

LOCAL PARTNERSHIP FORUM

Wed 13 April 2022, 10:00 - 12:00


MS Teams

Agenda

10:00 - 10:02 **1. Welcome and Introductions**
2 min
Dawn Ward

10:02 - 10:04 **2. Apologies for Absence**
2 min
Dawn Ward

10:04 - 10:06 **3. Declarations of Interest**
2 min
Dawn Ward

10:06 - 10:08 **4. Minutes of the meeting held on 17 February 2022**
2 min
Dawn Ward
 4. LPF minutes 17.02.22.pdf (7 pages)

10:08 - 10:10 **5. Action Log Review**
2 min
Dawn Ward
 5. LPF Action Log.pdf (2 pages)

10:10 - 10:25 **6. Chief Executives Report**
15 min
Suzanne Rankin

10:25 - 10:35 **7. IMTP Update**
10 min
Marie Davies
Verbal

10:35 - 10:50 **8. Operational Update – Recovery and Redesign**
15 min
Caroline Bird

Suzanne Rankin
13/04/06/2022 15:35:38

10:50 - 11:10
20 min

9. Clinical Board Local Partnership Forums – Annual Report

Lead Staff Representatives

- 📄 9 Clinical Board LPF Annual Reports.pdf (11 pages)
- 📄 9.1 CBLPF reports.pdf (1 pages)

11:10 - 11:30
20 min

10. Integrated Performance Report

Catherine Phillips / Rachel Gidman / Ruth Walker / Caroline Bird

- Finance
- People
- Quality and Safety
- Operational Performance

- 📄 10. Integrated Performance Report.pdf (13 pages)
- 📄 10.1 WOD KPI Report Feb-22.pdf (2 pages)

11:30 - 11:35
5 min

11. Local Partnership Forum Annual Report

- 📄 11. LPF Annual Report 2021-22.pdf (10 pages)

11:35 - 11:40
5 min

12. Local Partnership Forum Workplan 2022-23

- 📄 12. LPF workplan 2022-23.pdf (2 pages)

11:40 - 11:45
5 min

13. Unconfirmed Employment Policy Sub Group Minutes from 9 March 2022

- 📄 13 Unconfirmed EPSG Minutes 9 March 2022.pdf (5 pages)

11:45 - 11:45
0 min

14. Review of meeting

Dawn Ward

11:45 - 11:45
0 min

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

Dawn Ward

11:45 - 11:45
0 min

16. Future Meeting Arrangements:

- Thursday 16 June 2022 via Teams, with a staff rep pre-meet at 9am

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LOCAL PARTNERSHIP FORUM MEETING

Thursday 17 February 2022 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON
Suzanne Rankin	Chief Executive
Abigail Harris	Exec Director of Strategic Planning
Mike Jones	Independent Member – Trade Union
Lianne Morse	Assistant Director of Workforce
Claire Whiles	Assistant Director of OD
Peter Welsh	General Manager, UHL and Barry Hospital
Steve Gauci	UNISON
Jason Roberts	Deputy Executive Director of Nursing (for Ruth Walker)
Caroline Bird	Interim COO
Jonathan Strachan-Taylor	GMB
Rhian Wright	RCN
Nicola Foreman	Director of Governance
Pauline Williams	RCN
Katrina Griffiths	Head of People Services
Judith Hernandez del Pino	Operational Delivery Director
Mat Thomas	UNISON
Peter Hewin	BAOT / UNISON
Janice Aspinall	RCN
Joanne Brandon	Director of Communications
Fiona Kinghorn	Executive Director of Public Health
Andrew Crook	Head of Workforce Governance
Bill Salter	UNISON

In attendance

Katherine Davies	RCN
David Howells	BMA

Apologies

Ruth Walker	Executive Director of Nursing
Lorna McCourt	UNISON
Marianne Bray	RCM
Joe Monks	UNISON
Ceri Dolan	RCN
Zoe Morgan	CSP
Julie Davies	UNISON

Secretariat

Rachel Pressley	Workforce Governance Manager
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LPF 22/001 WELCOME AND APOLOGIES

Rachel Gidman welcomed everyone to the meeting and apologies for absence were noted.

Suzanne Rankin was attending her first LPF meeting since she joined the organisation as Chief Executive. RG welcomed her and Dawn Ward introduced TU members of the Forum to her.

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LPF 22/002 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items

LPF 22/003 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 1 December 2021 were agreed to be an accurate record of the meeting.

LPF 22/004 ACTION LOG

The Action Log was noted.

The following matters arising were raised:

LPF 21/078 (implementation of the smoke-free premises and vehicles regulations): a smoking enforcement team has implemented on a temporary basis. The infrastructure for issuing FPNs has not been put into place so their role is advisory/educational. Discussions re funding for 2022/23 are currently taking place.

LPF 21/081 (workforce resourcing): Peter Hewin asked for an update on the cross cutting job descriptions for Health and Social Care which had been alluded to in previous meetings, and whether it was appropriate for TUs to be involved in discussions at this point. RG advised that this had been discussed during the Covid crisis but had not been progressed at that point, though integration was part of the People and Culture Plan. She agreed that TUs should be involved right at the start of these discussions. Lianne Morse added that monthly meetings with the Local Authorities are taking place but she felt that any changes to terms and conditions would be a long term piece of work, and advised that the initial focus is on integrated roles.

LPF 21/086 (review of the meeting): it was agreed that future agendas could be set out as per the main themes of the terms of reference (i.e. items for consideration, communication, consultation/negotiation and appraisal)

Action: Rachel Pressley

LPF 22/005 CHIEF EXECUTIVES REPORT

SR introduced herself and the reasons for moving to Cardiff and Vale, including the alignment of her personal values with our strategy *Shaping Our Future Wellbeing*. She set out her developing priorities and provided a brief summary on each of them:

- Team resilience and wellbeing
- Digital infrastructure
- Urgent emergency care pathway, including the need for this to be the main focus of the organisation for a short period of time to enable improvements for patient and team safety
- Our approach as we move from the pandemic response and restrictions lift
- The underlying financial position
- Refreshing our strategy in the context of the post pandemic world, making our priorities crisper and clearer and grouping them for everyone to understand and see where they sit

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- Embedding our values - raising their prominence, incorporating them into the common language of the organisation and ensuring our activities fit

DW stated that we want to move in Wales from medicalisation to a social approach. She was interested to hear SRs views on this. SR agreed that health and wellbeing is over-medicalised and that a conversation with lots of stakeholders, including community groups, is needed. We need to ensure that the person seeing a medic will really benefit from their expertise. It was noted that Forum members have lots of thoughts and ideas on this topic and that there was a need for a longer conversation at some point.

LPF 22/006 INTEGRATED MEDIUM TERM PLAN

Abigail Harris advised the Forum that a draft IMTP would be presented to the Board the following week. The main issues at present include not having the workforce needed to deliver the full range of services that we want to provide and keeping some of the good practices picked up during the pandemic, but in a sustainable way. The People and Culture Plan will be central to how this is achieved.

The covid pandemic remains an unknown factor. For the purpose of the Plan a 'central scenario', where covid still exists but with a strong focus on recovery, has been adopted.

Key points to note include:

- We need to be the best we can in terms of efficiency in how we deliver services, this includes digitalisation, prehabilitation etc
- Strategic programmes are in place to drive the strategy in terms of hospitals, communities, public health etc and the document has been positioned in this way
- Capitol allocation will be very tight over the next three years and it will be necessary to prioritise
- The next three year period takes us to the end of the current strategy – discussions are taking place about how to refresh it over the next few months. The next iteration of the IMTP will include the refresh and the Regional Partnership Board Plan. It will be necessary to do things differently to be sustainable.
- Many of the running costs accumulated over the last few years (e.g. IP&C, bed base) are not included in the financial allocation for 2022/23. Board will consider if we need a normal cost improvement programme but will also need to take account of recovery and an accelerated transformation programme to ensure that only people who need hospital care come to our hospitals.

DW noted that in the past there had been good partnership engagement with the IMTPs. She recognised the current challenges and pace but asked for early involvement in some of these conversations. AH acknowledged that places of dialogue and influence are very important and agreed that engagement at Clinical Board level was needed. As the IMTP itself can only be a maximum of 50 pages it doesn't capture everything we do and a lot of the detail should be in the Clinical Board plans. RG indicated that the re-set of Clinical Board Local Partnership Forums should support this.

Mat Thomas asked how we will get the messages out to the people who need our services and if there was a plan for this. He said that difficulties obtaining GP appointments didn't help the situation, especially as not everyone liked phone calls or digital appointments. AH agreed that

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there is still a requirement for ongoing conversation and that it needs to recognise that it will not be a one size fits all model. She advised that one of the lessons from Canterbury was to not wait until everything was perfect, but to start and tweak as feedback was received. CAV 24/7 is a good example of this. Joanne Brandon acknowledged that there is a need for more work around sharing these key messages, especially with those not digitally enabled. She said that lots of lessons had been learned through the vaccine programme re connecting with the community but she would be happy to speak to anyone who had ideas about communicating with hard to reach groups.

LPF 22/007 OPERATIONAL UPDATE

Caroline Bird delivered a presentation on the current operational position and the application of the Local Choices Framework.

The in-hospital position is no longer about the covid wave. There is whole system pressure but the real issue is around occupancy and discharges. We have an extended footprint and staffing have been stretched to meet this. The primary focus now needs to be reviewing this and what we can do to change it, and how we can improve the wellbeing of our staff.

The Local Choices Framework was issued by Welsh Government to allow Health Boards to reduce or suspend services to support pressures elsewhere in the system. Within Cardiff and Vale this has been used to deploy staff over the past 6 weeks. CB thanked staff for their flexibility and gave assurances that work was taking place to identify what could be done differently to improve the situation for both patients and staff.

MT asked what was preventing us from discharging patients. CB explained that there are about 300 patients are medically fit for discharge but this is prevented by 3 things:

- about 50% have to remain in hospital due to social care challenges (capacity due to outbreaks, workforce challenges and domiciliary care)
- a smaller element are from other Health Boards and are waiting for repatriation
- CB believes that we have stretched our footprint so much that we have become inefficient and have lost continuity of care by spreading staff so thinly

DW reported that the TU representatives have heard that staff are unhappy and asked when deployment in this way will end, or is it the new norm and the start of a flexible workforce for the future. She asked that if this is the case that staff representatives are involved in this conversation early on. CB advised that the first step needs to be reducing the size of the footprint and allowing staff to return to their usual areas of work. After this has happened, space and services need to be redesigned because it is clear that we cannot continue to do things the way we have previously.

It was agreed that CB would bring an update on the Recovery and Redesign Plan to the next meeting.

Action: Caroline Bird

LPF 22/008 INTEGRATED PERFORMANCE REPORT

The Local Partnership Forum received the Integrated Performance Report and the following points were noted:

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- MT asked how many of the 195 international nurses recruited are now on the 'shop floor' and what the retention rate is like? He also asked if the Board had now approved recruitment of a further 200 international nurses. Lianne Morse advised that 231 international nurses have now taken up employment and achieved NMC registration. She was not aware of any who had left. The quality of the nurses is excellent and Board has approved further recruitment on an all-Wales basis. JR added that pastoral care is provided, including accommodation, and that the existing international nurse community support with this as well.
- MT expressed a hope that an exciting job description was being developed for the Band 3 roles, noting that many of the job descriptions developed are not interesting or motivating. Jason Roberts agreed. He noted that population needs are changing and so is the population in wards. The Nurse Staffing Act is in place, but moving forward we will need a different workforce and skills mix. A Band 3/4 Forum is in place and is working through the job descriptions. JR noted that this is the first time Cardiff and Vale have looked at a Band 4 role and what this looks like.
- Pauline Williams noted that recovery monies had been made available to provide additional security in the Emergency Unit but that this was coming to an end. She asked what the longer term view on staff safety was. JR stated that staff safety is a priority. The principle is to reduce the footprint and therefore the temperature in EU, but in the short term incidents will be monitored and extra security will be used. Judith Hernandez del Pino supported this, reiterating that reducing waiting time will reduce incidents and that the safety of staff remained a top priority.
- Rhian Wright noted that of the 61 nationally reported incidents, 50% occurred in December. She asked if they were still continuing at that level. JR advised that the biggest issues are pressure relief and falls, and that the high percentage was reflective of the situation faced in December. He acknowledged that increased bed capacity had led to increased footprint which had had an impact on staffing and serious incidents. He hoped that renewed enthusiasm for working smartly would lead to a reduction in incidents, but said that he was also mindful of the pressure damage to elderly patients spending long periods in chairs in EU.
- RW also asked if the retirement group had been set up yet and requested an invitation for staff side to attend. RG advised that the focus groups have not started yet but indicated that they would be inter-professional and that staff representatives would be involved.
- DW noted the unintended consequences of additional beds in terms of stretched staffing. She appreciated the challenges faced and the need to put patient safety first, but emphasised that staff wellbeing is also crucial. DW referred to a paper from the Kings Fund on compassionate leadership and the useful resources it contained and asked for this paper to be shared with the Forum

Action: Rachel Pressley

SR stated that solutions have to be done together and that our values are central to this. If we aren't *all* living the values it won't be a good experience and people will leave. She noted that compassionate leadership alone is not enough, as it is a shared challenge and we need collaborative leadership to address it.

- Janice Aspinall asked what the UHB plan was around reducing social distancing to 1m. JR advised that the IP&C guidance from Welsh Government remains at 2m for health care settings. However, we do have the option to risk assess and reduce to 1m in areas to enable more patient care. He advised that the IP&C Cell is looking at this and has devised a

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checklist to support managers to risk assess via a hierarchy of control, but that in general the current plan is to maintain to 2m rule in bed/ward areas where the risk is higher. Fiona Kinghorn added that the transition plans haven't been released yet, but we can expect lots of changes, especially in office areas.

LPF 22/009 CHANGES TO AFC TERMS AND CONDITIONS

The Local Partnership Forum received and noted the report on Changes to AFC Terms and Conditions.

The extra days Annual Leave is now on ESR. Staff are encouraged to take AL when they can, however, this year there is the option to carry over up to 10 days and sell up to 10 days. RW reported that some managers have turned down requests to do this. RG asked if this could be picked up outside the meeting with the relevant Assistant Head of Workforce and OD who can provide the appropriate guidance and support.

LPF 22/010 EMPLOYEE HEALTH AND WELLBEING

Claire Whiles delivered a presentation on Employee Health and Wellbeing. She noted that a physically and psychologically safe and healthy workforce is essential for excellent healthcare. There were issues before the pandemic and work has been done before and during it, including work by the Health Charity. As we move to recovery we need to determine the best way to support our staff to reflect and move on, acknowledging that a longer term approach is needed as this will not happen overnight.

Research has been undertaken and feedback obtained from trade union colleagues, surveys, 14,000 voices and other sources.

