Local Partnership Forum Meeting

Wed 10 August 2022, 10:00 - 12:00

Agenda

10:00 - 10:02
2 min

1. Welcome and Introductions

Dawn Ward

10:02 - 10:04
2 min

2. Apologies for Absence

Dawn Ward

10:04 - 10:06
2 min

3. Declarations of Interest

Dawn Ward

10:06 - 10:08
2 min

4. Minutes of the meeting held on 16 June 2022

Dawn Ward

📄 4 LPF minutes 16.06.22.pdf (9 pages)

10:08 - 10:10
2 min

5. Action Log Review

Dawn Ward

📄 5 LPF Action Log.pdf (2 pages)

10:10 - 10:30
20 min

6. Chief Executives Report

Suzanne Rankin

10:30 - 11:00
30 min

7. Integrated Performance Report

Fiona Kinghorn / Jason Roberts / Rachel Gidman / Jessica Castle / Catherine Phillips

- Population Health
- Quality and Safety
- People
- Operational Performance
- Finance

📄 7 Integrated Performance Report July 2022.pdf (15 pages)
📄 7.1 WOD KPI Report Jun-22.pdf (1 pages)

11:00 - 11:20
20 min

8. Strategic Equality Plan

Mitchell Jones

📄 8 SEP LPF update 10.08.22.pdf (4 pages)
📄 8.1 Appendix 1 - Become An Inclusion Ambassador Pack (Draft) (1).pdf (7 pages)
📄 8.2 Appendix 2 - Equality Data Campaign (ENG - All Slides).pdf (5 pages)

11:20 - 11:40
20 min

9. Nurse Staffing Act Annual Assurance Report

Jason Roberts

📄 9 NSA Annual Assurance Report 2021-2022.pdf (3 pages)
📄 9.1 NSA Annual Assurance Report 2021-2022.pdf (12 pages)

11:40 - 11:45
5 min

10. Employment Policy Sub Group minutes from 29 June 2022

📄 10 unconfirmed EPSG Minutes 29 June 2022.pdf (3 pages)

11:45 - 11:50
5 min

11. Review of meeting

Dawn Ward

11:50 - 12:00
10 min

12. Any other business previously agreed with the Co-Chairs

Dawn Ward

12:00 - 12:00
0 min

13. Future Meeting Arrangements:

LOCAL PARTNERSHIP FORUM MEETING

Thursday 16 June 2022 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (chair)
Lianne Morse	Assistant Director of People and Culture
Timothy Davies	Head of Corporate Business
Mat Thomas	UNISON
Peter Welsh	General Manager, UHL and Barry
Pauline Williams	RCN
Steve Gauci	UNISON
Peter Hewin	BAOT/UNISON
Katrina Griffiths	Head of People Services
Rhian Wright	RCN
Suzanne Rankin	CEO
Hannah Evans	Programs Delivery Director (for Caroline Bird)
Ceri Dolan	RCN
Fiona Kinghorn	Executive Director of Public Health
Emma Cooke	Head of Physiotherapy (for Fiona Jenkins)
Rob Mahoney	Deputy Director of Finance (for Catherine Phillips)

In attendance

Lauren Idowu	Principal Health Promotion Specialist
Rebecca Stewart	Principal Health Promotion Specialist
Suzanne Wood	Consultant in Public Health
Penelope Cresswell-Jones	Specialty Registrar in Public Health (observing)
Kate Roberts	Senior Health Promotion Practitioner
Mitchell Jones	Head of Equality, Diversity and Inclusion
Donna Davies	Head of People and Culture
Timothy Banner	Head of Patient Services, Pharmacy

Apologies

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON
Catherine Phillips	Executive Director of Finance
Meriel Jenney	Executive Medical Director
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Jonathan Pritchard	Assistant Director of People Resourcing
Nicola Foreman	Director of Governance
Jonathan Strachan-Taylor	GBM
Lorna McCourt	UNISON
Mike Jones	Independent Member – Trade Union
Caroline Bird	Interim COO
Janice Aspinall	RCN
Maryanne Bray	RCM
Rebecca Christy-Harrold	BDA
Jason Roberts	Interim Executive Nurse Director
Joe Monks	UNISON
Fiona Salter	RCN

Secretariat

Rachel Pressley	Deputy Head of People Assurance and Experience

LPF 22/027   WELCOME AND APOLOGIES

Rachel Gidman (RG) welcomed everyone to the meeting and apologies for absence were noted. Timothy Davies was introduced to the Forum as he will be attending future meetings as the newly appointed Head of Corporate Business.

LPF 22/028   DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items.

LPF 22/029   MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 13 April 2022 were agreed to be an accurate record of the meeting.

LPF 22/030   ACTION LOG

The Action Log was noted.

The following matters arising were raised:

- LPF 22/017 – automatic doors were due to be fitted to the car park that week
- LPF 22/020 Integrated Performance Report (operations) - Caroline Bird (CB) had discussed the level of support provided by the external security team with the Medicine Clinical Board. Mat Thomas (MT) had also discussed the matter with the UHB security team and had been reassured that a conversation had been held with the external security providers regarding their role.
- LPF 22/020 – the issue of long covid was seen as a priority for the Trade Unions, and while the specific action for Dawn Ward (DW) and Katrina Griffiths (KG) was complete, staff representative members felt that further discussion was urgently required.   In particular, they requested that no meetings which could result in termination should be held until there had been further discussion. RG indicated that the UHB and NHS Wales wanted to support staff to enable a return and ensure that appropriate help was given.   Suzanne Rankin (SR) added that regardless of where covid-19 was contracted we should be exploring all possibilities to support colleagues and ensure that a compassionate approach is adopted. To be followed up in an extraordinary meeting of the Workforce Partnership Group
  Action: Rachel Pressley
- While not on the action log, MT reminded the Forum that at the last meeting he had asked for clarification re masks and social distancing.   This had had now been received, but subsequently he had been made aware that in some departments, screens had been removed and staff were concerned that this was being done prematurely.   Hannah Evans (HE) asked MT to let her know which areas specifically by email so she could look into this.
  Action: Mat Thomas / Hannah Evans

LPF 22/031   CHIEF EXECUTIVES REPORT

Suzanne Rankin (SR) provided an update report to the Forum, key points included:

- Staff were thanked for continuing to deliver such great care under challenging circumstances and for continually showing compassion and a willingness to go above and beyond. However, there is a need to be aware of the wellbeing of our staff and their ability to deliver. This is part of the People and Culture Plan and there are lots of offers for staff to take up. Staff Representatives were asked to encourage them to use them.
- The previous day had been Health Care Estates and Facilities Day.   SR met with members of that team to thank them and celebrate with them.
- The IHI (Institute for Health Improvement) will be visiting in July to help us reflect on the quality of care we provide.   Some outputs are not where we would like them to be and we want to make improvements.   Staff are encouraged to engage honestly with them if the opportunity arises.
- A recent visit by Eluned Morgan to learn more about the Shaping Our Future Hospitals programme and our ambitions for transforming care in Wales, was an opportunity to help her understand the issues with our estate and the impact this has on the quality of our care and on our staff.   She has a better understanding now of the need to find a way to improve our infrastructure and will visit again soon.
- There has been an upturn in the number of covid-19 cases and we need to be prepared for winter and the anticipated autumn/winter wave.   SR asked members to encourage staff to take up the offered flu and covid booster later in the year.
- There is a piece of work taking place with CEOs across Wales around the impact of the social care crises.   Together, they have committed with Local Authorities to find additional capacity (1000 beds in Wales) before winter.
- As we continue to restart services that were postponed as a result of the COVID-19 pandemic, the way we deliver care has changed to ensure we keep patients and colleagues safe. To reduce waiting times and further improve access to healthcare services, a new approach is needed to redesign the way healthcare is provided across Wales. Earlier this month, Welsh Government announced they have committed an additional £170m of funding to support their new planned care recovery plan.   This includes 6 goals for Urgent and Emergency Care but spans the whole pathway, including mental health.   We need to engage with it and support the elements that are within our gift to provide.
- SR also stressed the importance of listening to our patients and responding in a compassionate way, and dealing with our colleagues in kindness, especially in the context of the Ockenden Report.

MT asked if the increase in covid-19 cases were in the community, hospitals or both.   Fiona Kinghorn (FK) advised that there had been a slight uptake in the community and a small increase in the number of admissions.   However, she stressed that this needs to be considered in the context of 'living with covid' and the impact vaccination has had on severity. FK added that although we are expecting another rise, it isn't expected to be anything like omicron, though we do need to be willing to respond and flex services if required.

MT also asked for an update on UHW2. SR explained that while it was still on the agenda, capitol constraints applied by the Treasury meant that any proposals needed to be realistic.   One option being considered was a phased approach and we may need to look at alternative sources of funding. Peter Hewin (PH) expressed concern about the suggestion of alternative sources of funding and any

links to PFI.   He reminded the Forum that they had begun to have discussions about MIM (mutual investment model) pre-pandemic and stated that the staff representative body would want to be involved in any further discussions around this subject.   SR indicated that it was necessary to be open to new sources of funding or we would never be able to generate the capital required, but she agreed that it was right to explore the learning around this from previous experiences and put safeguards in place.   SR also said that she would ensure the Trade Unions were involved.

LPF 22/032   OPERATIONAL UPDATE

Hannah Evans (HE) thanked the Trade Union reps, members and the wider team for working under such challenging circumstances, across Clinical Boards and professional boundaries.   She said that the next step was to now capture that learning and share it.

HE gave a presentation describing the current operational position.   The following points were noted:

- HE described the delivery ambitions for the four quarters of this year across 5 areas (PCIC, urgent and emergency care, planned care, mental health and diagnostics) – this is being used to frame our focus.
- There are 128k patients on waiting lists at present – we are looking at how we support, communicate and optimise them while they are waiting, as well as how to create more capacity and efficiency
- A whole system, multi-Clinical Board approach has been adopted to ensure that it is being viewed through a single lens and that we are not looking at different systems separately
- One enabler is the reconfiguration of our site to enable to best organisation of services
- There is interface with the 6 Goals programme – examples given include:
  - o Urgent Primary Care (Barry/CRI) and Mental Health 111 – Goals 1 & 2
  - o Surgical SDEC (same day emergency care) and acute medical footprint and flow – Goals 3 & 4
  - o Intermediate care and discharge to assess model – Goals 5 & 6

  Priority is being given where it is believed there are the biggest benefits to patients and staff
- In terms of Planned Care consideration is being given to the outpatients footprint when more innovative approaches are being used, and GPs are working with acute specialists on pathways to enable earlier access to diagnostics
- We are also looking at regional opportunities and how we can optimise the situation before patients come in for treatment

Emma Cooke (EC) was invited to discuss some of the work taking place within Therapies to support the operational position.   EC advised that some of the key things taking place at present include:
- The development of a model of care for rehabilitation which focuses on giving the right intervention and in the right place
- Delivering care closer to home by working with leisure settings and community services, both by delivering care in these settings but also by giving training to the staff there
- Giving people the skills to look after themselves around eating well and purposeful activity and exercise
- Co-production events, including events run with third sector (face to face and virtual)

- Pilots in orthopaedics, supporting people on the waiting lists to be referred to programmes in leisure settings to help them manage their pain better and help them be more active
- Prehabilitation – 'prehab to rehab' – for cancer and orthopaedics patients.   This involves the same team working with them before and after treatment
- Exploring the development of a digital patient record and how we engage digitally with patients, reflecting on what worked well during covid and learning from that. This has also involved working closely with the Recovery College around supporting people re access and digital skills
- The introduction of an urgent care model including physiotherapy services 24/7 at Barry urgent care facility
- Discussions with WAST around OTs and Physiotherapists on ambulances to help reduce the number of people who need to come in to the Emergency Unit
- Exploring the development of a peer support workforce with lived in experience

PH was interested to hear about the developments in co-production and peer support and reminded the Forum that this was an area they were very committed to in Mental Health.   However, he advised that it was not as easy as it sounded and suggested a wider discussion outside the meeting might be useful.

RG advised that Wellbeing Seminars are due to take place from July and asked members of the Forum to promote them and encourage staff to attend.

PH raised the issue of the operational footprint and getting back to business as usual while transforming services, and in the context of another possible wave.   He referred to the need to return people to their substantive roles and stated that people have not always been treated fairly or compassionately when redeployed.   He asked if principles could be agreed in partnership in readiness for the future.   RG noted that there were also examples of good practice where managers communicated well. She did not agree that the experience was universally negative but did acknowledge that there were areas which could be learned from.   HE advised that currently the repatriation of the fracture clinic and cardiothoracics from UHL to UHW are being prioritised, and pre-op assessment moved from outpatients to the Lakeside Wing last week.   However, this needs to be achieved in the context of the financial constraints on capital described by SR as well as quality of care and patient and staff experience.   RG emphasised the need to communicate the plan widely as silence is not good for staff morale.

EC was invited to attend a future meeting to share in more detail the Rehabilitation Programme which is about supporting people to lead healthy life styles and an itself supports the UHB recovery programme.

Action: Rachel Pressley

LPF 22/032   ACTION AROUND RACE EQUALITY ACTION PLAN (REAP)

RG welcomed Mitchell Jones (MJ) to his first meeting since joining the organisation as Equality, Diverity and Inclusion Manager.

MJ descibed the action around race equality action plan and developments which have occurred since the paper was submitted, as well as highlighting the next steps:

- The name has changed and it is now known as the Anti Racist Wales Action Plan and the final version was published last week
- There are a number of sections in the report relevant to us, but primarily we need to be aware of section 5 which contains 5 goals for health (leadership, accountability, workforce data, access to services and tackling health inequalities)
- At the beginning of the year the UHB launched the One Voice Network to support our diverse communities, help shape our organisation through collaboration and really help us become an anti racist health board
- A separate report has also been published by the Equality Task Force with three recommendations around health, which includes a recommendation around data so there is a clear cross over between the two.
- A working group is to be established and the trade unions are invited to be involved in that

Action: Rhian Wright

- We also intend to sign the zero racism in Wales pledge as an organisation to show our support for a zero tolerance approach to racism and promote racial harmony
- MJ stated that we are starting from a place of honesty by engaging with our staff networks, particularly in development of the action plan.   Senior leadership buy-in is also important and this will be discussed at a Board Development session in the near future.
- LPF was asked to support the work, and to get involved by sending representation so everybody has a voice in the development of the action plan.

RG advised the Forum of a campaign due to be launched at the start of July, encouraging staff to ensure their equality data on ESR is up to date.

