues following traumatic incidents, and providing timely support to mitigate these effects. Evidence from other NHS organisations indicates that TRiM has led to reduced sickness absence, improved staff well-being, and better overall organisational resilience.

Benefits of implementing TRiM have been evidenced to include:

- **Improved Staff Well-Being:** TRiM provides structured, early support, reducing the likelihood of long-term mental health issues among staff exposed to trauma.
- **Reduced Absenteeism and Turnover:** By addressing trauma-related stress early, TRiM can reduce sickness absence and staff turnover, leading to significant cost savings.
- **Enhanced Patient Care:** Mentally healthy staff are more productive and focused, leading to higher standards of patient care and safety.
- **Cultural Shift:** TRiM normalises discussions about mental health and trauma, fostering a supportive workplace culture.
- **Inclusion Across Roles:** TRiM is inclusive and applicable to all staff, including non-clinical roles such as domestic assistants and porters, who also face traumatic situations.

Action Taken to Date

A paper outlining the benefits, impact, evidence and infrastructure required to support successful implementation and development of TRiM within the UHB was presented to Senior Leadership Board (SLB) on the 5th September 2024.

SLB were completely supportive of the introduction of TRiM and have requested a fully costed proposal for consideration. This proposal has been drafted and will be presented to SLB in January 2025.

Next Steps

The costed proposal recommends CAVUHB invests in and supports the implementation of TRiM as a whole-UHB strategic initiative to enhance staff well-being, reduce absenteeism, and improve overall organisational resilience.

Adding a further dimension of support to the existing fast-track trauma pathway for staff, the program would be managed within the Organisational Development team and integrated with existing employee well-being services to provide a comprehensive, seamless support system for all staff members. This investment will not only fulfil the organisation's duty of care but also contribute to maintaining high standards of patient care through a healthier, more resilient workforce, working towards the organisation priority of 'Putting People First'.

Following presentation at SLB, the proposal will be brought to People and Culture Committee for consideration and approval.

(2) Understanding Staff Experience – Correlation of Data - Staff Survey; Cultural Assessment; Service Reviews

Where we are

The UHB has a range of methods it uses to understand the experiences of colleagues across the organisation. This includes long-standing methods such as the NHS Wales Staff Survey, Health Inspectorate Wales reports, Trade Union feedback and survey results and mechanisms such as Freedom to Speak Up.

More recent developments to get a more in-depth and cohesive view and understanding of culture, behaviours and wellbeing include:

- Culture and Leadership Programme (CLP)
- Service Reviews
- Staff Assembly
- Starter / Stay Surveys
- Exit Surveys

Action Taken to Date

To date much of this work has been undertaken in isolation, looking at results independently of each other, e.g. focusing on staff survey results in isolation of other data sources such as workforce data, datix raised, performance reports and quality indicators.

In developing the UHB approach to the Culture and Leadership Programme, the ambition was to develop a dashboard that brought pieces of relevant data together for analysis, to transform data collection into intelligence. Progress on this has demonstrated the requirement for this across all areas when considering employee experience, culture and retention.

A multi-disciplinary approach within the People and Culture Directorate has resulted in progress in terms of aligning data. Recently, the Heads of People and Culture have worked with People Services and the Organisational Development Team to design and facilitate workshops with the Clinical Board triumvirates looking at Workforce Reshaping and Staff Survey results. Taking a broader view of feedback is enabling a more considered and informed identification of problems at source, and priorities for improvement.

Working closely with Executive sponsors, the Culture and Leadership Programme has also served to provide valuable insights that enable / result in a potential alternative course of action, e.g. Service Review, demonstrating the benefit of sponsorship and engagement at Executive level.

Next Steps

From January 2025, the Organisational Development team will co-ordinate all colleague surveys to support retention. This includes starter and stay surveys, exit surveys and interviews, staff survey and surveys included within the culture and leadership programme.

Working closely with the teams across People and Culture, including Workforce Analytics, Employee Wellbeing, and Clinical Boards, the OD Team will bring the data together into one place to support structured and focused planning of priority areas, analysis and reporting of results, and evaluation of action taken.

This work will be further supported through collaboration with stakeholders from across the UHB, including but not limited to:

- Trade Union Partners
- Education Providers (e.g. student feedback)
- Innovation and Improvement / Change Hub
- Quality, Safety and Patient Experience

The People and Culture Team are working closely with HEIW to develop skills and competence to improve the quality of data analysis and dashboard development.

Having insight into employee experience, culture, behaviours and wellbeing will support the UHB in achieving the strategic vision of Living Well, Caring Well, Working Together. Insights into the experiences of our colleagues across the UHB will help identify inequities, areas for improvement, developments to be cascaded and ways to ensure that employee wellbeing is supported and enhanced, thus having a positive impact on the outcomes and experiences of our communities and patients.

(3) Supporting individuals and teams in high-pressure roles (pilot) - Workplace Resilience and Wellbeing (Wraw)

Where we are

In August 2024, a pilot programme was developed to support individuals in the Director of Operations role, recognising the demands placed on such a role in a large health board. This programme aimed to provide individuals in this role with the understanding, tools and techniques that would support them, and in turn support each other and their teams, to understand wellbeing at work, developing resilience, and ways to recognise and respond to the physical and emotional signs of a deterioration in wellbeing.

To assist in this understanding, a psychometric called Wraw was used.

What is Wraw

Wraw is a psychometric measure of resilience and its impact on wellbeing for working people. It stands for 'Workplace resilience and wellbeing', describing a subject that is of increasing importance in the workplace.

Our work environment is constantly evolving and as a UHB we are looking at the proactive steps we can take to help staff keep well and support each other while facing the pressures and demands presented within the fast-paced healthcare environment.

The Wraw assessment and reports help organisations support a two-pronged approach to building sustainable healthy high performance:

1. Educate and empower individuals and teams to take ownership of their own resilience and wellbeing.
2. Educate and enable managers and leaders to build a safe and supportive working environment.

Action Taken to Date

Utilising the existing skill-set of members of the People and Culture Team, the programme was based around individual and team assessments.

Wraw Assessment provides a suite of reports and on this occasion the following were utilised:

- Wraw Individual Report – develop self-awareness and identify personal strategies to increase resilience and wellbeing
- Wraw Team Report – gain insights into collective strengths, opportunities for development and strategies to optimise wellbeing and resilience in your team

The Directors of Operations completed the Wraw psychometric questionnaire, followed by a one-day workshop to develop understanding and identify individual and team actions. Following the workshop, each individual has had, or has booked, a follow-up 1-2-1 coaching session to further help understand and develop their resilience and wellbeing.

A follow-up action let set style workshop is scheduled for January 2024 to develop improved ways of working, share problems and solutions, and to explore next steps for development.

Next Steps

Initial feedback from the Directors of Operations Programme, for which an outline can be found in Appendix 1, has been positive and those who have experienced Wraw are keen for this to be cascaded to others within their teams.

It has also been requested and has been built in to the General Manager Programme, to support wellbeing and resilience, and provide a framework to support individuals, teams and managers.

Further evaluation of impact will be undertaken in 2025/26.

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

The wellbeing of our people is essential if we are to deliver and achieve our UHB strategy and ambitions, hence wellbeing being documented within the Board Assurance Framework. Only through putting people first will the UHB achieve its ambition of having a healthy, engaged, motivated and skilled workforce that are able to successfully improve and uphold standards of patient care.

Looking at our workforce data, and that of the NHS as a whole, we know that there is much to do to address current issues and concerns and improve the experiences of those working within health. As an organisation we strive to improve colleague health and wellbeing, and we have a lot more to do and cannot stand-still in terms of supporting our staff.

This month's report provides an overview of some of the work currently being developed and undertaken to help in our understanding of colleague experience, address risks linked to wellbeing, and serves to provide assurance to the committee of progress in this area. Please note that this is a snapshot of actions being taken, further detail can be found within the Board Assurance Framework.

Recommendation:

People and Culture Committee as asked to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

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

Safety: yes – as above

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

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

Legal: yes – strategic equality objectives

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

Socio Economic: yes – strategic equality objectives

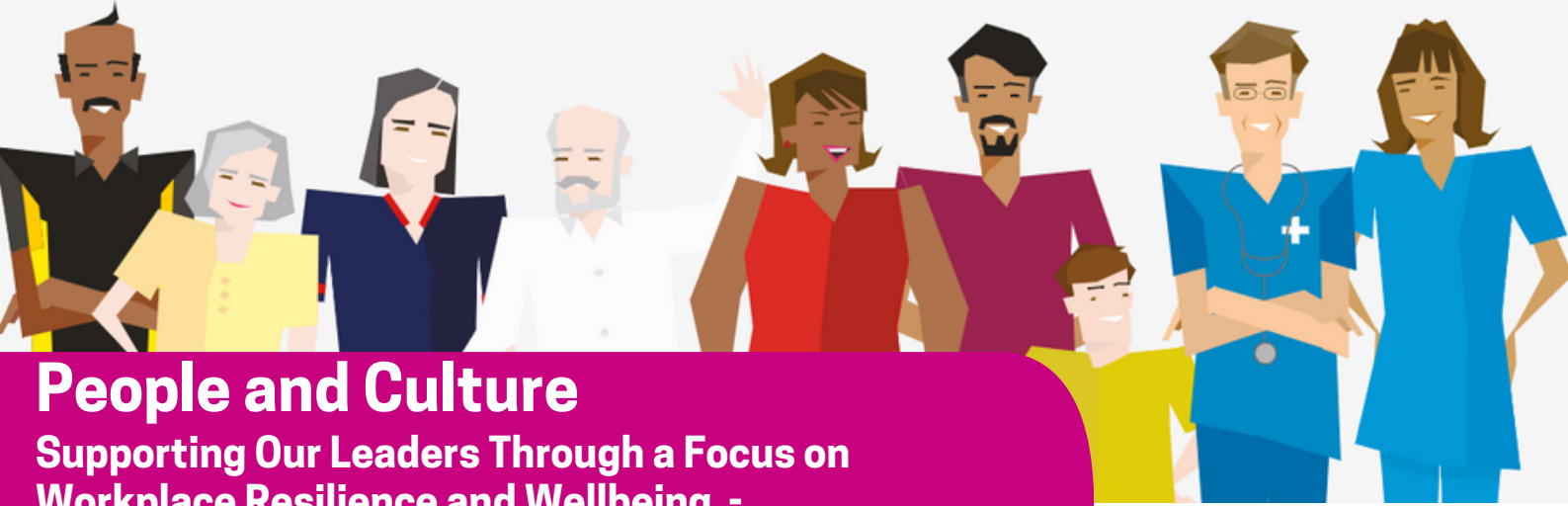
Equality and Health: yes - impact of poor culture on retention, recruitment and patient experience

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

Approval/Scrutiny Route:

Committee/Group/Exec | Date:

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People and Culture

Supporting Our Leaders Through a Focus on Workplace Resilience and Wellbeing - Opportunities for Reflection, Collective Problem Solving and Moving Forward Together



Workplace Resilience and Wellbeing (WRAW)- Understanding and Supporting Resilience in Teams

Resilient teams share a culture of respect, honesty and trust. They are deeply committed to both business and team goals, work hard to support one another in achieving them and take a collective responsibility for both successes and failures. They embrace diversity, play to their strengths, and constructively challenge one another. Last but not least, they treat setbacks as learning opportunities and constantly looking for ways to improve, adapt and grow



STEP 1: Individuals complete the Wraw psychometric tool (20 mins)
The Team Report, comprising the anonymised group results, will be shared and discussed in the workshop outlined in Step 2.



STEP 2: The WRAW Team Session (1 day)
Drawing on insights from the Wraw Team Report, the group will assess their collective level of resilience and social capital, exploring specific strategies and opportunities to strengthen these results.



STEP 2A - OPTIONAL: 1-2-1 WRAW Coaching (60-90 mins)
An opportunity for individuals to arrange a 1-2-1 coaching session with the WRAW Practitioner to go through their individual WRAW Report.



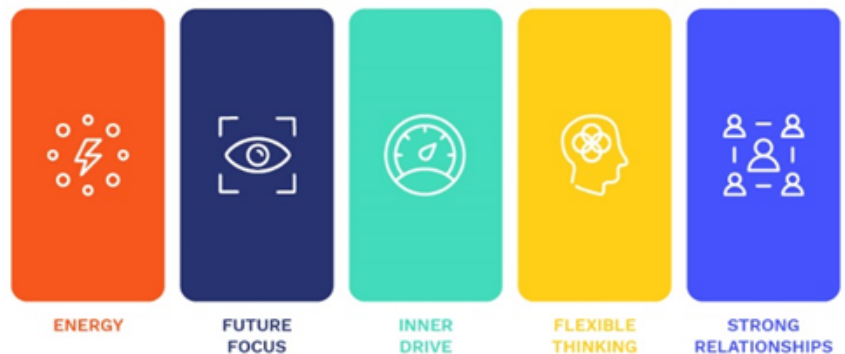
STEP 3: Action Learning Sets x 3/4 (90-120 mins)
The facilitated sessions will provide space to meet with the sole intention of solving workplace problems. Participants leave with a set of realistic actions that will help to solve or understand the issues.



STEP 4: Team Reflection / Next Steps (4 hours)
A facilitated session to explore the learning from the previous sessions, individual coaching and ALS. Opportunity to consider practice to build into ways of working.



The 5 Pillars of Resilience™



WRAW - Resilient Teams

INTRODUCTION

Wraw's five pillars of resilience model provides a complete framework and structure from which to build team behaviours, stretching (not straining) skills and abilities in a healthy high performing and sustainable way.

Drawing on detailed insights from the Wraw Team Report, the group can assess their collective level of resilience and social capital, exploring specific strategies and opportunities to strengthen these results.

At the end of the session you will be able to:

- Understand the benefits of creating a culture of wellbeing within a team
- Map yourself and your team on the pressure performance curve
- Recognise the early warning signs of possible strain within the team
- Explore and discuss key insights from the team report, e.g. shared purpose, adaptability, being open minded and investing in strong relationships
- Identify specific tools and techniques to strengthen key pillars
- Understand how to leverage and optimise existing strengths
- Agree how to respond and support team members who may be struggling
- Build a Team approach to proactively supporting healthy high performance

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University Health Board



Action Learning Sets

An action learning set (ALS) is when a group of people meet with the specific intention of solving workplace problems. The main aim of an ALS is to come away with a set of realistic actions that will help to solve or understand the issues at hand.

An ALS should be used as a regular opportunity to discuss issues faced by the team. The meetings can cover a wide range of problems being faced by individuals within the team, or can focus on a particular issue or set of similar issues. An ALS is useful as it gives the team protected time to discuss the issues they are facing and learn from others.



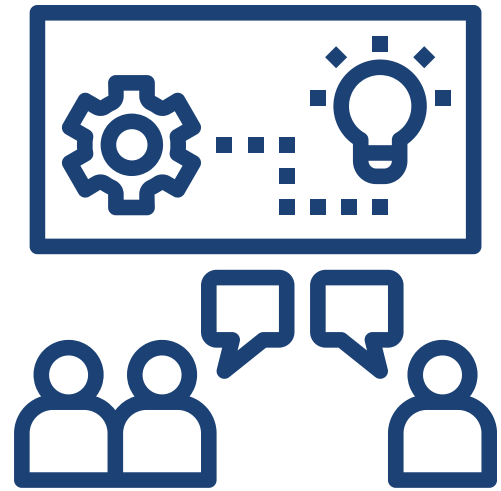
How the ALS is run

A facilitator will be present so that the team can concentrate on the problems at hand rather than timekeeping and ensuring the success of each meeting. At the first meeting, ground rules for operating will be decided. Those who have 'booked time' in on the agenda are then able to present the issues they are currently facing. After each presenter has explained their problem, members of the ALS encourage the presenter to learn by asking further questions, rather than answering their question with advice. Each presenter should have an action plan once their slot has finished and should take responsibility for feeding back to the group on their progress – this is most efficient when it is fed-back outside of the ALS to ensure all the allotted time focuses on problem solving.



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1-2-1 Coaching WRAW

Purpose

The optional coaching session will provide an opportunity to spend time with an experienced coach (who is also a qualified WRAW Practitioner) to:

- Go through your individual WRAW report
- Explore any points of interest / requiring clarity
- Develop personal actions or identify areas requiring further development / signposting

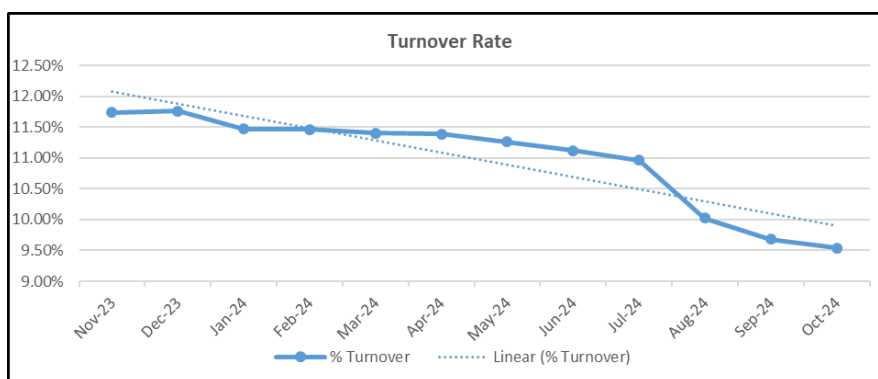
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Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.3
Meeting:	People & Culture Committee	Public	X	Meeting Date:	19/11/24
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture / Head of People Analytics				

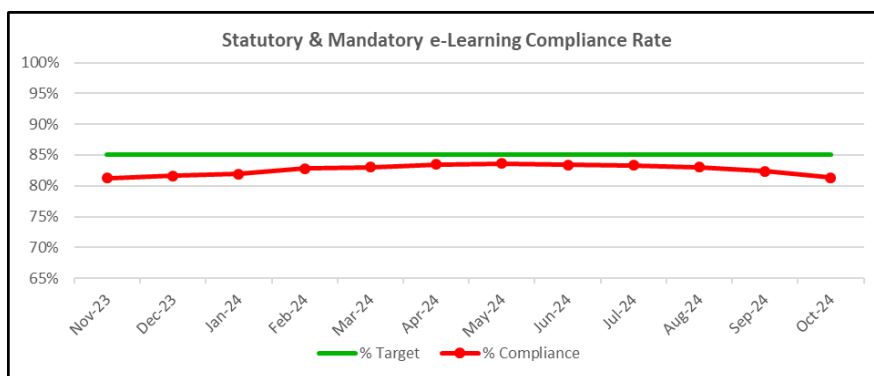
Main Report
Background and current situation:

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:

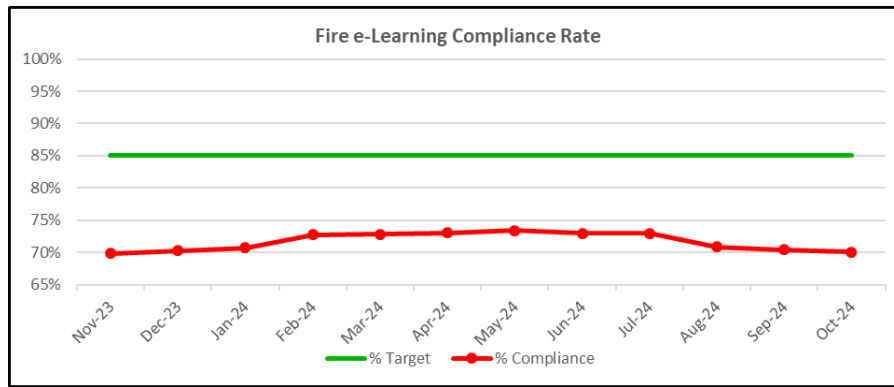
- **Turnover** has fallen to 9.54%, the lowest rate since June 2020, when the turnover rate was 9.13%.



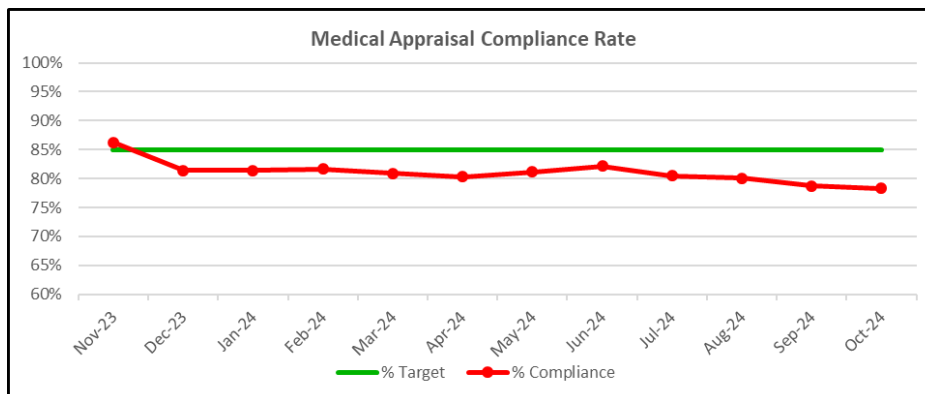
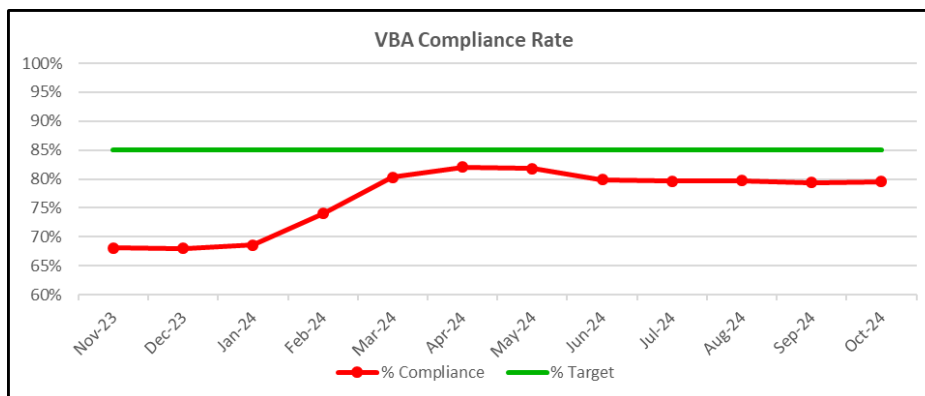
- Compliance with **statutory and mandatory** e-learning has fallen to 81.30%, the lowest in a year. Compliance with statutory Fire learning is 70.06%.



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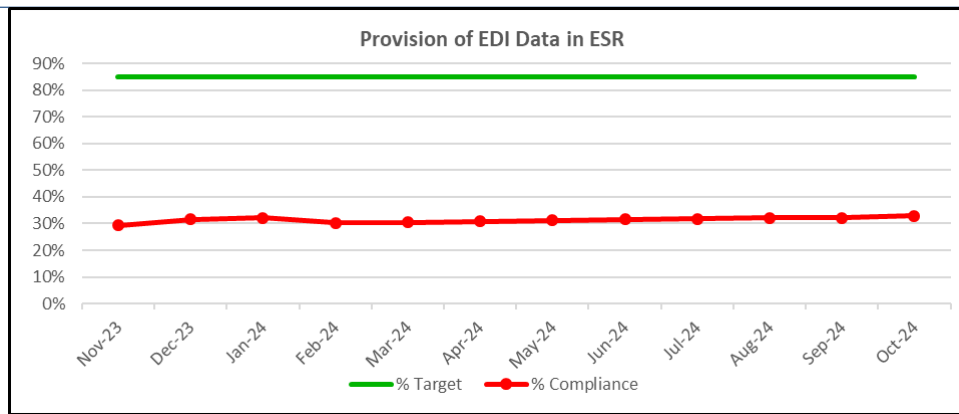


- **Values-Based Appraisal** compliance has plateaued at 79.52%, and **medical appraisal** continues to fall, to 78.33%



- A targeted intervention was undertaken to encourage senior staff to record their equality, diversity and inclusion data in ESR during October. Those staff that were not fully compliant received individual emails with a request to record their missing data. Compliance for very senior managers increased from 30% to 47.37%; for band 8d staff from 61.36% to 71.11%; and for bands 8a -8c from 45.15% to 52.21%. The overall Health Board compliance rate rose to 32.92%

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Suspension/Exclusion from work

There are currently 25 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). 7 of these investigations have been ongoing for more than 4 months.

The UHB currently has 6 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 24 months, this is due to the investigation being put on hold due to concerns raised under the Formal Respect and Resolution Policy as well as an Employment Tribunal process.

One member of staff has been suspended/excluded for 5 months, 2 for 3 months and 2 for less than 1 month. All these cases are reviewed monthly to ensure suspension/exclusion is the appropriate course of action.

NHS Wales Staff Survey 2024:

- A number of engagement activities have taken place over the past five weeks including face to face interactions, site visits, walk arounds and digital engagement
- Support has been provided to individuals needing assistance in completing the survey both online and in paper format
- Current participation rate for the Health Board is 15% as at 05.11.24 and is being monitored weekly
- The Survey is open until 29th November 2024

Education:

- **Restorative Clinical Supervision (RCS):** Formally launched in the UHB in line with the All Wales standards issued by the CNO in March. Phase 1 of the implementation plan embedded RCS sessions into the Nursing Preceptorship Programme and 98 newly registered nurses have attended supervision sessions. Feedback has been positive and has highlighted the support and safe space that RCS provides. The UHB continues to test the national RCS Supervisor education programme through a train the trainer approach. A number of ECOD nurses are now fully trained, along with external education leads. RCS is also being provided to the UHB Professional and Practice Development Nurse Forum.
- **General Managers Leadership Programme:** A development programme for General Managers is being scoped out with the Chief Operating Officer and Director of Operations. A workshop with our current General Managers took place in October 2024 where attendees were able to provide feedback on the General Managers Success Profile and identify areas for development. The programme will commence delivery in Winter 2024.

Workforce Planning Training: Following the re-shaping workshops, the Heads of People and Culture have developed a plan to build workforce planning capabilities across the UHB. This will include online and face-to-face training using the HEIW toolkit and resources held on Ty Dysgu.

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18/11/2024 14:00

Inclusive Recruitment

- A small cohort of inmates from Cardiff Prison have been identified to attend an informal session in October to promote roles within our UHB, with the intention of gaining employment with us when their custodial sentences end.
- Six interns who have completed Project Search have gone onto Jobs Growth + Wales programme which gives further work experience until aged 20, currently 2 of the 6 have now secured permanent employment with the UHB, and the four others are being assisted in applying for roles.
- Presentations are currently being delivered to all Clinical Boards to promote the Widening Access Framework and highlight the department's ongoing work, with the goal of securing additional work placement opportunities across new departments.

Health, Safety and Fire

- **Serious Incident Rate:** 6 RIDDOR's have been reported since the last report taking the total to 42 financial YTD, maintaining this performance will result in ~70 for the year. This time last year we had reported 58 leading to a total of 96 for the year.
- **UHB Training Compliance** There has been a slight decrease in training compliance from the starting point of the financial year in 6 elements, this is largely attributable to clinical pressures resulting in staff withdrawal.

	Apr-24	Oct-24	Change
Manual Handling - E Learning	89.56%	89.57%	0.01%
Manual Handling Objects Classroom	69.11%	69.68%	0.57%
Manual Handling Patients	60.65%	59.10%	-1.55%
V & A Module A	87.76%	87.40%	-0.36%
V & A Module B	76.10%	75.24%	-0.86%
V & A Module C	44.38%	43.45%	-0.93%
V & A Module C+- Control	31.82%	29.16%	-2.66%
V & A Module D	54.86%	60.68%	5.82%
Fire Safety	72.82%	69.78%	-3.04%
Health, Safety & Welfare	87.04%	87.09%	0.05%

- **Case Management**

- There have been six custodial sentences this FYTD.
- Specific V&A training courses have been conducted in CRI and the sessions were well attended. In addition to this, audits have also been conducted to identify any shortfalls in V&A control measures and management processes.
- Case management/V&A awareness sessions also conducted in HYC and Community Nursing.