Research told us that staff wanted: improvements to the working environment; compassionate leadership; EWB services; peer support; more regular feedback; and a holistic approach to wellbeing. Our response is underpinned in the People and Culture Plan – not just in theme 2 (Engaged, healthy and motivated workforce) but also how we recruit, retain, offer learning and development, our systems, and ways of working. Examples of progress to date include:

- Winning Temp – a weekly engagement survey to be piloted with nursing staff
- Schwartz Rounds – being trialled in small areas first
- Staff rooms, water bottles and hydration stations (n.b. with tremendous support from the estates department)
- A more visible EWB team and HIT team – targeted interventions including EU and Mental Health Clinical Board
- Additional OH support which has reduced waiting times
- Leadership and development programmes.

CW reminded the Forum this is part of the bigger picture and that staff health and wellbeing should be included in all of our strategies, and underpinned by our values and behaviours.

The Forum discussed the presentation and the following points were noted:

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- Steve Gauci noted that the impact of covid is still not fully understood, in particular, long covid can lead to disability and brain fog which can effect capability. This has links with compassionate leadership. CW agreed, and noted that work around the Equality, Diversity and Inclusion (EDI) agenda also needs to be embedded
- Mike Jones noted the important work carried out behind the scenes by the Health Charity and asked if they could be added to the slides
- MT asked for the tunnels and lower ground areas to be considered when determining where hydration stations should be placed
- MT also asked for a robust commitment to get Managing Attendance at Work and Respect and Resolution training back on track. LM agreed to develop a training plan.

Action: Lianne Morse

- JR commented that the wellbeing agenda including elements of emotional intelligence and compassionate leadership, things which make a real difference. He thanked those involved for the work done.
- FK noted that this forms part of the People and Culture Plan and how we roll out our strategy. She asked that the community staff and corporate teams are remembered as well as hospital staff.
- Katherine Davies stated that it is important to get the message across that compassionate leadership is not weak leadership or being a pushover.

LPF 22/011 ANY OTHER BUSINESS

DW noted that previously there had been an aspiration to set up an LPF for corporate areas and Chris Lewis had agreed to chair this. However, CL is now leaving the organisation and another volunteer will need to be found. She asked the UHB LPF to encourage the Clinical Board LPFs to restart.

LPF 22/012 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 13 April 2022 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

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Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 22/004	17 Feb 2022	Action Log	Future agendas to be set out as per the main themes of the terms of reference (i.e. items for communication, consideration, consultation/negotiation and appraisal)	RP	Complete – LPF Workplan also set out in this way
LPF 22/007	17 Feb 2022	Operational Update	Update on the Recovery and Redesign Plan to be brought to the next meeting.	CB	Complete – on agenda 14.04.22
LPF 22/008	17 Feb 2022	Integrated Performance Report	Report from the Kings Fund on compassionate leadership and to be shared with the Forum	RP	Complete – shared by Lianne Morse via meeting chat facility 17.02.22
LPF 22/010	17 Feb 2022	Employee Health and Wellbeing	Training plan to be developed for Respect and Resolution and MAAW Policies	LM	Plans are currently in place to roll out monthly Managing Attendance at Work Training sessions. These will be facilitated by Workforce/OD and Trade Union Colleagues and are so far scheduled to run face to face from May 2022 through to October 2022. Nearly four years on from the

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					<p>launch of the MAAW policy in 2018, it will cover all key aspects of managing attendance and putting the policy into practice with a focus on compassionate leadership. It is designed for new and experienced managers to appreciate the need to know their team and commit to building positive relationships to create a culture that encourages attendance. Training dates will be added to ESR in the coming weeks for managers to book onto.</p> <p>The training package for the Respect and Resolution Policy has been reviewed to reduce it in length and to remove duplication with other training available e.g. communication skills. Train the Trainer sessions for WOD and TUs will commence in May with sessions rolled out to the rest of the organization from June onwards</p>
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Report Title:	Clinical Board Local Partnership Forums Annual Report		Agenda Item no.	9
Meeting:	Local Partnership Forum	Public Private	Meeting Date:	13 th April 2022
Status (please tick one only):	Assurance	Approval	Information	x
Lead Executive:	Executive Director of People and Culture			
Report Author (Title):	Heads of Workforce & Organisational Development (HWODs)/Lead Clinical Board (CB) Staff Representatives			

Main Report

Background and current situation:

INTRODUCTION

The University Health Board (UHB) has statutory duty to 'take account of representations made by persons who represent the interests of the community it serves'. This is achieved in part by three Advisory Groups to the Board and the LPF is one of these. The LPF, in turn, has three sub-groups; the Workforce Partnership Group (WPG), the Employment Policies Sub Group and the Staff Benefits Group. In addition, the UHB has established Clinical Board Local Partnership Forums (CBLPFs) to establish ongoing dialogue, communication and consultation on service and operational management issues specific to CB areas. Each CB has a Lead Staff Representative who jointly chairs the CBLPF. Each CBLPF is required to report to the UHB LPF on at least an annual basis, but can escalate issues through the WPG if required.

Last year the UHB saw an unprecedented challenge put upon its workforce. Whilst staff rose to that challenge and showed just how dedicated and committed they are to their roles and our patients, the CB Leads faced many new difficulties alongside routine pressures as a result of the pandemic. These ranged from keeping staff up to date and communicating changes as they occurred, managing the highest absence rates ever recorded with a very limited supply of relief staff to make up for the loss, managing workplace risks as well as staff expectations and anxieties, and maintaining streamlined systems that had clear lines of accountability and staff engagement.

The flexibility and commitment shown by our staff needs noting as exceptional; in light of the pressures they still delivered their very best, safe and effective care to the people we serve. We acknowledge that staff wellbeing has hit an all-time low and burnout is expected unless steps are taken to prevent it. Staff have been encouraged to use their annual leave (A/L) to take a break or alternatively carry over or sell back A/L as part of the 21/22 Pay Offer from Welsh Government. We wish to thank all involved in ensuring staff were able to benefit from this offer.

PRINCIPLES

The CBLPFs provide a forum where key stakeholders can engage with each other to inform, debate and seek to agree local priorities on workforce and service issues.

General principles:

- TUs and Management show joint commitment to the success of the organisation with a positive and constructive approach.
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to security for workers and flexible ways of working.

- They share success – rewards must be felt to be fair.
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency.
- They must demonstrate a commitment to work with and learn from each other.

All members of the CBLPF must:

- Be prepared to engage with and contribute fully to the CBLPFs activities and in a manner that upholds the standards of good governance set for the NHS in Wales.
- Comply with their terms and conditions of appointment.
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes.
- Promote the work of the CBLPF within the professional discipline he/she represents.

TERMS OF REFERENCE

The Terms of Reference (ToR) for the CBLPFs are due to be reviewed by Rachel Pressley, Workforce Governance Manager, and Dawn Ward, Chair of the Staff Representatives, to create a standard set for all CB areas. However, it is not anticipated that the main purpose and principles will change significantly from those detailed below.

- To establish a CBLPF that links into the main UHB LPF agenda.
- To establish a regular and formal dialogue between the CB Senior Management Teams (SMTs) and Trade Unions (TUs) on matters relating to workforce and service issues.
- To enable Employers and TUs to put forward issues affecting the workforce.
- To provide opportunities for TUs and Managers to input into service development plans at an early stage.
- To consider the implications on staff of service reviews and identify and seek to agree new ways of working.
- To consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve the mutually successful implementation.
- To appraise and discuss in partnership the financial performance of the organisation on a regular basis.
- To provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
- To communicate to the partners the key decisions taken by the UHB and SMTs.
- To consider national developments in NHS Wales Workforce Strategy and the implications for the CB including matters of service re-profiling.
- To negotiate on matters subject to local determination.
- To ensure Staff Representatives are afforded reasonable paid time off to undertake TU duties.

MEMBERSHIP

Clinical Board	Chairs	Members
Capital Estates & Facilities (CEF)	Deputy Director of CEF Lead Staff Representative	Head of CEF Finance Manager Head of Workforce and OD Staff Health & Safety (H&S) Advisor Operational Services Managers Chair of SSGR TU Reps

Children & Women's (C&W)	Director of Operations Lead Staff Representative	WOD Reps CB SMT Directorate Managers Deputy/General Managers Lead Nurses Chair of SSGR TU Reps
Clinical Diagnostics & Therapeutics (CD&T)	Director of Operations Lead Staff Representative	Finance Manager Head of Workforce and OD Directorate/Line Managers TU Reps
Medicine	Head of Workforce and OD Lead Staff Representative	CB SMT Reps Directorate Managers Deputy/General Managers Lead Nurses TU Reps
Mental Health (MH)	Director of Operations Lead Staff Representative	Director of Operations SMT/Directorate Leads Head of Workforce and OD Asst Head of Workforce and OD Finance Leads MH Lead Rep
Primary, Community & Intermediate Care (PCIC)	Director of Operations Lead Staff Representative	Director of Operations CB SMT Reps Locality/Department Leads Head of Workforce and OD Asst Head of WOD Finance Leads MH Lead Rep
Specialist Services	Head of Workforce and OD Lead Staff Representative	CB SMT Reps Directorate Managers Deputy/General Managers Lead Nurses TU Reps
Surgery	Director of Operations Lead Staff Representative x2	Director of Nursing Head of Finance Head of Workforce and OD General Managers Lead Nurses TU Reps

MEETING FREQUENCY

Each CBLPF aims to meet bi-monthly, however, many of these meetings were not able to take place due to the operational and clinical pressures associated with the pandemic.

Clinical Board	Meeting Dates	Comments
CEP	January 2021 March 2021 May 2021 July 2021 September 2021 November 2021	
C&W	January 2021 April 2021	

	July 2021	
CD&T	22nd February 2021 29th April 2021 21st June 2021 2nd August 2021 18th October 2021	
Medicine		Meetings did not take place during 2021 due to heavy operational pressures
MH	Bi-monthly throughout 2021/22	
PCIC	November 2021	Meetings delayed due to change over of Rep
Specialist Services		Meetings did not take place during 2021 due to heavy operational pressures
Surgery	11th March 2021 29th June 2021	Only two meetings held during 2021 due to heavy operational pressures

CLINICAL BOARD LPF ACTIVITY 2021/22

CAPITAL ESTATES & FACILITIES

COVID-19 has been at the heart of most of the discussions at the CEF Service Board Partnership Forum (SBPF) over the last year, focusing on working together to ensure all work place safety measures are in place and communicated across all areas.

We have spent a lot of time discussing staff health and wellbeing and the wider impact of this, as we heard and shared staff stories and experiences. We took a shared message back from the SB to allayed the worries of staff and reassure them that they are supported, recognising that staff need support to look after themselves too.

In addition to the ToR set out above, the CEF SBPF aims to develop, in partnership, appropriate facilities arrangements using Agenda for Change Facilities Agreement.

Significant issues which the CEF SBPF has considered during 2021 include:

- Reviewing and restoring the 8 days A/L deducted from staff shielding due to increased risk.
- Rising sickness absences have been a regular item for discussion. Shared and aligned intel, data, and resources have enabled information to be cascaded, along with collaborative ideas and plans to support staff before, during and after they are absent from work, enabling them to return to a supportive workplace at the earliest opportunity.
- We have discussed at length the importance of re-starting our local management training programme to disseminate essential information to leaders on both legislative and local policy and procedural updates.
- There is a recognised need to improve the skill sets of new managers, either through secondment or stepping up to fill roles to help them manage staff successfully and effectively in line with the WG standards and the UHB core values and behaviours.

Director Opinion/Key Issues to bring to the attention of the Forum:

- Recognition of sickness issues within Staff Side (SS) Representation at CEF level; the SB would like to thank Mathew Thomas for stepping in and covering the shortfall and maintaining good relationships.
- Ongoing good working relationships with the TUs at all levels within the SB and working towards and embracing partnership ways of working.

Lead Staff Representative Opinion/Key Issues to bring to the attention of the Forum:

- Good relationships and partnership ways of working within the CEF SB are well established at board level with the Directors and SMT, however there is a need to develop more local methods of engagement and new collaborations in the near future.
- The CEF SB is looking to further develop its partnership agenda by setting up sessions with Management/Leaders, delivered in partnership by the Head of CEF and SB Lead Rep, Mathew Thomas, to embed the board's shared vision to 'know our staff' and be a great place to work; compassionate leadership and promotion of the benefits of working in partnerships will drive these events. Joint workplace visits to speak to staff within the CEF SB to find out about their successes to date or hear about the challenges they have faced during the last two years to see what can be learnt and what can be done to improve the situation.
- We have also agreed to explore training sessions for managers within the CEF SB to support them to adopt and embed the newest ways of working and promote working in partnership with TU colleagues.

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

- The need to deliver a Cost Reduction Programme for 2022/23 within the SB area, whilst maintaining high quality, efficient and effective patient services.
- The need to effectively manage and reduce sickness across the SB in accordance with current HR policies and procedures, to reduce the impact on patient services and reduce the impact on staff covering absences.
- The ability to recruit to current vacancies within the SB area and reduce, in certain areas, staff turnover, especially within the Estates area where recruitment and retention has struggled during 2021-22.

CHILDREN & WOMEN CLINICAL BOARD

The intention is that C&W CBLPF meetings are held bi-monthly. Throughout 2021 four meetings were planned to be held; in January, April, July and October. All meetings, with the exception of the October meeting, went ahead as planned.

Significant issues which the C&W CBLPF has considered during 2021 include:

- Issues with capacity and demands of the services within the UHB as a whole whilst trying to manage post COVID-19 and the impact that this had on staff being asked to work elsewhere within the hospital to support.
- Increased demands around children and young people with emotional and wellbeing distress.
- Release of staff to support the Mass Vaccination Centre (MVC).
- Maternity services under extreme pressure, more pregnant ladies being admitted to the Intensive Care Unit (ITU) as COVID-19 positive, increased workload and complexity of births for staff.
- Increase in staff absence due to self-isolation and the impact of this.
- Appropriate level of PPE for staff.
- Recruitment and retention were some of the top priorities along with the placement of students to support workforce.
- Admissions of young people in emotional crisis and the impact of this on staff wellbeing.
- Increase in Safeguarding referrals putting pressure on School Nursing and Health Visiting teams; the numbers were so high it was taking up a considerable amount of their time.

- Car parking issues – people are unable to park on site and missing appointments. This was not helping to keep staff safe as this could cause issues with patients and staff.
- Agile working and the new All Wales policy – important to have as many people as possible to work from home. If there is an issue with lack of equipment staff would look to support.

CLINICAL DIAGNOSTICS & THERAPEUTICS CLINICAL BOARD

The CD&T CBLPF accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together. Meetings were held bi-monthly in 2021, in February, April, June, August and October.