Rhian Wright (RW) asked if there was trade union representation in the One Voice Network but MJ advised that the staff networks organise themselves.   RG reminded the Forum that SR sponsors race and RG sponsors religion and belief at a Board level.

FK welcomed the plan and advised that there was a wider conversation scheduled between herself, RG and Jason Roberts on joining up inequalities and amplifying prevention.

LPF 22/033   PROGRESS OF THE MOVE MORE, EAT WELL PLAN

FK and the Public Health team delivered a presentation on progress of the Move More, Eat Well (MMEW) plan.   FK noted that it is not a campaign, but a series of arenas of work around changing our population's health where everyone needs to work together.

Suzanne Wood (SW) reminded the Forum that the Plan had been lauched in 2020 after a period of extensive enagement, and good progress had been made despite the pandemic.   Communities most in need, particularly deprived communities, have been targetted.   The Plan is linked to the work on amplifying prevention which focuses on increasing the uptake of immunisations, the uptake of bowel screening, and moving more.   Progress has also been made on the local weight management pathway and a MMEW Implementation Group has been established with the aim of strengthening partnership and continued joined up approaches to healthy weight action through MMEW delivery.

The Plan has four themes; Healthy Environments, Healthy Settings, Healthy People and Leadership and Enabling Change.

Rebecca Stewart (RS) shared that an increasing number of 'system stakeholders' are now involved and mechanisms to bring partners together relevant to key priority areas are in place. RS highlighted areas of key progress to date including:

- Healthy weight services – a weight management pathway across life course is now established, working with therapies/leisure services and also a new programme for families
- Healthy communicities – including some collaborative work around food partnerships, work with prevention and early years partners, and the Make Your Move campaign
- Healthy workplaces – bringing together organisations to share good practice and focus on activities around food, healthy travel & staying active, hydration and communications

Lauren Idowu (LI) shared the Move More Cardiff Physical Activity and Sport Strategy 2022-2027 which has been developed in collaboration with Cardiff Council and Cardiff Met University and was launched on 8 June 2022. There is a one year action plan to support the Strategy, but having a shared vision and goal and working collectively towards that is key.

SW asked the Forum to consider four questions on how to support and enable staff to move more as part of the working day: How do we best engage staff to gain insight into their experiences? How can we support and enable staff to move more? How can we embed moving more into the working day? What opportunities are there already for staff, and what is working well?

MT noted that one of the real challenges is maintaining weight loss and addressing behavioural patterns. FK agreed, noting that rather than the diet culture, the real differences are made through small changes in daily life. SR suggested that team challenges could be a way of getting involved and encouraged everyone to participate, but acknowledged MT's point about embedding changes and also recognised that not everyone is able to participate in the same way. She did not feel that challenges set by the leadership team were the best approach, and asked staff to come forward with their own ideas and commitments.

RG encouraged the Public Health team to connect with the Health Improvement Team (HIT) as they have also undertaken a period of extensive consultation and listening and may have some ideas to share.

Steve Gauci (SG) noted the links between Healthy Workplaces and the implementation of the healthy restaurant standards, but expressed concern about the number of staff facing food poverty. He pointed out that a number of Health Boards provide a subsidised meal for staff and asked if we could do the same. FK pointed out that there had been discussions previously about the challenges of subsidised food, but agreed that maybe there was a need to revist this conversation again. SR indicated that she was always willing to look at options to subsidise and support our communities (e.g. food banks), particularly in light of the cost of living crisis, as long as it did not detract from patient care and said that all ideas were welcome.

LPF 22/034   TRANSFORMING ACCESS TO MEDICINES PROGRAMME (TrAMs)

Donna Davies (DD) introduced the concept of the TrAMs (Transforming Access to Medicines) Programme which is being developed on an all Wales basis and will be hosted by Shared Services. DD described the scope of the technical services and the proposal to create three hubs across Wales.

DD asked members of the Forum to refer to the documents attached to the report which contained a lot of information about the consultation.

The creation of the hubs would mean approx. 240 wte staff in Wales transferring to Shared Services under a TUPE arrangement, however, more staff could be affected if part of their role was in scope. It is thought that 5 Cardiff and Vale staff could be affected in the first stage and a further 70 at a later date. The location of the hubs has not been finalised yet.

The consultation runs until 8 July and an engagement session was being held for staff on 4 July. Comments from inviduals will be considered and support offered to those individuals. DD asked LPF to ensure any comments from LPF members were shared with her or SG by 8 July. SG added that Trade Unions were heavily involved and it was a good example of partnership working. The biggest concern was around where the hub would be located.

LPF 22/035   INTEGRATED PERFORMANCE REPORT

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by Board. RG reminded the Forum that because these reports are prepared for Board some of the data is out of date by the time LPF meets

The following points were noted:

- The final accounts for 2021/22 had been presented at Special Audit Committee and Special Board meetings the previous week and to the Senedd that day. We were £232k underspent and all out statutory obligations were met. However, we are moving into a challenging position for 2022/23 and are currently presenting with a forecasted £80m deficit. There were a number of assumptions around covid funding and the cost of fuel, but the UHB was currently seeking permission for a £20m deficit this year to be recovered over the next two years.
- May data was now available for the workforce KPIs. Sickness remained high at 6.9% but this was the lowest since July 2021 (though 2% higher than pre-pandemic rates). Turnover was 13% and increasing month on month – it was originally thought that the temporary staff recruited during the pandemic contributed to this, but it was now clear that this was not the case. Formal disciplinary cases have gone down to 21 which is the lowest number for years and was due to the new People Services model and the way they were working with managers and trade unions.
- Any queries around the Quality, Safety and Experience section of the report were to be sent to Jason Roberts, either directly or via Rachel Pressley.

LPF 22/036   STAFF RETENTION

The Local Partnership Forum noted the report on staff retention and that this had previously been considered by the Strategy and Delivery Committee. Staff Representatives requested that this be considered again at the Workforce Partnership Group when there was time for a discussion. There was also a request for a more detailed conversation at WPG on queries being raised around shift patterns through the implementation of the new e-rostering system.

Action: Rachel Pressley

LPF 22/037   STAFF BENEFITS GROUP REPORT

The Local Partnership Forum noted the report from the Staff Benefits Sub Group.

LPF 22/038   ANY OTHER BUSINESS

There was no additional business for consideration by the Forum.

LPF 22/039   FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 10 August 2022 at 10 am with a staff representatives pre-meeting at 8.45 am.   The meeting will be held remotely.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 22/030	16.06.22	matters arising	Extraordinary meeting of WPG to be held to discuss long Covid	RP	**COMPLETE** meeting held 22.06.22 and feedback provided to WPG 14.07.22
LPF 22/030	16.06.22	matters arising	Concerns raised re removal of screens prematurely. Mat Thomas to let Hannah Evans know which areas specifically by email so she could look into this.	MT	
LPF 22/032	16.06.22	Operational Update	Emma Cooke to be invited to attend a future meeting to share in more detail the Rehabilitation Programme which is about supporting people to lead healthy life styles and an itself supports the UHB recovery programme.	RP	**on agenda for 20.10.22**
LPF 22/032	16.06.22	Action Around Race Equality Action Plan (REAP)	Staff representative nomination to sit on the anti-racist Wales working group to be provided	RW	

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LPF 22/036	16.06.22	Staff Retention	Retention paper to be discussed at WPG when there was more time	RP	**COMPLETE** Due to diary clash JP could not attend WPG on 14.07.22 so an extraordinary meeting has been arranged for 09.08.22. Feedback will be provided at the next meeting of the WPG
LPF 22/036	16.06.22	Staff Retention	Request for a more detailed conversation at WPG on queries being raised around shift patterns through the implementation of the new e-rostering system.	RP	**COMPLETE** meeting held 22.06.22 and feedback provided to WPG 14.07.22

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Report Title:	C&V Integrated Performance Report			Agenda Item no.	7
Meeting:	Local Partnership Forum	Public	X	Meeting Date:	10 August 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	Information	X
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Caroline Bird, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report
Background and current situation:

This report provides a summary of performance against a number of key quality and performance indicators. This will include areas where the organisation has made significant improvements or has particular challenges including the impact of COVID-19, together with areas where the Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored. This report was received by the UHB Board on 28 July 2022.

This Balanced Scorecard comprises indicators that cover Population Health, Quality & Safety, Workforce, Performance and Finance for the Health Board.

Population Health

Immunisation	Standard	Trend	2021 / 22 Qtr 3	Tobacco	Standard	Trend	2021 / 22 Qtr 4
% of children up to date with scheduled vaccines by 4 years of age	95%	na	85.3% **	% of smokers who become treated smokers	5%	na	0.6%
	Standard		May-22	% of treated smokers who quit at 4 weeks	40%	na	76%
% Adults (aged 18 years and over) in Cardiff and Vale UHB have received a Covid-19 booster vaccination	na	na	69% *				
Of those who have a completed primary course of vaccination*, % of adults aged 18 years and over have received a Covid-19 Booster vaccination	na	na	84% *				

Quality & Safety

Patient Satisfaction	Standard	Trend	May-22	Serious Incidents	Standard	Trend	May-22
30 day complaints response compliance %	75%		83%	Nationally Reportable Incident (SI)**	na		6
Patient Experience			May-22	Number of Never Events	0	na	0
Patient Experience	na		79%	Mortality			Feb-22
Falls			May-22	Percentage of Stage 1 Reviews Completed	na		72.0%
Slips Trips and Falls (30 day moving total)	na		302	Risk Adjusted Mortality Index	na		137.07
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		42				Apr-22
				Still births (Rolling 12 Months)	na	na	25
				Infection Control			May-22
				All Reported Infections (Rolling 12 Months)	743		779

Workforce

	Standard	Trend	May-22		Standard	Trend	May-22
Sickness Absence Rate (in-Month)	6%		6.5%	Turnover Rate	7% - 9%		13.7%
Sickness Absence Rate (12-Month Cumulative)	6%		7.1%	Mandatory Training Compliance	85%		72.2%
Values-Based Appraisal and Medical Appraisal Compliance (Combined)	85%		32.5%	Fire Training Compliance	85%		64.9%

Performance

	Standard	Trend	May-22		Standard	Trend	May-22
A&E 12 hour waiting times	0		1258	Mental Health Part 1a - Assessments within 28 days	80%		77.4%
A&E 4 hour waiting %	95%		60.9%	Mental Health Part 1b - Therapy Commencing within 28 Days	80%		93.1%
Ambulance Handover Times >1 hour	0		763				May-22
			May-22	Patients Delayed over 100% for follow-up Appt	0		42558
Waiting less than 26 weeks %	95%		54.2%				Apr-22
RTT Waiting Over 36 Weeks	0		44830	Single Cancer Pathway	75%		61.6%
Diagnositcs >8 weeks Wait	0		3940				

Finance

	Standard	Trend	May-22		Standard	Trend	May-22
Deliver 2022/23 Draft Financial Plan	£20.8m planned deficit	na	£3.996m deficit	Delivery of £4m non recurrent target	£4m	na	£7.663m
Remain within capital resource limits.	Within planned expenditure £46.366	na	£3.422m	Creditor payments compliance 30 day Non NHS (Cumulative)	95%		92.4%
Reduction in Underlying deficit (Forecast)	Reduce from £29.7m to £23.7m	na	Forecast Year End ULD £23.7m	Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit
Delivery of recurrent £12.000m 1.5% devolved target (Forecast)	£12m	na	£7.142m	Maintain Positive Cash Balance	Positive Cash Bal.	na	£4.952m

* Those who have received two Covid-19 doses, with the exception of those who are severely immunosuppressed and are recommended three primary doses

** No new data available

POPULATION HEALTH

Covid-19 update

- **Epidemiology:**

Covid-19 community prevalence increased in the first two weeks of June in Cardiff and Vale, mirroring national trends. This was evidenced on community PCR and lateral flow testing rates, and wastewater signals. Rates have subsequently started to stabilise according to these measures. The most recent ONS infection survey prevalence data has shown the increase, but not yet a stabilisation; this is likely to feed through in future weeks as this data source lags behind local community testing and wastewater by around a week. Similarly, hospital admissions have increased slightly from a low base. This is expected to stabilise 1-2 weeks after the community rates have stabilised.

It is thought the rise may be due to two potential factors: firstly, increased socialising over the Jubilee bank holiday long weekend; and secondly, the increasing prevalence of the BA4 and BA5 omicron variants in Wales. The BA5 strain in particular has some transmissible advantage over other B.A. strains.

Clusters in care homes are broadly stable, alongside few hospital outbreaks. ONS reported mortality has remained broadly stable, below or in line with the five-year average.

- **Test, trace and protect (TTP):**

Local and regional changes have been made to TTP services in response to the Welsh Government plan, 'Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic', with a focus on supporting high risk settings in the current 'Covid Stable' environment. Free PCR testing for the general population ended on 31st March 2022. Free LFT testing for citizens with symptoms was due to end in June, but has been extended due to the current increase in cases, and will now cease on 31st July 2022. Beyond that PCR testing capability will remain in place to manage outbreaks, as will LFT testing for staff working in high risk settings. From 1st July 2022 onward, the smaller retained contact tracing team will be targeted to support high risk settings, along with regionally determined priorities in health protection and health improvement. The multiagency regional team has further reduced its meeting frequency, and the Regional IMT has been paused. However, the situation is being monitored and both the local and regional responses could be stepped up to respond to a 'Covid Urgent' scenario in the future.

- **Covid-19 vaccination**

Cardiff and Vale UHB has now delivered over 1,163,000 Covid-19 vaccinations to the population; this includes 42,000 Spring/2nd booster vaccinations. In terms of uptake, 85% of people aged 75 years and above; 59% of those severely immunosuppressed and 75% of care home residents have received a Spring booster to date. All eligible individuals for Spring booster vaccination have now been offered an appointment. Appointments for Spring booster vaccinations will be available until end June 2022 (except for eligible individuals who were unable to receive prior to end of June, for example due to illness). We will continue to offer walk-ins for 1st, 2nd and 1st booster doses to all eligible individuals across all sites.

We have given 26% of 5-11 year olds a first dose of vaccination – the highest across Wales. All children aged 5-11 year have now received their first offer of appointment and we are currently reviewing the options for increasing uptake amongst this age group.

There is a continual flow of housebound individuals which our mobile teams are providing vaccinations for.

Interim guidance (https://www.gov.uk/government/news/jcvi-provides-interim-advice-on-an-autumn-covid-19-booster-programme) from the Joint Committee for Vaccination and

Immunisation (JCVI) for the Autumn booster programme has now been published. Eligible groups include all people aged 65 years and over, frontline health and social care workers, care home residents and adults aged 16 to 64 years who are in a clinical risk group. A joint delivery plan for the Autumn Covid-19 booster and influenza vaccines is currently being developed. Splott and Bayside MVCs are due to close over the summer period; arrangements for a new Cardiff MVC on the Woodland House site will support delivery of the Autumn booster programme from September.