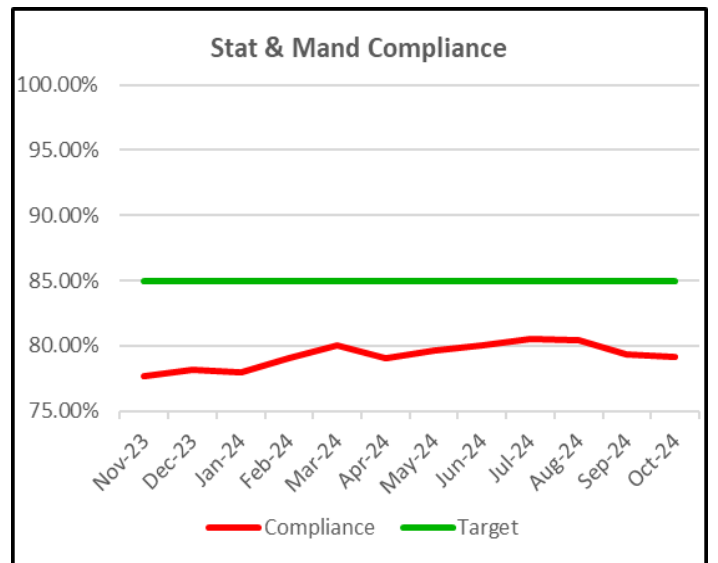
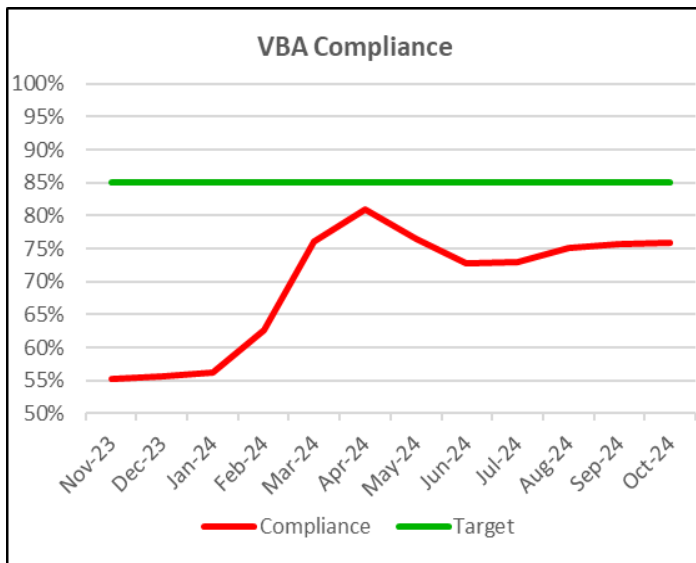
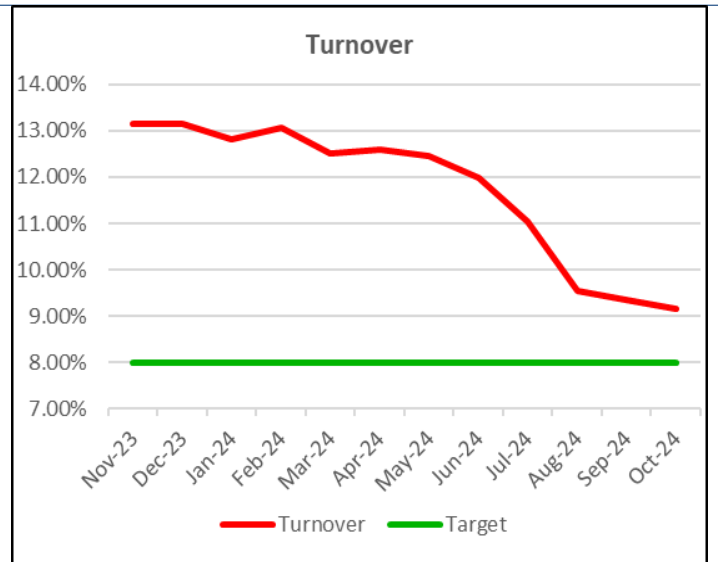
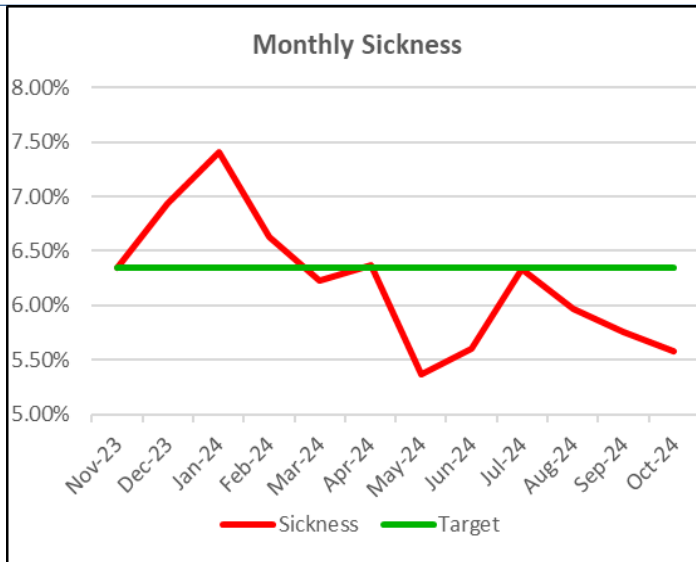
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

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

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



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

1.  Putting People First Click the objective above to view more detail.	2.  Providing Outstanding Quality 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	Long term	Integration	Collaboration	Involvement
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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
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes/No
Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: Yes/No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)
The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

(If this has been addressed in the main body of the report, please confirm)

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 \(nhs.wales\)](#)
Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.

(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No
There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:

- A focus upon preventing ill health in our population
- Saving energy or increasing throughput.
- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.

Does the subject matter of your paper risk any of the above not being achieved?

Welsh Language: Yes/No

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

Committee/Group/Exec

Date:

Regen, Nikki
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C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Nov-23; the rates have fallen from 11.74% at Nov-23 to 9.54% in Oct-24 UHB wide. This is a net 2.20% decrease, which represents 313 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 – Promotion' and Voluntary Resignation - Work Life Balance'.</p>	October 2024	
Sickness Absence	<p>Rates remain high; although the rates appear to be falling towards more 'normal' levels. The monthly sickness rate for Oct-24 was 6.16%. The 12-month cumulative rate has settled over the past 6 months, and is 6.25% at Oct-24 (by comparison with Oct-23, which was 6.47%).</p>	October 2024	
Statutory and Mandatory Training	<p>The overall compliance rates fell again for Oct-24 to 81.30%, 3.70% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services and Clinical Diagnostics & Therapeutics are above the 85% target; Corporate Executives, Children & Women's and are above 80% compliance.</p> <p>The compliance with Fire training has fallen to 70.06% for Oct-24. All Wales Genomics Service have reached 87.76%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	October 2024	
Values Based Appraisal	<p>VBA compliance has risen marginally for Oct-24 to 79.52%. Capital, Estates & Facilities and All-Wales Genomics Services are the only Clinical Boards to exceed the 85% target. Children & Women's and Clinical Diagnostics & Therapeutics are above 80%.</p>	October 2024	
Employee Relations	<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 has now exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p>	October 2024	

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Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 43.05% have an agreed job plan that has been signed off within the past 12 months. A further 17.18% have an agreed job plan that was last reviewed and signed off before Nov-23.	October 2024	
Medical Appraisals	The rate of compliance with Medical Appraisal continues to fall; to 78.33% for Oct-24, and remains below the 85% target.	October 2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 282 WTE, to 15,304.39 WTE at Oct-24. This is the highest number in the past 12 months. As can be seen the increase is in staff employed on permanent contracts; the numbers shown as employed on a fixed-term temporary basis has fallen in the past 12 months, in part due to validation of the ESR data held for staff contract type.	October 2024	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Nov-23 the percentage was 9.63% of the total spend on pay, but in Oct-24 had fallen to 7.91%. It must however be borne in mind that the total pay bill is increasing.	October 2024	
Staff Winter Vaccination Programme	The winter vaccination programme for 2024-25 commenced in Oct-24. 24.36% of staff have received the flu vaccine, and 19.35% of staff have received the COVID-19 vaccine.	October 2024	
Agency Spend as % of Total Pay Bill	The overall trend in the proportion of the total pay bill attributed to Agency continues to fall. At Nov-23 the percentage was 1.28% of the total spend on pay, but in Oct-24 had fallen to 0.45%. It must however be borne in mind that the total pay bill is increasing.	October 2024	

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Priority	Performance Summary	Reported Period	Data
<p>Time to Hire</p>	<p>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 60.8 days. The figure for Cardiff & Vale uHB for Oct-24 was 87.4 days, but over the past 12 months the trend is downwards.</p>	<p>October 2024</p>	
<p>Time to Shortlist</p>	<p>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 6.4 days. The figure for Cardiff & Vale uHB for Oct-24 was 6.1 days.</p>	<p>October 2024</p>	
<p>Exit Questionnaire Completion</p>	<p>The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received a 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%.</p> <p>At Sep-24 the return rate was 15.00%.</p>	<p>September 2024</p>	
<p>Nursing & Midwifery Band 5 & 6 Vacancy Rates</p>	<p>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 Oct-24 the rate was -1.53%, by comparison with a nominal 5% target. This indicates that the Health Board is over-established for band 5 & 6 nursing & midwifery staff.</p> <p>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.</p>	<p>October 2024</p>	
<p>Provision of EDI Data in ESR</p>	<p>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.</p> <p>At Oct-24 32.92% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.</p>	<p>October 2024</p>	
<p>Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR</p>	<p>This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 49% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this.</p> <p>At Oct-24 6.44% of staff have identified their Welsh Skills as between level 2 and level 5.</p>	<p>October 2024</p>	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend												
36.	Percentage of sickness absence rate of staff	October 2024	6%	6.07%	<table border="1"> <thead> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> </thead> <tbody> <tr> <td>5.86%</td> <td>5.90%</td> <td>6.06%</td> <td>6.05%</td> <td>6.05%</td> <td>6.07%</td> </tr> </tbody> </table>	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	5.86%	5.90%	6.06%	6.05%	6.05%	6.07%
May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24												
5.86%	5.90%	6.06%	6.05%	6.05%	6.07%												
37.	Staff turnover	October 2024	7%-9%	9.54%	<table border="1"> <thead> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> </thead> <tbody> <tr> <td>11.26%</td> <td>11.12%</td> <td>10.97%</td> <td>10.03%</td> <td>9.68%</td> <td>9.54%</td> </tr> </tbody> </table>	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	11.26%	11.12%	10.97%	10.03%	9.68%	9.54%
May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24												
11.26%	11.12%	10.97%	10.03%	9.68%	9.54%												
38.	Agency spend as a percentage of the total pay bill	October 2024	12 month reduction trend	0.45%	<table border="1"> <thead> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> </thead> <tbody> <tr> <td>0.93%</td> <td>0.68%</td> <td>0.82%</td> <td>0.89%</td> <td>0.57%</td> <td>0.45%</td> </tr> </tbody> </table>	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	0.93%	0.68%	0.82%	0.89%	0.57%	0.45%
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0.93%	0.68%	0.82%	0.89%	0.57%	0.45%												
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)	October 2024	85%	79.44%	<table border="1"> <thead> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> </thead> <tbody> <tr> <td>81.80%</td> <td>80.03%</td> <td>79.66%</td> <td>79.78%</td> <td>79.37%</td> <td>79.44%</td> </tr> </tbody> </table>	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	81.80%	80.03%	79.66%	79.78%	79.37%	79.44%
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Report Title:	Notices from the Welsh Language Commissioner and update on Welsh Language Standards			Agenda Item no.	2.5
Meeting:	People & Culture Committee	Public	X	Meeting Date:	19 November 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Executive Director for People and Culture				
Report Author (Title):	Head of Equity and Inclusion				

Main Report

Background and current situation:

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

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

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

The details of these matters can be found below:

CS1135 (Reception and recruitment)

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

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

In summary, the Commissioner has instructed the Health Board to ensure that staff in reception areas have the necessary skills to offer an effective Welsh language service. The Commissioner has also instructed the Health Board to embed the Welsh language into its recruitment processes, including through

raising awareness and training recruiting managers with regards assessing and recruiting Welsh language skills, and through advertising vacancies bilingually.

Update:

- The Welsh Language Officer has carried out an inspection of reception areas throughout the Health Board.
- A task and finish group has been established to develop a recruitment process around Welsh language skills. This group has developed an online assessment tool to enable managers to assess the level of Welsh language skills required for a vacancy. Accompanying guidelines and a short training video have also been developed.
- The Head of Equity and Inclusion presented to the Operational Directors Group regarding compliance with the Welsh Language Standards, providing practical steps that each Clinical Board can take to improve our offering of Welsh Language Services, which included registering the Welsh language skills of our staff, reception areas, and recruitment.
- The Health Board has been working closely with the National Centre for Learning Welsh and Dysgu Cymraeg Caerdydd to develop Welsh language learning opportunities; which includes the rollout of 'Cwrs Codi Hyder' (Building Confidence Course) and 'Cwrs Croeso' (Welcome Course).
- The Health Board has written to the WLC to update them of the above and advise that reception areas would be discussed at People & Culture Committee.

CS1175 (Telephone services and website)

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

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

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

Update:

- A tailored session was delivered by NHS Wales Shared Services Partnership (NWSSP) to Switchboard Services regarding the importance of the Welsh language in healthcare and practical steps that can be taken to improve our Welsh language telephone services.
- The Welsh Language Commissioner has informed the Health Board that they are satisfied with the steps taken in relation to Switchboard Service and DOSH.

- The only outstanding action is the automated messages on the Health Board's telephone systems; which is a much longer project.
- The Equity and Inclusion Team have been working with the Telecoms Manager to ensure that all telephone systems are automated. A member of the Translation Team has been supporting with recording bilingual messages.
- The Health Board has been working closely with the National Centre for Learning Welsh and Dysgu Cymraeg Caerdydd to develop Welsh language learning opportunities; which includes the rollout of 'Cwrs Codi Hyder' (Building Confidence Course) and 'Cwrs Croeso' (Welcome Course).

CS1063 (Welsh language skills and patient language preference)

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

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

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

Update:

- The Equity & Inclusion Team has undertaken a registration drive to increase the number of staff who have registered their Welsh language skills.
- Over 50% of our staff have registered their Welsh language skills on ESR.

CS1196 (Health Visiting correspondence)

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

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

In summary, the Commissioner has instructed the Health Board to ensure that it the Health Visiting Service improve their ability to send Welsh language

correspondence, through templates, awareness training, and conducting random checks.

Update:

- The WLC was satisfied with the response of the Health Board and this matter has been closed.

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

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

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

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

Following the presentation to the Operational Directors Group, several Clinical Boards have arranged Several Clinical Boards have arranged meetings with the Head of Equity & Inclusion to discuss how this work can be taken forward in their area.

To address this and make a positive change, a workplan has been developed which is led by the People & Culture Team. A Welsh Language Framework will be developed in the New Year to better coordinate the work underway to improve Welsh language skills and compliance with the Welsh Language Standards throughout the Health Board.

- **Registration of Welsh language skills**

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

- **National Centre for Learning Welsh opportunities**

The Equity & Inclusion Team has worked with the National Centre for Learning Welsh to develop two learning opportunities for staff.

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

Initial feedback from participants has been very positive.

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

Rhwydiaith continues to grow and has a very active Viva Engage page, which is supporting colleagues throughout the Health Board to use their Welsh language skills.

Recommendation:

The Committee is requested to:

- a) Note the content of this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

1.  Putting People First Click the objective above to view more detail.	X	2.  Providing Outstanding Quality Click the objective above to view more detail.	X
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		Long term	X	Integration		Collaboration		Involvement	X
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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	Not required
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Impact Assessment:

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

Risk: Yes

There are legal, reputational and financial risks for the organisation not complying with the standards.

Safety: No

N/A

Financial: Yes

Not complying with the standards could mean further sanctions set by the Welsh Language Commissioner including fines of £5000.

Workforce: Yes

The workforce buy-in is essential to ensure that the organisation complies with the Welsh Language standards.

Legal: Yes

The organisation is legally required to ensure that they are compliant with the Welsh Language, failure to do so may risk reputational damage and financial penalties.

Reputational: Yes

The organisation is legally required to ensure that they are compliant with the Welsh Language, failure to do so may risk reputational damage.

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

N/A

Equality and Health: 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: No

N/A

Welsh Language: Yes

The impact, risk and implications for Welsh language services are considered in the main body of the report.

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

Committee/Group/Exec	Date:

Regen Nikki
18/11/2024 13:47:00

Report Title:	Health & Safety Update			Agenda Item no.	2.6
Meeting:	People & Culture Committee	Public	X	Meeting Date:	19/11/2024
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval		Information	X
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.

There is currently 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

Current Situation

The Director of Nursing for Medicine CB has been approached on this matter and is discussing with the Directors of Nursing for the other CB's as to how this issue can be progressed. There is general agreement that this but no definite plan in place as yet. As such it is still on the H&S risk register.

Health & Safety Culture Plan

Background

One of the findings from the NWSSP Audit on the Health and Safety Culture Plan was to ensure that the People & Culture Committee had oversight of the plan progress.

It was developed to provide a structured, prioritised approach to underpin Cardiff and Vale University Health Board's H&S aims and objectives. It was established from the findings of the independent external review conducted in 2021 and a full department workshop.

Current Situation

A significant amount of work has been undertaken since the inception of the plan and as a result many improved and new processes exist at the UHB. It was designed to be stretching and the department are 65% complete against the actions.

The department are conducting another workshop at the end of November when they will look to formulate plans for the next three to five-year improvement stage. Any actions not completed next year will be reviewed for adequacy and taken forward.

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

Assurance

The plan commits the Health Board to continually improve the health and safety of its staff and other persons affected by its activities and will evidence a step change in H&S culture at CAVUHB. Assurance is provided by demonstrating progress through the 2022 Health and Safety Culture Plan and progress continues to be monitored at the Health and Safety Committee meetings.

Recommendation:

The Committee is requested to:

- a) Note the findings of the plan and the objectives identified to improve H&S.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

1.  Putting People First Click the objective above to view more detail.	2.  Providing Outstanding Quality 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		Involvement	
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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
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Impact Assessment:

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

Risk: No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: No

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: No

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

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

The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

(If this has been addressed in the main body of the report, please confirm)

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 \(nhs.wales\)](#)

Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.

(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:

- A focus upon preventing ill health in our population
- Saving energy or increasing throughput.
- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.

Does the subject matter of your paper risk any of the above not being achieved?

Welsh Language: Yes/No

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

Committee/Group/Exec

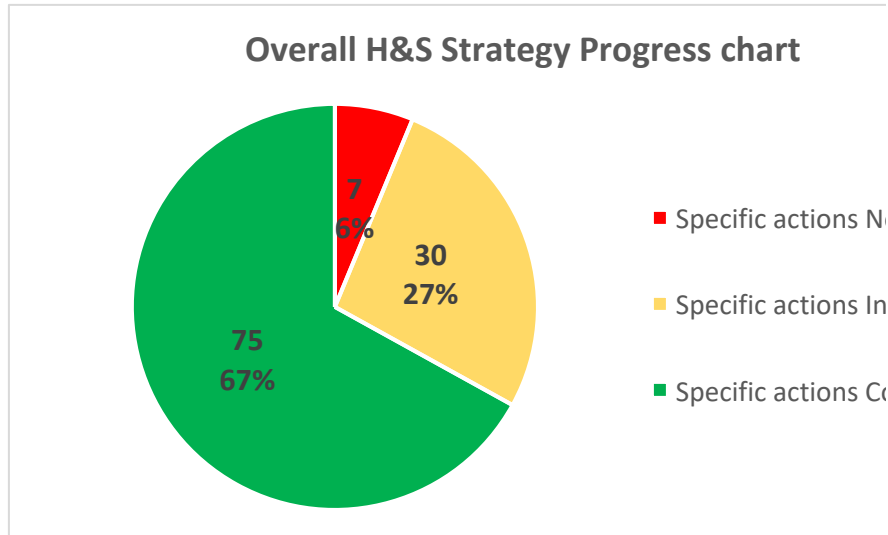
Date:

Health and Safety Committee

19/11/2024

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Tracker sets				
Title	Total Group	Theme 1	Theme 2	Theme 3
Specific actions Not Started	7	0	2	2
Specific actions In Progress	30	5	3	3
Specific actions Completed	75	25	16	7
Total specific actions	112	30	21	12



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Theme 4	Theme 5	Theme 6
0	1	2
8	1	10
5	5	17
13	7	29

lot Started
Progress
Completed

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Theme Lead	Objective	Objective Lead	Item	Specific actions	Specific actions Lead	Detail of action required	Timeframe	Progress (RAG)/status	Action taken to close item	Completion Date
Samantha Skelton	Objective 1.1 - Improve accessibility of courses and training through ESR	Catherine Salter	1.1.1	Review with ECOD the administration of ESR	Catherine Salter	Removal of deadlinks	Oct - Dec 2022	Complete	Deadlinks for all H&S courses/classes that are not current have now been closed/removed. There are only 3 items still in progress and these require input from ECOD and the All Wales ESR hub to resolve.	03.03.2023
					Catherine Salter	Access for external healthboards to enroll on suitable courses	Apr - Jun 2022	Complete	Worked with ECOD to investigate and resolve these issues. The only issue still remaining, is that staff working in Velindre are down on ESR as requiring Module A manual handling training every 2 years and staff working in C&V UHB only have to complete this once. Because the requirement levels of this	29.04.2022
					Catherine Salter	Links and access to ESR systems	Oct - Dec 2022	Complete	The existing and new H&S intranet page now have an interactive course list where staff can click onto the course title and it will take them to the booking page for that course on ESR	01.07.2022
					Catherine Salter	Conduct general questionnaire on ease of using ESR as a booking tool	Jan - Mar 2023	Complete	Contribution made to ECOD questionnaire about using ESR. Circulated to wider UHB in May 2023. 23/05/2023 SS.	23.05.2023
					Catherine Salter	Ask Workforce to share any learning points from the ESR survey with the H&S team. The survey was sent this out via three mediums over a period of a few weeks; via the ESR site directly, via our Managers Teams channel and also via the Communications weekly email that goes to all staff across the HB.	Jan - Mar 2023	Complete	The response rate was extremely low. Considering that every staff member in the HB (approx. 16k staff) would have received our request for feedback, only 134 responses were received. Ultimately not even 1% of our workforce. There were no specific learning points relating to H&S in the limited findings.	13.07.2023
			1.1.2	Use of Monthly ESR meeting with ECOD to progress issues	Catherine Salter	Arrange monthly meetings and keep a record of progress	Apr - Jun 2022	Complete	Monthly meetings have been held as planned and the ESR issues spreadsheet is a live document which is working well to continuously identify and resolve any issues - this is now business as usual to trouble shoot and continue to improve ESR usage via these monthly meetings and has been so successful that ECOD are now replicating this way of working with other departments	29.04.2022
Objective 1.2 - Action plan to influence UHB wide mandatory training is up to date and completed as planned	Catherine Salter	1.2.1	H&S contribution to ECOD mandatory training action plan	Catherine Salter		ongoing	Complete	The Mandatory training steering group has been re-established and the first meeting took place on the 11-8-23. The MTSG now reports to the People and Culture Committee. The terms of reference for the group are being developed along with the Mandatory training action plan which is being co-produced by the group, giving H&S the opportunity to contribute towards it on an ongoing basis (CS)	11.08.2023	
				Robert Warren	Dashboard being produced monthly and rolled out to the clinical/service boards. (20/04/22 RW)	ongoing	Complete	Dashboard has been in circulation since April 2021 and is now embedded in many areas of the UHB. Improvements have been made based on feedback and it continues to evolve with an ever growing distribution list. Ad hoc requests from managers to generate bespoke reports for their departments are also still being actioned.	21.06.2022	
				Robert Warren	Rebecca Corbin will add a sentence to the Values Based Appraisal form asking managers to ensure staff mandatory training is completed (30-6-23). The VBA policy is due a review and the Mandatory training steering group will be consulted on this. CS	Oct-Dec 2023 Revised date March 2025	In Progress	This work has sat largely outside of the department. 02/09/24 RW.		
				Robert Warren	This requirement is included in the Mandatory training procedure and the Study leave guidelines, however these are both due to be updated via the Mandatory training steering group and these updated versions will then need to be communicated out to staff across the UHB. CS	Jan-Mar 2024	Complete	03/06/24 - RS Staff are given study leave to attend classroom based training sessions. It has been highlighted to the Senior Education, Culture and OD Manager the time required to complete the online mandatory training elements and suggested protected time for this - it is not within the gift of the H&S dept to implement		
Objective 1.3 - Review of statutory and mandatory requirements to ensure requisite competencies are identified, delivered and maintained to include all aspects of H&S i.e. manual handling, V&A and fire	Samantha Skelton	1.3.1	Alongside workforce develop training criteria for	Catherine salter	Work with Workforce and ECOD to set up a process to allocate	Apr - Jun 2022	Complete	Jonathan Strachan-Taylor now sends Chris Ramshaw in ECOD a list of any new	29.04.2022	
				Catherine Salter	*Promotion of TNAs for specific job roles linked in with ECOD *Develop line management process to get managers to assess training needs and update ECOD	1 - develop a 16 step process map of how to undertake the TNA	Oct - Dec 2023	Complete	1 - completed (1/10/2022) 2 - completed (23/5/23) 3 - not started (delayed at the request of Rachel Gidman - now sits with ECOD) 4 - not started (now sits with ECOD) Some of these actions are outside of the remit of the H&S department. Input to be provided to ECOD as necessary for specific H&S training requirements. RW, SS, RS, RD	23.05.2023
						2 - Progress with all bulk ESR aspects of the TNA (steps 1-7)				
						3&4 - Progress with all departmental level aspects of the TNA and Complete and communicate findings and future plans (steps 8-16)				
				Catherine Salter	Promotion of TNAs for specific job roles linked in with ECOD	Oct - Dec 2023	Complete	ECOD have paused this work, therefore the timeframe for this action may need to be reviewed. This work sits with ECOD. RW, SS, RS, RD	23.05.2023	
				Catherine Salter	Develop line management process to get managers to assess training needs and update ECOD	Oct - Dec 2023	Complete	This sits with ECOD - Advice provided on appropriate H&S training requirements by the H&S leads as requested. RW, SS, RS, RD	23.05.2023	
1.3.3	Initiate specific recruitment spaces, and pre-booking for new colleagues during recruitment	Elinor Thorne	Nurse resourcing have spaces reserved on each patient handling foundation course on a rolling monthly basis	Jan-Mar 2022	Complete	Appropriate number of spaces allocated and reviewed for sufficiency at regular intervals.	October 2022			

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		1.3.4	Review the requirement for protected time for new starters to undertake training	Elinor Thorne	Provide guidance to wider UHB on the time required to complete mandatory elements of H&S training. Document developed, to be finalised and displayed on H&S Sharepoint site. 23/05/2023 RW, SS, RD, RS. The Study leave guidelines currently suggest all core Mandatory training should take half a day a year per staff member. Highlight to mandatory training steering group CS	Jan-Mar 2022	Complete	03/06/2024 - RS There is course guidance, including duration, for manual handling and V&A training courses on the H&S Share Point page as well as dates/duration for fire, risk assessment, managing safely and First Aid at Work training. It has been highlighted to the Senior Education, Culture and OD Manager the time required to complete the core mandatory training elements and suggested protected time for this - it is not within the gift of the H&S dept to implement this.. New HCSWs, bank nurses and nurses employed via nurse resourcing have protected time to complete H&S training during their induction.	
		1.3.5	Alongside ECOD implement enhanced mandatory training requirement including Managing safely or similar training	Jonathan Davies		Oct-Dec 2024	Complete	Review conducted and it is not a feasible to add additional H&S training such as managing safely and risk assessment training to all manager profiles. The courses are widely advertised and a risk based approach taken in encouraging those with multiple reports to attend. RW, SS, RD, RS	23.05.2023
Objective 1.4 - Increase the utilisation of digital technology for training processes	Elinor Thorne	1.4.1	Review feasibility, cost, and requirements for reduced training paperwork (Review the merits with: ECOD & IT Security)	Robert Warren	Review the merits with ECOD	Jul-Sep 2023 Revised date March 2025	Complete	03/6/24 - RS Paperwork has been reduced - evaluations are now via Microsoft Forms and there is a QR code on certificates/passports. The QR code is also displayed in the training rooms and on the H&S Share Point page. Work is in progress to laminate quizzes and use with wipeable pens instead of paper copies and the training log & register are being put back to back rather than separate sheets of paper. 16/09/2024 - There has been a significant reduction in the amount of paperwork within the H&S training process. With current IT systems and software available to the UHB, it is difficult to reduce paper work further however, it is considered as courses are reviewed. RW.	16.09.2024
				Robert Warren	Review the merits with IT	Jul-Sep 2023 Revised date March 2025.	Complete	03/6/24 - RS Paperwork has been reduced - evaluations are now via Microsoft Forms and there is a QR code on certificates/passports. The QR code is also displayed in the training rooms and on the H&S Share Point page. Work is in progress to laminate quizzes and use with wipeable pens instead of paper copies and the training log & register are being put back to back rather than separate sheets of paper. 16/09/2024 - There has been a significant reduction in the amount of paperwork within the H&S training process. With current IT systems and software available to the UHB, it is difficult to reduce paper work further however, it is considered as courses are reviewed. The departmental paper work review involved E Thorne and T Bott who transitioned to the digital	16.09.2024
Objective 1.5 - Full implementation of manual handling competency workplace assessor course	Samantha Skelton	1.5.1	Review and roll out MHWCA system	Samantha Skelton	*Fully integrated course	Jan- Mar 2021	Complete	All courses now fully intergrated in the training programme, all trainers who are able to deliver the course (working hours) have either delivered or are timetabled to deliver by the end of May 2022	01.05.2022
		1.5.2	Audit and expand MHWCA system	Samantha Skelton	Inanimate MHWCA available for staff to book - starting April 2022	Jul-Sep 2022	Complete	Decision made that staff who wish to attend the inanimte MHWCA will attend for day 1 of the patient handling course, this negates the need to run 2 seperate courses, thus freeing up training resource	01.04.2022
				Samantha Skelton	Monitor numbers of staff attending	Jul-Sep 2022	complete	Courses now being run on a demand basis, waiting list formed and courses planned when sufficient interest is genertaed to make course viable	01.03.2023
Samantha Skelton	Promote courses more, link in with Carl Ball and communication theme to establish different methods of promoting	Jul-Sep 2022	Complete	specific departments being targeted who have compliance above 50%, communication via dashboard and mailbox drop, discuss on Department drop in session. Specific presentations provided to clinical board health and safety meetings. Advertised through the monthly dashboard and Sharepoint. 23/05/2025 SS, RW, RS, RD	23.05.2023				
Objective 1.6 - Integrate training requirements on the use of the health and safety management system	Robert Warren	1.6.1	Construction of self-explanatory slide pack on the use of the management system and filing process for specific documents	Robert Warren	IMS Folder contents word document completed. Ongoing work with RACI Responsibilities document 19/05/2022 RW.	Jul-Sep 2022 Revised Date March 2025	Complete	IMS Folder contents word document completed. Ongoing work with RACI Responsibilities document 19/05/2022 RW. Management review template compiled and procedure written in draft form 05/04/2024. UHB roll out of the Annual H&S Plan in April 2024. Management system reviews conducted for clinical boards in the summer of 2024, procedural documents approved at September's Operational H&S group meeting. RW.	16.09.2024
Objective 1.7 - Review of health and safety induction and mandatory training	Jonathan Davies	1.7.1	Review process of induction training to improve quality, seek support from ECOD	Robert Warren	This work has now been added to the MTSG action plan (11/8/23) CS	Apr-Jun 2023 Revised date March 2025	In Progress	This review is now sitting with the All Wales Health and Safety Advisors Group that reports into the All Wales H&S Managers. This is minuted in their meetings and the process is likely to take until Q4 2024. 03/06/2024 RW.	
Objective 1.8 - Review of technology based training delivery	Elinor Thorne	1.8.1	Review approaches to training	Samantha Skelton	Evaluation of different training delivery	Jan-Mar 2024 Revised Date March 2025	In Progress	Discussions taking place at All Wales Manual Handling Advisers group, discussed the possibility of some elements of Module B being delivered online – more discussion required at next meeting, ongoing 03/06/24. Time scale influenced by external influences.	
				Samantha Skelton	Establish what strategies other Welsh Health boards are using	Jan-Mar 2024 Revised Date March 2025	In Progress	V&A: All Wales case managers group setting up a training task and finish group hence not closed out. 02/09/2024 RW, EF.	
				Samantha Skelton	Evaluate how they can be utilised within the different mandatory training courses on offer	Jan-Mar 2024	Complete	This action has been closed as it is a repeat of above two actions associated with 1.8.1. 02/09/2024 RW, RS.	

