

Local Partnership Forum

Thu 16 June 2022, 10:00 - 12:00

Agenda

10:00 - 10:01 **1. Welcome and Introductions**

1 min

Rachel Gidman

10:01 - 10:02 **2. Apologies for Absence**

1 min

Rachel Gidman

10:02 - 10:03 **3. Declarations of Interest**

1 min

Rachel Gidman

10:03 - 10:04 **4. Minutes of the meeting held on 13 April 2022**

1 min

Rachel Gidman

 4. LPF minutes 13.04.22.pdf (6 pages)

10:04 - 10:05 **5. Action Log Review**

1 min

Rachel Gidman

 5. LPF Action Log.pdf (1 pages)

10:05 - 10:20 **6. Chief Executives Report**

15 min

Suzanne Rankin

10:20 - 10:40 **7. Operational Update**


20 min

Caroline Bird

10:40 - 10:50 **8. Action around Race Equality Action Plan (REAP)**

10 min

EDI & Welsh Language Senior Manager

 8. REAP Update.pdf (3 pages)

10:50 - 11:05 **9. Progress of the Move More, Eat Well Plan**

15 min

Fiona Kinghorn

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11:05 - 11:20
15 min

10. Transforming Access to Medicines Programme (TrAMs)

10. TrAMs - OCP_Consultation Document V7 - Final.pdf (12 pages)

11:20 - 11:50
30 min

11. Integrated Performance Report

Catherine Phillips / Rachel Gidman / Jason Roberts / Caroline Bird

- Finance
- People
- Quality and Safety
- Operational Performance

11. C&V Integrated Performance Report May 2022 (Final) v2.2.pdf (15 pages)

11.1 WOD KPI Report Apr-22.pdf (2 pages)

11:50 - 11:50
0 min

12. Staff Retention

12.1 Retention Appendix 1.pdf (1 pages)

12. Retention Report May 22.pdf (8 pages)

11:50 - 11:50
0 min

13. Staff Benefits Report

13. Staff Benefits Group Report.pdf (4 pages)

11:50 - 11:55
5 min

14. Review of meeting

11:55 - 12:00
5 min

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

12:00 - 12:00
0 min

16. Future Meeting Arrangements:

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

LOCAL PARTNERSHIP FORUM MEETING

Wednesday 13 April 2022 at 10am, via Teams

Present

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (chair)
Rachel Gidman	Executive Director of People and Culture
Julia Davies	Unison
Nicola Foreman	Director of Governance
Fiona Kinghorn	Executive Director of Public Health
Lianne Morse	Assistant Director of People and Culture
Mike Jones	Independent Member – Trade Union
Caroline Bird	Interim COO
Janice Aspinall	RCN
Ruth Walker	Executive Nurse Director
Steve Gauci	UNISON
Hywel Pullen	Deputy Director of Finance (for Catherine Phillips)
Mat Thomas	UNISON
Jonathan Pritchard	Assistant Director of People Resourcing
Rebecca Christy-Harrod	BDA
Marie Davies	Deputy Director of Planning (for Abigail Harris)
Pauline Williams	RCN
Joanne Brandon	Director of Communications
Lorna McCourt	UNISON

In attendance

Lucy Smith	AHWOD (observing)
Chandra Almeida	People and Culture Co-ordinator (observing)

Apologies

Abigail Harris	Exec Director of Strategic Planning
Andrew Crook	Head of People Assurance and Experience
Rhian Wright	RCN
Catherine Phillips	Executive Director of Finance
Suzanne Rankin	Chief Executive
Katrina Griffiths	Head of People Services
Claire Whiles	Assistant Director of OD
Peter Welsh	General Manager, UHL and Barry Hospital
Joe Monks	UNISON
Ceri Dolan	RCN
Fiona Salter	RCN

Secretariat

Rachel Pressley	Workforce Governance Manager
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LPF 22/013 WELCOME AND APOLOGIES

Dawn Ward welcomed everyone to the meeting and apologies for absence were noted.

LPF 22/014 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items

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LPF 22/015 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 17 February 2022 were agreed to be an accurate record of the meeting.