The Covid-19 pandemic has exacerbated the inequalities and inequities in health experienced by the population of Cardiff and the Vale of Glamorgan. Significant work is required to address these population impacts, which the UHB will need to do in partnership with other local agencies. Ongoing preventative interventions such as smoking cessation, also need to be delivered, again taking into account the inequities experienced by our population. Specialist public health resource to support the full range of activities continues to be limited due to the ongoing requirements of the Covid-19 response.

Tobacco Control:

Smoking Cessation
Cardiff and Vale UHB achieved 2.1% (2021-2022) against a Welsh Government Tier 1 target of 5% (Figure 1). This represents a slight decline from 2020-2021 (2.2%). This may be explained by the impact of COVID reducing client engagement with NHS smoking cessation services, temporary ceasing of services due to capacity - such as those offered by Community Pharmacies – and by increased 'one-off' interaction (such as supply of Nicotine Replacement Therapy) instead of on-going support which is required for Tier 1 'Treated Smoker' data.

Despite this slight reduction, the rate remains broadly static after a particularly challenging year, with the Health Board previously achieving 1.8% (2019-2020 and 2018-2019) and 1.6% in 2017-2018. Data for Wales (2021-2022) has not been published to date.

The Health Board continues to achieve a high 4 week quit rate against the Tier 1 Welsh Government Target of 40% (Figure 2). The UHB achieved a 74% 4 week quit rate (self-reported), (2021-2022). This is a considerable increase from the previous year (66%, 2020-2021).

The Help Me Quit (HMQ) community-based smoking cessation service achieved a 74% 4 week quit rate (self- reported), the Hospital Smoking Cessation Service, 75%, and the Community Pharmacy Enhanced Level 3 Service, 68% for 2021-2022. Both the HMQ and hospital Smoking Cessation service achieved over 70% for all 4 quarters of 2021-2022.

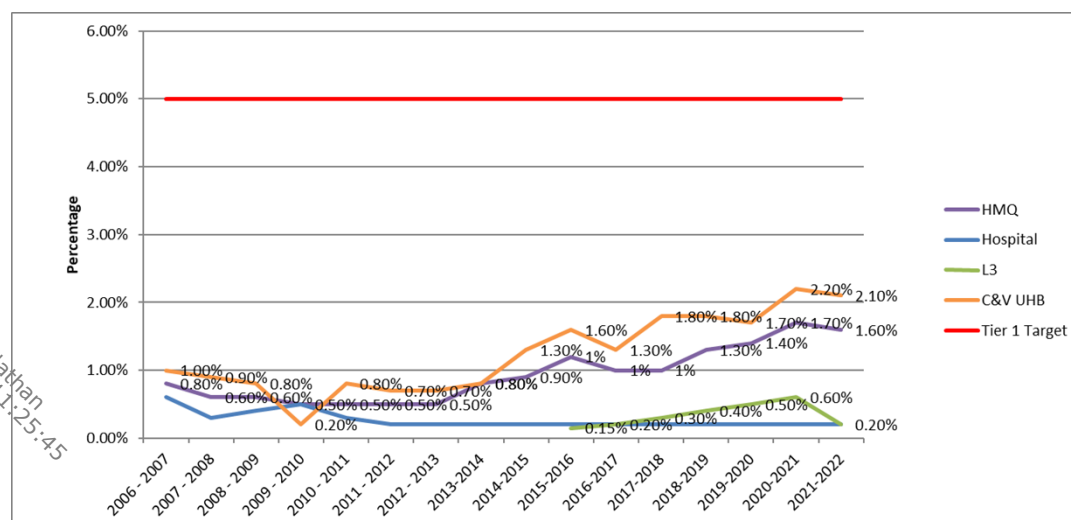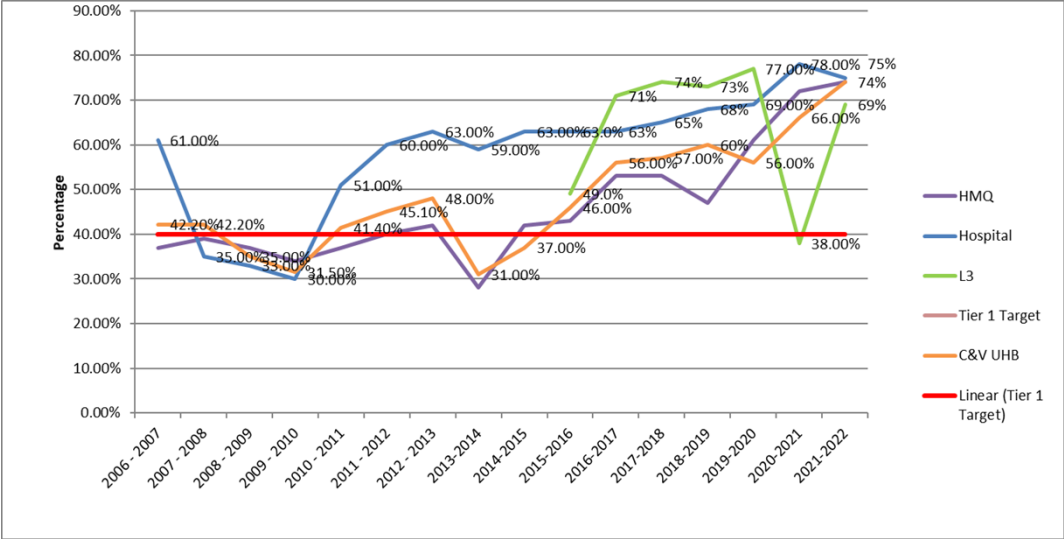Figure 1: Percentage of Treated Smokers, Cardiff and Vale UHB Smoking Cessation Services 2006-2022

Figure 2: Percentage of 4 week quits (Self-reported), Cardiff and Vale UHB Smoking Cessation Services 2006- 2022

As part of Welsh Government Ministerial priorities for 2021-2022, the Hospital Smoking Cessation Service is working with all partners to implement the integrated 'Ottawa' model which includes routine identification of smokers with Brief Intervention advice, supply of NRT with smoking cessation support on admittance and continued engagement on discharge.

In Cardiff and Vale UHB, 9% of pregnant women smoke on booking (2020-2021), Wales 17%. The Health Board implements a Model for Access to Maternal Smoking Cessation Support (MAMSS) aiming to reduce smoking rates during pregnancy. For Quarter 3 2021-2022, (the latest available date), 64% of pregnant women who smoke accepted a referral the MAMSS Support Worker (representing an increase from 49% pre MAMSS intervention 2020-2021). for those engaging with smoking cessation support, 43% quit smoking at 4 weeks.

Smoking Prevalence
14% of adults smoke in Cardiff and Vale of Glamorgan (National Survey for Wales, 2019-2020) (a reduction from 17%, 2018-2019). Cardiff and Vale UHB has the lowest prevalence of smoking when compared to other health boards in Wales. Welsh Government has set a target of 5% by 2030 as part of their draft Tobacco Control Strategy 2022-2030 which is scheduled to be launched in July 2022.

Smoking Prevention
A dedicated Children and Young Peoples Tobacco Control Programme has been implemented to help reduce the uptake of tobacco (and e-cigarettes)

QUALITY AND SAFETY

Concerns –Patient Experience
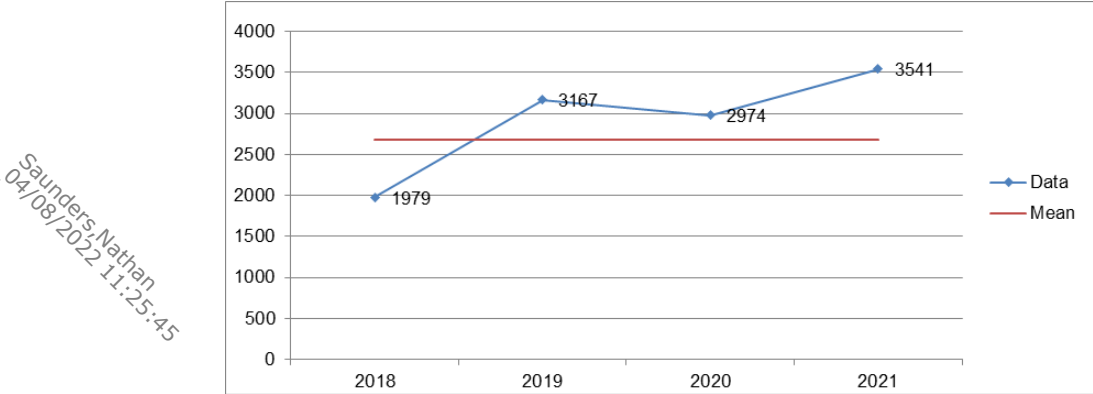
The main themes remain as: **Communication:**

Concerns Received by Top 10 Primary Subjects
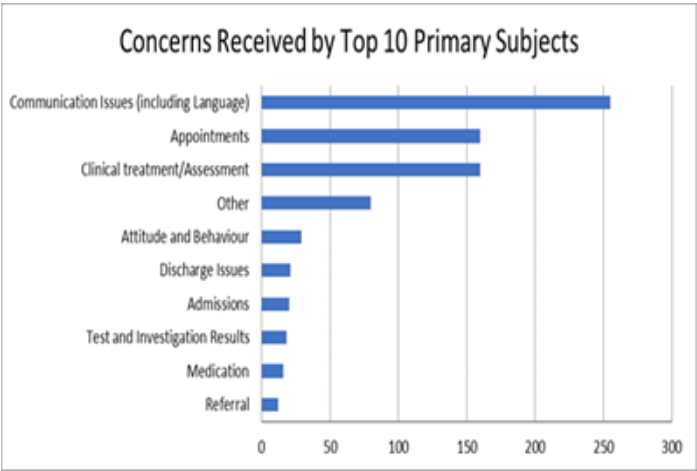
Falls

Slips, Trips and Falls continue to be the most commonly reported incident – 16% of all incidents reported since 1st March 2022. Of these, the majority have no or low harm (87% of falls). 11% were reported with moderate harm, 2% with severe harm and 0.001% with catastrophic harm. The latter relates to 2 deaths following a fall since 1st March 2022, both were externally reported to the Delivery Unit.

Learning from inpatient fall investigations has identified the following factors;
• Lack of knowledge of guidance
• Deviation from guidance
• Need for Training

Three main themes:
o Lack of Orthostatic Hypotension Assessment (L&S BP)
o MFRA not completed at correct times
o Lack of (evidence of) Medication Review
o Deviation from bed rails and enhanced supervision guidance

Fractured Neck of Femurs continue to be the most commonly reported injury post-fall.

Total Number of Falls

Number of Falls With Harm
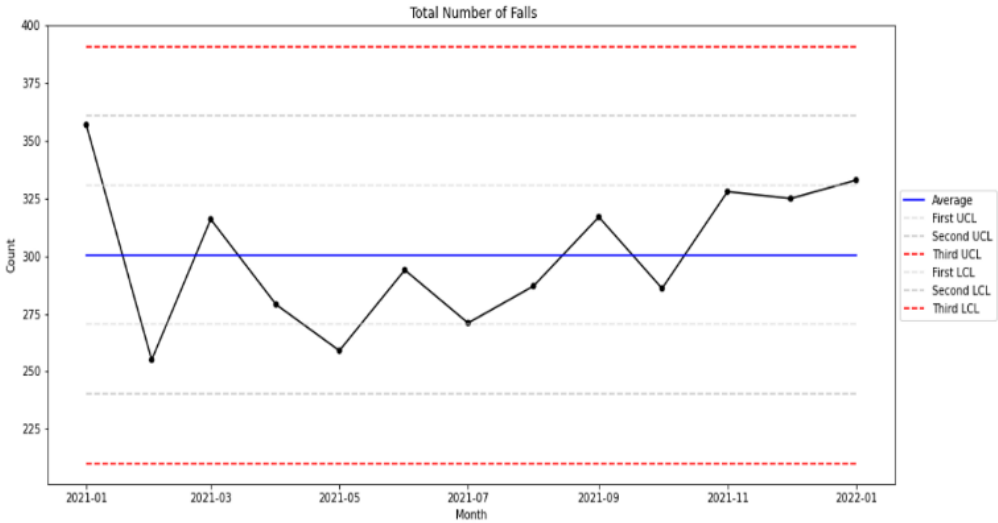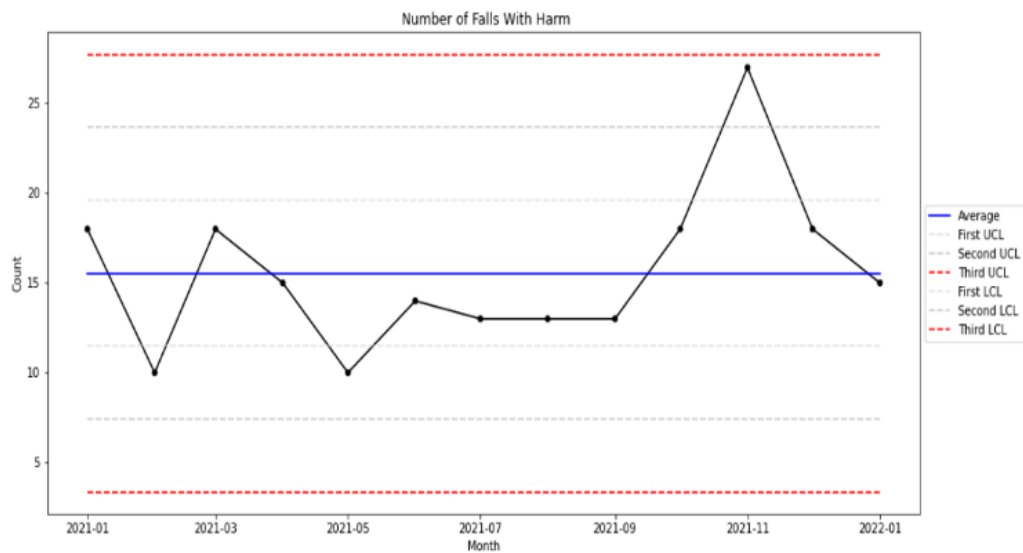
Nationally reportable incidents

There has been significant work undertaken by the Clinical Boards to close any NRIs. At the time of reporting there are a total of 79 open NRIs, of these, 41 are overdue for closure. Due to the efforts of the Clinical Board and corporate Team to actively close NRIs, 27 closure forms were submitted to DU during April and May 2022.