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			1.8.2	To include consideration of digital fire safety training and response systems	Robert Warren	Revised date due to other fire strategy priorities during 2023/2024.	Jan-Mar 2024 Revised date Mar 2025	In Progress	Capital bid to be made at 2024 financial year end for FLAIM VR training equipment for the fire wardens course. 15/08/2024.	
			1.8.3	Appropriate delivery	Elinor Thorne	Plan and implement the findings into H&S training	Jan-Mar 2024	Complete	This action has been closed as it is a repeat of above two actions associated with 1.8.2. 02/09/2024 RW, RS.	

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Theme Leads	Objective	Objective Lead	Item	Specific actions	Specific actions Lead	Detail of action required	Timeframe	Progress (RAG)/status	Action taken to close item	Completion Date
Rachael Daniel & Rachael Sykes	Objective 2.1 - Embedding new H&S policy statement	Robert Warren	2.1.1	Influencing management executives	Robert Warren		Jul-Sep 2022	Complete	H&S Policy requirements embedded in H&S related training including essential management skills course. Policy statement of intent displayed at key UHB installations.	20.07.2023
			2.1.2	Link with Fire Safety Policy	Robert Warren	Draft Fire Safety policy being reviewed by R Warren & M Perrett. (20/04/22 RW)	Jul-Sep 2022	Complete	Draft Fire safety policy and statement of intent completed. Work ongoing with fire safety management arrangements. 16/01/2023. Fire Safety policy and Fire Safety Management Arrangements approved and on the system 25/05/2023	25/05/2023 RW
Rachael Daniel	Objective 2.2 - Relaunch Risk Registers and Priority Improvement Plan system	Rachael Daniel	2.2.1	Clear definitions of Risk Register and PIP	Rachael Daniel	Collaborate with corporate governance team to set definitions	Oct-Dec 2023	Complete	The risk register is led by governance, H&S have now replaced the PIP with the Annual H&S plan. There is now a clear difference between this and the risk register process. The H&S Plan utilises a structured scorable spreadsheet and is more forward looking and leading in nature. It includes KPI's in various H&S disciplines. 08/04/2024 RW. The new annual H&S plan is significantly different to the PIP and risk register processes. An appropriate definition is on the H&S Sharepoint site along with detailed presentations in clinical board and Ops group meeting 02/09/2024 RW, JD, RS, RP, EF, SS, RD..	
			2.2.2	Communication pack with support available to clinical boards and directorates	Rachael Daniel		Oct-Dec 2023	Complete	Working Safely Course reviewed and rebranded as Competent Persons in Risk Assessment. Courses set up for 2022/23 03/06/24 - 6 courses per year are scheduled and in addition to this bespoke sessions are delivered as requested - RS. Comms available through the H&S Dashboard and sharepoint site. 02/09/2024 RW, JD, RS, RP, EF, SS, RD.	
			2.2.3	Identify the accountability path to confirm Risk Register and PIP is complete	Robert Warren		Oct-Dec 2023	Complete	This has been commenced with the Responsibilities RACI spreadsheet work. 11/08/2023 RW. April 2024, the PIP has been replaced with the Annual H&S Plan. This will be scored quarterly and fed back to the Operational H&S Group. 02/09/2024 RW, JD, RS, RP, EF, SS, RD..	
			2.2.4	Update general risk assessment and task specific templates aligning with risk register scoring process	Rachael Daniel	Delayed due to other priorities. A comprehensive RA process is already in place however, it was felt appropriate to review. This has now been started. 16/09/2024 RW	Oct-Dec 2023 Revised date March 2025.	In Progress	03/06/24 the risk assessment template is being updated to ensure fields are included to record responsible persons and timeframes for additional actions/controls required. Meeting held on 30/05/24 to review the template and format agreed. Once template is finalised the manual handling and V&A templates will follow the same format - RS.	
Jonathan Davies	Objective 2.3 - Management of High-Risk Work	Jonathan Davies	2.3.1	Contractor Management Policy: Review of Contractor Management arrangements	Jonathan Davies	Contractor policy and management arrangements reviewed jointly with CEF compliance team and forwarded for consultation prior to committee approval.	Oct-Dec 2022	Complete	Contractor policy and management arrangements reviewed March 2023	30.06.2023
			2.3.2	Ensure communication and implementation of policies more widely	Jonathan Davies		Jan-Mar 2022	Complete	Working closely with CEF team, contractor requirements communicated through monthly dashboard and clinical board safety meetings	30.06.2023
			2.3.3	Extend contractor monitoring	Jonathan Davies	Improve procurement H&S process.	Jan-Mar 2022. Revised date March 2025	Complete	13/07/2023 Communications held with procurement and detailed in the RACI. Contractor monitoring forms placed on iAuditor and CEF are actively monitoring contractor activity. Procurement should adapt their question set to include all relevant H&S questions negating the need for the separate CCHSQ1 form. On review it is not appropriate for procurement to interpret and verify specialist H&S information returned on the CCHSQ1 Form. 16/09/2024 RW, JD, RD, RS.	16.09.2024

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				Jonathan Davies	Ongoing monitoring of established contractors. 13/07/2023 Contractor monitoring question set added to iAuditor. Although CEF formerly monitor contractor activity and record the findings our approach has been more informal since the resource reduction within the team.	Jan-Mar 2022	Complete	Contractor monitoring continuing through J Davies, training team have received audit and contractor monitoring training and they will commence this work from October 2024. RW, JD, RS, RD 16/09/2024.	16.09.2024
				Jonathan Davies	Extend contractor inductions to all contractors. Contractor inductions are on-going and provided.	Jan-Mar 2022	Complete	Contractor inductions have been mandated for some years	13.07.2023
	Jonathan Davies	2.3.4	Permit to Work Policy (PTW).	Jonathan Davies	Review of Safe systems of Work including Permit to Work arrangements. and fire authorisation to proceed permit. The Permit to Work Systems have been reviewed along with the Authorisation to Proceed process for Asbestos and Fire. There is currently no Policy in place although a previous draft version exists which requires some work.	Jan-Mar 2022. Revised date March 2025.	In Progress	The Permit to Work Systems have been reviewed along with the Authorisation to Proceed process for Asbestos and Fire. There is currently no Policy in place although a previous draft version exists which requires some work. Further detailed PTW review conducted in March 2024. Findings presented to CEF Management and plan being drawn up to close gaps in system. RW.	
				Jonathan Davies	Bring Policy (once developed) across to H&S ownership. Discussions continue between H&S and CEF	Oct-Dec 2022. Revised date March 2025.	In Progress	This has been agreed with CEF. Policy not yet implemented. 11/08/2023 RW.	
Objective 2.4 - Review departmental risk management activities to ensure risks are identified, recorded and tracked	Robert Warren	2.4.1	Review and update/transfer actions from previous priority improvement plan to include fire safety element	Robert Warren	Create new PIP and seek sign off	Oct-Dec 2022	Complete	It has been agreed at H&S Committee that the 3 year H&S culture plan would supersede the PIP for this period.	RW 21/02/2023
Objective 2.5 - Review incident investigation process	Rachael Sykes	2.5.1	Create and distribute investigation templates	Rachael Sykes	Update forms in use. Full review required. (13/06/2022 RS)	Jul-Sep 2022	Complete	Investigation templates in place, manual handling and sharps incorporated into focused review on datix. Investigation templates are in place and being used. A second review is now taking place on an All Wales basis. 20/07/2023 RW	20/07/2023 RW
		2.5.2	Review the monitoring of follow-up Actions from RIDDOR incidents	Clinical Board Advisors	Monitor clinical board RIDDOR follow-ups	Jan-Mar 2023	Complete	Incorporated into OHSG exception reporting for CBs. Comprehensive, robust processes now in place to track the progress and quality of RIDDOR investigations.	20/07/2023 RW
				Robert Warren	Set up Monthly Senior Line Management Meetings	Jan-Mar 2023	Complete	Serious Incident Review meetings have been run monthly since April 2023. They use a structured template and are now embedded in the calendar.	RW 17/07/2023
Objective 2.6 - Improve Datix Utilisation	Rachael Sykes	2.6.1	Assisting in the implementation and training of Datix Cymru system. Patient Safety Department lead on this and are the UHB administrators	Rachael Sykes		Jan-Mar 2023	Complete	Datix Cymru implemented across the UHB. On-going meetings with Patient Safety and CB reps.	01.06.2022
Objective 2.7 - Identify trends in losses to inform proactive interventions	Rachael Sykes	2.7.1	Review for UHB and clinical board meetings	Rachael Sykes & Catherine Salter	Data requested 3-8-23 to inform this work based on RIDDORS in 2023(CS). Draft PP slides for H&S dashboard developed and sent to RS for review (focusses on lessons learned from the regular CB RIDDOR meetings and intel - IMS08) CS 24/8/23	Jan-Mar 2023	Complete	RW developed a 'lessons from losses' slide to include in the monthly H&S dashboard to inform all UHB staff of recent key incidents to identify trends and inform proactive interventions	01.09.2023
Objective 2.8 - Streamline reporting mechanisms for unsafe conditions	Carl Ball	2.8.1	Implementation of behavioural safety programme.	Carl Ball/E Foley	Identify type of behavioural safety programme required. This will not be completed during this strategy cycle and will be taken forward.	Jan-Mar 2023.	Not Started	Human factors: Behavioural safety approaches - an introduction (hse.gov.uk) for discussion	To be taken forward to next strategy cycle.
				Carl Ball/E Foley	Include elements in existing training programmes. This will not be completed during this strategy cycle and will be taken forward.	Jan-Mar 2025	Not started		To be taken forward to next strategy cycle.

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Theme Lead	Objective	Objective Lead	Item	Specific actions	Specific actions Lead	Detail of action required	Timeframe	Progress (RAG)/status	Action taken to close item	Completion Date
Carl Ball	Objective 3.1 - Develop H&S communications strategy (in line with management system)	Robert Warren	3.1.1	Further dashboard roll out - Management executives down to all levels -Consider adding to CEO staff connect	Robert Warren	List of recipients growing month on month (20/04/22 RW)	Jul-Sep 2022	Complete	Jonathan Strachan-Taylor to add to ESR manager portal (June 2022 RW). The Dashboard is now well established and embedded within the organisation. It will continue to evolve and new avenues for circulation will be sought. RW	15.11.2022
			3.1.2	Communication of H&S Management system -mentioned in induction / Mandatory training	Robert Warren		Apr-Jun 2023	Complete	Clinical/service boards invited to request assistance from H&S team to implement the management system for their areas. (06/06/2022 RW). System being used in Dental, Mental Health and CD&T. (16/01/2023 RW). Clinical/Service boards are now being audited against the H&S Management System. 05/04/2024 RW. It is not feasible to fully embed a uniform H&S management system across all elements of the UHB. It would require a fully funded project team. Systems to manage H&S do exist in the UHB and these are being verified by the H&S department management system audits and annual H&S reviews with each clinical board. Identified gaps are being monitored through i-Auditor. RW RS RD JD 16/09/2024.	Clinical/service boards invited to request assistance from H&S team to implement the management system for their areas. (06/06/2022 RW). System being used in Dental, Mental Health and CD&T. (16/01/2023 RW). RW RS RD JD 16/09/2024.
			3.1.3	Improve intranet web-site design/navigation	Robert Warren	T Bott working on new Sharepoint site (20/04/22 RW) SharePoint site live, mostly active, new icons in place, feedback form public, awaiting updates from specialities to confirm any needed changes. (13-10-2022 TB)	Oct-Dec 2022	Complete	New Share point configured in-line with the H&S Management system. Feedback mechanism in place to Thomas Bott who has been instrumental in this work. RW.	15.11.2022
			3.1.4	Create COMPT (Communication Order – Members, Purpose, Times) plan for communications outward.	Caroline Murch		Jan-Mar 2023	Complete	Draft COMPT plan with Thomas saved on S drive under communication (5/10/22) - COMPT plan completed on s drive (11/01/2023 CM)	11.01.2023
	Objective 3.2 - Develop a service level style agreement with clinical boards	Robert Warren	3.2.1	Develop a Service Level Agreement in line with RACI Requirements	Robert Warren		Oct-Dec 2023	Complete	Draft Responsibilities matrix being produced in line with the management system. (06.06.2022 RW). H&S Responsibilities matrix completed and agreed with clinical/service boards and approved at H&S committee. RW.	30.01.2024
	Objective 3.3 - Review and redefine Terms of Reference for Current H&S meetings at all levels	Robert Warren	3.3.1	H&S committee structure review	Robert Warren		Oct-Dec 2022	Complete	Significant update of Operational H&S Group ToR including the addition of a clinical/service board exception report template. Rolled out to the Clinical/Service boards for comment. 22/06/2022 RW. The H&S Committee now feeds into the People & Culture Committee. The clinical/service board exception reports provide a formal structure and process for escalating risk from the Ops group to H&S Committee to P&C forum. 20/07/23 RW	20.07.2023
			3.3.2	Sub Committee Structure/TOR review	Rachael Daniel		Oct-Dec 2022	Complete	Significant update of Operational H&S Group ToR including the addition of a clinical/service board exception report template which has been implemented. This format will be used for all similar H&S led meetings. Work started on re-implementing the Joint Operational Liaison Group. 21/09/2022 RW. Joint Operational Liaison Group is now up and running as from 18/01/2023 . Work ongoing with Fire safety meetings. 09/03/2023 RW. Fire safety meetings implemented (DFSM). RW RS RD JD 16/09/2024.	RW RS RD JD 16/09/2024.
	Objective 3.4 - Develop H&S Calendar of Subjects and drop in advice sessions on all H&S issues	Rachael Daniel	3.4.1	Look at creation of calendar and how to implement interactions	Rachael Daniel	Options explored about which software to use - Sharepoint calendar was considered however Microsoft lists in calendar view is the preferred option. Calendar of national campaigns by NHS England will be used as a source of intel, however more 'safety' type events need to be added. Next step is to gather more intel on events/dates and then start creating the H&S calendar before making it visible to UHB staff. CS. Not started due to other H&S priorities. Some H&S communication systems exist such as the monthly dashboard, SIR's, World safety day etc. RW 16/09/2024	Jul-Sep 2023. March 2025.	In Progress		

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Rachael Daniel	3.5.1	Review resourcing needs and potential usage/process	Rachael Daniel	Review resourcing and usage Via teams/face-to-face/phone call. Not started due to other H&S priorities. Some H&S communication systems exist such as the monthly dashboard, SIR's, World safety day etc. RW 16/09/2024	Apr-Jun 2023. Revised date March 2025	Not started	
			Rachael Daniel	Review subject specific requirements. Not started due to other H&S priorities. Some H&S communication systems exist such as the monthly dashboard, SIR's, World safety day etc. RW 16/09/2024	Apr-Jun 2023. Revised date March 2025	Not started	
	3.5.2	Run Pilot Sessions	Rachael Daniel		Apr-Jun 2023. Revised date March 2025	In Progress	A number of sessions have taken place by the case management team in collaboration with South Wales police. Manual handling pilot schemes have also taken place. 20/07/2023. RW.
	3.5.3	Consider Guidance Documents and Content	Rachael Daniel	Guidance documents to assist wider UHB with H&S related topics.	Apr-Jun 2023. Revised date March 2025	In Progress	03/06/24 - RS There are guidance documents for RIDDOR and management of contractors that have been circulated widely to the CB's.

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Theme Lead	Objective	Objective Lead	Item	Specific actions	Specific actions Lead	Detail of action required	Timeframe	Progress (RAG)/status	Action taken to close item	Completion Date
Robert Warren	Objective 4.1 - Implement H&S Management System	Caroline Murch. Supeceded by R Warren	4.1.1	Create Project plan to implement H&S management system (guiding documents) *HSMS*	Robert Warren	Management system drafted and being used by H&S department. Clinical/service boards invited to request assistance from H&S team to implement the management system for their areas. (06/06/2022 RW)	Oct-Dec 2022	Complete	Presented at operational H&S meeting by RW 29/11/22 and clinical boards requested to start using- updated progress to completed (11/01/2023 CM)	11/01/2023 CM
			4.1.2	Create H&S Information Management System (IMS) structure and roll out to wider organisation	Robert Warren	S-Drive System to be brought in place and completed locally. Clinical/service boards invited to request assistance from H&S team to implement the management system for their areas. (06/06/2022 RW)	Aug-Sep 2022	Complete	S drive being used locally by H&S team and several clinical boards have adopted the structure. Further work required before it can be considered implemented. 16/01/2023 RW. H&S Management system is now embedded within all elements of the H&S team. Due to the complexities of the UHB it will not be possible to truly embed in all clinical boards however, they are all aware of it's existence and all correspondence with the H&S team is structured in that manner. The department continue to implement systems to manage H&S including management reviews and annual H&S plans. 03/06/2024 RW.	03/06/2024 RW
							Aug-Sep 2022	Complete	This is being done locally. T Bott has created a Sharepoint management system download. Meetings held with numerous clinical boards/directorates to date. 21/09/2022 RW. This system is now in place. Take up required as per action above in line 4. 16/01/2023 RW.	16/01/2023 RW
			4.1.3	Include process for outputs from HSMS to be reviewed by Senior management teams.	Robert Warren		Jan-Mar 2023	Complete	Draft procedure and agenda for management reviews provided to RW - updated to in progress (11/01/2023 CM) H&S Management System review template produced for senior clinical/service board managers and draft procedure written. Awaiting approval at the Operational H&S Group. 08/04/2024 RW. The clinical/service board H&S Management Reviews for year 2023/2024 are now underway. 03/06/2024 RW	03/06/2024 RW
			4.1.4	SMART H&S objectives to cascade out to health board.	Robert Warren	CM looking into the feasibility of obtaining monthly figures for Lost Time Incidents (LTI's) and Total Recordable Case Rate (TRCR) metrics (RW 11/07/22). It is not feasible to obtain LTI rates due to current IT systems. RW is leading an all Wales KPI group. The H&S department are monitoring KPI's around RIDDOR's and more focus is being put on these and targets informally set to each clinical board. 16/09/2024.	Oct-Dec 2022. Revised date March 2025.	In Progress	Provided draft H&S objectives and lost time rates using statistics provided by people analytics. Discussed at op H&S group - Action:Lost time data needs to be more accurate so task and finish group needs to be established. Suggest use RIDDOR rates in interim period as more accurate (11/01/23 CM)	
	Objective 4.2 - Key H&S Policies (management system)	Caroline Murch. Supeceded by R Warren	4.2.1	Review Policy management and review schedule	Robert Warren	Annual H&S report states there is review schedule in place for reviewing policies (11/01/2023 CM). Current policies are reviewed however, this work also ties in with the policy/procedural gap analysis. As such this is a considerable amount of work hence it has overrun. 16/09/2024.	Oct-Dec 2022. Revised date March 2025.	In Progress	Policy/procedure gaps have been identified and work is ongoing to complete. RW RS RD JD. 16/09/2024	
			4.2.2	Conduct Policy and Procedures Gap Analysis	Robert Warren	This work has started based on the management system. (06/06/2022 RW)	Jan-Mar 2023. Revised date March 2025.	In Progress	Policy/procedure gaps have been identified and work is ongoing to complete. RW RS RD JD. 16/09/2024	
	Obhective 4.3 - RACI Matrix	Robert Warren	4.3.1	Identify those individuals with Responsibility, Accountability, Consulted and Informed duties across the UHB in terms of H&S.	Robert Warren	Further work required to complete the full RACI document which again requires a gap analysis. Using a risk based approach, work was prioritised on the responsibilities document which has been completed. RW 16/09/2024.	Oct-Dec 2022. revised date March 2025.	In Progress	RACI work commenced, including a specific 'Responsibilities' matrix. Meetings held with CEF, Occ Health and Emergency Planning to define these responsibilities. (06/06/2022 RW) Responsibilities matrix approved at the H&S Committee October 2023.	
			4.3.2	Get confirmed commitment from delegated responsible persons	Robert Warren	This is in line with 4.3.1. RW 16/09/2024	Jan-Mar 2023. Revised date March 2025.	In Progress	Responsibilities matrix agreed and approved at H&S committee meeting October 2023.	
	Objective 4.4 - Include personal H&S deliverables in KPIs and PADRs	Robert Warren	4.4.1	Discuss with HR including H&S deliverables in KPIs/PADRs (linked to training)	Robert Warren	Informal discussions held with P&C. Further specifics required to take to HR. 16/09/2024 RW.	Apr-Jun 2023. Revised date March 2025	In Progress		

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Objective 4.5 - Include Clinical Board/Directorate KPI's	Caroline Murch superceded by R Warren	4.5.1	Identify Key H&S KPI's for implementation to Clinical Boards/Directorates	Robert Warren	Suggested KPIs provided to head of H&S (CM 17/8/22) When agreed needs to be taken to next operational H&S meeting. RW is leading an all Wales KPI group. 16/09/2024.	Oct-Dec 2022. Revised date March 2025.	In Progress		
Objective 4.6 - Drive exec board engagement with H&S topics.	Robert Warren	4.6.1	Set up Executive management H&S training around responsibilities	Robert Warren	Draft copy completed. Further work required. RW JD, RD, RS. 16/09/2024. Other work prioritised.	Jan-Mar 2023. Revised date March 2025.	In Progress		
		4.6.2	Staff stories/focussed H&S initiative taken to H&S committee level meetings	Robert Warren		Oct-Dec 2022	Complete	Presented idea to RG in away day , action from op meeting to bring staff story to next meeting , e mailed advisers for ideas.- updated to in progress(11/01/2023 CM). Staff incident with lessons to be learned taken to Operational H&S group meeting 07/03/2023. To be embedded in the H&S committee meeting from 18/04/2023. RW.	09.03.2023

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Theme Lead	Objective	Objective Lead	Item	Specific actions	Specific actions Lead	Detail of action required	Timeframe	Progress (RAG)/status	Action taken to close item	Completion Date
Jonathan Davies	Objective 5.1 - Create Sustainable Audit System	Jonathan Davies	5.1.1	Audit against H&S Management System	Robert Warren	Create audit question sets. A number of question sets have been compiled covering the Workplace health and Safety Standards, WPIs, PPE and Contractor Monitoring. 17/05/2023 - Previous audit question sets are being aligned with the IMS system. Management audit question sets completed for Case Management & Manual handling by department leads and several audits conducted. September 2023 RW.	Jan-Mar 2025	Complete	H&S management system audit created in line with the elements of the H&S Management system. Audit programme commenced in March 2024. 08/04/2024. RW.	08.04.2024
					Robert Warren	Collaborate with NWSSP to prevent duplication and resource. RW to contact NWSSP. Not prioritised based on low level of risk. RW 16/09/2024.	Jan-Mar 2025	Not Started		
			5.1.2	Create schedule for full audit suite Including: Statutory compliance Compliance with internal policies and procedures Best practice	Robert Warren	Audits are occasionally undertaken following Managing Safely courses and for subject specific inspections such as PPE/RPE audits, fit testing audits and contractor monitoring. As a department we have also supported others to complete workplace inspections. Previously these audits were paper-based, however they are now starting to be completed using iAuditor.	Jan-Mar 2025	Complete	Audit schedule created for the management system and ligature reviews. This will be reviewed annually for gaps around policies, procedures, incidents and UHB changes. 08/04/2024 RW/JD	08.04.2024
			5.1.3	Creation of competent departmental lead auditors	Jonathan Davies	Determined that an in-house training package would suffice. There needs to be some consideration made regarding the required audit resource and people will need to be released to participate. The training package has been developed and is ready to deliver. 17/05/23 - Delay on this training to wait for new team members. Course has been created by J Davies, in draft form, awaiting trial on department members. September 2023 RW.	Jul-sep 2023	Complete	Audit training presented by J Davies and completed by relevant, senior members of the department on 29/11/2023. Staff members now conducting audits which are verified by J Davies for sign off. 30/01/2024 RW.	30.01.2024
			5.1.4	Define Audit procedure. Consistent scoring system	Jonathan Davies	JD Currently looking into audit software. Due to trial I-Auditor. RW 27/06/2022. Consideration of paperless audit tools, including iAuditor, AMaT and O365. Existing paper-based question sets have been reproduced on iAuditor and trialed with this audit tool. (10x) full licenses have been procured and H&S are now completing audits utilising this software plus union reps have also started completing WPI's electronically.	Jan-Mar 2025	Complete	Audit procedure defined in the training package, utilising recognised scoring system based on risk. 08/04/2024 JD/RW.	08.04.2024
			5.1.5	Capture and analysis of audit action completion status	Jonathan Davies	All audit tools currently being considered allow for the audit/inspection to be conducted electronically on a handheld device and generates tracked actions as completed. All tools also provide analytical breakdown of completed audits. trial audit completed and licenses purchased for iAuditor. 17/05/2023 - Some audit actions being reviewed in I-Auditor, but still finalising a finished process. Awaiting full compliment of admin in order to set up a process for checking action completion status. 16/09/24. RW.	Jan-Mar 2025	In Progress	I-Auditor now in use and being used. Actions are being tracked through system. Additional monitoring of current system required to ensure it is embedded.	
	Objective 5.2 - Investigate and where needed address the specific actions and clarity of information in policy and procedure documents in response to feedback from review	Jonathan Davies	5.2.1	Updated/Review and distribute managers handbook	Jonathan Davies	The handbook has been reviewed and is still relevant and informative. There are still a significant number of handbooks in stock so an update info sheet will be added to these, and the electronic version will be updated accordingly.	Jan-Mar 2025	Complete	The course and handbook will be reviewed around updates to policies, procedures, incidents and UHB changes. Decision taken to utilise an electronic version. 08/04/2024 RW/JD	08.04.2024

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Theme Lead	Objective	Objective Lead	Item
Robert Warren	Objective 6.1 - Review and update the current Fire Safety Procedures	M Perrett supersceded by Ryan Paxford	6.1.1
			6.1.2
	Objective 6.2 - Intergrate a Fire Safety Management System (FSMS) into the H&S Management system	M Perrett supersceded by Ryan Paxford	6.2.1
	Objective 6.3 - Review current Fire Safety Management Organisational Structure (FSMST)	M Perrett supersceded by Ryan Paxford	6.3.1
			6.3.2
	Objective 6.4 - Review the requirement for a recognised Fire Safety Audit System	Mal Perrett supersceded by Ryan Paxford	6.4.1
	Objective 6.5 - Major Capital Planning Project System	M Perrett supersceded by Ryan Paxford	6.5.1
			6.5.2

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		6.5.3
Objective 6.6 - Introduce a Call Delay Procedure at UHW and UHL	M Perrett supersceded by Ryan Paxford	6.6.1
		6.6.2
		6.6.3
		6.6.4
Objective 6.7 - Emergency evacuation equipment training	Mal Perrett supersceded by Ryan Paxford	6.7.1
		6.7.2
		6.7.3
Objective 6.8 - Review the Health Boards Major Incident Plan and How Fire Safety Contributes to Robust Arrangements.	Mal Perrett supersceded by Ryan Paxford	6.8.1

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Objective 6.9 - Review the requirement for an alternative recognised Fire Risk Assessment Audit System	Mal Perrett supersceded by Ryan Paxford	6.9.1
		6.9.2
		6.9.3
		6.9.4
		6.9.5
Objective 6.10 - Review use of disposable/one use (p50) fire extinguishers with remote sites	Mal Perrett supersceded by Ryan Paxford	6.10.1
		6.10.2

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Specific actions	Specific actions Lead
Conduct Procedures Gap Analysis	Ryan Paxford
Provide a list of unambiguous fire safety procedures applicable to the UHB	Robert Warren
Formulate and implement a FSMS to best ensure a holistic approach for fire risk reduction for the UHB	Robert Warren
	Robert Warren
	Robert Warren
	Robert Warren
	Robert Warren
Review roles and responsibilities with link to RACI	Robert Warren
Review direct accountability for fire safety with link to RACI	Robert Warren
Look at implementation of Recognised healthcare specific audit system (PAS7)	Robert Warren
Draft Fire Safety Project process service level agreement/Raci	Robert Warren
Present to CEF management	Robert Warren

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Seek agreement and approval	Robert Warren
Conduct a procedure gap analysis	Robert Warren
Review fire stopping programme	Robert Warren
Create and implement enhanced fire response team training	Robert Warren
Implementation of segregated programme I.E Non-sleeping patient areas	Robert Warren
Conduct a procedure gap analysis	Robert Warren
Engage porter Management	Robert Warren
Agree a workable procedure for deployment	Robert Warren
Work in conjunction with strategic planning and security to adopt a robust plan in line with health board requirements.	Robert Warren
	Robert Warren

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Influence and promote within shared services a more robust easier system for recording and reviewing risk assessment action and response	Robert Warren
Conduct a system gap analysis	Robert Warren
Research alternative methods and systems	Robert Warren
Benchmark systems and cost analysis	Robert Warren
Produce a business case for change and approval	Robert Warren
Look into current legal standards of P50s in healthcare properties and shared services rules.	Robert Warren
If suitable: Roll out process	Robert Warren

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Detail of action required	Timeframe
This is part of the wider departmental management system gap analysis. 16/09/2024 RW	Jan-Mar 2023. Revised date March 2025
This is part of the wider departmental management system gap analysis. 16/09/2024 RW	Jan-Mar 2023. Revised date March 2025
Fire Safety Protocols	Oct-Dec 2023
Bespoke Emergency Action Plans	Oct-Dec 2023
Fire Safety Training	Oct-Dec 2023
Fire Safety Audits	Oct-Dec 2023
Bespoke exercises and drills	Oct-Dec 2023
This work has started in-line with the RACI. (06/06/2022 RW). This work is tied in with the full H&S RACI document.	Oct-Dec 2022. Revised date March 2025.
This work has started in-line with the RACI. (06/06/2022 RW)	Oct-Dec 2022
This is being led on an all Wales basis by A Pitcher of NWSSP. 21/06/2022 RW. Revised date entered due to this action being led centrally on an all Wales basis.	Jan-Mar 2024 Revised date Q4 2024.
SLA not currently produced however, processes are in place to ensure the fire advisors are involved with projects to provide relevant fire safety advice. Significant issues filling posts over the last 3 years necessitating in the need to prioritise actions however, the responsibilities RACI matrix is in place. 16/09/2024 RW	Oct-Dec 2023. Revised date March 2025.
SLA not currently produced however, processes are in place to ensure the fire advisors are involved with projects to provide relevant fire safety advice. Significant issues filling posts over the last 3 years necessitating in the need to prioritise actions however, the responsibilities RACI matrix is in place. 16/09/2024 RW	Oct-Dec 2023. Revised date March 2025.