Significant issues which the CD&T CBLPF considered during 2021 include:

- Integrated Medium Term Plan (IMTP) Process.
- Hidden Disability Scheme Presentation.
- Review of ToR, copy attached.
- UHW Physiotherapy Outpatient Recovery Plans.
- Presentation and discussion regarding Apprenticeship Scheme.
- Operations Director updates including recognising staff for their efforts during COVID-19, recovery plans, replacement of Fluoroscopy and Cardiac Catheter labs, community diagnostics hubs, CB recruitment to key posts.
- Lead Staff Representative updates including Rookwood service change, TrAMS All Wales project, plans for closer partnership working between Lead Staff Representatives and CB Managers, shielding, Vascular Centralisation workforce engagement plans, long COVID-19 sickness, A/L for those shielding, collective dispute.
- Feedback from CBLPF including COVID-19 updates, recovery plans, IMTP, carry over A/L guidance, All Wales Respect & Resolution policy, Shaping Our Future Clinical Services, UHW2, Recruitment & Retention deep dive/plan, Health Intervention Team, workforce dashboard and exit questionnaires.
- Staff Engagement including CB Staff Recognition Awards and good partnership working with Dietetics.
- Workforce updates including Mental Health (MH) First Aid Training for managers, values in Action and MH Awareness training for CB managers, CB workforce metric update, EU settlement scheme, Mandatory May and starter questionnaires.
- Finance updates, including financial position.
- Quality, Safety and Patient Experience updates including fire safety training, health & safety representatives, vaccinations, regulatory compliance, social distancing risk assessments, incidents/concern trends, UKAS inspections, WG Race Equality Plan, Manual Handling Competency Assessor Scheme, Podiatry Staff Story reflecting experience of redeployment to wards during COVID-19.
- Service development updates, including Radiology recovery plans.
- Have you heard? / Rumour has it...?
- Discussions around values and behaviours / values into action, resulting in (through the IMTP plan) planned 'train the trainer' sessions with the eventual training rolled out to CD&T staff.
- Biochemistry Project Group.

MEDICINE CLINICAL BOARD

Although the intention was for the CBLPF to meet on a monthly/six weekly basis, these meetings did not take place for approximately two years due to the operational and clinical pressures associated with the pandemic. That said, communication between the Lead Staff Representative, the Head of WOD and the CB continued to be effective during this time.

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Since the end of September 2021, the new Head of Workforce and OD for the Clinical Board, , has been working with the Lead Staff Representative, Pauline Williams and the Clinical Board SMT to ensure that continuous dialogue and sharing of information takes place, particularly as Partnership Forums have still not been able to go ahead in their original format, due to extreme pressures on services right across the Board. Currently, the Lead TU Rep (and on occasion the local GMB Rep) attends a monthly meeting with the Medicine SMT to share any relevant information, concerns and/or future plans etc. This setup is currently working very well, although it would be good if TU colleagues who represent other Unions were present to relay the needs/concerns of their members. The longer-term intention is to revert back to the wider CBLPF when service pressures allow.

Although the Medicine CBLPFs have not taken place for some time, there were a number of significant issues during 2021 and 2022 on which the CB and TU colleagues have worked closely together in partnership. These include the following:

- The OCP rotation within Emergency Medicine. Historically, all clinical staff within Emergency and Acute Medicine rotated between the Emergency Medicine, Assessment Unit and MEAU which presented a number of problems, namely health and wellbeing, support for staff, consolidation of skills and consistent managerial support for staff. Prior to the OCP process, a staff survey was sent out to capture the views and opinions of the workforce. TUs were involved right from the outset, particularly during the initial meetings that took place to discuss the proposals. TU colleagues were involved in supporting the consultation documents, EQIA, Q&A's etc, as well as attending the launch of the consultation and 1-1 meetings. The consultation ended on the 19th November 2021 and the rotations ceased on the 2nd January 2022. Staff are now happy with their allocation (which was determined based on preference, skill set and vacancy levels). No concerns have been reported by staff to date, only positive feedback has been received.
- The OCP for 7 day working within the Endoscopy Unit. As above, TU colleagues have been involved in this OCP right from the very outset. The consultation is still underway and the Lead Staff Representative is working closely with WOD and Management colleagues to address any concerns raised as part of this process.
- Identification of staff who had been shielding during the pandemic and had A/L taken from them without a prior discussion with their respective Managers. All those identified were resolved within a timely manner, with no further concerns being identified.
- Exploration and development of initial ideas for cultural development, engagement and the creation of an environment where staff feel safe to speak up within the Emergency Unit. This arose as a result of concerns being raised about behaviour and an initial assessment being undertaken. This work will be further progressed in 2022 with the support of colleagues in Learning & Educational Development (LED).
- Medicine CB Town Hall Meetings.
- Workforce/TU 'walk arounds' – feedback from staff (including how things are for them in their clinical areas, as well as concerns etc) have been provided to the SMT so that support can be put in place, where appropriate.
- Establishment of TU 'Open Surgeries' – running in March and April (at both UHW & UHL).
- These surgeries will provide an opportunity for staff to talk to a TU colleague on a range of different issues, including COVID-19, Terms and Conditions, Equality, Diversity & Inclusion and much more.

MENTAL HEALTH CLINICAL BOARD

The MH CBLPF meets bi-monthly; the last meeting was 15 March 2022 the next meeting 17 May 2022. The Independent TU Member, Staff Secretary and other TU Representatives from across the UHB have also attended regular meetings over the last 12 months which have been very positive.

Significant issues which the MH CBLPF has considered during 2021 include:

- Just and Learning Culture – Guiding Principles
- Secondment guidelines
- Staff Survey results and next steps
- Equality, Diversity, Inclusion and Welsh Language plans
- Recruitment and retention challenges and potential actions
- Agile working
- Improved communication – improved newsletter/key messages post meeting to keep staff engaged with the discussions and outcomes (see attached example).
- Workforce KPIs and changes to terms and conditions/services.
- Transformation projects.

A newsletter is developed to share across the Clinical Board after each meeting. A sample is attached as Appendix 1.

PRIMARY COMMUNITY & INTERMEDIATE CARE CLINICAL BOARD

The PCIC CBLPF aims to meet bi-monthly, however, meetings were delayed last year due to change over of Staff Representative. The last meeting was in November 2021, the next meeting is due in April 2022 (date TBC).

Significant issues which the PCIC CBLPF has considered during 2021 include:

- Health and wellbeing
- Equality, Diversity, Inclusion and Welsh Language plans
- Turnover and retention challenges
- Health and safety
- Healthy working relationships
- Staff recognition and leadership visits
- Change management
- Workforce metrics

SPECIALIST SERVICES CLINICAL BOARD

Although the intention was for the Specialist Services CBLPF to meet on a monthly/six weekly basis, these meetings did not take place for approximately two years due to the operational and clinical pressures associated with the pandemic. Since the end of September 2021, the Head of WOD, Ceri-Ann Lawless, has been working with Fiona Salter, Lead Staff Representative, and the CB SMT to identify ways in which to reinvigorate the CBLPFs and have now established a list of dates for these to take place in 2022, the first of which took place on 4th March 2022.

Although prior to the March 2022, the Specialist Services CBLPFs had not taken place for some time, communication between the Lead Staff Representative, Head of WOD and CB continued to be effective during this time. There were a number of significant issues during 2021 on which the CB and TU colleagues worked closely together in partnership. These include the following:

- Exploration and development of initial ideas for an OD/Cultural development programme within ALAS. This was following an investigation into a specific incident where the Workforce Team and the Directorate Manager interviewed around 30 staff within the ALAS building in Rookwood and many other historic and cultural issues emerged. This work will be further progressed in 2022.

- The organisational change process to move staff from Rookwood to the new Spinal & Neurology Specialised Rehab services in UHL. Overall, the move went smoothly and staff and patients are now enjoying the enhanced facilities and environment that is now available to them.
- Establishment of a nursing forum, delivered in partnership, following an anonymous freedom to speak up application and various concerns raised by staff, particularly in relation to the induction and 6-week rotation and staffing levels within the Nephrology & Transplant Directorate. The forum was the first step to encourage nurses to share their concerns and to ensure that everyone had a voice. Following on from this, decisions have been made in partnership to review the home dialysis section of the rotation and refocus the induction rotation on individual needs with clear objectives in each area. The team also agreed to suspend the 6-week rotation for a year until January 2023 so that the focus can be placed on staff wellbeing and addressing the concerns raised. A working group to look at the 6-week rotation is currently being set up. Most recently a decision has been made to conduct a pulse survey within the directorate, starting with nursing staff and this is being delivered as a partnership intervention between the TUs and Workforce.

SURGERY CLINICAL BOARD

The flexibility and commitment of the staff working within the Surgical CB has been exceptional in light of the pressures of opening and closing theatres, managing the complexities of the growing waiting lists, and continuing to prioritise the greatest need first and deliver the very best, safe and effective care to the people we serve.

Significant issues which the Surgery CBLPF has considered during 2021 include:

- The temporary deployment of staff has been frequently raised and discussed at the CBLPFs.
- Reviewing and restoring the 8 days A/L deducted from staff shielding due to increased risk.
- Rising sickness absence has been a regular item for discussion. Shared and aligned intel, data, and resources have enabled information to be cascaded, along with collaborative ideas and plans to support staff before, during and after they are absent from work, enabling them to return to a supportive workplace at the earliest opportunity.
- We have discussed at length the importance of re-starting our local management training programme to disseminate essential information to leaders on both legislative and local policy and procedural updates.
- There is a recognised need to improve the skill sets of new managers, either through secondment or stepping up to fill roles to help them manage staff successfully and effectively in line with the WG standards and the UHB core values and behaviours.

Director Opinion/Key Issues to bring to the attention of the Forum:

As outlined above, the CB has faced many challenges over the past year. As the CB began to implement its recovery plans, in addition to working towards getting back to 'business as usual', we were hit by a third wave on top of our yearly winter pressures, causing further demands on our services. Staff were displaced to assist with gaps due to high levels of absence and our ever-growing waiting lists continues to hike up daily. Furthermore, the continuous changes in COVID-19 legislation and guidance has put more demands on our staff to ensure that they are familiarising themselves with this information, for the safety of themselves and our patients.

We recognise these extra demands and communication has been key. We have also appreciated the support the UHB and Staff Representatives have provided. The year ahead will no doubt present new challenges as we continue to recover from the effects of COVID-19, however we have a very resilient workforce and SMT. As a CB we will continue to support our staff through:

- Continuing to promoting staff wellbeing events and workshops and signposting to Employee Wellbeing Services (EWS).
- Ensure important information is well communicated through both internal and external platforms.
- Continue to recognise and reward our staff for their great work at our Yearly Surgery Star Awards.
- Greater joint working with HR and Lead Staff Representatives, though regular meetings and CBLPFs.

Lead Staff Representative Opinion/Key Issues to bring to the attention of the Forum:

Good relationships and partnership working with the Surgical CB are well established at board level with the Directors and SMT but, there is a need to scale up and develop more local methods of engagement and new collaborations in the near future.

The deployment of staff to support other areas needs to be reduced (in line with Welsh Government plans to move to a 'non-pandemic' status). The staff are desperate to heal and get back to 'normal' / their usual place of work and be back with friends, colleagues and teams. The workforce needs some stability and time for reflection, to take a moment to recover and heal after two years of such uncertainty and fear. This is best done back on the wards they miss, with colleagues they trust and respect.

The Surgical CB is looking to further develop its partnership agenda by setting up sessions with Management/Leaders, delivered in partnership between the Director of Operations and Lead Staff Representative, to embed the Board's shared vision to 'know our staff' and be a great place to work; compassionate leadership and promotion of the benefits of working in partnership will drive these events. This will include joint workplace visits to speak to staff within the Surgical CB, find out about their successes to date or hear about the challenges they have faced during the last two years, to see what can be learnt and what can be done to improve the situation.

We have also agreed to arrange some bespoke training sessions for managers within the Surgical CB to support them to adopt and embed the newest ways of working and promote working in partnership with TU colleagues.

Recommendation:

The Local Partnership Forum is requested to:

- Consider the contents of this report and note the intention to develop a standardised set of Terms of Reference for all Clinical Board LPFs

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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Welcome to the first Mental Health Staff Feedback of 2022!

This is a summary of the topics we discussed at our latest meeting between management and Trade Unions and any actions or decisions reached. Please share this briefing far and wide.

The equality agenda is a priority of the Trade Unions and shared by the Mental Health Clinical Board. The Board is seeking individuals from a BAME background to feedback their experiences as part of a Stakeholder Reference Group. If you would like to find out more please contact your Union or Professional Body.

The Mental Health Clinical Board Local Partnership Forum (MHPF) is the formal mechanism where the Management and Trade Unions* work together to improve services for the people of Cardiff and the Vale of Glamorgan and for others accessing services provided by the Health Board.

It is the forum where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and service issues.

* All references to Trade Unions include Trade Unions, Professional Organisations and Staff Associations.

We know that some staff are worried about the pace and scale of change in Mental Health services. Staff Side are working with Workforce & Organisational Development and the Transformation team to make recommendations to the Clinical Board for a more planned and coordinated approach as we recover from the pandemic, including:

A communications strategy, to include SMART actions from the Staff Survey

Launching a Just & Learning Culture

Embedding the co-production approach

Infrastructure to support the retention and further recruitment of peer support workers

Clarity around secondments (to provide stability and equity for staff, and to support the recruitment process by ensuring that secondments are only used when necessary)

Using the Organisational Change process, when needed for clarity and fairness

As part of this year's pay deal negotiated with Welsh Government, staff are able to sell back or carry over any unused Annual Leave (up to 10 days in each case) – but you have to apply by the end of March, so don't miss out!

Don't forget!
[Temporary-redeployment-principles.pdf](#)
[\(nhsconfed.org\)](#)

These redeployment principles have been agreed in partnership for the whole of NHS Wales

The dreaded Car Parking! We have been asked to remind staff that the Covid amnesty is over, and fines are being issued routinely. Please park safely and legally.

Report Title:	C&V Integrated Performance Report			Agenda Item no.	10
Meeting:	LPF	Public	X	Meeting Date:	13 April 2022
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Ruth Walker, Caroline Bird, Rachel Gidman, 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 Balanced Scorecard comprises indicators that cover Quality & Safety, Finance, Workforce, Performance and Public Health for the Health Board.