23.CV - National Reported Incidents By Severity & Month (Source: RLDatix) - n.b. Date Reported to DU

24.CV - National Reported Incidents By Month (Source: RLDatix) - n.b. Date Reported to DU

29.CV NRI - Current Overdue Invesitgations/Outcomes (Source: RLDatix) - n.b. snapshot data

Please note - incl. incidents not yet closed by WG/DU
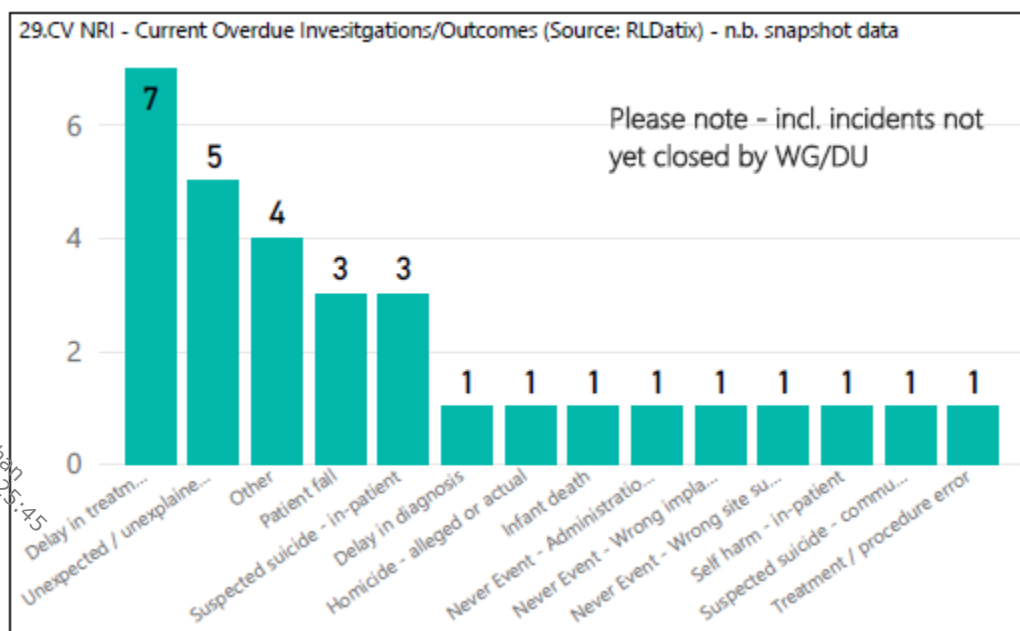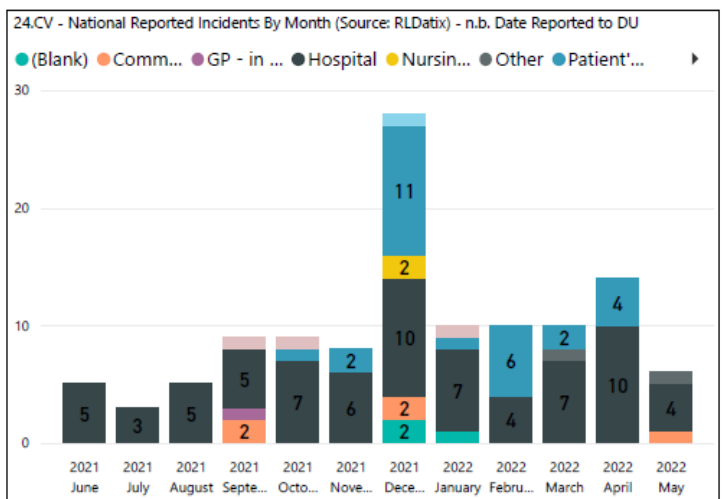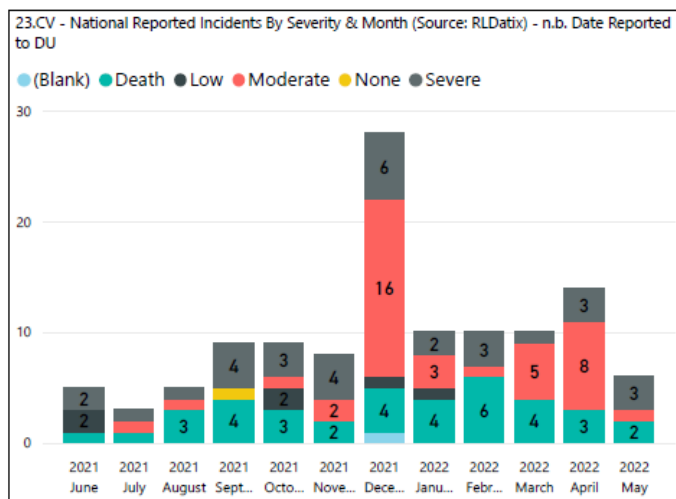
Saunders Nathan
04/08/2022 11:25:45

Hospital Infections – As at May 2022 the grouped total Cdiff, Ecoli, MRSA and MSSA infections is showing no in-year improvement against the 2018/19 baseline. However, MRSA and MSSA are demonstrating an in-year improvement.

Similarly, as at March 2022 Klebsiella in-year infections are above the baseline year whereas P. aeruginosa is running below the 2018/19 baseline average.
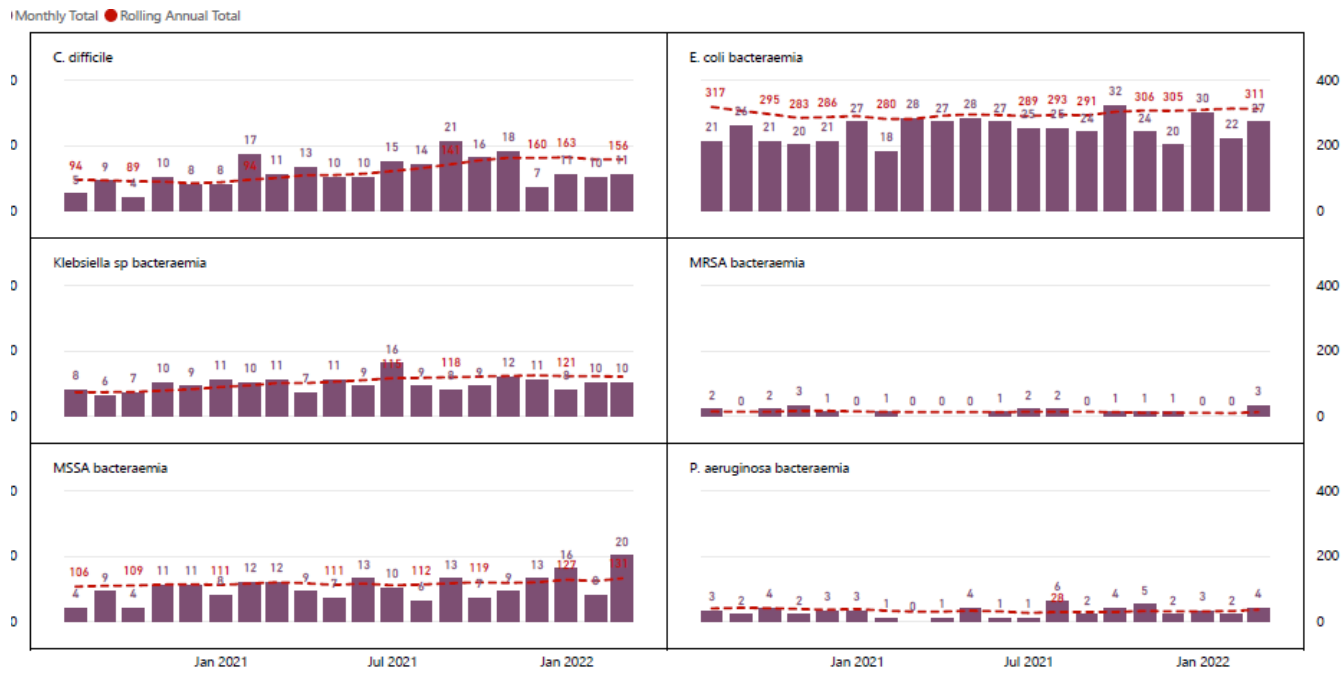
Pressure ulcers
Data per 1000 Bed days as per May 27th 2022

As previously discussed the goal of the pressure damage collaborative was to **reduce** the incidence of healthcare acquired pressure damage with the Health Board by **25% by July 2022**. The current data available to the pressure damage collaborative which can now for the first time can be presented per 1000 beds days shows that the pressure damage per 1000 bed days has reduced from 3.51 in May 2021 to 2.61 in March 2022 for inpatient areas which is a reduction of 24%, which at a very high simplistic level would indicate that the reduction goal has already been m
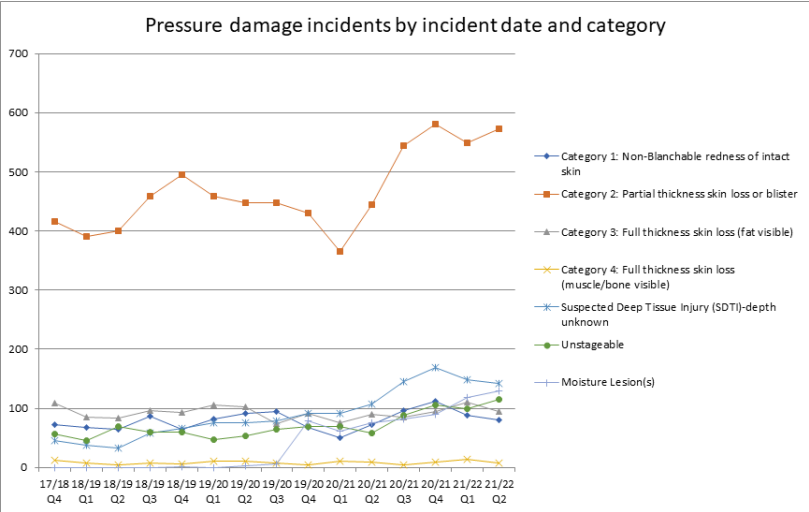
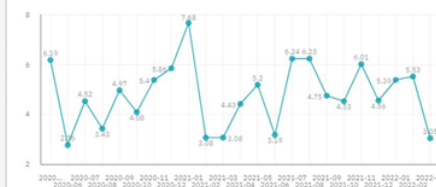Pressure Damage per 1000 Bed Days - UHB
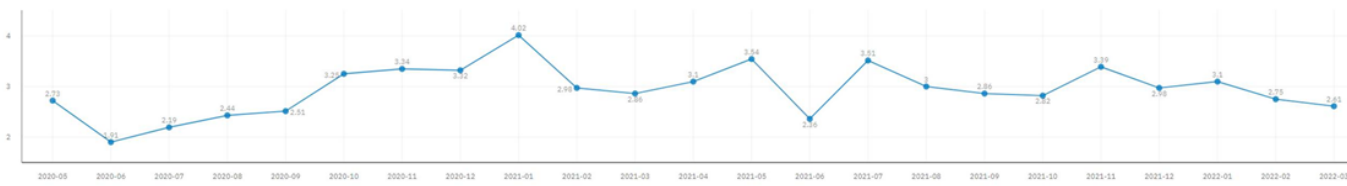
Pressure Damage per 1000 Bed Days - Medicine

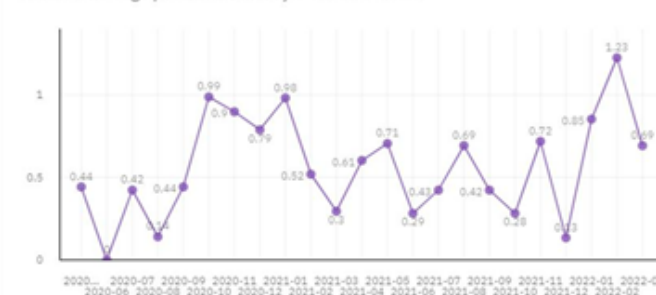Pressure Damage per 1000 Bed Days - Surgery

Pressure Damage per 1000 Bed Days - Specialist

Pressure Damage per 1000 Bed Days - Children and Women

Pressure Damage per 1000 Bed Days - Mental Health

However, it must be noted that although there is an overall reduction in reported hospital acquired pressure damage from inpatient areas until March 2022 the initial data which has not yet been verified for April 2022 does show an increase back to 3.95. This data has yet to be cleaned and many have not yet been through the Health Board pressure damage investigation process so is not yet reliable or ready to be shared.