SLA not currently produced however, processes are in place to ensure the fire advisors are involved with projects to provide relevant fire safety advice. Significant issues filling posts over the last 3 years necessitating in the need to prioritise actions however, the responsibilities RACI matrix is in place. 16/09/2024 RW	Oct-Dec 2023. Revised date March 2025.
Proposed changes to the response to a fire signal by SWFRS are due to be implemented in January 2025. This will be reviewed as part of these proposals. 16/09/2024 RW.	Jan-Mar 2024. Revised date March 2025.
New programme is currently out to tender, to involve inspection/survey and repair. RW, RD, RP 26/10/2023	Jan-Mar 2024. Revised date March 2025.
Designated fire safety officer assigned to mental health. Specific training package produced for mental health. (20/04/22 RW)	Jan-Mar 2024. Revised date March 2025.
	Jan-Mar 2024
	Oct-Dec 2022
	Oct-Dec 2022
	Oct-Dec 2022
Maintain and Improve the plan	Oct-Dec 2022. Revised date March 2025.
Extend information to external emergency services to run regular desktop and practical exercises to improve our incident handling procedures. Work prioritised elsewhere. Emergency exercises are conducted however, there is no uniform link in with Health, Safety and Fire. 16/09/2024. RW.	Oct-Dec 2022. Revised date March 2025.

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	Oct-Dec 2024
	Oct-Dec 2024
	Oct-Dec 2024
	Oct-Dec 2024
	Oct-Dec 2024
	Jul-Sep 2022
	Apr-Jun 2023

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Progress (RAG)/status	Action taken to close item	Completion Date
In Progress	Gap analysis commenced (26/10/2023 RW, RP, RD.)	
In Progress	Currently under review (26/10/2023 RW, RP, RD.)	
Complete	This is covered in actions 1 and two. Fire safety protocols are currently under consultation	26/10/2023 RW, RP, RD.
Complete	Draft template for community buildings in reivew with fire team. RW 21/09/2022. This is covered in actions 1 and 2 and so has been closed here.	26/10/2023 RW, RP, RD.
Complete	Fire safety training management is now embedded within the department processes, including all administration. RW.	09.03.2023
Complete	Fire safety audits are now taking place through the fire safety management log books.	26/10/2023 RW, RP, RD.
Complete	Training exercises has commenced starting at UHW. Tabletop exercises have been conducted with CHfW and practical training held for LSW.	22/04/2024 RP
In Progress	Fire Safety Responsibilities element of the matrix have been drawn up and agreed. Currently in the process of obtaining a list of responsible managers for each site. 03/06/2024. RW	
Complete	This action is covered above in 6.3.1. As such it has been marked as complete here.	26/10/2023 RW, RP, RD.
In Progress	A new All Wales risk assessment package is currently being trialled. 03/06/2024 RW.	
In Progress		
Not Started		

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Not Started		
In Progress	Consultation with SWFRS to clarify it's feasibility.	
In Progress		
In Progress		
Complete	This has been reviewed post action being raised and is not feasible to implement. It could lead to an intolerable risk across the UHB. RW, RP, RD 26/10/2023	26/10/2023 RW, RP, RD.
Complete	Fire team completed cascade evacuation chair training. The training is now being provided healthboard wide.	22/04/2024 RP
Complete	Heli-pad porters have been trained in both practical and theory elements of vertical evacuation procedures, process now in place to provide theory training to clinical staff. In the event of an emergency both staff groups would assist in any evacuation. RW	09.03.2023
Complete	The above has been agreed with the Support services manager.	09.03.2023
In Progress	Work commenced with EPRR to conduct interoperability exercises with HART and SWFRS. 11/01/2024 RP	
In Progress	Planning has commenced with SWFRS to conduct major Helipad exercise. Also, following any refurbishments of wards. SWFRS will be invited to attend a walk through exercise considering tactics and techniques with firefighting in a healthcare setting.	

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Complete	This is being led on an all Wales basis by A Pitcher of NWSSP. 21/06/2022 RW. Correspondence with NWSSP project manager to obtain greater software crossover, i.e.request for new software to work with mi-cad. March 2023. Consideration given to alternative systems such as BORIS and it would lead to an increased risk in terms of compliance and overall safety. Informed decision made to continue with the All Wales System.	26/10/2023 RW, RP, RD.
Complete	This has run concurrently with 6.9.1 and 6.9.3.	26/10/2023 RW, RP, RD.
Complete	Investigation into the merits of Boris fire safety management system. Moving away from an NWSSP system would put the UHB at greater compliance risk in the long term. Meeting held with A Pitcher 02/03/2023 - NWSSP are working to Q3 2023 to roll out their new system. RW.	09.03.2023
Complete	As 6.9.3	09.03.2023
Complete	As 6.9.3	09.03.2023
Complete	Review conducted and the potential to have different types of extinguisher at the UHB is an intolerable risk that would be difficult to mitigate. As such these extinguishers have not been introduced.	26/10/2023 RW, RP, RD.
Complete	As in 6.10.1	26/10/2023 RW, RP, RD.

Regen, Nikki
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Report Title:	Strategic Workforce Plan for Primary Care		Agenda Item no.	2.7
Meeting:	People & Culture Committee	Public	x	Meeting Date: 19 November 2024
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	
Lead Executive Title:	Executive Director of People & Culture			
Report Author (Title):	Head of People & Culture PCIC Clinical Board Deputy Director of Operations PCIC Clinical Board			

Main Report

Background and current situation:

The purpose of this report is to provide an overview of the Strategic Workforce Plan for Primary Care, which was developed by Health Education and Improvement Wales (HEIW) and the Strategic Programme for Primary Care (SPPC) in collaboration with a wide range of stakeholders. The plan sets out the actions required to support the transformation of the Primary Care workforce, which gained formal endorsement via the National Primary Care Board before being launched on 15 May 2024.

The plan aims to ensure that the primary care workforce has the breadth of skills needed to respond to the long-term plan for Wales, which will be delivered through the twenty-six key actions, aligned to the themes of the National Workforce Strategy for Health and Care. The summary of the key areas of focus can be found in Appendix 1.

The full detailed plan and actions can be found in the link in Appendix 2.

Context:

Primary Care is at the heart of our communities and is about those services which provide the first point of care, day or night, for more than 90% of people's contact with the NHS in Wales. Primary Care coordinates care for the individual, providing access for people to the wide range of services in the local community to help meet their health and wellbeing needs and to specialist care when required, however Primary Care services are under significant strain due to increasing demand.

Following the release of a Healthier Wales, the Strategic Programme for Primary Care (SPPC) provided the primary care response with a work programme of work organised around 6 core themes;

- *Prevention & Wellbeing*
- *24/7 Model*
- *Data & Digital Technology*
- *Workforce & Organisational Development (OD)*
- *Communication & Engagement*
- *Transformation & Vision for Clusters*


Emerging from the Workforce & OD workstream was the multidisciplinary team approach at cluster level, acknowledged as the common characteristic of future models for primary care. The workforce plan addresses this, noting that it is wide ranging, encompassing multiple professions, services and settings which may be at a practice, cluster or other geographical footprint and is inclusive of independent contractors, managed practices and staff employed directly by health boards. It is also important to note the following national resources, which contribute towards delivery of the workforce plan:

- National Community Nursing Specification – Sets the overarching principles, characteristics, and functions of Community Nursing in Wales for individuals aged 16 and over.
- Community Infrastructure Programme – to define the fundamental infrastructure required to deliver a place-based 24/7 integrated, multi-professional community models.
- Multi-Professional framework for Integrated working - to support organisations to deliver joined up, outcome focused, evidence-based community services, through a place-based multi-professional working model of care.

Primary Care face many of the same workforce challenges experienced in other areas of health, with the plan noting the following high-level key drivers for change:

- Demographic changes which will impact on the demand for care and the range of services and skills needed in primary care to care for an ageing population and an increase in the number of people living with multiple long-term conditions
- Technological and scientific advances that are reshaping the delivery of care models including digital transformation, use of data and scientific advances and precision medicine;
- Workforce drivers that impact on current and future workforce.

HEIW – current workforce challenges across Primary Care in Wales



Workforce challenges in primary care in Wales

Summary

- There are challenges with gaps in the workforce that are impacting on staff morale with increased pressures on staff which impact on their health and well being
- There are workforce shortages and difficulties in attracting and retaining staff across primary care which is leading to challenges in sustaining access to some services
- Some areas of our workforce have an older age profile and this coupled with other factors could lead to increased numbers of people leaving the workforce over the next few years
- There are more choices and opportunities so although we are training more people through our education system it can be difficult to retain staff

Community Pharmacy

- The number of **pharmacy 'leavers'** has been increasing in all roles and sectors and pharmacists were added to the Home Office 'Shortage Occupation List' in 2021
- There was an increase in **'temporary closures'** of community pharmacies in 2021 due to no 'Responsible Pharmacist' being available; pharmacists are in high demand across all sectors including in new areas e.g. urgent care settings.

General Dental Practice

- There are **workforce shortages** impacting upon patient care resulting in low morale, high stress and continued pressures across the workforce which has led to some practices changing how they deliver care and reducing access to NHS services. There are difficulties in attracting dentists to work in certain part of Wales particularly rural areas.

General Medical Practice

- Around half of the GP workforce are aged over 45 and there are a significant number of **GPs aged over 55**
- **Newly qualified GPs** want more flexible working and are opting to locum or take salaried posts rather than become partners so only 10% of newly qualified GPs are now becoming partners; **40% of Wales GP trainees** are training Less Than Full Time (LTFT); **47% of GP trainees** (in UK) are International Medical Graduates which is an issue for the future in terms of retention
- **Sustainability** issues are resulting in contracts being handed back to HBs, as at October 22 there were 24 managed practices in Wales; and there are 32 single handed practices in Wales
- Of the **1,000 or so** nurses employed in General Practice, nearly **half are aged over 50** and **10% are aged over 60**.

Optometry

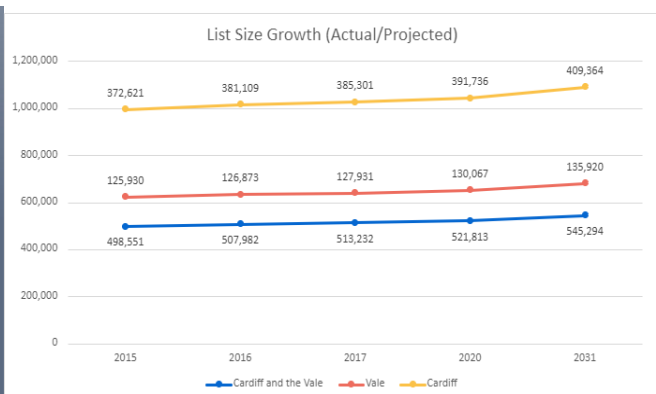
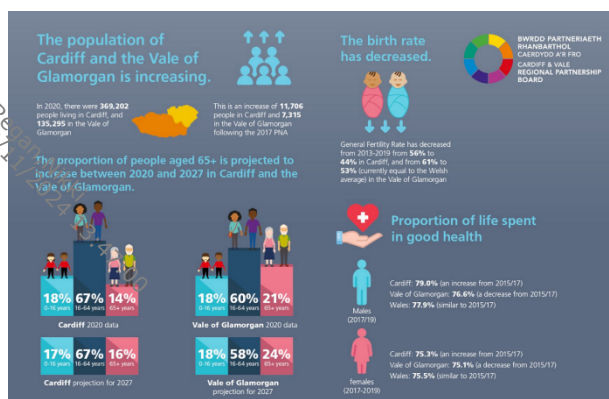
Recruitment challenges in rural areas – difficulty in attracting, especially younger optometrists and dispensing opticians

- Retention, difficulty in retaining younger optometrists in rural areas
- Placement challenges for higher qualifications – often placements need to be at least partly in secondary care
- Since 2021 there have been at least 6 practices that have closed.

Urgent Primary Care

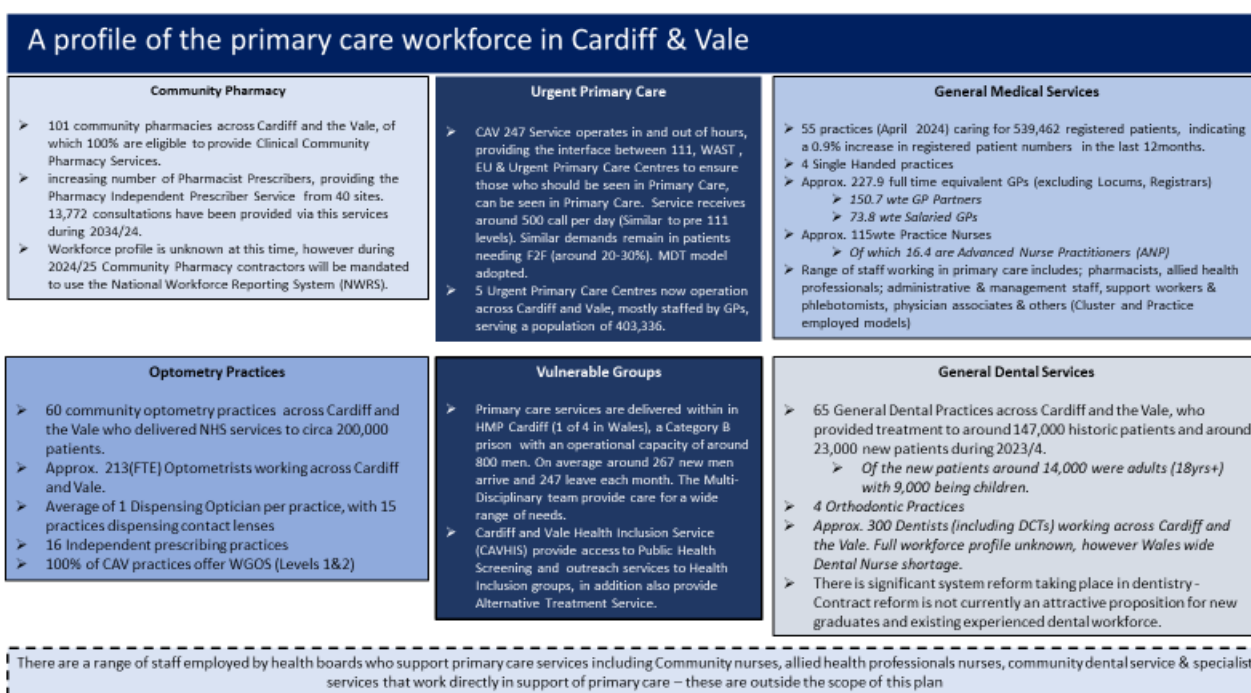
- **Workforce challenges** are significant across urgent care services including GPOOH, 111 & urgent primary care centres, which causes gaps in rota's and competition across services for skills, this is a particular issue during the overnight period.

The Population Needs Assessment (PNA) for Cardiff and Vale recognises both this demand and trend, with our own assessment recognising the continued growth in patients registering with GMS practices.



Whilst the pandemic facilitated new ways of accessing care through remote consultations, more work is required to support further integration of clinical IT systems and sharing of information across health and care providers in the delivery of seamless and integrated care.

The Primary Care workforce across Cardiff and Vale is primarily made up of our contractor workforce, and as independent businesses we have limited access to workforce information, with the exception of General Medical Services (GMS) who are required to use the Wales National Workforce Reporting System to record key workforce information (as part of the conditions of accessing the All Wales General Medical Practice Indemnity (GMPI) scheme). Later in 2024 Community Pharmacy contractors will be required to provide workforce intelligence, and in time we anticipate this will be a requirement of all contractors (subject to further contract negotiation and reform). This will further increase our understanding of the shape of the Primary Care workforce and further areas of action. The following provides an overview of primary care workforce and activity:



Current position:

Whilst there is limited workforce data available, Primary Care support teams have strong relationships with our contractors and we use a range of intelligence to inform our understanding of the workforce position and challenges facing Primary Care;

- *An aging workforce profile (GPs, Nursing & Non-Clinical roles)*
- *Choice in how and when people want to work (Locum/Salaried GP models Vs traditional Partnerships)*
- *Retention – Frequent turnover, particularly in non-clinical roles*
- *Attraction – Difficulty attracting to roles, particularly in non-training practices, with increased population demands and expectations.*
- *Financial sustainability and business viability*

Whilst the plan highlights many of the actions required are to be progress by either HEIW or SPPC, locally a significant amount of support for workforce development and sustainability are proactively progressed through Primary Care support teams and Primary Care Academies.

Primary Care Academies have been set up across all Health Boards, with a direct link to the Central Academy unit at HEIW, to facilitate local delivery of national programmes, under the remit of supporting education and training for:

- *Newly qualified and experienced professionals to join the primary care workforce*

- *Multi-Professional Education & Training focus on skills and experience to be part of a multi-professional team*
- *Continued Professional Development (CPD) opportunities for Healthcare Professionals*

Current actions to support workforce development/sustainability aligned to the workforce plan includes;

- *Proactive and continued development of the Primary Choice campaign to increase awareness and understanding of the range of skills and roles within Primary Care.*
- *Facilitation of the General Practice Nurse Trainee Scheme (9month programme with shared responsibilities across UHB HEIW and General Practice)*
- *Deployment of the Urgent Care Practitioner Framework (Competency framework to facilitate development of skills required in urgent primary care settings)*
- *Audit Wales report into Primary Care (Development of an education and competence framework for the Primary Care support team workforce)*
- *Promotion of Gwella Leadership tools and training for Cluster and Collaborative leads, and development of a bite size local induction programme to support new leaders.*
- *Developing Hillingdon's Receptionist Competency Booklet for Receptionist workforce*
- *Developing a Compendium of Roles including scope of practice, professional development and supervision requirements for multi-professional teams in primary care Contractor groups.*
- *The Academy works to facilitates and improve access to education and training across the Contractor workforce;*
 - *Successful delivery of 10 education programmes utilising seedcorn funding in 2023/24 - 330 spaces were offered across Contractor groups & 23 GMS Practices engaged with the training offer (clinical and non-clinical courses).*
 - *Non-Clinical Training Needs Analysis and facilitation of the contractor workforce education commissioning requirements as part of UHB response*
 - *Primary Care awarded £8,991.00 as part of the Health Care Support Worker Education Commissioning submission*
 - *Increased access to leadership development through distribution of learning licenses (Red Whale)*
 - *Increased access to and use of post registration training funds to facilitate educational events for Primary Care*

Next steps:

The focus for the next two quarters of 2024/25 include;

- *Refreshed analysis of the Primary Care workforce (General Practice)*
- *Assess workforce demands arising from Cluster and Pan Cluster plans*
- *Facilitate contractor contributions to the education and commissioning process*
- *Continued delivery of education programmes from the HEIW funding and delivery of educations using post registration funds.*
- *Further contribute to national programmes for Primary Care (as set by HEIW)*
- *Contribute to Strategic Planning intent and scenario planning to inform assumptions and demands facing Primary Care in the context of growth expected because of the Local Development Plans for both Cardiff and Vale regions.*

Areas for further consideration:

Academies across Wales have generally been set up/aligned to Primary Care Teams to ensure their scope and remit remains focused on improved access and delivery of education and training within Primary Care, however we recognise this may not be the optimum placement and it is possible that their influence and contribution to wider Education strategy of the UHB may be missed. Similarly, there may be areas of duplication or variation within the system as they are not formally linked to Education, Culture & Organisational Development (ECOD) Team.

In order to mitigate any risk associated with the current alignment of Academy to Primary care, in the short term we can look at actions to strengthen relationships and understanding between ECOD and the Academy, it is also possible to look at formalising arrangements where the Academy can directly feed in or work more closely with ECOD to facilitate two way flow of information and delivery of the education and training agenda.

In the Mid to longer term we should be looking at resource alignment/resource shift to ensure the Primary Care Academy is positioned in the right place within then organisation for it be efficient and sustainable.

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




Recommendation:

The Committee is requested to: Note the position and actions being progressed to support delivery of the workforce plan for Primary Care and to

- a) Consider the optimum alignment and positioning of the Primary Care Academy to maximise the influence, investment and opportunities to deliver on the vision of the Primary Care workforce.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Preventive		Long term	X	Integration	X	Collaboration	X	Involvement	
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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	Comment here
---	--	--	---	--------------

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Welsh Language: No

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

Committee/Group/Exec	Date:

Regen Nikki
18/11/2024 13:47:00

Appendix 1:

Strategic Workforce Plan for Primary Care – Key themes

An engaged healthy and motivated workforce

- Measuring staff engagement, motivation, wellbeing and satisfaction
- Supporting staff who are new to primary care through preceptorship, mentoring, support and supervision

Seamless workforce models

- Aiding citizens understanding of primary care and the wider multi-professional team
- Embedding multi-professional team working and maximising the use of skillsets across teams

Workforce supply and shape

- Improving workforce planning to better align demand and supply of the workforce
- Developing attractive and flexible working arrangements and career opportunities to improve recruitment and retention

Excellent education and learning

- Improving access to education and training for the current and future workforce with a focus on expanding education and training capacity in primary care
- Developing flexible educational opportunities and career development across the multi-professional workforce

Attraction and recruitment

- Promoting careers and inspiring future generations of people to work in primary care

Leadership and succession

- Developing a compassionate culture, role modelled by excellent leaders and managers
- Delivering professional leadership solutions for primary care

Building a digitally ready workforce

- Considering the digital roadmap for primary care, assessing implications on future workforce requirements, identifying training and education requirements
- Improving access to immersive technologies for the workforce

Additional actions

- Promoting the availability of Welsh language training to all staff within primary care whilst developing sustainable training and recruitment plans
- Supporting under-represented and socially disadvantaged groups to access and develop careers in primary care

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Appendix 2.

Strategic Workforce Plan for Primary Care

Full plan: <https://heiw.nhs.wales/files/swppcplan2024/>

Summary plan: <https://heiw.nhs.wales/workforce/strategic-workforce-plan-for-primary-care/swppcsummary2024/>

Regen, Nikki
18/11/2024 13:47:00

Report Title:	People Policies Report		Agenda Item no.	3.1	
Meeting:	People and Culture Committee	Public	x	Meeting Date:	19 November 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 Medical and Dental Business Group and must be adopted, without amendment, by all Health Boards in Wales.

This report outlines 3 All-Wales Policies which have been issued since the last meeting of the People and Culture Committee, and asks the Committee to formally adopt them

- **All Wales Flexible Pensions Policy**

A new All Wales Flexible Pensions Policy has been developed to ensure the promotion and consistent application of flexible pension options. It supersedes/replaces any existing policies, guidance, minimum standards e.g. Retire & Return Policies developed locally by NHS Wales organisations.

This Policy:

- Enables employees to understand the range of options available to access their pension and combine this with flexible working
- Enables employers to understand, promote and discuss flexible pension options with staff.
- Sets out the expectations and requirements of employees and employers in pursuing and considering applications to access one of the options.
- Seeks to ensure that employees later in their careers will feel valued, rewarded, and recognised by their employer for their experience, service and commitment.
- Forms part of the contract of employment for staff working in NHS Wales.

The UHB currently has two Procedures which relate to retirement, both of which will now need to be rescinded. The Retirement Procedure and the Retire and Return Procedure. Key differences between the new Policy and our current Procedures include:

- The introduction of Partial Retirement (draw down) for members of the 1995 section of the NHS Pension Scheme. This enables individuals to take all or part of their pension without

leaving their job or taking a break in service and so their existing contract of employment continues to be in place. The individual, though, must reduce their pensionable pay to 90% for 12 months from the date they access their pension.

- Individuals utilising the Retire and Return option must be offered the right to return on the same contractual basis as they were pre-retirement. This means being engaged on a permanent contract and with the same terms and conditions, unless the individual requests a different working arrangement.
- Individuals who have retired and returned prior to this policy being in place, and were appointed on a fixed term or locum contract, have the right to request for this contractual status to be reviewed in accordance with the terms of the new policy
- National award holders (Clinical Excellence / Clinical Impact awards), who begin receiving their pension after 1 April 2023, will retain their award. This is subject to the standard scheme rules around job changes where any changes to working arrangements are made as a consequence of retire and return.
- An Associate Specialist on the 2008 Contract who retires, and returns will have the right to be re-engaged on the same Associate Specialist terms if they wish.

The People and Culture Committee is now asked to formally adopt the Flexible Retirement Policy (attached as Appendix 1) and to rescind the UHB Retirement Procedure and the UHB Retire and Return Procedure.

- **All Wales Pregnancy Loss Support Policy**

A new All Wales Pregnancy Loss Support Policy has been developed to provide support to all employees that suffer a pregnancy loss, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It aims to provide the support employees need during this difficult time in their life, and to offer guidance to managers and colleagues on how to help people affected, with kindness, understanding and without judgement.

The processes to be followed in terms of time off, pay, attending medical appointments etc. are also described to ensure a consistent and caring approach throughout NHS Wales.

The People and Culture Committee is now asked to formally adopt this Policy (attached as Appendix 2)

3. Procedure for the Recovery of Overpayments – Salary & Expenses

A new All Wales Recovery of Overpayments Procedure has been developed to bring a unified approach in how an overpayment should be handled across NHS Wales. This All Wales procedure replaces any existing local processes to ensure consistency by NHS Wales Shared Services Partnership (NWSSP) Payroll Services and NHS Wales Organisations upon the identification of an overpayment.

This new Procedure was approved by the Shared Services Partnership Committee in July 2024 and was implemented by NWSSP from October 2024. NWSSP have stated that the intention is to have fully implemented the procedure and automated all processes by January 2025.

As this document is not an All Wales People Policy as such, and is a NWSSP payroll/finance procedure it has not been formally approved by the Welsh Partnership Forum (WPF). However, the WPF Business Committee members including the BMA and other Trade Unions were subject to significant engagement as stakeholders and agreed to the approach. Cardiff and Vale UHB colleagues within Finance and People and Culture were also given the opportunity to comment.

The People and Culture Committee is now asked to formally adopt the Procedure (attached as Appendix 3) and to rescind the UHB Salary Underpayment/Overpayment Procedure.

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

The three All Wales Policies/Procedures highlighted in this report have been developed for implementation in all NHS Wales organisations, without amendment, and must replace any existing local Policies and/or Procedures.

Recommendation:

The People and Culture Committee is requested to:

- Formally adopt the:
 - All-Wales Flexible Pensions Policy
 - All Wales Pregnancy Loss Support Policy
 - Procedure for the Recovery of Overpayments – Salary & Expenses

- Rescind the:
 - Cardiff and Vale UHB Retirement Procedure
 - Cardiff and Vale UHB Retire and Return Procedure
 - Cardiff and Vale UHB Salary Overpayment / Underpayment Procedure

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	Long term	Integration	Collaboration	Involvement

Impact Assessment:

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No	
Reputational: Yes/No	
Socio Economic: Yes/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. The All-Wales Pregnancy Loss Policy and the All-Wales Flexible Pensions Policy have been subject to an Equality Impact Assessment	
Decarbonisation: Yes/No	
no	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
P&C Cmte	19.11.24

Regen, Nikki
18/11/2024 13:47:00



Flexible Pensions Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



*Regen, Nikki
18/11/2024 13:47:00*

Approved September 2024
Welsh Partnership Forum
Medical and Dental Business Group

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Section 1

Policy scope, principles and benefits

1. Introduction

The definition of retirement is changing and broadening. Many employees are considering how they can gradually adjust their working patterns to achieve a healthy work-life balance and a smoother transition from their working life into retirement. This shift towards retiring flexibly leaves behind the expectation that retirement means permanently leaving the workplace and employment, or that full time work should immediately be replaced with full time retirement.

Flexible working is just as valuable for staff approaching the end of their careers, and for retired staff who are returning to the NHS, as it is for those joining the NHS for the first time or returning from parental leave.

Flexible working is key to retention, employee engagement and supporting staff to live healthy working lives, and NHS Wales is committed to offering more flexible, varied roles and opportunities to their employees.

To support employees to access flexible working later in their careers this policy has been developed to provide an overview of the options available to employees who are members of the NHS Pension Scheme to access their pension or part of it and/or plan for retirement through utilising the flexibilities available within the scheme which fit with employees' aspirations for flexible working and work/life balance.