LPF 22/016 ACTION LOG

The Action Log was noted.

LPF 22/017 CHIEF EXECUTIVES REPORT

Rachel Gidman provided an update report on behalf of the Chief Executive, key points included:

- Staff were thanked for their efforts in light of the continuous pressure across the whole system. It was noted that they were being courageous and escalating concerns rather than accepting them as the norm
- The operational position remains challenging, predominantly because of staff attendance being impacted by the high Covid levels
- The end of year finance position was being accounted for, all the indications were that it would be in line with the UHB's forecast, which has been that the UHB will breakeven (third year in a row) and make full use of the capital funding provided to it. The financial outlook going into 2022/23 is challenging, as we deal with the ongoing challenges and legacy of the pandemic. The draft IMTP submitted at the end of March has a £20.8m deficit.
- The CNO, Sue Tranka, has provided clarity and direction for nursing through her 5 Priorities for the profession
- HSMB received a presentation on the virtual ward, which is about allowing patients to receive the care they need at home through a multidisciplinary approach
- Phase one of Same Day Emergency Care (SDEC) assessment unit is now open to patients - The new assessment unit at UHW has been created to allow rapid access to surgical treatment through ambulatory care.
- The All-Wales Dementia Charter was launched on 6 April which aims to enable hospitals to create the right environment for people with dementia, their families and carers in Wales. It will focus on improvement and offer a short, accessible and visible statement of principles that contribute to a dementia-friendly hospital.
- Cardiff and Vale of Glamorgan Population Needs Assessment 2022-27 has been published by the Cardiff and Vale Regional Partnership Board

Mat Thomas asked if there was any change in the UHB position on social distancing and mask wearing. Ruth Walker advised that there was no change at present for all areas, including offices, to reduce spread and absences and to avoid confusion. The general feeling was that most staff understood the reasons for this and were accepting of it, though there had been incidents when members of the public had challenged the rules aggressively. The Communications team were supporting the organisation with this. Management Execs would continue to review the situation to determine if and when the 2m rule should be reduced to 1m.

Dawn Ward noted that the estates infrastructure was an ongoing concern for many TU members, with some areas of the organisation not being fit for purpose. She acknowledged that Welsh Government are taking a broader view and looking at where the public service investments are made in buildings across the whole piece, but asked for greater understanding of what the plan is to

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improve working conditions and keep people safe in unsafe buildings. Rachel Gidman advised that the first step is prioritising what needs to be done within the regulatory context but also considering the wellbeing infrastructure of our staff including havens etc. Marie Davies suggested returning to LPF with Geoff Walsh, Assistant Director of Capital, Estates and Facilities to share the capital programme. She advised that it was necessary to look very carefully at competing drivers and how we are prioritising proposals for infrastructure improvements, as well as the timescales and the costs in the context of our ambition to build a new hospital. Marie Davies noted that this was the first time that these issues had been prioritised in this way, and that it was likely to cause some debate depending on the individuals perspective or lens. She also noted that the capital programme has been reduced and that there were a large number of bids from all the Health Boards. Where possible collaborative solutions were being sought with Local Authority colleagues.

Steve Gauci pointed out that there were difficulties for wheelchair users accessing the car park at UHW because of the door. Rachel Gidman thanked him for raising this issue and noted that it was not the first time it had been raised. This would be followed up outside the meeting

Action: Rachel Gidman

LPF 22/018 INTEGRATED MEDIUM TERM PLAN – UPDATE

Marie Davies advised the Forum that a draft IMTP had been presented to the Board and submitted to Welsh Government. While it was acknowledged as robust in many areas, there was a financial deficit. Opportunities to address this were being worked up and a revised and final plan would be submitted at the end of quarter one.

Hywel Pullen explained the financial plan component of the IMTP is formed of three parts: the core financial plan; exceptional cost pressures (e.g. energy costs); and the pandemic. It is expected that additional support will be provided for the second and third components by Welsh Government, but there is currently a gap of £20.8m around the core financial plan which needs to be addressed. Hywel Pullen advised that the Chief Executive has been very clear that she wants the focus to be on the quality of our services and patient experiences and that we need to use our resources more effectively to achieve this.