The collaborative are in the process of developing a QI dashboard for pressure damage which will triangulate data from both e-datix and our business intelligence system (BIS) to provide a more robust streamlined reliable data set and measurement. The 8 metrics will be

- Total number or pts with pressure damage
- Breakdown of stage (moisture lesion, 1,2,3.4 etc)
- Pressure damage that occurred in our care – Acute
- Pressure damage that occurred in our care - Community
- Percentage of patients whose pressure damage deteriorates
- What pressure damage is reported comes in on admission to organisation vs what develops in a clinical area
- Length of time taken for pressure damage to develop
- Number of days pressure damage free per clinical area
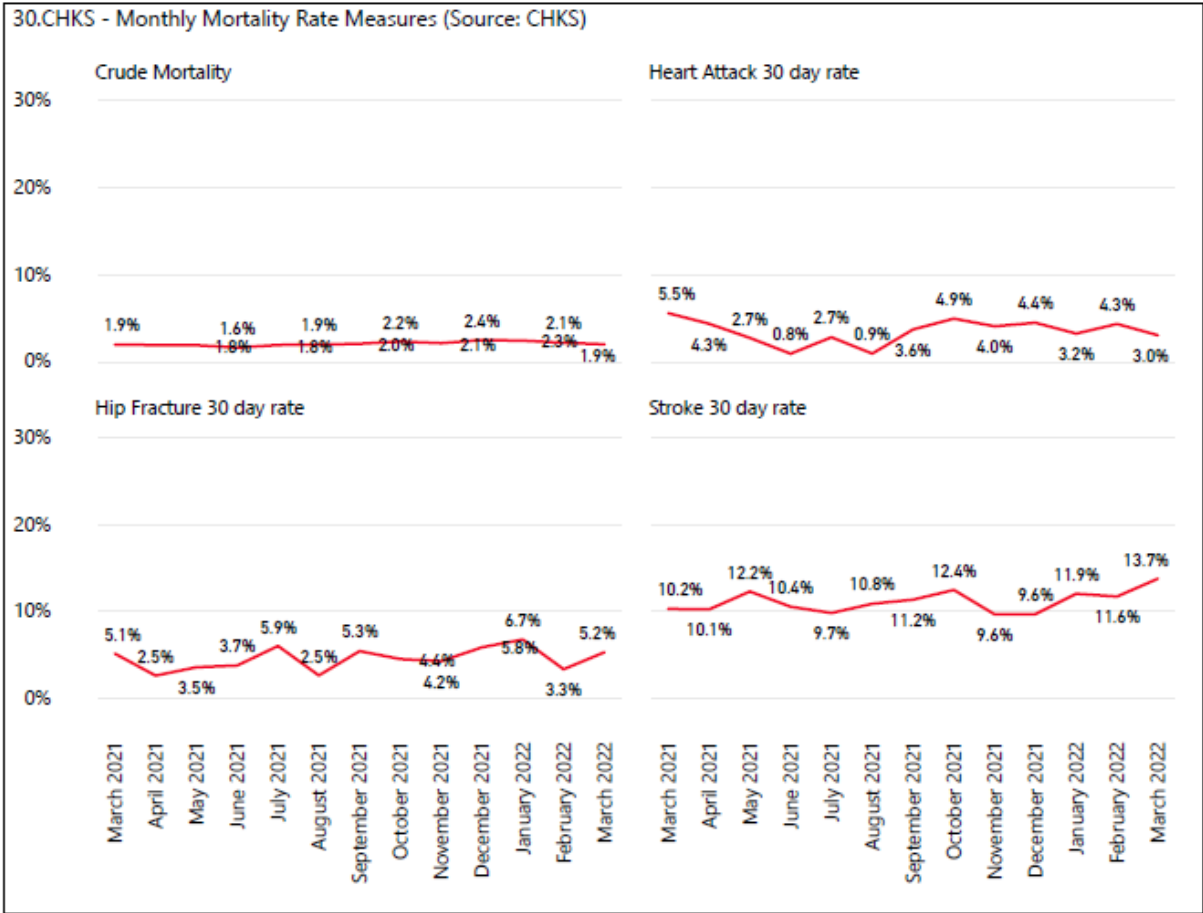
Mortality
Different sources of mortality data are required to provide assurance on the quality of care we provide. Risk Adjusted Mortality Index is a complex algorithm which is affected by several factors including coding. It is an important signal but is not an indicator of quality. It should be used in conjunction with crude mortality, condition specific mortality and case note reviews in order to provide assurance.

The independent scrutiny of case notes by the Medical Examiner (ME) is supported by increasingly robust governance structures which are now established in the UHB. It is expected that the ME service will be fully implemented by September 2022

The graph below shows a stable number of stillbirths under 24 weeks gestation over the past 4 years.

Stillbirths >24 weeks
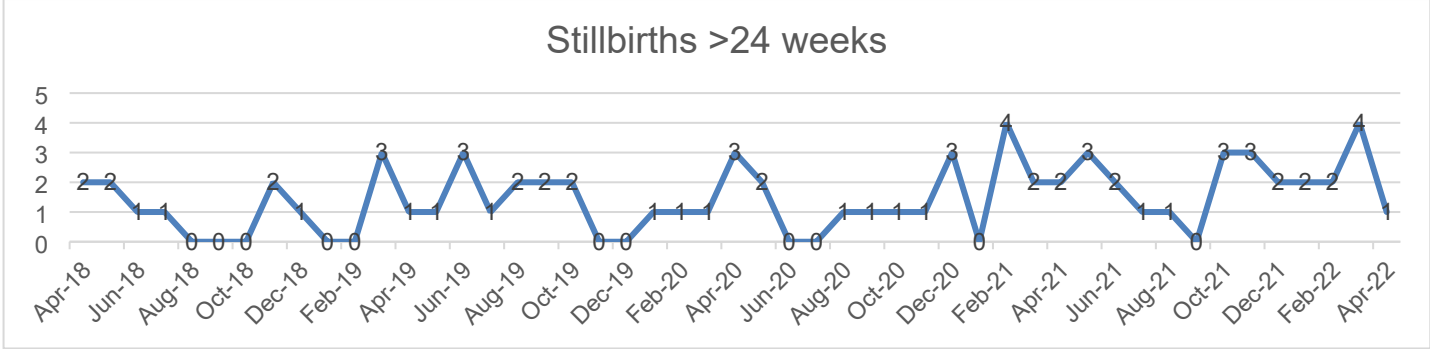
According to ONS data, in 2021 the stillbirth rate in UK was to 4.2 stillbirths per 1,000 births. At Cardiff and Vale UHB the stillbirth rate was 2.4 (13 stillbirths for 5468 live births) for 2021.

30.CHKS - Monthly Mortality Rate Measures (Source: CHKS)

CHKS mortality data from latest 3 months is provisional only

PEOPLE/WORKFORCE

The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and going forward will periodically provide an overview report against the seven themes within the People & Culture Plan.

Workforce KPIs

- **Sickness Absence** rates remain high at 6.50% in May and are 0.60% higher than they were 12 months ago. The rate is however the lowest it's been since July 2021 which is promising.

  The cumulative rate continues to rise at 7.14%, this figure is derived from absence over the last 12 months.

  The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'

  The number of staff on long term sick leave suffering with 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 31/05/22 there was 252 (a reduction of 32 – 11.27%).

- The rate of compliance with **Values Based Appraisal** (VBA)remains very low; the compliance at May 2022 was 32.45%. The importance of having a meaningful appraisal have been highlighted throughout the organisation. It is likely that operational pressures continue to adversely affect compliance. VBA training and communication is continuing with focused and targeted support being offered to areas/managers to ensure pay progression is completed effectively.

- **Turnover** rates have increased month-on-month over the last year, and is now 13.65% UHB wide. An empirical analysis of the leavers indicates that approximately 1% of the turnover is due to the end of fixed-term contracts issued to staff to work in new teams created to respond to the COVID-19 pandemic (such as the Mass Immunisations team). There has been a 2.48% increase in turnover during the last 12 months, which equated roughly to an additional 388 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'End of Fixed Term Contract'.

- **Statutory and Mandatory training** compliance rate continues at just over 13% below the overall target. It is likely that operational pressures continue to adversely affect compliance.

- Compliance with **Fire training** is continuing to improve, although the rate of improvement has slowed. In May the compliance with Fire training was 64.91%.

Summarised below are a few examples of what the team have been working on since the previous report:
Improving the health & wellbeing of our staff
- Inner Wellness webinars for all staff arranged for July, August and September.
- Wellbeing retreats starting 1st July 2022 initially targeted at Medical Workforce.
- People Services Team have been providing specialist advice and support to managers and staff on matters relating to managing attendance. They have been collaborating with the People Health and Wellbeing Service to ensure our staff are supported in the most appropriate way.
- The number of staff on long term absence suffering with long Covid has reduced to 32 and as mentioned earlier in the report the number of staff on long term absence suffering with anxiety/depression has reduced.
- The number of formal disciplinary cases has reduced to 21, this reduction is a direct result of changing the People Services model and embedding the principles of 'Just Culture'. Staff who are affected are supported throughout the process.

Enhancing the way, we engage and listen to our teams
- Wellbeing survey for our Medical & Dental teams is now live and closes on 31st July 2022.
- Awareness sessions are taking place with Nursing teams on the new engagement tool 'Winning Temp' in readiness for the launch.

- NHS Pension Scheme awareness sessions have been organised, focusing initially on the changes that have been created by the McCloud judgement.
- Requests for team development and cultural assessments have increased.
- OD support conversations have taken place, linked to the strategic programmes.

Improving the way, we attract, recruit and retain
- Engaging in a rolling programme of Recruitment Events/Careers Fairs which is proving to be very successful.
- Increasing the number of Registered Nurses and HCSW's who are registered to work on our Bank.
- The Retention Plan has been finalised and will now be implemented across UHB.
- Online promotion of apprenticeships for new recruits took place during 'Learn at Work Week' 16th – 20th May 2022.
- A new Good Practice Guide for the Appointments of Consultants in NHS Wales has been issued. Work is currently being undertaken to review our current Training Guide / recruitment protocols to ensure they reflect the new guidance as well as building a greater emphasis on the principles of values-based recruitment.

Improving workforce efficiency through systems and workforce analytics
- The new e-rostering system (HealthRoster) has now been implemented in 50 ward areas. Both the new system and roster principles are being well received by our Nurse Managers.
- Job Planning compliance is 83%, focus now is on sign off and ensuring that job plans are reviewed on an annual basis.
- Nurse establishments have been agreed and are being updated in ESR to ensure that our workforce data is accurate.
- We are engaging with the NWSSP Recruitment and Payroll modernisation programme, with a view to streamlining processes for our managers and staff.

Offering excellent education, learning and leadership development
- First cohort of the RCN cadets' scheme will commence on 25th July 2022. There are 21 in the cohort with 20 being from BAME backgrounds from a local high school. All will be offered the opportunity to interview for a HCSW bank worker role.
- 289 Nurses that joined us via the International Nurse Recruitment campaign have now achieved registration.
- Flexible part-time undergraduate programmes are now available for Physiotherapy and Occupational therapy starting September 2022.
- Acceler8 Cohort 1; Module 4 completed at 4PI, positive feedback to date from participants. Cohort 2 nominations now open.
- Collabor8 programme is now in development and will be launched in September 2022.

PERFORMANCE

System wide operational pressures have continued and we are still seeing access or response delays at a number of points across the health and social care system. Updates with regards to specific service areas are contained within the relevant sections.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Board meeting. It is anticipated that a revised NHS Performance Framework for 2022/23 will be issued in quarter 2, reflecting some of the Ministerial priorities outlined in national plans. July's Board report will be updated to include our position on two specific planned care ministerial ambitions – elimination of > 52 weeks new outpatients by the end of December 2022 and elimination of > 104 week waits for all stages of pathway by the end of March 2023.

Planned Care

Whilst the operational pressures impacted on the delivery of planned care activity in quarter 1, implementation of new schemes and recommencement of elective activity in UHW and UHL resulted in an increase in activity as we moved through the quarter.

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 126,960 as at May 2022. The number of patients waiting for planned care and treatment **over 36 weeks** has increased to 44,830 at the end of May 2022. 54% of these are at New Outpatient stage.

The good progress made in increasing **Diagnostic** activity and reducing waits continues. The volume of greater than eight-week waits has reduced from its highest point of 7,808 in December 2021 to 3,940 at the end of May. The number patients waiting over 14 weeks for **Therapy** reduced to 2,567.

Referrals for patients with suspected **Cancer** have now exceeded pre-Covid levels. Performance against the Single Cancer Pathway has been maintained with 61.6% of patients seen and treated within 62 days of the point of suspicion.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of May 2022 was 176,446. 98.7% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 42,558.

95.5% of patients waiting for **eye care** had an allocated health risk factor in May 2022. 69.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Demand for adult and children's **Mental Health** services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,319 referrals in May 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioural needs. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. Part 1a: The overall percentage of Mental Health assessments undertaken within 28 days increased to 77.4% in May 2022, CAMHs performance was 78.2%. There were no patients waiting over 57 days in April or May 2022. Part 1b: 93.1% of therapeutic treatments started within 28 days following assessment at the end of May 2022.

Ministerial Measures:

Measure	WG Ambition	IMTP commitment	April	May
Number of patients waiting over 52 weeks for a **new outpatient** appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,588	15,810
Number of patients waiting more than 104 weeks for **treatment** (all stages)	0 (end of March 2023)	750 (end of March 2023)	9,066	8,820

Unscheduled Care

Attendances at our Emergency Unit department have increased since the first Covid wave but remain lower than previous years. Performance against the 4 and 12 hour waiting time targets and ambulance handover >1 hour is shown in the balanced scorecard.

The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. Two factors continue to combine to cause current difficulties – high occupancy, with a continued challenge in our ability to achieve timely discharge and sustained workforce challenges.

Covid admissions have reduced since the last Board meeting allowing us to further de-escalate some Covid capacity. At the time of writing, the UHB had 52 Covid positive inpatients across its two acute

hospital sites. The relaxation of IP&C measures in June 2022 have led to a reconfiguration of the EU and AU footprint and lowered the previous complexity of streaming patients requiring admission.

The Health Board, in conjunction with its Local Authority and WAST partners, continues to work hard to alleviate the pressures and improve the quality of care and patient experience through a range of actions agreed across a number of areas, including admission avoidance, enhanced escalation and more timely discharge. Whilst some of these actions are more short term to address the current challenges we are facing, the Health Board, in conjunction with its partners, has also developed a more sustainable and transformational plan, in line with the national six goals for urgent and emergency care. This will be covered in more detail at the S&D Committee on 12th July 2022.

Primary Care

The Health Board achieved 75% compliance in April 2022 for the proportion of GP OOH 'emergency' patients attending a primary care centre appointment, with 6 patients of 8 attending within 1 hour. The Health Board was 88% compliant against the target for emergency GP OOH patients requiring a home visit within one hour.

Pressure has continued within GMS, albeit with a reduction in the number of practices reporting high levels of escalation. There were 8 reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. Dental services are operating at around 50% of pre-Covid activity but we expect to see an increase in activity as we move through Q1 into Q2 driven by new contractual arrangements and changed IP&C guidance. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

FINANCE

How are we doing?

The Health Board agreed and submitted a draft financial plan to Welsh Government at the end of March 2022. The draft plan is structured in three parts in line with Welsh Government guidance as follows:

- Core Financial Plan including recovery
- National inflationary pressures which are out of the direct control of individual Health Boards.
- Ongoing COVID response costs.

The UHB's core plan incorporated: -

- Brought forward underlying deficit of £29.7m
- Allocations and inflationary uplifts of £29.8m
- Capped cost pressures and investments of £36.9
- A £16m (2%) Savings programme

This results in a 2022-23 planning deficit of £20.8m.

At month 2, the UHB is reporting an in month overspend of £3.996m against its submitted draft plan. This is due to £0.529m of operational pressures and a planning deficit of £3.467m, which is two twelfths of the planned deficit of £20.8m identified in the draft 2022/23 financial plan.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 2, the UHB has identified £14.805m of green and amber schemes to deliver against the £16.000m savings target leaving a further £1.195m schemes to identify. Whilst the UHB has made good progress against the overall £16m target, there is a gap of £4.858m against the £12m recurrent element of the target at month 2.

Reported month 2 position

The Welsh Government monthly financial monitoring returns capture and monitor costs due to COVID 19 and exceptional cost pressures that are over and above LHB core plans. The draft financial position reported to Welsh Government for month 2 is a deficit of £3.996m and this is summarised in Table 1.