Finance					Quality & Safety				
	Nov-21	Dec-21	RAG	Target	Patient Satisfaction	Dec-21	Jan-22	RAG	Target
Deliver 2021/22 Draft Financial Plan	£0.305m surplus	£0.406m surplus	↑	Break even	30 day complaints response compliance %	88%	77%	G	75%
Remain within capital resource limits.	£9.820m	£15.794m	G	£55.865m	Patient Experience				
Reduction in Underlying deficit (Forecast)	£25.3	£25.3m	R	£25.3		Nov-21	Jan-22	RAG	Target
Delivery of recurrent £12.000m 1.5% devolved target (Forecast)	£7.735m	£7.576m	R	£12m	Patient Experience - Mass Vaccination Centres	94%	95%		
Delivery of £4m non recurrent devolved target (Forecast)	£7.685m	£7.676m	G	£4m	Patient Experience - Other Hospital Environments	81%	79%		
Creditor payments compliance 30 day Non NHS (Cumulative)	94.2%	93.5%	↓	95%	Falls				
Remain within Cash Limit (Forecast cash surplus)	£0.566m	expected positive cash balance	G	Within Cash Limit		Dec-21	Jan-22		
Maintain Positive Cash Balance	£4.006m	£4.062m	G	Positive Cash Bal.	Slips Trips and Falls (30 day moving total)	324	333		
Performance					Slips Trips and Falls with harm (30 day moving total)	17	14		
	Dec-21	Jan-22	RAG	Target	Serious Incidents				
A&E 12 hour waiting times	1177	1108	R	0		Dec-21	Jan-22		
A&E 4 hour waiting %	62%	65%	R	95%	Nationally Reportable Incident (SI)**	29	10		
Ambulance Handover Times >1 hour	661	804	R	0	Number of Never Events	0			
	Dec-21	Jan-22	RAG	Target	Mortality				
Waiting less than 26 weeks %	56%	54%	R	95%		Sep-21	Oct-21		
RTT Waiting Over 36 Weeks	39782	41168		-	Percentage of Stage 1 Reviews Completed	90%	81%		
Diagnosits >8 weeks Wwait	7808	7319	R	0	Risk Adjusted Mortality Index	87.18	124.96		
Mental Health Referrals	1173	1233	-	-	Number of still births				
Mental Health Part 1a	28%	21%	↓	80%	Infection Control				
Mental Health Part 1b	97%	94%	G	80%		2020 /21 (Dec-20)	2021/22 (Dec-21)		
Patients Delayed over 100% for follow-up Appointment	42982	42268	↓	0	All Reported Infections (cumulative)	459	579		
Single Cancer Pathway	54%	51%			Mental Health				
Population						Apr-21	Jun-21		
	2021/22 Qtr 2	2021/22 Qtr 3	RAG	Target	Workforce				
% of children up to date with scheduled vaccines by 4 years of age	84.90%	85.30%	↑	95%		Nov-21	Jan-22	RAG	Target
Adults (aged 18 years and over) in Cardiff and Vale UHB have received a Covid-19 booster vaccination	59%	67%			Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	31.6%	31.40%	R	85%
Of those who have a completed primary course of vaccination % of adults aged 18 years and over have received a Covid-19 Booster vaccination	72%	82%			Achieve annual local sickness and absence workforce target (rolling 12 month)	6.5%	6.70%	R	4.60%
					Staff Turnover Rate	7.9%	8.80%	-	-
					Mandatory Training Compliance	72.26%	72.43%	↑	85%
					Fire - Mandatory Training	61.68%	62.18%	↑	85%
					Staff Retention	86.97%	84.48%	-	-
	2021 / 22 Qtr 1	2021 / 22 Qtr 2	RAG	Target					
% of smokers who become treated smokers	1%	0.5%**							
% of treated smokers who quit at 4 weeks	71%	72%**							

* 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

Quality and Safety

Nationally reportable incidents

Since the change in national reporting to the Delivery Unit in June 2021, Cardiff and Vale has reported 83 NRIs in that timeframe.

The top reported category of NRIs across Wales since June 2021 has been:

- Falls
- Delayed Treatment
- Pressure damage
- Unexpected/unexplained death
- Delayed diagnosis

Within Cardiff and Vale, the top reported NRI categories within the 83 reported since June 2021, has been:

- Pressure ulcers – 23
- Patient Accidents/falls – 14
- Delayed access/admission (appointments/admission delayed/cancelled) - 11
- Unexpected deaths – 9
- Delayed diagnostic processes/procedures – 6

It is interesting to note that delayed access/admission has increased since the last paper presented to Board from 4 to 11.

Pressure damage and falls continue to be the highest reported category of patient safety incidents. Significant work continues to address these high reported incidents. A detailed paper regarding the actions around pressure damage reduction through a collaborative was presented at the December '21 Quality, Safety and Experience committee.

Link to papers

The goal of the Collaborative is:

- ☐ reduce the incidence of healthcare acquired pressure damage with the Health Board by 25% by July 2022
- ☐ speed up adoption of innovation into practice to improve clinical outcomes and patient Experience

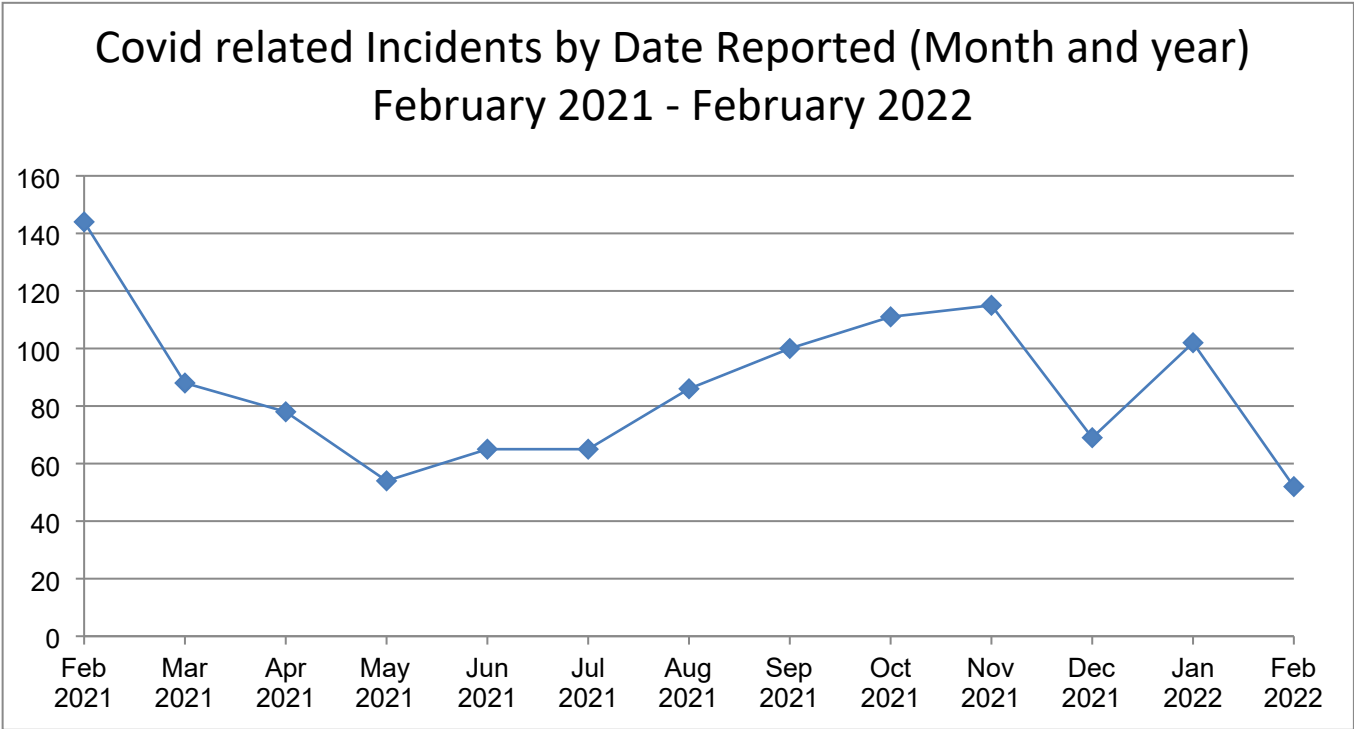
Phase 2 of the national implementation plan for thematic reporting is still in the planning stage with the DU. There are currently 4 network groups that have been meeting nationally with DU to discuss and plan for phase 2, the 4 groups for thematic reporting are:

- Falls
- Pressure damage
- Mental health
- Maternity and Neonatal.

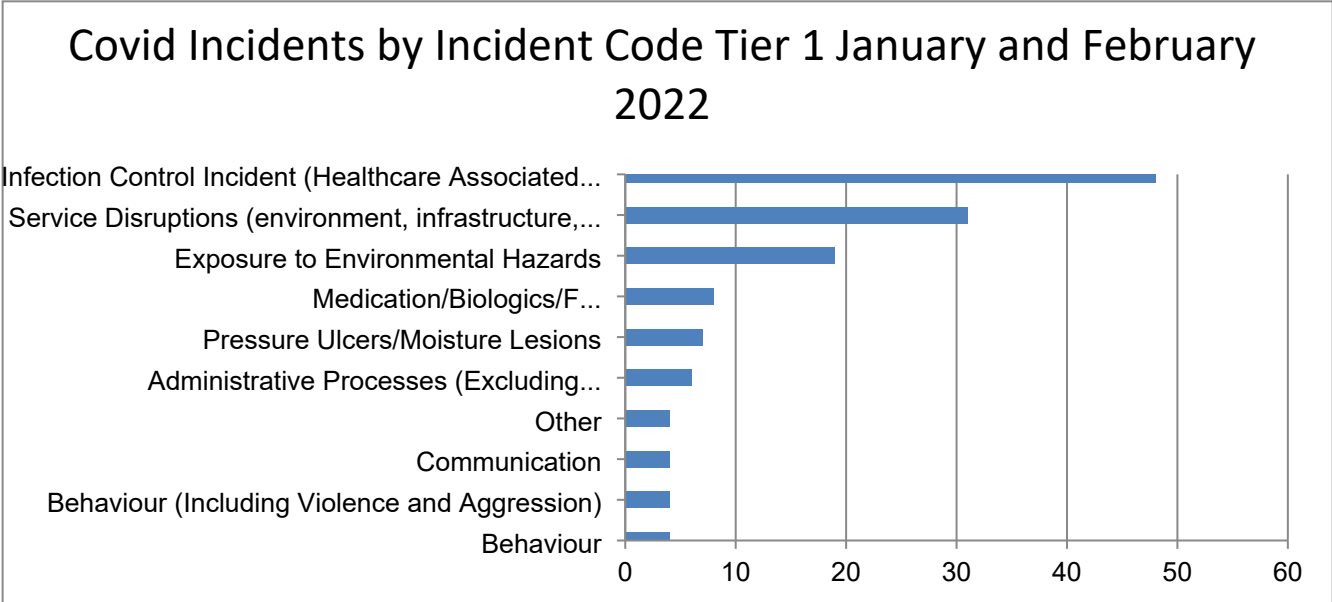
Covid-19 incidents – There has been an increase in outbreaks which have particularly affected UHL and their nightingale wards. The environment of the nightingale wards is not conducive to containing an airborne transmissible disease such as Covid. The IP&C team are working with clinical teams to ensure that high standards of PPE and IPC practises are maintained. The patients in UHL are often more vulnerable however, it is reassuring that the majority of these patients are asymptomatic and have been identified through routine screening. UHW have also had outbreaks and these have transmitted throughout the ward, containment has been challenging. Again, the

IP&C team are re-enforcing the importance of strict IP&C measures and supporting clinical teams. The Safe2Move risk assessment continues to be used.

Since the 1st January 2022, there have been **19 deaths** which come into the categories of indeterminate, probable or definite nosocomial Covid 19.



This shows a reduction in Covid related incidents in the spring of 2021 peaking in November 2021 (for comparison there was a higher number of incidents reported in the first wave).

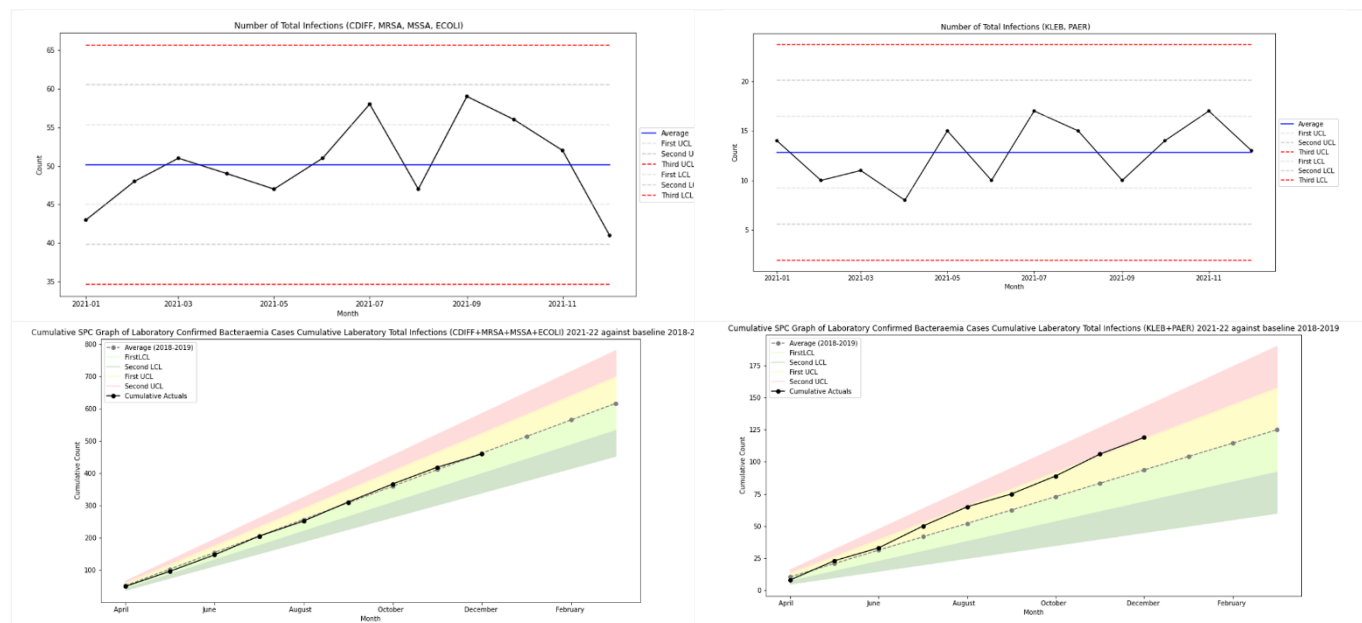


Short staffing was previously the highest reported covid related incident. This has now changed to Nosocomial covid which was previously second highest reported incident. This reflects the outbreak position that we have encountered during this period and relates in part to the requirement to undertake COVID testing for all inpatients. The number of incidents reported that relate to aggressive behaviour is much lower than in November and December 2021, this is possibly due to the reduction in need for the mass vaccine centres who were the highest reporters of aggression and violence towards staff.