2. Policy statement

NHS Wales is committed to developing and maintaining arrangements which make it a great place to work and learn, and to the delivery of a quality service, recognising that our staff are fundamental to our success, and that we need to attract new staff from a varied range of backgrounds. NHS Wales also understands that it is vital to retain the embodied investment in knowledge, skills and experience of staff over many years, which we commit to maintain both now and in the future.

Consistent with this commitment to ensuring all staff can access the benefits of flexible working, NHS Wales is committed to supporting and enabling staff to utilise the flexible pension provisions and benefits offered through membership of the NHS Pension Scheme.

3. Scope

To ensure promotion and consistent application of flexible pension options, this policy has been developed in partnership, for use within all NHS Wales organisations and supersedes/replaces any existing policies, guidance, minimum standards e.g. Retire & Return Policies at employer/organisation level.

Regan Nikki
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<i>This Policy:</i>
✓ <i>Will enable employees to understand the range of options available to access their pension and combine this with flexible working</i>
✓ <i>Will enable employers to understand, promote and discuss flexible pension options with staff.</i>
✓ <i>Sets out the expectations and requirements of employees and employers in pursuing and considering applications to access one of the options.</i>
✓ <i>Seeks to ensure that employees later in their careers will feel valued, rewarded, and recognised by their employer for their experience, service and commitment.</i>
✓ <i>Forms part of the contract of employment for staff working in NHS Wales.</i>

The aim of this policy is to enable employees and employers to make informed choices regarding the appropriate use of the flexible pensions available. The approach advocated by Welsh Government, employers and trade union partners is that these flexibilities are of mutual benefit with the expectation that conversations and applications will be progressed and approved.

This means that the default position will be that a request to access one of the pension flexibilities options, that meets the requirements of the Pension Regulations, will be approved, and every possible avenue explored to facilitate this. Requests will only be declined where there are clear business reasons in policy and law that prevent approval.

NHS Wales will not discriminate, either directly or indirectly, on the grounds of any of the characteristics protected by the Equality Act 2010 or any other personal characteristic in the implementation of this policy. We aspire to a diverse workforce and recognise that compassionate leadership does not mean treating everyone the same but treating them fairly and considering detailed knowledge of each individual staff members' needs, circumstances and background.

4.Principles

Flexible pension options support the following principles:

To support:	Through:
Work-life balance	➤ employees working flexibly later in their careers helping to achieve a healthy work-life balance
Retaining experience	➤ enabling experienced employees to stay in the NHS for longer and pass their valuable skills and knowledge to colleagues.
Health and Wellbeing	➤ supporting the health and wellbeing of employees who are later in their careers.
Financial Wellbeing	➤ supporting the financial wellbeing of employees through offering retired staff,

	the option to re-join the NHS Pension Scheme after full or partial retirement thereby enabling employees to build up further pension.
Managing work later in careers	➤ providing employees with flexible working options as a bridge between taking their NHS Pension and receiving their State Pension benefits.
Managing pension growth	➤ controlling pension growth to support staff affected by the annual allowance.

5. Benefits

The NHS Pension Scheme offers several flexible pensions options. These options can support employers attract and retain experienced staff whilst supporting employees, through a range of options, to access pension benefits whilst continuing to work for NHS Wales.

NHS Pensions and NHS Employers both provide further information on the NHS Pension scheme and the wider scheme design and contractual considerations of flexible retirement. Their resources can be accessed by following these links:

[NHS Pensions](#)

[NHS Employers](#)

Flexible pensions options support employees to:

- work flexibly towards the end of their careers
- to achieve a healthy work-life balance
- stay working in the NHS for longer and pass their valuable skills and knowledge to colleagues.
- maintain their experience within NHS Wales supporting the delivery of high-quality patient care.

By enabling employees to retire flexibly, employers can:

- Support the health and wellbeing of employees who are approaching the end of their careers.
- Develop working arrangements which fit with lifestyles and desired attendance patterns. Such arrangements support ongoing retention of employees and their productivity, while reducing rates of stress, fatigue and burnout.
- Offer retired employees the option to re-join the NHS Pension Scheme after full to supporting financial wellbeing, as it allows employees to build up further pension and may help to bridge any gap between taking their NHS Pension and State Pension benefits.
- Through partial retirement support employees who may be affected by the annual allowance, as the ability to take all or part of their pension whilst continuing to work may help some employees to control their pension growth.

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Section 2

Flexible pensions guide and options

6. Pensions considerations

6.1 The NHS Pension Scheme - overview

There are 2 NHS Pension schemes. There's the 1995 / 2008 Scheme and the 2015 Scheme. From 1 April 2022, all active members of the NHS Pension Scheme are members of the 2015 Scheme.

The NHS Pensions website has extensive information on the schemes and sets out the benefits of membership withing the two member guides:

- The [1995/2008 Member Guide](#)
- The [2015 Member Guide](#)

6.2 How do I know what Pension Scheme an individual is in?

The NHS Pension Scheme has had several changes since 1995, and members may have service in more than one scheme. The [Total Reward Statement](#), which can be accessed through ESR, provides information on an individual's NHS Pension Scheme membership.

An individual may have service in more than one scheme, particularly if they have been an NHS Pension Scheme member since before 1 April 2012, and if so, their service will be detailed in two separate parts in the Pension Statement e.g. there would be an Annual Benefit Statement for 2015 Scheme service and an Annual Benefit Statement for 1995 Scheme service.

6.3 Considering the impact of the McCloud remedy

The McCloud remedy has been put in place following a legal case ruling (McCloud) and is the process of removing age discrimination that was judged to have arisen in public service pension schemes, including the NHS Pension Scheme.

Employees who joined the NHS Pension Scheme on or before 31 March 2012 and who were still members of the scheme on 1 April 2015 are eligible for the McCloud remedy. If an individual is considering applying for one of the Flexible Pension options, it is important that they understand their position in respect of the McCloud remedy.

As part of the McCloud ruling, affected members have had their pensionable service for the McCloud remedy period - 1 April 2015 to 31 March 2022 - put back into the 1995/2008 Scheme.

If this affects the individual once, they will be contacted by NHSBSA in the 12 months after they have accessed all or part of their pension and asked to choose between keeping these benefits in the 1995/2008 Scheme or taking 2015 Scheme benefits for the remedy period instead.

When it comes to making this choice, the part of the Scheme that's better for them could be different depending on how long they continue to work after they've taken partial retirement. Their McCloud choice means there are other factors to consider when deciding what percentage of their pension to take at partial retirement, as it could affect their tax position, or their final salary link, if they have one. And if they later choose to take 2015 Scheme benefits for the remedy period, they may have lump sum overpayments to pay back.

Further information about the McCloud remedy is available on the [public services pensions remedy – McCloud](#) (NHSBSA) links to modelling tools to support the decision-making process.

6.4 Choosing when to retire

Each member of the NHS Pension Scheme has a normal pension age (NPA), at which they can retire and claim pension benefits. This age is defined by the scheme they are a member of (or additionally have preserved benefits in e.g. the 1995 scheme).

There is also a minimum pension age (MPA) which is the earliest age at which individuals are eligible to take their NHS pension.

Scheme	Normal pension age (NPA),	Minimum pension age (MPA)
1995	60 (55 for Special classes)	Age 50 if joined pre 06/04/2006 and not had a break of 5 years or more. Otherwise, age 55*
2008	65	55*
2015	State Pension Age	55*

* The minimum age that an individual can start taking their pension is changing from 55 to 57 from 6th April 2028.

The NHS Pension Scheme enables members to be flexible about the age at which they retire to suit their plans. This allows individuals to retire earlier or for the 2008 and 2015 schemes, later than their NPA.

If an individual is considering retirement:

- before their NPA, the pension they receive will be reduced because it is being taken earlier. This is because their pension will be paid for longer.
- later than their NPA, their pension benefits may increase by the application of late retirement factors. Late retirement enhancement is only available for membership of the 2008 scheme and 2015 scheme.

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6.5 Early retirement

As noted, taking pension benefits before NPA will result in a reduction to the pension because it is being paid earlier. This is called an “actuarial reduction” and is based on the earlier age at which the individual is choosing to take their benefits compared with their NPA.

The term ‘actuarial reduction’ refers to the tables used to calculate the reduction to their benefits if they retire early. An individual incurs this reduction when their pension is paid earlier than normal and, therefore, potentially it will be in payment for longer. NHS Pensions have produced a factsheet which can be accessed [here](#), setting out the early retirement percentage reductions across the different schemes.

Where an individual has membership in more than one NHS Pension scheme, then the actuarial reduction is applied to each specific period of membership in each scheme. For example, someone aged 58 (without Special Class Status) with a state pension age of 67 wishing to retire early would have any of their 1995 membership reduced by 2 years because they are retiring 2 years before age 60, however any membership they have in the 2015 scheme would be reduced by 9 years because their normal pension age (NPA) is the same as the state pension age i.e.67.

It is important to note that the pension paid to dependents will be based on their pension before actuarial reduction and further information is set out in their Total Reward Statement section on [Adult Dependant’s Pension](#).

6.6 Early retirement reduction buy out (ERRBO)

Early Retirement Reduction Buy Out (ERRBO) is part of the 2015 scheme. If an individual claims their 2015 pension before their Normal Pension Age (NPA), it will be reduced, however they can plan to buy out one, two or three years of any reduction before their NPA but no earlier than age 65. Through purchasing an ERRBO this would enable the individual or the employer if they agree, to pay extra contributions so they can buy out the reduction that would apply to their 2015 Scheme benefits if they retired before their NPA.

NHS Pensions have produced a [ERRBO Factsheet](#) which provides more information regarding the scheme and the costs of additional contributions which are payable to buy out 1,2 or 3 years of reduction.

6.7 Employer pension contributions recycling/alternative payment

In certain circumstances an individual’s pensionable pay may result in a pension growing to a level which exceeds the annual allowance.

The arrangements set out in Section 7 Flexible Pensions provide mechanisms which can support members of the NHS Pension Scheme to manage their pension growth which enables individuals to manage their level of annual allowance.

However, individuals who are under the Normal Pension Age (NPA) are not able to manage their pension growth in this way and they may seek to reduce their pensionable pay through a reduction in their clinical activity as a way of managing any annual allowance liability/charge. Maintaining clinical activity is critical for NHS Wales services and a specific facility has been established on an All-Wales basis to support such individuals through a

scheme where they can apply, on an annual basis, to receive an alternative payment in place of their employer pension contributions whilst they are opted out of the NHS Pension Scheme.

This provision is open to staff who can demonstrate that their level of earnings in the NHS (which may be a projection of earnings) will result in their being impacted by the annual allowance in any financial year and who are unable to manage their pension growth through accessing the partial retirement provisions or reduce their level of pensionable pay without an impact on their activity.

To approve an alternative payment, employers are required to take legal considerations into account and to evidence whether there is an objective justification based on the risk to service delivery posed by an individual reducing hours or being reluctant to take on additional work.

Further details on the criteria and considerations regarding employer pension contributions recycling are included in the ¹[Employer Pension Contributions - Model Alternative Payments Policy](#) process which employers administer in line with the provisions at a local level.

6.8 What is abatement?

The Scheme regulations say a pensioner cannot receive more in pension and re-employed salary than the salary earned before retirement. This is known as an earnings margin.

If this earnings margin is exceeded, the annual pension will be reduced. This is known as abatement.

In March 2020, the Department of Health and Social Care (DHSC) suspended abatement for members who have Special Class (SC) and Mental Health Officer (MHO) status and claim age retirement pension benefits before age 60.

On 1 April 2024, abatement will be removed for these members if they retire and return.

Abatement is also the term used to describe the reduction or removal of pension payments if pensionable earnings have increased to pre partial retirement level within the first 12 months of partial retirement.

When will abatement apply?

Retire and return

If the individual is under their Normal Pension Age (NPA), abatement will apply if they retire on one of the following grounds and return to NHS work before their NPA:

- ill health under the previous ill health retirement arrangements
- ill health Tier 1 or Tier 2 under the current ill health retirement arrangements
- early payment of deferred benefits due to ill health
- redundancy if you retired before 1 October 2011
- early retirement in the interests of the [efficiency of the service](#)

¹ This Model Policy was previously issued by NHS Wales Employers as a guide for employing organisations. It is not an All Wales Policy agreed with BMA. Please contact your Workforce Department for the local policy/position.

Their pension being reduced depends on:

- their earnings while re-employed
- when they left the Scheme
- when they claimed their pension benefits
- the type of pension benefits claimed.

Abatement rules stop once they reach their NPA of the Section or Scheme which they've claimed their pension benefits from.

Individuals will not be subject to abatement if:

- they were over their NPA when they retired
- they are receiving redundancy benefits and retired after 30 September 2011
- they are receiving Actuarially Reduced Early Retirement (ARER) benefits.

Partial retirement

Partial retirement is a pension flexibility and requires employees to have a change in their terms of employment, and to reduce their pensionable pay by 10% or more for at least 12 months (based on the previous 12 months pensionable pay).

In the 12 months after partial retirement, if the member has a further change to their terms that increases their level of pensionable pay beyond the level required, they will no longer be eligible for the pension taken. Their pension payments will therefore be “abated”.

Individuals will not be subject to abatement if there has been no change to their terms of employment, e.g. they have not been appointed to a new role at a higher rate of pay, not increased their substantive contracted hours.

7. Flexible pensions – the options

Summary of Flexibilities			
Flexibility	What is it?	What is the benefit	Considerations
Partial retirement	You can take between 20% and 100% of your pension benefits, without having to leave your current job. You can also continue to build your pension benefits in the 2015 Scheme.	Partial retirement enables you to claim all or some of your pension, whilst continuing to work, but without having to take a break and leave your job.	Whilst you won't need to take a break or change jobs, you will need to work with your employer to change your terms (such as by adjusting your hours) so your “pensionable pay” is reduced by 10% for the first year.
Retire and return/re-join	Accessing your full pension, then returning to work after a short break and, if you wish, re-joining the 2015 NHS Pension	If you're not ready to stop work altogether and you don't want to reduce your pensionable earnings, you can access your pension and re-	If you decide to re-join the NHS, you can work as many hours as you choose and in most cases your pension payments won't be reduced or

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Summary of Flexibilities

	Scheme to keep building your future pension benefits.	commence work in your current role after a 24-hour break.	stopped (known as 'abatement').
Step down	You may not be ready to retire but wish to step down to a different role, for example, to reduce the level of responsibility while remaining in NHS employment.	This option enables you to change the intensity or type of work on the approach to retirement whilst supporting the organisation to retain your skills and experience. You may wish to use this option where you wish to change role as you approach retirement, but you don't want to access your pension.	With this option you may be eligible to have your higher level of pensionable pay protected, which would mean that your final salary benefits are not affected when you do access your pension
Reduction in Hours/wind down	You may wish to reduce the number of hours or days that you work but remain in your current post	This option may support you to remain in work for a longer period before retirement through reducing the hours or days which you work. You may wish to use this option where you wish to reduce your hours as you approach retirement, but you don't wish to access your pension.	Reducing working commitments will reduce pensionable pay and there will be less pension building up each year compared to the previous higher number of hours worked. However, any final salary benefits built up in the 1995/2008 scheme will continue to be based on whole-time equivalent pensionable pay and protected from changes in working patterns.

7.1 Partial retirement

Partial retirement, sometimes referred to as draw down, enables active NHS Pension Scheme members who have reached minimum pension age to take all or part of their pension whilst continuing to work.

NHS Pensions have produced an [Employers Factsheet](#) and a [Members Factsheet](#) which should be read alongside this policy.

To be eligible for Partial Retirement an individual must:

- ✓ Have reached their minimum pension age.
- Be an active member of the Scheme (if they are not an active member, they would need to rejoin and be an active member for at least one month before taking Partial Retirement).

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- ✓ Reduce their actual pensionable pay by at least 10% for the 12 months starting from the date they take Partial Retirement (for GP's, Dental Practitioners, Ophthalmic and non-GP Providers a 10% reduction in commitment is required).
- ✓ Make sure their 10% reduction in pensionable pay is calculated based on their previous level of pensionable pay for the 12 months before they take partial retirement.
- ✓ Have a change in their terms and conditions of employment to reflect their reduction in pensionable pay.
- ✓ Expect their new level of pensionable pay to last at least 12 months from the point partial retirement is taken.
- ✓ Not have already claimed partial retirement on two occasions.

Partial retirement is a pension flexibility and requires employees to have a change in their terms of employment, and to reduce their pensionable pay by 10% or more for at least 12 months (based on the previous 12 months pensionable pay). There is no need for the individual to end their contract of employment or have a break in service to take their pension benefits. Annual leave entitlements, salary and additional earnings such as clinical excellence awards will continue based on the new working pattern/revised terms and conditions.

For most staff, this reduction can be achieved via a reduction in working hours.

However, if an employee does not want to reduce their working hours, employers may consider alternative ways of meeting this requirement including split contracts (separate employment contracts/assignments) which would enable the employee to opt out of the NHS Pension Scheme for one of the contracts in order to reduce their pensionable pay by at least 10% for at least 12 months or work (non-pensionable) overtime to maintain their working hours. Further guidance on these options is set out in 7.1.1 – 7.1.3.

After taking partial retirement, individuals will continue to build up further pension in the 2015 Scheme unless they choose to opt out of the NHS Pension Scheme.

7.1.1 Achieving the 10 per cent reduction in pensionable pay

If an individual is considering partial retirement, they will need to have a conversation with their manager to agree a change to their terms and conditions of employment to achieve the required 10 per cent reduction in pensionable pay.

The 10% reduction in pensionable pay will be calculated based on their previous level of pensionable pay for the 12 months before they take partial retirement, ending on the day they take partial retirement.

In the 12 months after partial retirement, if the member has a further change to their terms that increases their level of pensionable pay beyond the level required, they will no longer be eligible for the pension taken. During this period, they may still be able to do additional work that doesn't count towards their pension, such as "overtime" or bank work (if opted out for the bank contract). If a member receives a nationally agreed pay award in the 12 months after taking partial retirement, they would still be eligible for their pension as their terms of employment would not have changed.

Agreement needs to be reached on how to reduce the individual's pensionable pay before they proceed with their application for partial retirement.

Open conversations between the individual and manager are key to understanding the circumstances, needs and preferences. These will need to be considered and balanced alongside the aims and priorities of the manager and employer, to agree a solution which suits both parties.

There are many ways of reducing pensionable pay and the most effective method will depend on the individual circumstances of the employee and the employer. There is no one size fits all solution to reducing pensionable pay and, in some cases, bespoke arrangements will need to be agreed.

Whilst individuals may be happy to maintain the reduction in pensionable pay following the end of the 12 months, they may specifically wish to agree that the change to terms and conditions of employment/the reduction in their pensionable pay is only for the 12-month period, with an agreement that at the end of that period, their working/contractual arrangements will return to normal.

Employers must not insist on permanent changes when the employee does not wish for the 12-month reduction in pensionable pay to be a permanent change to their contract. Reverting to previous arrangements/pay should be the default unless it has been agreed otherwise. However, this does not happen automatically and will require the Employer to notify payroll of the change. The individual will need to advise the payroll/pensions if they wish to rejoin the pension scheme.

7.1.2 Reducing hours and working overtime

To facilitate the reduction of hours whilst maintaining a similar level of activity to that which was previously worked, members could consider agreeing on a change of terms to reduce pensionable pay by 10% and working non-pensionable overtime for a 12-month period as part of a Flexible Pensions Agreement.

The NHS Pension Scheme regulations set out that overtime is non-pensionable. For members who have not taken partial retirement in the previous 12 months, overtime is defined as any period worked more than whole-time, according to the member's contract. This means that any hours worked beyond whole-time (by full-time or part-time staff) are non-pensionable, but hours worked up to whole time by part-time staff are pensionable.

However, for members who have taken partial retirement in the previous 12 months, any period worked more than their contract is overtime, regardless of whether or not this contract is full-time or part-time.

This means that if a member agrees to change their terms and reduce their pensionable pay to access partial retirement (for example, moving from full-time to 0.8 FTE), in the 12 months after they have taken partial retirement, they could do overtime to take them up to full-time equivalent. They would still be eligible for their partial retirement pension, as this overtime would not be pensionable, so it would not lead to an increase in their pensionable pay.

7.1.3 Combining partial retirement with an additional contract or bank agreement

To facilitate the reduction of hours whilst maintaining a similar level of activity to that which was previously worked, individuals may choose to be engaged on an additional (split) contract or bank agreement in addition to their substantive (normal) contract and as part of a Flexible Pensions Agreement.

Employees who are employed on an additional contract or engaged on a bank worker agreement may opt out of the NHS Pension Scheme in respect of the additional contract or bank agreement, whilst continuing to be a member of the NHS Pension Scheme in respect of their substantive (main) contract of employment.

To ensure the required 10% reduction in pensionable earnings level is met, opting out of the scheme from an additional (split) contract or bank agreement will need to be requested from the first day of partial retirement and within the first month of the arrangement commencing by employees completing the NHS Pensions Scheme form SD502.

This flexibility would enable the individual to reduce their hours and pensionable pay under their substantive contract of employment (as required to access partial retirement), whilst working additional capacity on a non-pensionable (opted out) basis under the terms of an additional (split) contract or bank agreement.

If contract splitting is being considered, then:

- The proposed contracts should be structured so that they are capable of being separately performed. This means that the roles under each contract should be distinguishable, and not “continuous” with the other. So, an employee could stop one job, but continue with the other; and
- The terms in the respective contracts need to be clearly defined and be capable of allowing [proper maintenance of payroll records](#) distinguishing between the two.

An example of this approach would be where clinical duties performed under a core contract which is pensioned under the NHS Pension Scheme, and management or clinical leadership role/additional NHS duties/external NHS duties under a second contract where the individual opts out of the NHS Pension Scheme.

Splitting contracts does not automatically require re writing of Job Descriptions or separate Job Evaluation as this can be set out and managed through the flexible pensions process for the 12-month period.

In addition, splitting contracts does not automatically require the use of a Bank worker agreement. However, if a Bank engagement is being considered, then:

- Individuals need to ensure that they opt out of the NHS Pension Scheme for any Bank agreement, and
- The different contractual relationship of a bank worker agreement should be recognised.

Where it is not possible for employers to agree to change of terms and a reduction in pensionable pay, but the employee wishes to claim 100% of their 1995 Scheme pension, using retire and return/re-join would offer a very similar outcome and so should be considered.

4 Monitoring the 10 per cent reduction in pensionable pay

Employers

Employers need to be confident that the agreed contractual change to working arrangements will lead to a reduction in pensionable pay of at least 10 per cent for the 12-month period. Employers should have a mechanism in place to ensure that the individuals pensionable earnings meet the requirements of partial retirement for the 12-month period. During the first 12 months of partial retirement, employers and individuals have a joint responsibility to notify NHSBSA if the individual has a change to terms and conditions that results in pensionable pay increasing to more than 90 per cent of the pensionable pay before partial retirement. If this does occur, then abatement may apply in full and the pension benefits in payment may be stopped.

Where pay does increase to more than is allowed and abatement occurs, the pension will only start to be paid again, once pensionable pay is reduced by a minimum of 10 per cent of the pay that the original partial retirement was based on.

At the end of the 12-month period, unless agreed otherwise when the individual submitted their request or in advance of the 12-month point, the terms will revert to those in place prior to the partial retirement.

Workforce & OD teams should give clear instructions to their pension and payroll colleagues to ensure that the agreed changes to working arrangements or pensionable pay are accurately processed and updated on the employee's pension and payroll records.

Employees

Employees should not agree any further changes to their contract of employment which would increase pensionable pay above 90 per cent of pensionable pay before partial retirement was agreed during the 12-month period.

Annual pay awards and pay increases members receive as they move through their pay band or pay scales do not count towards this, but any pay increase resulting from a contractual change to terms and conditions will. For example, if they decide to apply for a different job with a higher salary, increase substantive hours or increase commitments.

It is important that employers make members aware of the changes that could lead to abatement and overpayments which would need to be recovered.

7.1.5 What should be considered when deciding how much pension to take?

If an individual is applying for partial retirement, they should consider a number of factors when deciding how much of their pension they wish to take. The NHS Pensions [Members Factsheet](#) has more information regarding the decision making process and this should be read alongside the guidance in this policy.

A [Partial Retirement Calculator](#) has been developed by NHS Pensions and is available on the NHS Pensions scheme website. This will allow the individual and the employer to see how taking different percentages of their pension at partial retirement affects the amount of pension benefits they will get overall.

It is recommended that individuals use this calculator to work out the amount of pension they want to take and the change in working arrangement that's best for them before applying for partial retirement. In the event this calculator doesn't provide the information needed, they can [contact NHSBSA](#) for specific information

It is important that individuals know the whole picture regarding the impact of taking their pension, whilst continuing to receive income from employment, for example the income tax

considerations and therefore accessing independent financial advice should be considered when determining whether it would be the right option for them. NHS Employers have compiled a list of organisations which are able to give advice and guidance on pension tax issues which can be accessed via this [link](#). In addition, certain benefits will be impacted so it is important that employers share and communicate all relevant information to individuals and encourage them to take appropriate advice before making a final decision.

7.1.6 The impact of differing Normal Pension Ages (NPAs) when considering partial retirement.

If an individual takes their benefits before their normal pension age (NPA), their benefits will be reduced. As referenced in section 6, different NPAs apply in the 1995 scheme, 2008 scheme and 2015 scheme. This may affect their preferences around how much pension they may wish to take and when.

Members are not able to choose which scheme they take their benefits from. When a member chooses to take partial retirement, their chosen percentage is applied sequentially across all their benefits in the NHS Pension Scheme. This means that they would effectively take or use up their 1995/2008 Scheme benefits first, followed by their 2015 scheme benefits. Therefore, if they wish to take their 1995/2008 scheme benefits but not their 2015 scheme benefits (perhaps to avoid an early retirement reduction being applied to their 2015 scheme benefits) the individual and employer will need to indicate this on the application form provided by NWSSP Pensions Team.

NHS Pension Scheme members are not able to take their lump sum separately from their pension. Taking partial retirement involves claiming a proportion of their pension and any lump sum associated with that pension.

7.2 Retire and return/re-join

Retire and return is a way of retiring flexibly which works alongside the NHS Pension Scheme Regulations and can be used by employers as a tool to retain valuable and experienced staff and boost capacity. Individuals who have reached the minimum pension age may leave NHS employment, claim their pension benefits and later decide to return to NHS employment.

When employees retire and return, they must leave their employer, their existing contract of employment ends, and they must enter a new contract of employment with their employer.

Unless the individual requests otherwise (i.e. a longer break), the default position is that the only break in service required for retire and return is that prescribed by the pension rules (24 hours). All NHS Wales organisations will operate the break in contract on this basis, unless the individual requests a break of a different duration.

Illustration - to achieve the required break of 24 hours, an individual who finishes on 31st March with no annual leave outstanding must not return/re-join before 2nd April.

Individuals must be offered the right to return on the same contractual basis as they were pre-retirement. This means being engaged on a permanent contract and with the same terms and conditions, unless the individual requests a different working arrangement.

Individuals who have retired and returned prior to this policy being in place, and were appointed on a fixed term or locum contract, have the right to request for this contractual status to be reviewed in accordance with the terms of this policy.

Prior to taking retire and return, all annual leave should be taken to ensure that the last date of service and new date in service and as a result the pension payment is not impacted.

7.2.1 Specific retire and return considerations for medical & dental staff

- Retention of Clinical Excellence / Clinical Impact awards

National award holders, who begin receiving their pension after 1 April 2023, will retain their award. This is subject to the standard scheme rules around job changes where any changes to working arrangements are made as a consequence of retire and return.

As with any job change, award holders and employers should discuss job change plans with the [Advisory Committee on Clinical Impact Awards](#) (ACCIA) secretariat before the job change has been implemented to avoid losing the award or being required to re-apply early.

- Associate Specialists 2008 – the right to return to this grade

An Associate Specialist on the 2008 Contract who retires, and returns will have the right to be re-engaged on the same Associate Specialist terms if they wish.

7.2.2 Retire and re-join

From 1 April 2023, all staff who choose to retire and return can join the 2015 scheme – this applies to staff who've retired from the 1995, 2008 and 2015 Schemes, so long as they are under age 75.

Employees who retire and return are contractually enrolled into the 2015 scheme on the first day of their employment, in the same way as any other new starter and if they do not wish to pay pension, they must opt out within the first month.

7.2.3 Differences between retire and return and partial retirement

The key distinction between retire and return and partial retirement is that with retire and return, as an NHS Pension Scheme member the individual must leave NHS employment, take their pension and be re-employed on a new contract of employment at a later date. With partial retirement, NHS Pension Scheme members can take their pension without leaving their job or taking a break in service and so their existing contract of employment continues to be in place.

Another important difference is that members who retire and return must take all their benefits from the 1995 Scheme at once, whereas partial retirement provides additional flexibility for members to take some or all of their pension in one or two payments.

Partial retirement provides a more seamless approach and is designed to provide an effective means for employees to access their pension if they already know that they plan to continue working after taking their pension.

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Retire and return has specific provisions and under the NHS Pension Scheme regulations, members must take a 24-hour break before returning to employment to take their pension from the 1995 scheme.

There is no requirement to ensure an employee takes a longer break in service to achieve a break in continuous service and under this policy NHS Wales organisations must not insist on a longer break in service.

Employers must offer the same terms and conditions of employment to individuals upon their return. Through offering the same terms and conditions, including pay, annual leave and sick pay, it is the aim of this policy to support and encourage experienced staff who want to claim their pension to continue working, if they wish, as well as attracting staff who have recently retired back to work.

7.3 Step down

An individual may not be ready to retire but wish to step down to a different role, for example, to reduce the level of responsibility while remaining in NHS employment. This option enables them to change the intensity or type of work on the approach to retirement whilst supporting the organisation to retain their skills and experience.

If an individual has reached minimum pension age and choose to step down to a role where their new or remaining duties are less demanding and carry less responsibility than their previous duties, they may be able to apply for voluntary protection of the link to their higher level of pensionable pay if their pay reduces by 10% or more.