Table 1 : Month 2 Financial Position

	Month 2	Forecast Year-End Position £m
COVID 19 Additional Expenditure	11.197	65.282
Exceptional Inflationary Pressures	3.081	24.800
Gross additional COVID and Exceptional Inflationary Pressures £m	14.278	90.082
Welsh Govt FUNDING for additional COVID and Exceptional Inflationary Pressures	(14.278)	(90.082)
Planned deficit	3.467	20.800
Operational position (Surplus) / Deficit	0.529	0.000
Financial Position £m (Surplus) / Deficit £m	**3.996**	**20.800**

The month 2 deficit of £3.996m comprised of the following:

- £3.467m planned deficit (2/12th of £20.800m);
- £0.529m adverse variance against plan.

The UHB plans to recover the adverse operational variance of £0.529m at month 2 as the year progresses and anticipates that it will deliver its planned deficit position of £20.8m.

In line with the draft financial plan, the UHB expects Welsh Government funding to provide full cover for additional costs in relation to the management of COVID and exceptional cost pressures. At month 2 the UHB is projecting additional expenditure due to COVID-19 to be £65.282m including local response and national programmes. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £24.8m.

Underlying deficit position

The UHB's accumulated underlying deficit brought forward into 2022/23 was £29.7m which reflects the £21.3m shortfall against the recurrent 2020/21 savings target due to the pandemic and the £4.4m shortfall against the 2021/22 recurrent savings target. Delivery of the UHB's draft financial plan will ensure that the underlying position does not deteriorate in 2022/23 and reduces to £23.7m.

Creditor payment compliance

The UHB's public sector payment compliance performance was 92.4% at the end of May, which is just below the target of 95%.

Remain within capital resource limit

The UHB's approved annual capital resource limit was £46.366m at the end of May 2022. Net expenditure to the end of May was 7.3% of the UHB's approved Capital Resource Limit and all schemes are currently in line with approved plans.

What are the UHB's key areas of risk?

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23 year end with a current planned deficit of £20.8m

Recommendation:

The Board is requested to:			
NOTE the contents of this report			

Workforce Key Performance Indicators Trends June 2022

WTE Establishment and Employed Staff in Post Numbers

- Establishment WTE
- Employed Staffing WTE

WTE Permanent, Fixed-Term and Bank Staff in Post Numbers

- Permanent (Left Axis)
- Fixed-Term Temp (Right Axis)
- Bank (Right Axis)

WTE Fixed-Term, Bank and Locum Staff in Post Numbers

- Fixed-Term Temp
- Bank
- Locum

Total Monthly Pay Bill

- Total Pay Bill (Millions)
- Linear (Total Pay Bill (Millions))

Pay Bill Under/Overspend Rate

- % Over/Under
- Linear (% Over/Under)

Proportion of Total Pay Bill Attributable to Variable Pay

- % Variable Pay
- Linear (% Variable Pay)

Turnover Rate

- % Turnover
- Linear (% Turnover)

In-Month and Year to Date Sickness Rates

- In-Month
- YTD
- Target

Employee Relations Cases

- Disciplinary
- Target Disciplinary Cases
- Grievances
- Respect and Resolution
- Appeals

Statutory & Mandatory e-Learning Compliance Rate

- % Target
- % Compliance

Fire e-Learning Compliance Rate

- % Target
- % Compliance

Rollout of e-Job Planning

- Under Construction
- Awaiting Sign-Off
- Signed Off

VBA & Medical Appraisal Compliance Rate

- % Target
- % Compliance

Report Title:	Strategic Equality Plan (SEP) 2020 – 2024 Update		Agenda Item no.	8
Meeting:	LPF	**Public** X	Meeting Date:	10 August 2022
		Private		
Status *(please tick one only)*:	Assurance	Approval	Information	X
Lead Executive:	Executive Director of People and Culture			
Report Author (Title):	Assistant Director of Organisational Development & Culture			

Main Report
Background and current situation:

The Strategic Equality Plan: Caring about Inclusion is our third four-year Strategic Equality Plan (SEP) and is closely aligned to our ten-year strategy 'Shaping Our Future Well-being' and our IMTP, as well as to the organisation's values. Our ambition is that a person's chance of leading a healthy life is the same wherever they live and whoever they are. The current SEP sets out the most important outcomes we want to achieve and some of the ways in which we will deliver improvements between April 2020 and March 2024.

Progress on the report is monitored via the Equality Strategy and Welsh Language Standards Group (ESWLSG).

The Plan outlines four key outcomes:

1. People are and feel respected this includes patients, carers and family members as well as staff and volunteers
2. We communicate and engage with people in ways that meet their needs (whether this is through written communication, face to face, signage, Welsh or other community languages including British Sign Language)
3. More people receive care and access services that meet their individual requirements, including those from socio-economic communities
4. Gender and any other protected characteristic pay Gaps are eliminated

Under each of these headings are a set of objectives outlining the steps needed to achieve the outcomes.

Over recent months the Equity and Inclusion Team have worked to establish a number of workstreams to support delivery of the SEP.

Executive Director Opinion and Key Issues to bring to the attention of the Local Partnership Forum:

Some great work is taking place in the UHB in the coming months, which will help us take forward the SEP.

Please see some key highlights below:

- The One Voice Staff Network engagement

  The UHB has contributed to the One Voice Staff Network, supporting the network in establishing themselves within the organisation. The network has recently met with Race Equality First for input into Board Development sessions scheduled to take place in October and December 2022, to ensure that the experiences of our ethnically diverse colleagues with

senior leaders. The One Voice Staff Network have also agreed to support and co-design the organisational anti-racist action plan.

- Inclusion Ambassadors (formerly champions)

In August the UHB will formally launch its Inclusion Ambassador programme throughout the organisation aimed at Board members and senior leaders in the Clinical Boards. The programme will aim to increase organisational knowledge in relation to equality, diversity, inclusion (EDI) and Welsh language matters and a improve understanding of the lived experiences of our colleagues and communities, with the aim of enabling more inclusive decision making. An Inclusion Ambassador pack (Appendix 1) has been drafted and we would welcome feedback from the LPF on the content.

Key pieces of work for the programme will also include:

➢ Establish an Inclusion Ambassador network for peer learning
➢ Develop resources where appropriate to support the Inclusion Ambassadors
➢ Develop a virtual offering/platform for the Inclusion Ambassador network
➢ Arrange and facilitate learning opportunities/sessions for the Inclusion Ambassadors

- Data campaign

At the end of July, we launched a campaign to improve the data we hold in ESR in relation EDI and Welsh Language Skills, as currently there are considerable gaps in the information we hold. Improving this data will enable us to better understand the diversity of the organisation and to measure how representative we are of the communities we serve. Improving data in relation to Welsh language skills will also help us better understand our capability and ability to deliver a bilingual service.

Prior to launch, the awareness campaign materials (Appendix 2) were circulated amongst the staff networks and the Staff Side Chair for comment. Feedback was taken on board and amendments made prior to launch.

Work will continue on promoting the campaign throughout the organisation over the coming months. Support from the LPF in encouraging colleagues to update their data held on ESR would be welcomed.

- Implement Welsh Language Standards Framework

The organisation is continuing with its work in complying with the Welsh Language Standards.

The ESWLSG will seek assurances that the Clinical Boards and all other areas are complying, or working towards complying, with the standards. Each Clinical Board will have an Inclusion Ambassador for the Welsh Language to promote the standards and report back on successes and challenges.

The Welsh Government have recently launched its newly refreshed More than Just Words Strategy. The organisation will be working to embed the aims and objectives of the strategy and improve the Welsh language skills within the organisation.

- Disability Confident Level 3

ELITE Supported Employment have validated our application to become a Disability Level 3 Leader, which means we are now in a position to submit our application to gain status. Our application will be submitted this month and we hope to gain the certification shortly after.

Recommendation:

The Local Partnership Forum is requested to:

- Take this information as assurance that work is continuing to deliver the SEP: Caring About Inclusion 2020-2024.
- Provide comment and feedback on workstreams being undertaken and accompanying documents.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Safety: Yes
Risk to the safety of patients and staff who do not trust the organisation will treat them fairly.
Financial: Yes
Potentially through claims for discrimination.
Workforce: Yes
Attracting and retaining a diverse workforce.
Legal: Yes
Discrimination
Reputational: Yes

CAVUHB viewed as an organisation that is not inclusive of its communities.
Socio Economic: Yes
Linked to demographics served / represented.
Equality and Health: Yes
Health inequalities within our communities are exacerbated.
Decarbonisation: No

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

Saunders Nathan
04/08/2022 11:25:45

Become An Inclusion Ambassador

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cardiff and Vale
University Health Board

Our Vision

Our vision is to see people representing protected characteristic groups within their teams and across their practices, to bring about changes that matter to staff and help make CAV UHB a safer, kinder and more inclusive place to work.

Ambassador

1)   A person who publicly represents or promotes a particular cause or policy.
2)   A person who puts across a case on behalf of someone else.

You might have come across the term Diversity Advocate before; an Inclusion Ambassador is similar. We wanted to put the emphasis on how the role is designed to help everyone advocate for change and actively support their colleagues.

We've put together this guide to help you understand the Inclusion Ambassador role and its importance in making CAV UHB a supportive and inclusive workplace. We'll explain what the role involves and what makes a good Inclusion Ambassador, then provide you with some great resources to get you started.

The Inclusion Ambassador Role

In CAV UHB, we recognise that everyone has different lived experiences, and that listening to each other is a really valuable way of learning about the difficulties each of us face and how best we can support one another.

Lived experiences can vary greatly from person to person, even between people of similar backgrounds and upbringings. It's important to learn from a variety of people to understand these disparities and how they can affect different people's experiences.

Tying stories and lived experiences to how we view the world allows us to experience things we otherwise wouldn't. We can gain a better sense of empathy, a broader understanding and begin to see things we wouldn't otherwise have noticed. It can anchor our understanding of inclusion work by helping us to see what needs to change and how.

#peopleandculture

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cardiff and Vale
University Health Board

Llunio ein
Gweithlu
i'r Dyfodol
Shaping Our Future
Workforce

How You Can Make A Difference

Educate Yourself

The first step is to learn about the experiences of others and to understand how diversity works in our organisation and wider community. You could do this by following key figures on social media, keeping a closer eye on the news, listening to podcasts, watching a film, TV show or documentary or by listening to music. We have included some great resources at the end of this guide which will help you to educate yourself.

Engage With Others

Engage with the protected characteristic group for which you are an ambassador. This can be through attending lived experience events held within the UHB or by applying your learning to the workplace and situations you might encounter. Speak to colleagues and team members to learn more about their lived experiences and what you can do to make a difference, and make sure to link in with your fellow Inclusion Ambassadors, the Equality Team and Staff Networks regularly.

Raise Awareness

Raising awareness within your department is an crucial part of being an Inclusion Ambassador. Your colleagues need to know that you are there to support them and how you are going about this. You can use your knowledge and connections within the UHB to help share resources with others and let people know what events are happening within the UHB to support them. Our CAV Inclusion Calendar included in the Resources section will help you with this.

Support Your Staff

Once you feel ready, you can start to support staff who may come to you with difficulties and concerns. Often this will involve signposting or sharing resources, or even just lending a sympathetic ear, but it could involve advocating for your colleagues when appropriate. The aim is to create a safe space for members of staff to come to you, even if its just an hour set aside each month. Other Inclusion Ambassadors, the Equality Team and Staff Networks will always be help to help if/when you need support.

Hints and Tips

Reverse mentoring

Speak to your colleagues and members of the UHB Staff Networks to gain a greater understanding of their lived experiences and issues they have faced.

Training opportunities

Contact the Learning, Education & Development Team or Staff Networks to find out about any further training sessions you could get involved in.

Find your own resources

CAV UHB are partnered with a number of great organisations who have their own resource libraries. Don't be afraid to use non-traditional resources – music, comics, films, TV and podcasts are all great ways to learn in an easier format.

Really stuck?

If you're really struggling, try talking to other Inclusion Ambassadors or contact the Equality Team for more specific advice and resources.

Don't be afraid to make mistakes

Most of us learn from trial and error. Making mistakes is a really important part of learning how to improve. If you make a mistake apologise, correct and improve for next time.

Share your learning

We're always adding to our lists of helpful resources but if you find something new, please let us know so that we can include it and share with others.

Saunders Nathan
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#peopleandculture

Key Contacts

Staff Networks

Access Ability
AccessAbility.Cav@wales.nhs.uk

OneVoice
OneVoice.Cav@wales.nhs.uk

Rainbow Fflag
RainbowNetwork.Cav@wales.nhs.uk

People & Culture

Mitchell Jones, Equality Manager
Mitchell.Jones@wales.nhs.uk

Abigail Bernard, Inclusion Officer
Abigail.Bernard2@wales.nhs.uk

Helen Anderson, Inclusion Officer
Helen.Anderson6@wales.nhs.uk

Chandra Almeida, P&C Coordinator
Chandra.Almeida@wales.nhs.uk

UHB Services

Employee Wellbeing
Employee.Wellbeing@wales.nhs.uk

Learning, Education & Development
CAV.LED@wales.nhs.uk

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Resources

Websites

Stonewall
Inquest: Truth, Justice & Accountability
Mermaids UK
Everyday Sexism Project

Films

Sitting in Limbo (BBC)
A Killing In Tiger Bay (BBC)
Black Klansman (Amazon Prime)
Pride (Amazon Prime)

Books

This Book Is Anti Racist
Natives: Race and Class in the Ruins of Empire
We Should All Be Feminists
It's About Bloody Time, Period.

Podcasts

About Race
Guilty Feminist
Global Pilage

Documentaries

Disclosure (Netflix)
Prejudice and Pride: The Peoples History of LGBTQ Britain (BBC)
Silenced: The Hidden Story of Disabled Britain (BBC)

CAV Web

Inclusion Calendar
Rainbow Fflag: Staff Stories
Pride 2022: Staff Stories

TV Series

When They See Us (Netflix)
It's a Sin (4OD)
Heartstopper (Netflix)
Stephen (ITV)

Social Media

@MsSMoreau (Twitter)
@Transaidcymru (Twitter)
@the_female_lead (Instragram)
@ukisnotinnocent (Instagram)

Have You Completed Your Equality Data?

By updating your equality data you can help us to better understand the diversity of our workforce and make CAV UHB a great place to work and learn, for everyone.

What is equality monitoring?

Equality monitoring is the process of gathering equality information in relation to staff and analysing this data to better understand our workforce, ensure that we are meeting the needs of our staff and identify areas for improvement.

Why is it important?