Covid- outbreak position – the current position is reported in a separate report to Board.

Hospital Infections – As at December-21 the grouped total Cdiff, Ecoli, MRSA and MSSA infections is showing no in-year improvement against the 2018/19 baseline. However, Ecoli, MRSA and MSSA are demonstrating an in-year improvement whereas Cdiff in year has increased by 30% compared to baseline of Dec-18.

Similarly, as at November-21 Klebsiella has increased the in-year infections above the baseline year whereas P. aeruginosa is running below the 2018/19 baseline average.



(For Individual Infection SPC Graph please see Appendix A)

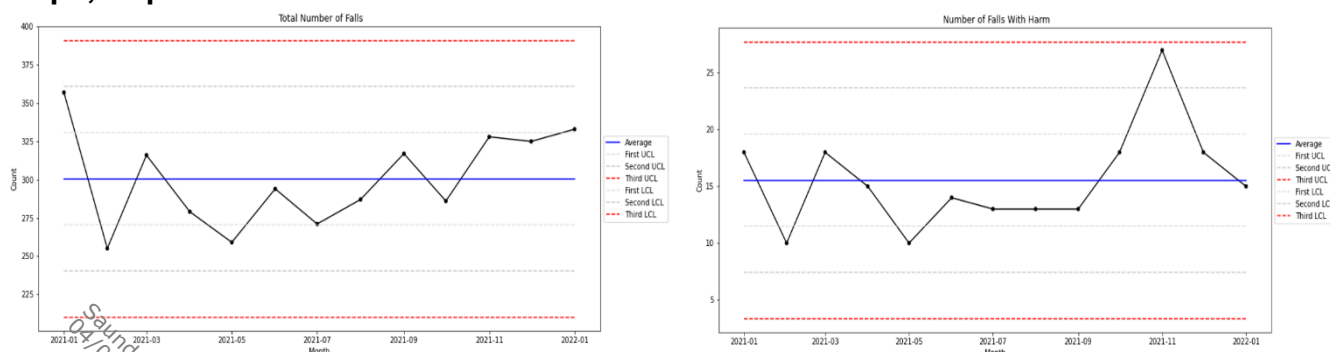
We have some work to do and our main focus for the next 6 months is

C'diff –

We will revisit the RCA process in PCIC, approximately half of our cases are related to the community therefore the RCA's will be piloted with some GP practices to ensure the tool used is robust enough to capture the required data and is in a usable format for the practices MRSA/MSSA

We have funded more staff in the IP+C team who will focus on audits of practice related to PVC insertion and ongoing management and review of the RCA's with the relevant teams in the Clinical Boards

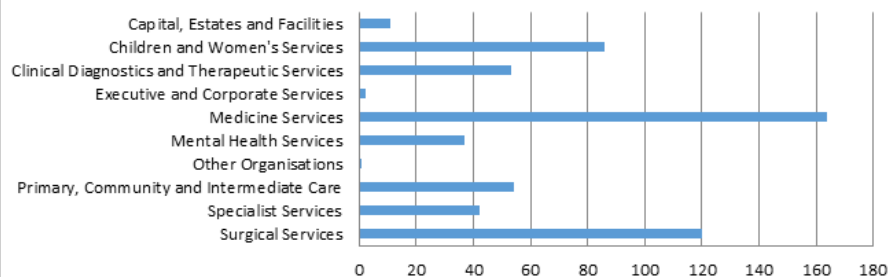
Slips, Trips and Falls -



Concerns – Patient Experience

During December and January, we received 609 concerns. We are seeing increases each month in the numbers of concerns being received and the complexity of those concerns. The graph below highlights the highest number of concerns in medicine both Emergency unit and integrated medicine

Concerns Received by Clinical Board November and December 2021



In order to support clinical board, the central concerns team are processing as many concerns under early resolution as possible and this has maintained an overall 30 working day response time at 77%. Whilst this is 13% lower than the previous report it remains above the WG target of 75%. However, the volume of concerns is challenging and it is appreciated that failure to answer concerns in a timely way is not acceptable and we will be focussed upon improving the response times whenever possible.

The main themes remain as waiting times, communication and concerns regarding care and treatment.

Finance

After submitting a draft financial plan at the end of March 2021, the UHB submitted a final annual financial plan to Welsh Government at the end of quarter 1 2021 following the receipt of further planning guidance. The final plan includes a breakeven year end position.

The Financial Plan sets out the UHB's financial strategy in three parts:

1. Core Financial Plan: Delivering in-year financial stability and maintain the current level of underlying deficit
2. Continuation of non-recurrent response to COVID within available funding
3. COVID recovery and reset (service) within available funding

The Welsh Government confirmed non-recurrent funding for the brought forward COVID deficit of £21.313m which relates to non-delivery of the savings target in 2020/21 that was required to fund inflation and demand growth in 2020/21.

The reported financial position for the 10 months to the end of January is an operational surplus of £0.406m.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 10, £15.252m Green and Amber savings have been identified against the target and therefore, there is confidence that this will be met. Further progress however will need to be made on recurrent schemes with a further £4.424m savings to be identified in order to maintain the underlying financial position.

The full year gross COVID forecast moved in the month from £118.997m at month 9 to £119.020m in month 10, due to funding being made available for offender health prison support.

Reported month 10 position

The Welsh Government amended the monthly financial monitoring returns to capture and monitor costs due to COVID 19. The financial position reported to Welsh Government for month 10 is a surplus of £0.406m and this is summarised in Table 1.

Table 1 : Financial Performance for the period ended 31st January 2022

	Cumulative Month 10 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	83.823	119.020
Welsh Government COVID funding received / assumed	(83.823)	(119.020)
Gross COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000
COVID FUNDING for Deficit due to non delivery of 2020/21 recurrent Savings	(17.750)	(21.313)
Operational position (Surplus) / Deficit	17.344	21.313
Financial Position £m (Surplus) / Deficit £m	(0.406)	0.000

The additional COVID 19 expenditure in the year to month 10 was £83.823m with full year forecast costs totalling £119.020m.

Welsh Government has now agreed confirmed and anticipated COVID 19 funding. The UHB is forecasting a break even position by year end and all risks will need to be managed to deliver this. The forecast is based on the premise that COVID 19 allocations will be sufficient to meet COVID costs and that reductions arising in planned expenditure will be used to offset non COVID operational pressures and support system resilience.

Underlying deficit position

The UHB's accumulated underlying deficit brought forward into 2021/22 is £25.3m which reflects the £21.3m shortfall against the recurrent savings 2020/21 target due to the pandemic. This is being offset by non recurrent COVID 19 funding.

Delivery of the UHB's financial plan will ensure that the underlying position does not deteriorate in 2021/22 and further work on identifying further recurrent savings is required to achieve this and leave an underlying deficit of £25.3m to carry forward to 2022/23.

Creditor payment compliance

The UHB's public sector payment compliance performance was 93.5% at the end of January, which is just below the statutory target of 95%.

Remain within capital resource limit

The UHB's approved annual capital resource limit was £59.239m at the end of January 2022. Net expenditure to the end of January was 26.7% of the UHB's approved Capital Resource Limit, which reflects the large number and value of schemes approved by Welsh Government since Month 6. The UHB has plans to fully utilise its capital allocation and most expenditure is planned for the later part of the year. There is an inherent risk in this due to potential supplier delays and works slippage. The UHB is therefore being proactive in managing these risks.

What are the UHB's key areas of risk?

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement for which good progress is being made. At month 10 however, £7.6m of recurrent schemes have been identified against the £12.000m recurrent element of the target. Further progress is required to find another £4.4m recurrent schemes in order to maintain the underlying position.

The UHB is forecasting a breakeven position at the year end in line with the submitted annual financial plan. In order to achieve this the key risk that needs to be managed is to utilise the resources that have been allocated to the UHB.

The UHB is forecasting a broadly balanced position against its capital resource limit at year end and will need to continually monitor the position so that progress can be pro-actively managed to achieve this.

People

A brief UHB overview summary is provided as follows:

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. Attached at **Appendix 1** is the Workforce Key Performance metrics dashboard for January 2022.

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- A trend of increase in fixed term contracted staff which is in line with expectation as we have recruited additional fixed term/temp staff to support with the COVID-19 pandemic.
- The level of permanent contacted staff is also rising as we are responding to both the pandemic demands and the Recovery & Redesign Plan.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 50 WTE per month and the Managed Locum Bank now has a fill rate of 83%
- Variable pay trend is upward and is now 10.64% UHB-wide.

Other key performance metrics:

- Voluntary resignation turnover trend is rising; the rate is now 8.75% UHB wide. This doesn't include retirements, or the end of fixed-term contracts. There has been a 1.5% increase in the last 12 months, which equated roughly to an additional 200 WTE leavers. The top 5 reasons recorded for voluntary resignation are; 'Other/Not Known', 'Relocation', 'Work Life Balance', 'Promotion' and 'Health'.
- Sickness Absence rates had been rising steadily since April 2021, but have stabilised somewhat since October 2021. The January 2022 rate is 7.63%. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances). The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Other musculoskeletal problems', 'Other known causes - not elsewhere classified' and 'Cold, Cough, Flu – Influenza'. In each of the last 5 years (and more) monthly sickness rates are at their highest either in December or January. If sickness absence rates this year follow normal trends we may expect to see the sickness rate falling in February and March 2022.
- Employee Relations caseload trend continues to fall as the team embed the 'Restorative & Just Culture' principles. The overall numbers remain within reasonable tolerance levels.
- Statutory and Mandatory training compliance has improved slightly during the last 4 months; now 13% below the overall target. It is likely that operational pressures are adversely affecting compliance.
- Compliance with Fire training is continuing to improve, although the rate of improvement has slowed. In January the compliance with Fire training was 62.18%.
- By the end of January 2022 80% of consultant job plans were under construction in the e-system, including 18% that have been signed-off.
- The rate of compliance with Values Based Appraisal has fallen slightly in January 2022, to 33.70%. It is likely that operational pressures continue to adversely affect compliance.
- At 31st January 2022 51.40% of staff (52.70% of frontline staff) have received the flu vaccination, against a target of 80%.

Our current workforce challenges (listed below) continue and are not unique to us in Cardiff & Vale UHB, this is a national picture.

- Workforce demand is far exceeding supply in certain professions.
- Large scale vacancies in some professions and hard to fill roles.

- Difficulty sourcing people with the correct level of experience, qualifications and skills.
- National shortages of some professions.
- Turnover in some staff groups/areas this is higher than the national average
- High competition from neighbouring Health Boards.
- High reliance on agency and bank workers.
- Sickness absence remains high.
- Ageing workforce.

Below is a summary of some of the work that has been undertaken/achieved since the last report

- The People & Culture Plan was approved at the January 2022 Board. The formal launch is imminent in February 2022
- The People Services Team (formerly the HR Operations Team) temporarily changed its operating model in December 2021 – moving away from the traditional Clinical Board alignment into specialist teams focused on the organisation's priorities. The progress to date has been extremely positive, examples of what has been achieved is highlighted below:
 - o Employee Relations – as at 03/02/22 the number of formal disciplinary investigations has reduced to 15 across the whole of the organisation and 10 cases progressing to a formal hearing. Future improvements and developments have been also been identified.
 - o Managing Attendance at Work - focus has been on support with long term absence, long Covid absence and health & wellbeing. We have seen a reduction in long term absence, with staff being able to return to work.
 - o General HR Queries – all queries come into ActionPoint and are triaged. Response times have improved and the team are using the call log data to develop additional resources to support managers and staff.
- The Workforce Resourcing Team are continuing to support managers with improving supply, examples include:
 - o Kickstart Scheme – a total of approx. 160 people recruited since March 2021.
 - o National Apprenticeship week held w/c 07/02/22.
 - o Project Search – 7 Interns with learning disabilities commenced placements.
 - o Links with Schools – 3 days of mock interviews at Whitchurch High School held in February 2022
 - o Overseas Nurse Recruitment – paper agreed by Board in January 2022 to recruit an additional 135 Nurses. To date 231 nurses have taken up employment and achieved NMC registration.
 - o HCSW Mass Recruitment – over 100 application received in November and December 2021 for bank, fixed term and permanent roles. Approx. 45 have been enrolled on the bank and approx. 40 permanent HCSW have started. Others are progressing through the pre-employment checks.
 - o Retention – Employment Satisfaction Survey for newly qualified Nurses issued on 03/02/22.
- **Engagement:**
 - o Staff Recognition Awards nominations have been shortlisted in readiness for the event scheduled for 8 April 2022.
 - o Approx. 40 coaches confirmed to support Ward Managers and Deputy Ward Managers, in the first instance.
 - o 'Winning Temp' engagement tool procured and will be piloted with our Nursing Workforce in March 2022
 - o Medical staff identified as pilot group for 'safespace stress survey' with a wellbeing intervention to follow.
 - o Medical Engagement Survey (MES) – paper presented to Board.

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- **People Analytics** – ESR workforce Data for Nursing workforce now easily accessible through Sharepoint, this is part of our plan to make data more accessible.
- **Health & Wellbeing** - Additional investment secured to support the health & wellbeing of our staff over the winter months. Update on progress:
 - o Procurement exercises are in progress to identify appropriate suppliers (e.g. staff room refurbishment – led by Discretionary Capital Team; water bottles; hydration stations; coaching and mentoring supervision training; Wellness Webinars; Schwartz Rounds)
 - o Procurement exercises completed for: Engagement Tool (Winning Temp); MedTRiM and implementation work is in the very early stages.
 - o Estates are supporting the environmental aspects of the plan by leading the work required to support staff room improvements and hydration stations.
 - o Employee Wellbeing Team are identifying resources to support staff and have developed and are delivering a detailed programme of wellbeing interventions.
 - o Employee Wellbeing Team along with the ITU psychologist have developed a programme of support for EU colleagues following feedback during a visit. Targeted support has also been made available for other areas where a particular need has been identified, e.g. Mental Health Clinical Board.
 - o Employee Wellbeing Services are working with the Health Intervention Team and carrying out on-site visits which to date include:
 - Monthly drop-in sessions for Junior Doctors at UHW and UHL.
 - Weekly visits to B7 respiratory ward.
 - On-site walk-arounds to distribute information and speak to staff (currently visited A-C of UHW).
 - Drop-in sessions at UHW; Children's Hospital for Wales; Children's Out-Patients; B6.
 - Drop-in sessions at UHL; East 8; East 18; West 5.

Workforce Shape – band 4 Assistant Practitioners (APs) roles have been developed. Peri-Operative Care have recruited Assistant Practitioners in training, once the training is complete staff will work in lower risk surgical areas, for example Ophthalmology. The District Nursing service has secured funding to recruit & train AP'S from April 2022. C&V are leading on an All Wales basis on the development of AP roles in Mental Health services.