Voluntary protection of their previous pensionable pay level is part of the 1995 Scheme of the NHS Pension Scheme. This provision recognises that in the run up to retirement individuals may prefer, if possible, to remain in NHS employment, perhaps in a lesser capacity, while protecting, for the calculation of their final salary pension benefits, the previous salary level at which their benefits in the 1995 scheme were calculated.

Any 'step down' arrangement needs to be agreed between the individual and their employer and they will have to provide NHS Pensions with information that the step down has been agreed.

The provision is also intended for lasting, rather than trivial or short-term reductions in pay. It would normally be expected that the step down would occur with the same employer however, if a suitable role to 'step down' to cannot be provided by one employer, but can be arranged with another, this would be acceptable. In this case both employers will have to provide information that confirms a 'step down' arrangement has been agreed.

It is possible for an NHS Pension Scheme member to leave one employer and join another on a reduced rate of pay and to apply for voluntary protection of pensionable pay provided both employers agree to the step-down arrangement. The provision is not intended for situations where a member leaves one employer and joins another on a reduced rate of pay without an agreement between employers.

7.3.1 Eligibility criteria for voluntary protection of pensionable pay

To be eligible for voluntary protection of pay the individual must:

- have a final salary link to 1995 Scheme pension benefits

- have stepped down to a role where their new or remaining duties are less demanding and carry less responsibility than their previous duties (as confirmed by their employer(s))
- have a reduction in pensionable pay of at least 10% for a period of at least one year, beginning with the first pay day on which the reduced pensionable pay was paid (as verified by their employer(s))
- not have had any other reduction in pensionable pay in the 12-month period before they stepped down (as verified by their employer(s))
- have applied after 12 months, but within 15 months, of their pensionable pay being reduced
- have reached their minimum pension age in the 1995 Scheme
- have attained at least two years qualifying membership within the NHS Pension Scheme at the time they step down
- have not previously protected their pensionable pay under the voluntary protection of pay arrangements

7.3.2 Arrangements for 2008 Scheme and 2015 Scheme membership

The voluntary protection of pay arrangements is specifically for membership within the 1995 scheme of the NHS Pension Scheme.

The 1995 scheme uses best of the last three years when calculating an individual's pension, so the ability to protect the higher level of whole-time equivalent pay is important to retain the highest level of pay which is used to calculate their pension when they retire.

In the 2008 Scheme – Total Reckonable pay is the average of the best three consecutive years of pensionable pay in the last ten. Each year's pay in the last 10 years before retirement is increased by the cost of living to bring that pay figure up to what it would be worth on the day of leaving. The 2008 scheme therefore supports individuals "stepping down" in the last 10 years before retirement and so protection arrangements are not required.

In the 2015 Scheme – The amount of pension an individual earns each year is determined by what is known as the 'build up rate' which is shown as a fraction of their pensionable earnings. In the 2015 Scheme the build-up rate is 1/54th of pensionable pay. Therefore, they earn a pension of 1/54th of their pensionable earnings each year, or part year if they leave before the end of a financial year. Due to the way in which the 2015 scheme builds up each year any higher level of pension previously built up is secure in their overall pension record and any further pension which they build up is based on the stepped down role.

7.4 Reduction in hours/wind down

Individuals may wish to reduce the number of hours or days that they work but remain in their current post. This is called wind down.

Reducing working commitments will reduce pensionable pay and there will be less pension building up each year compared to the previous higher number of hours worked. However, any final salary benefits built up in the 1995 or 2008 schemes will continue to be based on whole-time equivalent pensionable pay and protected from changes in working patterns as noted in 7.3.2.

All employees working in NHS Wales are eligible to apply for flexible working through the [All Wales Flexible Working Policy](#).

This option may support individuals to remain in work for a longer period before retirement through reducing the hours or days which they work. They may wish to use this option where they wish to reduce their hours as they approach retirement but don't wish to access their pension.

8. Flexible Pensions Option Request Process

8.1 Making a request

Where an individual wishes to access one of the flexible pensions options in Section 7 of this Policy, they should complete Part A of the Flexible Pension Request Form (Appendix 1). It is recommended that they have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

If the manager refuses or is not receptive to an application at an informal discussion, they may still decide to proceed with a formal application. They may wish to seek advice and assistance from their workforce team or their trade union or a workplace colleague.

8.2 Responding to a request

Managers should be aware that there is a legal requirement to consider flexible working applications and inform their employees of the outcome within 2 months of the date the request and should take this into consideration to ensure they have an adequate time frame to give the request due consideration. Managers should also be aware that once agreed, there are steps that NWSSP Pension Team need to take prior to submission of any request to NHS Pension Scheme. Once submitted, NHS Pension scheme application timescales (at least 3 months) should also be factored in. Therefore, any discussions regarding the effective date of any change to contract, retirement etc. need to be cognisant of the work required by other agencies to progress and action the application.

Manager should arrange to discuss the application with the individual as soon as possible after receiving a request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes the individual is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impacts it may have on service provision and how it may affect other team members. Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting. If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the individual or their colleagues would become lone workers).

Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

8.3 Considering a request

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

8.4 Decision making

If it is decided to approve the application, or accept it with modifications, a discussion should take place to determine how and when the changes might best be implemented. The line manager is responsible for ensuring that Payroll are notified of any changes to pay, and specific contractual changes must be clarified with the individual in advance of the new arrangements commencing. To start the NHS Pensions application process, the individual is responsible for contacting the NWSSP Pension Team to request a link to a form specifically generated for the member of staff...

Managers must make all endeavours to accommodate the request in full or in part, or by providing an alternative. If, after a discussion with and consideration of all alternatives available, the manager feels that they are unable to support a flexible pensions request in a particular post, they must discuss the application with People Services/Human Resources/ W&OD.

If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they will meet with individual to explain this and will provide written, objectively justified reasons for the decision and give a clear operational reason why the proposed arrangements were not practicable. The manager must provide details/evidence of the business grounds for refusing the request and how they apply in the individual's case. Within the context of a manager being required to make all endeavours to accommodate a request, where it is determined this is not possible this can only be justified by one or more of the reasons included in the following list:

- Significant burden of additional cost
- Detrimental effect on ability to meet patient/customer needs
- Inability to re-organise work among existing employees and/or engaging/recruiting other staff.
- Detrimental impact on quality
- Detrimental impact on performance
- Detrimental impact on the ability to meet service demands
- Insufficient work for the periods during which you propose to work
- Planned structural changes to the department

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8.5 Escalation

This stage should be used if the line manager has not been able to reach agreement on a solution in the exploratory/application stage. The purpose is to check for other possible solutions including whether the form of flexible pensions which the individual is seeking could be accommodated in a different team, location or role. If a request for flexible pensions has not been accommodated, and the individual would no longer feel able to continue to work in that department because they would be unable to balance their work / life responsibilities, then managers are expected to support employees in identifying any alternative roles within the organisation which may be more supportive of their circumstances and in line with their request.

Should an individual fail to attend a meeting to discuss their application and one further rearranged meeting without explanation, the manager can consider the application withdrawn. In these circumstances, the manager must inform the individual that the application has been withdrawn and provide a reasonable opportunity to respond.

8.6 Appeal

Where a flexible pensions request has been refused, the individual may lodge an appeal within 14 days of being notified of the refusal of their request by contacting their manager's line manager.

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

- Insufficient evidence has been provided to support the reason for refusal.
- Where the manager has incorrectly treated the application as withdrawn.
- Where new information is now available in relation to the request
- Where it is felt that the application was not handled in line with the policy
- Where there may be proposal that has not been fully considered or insufficient evidence has been provided in relation to a business reason for refusal.
- Where it is felt that the application was not dealt with in a reasonable manner or that the individual has been discriminated against.

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

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

Monitoring and review

Employers will keep a record of all formal applications for Flexible Pensions arrangements in place and a record of any rejections and appeals.

Organisations should ensure that data relating to applications for flexible pensions and outcomes of decisions are recorded and regularly reported through the usual partnership and governance structures.

This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and by department.

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Appendix 1 – Flexible Pensions Request Form

Part A of the request form should be completed by the employee.

Part B of the form should be completed between the line manager following the review meeting.

When agreement has been reached the employee will be required to contact the [NWSSP Pension Team](#) to commence the Pension Scheme Application Process.

Part A: Request Details

Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	

Flexible Pension Option requested:

Using the detail from the relevant section of the Policy as a guide, please provide information to be considered in support of your request against the relevant option below.

Please note: Once the application is approved, the Manager and Individual will be required to access and complete the relevant Pensions/Payroll forms to action the requested changes.

Partial Retirement (reducing my pensionable pay by at least 10% for first 12 months) *	
Retire, start receiving my pension and recommence employment (Retire and Return) *	

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Step down (to a role with less responsibility/lower band)	
Reduction in Hours/wind down	

Employee Signature	Date:

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Part B: Outcome Section

Managers decision (please tick to state one of the outcomes below):

Successful application

Request for flexible pensions option has been reviewed and accepted.	
Request has been accepted subject to certain amendments as outlined below	
Partial Retirement Confirm the NWSSP - Partial Retirement Supplementary Form has been completed for submission	
All Options Confirm the relevant change notifications have been submitted to Payroll	

Please note: Once the application is approved, the Manager and Individual will be required to access and complete the relevant Pensions/Payroll forms to action the requested changes.

Unsuccessful application

Application has not been successful.	
Rationale for rejecting application: This can only be justified by one or more of the reasons included in the following list: <ul style="list-style-type: none"> • Significant burden of additional cost • Detrimental effect on ability to meet patient/customer needs • Inability to re-organise work among existing employees and/or engaging/recruiting other staff. • Detrimental impact on quality • Detrimental impact on performance 	

<ul style="list-style-type: none"> • Detrimental impact on the ability to meet service demands • Insufficient work for the periods during which you propose to work • Planned structural changes to the department 	
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New substantive employment arrangements – Flexible Pensions Agreement

Start date of change:	
Partial Retirement applications only: End date of change/ date due to revert to previous contractual terms. (this must be no earlier than 12 months from the date of partial retirement).	
Retire & Return applications only: Date due to return, following retirement (note there must be a 24-hour break following a retire and return application)	
Change in arrangements:	
Band:	
Hours:	
Salary and Incremental point:	
Any additional allowances to be continued/previously accrued (i.e. additional annual leave):	
Commencement of Bank Contract (if applicable)	

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Signatures

Manager Signature	Signature: Date: -- / - / ----
Employee Signature I confirm that this flexible pension option request has been discussed with me and I agree to the adjustments to my working arrangements	Signature: Date: -- / - / ---

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NHS Wales
Pregnancy Loss Support Policy

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Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru *yn*
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



Version: FINAL July 2024

NHS Wales

Pregnancy Loss Support Policy

1.0 Background

1.1 The aim of this policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.

1.2 It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened. It challenges attitudes that pregnancy loss is a taboo subject, and that people have to suffer in silence.

1.3 If an employee is reading this document, it is likely they are either going through or supporting somebody through this very difficult period so please do reach out to your local workforce department or a manager to talk with in order to ensure that you receive appropriate support.

2.0 Scope

2.1 The scope of policy is defined in Appendix 1 and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.

2.2 This policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns. If you are not an employee but have experienced pregnancy loss, we encourage you to speak with your normal point of contact in our organisation [our Pregnancy and Baby Loss Champion] or a member of the HR Department. They will be able to discuss with you what support is available.

2.3 This policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

2.4 When an expectant employee suffers a pregnancy loss after 24 weeks, they will still be entitled to statutory maternity leave and SMP if their baby is born early; is stillborn after the start of their 24th week of pregnancy or dies after being born. This is in addition to the provisions contained within Section 23: Child Bereavement Leave of the NHS Terms and Conditions of Service Handbook (the provisions equivalent to those contained in section 23 will apply to medical and dental staff); as well as the provisions within local organisational policies.

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2.5 If an employee is affected by pregnancy loss but is not the carrier of the pregnancy, the partner of the employee carrying the pregnancy or the intended parent in a surrogacy or adoption arrangement, they should speak with their line manager or the HR Department about how they can be supported.

2.6 The NHS Organisation recognises the distress, both physical and emotional, that may result from pregnancy loss and the impact this may have on individual employees regardless of when or how the loss occurs. This policy has been prepared to provide paid time off and support in relation to pregnancy loss. However, it is appreciated that no situations will be identical, and that pregnancy loss can result in grief unlike other types of grief. Employees are therefore encouraged to discuss with their line manager or a member of the HR Department what support they may need.

2.7 [An employee may prefer to speak with our Pregnancy and Baby Loss Champion in the first instance, while keeping in mind that their line manager or the HR Department may need to be involved in subsequent discussions.]

Note: - An employer may wish to appoint a Pregnancy and Baby Loss Champion. This individual would be trained in pregnancy and baby loss and perhaps have some experience of this type of loss themselves. Appointment of a Pregnancy and Baby Loss Champion would enable employees experiencing pregnancy loss to speak with someone outside of their reporting line and HR who would be well-equipped to listen to their questions or concerns. If an employer appoints a Pregnancy and Baby Loss Champion, appropriate references should be included in this policy.

3.0 Experiencing Pregnancy Loss at Work

3.1 If a pregnancy loss starts while at work, employees are encouraged to speak with their line manager or a trusted colleague. They can then arrange for your preferred contact to be notified and find a suitable place for you to remain while any medical care is organised, or arrangements are made for you to travel home.

3.2 It is recognised how traumatic the experience may be, both physically and emotionally. Consequently, the NHS Organisation wants to ensure that no employee feels that they have to go through the experience on their own or continue with their work. The employee's line manager or colleague should agree with you on how your absence will be communicated to others, if needed.

3.3 The preferred contacts of an employee experiencing pregnancy loss will be allowed to leave work at short notice to provide support.

4.0 Pregnancy Loss Paid Leave

4.1 Those affected by a pregnancy loss, regardless of the reason (See Appendix 1 for further information), before week 24 are entitled to a maximum of ten working days' full pay (pro-rata for part-time staff). Depending on the employee's wishes and needs, the leave may be taken as consecutive or ad hoc days/hours. It is appreciated that some employees may not want to take leave straight away, or at all. If an employee

does want to take leave under this policy, they are asked to take it within 26 weeks of the pregnancy loss.

4.2 If the NHS Organisation employs the employee affected by pregnancy loss and their partner, they will both be entitled to apply for pregnancy loss leave in their own right.

4.3 If an employee suffers more than one pregnancy loss in a calendar year, they will be entitled to receive the maximum amount of paid leave, per loss.

4.4 In order to apply for leave following a pregnancy loss, the employee should contact their line manager in the first instance who will advise them on any local arrangements. An employee may self-certify any leave taken in accordance with this policy. They will not be required to provide a Fit Note or letter from a healthcare professional. The employee and their manager can complete the application process retrospectively, following the return to work, as long as they have discussed and verbally agreed the leave.

4.5 It is recognised that it will not always be possible to request pregnancy loss leave in advance. However, an employee is encouraged to speak with their line manager or a member of the HR Department as soon as possible if they are considering taking pregnancy loss leave in accordance with this policy.

5.0 Additional Leave

5.1 Emotional and physical recovery from a pregnancy loss does not have a time limit. Grieving could go on longer than the initial bereavement event.

5.2 The employee may therefore require a further period of absence from work, following the period of paid leave. The additional absence by the employee could be facilitated by the Managing Attendance at Work Policy and / or the Flexible Working Policy or by taking unpaid leave. Leave taken under this policy will not count for monitoring purposes under the Managing Attendance at Work policy. Where appropriate, and with the consent of the employee, consideration will also be given to an occupational referral or temporary redeployment.

5.3 The NHS Organisation recognises that flexibility is often important to employees that are suffering a pregnancy loss. Managers should therefore, where possible, aim to facilitate flexible working requests for these employees, wherever possible. Further guidance around Flexible Working can be found in the All-Wales Flexible Working Policy.

5.4 We recognise that returning to work after pregnancy loss may be challenging and the preferred support will vary from employee to employee. With this in mind, we encourage employees to speak with their line manager about how they can support a return to work. If an employee has any suggestions for steps that can be taken as to support you during this time, they should discuss these with their line manager.

6.0 Paid Time Off for Medical Appointments

6.1 Employees will be entitled to receive additional paid time off to attend pregnancy loss related appointments, or to accompany their partner, should they not fall within the agreed period of paid pregnancy loss leave (10 working paid days, pro-rata part-time staff). This will include but is not limited to medical examinations, scans and tests, and mental health-related appointments.

6.2 Managers should recognise that it would not always be possible for employees to arrange these appointments around the demands of their work, due to the nature of pregnancy loss. Therefore, they should support employees in managing the impact of time away from work, in these circumstances.

7.0 General Support

7.1 The NHS Organisation aims to facilitate an open and understanding working environment. Employees are therefore encouraged to inform their manager that they are suffering a pregnancy loss at an early stage. This will help to ensure that they are provided with the necessary support, in a timely manner.

7.2 Where an employee does not initially feel comfortable discussing the issue with their direct line manager, they may find it helpful to have a confidential conversation with, e.g.

- A trusted manager or colleague;
- The Staff Psychological Wellbeing Service;
- A member of the Occupational Health Team;
- A Health Board Maternity Bereavement Officer;
- The Chaplaincy Service;
- An external bereavement support charity or organisations (See Appendix 2);
- Member of Workforce & OD Team; or
- A Trade Union representative

8.0 Responsibilities

8.1 Everyone is expected to be sensitive to the impact of pregnancy loss and to consider their colleagues with kindness and understanding.

8.2 It is the manager's responsibility to support the employee with kindness, compassion and flexibility. Each person is different, and individuals may also need temporary work adjustments, or other levels of support.

8.3 Employees who have experienced pregnancy loss are actively encouraged to reach out and talk to someone they trust at the earliest opportunity, if they feel they need additional support or signposting.

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9.0 Talking about a loss

9.1 It is entirely the employee's decision whether or how much to talk about their loss. The organisation will endeavour to provide an open and welcoming environment in which an employee can do so.

9.2 Equally, it is appreciated that there may be circumstances in which an employee may want to limit the number of individuals who know about their pregnancy loss, to the extent this is possible in the circumstances. If an employee chooses to discuss their pregnancy loss with their line manager, they are encouraged to speak with them about how they would like any related absences from work to be communicated to colleagues.

9.3 Any information you provide to us about your health will be processed in accordance with our Data Protection Policy. We recognise that this data is sensitive and will handle it in a confidential manner.

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Pregnancy loss includes but is not limited to:

- **Miscarriage:** the spontaneous loss of pregnancy until 24 weeks of gestation. [NHS Information on Miscarriage](#)
- **Termination:** a medical or surgical procedure to end a pregnancy. [NHS Information on Termination](#)
- **Ectopic Pregnancy:** when a fertilised egg implants and grows outside of the uterus. [NHS Information on Ectopic Pregnancy](#)
- **Anembryonic Pregnancy:** when the cells of a baby stop developing early on, and the tiny embryo is reabsorbed. However, the pregnancy sac, where the baby should develop, continues to grow. [Miscarriage Association Information on Anembryonic Pregnancy](#)
- **Molar Pregnancy:** a rare form of pregnancy in which a non-viable fertilised egg implants in the uterus and will fail to reach full term. [NHS Information on Molar-Pregnancy](#)
- **Embryo transfer loss** – when the embryo does not transfer during fertility treatment and results in no pregnancy. Learn more about embryo transfer loss www.liverpoolwomensnhs.uk

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External Bereavement Support Charities and Organisations

Many charities in the UK that provide help, support and information to those are suffering from a pregnancy loss. The following are some of the largest and where applicable, local charities:

♥ [ARC](#)

Is a charity that offers non-directive information and support to parents before, during and after antenatal screening; when they are told their baby has an anomaly; when they are making difficult decisions about continuing with or ending a pregnancy, and when they are coping with complex and painful issues after making a decision, including bereavement.

Telephone: 0207 713 7486. Helplines are answered by trained staff Monday to Friday, 10.00 to 17:30pm.

♥ [Cruse Bereavement Care](#)

Trained bereavement volunteers, who offer emotional support to anyone affected by bereavement, staff the Cruse Bereavement Care free phone national helpline.

Telephone: 0808 808 1677

Email: helpline@cruse.org.uk

Helplines are open Monday-Friday 09.30 to 17.00 (excluding bank holidays), with extended hours on Tuesday, Wednesday and Thursday evenings, when they are open until 20:00.

♥ [London Friend LGBT Bereavement Helpline](#)

Support for gay, lesbian, bisexual and transgender people expecting or experiencing bereavement.

Telephone: 0207 7837 3337 Tues 19:30 to 21:30

Webpage: www.londonfriend.org.uk

♥ [Miscarriage Association](#)

Provides advice and support to those who had experienced miscarriage, molar pregnancy or ectopic pregnancy.

Telephone: 01924 200799

Website: www.miscarriageassociation.org.uk

♥ [NHS Bereavement Helpline](#)

Qualified nurse that can provide guidance and support to individuals who are suffering a pregnancy loss runs the NHS Bereavement Helpline.

Telephone: 0800 2600 400 – Helpline is open every day 08:00 to 20:00.

♥ [Petals - The Baby Loss Charity](#)

Petals provide a free, counselling service to support women, men and couples through the devastation of baby loss. Their counselling programme meets the needs of those who have suffered pregnancy complications, pregnancy loss or the death of a baby. Their counsellors

are experts in this field and have years of experience between them of counselling people after all types of baby loss.

Telephone: 0300 688 0068

Email: counselling@petalscharity.org

Website: Petalscharity.org

♥ [Stillbirth and Neonatal Death Society \(SANDS\)](#)

Welcomes calls from anyone affected by a stillbirth of a baby.

Telephone: 020 7436 5881

Email: helpline@uk-sands.org

Website: www.sands.org.uk

♥ [The Ectopic Pregnancy Trust](#)

A registered national charity established to meet the needs of people who have experienced ectopic pregnancy and the health care professionals who care for them.

Telephone: 020 7733 2653

Website: www.ectopic.org.uk

♥ [Tommys](#)

Tommys believe that every baby lost is one too many. Tommys exists to support, care for and champion people, no matter where they may be on their pregnancy journey. They provide expert, midwife-led advice for parents before, during and after pregnancy, working together towards safer, healthier pregnancies. Click her for [Tommys Baby Loss Support Information](#)

If you would like to speak to one of the Tommys midwives about your pregnancy, or need support and advice following a pregnancy loss, you can contact the team directly.

Telephone: **0800 014 7800** (Monday to Friday, 09:00 to 17:00).

Email: midwife@tommys.org

Website: www.tommys.org

♥ [The Samaritans](#)

24-hour helpline support every day of the year for anyone in distress, including those who are bereaved.

Telephone: 08457 90 90 90

Website: www.samaritans.org

♥ [Canopi \(nhs.wales\)](#)

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PROCEDURE FOR THE RECOVERY OF OVERPAYMENTS – Salary & Expenses

Procedure Status: FINAL APPROVED
Procedure Issued: September 2024
Implementation Date: October 2024
Review Date: October 2027

Procedure for the Recovery of Overpayments

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Appendix G – Overpayment Letter 2

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1. Introduction

This Procedure has been written to bring a unified approach in how an overpayment should be handled across NHS Wales. This All-Wales procedure will replace any existing local processes to ensure consistency by NHS Wales Shared Services Partnership Payroll Services and NHS Wales Organisations upon the identification of an overpayment.

An overpayment is defined as any monies incorrectly paid to a current or former employee or worker through the payroll system.

2. Procedure Statement

Everyone involved in the application of the procedure will be treated with respect and dignity throughout the process.

It is recognised that overpayments are not usually the fault of the employee or worker, and this procedure seeks to support those who have been overpaid to have the overpayment recovered in a fair and reasonable manner.

Overpayments primarily arise from a “mistake of fact” (where a payment was inconsistent with the facts e.g. due to clerical, computer input or procedural error). NHS Wales Organisations have a legal right to recover any overpayments which have arisen from a mistake of fact.

NHS Wales Organisations must pursue the recovery of all overpayments regardless of fault. NHS overpayments come out of public funds and therefore NHS Wales Organisations have an obligation to recover them although this must be done in a fair and reasonable way.

Consideration will be given to individual needs and financial circumstances.

3. Aims

This procedure aims to standardise the recovery of overpayments to ensure consistency across NHS Wales.

It also aims to ensure all overpayments are recovered efficiently and as quickly as possible without imposing hardship and to ensure that employees, ex-employees, workers and ex-workers are treated fairly and consistently without any needless stress or worry.

4. Equality

NHS Wales aims to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. It is recognised that equality impacts on all aspects of day-to-day operations and all policies and procedures have an Equality Integrated Impact Assessment (EqIIA) undertaken and Welsh Language Impact Assessment undertaken.

We will ensure that we deliver this procedure in line with the requirements of the Welsh Language Standards, specifically:

- Making our service available in Welsh that is equal to the English language service that we provide by:
 - Providing Welsh language correspondence to staff through the medium of Welsh without staff having to request this.
 - Provide any communication about this procedure through the medium of Welsh without staff having to request communications from us through the medium of Welsh.
 - Provide a telephone service through the medium of Welsh that is equivalent and equal to the English language service that we provide.
 - Make available all documents and forms in relation to this procedure and its delivery available through the medium of Welsh without hesitation or delay.
 - Ensure that information about this procedure is available on our intranet pages and webpages are available to NHS Staff.
 - Any social media posts relating to this procedure will be made available through the medium of Welsh at the same time as English medium posts are available.

5. Objectives

The objectives of this procedure are to ensure:

- An equitable process for the recovery of overpayments while allowing the personal financial circumstances of those who have been overpaid to be considered.
- The recovery of the overpayment should be affordable and sustainable.
- The responsibilities of those who may be involved in the process are made clear - Appendix A.
- The potential reasons for overpayments are explained - Appendix B.
- The reduction in the frequency of overpayments through using information found in this procedure to educate and improve.

6. Scope

This procedure will apply to employees, ex-employees, workers and ex-workers of NHS Wales Organisations and covers both manual and electronic systems utilised across NHS Wales.

Where NHS Organisations have rolled out Manager Self-Service (MSS) in the Electronic Staff Record (ESR), the Line Manager should utilise MSS to update employees' assignments. If MSS is not fully rolled out, information should be communicated to Payroll Services using the forms/Staff Movement Advice (SMA) available under Useful Documents through the Organisations page on the link below.

This link also details Payroll Services contact information: [Payroll Services \(sharepoint.com\)](https://sharepoint.com)

7. Overpayment Recovery Process

Automatic Recovery

There may be circumstances where an overpayment could be automatically recovered from future salary payments.

This will only happen if the following applies:

- The overpayment was a result of late notification of changes i.e. a change of hours, termination of employment, sickness, pension or other absence **and**
- The change or termination of employment should have been actioned less than one month before notification was received by Payroll Services **and**
- The deduction will not amount to more than a 30% reduction in gross monthly pay.

If all these criteria are met, the overpaid salary will automatically be recovered over a maximum 3-month period. Gross monthly pay overpayments of 0-10% will be recovered over 1 month, 10-20% over 2 months and 20-30% over 3 months.

If an automatic deduction is to happen, Payroll Services will inform the individual before pay day by sending an **Adjustment to Salary Letter** (Appendix C). The letter will detail the intended recovery values per month. This is intended to provide an affordable and sustainable recovery option. Tools to help you work out what is affordable can be found at Appendix D.

If the proposed overpayment recovery timescale is not affordable, NWSSP Payroll Services can be contacted via the contact information provided on the letter. If recovery cannot be agreed over the 3-month period, the overpayment will be referred to the All Wales Overpayments Team to progress the standard recovery procedure outlined below.

If the individual terminates their employment before the overpayment is repaid in full, payroll will contact the individual with a view to recovering the outstanding amount from the final salary.

Standard Recovery

Where an overpayment is a larger sum of money and/or has occurred over a longer time period, so the criteria for automatic recovery are not met, the standard recovery process will be as follows.

This is also set out in a flow chart at Appendix E.

1. Payroll Services will send **Overpayment Letter 1** (Appendix F) to the individual who has been overpaid as soon as they are made aware of a potential overpayment. The letter will provide notice that a potential overpayment has occurred, detail the reason for the suspected overpayment and the period it relates to (if known). It will reference the follow up letter (**Overpayment Letter 2** – Appendix G) that will be sent with the detailed overpayment calculation once confirmed.
2. Payroll Services will send an email with an attached letter to the individuals Line Manager informing them of the potential overpayment (Appendix H). This may include an MS Forms link to provide details or reasons for why and how the overpayment may have occurred and a video link explaining how to reduce overpayments in future.

3. Once the overpayment has been calculated, Payroll Services will issue **Overpayment Letter 2** to the individual and their Line Manager detailing the overpayment calculation (Appendix G). The Finance Department from their Organisation will be copied into this letter.

(a) Where the individual remains in post within the Organisation:

Overpayment Letter 2 will show the calculation of the overpayment and the full value. The letter will explain that the overpayment will need to be recovered in full and the ways this can be done.

We aim to recover any overpayments over the same time frame as the overpayment occurred e.g. if you were overpaid for 3 months, this should be recovered over 3 months. There is also the option to repay the overpayment as a lump sum or to discuss the arrangement of a more affordable monthly recovery option.

Any requests to recover the overpayment in excess of 12 months will need to be agreed by the Director of Finance and/or Director of Workforce/People for that Organisation or their nominated deputies. Any requests will be reviewed with consideration of how and when the overpayment occurred and the individual's financial circumstances.

There can also be the consideration of alternative options such as undertaking additional hours to pay back the sums owed.

Overpayment recoveries should be made via salary unless you choose to repay in full separately or agree to set up a standing order.

Overpayment Letter 2 will mention that an invoice will be sent shortly, and this will include information on who you can contact to agree the recovery of the overpayment.

The Finance Department for your Organisation will receive a copy of this letter so that the invoice can be sent. They will note that you are a current employee or worker who may have recoveries made via salary deductions.