Equality monitoring helps us to establish whether we are recruiting an inclusive workforce that is representative of our diverse local community. It can also help to identify underlying causes of discrimination and aid us in removing any unfairness or disadvantage.

Protected characteristics

All employers have a responsibility to provide employees with a safe work environment free from discrimination, harassment and intimidation. In addition to this, public bodies with 150 employees or more are required to demonstrate that they have considered how their activities affect people who share these protected characteristics.

The following are recognised as protected characteristics under the Equality Act 2010:

- ❖ Age
- ❖ Disability
- ❖ Gender reassignment
- ❖ Marriage and civil partnership
- ❖ Pregnancy and maternity
- ❖ Race
- ❖ Religion or belief
- ❖ Sex
- ❖ Sexual orientation

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Welsh language

In CAV UHB, we recognise that the Welsh language is an important part of our culture and identity and that many of our patients can communicate their care needs more effectively through the medium of Welsh. We encourage staff to use their Welsh language skills in their daily work with colleagues, patients and service users. The UHB also promotes a range of learning opportunities for those wishing to develop their Welsh language skills.

The Welsh Language (Wales) Measure 2011 is a legally binding framework that all public organisations in Wales must follow. It recognises that there are two official languages in Wales; Welsh and English.

Under these measures, we are required to:

- ❖ Provide Welsh language awareness training
- ❖ Help staff develop their Welsh language skills
- ❖ Keep a record of Welsh language skills of staff

Saunders,Nathan 04/08/2022 11:25:45

One Voice

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board
Rhwydwaith LHDTC+
LGBTQ+ Network

Rhwydwaith Anabledd
Access Ability Network

Meddwl Think Cymraeg Welsh

Llunio ein Gweithlu i'r Dyfodol
Shaping Our Future Workforce

Update your equality data on ESR
and help us to make CAV UHB a great place to work and learn, for everyone.

How To Update Your Equality Data
How To Update Your Welsh Language Data
Equity and Inclusion (CAV site)
Welsh Language Training Opportunities
Equality Monitoring Explained

Please note: There are strict data protection laws in place to ensure that we protect your personal details and store them securely. Your line manager is not able to view your equality data.

Saunders, Nathan
04/08/2022 11:25:45

Report Title:	Annual Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act			Agenda Item no.	10
Meeting:	**Local Partnership Forum**	Public	X	Meeting Date:	10 August 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information	
Lead Executive:	**Executive Nurse Director**				
Report Author (Title):	**Executive Nurse Director**				

Main Report
Background and current situation:

The Nurse Staffing Levels (Wales) Act [2016] became law in March 2016. The Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively.

Section 25A of the Act relates to the Health Boards overarching responsibility which came into effect in April 2017, requiring Health Boards to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations.

The process of determining the staffing levels of 25B wards across the Health Board is well established. However in addition, the Executive Nurse Director requests all clinical areas outside of 25B&C to undertake a review of their staffing levels in line with this timetable to provide assurance of compliance with 25A.

However it should be noted there are exceptions within the Mental Health Clinical Board. The Mental Health Clinical Board management team have been asked to address the gaps in nurse staffing and financial allocation within their IMTP through 2022/23.

Section 25B&C identifies wards where there is a duty to calculate nurse staffing levels using a prescribed methodology and maintain nurse staffing levels.

Section 25E of the Nurse Staffing Levels (Wales) Act (2016) requires Health Boards to submit a Nurse Staffing Levels Assurance Report for the reporting period April 6th 2021 – April 5th 2022.

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

- The reduction in falls however the increase in Hospital Acquired pressure damage for the reporting period 2021-22.
- The UHB has continued to implement new ways of working in order to respond to the unprecedented demands experienced throughout the pandemic in 2021-22. This has required an extremely flexible approach to the deployment of nurses during COVID-19.
- In February 2021 the UHB Internal Audit department undertook a formal review of the UHB's compliance with the Nurse Staffing Levels (Wales) Act throughout 2020-21. The report provided substantial assurance in its compliance with the Act.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The Annual Assurance Report 2021-22 enclosed:

- Provides the Board with assurance of the progress through 2021-22 in relation to continued calculation, monitoring and maintenance of the Nurse Staffing levels to ensure the discharge of responsibilities under Section 25A.
- The number of wards included in Section 25B&C
- That the Designated Person has discharged their duty in calculating the number of nurses required in adult in-patient 25B medical and surgical wards ensuring the prescribed methodology has been used.
- The process for maintaining nurse staffing levels and managing the risk using all reasonable steps when the numbers fall below the planned roster.
- The impact of not maintaining the nurse staffing levels and any harm that has occurred.

Recommendation:

The Local Partnership Forum is requested to:

- **Note** that this report was presented to UHB Board in May 2022 as assurance that the statutory requirements relating to section 25B of the Nurse Staff Levels (Wales) Act have been fulfilled.

- **Note** the funded nurse staffing establishments detailed in appendix A, undertaken as part of bi-annual recalculations

- **Note** the reasonable attempts to monitor and maintain nurse staffing levels at a time of significant organisational pressure

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people		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	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

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

Risk: Yes/No
N/A
Safety: Yes/No
N/A
Financial: Yes/No

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

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	26.05.22

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board	Cardiff & Vale UHB		
Date annual assurance report is presented to Board	May 2022 (Reported includes data from April 6th 2021- April 5th 2022)		
	Adult acute medical inpatient wards	**Adult acute surgical inpatient wards**	**Paediatric inpatient wards**
During the last year the lowest and highest number of wards	**19 - 21**	**21 - 23**	**2**
During the last year the number of occasions (for section 25B wards) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	Three wards increased their bed capacity during this reporting period. This change necessitated a re-calculation and uplift to staffing levels.	Staffing levels on one 'green' elective surgical wards was undertaken in response to increased capacity.	The Act extended to paediatric wards in October 2021. This necessitated their first establishment calculation as '25B' wards.
The process and methodology used to calculate the nurse staffing level.	The Nurse Staffing Levels (Wales) Act 2016 requires that all wards included in section 25(B) must calculate the number of Nurses using a triangulated approach utilising three sources of information. The information triangulated is both qualitative and quantitative in nature and must include: **Professional judgement** – the Clinical Board Nurse Director in conjunction with the Ward Sister/ Charge Nurse and Lead and Senior Nurses should use their knowledge of the clinical area to inform the levels of nurse staffing. The Operational Guidance for the Act provides detailed descriptions defining professional judgment. Included in this description is a suggestion that data, training compliance, vacancy and sickness rates, temporary staffing usage, bed occupancy and student feedback may be of use in supporting this aspect. **Patient acuity** - use the prescribed evidence-based workforce planning tool to understand the level of acuity and activity that can influence nurse staffing numbers. The tool used to determine the acuity of each patient is the Welsh Levels of Care. **Quality indicators** – there should be consideration of quality indicators that are particularly sensitive to care provided by a nurse as part of the calculation. To reduce the burden of measurement, quality indicators that have an established data source have been detailed as a minimum data set within the Act and Statutory guidance. The indicators are: **Patient falls** - any fall that a patient has experienced whilst on the ward; **Pressure ulcers** - total number of hospital acquired pressure ulcers judged to have developed while a patient on the ward; and **Medication errors** - any error in the preparation, administration or omission of medication by nursing staff (this includes medication related never events).		

A record of this process is documented for each clinical area using an All Wales Recording Template. These record details of the overall findings of the workforce planning tool, any evidence from the quality indicators for that recording period and a summary of the professional judgement of the team.

Appendix A, outlines the establishment levels on each 25B following completion of the All Wales Recording Template.

A number of establishment changes occurred during the reporting period of this report. The reason for these changes are indicated in the table below.

Wards	Reason For Establishment Changes
C4N	Ward opened to accommodate additional capacity
C4S	RN uplift to support acuity associated with thrombolysis/thrombectomy care on nights
B7	RN uplift required to accommodate 'red' AGP covid capacity
C7	RN and HCA uplift required to meet acuity needs of 'red' AGP covid capacity
E4	RN and HCA uplift required for additional beds in annex
W2	HCA uplift required in response to change in ward environment, following transfer from W6
A2	RN uplift required to accommodate additional green elective capacity
CAVOC	RN numbers requirement reduced, HCA requirement increased. Change associated with green capacity status
A5	'Green' elective requirement has fluctuated across reporting period, requiring frequent adjustments to establishments
A6S	Increase HCA during night shifts due to patient acuity levels
A5N & A5S	Establishments merged to form a single ward
E8	Increase in RN and HCA levels in response to change of care model to support higher acuity associated with covid
LSW GFA	Repurposed and Transitional Care Unit 2 opened (25A ward)
Island	Increase headroom from 24% to 26.9% in line with requirements of nurse staffing act
Gwdihw	Increase headroom from 24% to 26.9% in line with requirements of nurse staffing act

During recalculations, the acuity scores of patients inform the staffing establishments required. The acuity of patients is scored on a scale of 1 – 5, using the definitions of the Welsh Levels of Care. The UHB has been recording patient acuity since 2016. Work has been undertaken across Wales to monitor acuity trends. The UHB has observed an increase in acuity levels 3, 4, 5 and a decrease in acuity levels 1 and 2. A similar trend has been noted across Wales.

% HCMS Ward Acuity by Month

Measures
● % Level 1 ● % Level 2 ● % Level 3 ● % Level 4 ● % Level 5
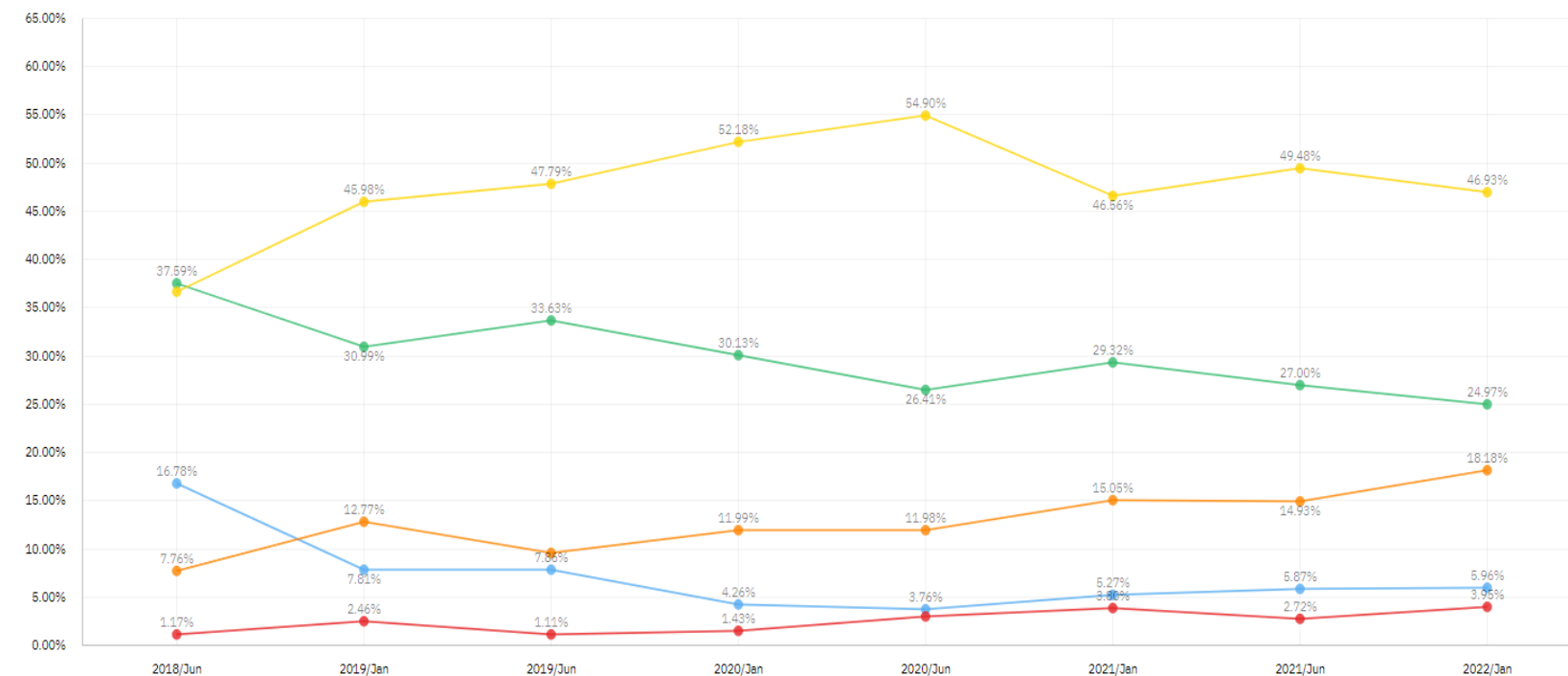
Recalculations of wards are supported with the provision of 'visualisers' from HEIW. Visualisers display patient acuity, flow and staffing fill rate in a single document for each clinical area.

The previous annual assurance report outlined the extent to which the UHB needed to repurpose clinical areas to effectively manage the covid pandemic. Several areas were repurposed as 'novel wards' and additional capacity was opened. These wards were not subject to the prescribed triangulation methodology to calculate staffing levels. For this reporting period, all repurposed wards have either closed or the additional capacity created have formed part of the necessary calculations for 25B wards.

Informing patients	The Health Board informs patients of the nurse staffing levels and date of agreement on information boards at the entrance to wards. The All Wales Template is used and this complies with Welsh Language requirements. The staffing levels for that day are displayed inside the ward area.
	In October 2020 the Health Boards Internal Audit department undertook a formal review of the Health Boards compliance with the Nurse Staffing Levels (Wales) Act throughout 2020-21. Whilst the report outlines that the ability of the Health Board to keep patients informed of the staffing levels were significantly impacted by the Covid-19 pandemic, it also provided substantial assurance in the Health Boards overall compliance with the Act.