Planned Care

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 117,410 as at January 2022 which is an increase of 27% from the end of March 2021 (92,286). The number of patients waiting for planned care and treatment **over 36 weeks** has increased 25% since March (32938) to 41,168 at the end of January 2022. 55.6% of these are at new outpatient stage.

The number of patients waiting greater than 8 weeks for a **diagnostic** test was 7,319 at the end of January 2022. This is an increase of 42% since April 2021 however the volume waiting has started to decrease. The number patients waiting over 14 weeks for **Therapy** was 3,253.

Referrals for patients with suspected **Cancer** have now returned to pre-covid levels. During December 2021, 51% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

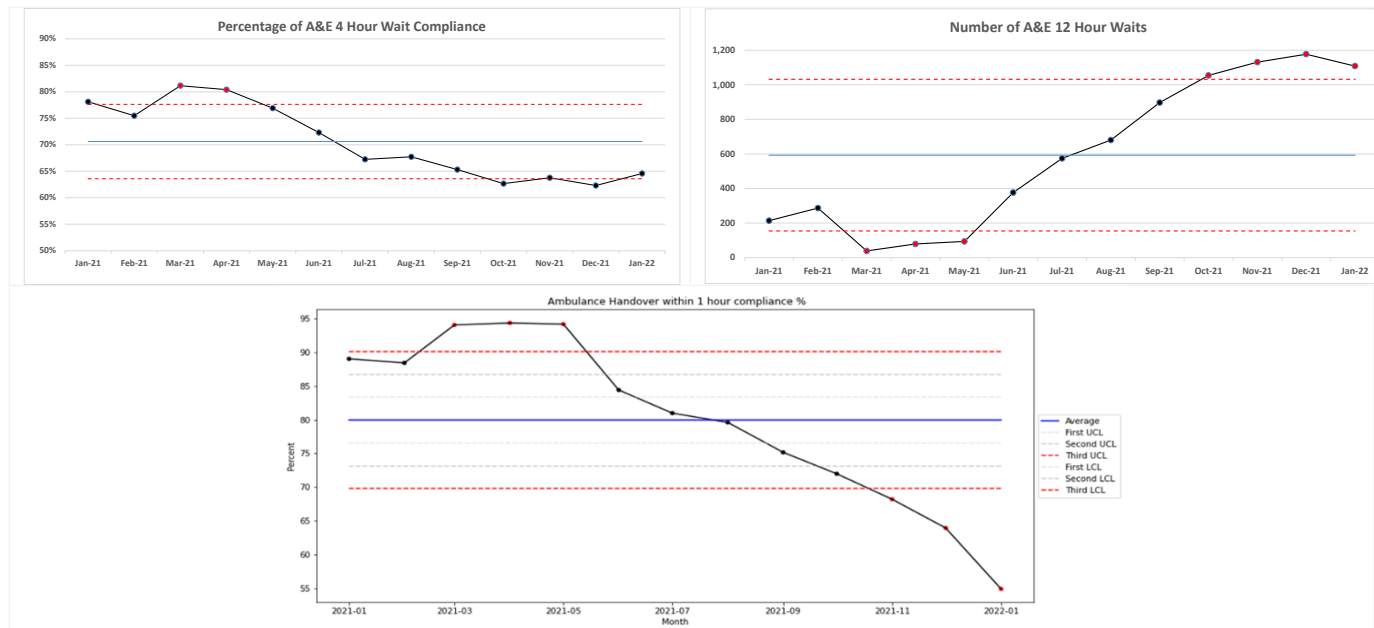
The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of January 2022 was 172,109. 97.7% of patients on a follow up waiting list have a target date, against the national target of 98% and above. The number of follow up patients waiting 100% over their target date has reduced to 42,268, a 14% decrease from March 2021 (49,032).

95% of patients waiting for **eye care** had an allocated health risk factor in January 2022. 68.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) remain exceptionally high with 1233 referrals in January 2022. Part 1a: The percentage of Mental Health assessments undertaken within 28 days decreased in January 2022 to 21% and 48% for CAMHs. Part 1b: 94% of therapeutic treatments started within 28 days following assessment at the end of January 2022.

Unscheduled Care

Attendances at our Emergency Unit department have increased since the first covid wave but remain lower than previous years.



Population Health

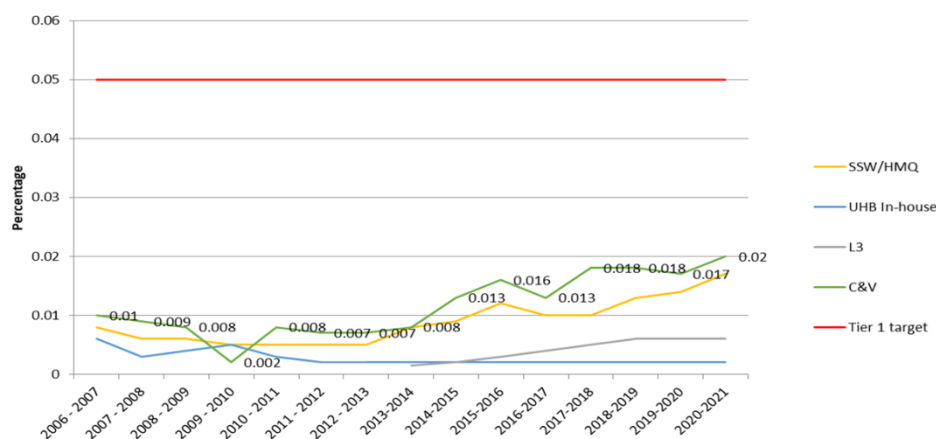
Smoking Cessation

Outcome Measures:

- 1.1: The % of smokers becoming 'treated Smokers' (Welsh Government Target 5%)
- 1.2: The % of Treated Smokers quitting smoking at 4 weeks (Welsh Government target 40%)
- 1.3: Implementation of an 'Ottawa model of smoking cessation' aimed at hospital patients (Welsh Government)
- 1.4: 5% Smoking Prevalence by 2030 (Welsh Government)
- 1.5: A reduction of smoking in pregnancy (Welsh Government Target not released to date, expected September 2022)

1.1 and 1.2 The % of smokers becoming 'Treated Smokers' and % of Treated Smokers quitting smoking at 4 weeks (Welsh Government target 5% and 40%)

Figure 1: Percentage of Treated Smokers, Cardiff and Vale Smoking Cessation Services 2006-2021



C&V UHB achieved 2.2% (2020-2021) against a Welsh Government Tier 1 target of 5% (Figure 1). This represents the highest rate achieved to date since Tier 1 commenced and reflects an upward trend from previous year 1.8% (2019-2020 and 2018-2019) and 1.6% in 2017-2018. Wales achieved 3.3% against the 5% target. The community based HMQ service shows an upward trend of treated smoker rate which may reflect increased telephone support activity due to COVID-19 (no face-to-face groups running).

The impact of COVID-19 on both the hospital in-house service (less patients admitted for non- related COVID-19 illness) and Enhanced Services, Community Pharmacy (less capacity due to COVID pressures to deliver a L3 service) shows a static trend overall despite an increase in commissioned Pharmacies to deliver both the Level 3 (L3) and Level 2 (L2) services. 52% of all Community pharmacies in C&V UHB have SLA's in place to deliver a Level 3 service, targeting areas of high deprivation - 42% of Pharmacies are in Central Vale, 70% in City and South Cardiff, 50% South East Cardiff, 60% in East Cardiff and 50% South West Cardiff (Qtr 2, 2021-2022).

The L2 Enhanced Community Pharmacy Scheme (patients accessing free NRT following engagement with HMQ - without a GP Prescription) was introduced July 2020, as a direct response to COVID-19 pressures and access to GP Practices for prescriptions. The impact of the L2 service may account for the higher numbers of HMQ treated numbers as seen in the graph (as all L2 clients are HMQ).

C&V UHB has one of the highest 4 week quit rates in Wales and consistently achieves higher than 60% each quarter. 66% of smokers quit smoking in 2020-2021 (self-reported) against a Tier 1 target of 40%. Both the hospital in-house service and HMQ achieved over 60% 4 week quit rates for the same period however, the capacity of local pharmacies to follow up clients has impacted on their 4 week quit rate, which was below pre-COVID levels at 44% (compared to 71%, 2019-2020).

1.3: Implementation of an 'Ottawa model of smoking cessation' aimed at hospital patients (Welsh Government)

Welsh Government has asked all Health Boards to implement an 'Ottawa model for smoking cessation' targeting hospital patients. The outcome measures for this programme have not been released however it is expected that a baseline target will be set to monitor the percentage of hospital patients whose smoking status is recorded on admission, and of those that smoke, the percentage accepting a referral to smoking cessation services. A draft Service Specification is expected shortly with local stakeholder meetings taking place with each Health Board currently. With a hospital based smoking cessation service in place already, C&V UHB are in a strong position to ensure this programme is implemented.

1.4: 5% Smoking Prevalence by 2030 (Welsh Government)

14% of adults smoke in Cardiff and Vale of Glamorgan (National Survey for Wales, 2019-2020) (a reduction from 17%, 2018-2019). This is the second lowest level of smoking across Welsh LAs, behind Gwynedd. Some areas of Cardiff and Vale of Glamorgan have higher levels of smoking prevalence – comparable to the highest levels in Wales and are in the highest deprivation areas of Cardiff and Vale of Glamorgan. Cardiff City and

South smoking prevalence 20.8% compared to Cardiff North 15% and Western Vale 12% (2018-2019), (Public Health Wales, 2019)

1.5: A reduction of smoking in pregnancy (Welsh Government Target not released to date, expected September 2022)

Welsh Government are monitoring the number of pregnant women who smoke during pregnancy and this priority is listed within the draft Tobacco Control Strategy 2022-2030 and Delivery Plan 2022-2024 currently out for consultation.

In C&V UHB, 9% of pregnant women smoke on booking (2020-2021) compared to 10.3%, 2019-2020. 25% of pregnant women who smoke, engaged with Smoking Cessation Services (2020-2021). The % of pregnant women smoking on booking is below the Welsh average of 17% (WG, Maternity and Birth Statistics, 2020) and continues to follow a downward trend. Over 90% of all pregnant women are CO monitored on booking (2019-2020) achieving NICE Guidance (2010)

As part of Welsh Government Prevention funding, implementation of a ‘Model for Access to Maternal Smoking Cessation Support’ (MAMSS) Programme commenced in April 2021 with a dedicated, Midwifery Support Worker based within the Midwifery team to support pregnant smokers wishing to quit. With an aim to increase engagement in smoking cessation services at booking, from a baseline of 25% (2020-2021), a rate of 34% was achieved in Qtr 2, 2021-2022.

Recommendation:

The Board is requested to:

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

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

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

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

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

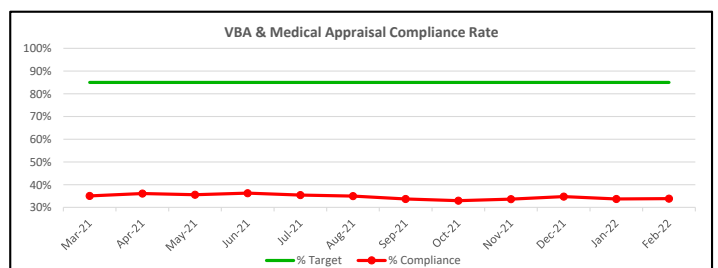
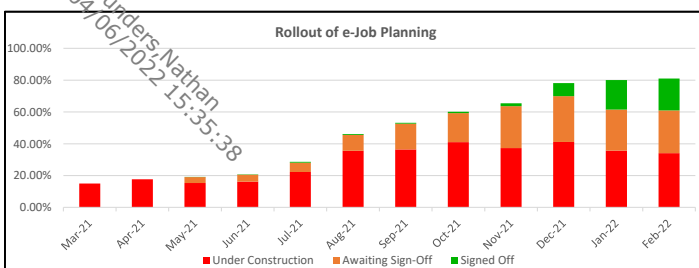
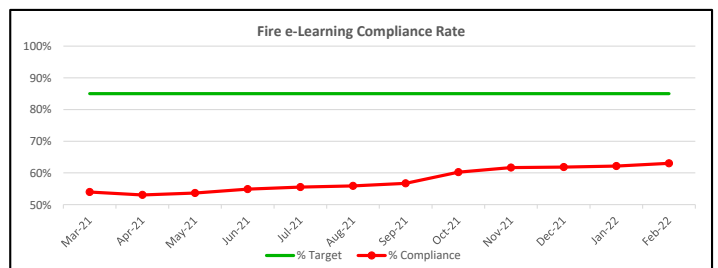
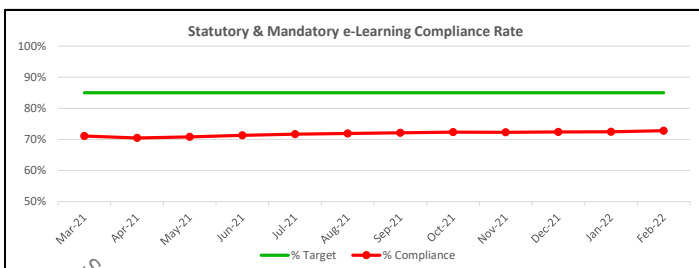
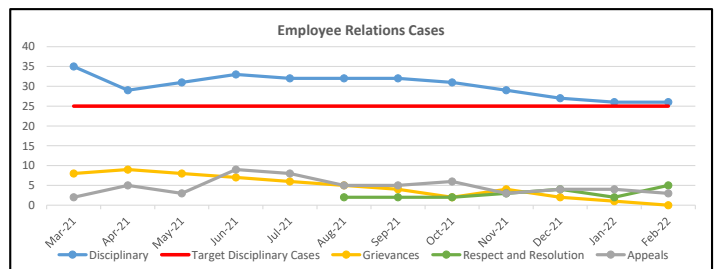
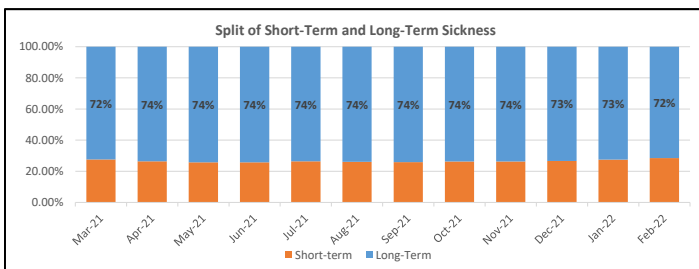
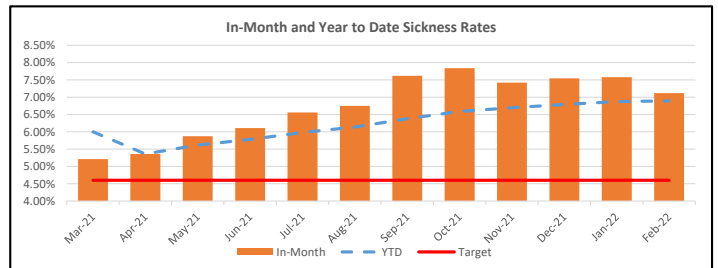
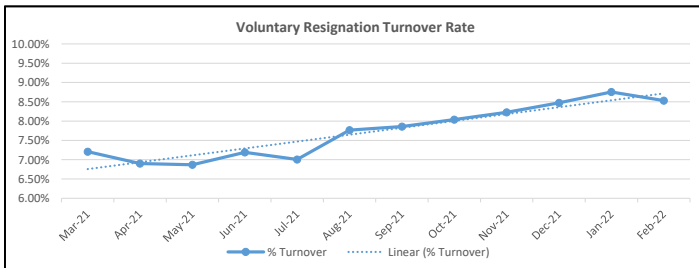
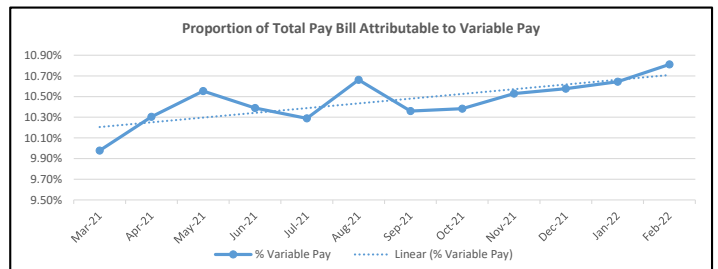
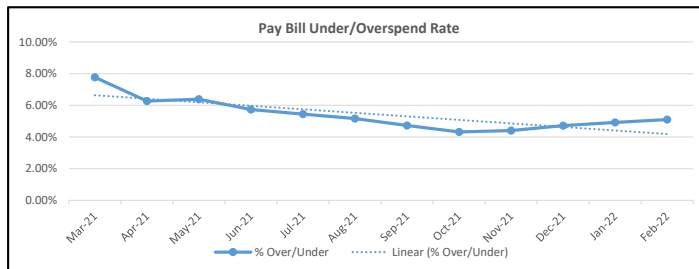
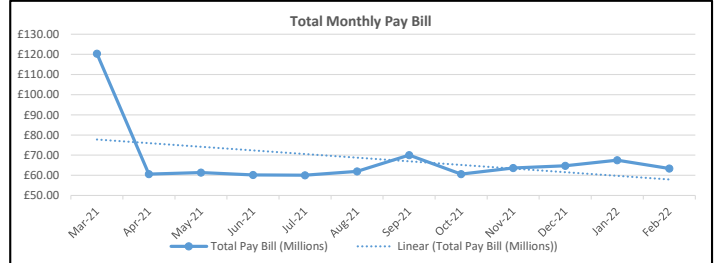
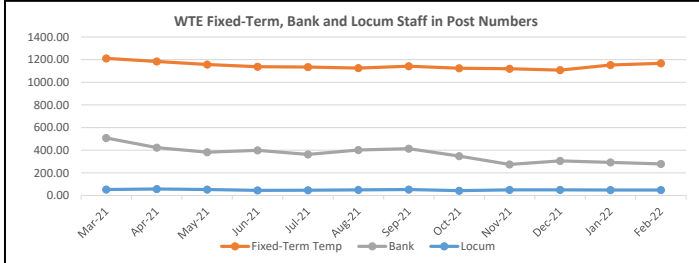
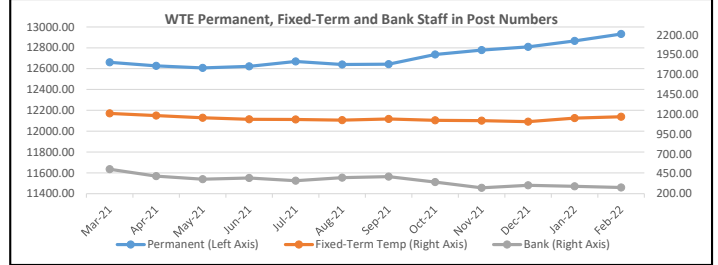
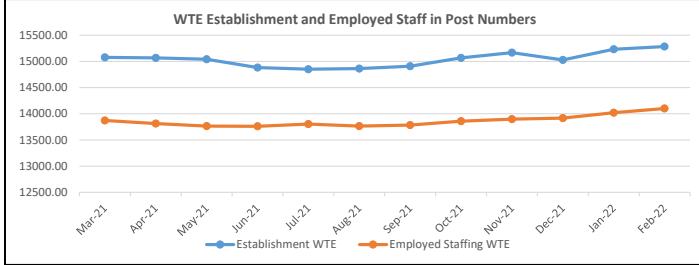
Risk: Yes/No

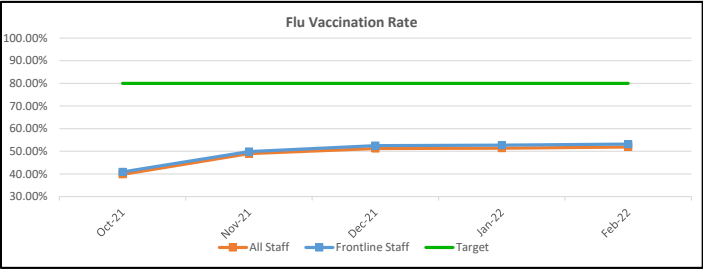
Safety: Yes/No

Financial: Yes/No	
Workforce: Yes/No	
Legal: Yes/No	
Reputational: Yes/No	
Socio Economic: Yes/No	
Equality and Health: Yes/No	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Executive Management	7/3/2022

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Workforce Key Performance Indicators Trends February 2022





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GIG
CYMRU
NHS
WALES

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

Annual Report of the Local Partnership Forum 2021/22

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1.0 INTRODUCTION

In accordance with best practice and good governance, this Annual Report sets out how the Local Partnership Forum (LPF) has met its Terms of Reference during the financial year 2021-22.

2.0 MEMBERSHIP

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members are Staff Representatives from accredited Trade Unions recognised as part of the Partnership and Recognition Agreement, the Executive Team and Chief Executive, the 3 Assistant Directors of Workforce and OD, the Head of Workforce Governance and the General Manager for UHL and Barry. The Independent Member for Trade Unions has a standing invitation to attend, as does the Chair of the Board.

3.0 MEETINGS AND ATTENDANCE

The Local Partnership Forum met six times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

Attendance is fluid compared to Board and Committees as it is often dependant on the release of staff representatives from their substantive roles and while there are regular attendees from the staff side there is a degree of variation from meeting to meeting. Quoracy is determined by the number of management and staff representatives present, not specific individuals, as set out in the Terms of Reference.

Members of the Forum who are unable to attend a meeting may send a suitable deputy who will contribute to the meeting being quorate.

Current Executive / Management attendance is as follows (n.b.* denotes that a deputy attended in their place):

	22.04. 21	17.06. 21	18.08. 21	21.10. 21	01.12. 22	17.02. 22
Director of People and Culture (co-Chair)	Y	Y	Y	Y	*	Y
Chief Executive	*	Y		Y	Y	Y
ED of Finance	Y	*	Y		Y	
ED Nurse Director	Y	*	Y	Y		*
Medical Director						
ED of Strategy and Planning			*		Y	Y

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ED of Therapies and Health Science		*	Y			
Deputy Chief Operating Officer (Interim COO since Jan 2022)	Y	Y	Y	Y	*	Y
ED of Public Health	Y	Y	Y	Y	Y	Y
Director of Corporate Governance				Y		Y
Director of Communications and Engagement	Y	Y	*	Y	Y	Y
AD of Organisational Development					Y	Y
AD of Workforce	Y	Y		Y	Y	Y
AD of Workforce Resourcing					Y	
Head of Workforce Governance	Y	Y	Y	Y	Y	
Head of People Services (previously Head of HR Ops)	Y	*	Y		Y	Y
General Manager, UHL and Barry	Y	Y	Y	Y		Y

Note:

Chief Executive: Len Richards April – August, Stuart Walker (interim) October/December, Suzanne Rankin February 2022

Assistant Director of Workforce: Julie Cassley April/June, Lianne Morse August – February

Head of HR Operations / People Services: Lianne Morse April/June, Katrina Griffiths August – February

AD of Workforce Resourcing commenced November 2021

AD of Organisational Development commenced October 2021

The Terms of Reference are incorporated into the Partnership and Recognition Agreement. This was reviewed by the Local Partnership Forum on 17 June 2021 and was approved by the Board on 29th July 2021.

5.0 WORK UNDERTAKEN

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

Key topics considered during the period April 2021 – 2022 include:

22 April 2021

- The Forum received a presentation from the Programme Director on Shaping Our Future Clinical Services. There had been a previous discussion with the Forum prior to the formal launch of the engagement process. This was now complete and an analysis of the feedback had begun.
- The Deputy Director of Operations for Mental Health Clinical Board, was in attendance to provide a joint presentation on the Covid-19 Response and recovery in Mental Health with Peter Hewin (lead staff rep for MHCB). As a Clinical Board they tried to ensure readiness for an expected increase in demand while also keeping momentum around their transformation agenda and keeping safe. 4 priority areas were identified as staff and team resilience, outpatient models and locality working, effective home working and co-production (including the use of peers with experience of mental health conditions and services). A number of challenges were also identified including activity and demand, but also new ways of working and positive risk taking.
- A new All-Wales Respect and Resolution Policy has been developed which superseded both the Dignity at Work Process and Grievance Policy. It was approved at an All-Wales level and was going through local ratification processes ahead of the official launch date of 1 June 2021. The new Policy builds upon an approach started with the Maximising Attendance at Work Policy which recognises that treating people fairly doesn't mean treating everyone the same. It requires us all to make sure we approach difficult workplace issues with the aim of resolving them at an early stage and without formal policy and processes being invoked. The Policy is ACAS approved and includes tools and flowcharts to support staff and managers find solutions earlier. There would also be an All-Wales mediation network and training delivered in partnership with staff representatives.

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17 June 2021

- The Forum received a presentation from the Health Improvement Team looking at the purpose of the team, work completed since the team started in April 2021 and the approach adopted, and the 5 ways to wellbeing concept which is being utilised (give, take notice, connect, be active, keeping planning). During the presentation the HIT team asked the following three questions as part of their wider consultation exercise:
 - What does wellbeing mean to you?
 - What would an organisation with excellent standards of wellbeing look like?
 - What change would you make to enhance staff wellbeing in the organisation?
- The Deputy COO delivered a presentation on the UHB Reset and Recovery Plan. It was noted that while this was the latest position, it was an iterative process and the plan will change as we go forward and learn more. She talked about the impact of covid, the context of the plan, the principles of the response and the approach adopted.
- The revised Terms of Reference for the Employment Policy Sub Group were considered and approved

August 2021:

- The Director of Operations, PCIC Clinical Board, was in attendance to deliver a presentation on the current operational situation within PCIC. The Primary Care and Community position and priorities (including recovery priorities) were noted, along with continuing developments around unscheduled and urgent care. The Forum was advised that joint Executive discussions are taking place with the Local Authorities regarding pressures within the community, especially relating to social care and domiciliary care. The importance of working in partnership across the whole system pathway and ensuring that silos are reduced was discussed. Trade Unions expressed a strong interest in being involved in conversations taking place about a potential staffing model which would extend beyond traditional health and care approaches in relation to social and domiciliary care.
- The Forum received an update on the development of the IMTP 2022-25 as part of the ongoing engagement process. The themes, priorities and deliverables were shared and members were asked for views on whether the triangulation and balance of priorities was right. One of the themes is 'taking great care of our staff': the Executive Director of People and Culture explained that this will be driven by a new People and Culture Plan which is in the very early stages of development. It was noted that that engagement should not

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be about touchpoints, but should be ongoing as part of business as usual. A further update on the development of the IMTP would be provided to LPF in the Autumn.

- The Deputy Executive Director of Nursing gave a presentation on the situation in relation to the Nurse Staffing Act. He reminded the Forum that the Act had come into force via a staged approach, with the first sections being implemented from 2018. Prior to Covid-19 good progress had been made but the current reporting period (April 2020-21) had been a period of unprecedented disruption with wards being repurposed and increased operational capacity, however, within the UHB a decision had been made to provide assurance to the Board through exception reporting from July 2020 and formal monthly reviews were held to monitor staffing. The reporting schedule for April 2021 – May 2024 was shared and it was noted that from September 2021 Paediatric wards will be included for the first time. A 3 year report will be submitted to Welsh Government at the end of this year.

21 October 2021:

- The Director of Transformation was in attendance to give presentation on the Dragon's Heart Institute. The Executive Director of People and Culture noted the alignment with the People and Culture Plan currently under development and advised that there would be an in-house leadership programme from January 2022.
- The Deputy COO gave an operational update. It was noted that there are system wide operational pressures with an increase in demand across the board. Covid admissions were increasing and non-covid demand was back to pre-pandemic levels. It was acknowledged that this was a challenging time for the workforce and staff were thanked for all their efforts. LPF was advised that steps are being taken ahead of winter to alleviate the pressures, including working with Local Authorities to address the issue of delayed discharges.
- The Equality Manager gave an update on the Strategic Equality Plan as we approached the end of the first year of the Plan. There had been good progress made on the SEP during this period, with some key milestones being met including completion of the Stonewall Workplace Equality Index and Welsh Language Standards Annual Report.
- This year's statutory Annual Report of the Director of Public Health (DPH) was shared with the Forum. It focused on how Cardiff and the Vale of Glamorgan can emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing the inequities exacerbated by the events of the last

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18 months.. It described the impact of the pandemic on our population, identified priority areas for attention and set out a vision for future partnership working.

1 December 2021:

- The Head of Integrated Care was in attendance to give an update on the D2A model and activity taking place to address the issue of medically fit patients, including the introduction of transitional care beds. The Executive Nurse Director thanked staff for the flexibility they had shown by moving round the system to support the management of these pressures.
- The Local Partnership Forum gave their support and endorsement to proposals to support the implementation of the Smoke-Free Premises and Vehicles Regulations, including the engagement and training of dedicated Enforcement Officers who are able to issue Fixed Penalty Notices.
- The Operational Delivery Director was in attendance to provide an Operational Update. A site based leadership model was being introduced to enable a system wide, co-ordinated response to current pressures. This approach was temporary but allowed delegated authority and autonomy to enable timely decision making. The next steps which had been identified around systems, processes and capacity were highlighted, along with a high-level timeline against the unscheduled care schemes. The need to be prepared for surges and spikes was noted, along with the need to continue to hold system risks collectively. It was noted that one of the benefits of the site based leadership approach is that they will be better able to articulate to staff the reasons behind the things they were being asked to do.
- The Executive Director of Strategy and Planning provided an update on the IMTP, with a summary of decisions taken to date and seeking views, in particular on the design of the plan. It was noted that it is a strategic Plan and does not attempt to describe everything we do as an organisation.
- The Assistant Director of Workforce Resourcing delivered a presentation on a number of actions have already been taken and additional ideas have been put forward for further exploration under three areas: Attract; Recruit; and Retain. This is one of themes of the People and Culture Plan.