A copy of the salary deduction request proforma is included in Appendix I to be completed if requested.

Tools to help you work out what is affordable can be found at Appendix D.

(b) Where the individual is no longer working for the Organisation:

Overpayment Letter 2 will show the calculation of the overpayment and the full value. The letter will explain that the overpayment will need to be recovered in full and the ways this can be done.

The letter will mention that an invoice will be sent shortly, and this will include information on who you can contact to agree the recovery of the overpayment.

The Finance Department for your Organisation will receive a copy of this letter so that the invoice can be sent. As the individual is no longer an employee or worker for the Organisation, recovery via salary is not possible so payments can be made by Standing Order, Bank Transfer, Cheque or Debit/Credit Card (where Organisations have this facility).

We aim to recover any overpayments over the same time frame as the overpayment occurred e.g. if you were overpaid for 3 months, this should be recovered over 3 months. There is also the

option to repay the overpayment as a lump sum or to discuss the arrangement of a more affordable monthly recovery option.

Longer recovery periods **may** be possible but will need to be agreed by the Director of Finance and/or Director of Workforce/People for that Organisation or their nominated deputies.

Tools to help you work out what is affordable can be found at Appendix D.

The Finance Department reserves the right to progress debt collection procedures through a debt collection agency once local Organisation procedures and attempts to collect the outstanding debt have been exhausted.

Counter Fraud

There may be occasions where an overpayment needs to be assessed by Counter Fraud Services.

An initial high-level assessment by Counter Fraud Services will be requested only if **all three** of the criteria below are met which indicate there may be evidence to suggest fraud may have occurred:

1. The individual has not notified the Organisation/Line Manager/Payroll Services of the overpayment; **and**
2. The overpayment has occurred for more than 3 months; **and**
3. The overpayment value is estimated at more than £5,000

If all three criteria are met, Payroll Services will send a notification to the relevant Local Counter Fraud team using the review form in Appendix J.

Local Counter Fraud teams will make an initial assessment and advise within 5 working days if an investigation is required, or if the overpayment recovery can continue with the usual recovery procedure. If no response is received from the Local Counter Fraud team within 5 working days, Payroll Services will request final confirmation to continue with recovery of the overpayment in line with this procedure and as shown in Appendix E.

Any overpayments under initial assessment by Local Counter Fraud teams are included under the Counter Fraud section of the overpayments dashboard. Senior Workforce/People and Finance colleagues within Organisations have access to this dashboard to monitor assessments being undertaken.

If Counter Fraud Services identify that further investigation is required, the overpayment recovery will be placed on hold by Payroll Services until further advice is received from the Local Counter Fraud team.

Prior to further investigations commencing, the Local Counter Fraud team will follow local Organisation procedure for informing the Director of Workforce/People and/or Director of Finance of the details of the case to be investigated. This may include obtaining any agreement to further investigation if required locally by Organisations. In the event of any local disagreement on the correct course of action, the Local Counter Fraud team will seek advice from the national NHS Counter Fraud Service Wales.

To ensure any potential criminal investigations are not compromised, it is important that no contact is made with the individual who has been overpaid until the Local Counter Fraud team has confirmed they do not need to investigate the matter further.

8. Dispute Resolution

Where an individual refuses to consent to the recovery of the overpayment and where discussions have been exhausted, the overpayment should be referred to the Director of Workforce/People and/or Director of Finance or their nominated deputies for the Organisation with the aim of reaching an agreement for the recovery of the overpayment, taking into account the individual's personal circumstances.

A meeting should be arranged between the individual who has been overpaid and the Director of Workforce/People and/or Director of Finance or their deputies. The individual has the right to be accompanied by either a Trade Union representative or a workplace colleague.

Members of the Finance team or Payroll Services along with the Line Manager or Budget Holder may also be requested to attend this meeting where it would be helpful. The proposed outcome of the meeting may require approval by the Director of Finance or other authorised budget holder if they are not present at the meeting.

Where an individual feels they have been treated unfairly, they are encouraged to use the Respect and Resolution policy. No further action should be taken on recovery during any dispute resolution process including a complaint under the Respect and Resolution process.

If you have left NHS Wales employment and have been unable to reach an agreement, you may be able to get support through:

[Acas | Making working life better for everyone in Britain](#) or
[Work - Home \(citizensadvice.org.uk\)](#)

Or your Trade Union if you are still a member (if you pay through your salary, you can switch to Direct Debit to maintain membership).

It is important to remember that there is a legal right for NHS Organisations to recover any overpayment. NHS Organisations reserve the right to engage a debt collection agency should it be required.

9. Training and Awareness

NHS Organisations should make employees or workers and managers aware of this procedure on commencement. A copy of the procedure should be available on the NHS Organisation's Intranet Site and referenced in any induction and/or new manager training.

Overpayments can be minimised if everyone does their part. Managers can ask for guidance on how to ensure prompt and accurate updates of employment information including new starters, changes, terminations, and employee or worker absence should they require.

Delayed submission of payroll documentation or Manager Self-Service updates can cause significant inconvenience and anxiety for staff and unnecessary additional administration for

NWSSP Payroll Services. It can also lead to complexities for those affected in respect of tax and universal credit issues.

The roles and responsibilities of all parties detailed in this procedure are outlined in Appendix A.

10. Information Governance

Any personal data utilised within the application of this procedure will be processed in accordance with the relevant UK General Data Protection (UK GDPR) and records management strategic frameworks and policies.

Regen, Nikki
18/11/2024 13:47:00

APPENDIX A

Key responsibilities in respect of the overpayments process can be summarised as:

NHS Wales Shared Services Partnership Payroll Services will: -

- Pay staff correctly and on time in accordance with employee/worker data held on ESR at the point of payrolls being run.
- Make an itemised payslip available to the employee/worker. This will be an electronic payslip where MyESR (Employee Self Service) is in use.
- Inform relevant staff regarding cut-off dates for submission of Electronic Paperwork for example starters, changes, terminations, and variable pay data [Payroll Services \(sharepoint.com\)](#).
- Correct identified errors.
- Undertake an assessment of overpayments against the criteria to establish if a review by Local Counter Fraud Services is required
- Rectify any identified overpayment in line with this procedure for the recovery of overpayments of salary. This will include writing to the employees/ex-employees/workers/ex-workers, providing them with a detailed explanation of the overpayment.
- Inform the Line Manager that an overpayment has occurred and issue a MS Forms link for them to complete an overpayment report, which will request detail on why the overpayment has occurred and what remedial action has been taken to prevent future reoccurrence.
- Maintain a register of overpayments to share monthly/bi-monthly with nominated representatives from each Organisation. NWSSP will inform the NHS Organisation of overpayments, the reasons for them and if there is a recurrence of the manager not complying with processes and procedures relating to employee/worker data.
- Review the register of overpayments with NHS Organisations in the regular Payroll Customer Relationship Manager meetings
- Liaise with local trade union representatives where appropriate.
- Deduct monies from the employees'/workers salary in line with the agreed recovery period where appropriate.
- Upon termination, deduct any outstanding overpayments, overtaken annual leave, including salary sacrifice arrangements from the final salary where possible.
- Deal with overpayment matters with compassion and understanding, noting that in the vast majority of cases the employee/worker is not at fault
- For a limited time after termination of employment, ensure ex-employees/ex-workers have access to their payslips, P60s and P45s via a Leavers Dashboard.

- Liaise with HMRC and/or NHS Pensions if an overpayment is likely to affect tax or pension.
- Implement this procedure through the medium of Welsh in line with the Welsh Language Standards.

Employee/Ex-employee/Worker/Ex-worker Responsibility:-

Employees/Ex-employees/Workers/Ex-workers must:

- Verify basic pay, contracted hours and other regular payments included in their payslip to ensure they are in line with their contract.
- Where applicable, and possible, verify variable hours are correct on e-roster systems before rosters are finalised.
- Raise any payslip queries with their Line Manager in the first instance. This may be in respect of incorrect contracted salary, hours, regular payments, incorrect receipt of variable hours or receipt of any unexpected monies.
- Seek clarification from Payroll Services if their Line Manager cannot resolve any queries on their payslip.
- Immediately inform Payroll Services if an overpayment is identified so that recovery can begin. Any employee, ex-employee, worker or ex-worker that knowingly or willingly fails to advise Payroll Services of an overpayment may be subject to referral to the Local Counter Fraud team and if necessary the Police.
- Agree terms of recovery and ensure full recovery of any overpayments.
- Be aware of payroll cut-off dates to know when to reasonably expect payment of travel, subsistence claims, shifts on e-roster systems or variable pay elements.
- Submit expense claims and additional hours worked claims for payment within 3 months. Please note that any claims older than 3 months will not be processed for payment unless circumstances prevented the submission of the claim in time.
- Ensure the NHS Organisation is aware of any change of address and contact details to be updated via MyESR (Employee Self Service).
- Access support and advice from trade union representatives where applicable.

Regan Nikki
18/11/2024 13:47:00

Line Managers:

Line Managers must notify Payroll Services of any pay impacting changes as soon as they become aware of them and their responsibilities include:

- To complete the employee change notifications and submit to Payroll Services prior to employees/workers commencing new position/hours/base.
- To complete the employee termination process at the point of the employees/workers resignation.
- For employees/workers accessing NHS Pension - in line with NHS Organisations Retirement Policy a termination form must be completed a minimum of 4 months prior to termination.
- To resolve any initial queries received from employees/workers regarding variable hours paid in month or receipt of unexpected payments, advising them they must report any suspected overpayments to Payroll Services without delay.
- To open and close employee/worker sickness absence on their ESR record at the point of notification.
- To notify Payroll Services of any unpaid leave.
- To submit authorised notification of Maternity/Paternity/Adoption/Career Break. Application forms for payment under these policies must be completed and submitted to Payroll Services prior to the date the employee/worker commences the period of leave.
- To verify an employee's/worker's contract details via Manager Self Service and monthly budgets and advise Payroll Services immediately where an employee's/worker's contractual details are incorrect.
- To ensure the employee/worker rotas (where applicable) are correct in accordance with E-roster systems. Discrepancies should immediately be brought to the attention to Organisational E-Systems Teams.
- To ensure payroll workbooks (where applicable) are completed accurately in accordance with the employees/workers working pattern.
- Support individuals who have received an overpayment.

The Workforce/People Department will: -

- Act as a link between NWSSP Payroll Services, the Line Manager, the Finance team and the employee/worker where required.

Ensure that managers are aware of their requirements to submit payroll data including employee/worker change notifications, termination notifications and e-rostering data in line with published payroll submission deadlines.

- Ensure that managers are aware of the potential for overpayments and their requirement to see that such instances are kept to a minimum.
- Ensure that managers are aware of the Recovery of Overpayments Procedure through the inclusion on induction and Manager training programmes.
- Review overpayment data on a regular basis to identify key themes and any areas where overpayments are a regular occurrence bringing it to the attention of the respective Managers to escalate.
- In conjunction with Senior Finance staff, review and jointly agree any hardship applications with regard to extended recovery periods.
- Ensure individuals who are subject to the overpayment process are treated fairly and compassionately.

Finance/Accounts Receivable Teams will: -

- Be responsible for issuing invoices to individuals to recover overpayments.
- Agree recovery terms in line with this procedure.
- Progress debt collection procedures where recovery of overpayments is not forthcoming.

Local Counter Fraud Teams will: -

- Undertake an initial assessment of any overpayments referred to them by NWSSP Payroll Services that meet the three referral criteria
- Respond to any referrals within 5 working days and confirm to Payroll Services whether normal recovery proceedings can commence or if further investigation is required.

Regen, Nikki
18/11/2024 13:47:00

APPENDIX B

Reasons for Overpayments

It is important that all information relating to appointments, changes and terminations are completed promptly and accurately by the Line Manager. Notifications/Staff Movement Advice (SMA) must be submitted to NWSSP Payroll Services or updated on ESR via Manager Self-Serve (MSS) immediately after they have been agreed.

Please note that:

- Employees or workers will continue to be paid according to the details held in ESR until Payroll Services are instructed to do otherwise (i.e. via change form or termination form)
- For changes to be reflected in the next monthly salary, any changes must be notified to Payroll Services by the last day of the current month (i.e. changes to be reflected in the April salary must be notified to Payroll Services by 31st March).
- monthly salary payments cover the period to the end of the month and not only up to the pay date.
- If an employee or worker self-declares an overpayment of salary, with their agreement in writing, Payroll Services will look to suspend the relevant overpaid element of their pay to prevent any further overpayments occurring while the issue is investigated and relevant documentation is requested.

Prevention of an overpayment occurring is paramount.

NHS Wales Organisations must ensure that managers are adhering to policies and procedures that minimise the potential for overpayments.

The most frequent reasons for overpayments are: -

- Late Termination Notification – A termination form, Staff Movement Advice or update via Manager Self-Serve must be actioned as soon as it is known that an employee or worker is leaving their post, i.e. at the point of resignation, end of contract or on dismissal. Consideration must be given to whether the employee or worker has taken the correct amount of annual leave. If they have taken more leave than they have accrued, they can either work additional hours to repay the time, or they can repay the money. If they are owed annual leave, they may be able take the leave off the notice period or can be paid instead if required.
It is important that the termination form is submitted to NWSSP Payroll Services as swiftly as possible in case a deduction needs to be made from the final salary payment.
- Late and inaccurate update of employee or worker contractual hours – as soon as the new hours are agreed, the information should be passed on via Manager Self-Serve or an employee change form. This should be prior to the date that the employee or worker begins working the new hours.
- Late and inaccurate update of an employee or worker absence (sickness, maternity, unpaid leave etc) – absences should be reported via ESR Manager Self-Serve or submission of forms to payroll as soon as possible and monitored for the duration.

Managers must ensure that the absence is closed as soon as the individual reports as fit for work.

Payroll Services will (on behalf of NHS Organisations) pay 'average sick pay' based on open sickness absence periods. If the absence is not closed, this may lead to inaccuracies.

- Late or inaccurate reporting of enhancements, overtime, on call, start date, salary, banding etc – the manager or supervisor should submit information, changes or variable pay promptly and with enough time for it to be processed by Payroll Services.
- System errors - while these errors do not happen often, once a system error is discovered, action should be taken as soon as possible in order to minimise incorrect payments. These can include ESR, E-roster and E-Expenses.

Where NHS Organisations have rolled out Manager Self-Service (MSS) in the Electronic Staff Record (ESR), the Line Manager should utilise MSS to update employees' assignments. If MSS is not fully rolled out, information should be communicated to Payroll Services using the forms/Staff Movement Advice (SMA) available under Useful Documents through the Organisations page on the link below.

This link also details Payroll Services contact information: [Payroll Services \(sharepoint.com\)](#)

NWSSP Payroll Services will endeavour to keep errors to a minimum, however human error can occur due to inaccurate calculation or misinterpretation of information.

Regen, Nikki
18/11/2024 13:47:00



APPENDIX C – ADJUSTMENT TO SALARY LETTER

**NWSSP All Wales Overpayment Team
NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB**

Private and Confidential

Name
Address 1
Address 2
Address 3
Post Code

Our Ref: JEC/Assignment number
Tel: 02921 500100

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear

We are writing to let you know that we have discovered an overpayment of your salary and/or expenses.

The amount overpaid is **£XXX** and occurred due to the late submission of information to NWSSP Payroll Services relating to a change to your pay that should have been made within the last month.

The All-Wales Procedure for the Recovery of Overpayments classes such an overpayment as an ‘Adjustment to Salary’ and allows the automatic recovery of overpayments of up to 30% of salary, with 0-10% recoverable in one month, 10-20% over two months and 20-30% over three months. Your overpayment was **X%** of your salary so will be recovered over **X** months.

If you would like further details of the overpayment or feel the planned automatic recovery is not affordable, please contact us on 02921 500100 quoting the reference number above. The team is happy to help and support both employees and managers.

If you would like more information on how the recovery of overpayments are handled, please read the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services sharepoint site link [Payroll Services \(sharepoint.com\)](#)

Yours sincerely,

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

*Regan Nikki
18/11/2024*

APPENDIX D – INCOME & EXPENDITURE TEMPLATE



Income%20and%20
Expenditure%20Sum

[Tools and calculators | MoneyHelper](#)

If you find yourself in financial hardship, there may be help or debt advice available from your Trade Union.

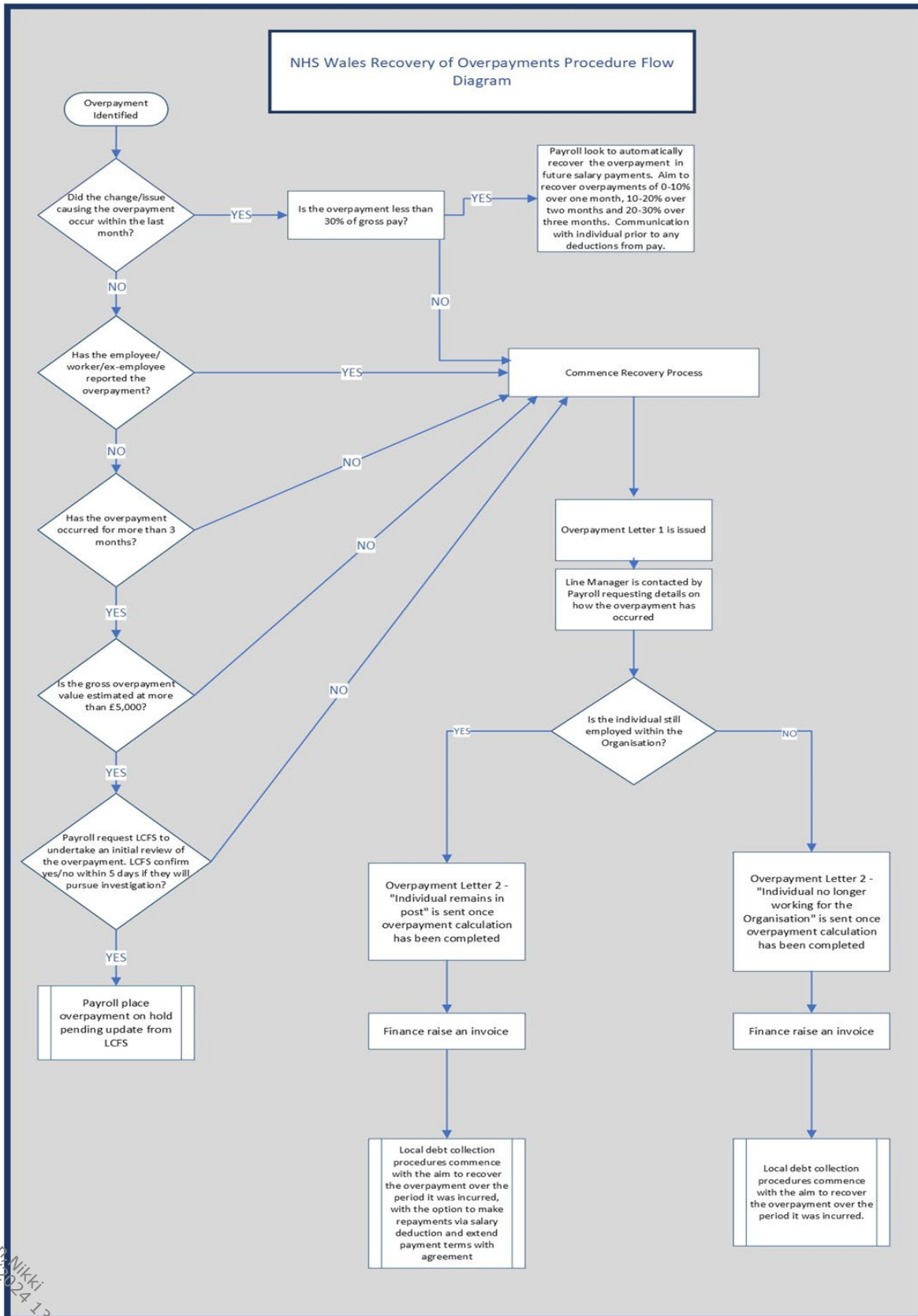
You can also check if you may be eligible for any benefits here:

[Tackling Financial Insecurity Together | Turn2us](#)

Debt advice from reputable sources [Get free debt advice - GOV.UK \(www.gov.uk\)](#)

Regen, Nikki
18/11/2024 13:47:00

APPENDIX E – OVERPAYMENTS PROCESS DIAGRAM



Regain Nikki
 18/11/2024 13:47:00



APPENDIX F – OVERPAYMENT LETTER 1

**NWSSP All Wales Overpayment Team
NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB**

Private and Confidential

Name
Address 1
Address 2
Address 3
Post Code

Our Ref: JEC/Assignment number
Tel: 029 21 500055

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Notification of Potential Overpayment of Salary

Dear

We are writing to let you know that we have discovered a potential error that may have resulted in an overpayment of your salary and/or expenses.

The potential error was a result of *****Insert reason here*****.

The payroll team are currently looking into this and will be in touch soon to confirm the overpayment, show a detailed calculation of the amount and give details of how this can be recovered.

We have also contacted your manager to advise them of the potential overpayment so they may provide any additional information which could help clarify the overpayment calculation.

You do not need to do anything at this time, but should you want to contact the **Overpayments team you can reach them on 02921 500055 quoting the reference number above [JEC/Assignment]**. The team is happy to help and support both employees and managers.

Please be aware, until the calculations are complete NWSSP Payroll Services will not be able to provide you with any overpayment figures, therefore, please allow time for these to be completed before contacting us.

If you would like more information on how the recovery of overpayments are handled, please read the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services sharepoint site link [Payroll Services \(sharepoint.com\)](#). You can access support and advice from Trade Union representatives where applicable.

Yours sincerely,

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services



NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Private and Confidential

APPENDIX G - OVERPAYMENT LETTER 2

Individual remains in post

Our Ref: JEC/Assignment
Department: NWSSP Payroll Services for All Wales Overpayments
Tel: 029 21 500055

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear

Following on from our previous letter dated ** [insert date] ** we can now give more details of your overpayment. Please accept our sincere apologies for this overpayment and any upset or inconvenience it may cause you.

The overpayment is calculated as follows: -

Period of Overpayment:	
Reason for Overpayment:	
Gross Overpayment:	£
Less	
Pension:	£
PAYE:	£
National Insurance Contributions:	£
Student Loan:	£
Net Overpayment Due:	£

An invoice will be sent to you directly from your previous organisation's Finance Department so they can begin to recover this overpayment.

Contact details of the Finance Department will be shown on the invoice should you have any queries on how to make payment. As you are no longer employed by your previous Organisation the options to repay will be either by bank transfer, standing order, cheque or debit/credit card if the facility is available within the Organisation.

You can arrange an affordable monthly recovery option or choose to repay the amount in full in one payment. Ideally, the recovery of the overpayment should occur over the same time period in which the overpayment occurred. Should you wish to discuss a different recovery time frame please contact the Finance Department.

If you have any queries in relation to the calculation of the overpayment please do not hesitate to contact the NWSSP All Wales Overpayments Team by emailing NWSSP.AllWalesOverpayments@wales.nhs.uk, or contact them on **02921 500055 quoting the reference number above [JEC/assignment number]**. The team are happy to help and support both employees and managers.

We do understand that overpayments are regrettable and may cause anxiety, so we aim to answer all queries swiftly to minimise any upset or distress.



NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Individual no longer working for the Organisation

Private and Confidential

Our Ref: JEC/Assignment
Department: NWSSP Payroll Services for All Wales Overpayments
Tel: 029 21 500055
Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear

Following on from our previous letter dated ** [insert date] ** we can now give more details of your overpayment.

Please accept our sincere apologies for this overpayment and any upset or inconvenience it may cause you.

The overpayment is calculated as follows: -

Period of Overpayment:	
Reason for Overpayment:	
Gross Overpayment:	£
Less	
Pension:	£
PAYE:	£
National Insurance Contributions:	£
Student Loan:	£
Net Overpayment Due:	£

An invoice will be sent to you directly from your organisation's Finance Department so they can begin to recover this overpayment. Contact details for the Finance Department will be shown on the invoice should you have any queries. As you are still employed by your Organisation recovery of the overpayment is possible through monthly salary deductions.

You can arrange an affordable monthly recovery option or choose to repay the amount in full in one payment. Ideally, the recovery of the overpayment should occur over the same time period in which the overpayment occurred. Should you wish to discuss a different recovery time frame please contact the Finance Department.

If you have any queries in relation to the calculation of the overpayment please do not hesitate to contact the NWSSP All Wales Overpayments Team by emailing NWSSP.AllWalesOverpayments@wales.nhs.uk, or contact them on **02921 500055 quoting the reference number above [JEC/assignment number]**. The team are happy to help and support both employees and managers.

We do understand that overpayments are regrettable and may cause anxiety, so we aim to answer all queries swiftly to minimise any upset or distress.

Recovery of overpayments will be made in line with the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services sharepoint site: [Payroll Services \(sharepoint.com\)](http://Payroll Services (sharepoint.com)). The Procedure also includes a budgeting tool to help you work out what you can afford to pay at Appendix H. You can also access support and advice from Trade Union representatives where applicable.

Yours sincerely

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Gwasanaethau Cyflogaeth yn is-adran o fewn Partneriaeth Cydwasaethau GIG Cymru
Employment Services is a division of the NHS Wales Shared Services Partnership

NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Recovery of overpayments will be made in line with the All-Wales Procedure for the Recovery of Overpayments, a copy of which can be provided if requested.

The Procedure also includes a budgeting tool to help you work out what you can afford to pay at Appendix H. You can also access support and advice from Trade Union representatives where applicable.

Yours sincerely

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

Regen, Nikki
18/11/2024 13:47:00



NWSSP Payroll Services for All Wales Overpayments
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

APPENDIX H – LINE MANAGER LETTER

Private and Confidential

Our Ref: JEC/Assignment
Number
Department: NWSSP Payroll Services for All Wales Overpayments
Tel: 029 21 500055
Email: NWSSP.AllWalesOverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear Manager

We are writing to let you know that a potential overpayment of salary has occurred for a member of staff that you line manage.

Details of the potential overpayment of salary are noted below:

<p>Employee Name:</p> <p>Assignment Number:</p> <p>Period of Overpayment:</p> <p>Reason for Overpayment:</p>
--

Next Steps...

Once the overpayment has been verified and processed in ESR, both you and the employee will receive a further letter which will confirm the overpayment and show a detailed calculation of the amount. It may take up to 14 days from the date of this letter.

The employee will then be issued with an invoice from your Organisation's Finance Team with instructions on how recovery of the overpayment can be made.

As the manager of the individual who has been overpaid, please could you discuss the overpayment with them and ensure they understand the need to repay the overpaid funds and that all overpayments are recoverable regardless of fault.

The employee will need to be made aware that if they do not repay the overpayment, the Organisation has the right to engage a debt collection agency or take legal action in order to recover the debt.

Please be supportive of your employee and draw their attention to the tools at Appendix D of the Procedure mentioned below if they need help to work out what is affordable.

For full details of how the overpayment will be treated, please refer to the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services SharePoint site: [Payroll Services \(sharepoint.com\)](https://www.sharepoint.com)

You will also be sent an Overpayment notification form to complete electronically. The information gathered will support your Organisation to monitor overpayments, understand how they occurred and what measures have been put in place to avoid future overpayments.

If there are any questions about the overpayment, please contact the **Overpayments Team on 02921 500055 quoting the reference number above [JEC/assignment]**. The team are there to help and support employees and managers.

Yours sincerely

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

APPENDIX I – SALARY OVERPAYMENT DEDUCTION

Deduction direct from Salary Payment – Authorisation Form

Name:	
Assignment Number:	
Health Board/Trust/SHA:	
Department:	

I authorise NHS Wales Shared Services Partnership Payroll Services to deduct the sum of £ _____ direct from my Salary each month.

I understand that this will be deducted as a Net payment and that this deduction will continue until the overpayment £ _____ has been repaid in full.

I give my full consent for this deduction.

If my employment comes to an end, I agree that I will contact the Finance department to discuss options to either recover the outstanding balance of the overpayment from my final pay or agree how payment of the outstanding balance will be made.

Signed _____

Print Name _____ Date: _____

Once completed, please email to [Organisations to insert their accounts receivable teams email].

Finance Teams to note recovery of the overpayment is being made in instalments via salary deduction and then forward this deduction authorisation form to NWSSP.AllWalesOverpayments@wales.nhs.uk for Payroll services to action

Regen, Nikki
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APPENDIX J – COUNTER FRAUD INITIAL ASSESSMENT - INFORMATION REQUIRED

Individuals Name		
Pay Group / Pay Number		
NHS Organisation		
Job Title		
Pay Grade / Hours	Grade	Hours
Full/Time Part time		
Workplace / Location		
Value of Overpayment <small>Please attach O/P Breakdown</small>	Gross	Net
Period of Overpayment	Date From	Date to
Reason for overpayment		
Dept / Manager contact name and details		
Payroll Services Contact details		
Salary Overpayment contact details		
Please confirm what checks have been made to verify whether the individual has contacted Payroll Services		Checks made by: Date:
FURTHER DETAILS OF INDIVIDUAL:		
Address		
Date of Birth		
NI Number		
Bank A/C details		
Form Completed by:	Date:	
<p>Please add any further details which may assist the Local Counter Fraud Team with their review:</p> <p>Please do not contact individuals without consulting your Local Counter Fraud Service team.</p> <p>Please report any further contact to or from the individual to the Local Counter Fraud team immediately.</p>		

Report Title:	Digital Communications & Analytics – Supporting People & Culture		Agenda Item no.	4.1	
Meeting:	People and Culture Committee	Public	X	Meeting Date:	19/11/2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	X
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 Analytics dashboard highlights key approaches, data and statistics of projects and campaigns 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.

Shaping Our Future Wellbeing sets out the aim to be a great place to train, work and live, where we listen to and empower people.

One of the strategic objectives is Putting People First because people are at the centre of everything we do.

Through campaigns, messaging and communication channels, the Communication Team is seeking to put people first and to support the wellbeing, inclusion, capability and engagement of our workforce.