Section 25E (2a) Extent to which the nurse staffing level has been maintained
As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

Extent to which the required establishment has been maintained within **adult acute medical and surgical wards.** NB: First cycle: spring 2021 following January audit Second cycle: autumn 2021: following June audit		Period Covered …………		
		Number of Wards:	RN (Wte)	HCSW (Wte)
	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May)	42	1013.97	671.12
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May) calculation cycle	42	1013.97	671.12
	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov)	41	981.66	649.13
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov) calculation cycle	41	981.66	649.13
	The calculation of ward establishments are a collaborative process undertaken with nursing representatives, workforce, finance and executive nurse director. Consequently, the funding of all 25B wards is fully funded. The reduction in 25B ward staffing requirement in this period coincides with an increase in staffing requirements for non acute clinical areas (eg Transitional Care Unit). As such, overall bed occupancy across the UHB has increased during this reporting period.			
Extent to which the required establishment has		Period Covered …………		
		Number of Wards:	RN (Wte)	HCSW (Wte)

been maintained within **paediatric inpatient wards** NB: Second cycle: autumn 2021: following June audit	**Funded establishment (WTE) of <u>paediatrics inpatient</u> wards <u>prior</u> to 1st October 2021**	**2**	**101.85**	**23.02**
	Required establishment (WTE) of <u>paediatrics inpatient</u> wards calculated during second calculation cycle (Nov)	**2**	**103.93**	**24.77**
	WTE of required establishment of <u>paediatrics inpatient</u> wards funded following second (Nov) calculation cycle	**2**	**103.93**	**24.77**

On 1st October 2021, the Nurse Staffing Act extended to paediatric wards. The calculations undertaken in preparation for this extension was reported to Board in November 2021.

The uplift in staffing was agreed as part of the requirement to achieve a headroom of 26.9% and to ensure the supernumerary status of ward sister.

Extent to which the planned roster has been maintained within <u>both adult medical and surgical wards and paediatric inpatient wards</u>

When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, it was identified that there was no consistent solution to extracting all of the data explicitly required under section 25E, and health boards were using a variety of e-rostering and reporting systems. In 2020, all health boards/trusts in Wales worked as part of the All Wales Nurse Staffing Programme to develop a consistent approach to capturing quantitative data on a daily basis (in lieu of a single ICT solution) to enable each organisation to demonstrate the extent to which the nurse staffing levels across the health board.

As is the case across Wales, the lack of a consistent reporting solution requires Cardiff & Vale UHB to monitor staffing levels across Rosterpro, health care monitoring system (HCMS) and daily nurse staffing meetings. As an interim solution to achieving some reporting capability, HEIW developed a Power BI dashboard to draw information from HCMS.

June 2021

Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
2161	73.2%	2.3%	5.2%	19.3%	94.8%

January 2022

Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
2018	57.3%	1.9%	16%	24.8%	90.4%

(Please note. This data only relates to 25B wards. HCMS only allows once daily data capture. Staff redeployments to wards that have failed to achieve their planned roster may not be captured reliably within HCMS.)

NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data. This will enable the UHB to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. To this end, Safecare has been procured for adoption across all health boards/trusts.

Safecare is a platform offered by Allocate. It has been customised to fulfil the reporting requirements of the Act and is being implemented across Wales. The implementation of this national IT system will improve consistency in recording, reporting and updating data across organisations and support the 'Once for Wales' approach.

Each HB/Trust is at a different stage of implementation. Safecare is predicated on the adoption of Healthroster across the UHB. The e-rostering team will begin the Safecare roll out in October 2022, following the completion of Healthroster training to all wards. The anticipated timeframe for introducing Safecare is 26-32-weeks.

SafeCare will provide live patient acuity correlated against nurse staffing levels. This will ensure that nurse staffing levels and decisions about staff deployment can be responsive to patient acuity needs. Safecare will also provide nursing teams the ability to record and escalate the implications of failing to maintain a planned roster.

| **Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>** | **June 2021** |

Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
2161	73.2%	2.3%	5.2%	19.3%	94.8%

January 2022

Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
1896	58.8%	1.9%	13.5%	25.8%	89.9%

*(**Please note.** This data only relates to 25B wards. HCMS only allows once daily data capture. Staff redeployments to wards that have failed to achieve their planned roster may not be captured reliably within HCMS.)*

	Extent to which the planned roster has been maintained within <u>paediatric inpatient wards</u>	**January 2022**					

Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
122	33.6%	2.5%	54.1%	9.8%	98.4%

*(**Please note.** This data only relates to 25B wards. HCMS only allows once daily data capture. Staff redeployments to wards that have failed to achieve their planned roster may not be captured reliably within HCMS.)*

As the 2016 Act was not extended to Paediatric until 1st October this report contains information from the 1st October 2021 until 5th April 2022.

On the 1st October 2021 the second duty of the 2016 Act was extended to paediatric inpatient wards. Prior to the extension date health boards calculated their nurse staffing levels for each paediatric inpatient ward which was presented to Board in November 2021. The process and systems used within paediatric inpatient wards align to those used within the adult medical and surgical inpatient wards and use of HCMS, as per the adult wards, has enabled health boards to begin towards capturing the data required to inform the reporting requirements under section 25E of the 2016 Act from this date.

It is anticipated that paediatric wards will be the first clinical areas to adopt Safecare in 2022.

Process for maintaining the Nurse staffing level

The UHB has long established processes in place to review nurse levels on a daily basis. Consideration of operational risk and mitigating actions associated with nurse staffing include:

1. Minimum twice daily review of inpatient nurse staffing with representation from all clinical boards, chaired by DoN
2. Daily planning meeting to mitigate staffing risks and identify areas of concern 72hrs in advance of shifts
3. Extended senior nurse staffing rota to provide weekday cover until 21:00hrs and weekend cover 07:00-21:00hrs
4. DoN shadow cover for all senior/lead nurses on call for staffing
5. Clinical Board staffing 'huddles' to review risks on each ward
6. Temporary Staffing reporting outlining cover and anticipated shortfalls in bank/agency cover
7. Redeployment of 'off ward' nurses to support wards (outpatients, CNS service etc)
8. Increasing availability of allied health professionals to support patients on specific wards

In addition to these operational efforts, broader work is being undertaken to maintain nurse staffing levels:

1. WOD/Nursing lead Recruitment and Retention Group established with identified leads for six workstreams. As outlined in the UHB's People and Culture Plan, these workstreams include:
   - Measuring and improving staff wellbeing
   - Building line management capability
   - Providing dedicated support to new recruits
   - Promoting flexible/agile working
   - Succession planning
   - Enhancing exit interview platform to improve understanding
2. Roll out of HealthRoster to improve rostering practices
3. Formation of rostering KPI review meetings between e-rostering team and nursing
4. Procurement of Healthroster data pack to ensure rostering efficiency can be analysed
5. The introduction of a Nursing and Midwifery Career and Development Programme
6. Continued recruitment of overseas nurses by nurse resourcing team and OSCE training provided by Nurse Ed. Team
7. Development Health Care Assistant progression and competency framework, including associate practitioner role
8. Access to nurse training courses for health care assistants at Uni South Wales / Open University
9. Student streamlining continues to be successful in engaging student nurses and supporting their recruitment to newly registered nurse posts
10. Support for nurses temporarily registered with the NMC to transition onto permanent register
11. Pump prime funding received from WG for Nurse Staffing Levels Lead post

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in adult acute medical & surgical inpatients wards						
Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	**Total number of incidents/ complaints during last year**	**Number of closed incidents/ complaints during current year**	**Total number of incidents/ complaints not closed and to be reported on/during the next year**	**Increase (decrease) in number of closed incidents/ complaints between previous year and current year**	**Number of incidents/ complaints when the nurse staffing level (planned roster) was not maintained**	**Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor**

Hospital acquired pressure damage (grade 3, 4 and unstageable)	4	25	0	+ 21	2	1
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	23	9	8	- 14	0	0
Medication errors never events	0	0	1	same	0	0
Any complaints about nursing care	0	0	0	NA	0	0

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR)

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Paediatric inpatient wards						
Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	**Total number of incidents/ complaints during last year**	**Number of closed incidents/ complaints during current year**	**Total number of incidents/ complaints not closed and to be reported on/during the next year**	**Increase (decrease) in number of closed incidents/ complaints between previous year and current year**	**Number of incidents/ complaints when the nurse staffing level (planned roster) was not maintained**	**Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor**
Hospital acquired pressure	0	0	0	same	0	0

damage (grade 3, 4 and unstageable)						
Medication errors never events	0	0	0	same	0	0
Infiltration/ extravasation injuries	0	0	0	same	0	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0	0	0	same	0	0
Any complaints about nursing care	0	0	0	NA	0	0

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR)

Section 25E (2c) Actions taken if the nurse staffing level is not maintained	
Actions taken when the nurse staffing level <u>was not</u> maintained in section 25B wards	As noted in the previous annual assurance report, the Covid-19 pandemic response has significantly impacted the ability of teams to maintain their planned rosters. The UHB's bed capacity has increased, additional wards/units have opened and a rising level acuity has been noted. Additional demand across the Emergency Department and rising length of stay has further strained the ability of the nursing workforce to maintain established staffing levels. Actions taken in response to not maintaining established staffing levels are varied. Within clinical boards, actions are captured as part of daily staffing 'huddles'. Efforts to mitigate short staffing are shared across clinical board at least twice daily, during operational staffing meetings. Wards are supported with the provision of senior/lead nurse out of hours rota. Senior/lead nurses undertake actions in response to dozens of pager requests and calls for advice/support. These actions are recorded in daily staffing reports and shared with directors of nursing, temp staffing team and patient access team. Actions typically include: - Risk mitigation by redeployment of staff across clinical areas - Review of plans to increase capacity - Support of allied health professionals to meet patient needs

	- Provision of enhanced overtime to increase fill rate - Provision of agency health care support workers - Senior review of enhanced supervision requirements - The available of wards to access advice/support from senior staff out of hours For any incidents (above) where the failure to meet staffing levels were considered to be a factor, these incidents are reported to Welsh Government as part the normal reporting procedure. Within the organisation, all injurious falls are investigated using the Root Cause Analysis principles and reported to the MDT falls delivery group for lessons learned.
Conclusion & Recommendations	The UHB continues to experience significant challenges in maintain nurse staffing levels. The UHB continues to provide assurance its' staffing calculations and reporting requirements have been fulfilled. Further, the UHB has remained responsive to changing acuity and capacity levels by undertaking recalculations of staffing levels outside of the usual bi-annual reporting schedule. The extent of actions to maintain staffing levels continues to be overseen by senior teams' multiple times a day and significant efforts are made to mitigate risks. This report draws attention to the efforts of Workforce and Nursing teams to develop and strengthen recruitment and retention. This includes the development of new roles, recruitment and engagement of newly registered nurses, overseas nurse recruitment, development pathways and improved rostering practices. The UHB is contributing to All Wales work to customise and implement 'Safecare' as a reporting solution and to improve operational decision making. A joint effort between Workforce and Nursing Teams, throughout 2022/23, will be required to roll out this digital solution across 80+ wards. Two of the primary benefits of Safecare will be to improve operational decision making through the provision of live staffing and acuity data, as well as improved reporting of the risks associated with failing to maintain planned rosters. **The Board is asked to**: Receive the report as assurance that the statutory requirements relating to section 25B of the Nurse Staff Levels (Wales) Act have been fulfilled. Note the funded nurse staffing establishments detailed in appendix A, undertaken as part of bi-annual recalculations Note the reasonable attempts to monitor and maintain nurse staffing levels at a time of significant organisational pressure

MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 29 JUNE 2022 VIA MICROSOFT TEAMS

Present:

Peter Hewin	Unison/BAOT Representative (Co-Chair)
Rachel Pressley	Deputy Head of People Assurance and Experience (Co-Chair)
Pauline Williams	RCN Representative
Rhian Wright	RCN Representative
Bryony Donegan	People Services Manager
Steve Gauci	Unison Representative
Rebecca Corbin	LED Manager
Mitchell Jones	
Tessy Mathew	Senior People Services Advisor
Nicky Punter	Inclusion Manager
Helen Palmer	People Assurance and Experience Advisor (minutes)

EPSG 22/013   WELCOME AND INTRODUCTIONS

Peter Hewin welcomed the group and introduction were made to Tessy Mathew and Mitchell Jones as it was their first meetings.

EPSG 22/014   APOLOGIES OF ABSENCE

Apologies for absence were received from Mathew Thomas, Nicky Bevan, Lucy Smith

EPSG 22/015   MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 9 March 2022 subject to the following amendment

Page 4 EPSG 22/010 – Approval – Maternity/Adoption/Shared Parental Leave Procedure – 2nd bullet point – the P is missing from the word Pay.

RP confirmed that the Welsh Language Policy was approved at Board.

EPSG 22/016   ACTION LOG

The Group noted the Action log.

Annual Leave Procedure – Local implementation issues – this is still on the wider agenda for Workforce Partnership Group

EPSG 22/017   Retirement and Retire and Return Procedures

RP advised the group that there were 2 changes to note as follows:

1) At the last meeting of EPSG the group ratified changes to the 2 documents as the COVID measures had been taken out, however after this meeting the Government had decided the keep these arrangement in place so the measures were re-incorporated to ensure information provided to managers and staff were up to date.

2) The Retire and Return Procedure has been amended to incorporate the minimum standards for flexible retirement issued on by NHS Wales. In particular:

   - Page 1 - Strengthening of UHB intention and need to retain knowledge and skills of staff
   - Page 4 – Incorporated of the need for managers to discuss flexibilities around retirement as early as possible with the member of staff.
   - Page 5 – Confirming that returning to work after retirement is not an automatic entitlement, however individuals should be able to return on the same basis that they were on pre-retirement, unless there are business reasons whey this cannot be accommodated.

MJ asked a question with regard to the termination process whether the process of completing a Termination form was still correct or whether this could be done on ESR Managers Self Service. It was agreed that this would be clarified and that the procedure would not be published until the process has been confirmed.

Action: RP

The EPSG **APPROVED** the procedure subject to clarification on the Termination process.

EPSG 22/018   VALUES BASED APPRAISAL (VBA) PROCEDURE

RC confirmed that there were small changes to the procedure as follows:

- Page 1 – the wording has changed on this with a move away from referring to workforce to referring to people.
- Page 6 – Line Manager requirements – confirming that it is the responsibility of the Line Manager to ensure that Pay Progression Review meetings are set up with staff who are due an increment.
- Page 8 – Objectives – cascade approach to VBA and clarification that managers will be expected to set objectives with their staff in order to ensure there are no hold ups in the system.
- Page 9 – Details on Training available.

2

It was noted that in section 3.3. the word Assembly was to be taken out as it is now known as Welsh Government.

ACTION: RC

RP suggested that as this procedure has not had the opportunity to become embedded due to COVID that there should be a review period of 1 year.

The EPSG **APPROVED** the Values Based Appraisal Procedure subject to the amendments discussed.

EPSG 22/019   WORK PLAN

RP advised that the work plan had been circulated to provide the group with an idea on the timescales for procedures and workload for the Group.

EPSG 22/020   ANY OTHER BUSINESS

There was no other business raised.

EPSG 22/021   DATE AND TIME OF NEXT MEETING

The next meeting of EPSG is scheduled to take place on 7 September 2022.

Saunders Nathan
04/08/2022 11:25:45