17 February 2022:

- The Executive Director of Strategy and Planning advised the Forum that a draft IMTP would be presented to the Board the following week. She advised that the main issues faced include not having the workforce needed to deliver the full range of services that we want to provide and keeping some of the good practices picked up during the pandemic, but in a sustainable way. The People and Culture Plan will be central to how this is achieved.

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The importance of engaging with Trade Union colleagues at Clinical Board level was noted.

- The Interim COO delivered a presentation on the current operational position and the application of the Local Choices Framework, noting that while there is whole system pressure the real issue is around occupancy and discharges. Staff were thanked for their flexibility and assurances were given that work was taking place to identify what could be done differently to improve the situation for both patients and staff.
- The Assistant Director of OD delivered a presentation on Employee Health and Wellbeing. She noted that a physically and psychologically safe and healthy workforce is essential for excellent healthcare. There were issues before the pandemic and work has been done before and during it, including work by the Health Charity. As we move to recovery we need to determine the best way to support our staff to reflect and move on, acknowledging that a longer term approach is needed as this will not happen overnight. Research told us that staff wanted: improvements to the working environment; compassionate leadership; EWB services; peer support; more regular feedback; and a holistic approach to wellbeing. Our response is underpinned in the People and Culture Plan – not just in theme 2 (Engaged, healthy and motivated workforce) but also in how we recruit, retain, offer learning and development, our systems, and ways of working. Examples of progress to date include:
 - Winning Temp – a weekly engagement survey to be piloted with nursing staff
 - Schwartz Rounds
 - Staff rooms, water bottles and hydration stations
 - A more visible EWB team and HIT team
 - Additional OH support which has reduced waiting times
 - Leadership and development programmes.

It was noted that this is part of the bigger picture and that staff health and wellbeing should be included in all of our strategies and underpinned by our values and behaviours.

STANDARD AGENDA ITEMS

Chief Executives Report

22 April 2021:

The Deputy Chief Executive updated the Forum on the following:

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- A Programme Business Case had been submitted to Welsh Government (WG) for UHW2 asking for endorsement. If approved, this would allow us to proceed to the Strategic Outline Case stage.
- The Annual Plan had been submitted to WG. This set out the approach to be taken over the next year in regards to: our response to the pandemic; short and medium term recovery plans; and links with the longer term strategy

17 June 2021:

In the absence of the Chief Executive, the Chief Operating Officer attended to update LPF on the following topics: current pressures in the system; reset and recovery; the Annual Plan; a Joint Executive Team (JET) meeting; the vaccination position; and the appointment of a new CEO.

18 August 2021:

The Chief Executive updated LPF on the following topics: current pressures in the system; collaborative work taking place around cancer and vascular services, and developments with Cardiff University to enable easier and less bureaucratic research.

21 October 2021:

The Interim Chief Executive updated LPF on the following topics: the appointment of Suzanne Rankin as our new Chief Executive; the appointment of Judith Paget as NHS Wales Chief Executive for a period of 18 months; the allocation of Recovery funding; exciting developments within the genomics service; an update on the UHW2 business case; and an update on the development of the IMTP.

1 December 2021:

The Interim Deputy Chief Executive updated the Forum on the following matters: system pressures; the Reset and Recovery Programme; the Omnicron variant and the current uncertain picture we have; and steps being taken to support the wellbeing of our staff.

17 February 2022:

Suzanne Rankin attended her first LPF meeting since she joined the organisation as Chief Executive. She introduced herself and her reasons for moving to Cardiff and Vale, including the alignment of her personal values with our strategy *Shaping Our*

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Future Wellbeing. She set out her developing priorities and provided a brief summary on each of them:

- Team resilience and wellbeing
- Digital infrastructure
- Urgent emergency care pathway
- Our approach as we move from the pandemic response and restrictions lift
- The underlying financial position
- Refreshing our strategy in the context of the post pandemic world
- Embedding our values

Integrated Performance Report

In December 2021 the LPF received a copy of the Integrated Performance Report developed for Board as a new standing agenda item. Prior to this, the separate Finance and Patient Safety, Quality and Experience Reports received by the Board had also been noted at LPF.

LPF also receives a copy of the People Dashboard and WOD KPIs developed for the Strategy and Delivery Committee. In 2021-22 these have included 'deep dives' into the following topics:

- Turnover
- Employee relations
- Statutory and Mandatory Training
- Values Based Appraisal
- Sickness

6.0 REPORTING RESPONSIBILITIES

The Local Partnership Forum has reported to the Board after each meeting by presenting a summary report of the key discussion items. Copies of the approved minutes are also provided.

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LOCAL PARTNERSHIP FORUM WORKPLAN 2022/23

	13 April	16 June	10 August	20 October	8 Dec	8 Feb
Preliminaries						
Minutes of Previous Meeting	X	X	X	X	X	X
Action Log Review	X	X	X	X	X	X
For Consideration:						
CB LPF Annual Reports	X					
Retention Deep Dive		X				
Move More Eat Well		X				
Strategic Equality Plan		X				
Managing Attendance Deep Dive			X			
IMTP				X		
Recruitment Deep Dive				X		
Excellence in education and leadership development				x		
Stat/Mand Training & VBA Deep Dive					X	
Wellbeing Deep Dive						X
LPF Annual Report						X
LPF Work Plan						X
UHB Staff Winter Vaccination Policy				X		
For Consultation/Negotiation:						
Items which require formal engagement e.g. major changes to services (to be agreed on a meeting by meeting basis)	X	X	X	X	X	X
For Communication:						
CEO Report	X	X	X	X	X	X
Recovery & Redesign Plan	X					
IMTP Update	X				X	
HIT 12 Months On		X				

People & Culture Plan – 6 Month Review			X			
Nurse Staffing Act			X			
Operational Update	X	X		X		X
e-rostering roll out for nursing			x			
For Appraisal:						
Integrated Performance Report	X	X	X	X	X	X
Items for information (for noting only)						
EPSG Minutes	X	X	X	X	X	X
LPF Annual Report	X					
Staff Benefits Group Report		X			X	
WPG Annual Report						X
CB LPF Annual Reports						X

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MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 9 MARCH 2022 VIA MICROSOFT TEAMS

Present:

Peter Hewin	Unison/BAOT Representative (Co-Chair)
Rachel Pressley	Workforce Governance Manager (Co-Chair)
Pauline Williams	RCN Representative
Rhian Wright	RCN Representative
Bryony Donegan	Assistant Head of Workforce and OD
Lucy Smith	Assistant Head of Workforce and OD
Judith Harrhy	Assistant Head of Workforce and OD
Nicky Bevan	Head of Occupational Health for CAV UHB and CTM UHB
Jonathan Strachan-Taylor	GMB Representative
Steve Gauci	Unison Representative
Rebecca Corbin	LED Manager
Helen Palmer	Workforce Governance Advisor (minutes)
Dawn Ward	Chair of Staff Representatives

In attendance:

Alun Williams	Welsh Language Officer
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EPSG 22/001 WELCOME AND INTRODUCTIONS

Rachel Pressley welcomed the group.

EPSG 22/002 APOLOGIES OF ABSENCE

Apologies for absence were received from Mathew Thomas, Marcia Donovan

EPSG 22/003 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 10 November 2021 subject to the following amendment.

Page 1 EPSG 21/031 – Action Log – RP clarified that the Supporting Carers Guidelines were not being reviewed, this action was in relation to the Communication Plan to support the implementation of the guidelines.

EPSG 22/004 ACTION LOG

The Group noted the Action log.

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Supporting Carers Guidelines - LS advised that development session had been developed and was being promoted

Academic Malpractice Procedure - RC advised that there was no update at present for this and that she would pick it up with Lisa Franklin.

EPSG 22/005 CONSULTATION – WELSH LANGUAGE POLICY

RP advised the group that this was not an employment policy however there would be an impact for staff and it was currently out for consultation so Alun Williams, Welsh Language Officer had been invited to presented the Policy.

AW provided some background to the procedure and the requirements of the Welsh Language Standards. The Standards were passed in 2019 and detailed requirements on how the Health Board provides services for patients, staff and the public via the medium of Welsh. This includes communication including Social Media, Recruitment information, Interviews, Disciplinary hearings, development courses etc and the right to have these in Welsh if preferred. One of the requirements is for the Health Board to have a Welsh Language Policy.

There will be an impact on Employment as individuals will have the right to use the Welsh Language if they prefer to do so. It is the Health Boards responsibility to make sure they follow the policy and provide a Welsh Language service to patients the public.

PH commented that he liked the ambition of it and referred to the section that referred to a potential disciplinary if the policy is not complied with. This could be due to the level of the individual member of staff and their learning needs or other issues that could compromise them in that regard. It was commented that there is also an accountability for managers and providing support.

DW stated that this was a good piece of work that would be very aspirational and that it would be a culture change.

A question was raised with regard to using Google Translate and how reliable this would be. AW commented that this was discouraged as it was only 70/80% correct, and that the 20% that was incorrect could be completely wrong and advised that it should not be used. The UHB has in house translators that are free and can be used for official documents.

Ph asked if there was training available for staff AW confirmed that this is available.

RP referred to Page 3 of the policy and advised that this was not a new policy and that it needs to have details of the current policy that is in place and bullet points highlighting the key changes, this is also a useful tool if you ever need to look back at when a change was made.

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It was noted that the consultation is still open the closing date is the 4 April, comments should be forwarded to Alun Williams.

AW left the meeting.

EPSG 22/0006 RATIFICATION OF CHAIRS ACTION – RETIREMENT PROCEDURE AND RETIRE AND RETURN PROCEDURE

RP confirmed that Chairs Action had been taken to approve these Procedures. The section on the temporary changes to the procedure due to COVID had been removed. The Procedure's had been uploaded to the internet.

It was noted that there is currently a consultation going on with regard to extending the temporary changes for another 6 months which could mean that the procedures need to be changed again, however there is no outcome to this as yet.

PH asked if this could be looked at to make sure it dovetails with the All Wales Procedure. It was agreed that PH and RP would work together on this.

Action: Peter Hewin / Rachel Pressley

The EPSG **RATIFIED** the Chairs Action taken on the Retirement Procedure and the Retire and Return Procedure.

EPSG 22/007 WORKING REMOTELY GUIDELINES

RP advised that the changes discussed at the last meeting had been incorporated into the guidelines.

The EPSG **RATIFIED** the Working Remotely Guidelines.

EPSG 22/008 APPROVAL – DEATH IN SERVICE PROCEDURE

RP presented the Death in Service Procedure, this had been updated following a suggestion by the Health Improvement Team about incorporating more of a wellbeing emphasis. There were 3 changes to the procedure as follows:

- New Section on Chaplaincy and Spiritual Care and Bereavement Team
- Greater emphasis on wellbeing and support throughout
- Suggested letter template for approaching next of kin attached as appendix

LS commented that the compassionate element to the procedure and the format was clear

RP advised that consideration was given to the COVID Life Assurance reference, however this hadn't been included as it was felt that the numbers affected by this would be low and

support would be provided on a case by case basis. It was also noted that there is no specific reference to other other reasons in the procedure.

PW commented that the letter was good and suggested adding a little motif to the letter to make it a little less formal. RP advised that it would be expected that the letter would be put on headed paper, and managers were expected to use their personal knowledge of the individual to soften the wording. BD agreed, commenting that the letter was a starting point for manager and that they were free to amend. It was agreed that the letter would include the phrase 'please feel free to amend and personalise as appropriate'.

The EPSG **APPROVED** the Death in Service Procedure subject to this small change to the letter.

EPSG 22/009 APPROVAL – ANNUAL LEAVE PROCEDURE

HP presented the Annual Leave Procedure. This was not a full review however it had been updated to incorporate the additional annual leave days given by Welsh Government.

DW asked about whether the inclusion of overtime in the annual leave calculation needed to be incorporated. HP advised that this hadn't been but said that she would go away and look into this and amend as necessary.

ACTION: Helen Palmer

PH asked if a discussion could take place with regard to local implementation and custom and practice in areas. RP advised that this did not affect the contents of the Procedure and suggested that implementation issues should be discussed at Workforce Partnership Group.

ACTION: Rachel Pressley

The EPSG **APPROVED** the Annual Leave Procedure subject to reference to overtime being added.

EPSG 22/010 APPROVAL – MATERNITY/ADOPTION/SHARED PARENTAL LEAVE PROCEDURE

RP presented the Maternity/Adoption and Shared Parental Leave Procedures. The Maternity Leave Procedure had been updated as follows:

- Option for reasonable reimbursement of childcare costs or provision of childcare facilities when KIT days are worked included
- If KIT days are worked in the full/half ay period the manager must make arrangments for the member of staff to receive paid leave in lieu once they return to work
- New section of equality of access under rotational training contracts
- New section on pay progression
- If the employee is the partner of the pregnant person, they will be entitled to unpaid leave to attend two antenatal appointments

The Adoption Leave Procedure had been updated as follows:

- Adoption Leave and Pay arrangements for surrogacy arrangements incorporated
 - Clarity provided around what happens if the adoption is disrupted
 - Option for reasonable reimbursement of childcare costs or provision of childcare facilities when KIT days are worked included
 - If KIT days are worked in the full/half ay period the manager must make arrangments for the member of staff to receive paid leave in lieu once they return to work
 - New section of equality of access under rotational training contracts
-
- The Shared Parental Leave Procedure had been simplified to make it easier to understand, as when the previous version had been developed it was a new process and we now had a greater understanding of how it worked. RP advised that the key changes were:Occupational pay elements incorporated
 - Option for reasonable reimbursement of childcare costs or provision of childcare facilities when SPLIT days are worked included
 - If SPLIT days are worked in the full/half ay period the manager must make arrangments for the member of staff to receive paid leave in lieu once they return to work
 - New section of equality of access under rotational training contracts
 - New section on pay progression

All three procedures had been re-ordered to ensure that they flowed better and were written in conjunction with the Agenda for Change Terms and Conditions.

The EPSG **APPROVED** the Maternity, Adoption and Shared Parental Leave Procedures.

EPSG 22/011 ANY OTHER BUSINESS

PH wished to convey best wishes to Judith Harrhy who would be retiring. RP acknowledged that JH could always be relied upon to commented on policies and procedures and that there were big shoes to fill in HR.

EPSG 22/012 DATE AND TIME OF NEXT MEETING

The next meeting of EPSG is to be confirmed.

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