This presentation sets out projects and campaigns that directly align with this objective and People and Culture objectives.

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 <i>Please place an "X" in the below boxes as relevant</i>									
Prevention		Long term	X	Integration	X	Collaboration	X	Involvement	X
Quality Impact Assessment Completed?: <i>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</i>									
Yes – <i>(please provide completed QIA document)</i>		No – <i>(Please provide reasoning, e.g. not required)</i>		X		Sharing data and statistics. No QIA required.			
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/No									
No									
Safety: Yes/No									
No									
Financial: Yes/No									
No									
Workforce: Yes/No									
No									
Legal: Yes/No									
No									
Reputational: Yes/No									
No									
Socio Economic: Yes/No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>									
No									
Equality and Health: Yes/No - <i>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)</i>									
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:				

Regen Nikki
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Shaping Our Future
Wellbeing



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Cardiff and Vale UHB Digital Communications

Supporting People and Culture
August – October 2024

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18/11/2024 13:47:00

Figures from 1 August - 31 October 2024

Shaping Our Future Wellbeing sets out the aim to be a great place to train, work and live, where we listen to and empower people.

One of our strategic objectives is Putting People First because people are at the centre of everything we do.

Through campaigns, messaging and communication channels, the Communication Team is seeking to put people first and to support the wellbeing, inclusion, capability and engagement of our workforce.

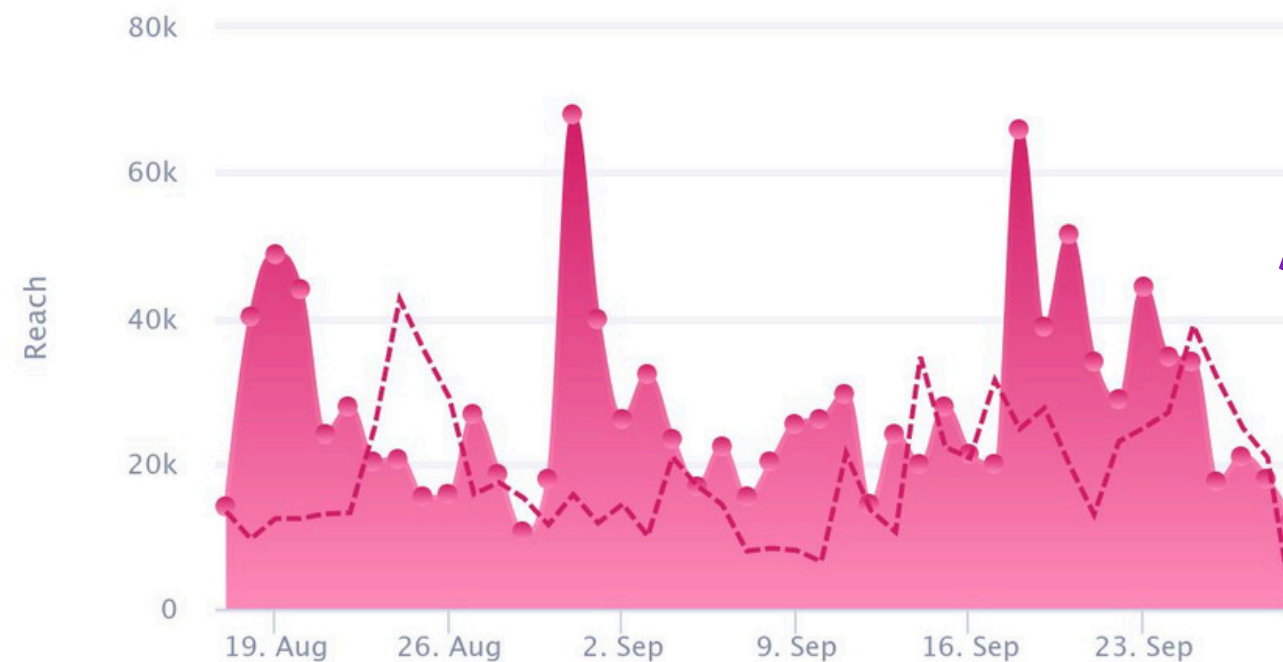
This presentation sets out some of the successes of the past quarter and areas for development.



Regan Nikk
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- The social media posts and web articles produced around the series internally deliberately aimed to promote the role of the wider surgical teams.
- A weekly social media post was used to promote job opportunities within Health Board with links to watch the series on BBC iPlayer.
- The programme brought a boost to our social media reach. During the six week period an additional **8.5k** people on average per day saw our content and we gained **1.8k** new followers.



• The dotted line shows the reach for the previous six weeks.

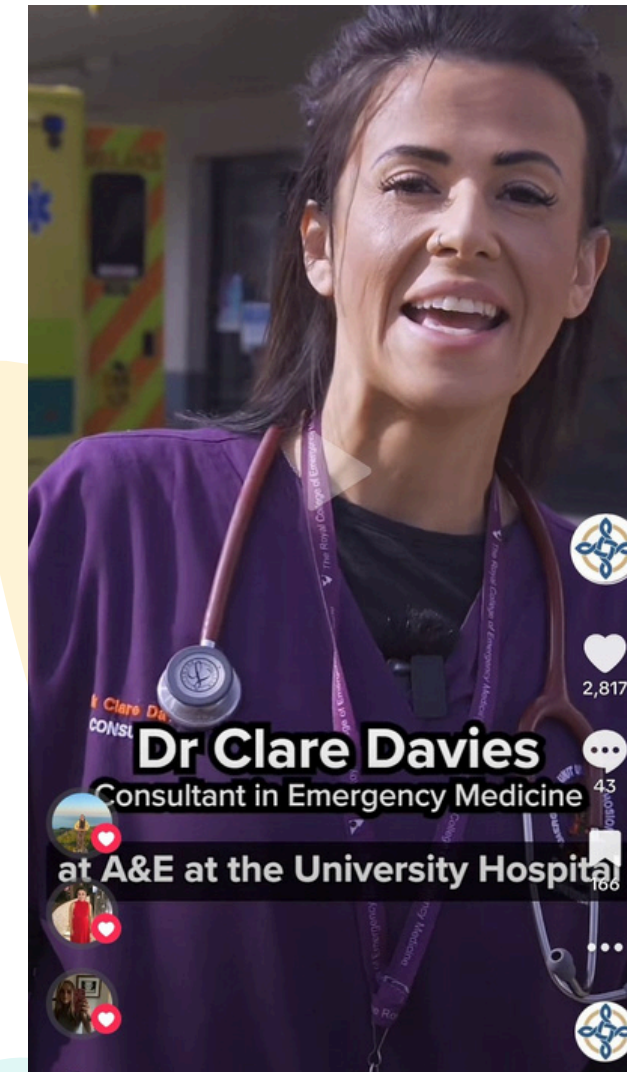


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Social media accounts

- During this period colleagues have had more of a presence in reels and TikToks. The clips from Saving Lives in Cardiff proved very popular as have reactive messages produced internally.
- A video featuring Consultant Dr Clare Davies appealing to students to not present at A&E unless it was an emergency had **65k views** on TikTok and **59k views** on Instagram.
- Pharmacist Rhys Williams also appeared in a video for students highlighting the services pharmacies provide. It got **6k views** on TikTok.
- During this period our Instagram and TikTok accounts have reached a much bigger audience.



Regan M
18/11/2024 13:47:30



In The Spotlight Campaign

- Launched in July 2024, the In The Spotlight campaign seeks to emphasise the Health Board’s commitment to inclusivity and diversity.
- It primarily showcases roles less known roles and those with a passion for their role, to recognise and celebrate these colleagues.
- Each colleague has volunteered their appreciation of being part of a supportive team.
- The posts are increasingly popular and generate positive engagement on social media channels.

The amount of times posts have been seen by the public

8.9K
IMPRESSIONS **July**

9.7K
IMPRESSIONS **August**

14.5K
IMPRESSIONS **September**

15.9K
IMPRESSIONS **October**



Lesley Ackerman
Well done Nikki you make such a difference in your role I can see how rewarding it is x

Jenny Preece
Well done Martin lovely guy and very friendly well liked by everyone, keep up your good work x

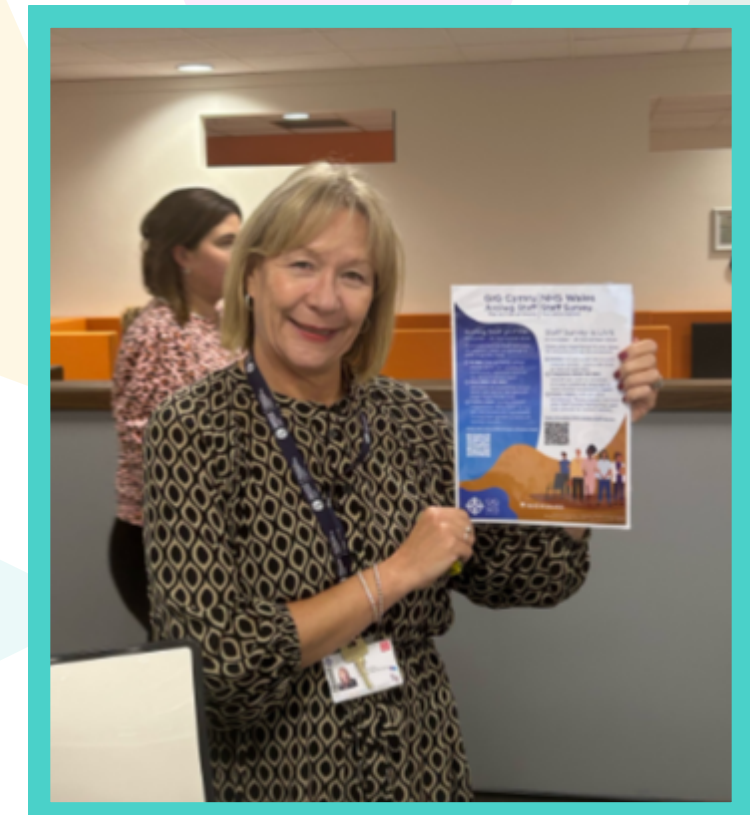
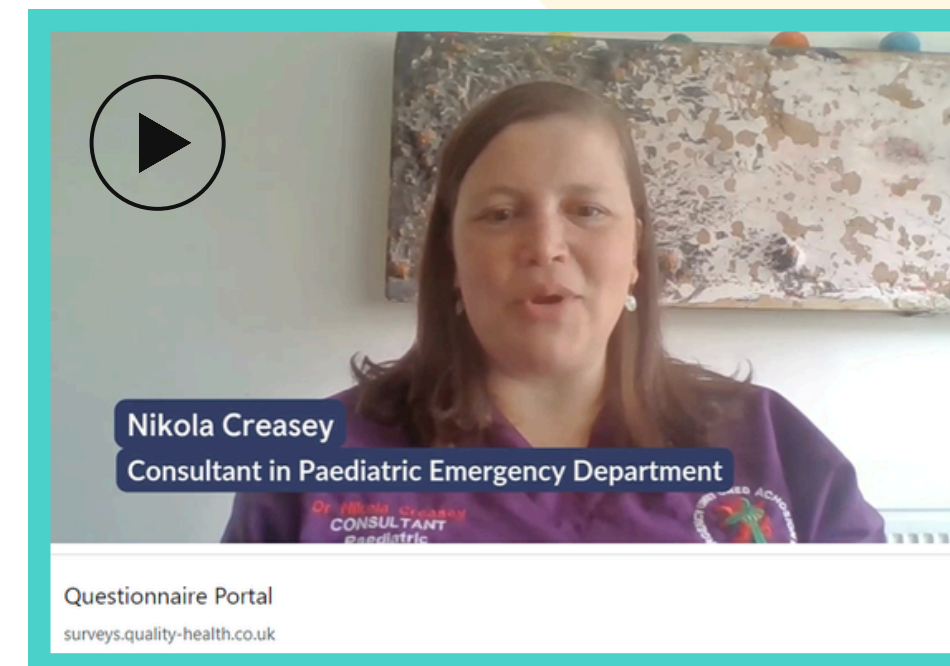
Wendy Hinton
😊 Holly, how lovely to have the Spotlight shine on you! You have obviously touched so many hearts doing what you do, just don't stop! 🥰🥰xx

Marianne Ireland
This is an inspirational story and you have shown such dedication and commitment. Congratulations and good luck, we are lucky to have you here.

NHS Wales Staff Survey

- Photos shared from ECOD in-person awareness sessions
- Frequent reminders on Viva Engage
- Audio snippet in frequent rotation on Hospital Radio Glamorgan & Radio Rookwood
 - This has been created by CAV with an all-Wales approach to assist other Health Boards

- Video from colleagues promoting the survey
- Weekly dedicated posts on SharePoint
- Main tile on SharePoint for further visibility
- Consistent visibility in the Weekly Bulletin
- Flyers across CAV sites
- Digital banner with QR code at Woodland House
- Video with Chief Executive Suzanne Rankin





Keeping Me Well

Cardiff and Vale University Health Board



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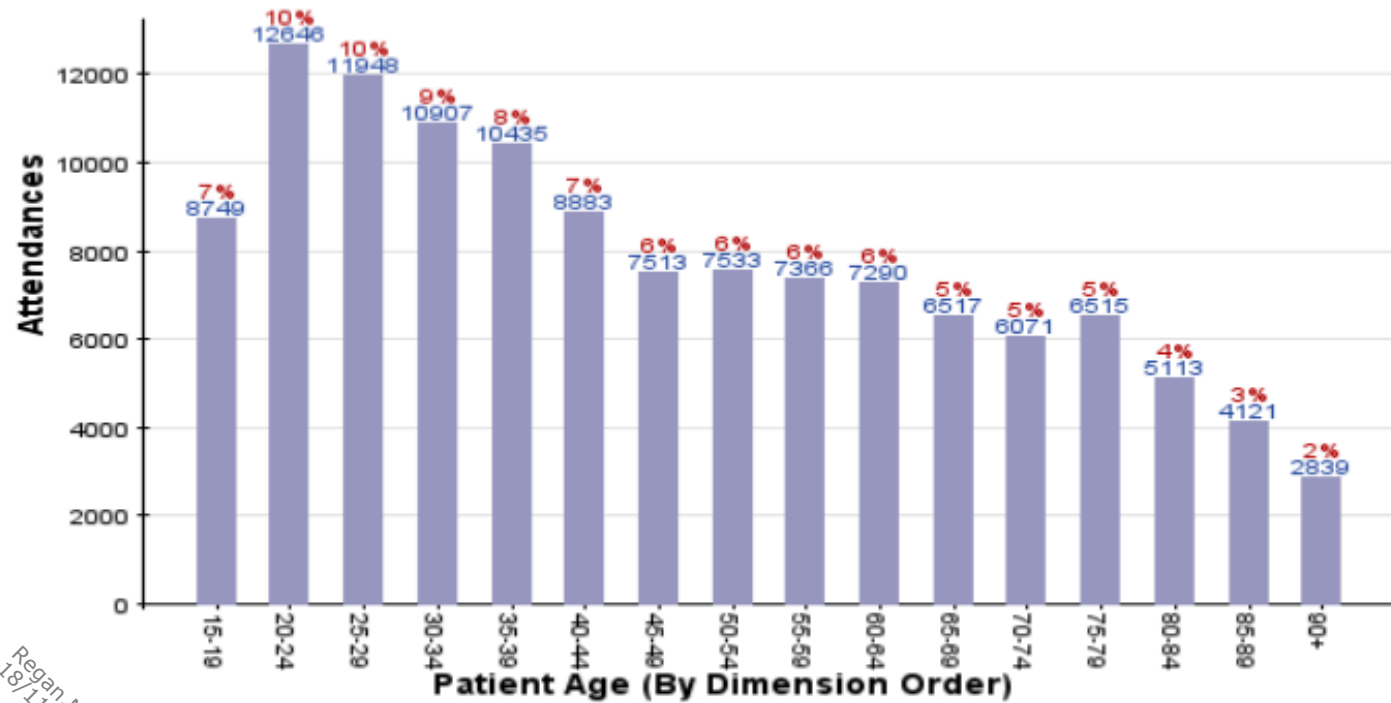
Seasonal Demand Pressures – Winter

Analysed data to understand demographics of those attending the Emergency Unit, those being admitted to hospital and for what reasons to identify trends from September – March over the last three years.

Who is Attending EU?

EU Attendances : Patient Age * Adult 16-75 + Elderly 76+ : (Last 12 months)

Data Updated: 2024-08-16 09:00:49



Evidence-based targeted approach to reduce demand and admissions.

*Data provided by Lightfoot and CAVUHB Business Intelligence Team.

Patterns identified include:

December and January show a consistent respiratory trend for hospital admissions over the last three years.

End of January saw high EU attendances for bruising / fractures / soft tissue injuries.

16th December saw increase in patients brought into hospital by police in early hours of the morning.

Slight increase in number of burn injuries around Bonfire Night.

Communicating key trends with the public to reduce demand with evidence-based information for higher impact.



26 likes

cv_uhb Don't get spooked into attending the Emergency Unit unnecessarily this Halloween.

At Halloween, our Emergency Unit sees an increase in non-urgent cases that could be treated elsewhere within the community. Please choose services appropriately and help us ensure care is available for those who really need it.



Keeping Me Well

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Seasonal Demand Pressures – Winter Plan

Reactive

Focus: Attendances to EU

- **Audience:**
 - Highest attenders -20 -39 age category (equal gender split)
 - Cardiff East, City and South and Cardiff South West (highest number of attendances per 10k population)
- **Messaging:**
 - Focus on alternatives to EU, when to use the EU and what support is available within Primary Care and OOH.
- **Assets:**
 - Video content, padlet for stakeholders, digital screens media briefs and press notices, new photography, media round table
- **Location:**
 - Social media (Instagram and TikTok), targeted advertising for locations, Primary Care, media plan where possible

Escalation

- **EU is busy**
 - Reviewing escalation messaging, thinking about what works and what we can say to ensure messages are seen as audiences are desensitised.
 - Looking to develop videos from a range colleagues in the department saying its busy and how patients can help (Help Us Help You and With Us Not Against Us)
- **NHS 111 is busy / has gone down**
 - Alternatives to calling - such as 0300 10 20 247 number if needed, online advice and community support

Proactive

Focus: Attendances to EU

- **Audience:**
 - Admittance - 65+ and high risk cohort
 - Cardiff North, Central Vale, South West
- **Messaging:**
 - Prevention messaging around the main reasons for patients being admitted from EU - these include respiratory conditions (COPD, Pneumonia) and flu
- **Assets:**
 - Vaccination campaign, advice around respiratory conditions, healthy lifestyle choices
- **Location:**
 - Cluster specific content, media pitching and proactive engagement with stakeholders, social media, YouTube

Evergreen

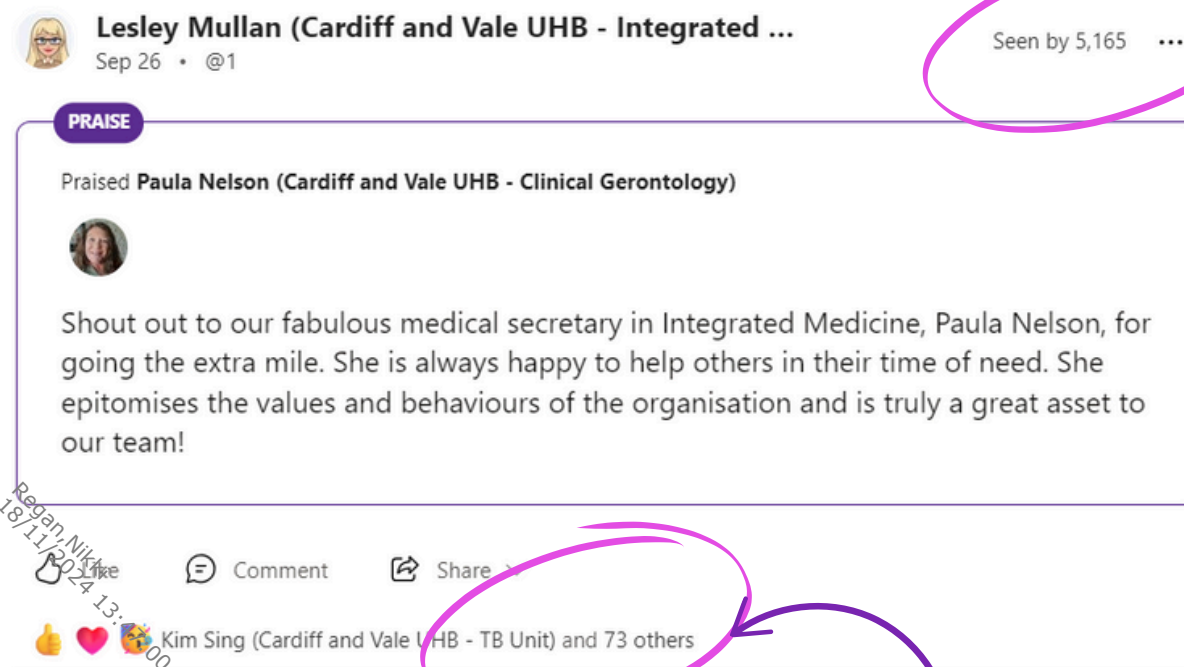
- **Primary Choice**
 - Ongoing and continued promotion of Primary Choice, including the promotion of assets and information in Primary Care, student areas and through CAVHIS
- **Slips, trips and falls / Falls Prevention**
 - Social media assets and messaging advice on website
 - Media pitch to the BBC around falls prevention and what the UHB are doing in hospital to support right bed, first time.
- **Cold weather advice**
 - weather warnings, advice on attending sites, looking after neighbours and working with colleagues to promote healthy choices during colder months

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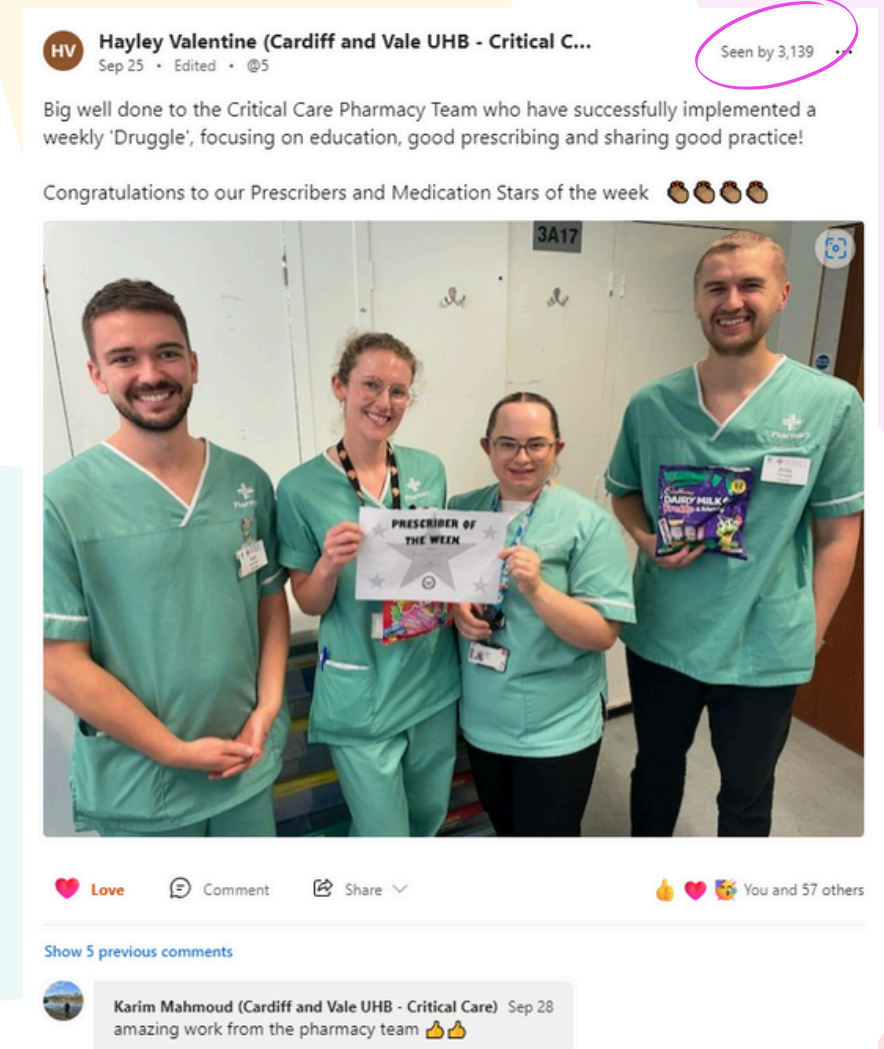
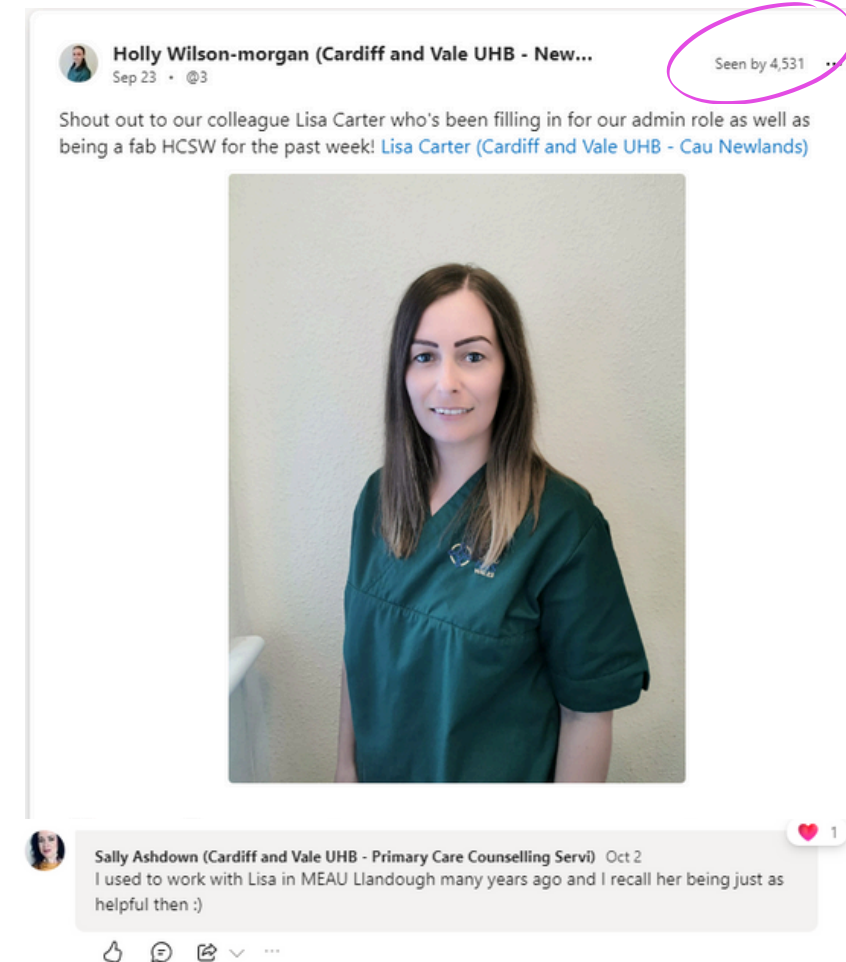


- The Viva Engage platform gives all colleagues a voice and ability to contribute.
- The most popular channel to date is CAV Colleague Shout Out which gives colleagues a channel to post praise for other colleagues. Engagement is growing organically and voluntarily, with colleagues from a wide range of services increasingly using CAV Communities.
- CAV Colleague Shout Out reinforces the Health Board's values, recognises colleagues for their contributions and fosters a culture of inclusion and belonging.
- Content shared in CAV Colleague Shout Out has been used to shout about achievements on our social media channels and website where appropriate.

Posts are viewed by high numbers



Colleagues are reacting and commenting





- Content shared in CAV Colleague Shout Out has been used to shout about achievements on our social media channels and website where appropriate. It is a great way for the Communications team to hear good news that we may not otherwise hear about.

Rhiannydd Poynter (Cardiff and Vale UHB - Informatics/C...)
Oct 2 • @1
Seen by 2,691


PRAISE

Praised **Rhian Greenslade (Cardiff and Vale UHB - Child Health)**

RG

Our very own "Guardian Angel" Rhian Greenslade was recognised at the 2024 WellChild Awards in London on Monday, and rightly so! Rhian works tirelessly to make sure children with complex needs have the smoothest transition possible from hospital to home, and always with a smile 😊

CONGRATULATIONS RHIAN!



Cardiff and Vale University Health Board
4 October at 16:02

Rhian Greenslade, the WellChild Discharge Liaison Nurse for Children with Complex Health Needs at the Noah's Ark Children's Hospital for Wales, has been named as a winner in the prestigious national 2024 [WellChild - the national charity for sick children Awards](#). 🏆 🌟

The awards, organised by the national charity for seriously ill children WellChild, were presented at a ceremony on Monday in London and attended by WellChild Patron, Prince Harry. Rhian was recognised with the ... [See more](#)



Boost this post to reach up to 2043 more people if you spend £35. [Boost post](#)

Noah's Ark Children's Hospital Charity and 315 others 57 comments 11 shares

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SharePoint Internal Engagement Project



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News from sites (Posts from BCUHB)

Implementing best practice learning from BCUHB due to their SharePoint posts being viewed by high numbers.

CAVUHB SharePoint
hub weekly visits

Hub visits

88,329 ▼ 10% since last week

BCUHB SharePoint
hub weekly visits

Hub visits

351,574 ▼ 9% since last week

Status	Next Step
●	Homepage set to SharePoint
●	Internal Engagement to look at how people are engaging with communications content
●	SharePoint Redesign
●	Weekly bulletin of information across CAVUHB
●	Move weekly communications to Mondays
●	Inform colleagues of the new ways of working
●	Encouraging teams to take ownership of information
●	New method of content curation
●	Singular weekly emails



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Thank you.

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