LPF 22/019 OPERATIONAL UPDATE - RECOVERY AND REDESIGN

Caroline Bird delivered a presentation on the recovery delivery commitments for 2022/23. We are now at year end of the plan, and although not all the data was available, it was expected that the position in term of delivery commitments would be Amber. This means that we have achieved some of our commitments to Welsh Government and our population, but not all of them. In particular we did not manage to eliminate all of our eight week waits for diagnostics but a plan is in place for this, and the 90% pre-Covid activity for treatments and outpatients which we didn't achieve consistently.

The Forum were reminded that there are 5 programmes (planned care, diagnostics, unscuduled care, mental health and primary care), each of which are supported by a number of enablers including digital, workforce and infrastructure. A summary of the plans, delivery and next steps was provided for each of the programmes.

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LPF 22/020 INTEGRATED PERFORMANCE REPORT

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by Board. The following points were noted.

Finance:

- The indications are that we will break even against the statutory duty for out revenue expenditure for 2021/22.
- Welsh Government have made more capital funding available for us in the last few months of the year, taking the total to over £70m. The teams in Procurement and Estates and within the digital operations team have undertaken tremendous work to identify useful ways of using that capital funding. We are also forecasting that we will be balancing within our capital resource limits.

Patient Safety, Quality and Experience

- Ruth Walker took the opportunity to thank staff, recognising how challenging the current situation is. She acknowledged the importance of teamworking in relation to quality and safety and the need to ensure staff were returned to their usual teams as soon as possible.
- There are two main areas of concern around Patient Safety, Quality and Experience currently: the level of pressure within the emergency unit and the impact that is having on our staff and our patients; and the cluster of inpatient suicides. To deal with the issues in EU we need to adjust our footprint and patient flow. With regards to the suicides, the Royal College of Psychiatry is going to be invited to come in, not to scrutinise or challenge staff, but to help us move to where we need to be and to reassure families that we are doing everything we can.
- Ruth Walker stated that it is comforting that staff are speaking up and raising concerns and are not tolerating or normalising the current situation. She said that the Ockenden report and mid-Staffs review both highlighted that it is when we normalise some of these issues that we get into trouble so it is good to know that our staff are stepping up and speaking out and she thanked them for that. Dawn Ward thanked Ruth Walker for her transparency and gave a commitment to work in partnership with the Executive team in managing the messages around this
- Mat Thomas raised concerns about violence and aggression in EU and the level of support provided by the external security team. Caroline Bird agreed to pick this up outside of the meeting.

Action: Caroline Bird

People:

- Turnover increased slightly in February and we will continue to monitor it
- Enhanced Overtime rates were reinstated for a 2 week period
- The UHB is holding a recruitment event at the Hilton Hotel on 4 May
- VBA is a very important tool, but we are still not reaching the required levels. Claire Whiles and her team are looking at an improvement plan

We have now recruited the 135 international nurses approved by Board. The main issue is providing them with accommodation, but Catherine Phillips is taking a paper on this to Management Execs

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- A bid for recurrent funding for the e-rostering team was successful at the Business Case Advisory Group (BCAG)
- The Trade Unions asked for more information about staff suffering with long covid. It was agreed that Dawn Ward would engage with Katrina Griffiths about this outside the meeting

Action: Dawn Ward

- The Trade Unions noted concerns about staff members feeling overworked as the issue of high demands vs low capacity continues. They reported that morale is low due to staff continuously being moved or being held in a temporary position without an end date, and that they are worried about the impact of the increased NI contributions and rising cost of living. The potential risk of staff working too many extra hours coupled with worries about high turnover rates seen in some areas, were all ongoing concerns that were raised.

Operations:

- Operational KPIs show pressure across the system, especially in Primary Care. This is largely due to the impact of covid-absences.
- Mental Health face similar challenges but the impact of covid there is more indirect. One of the main areas of focus, and an area of interest for Welsh Government, is our Part 1A measures but there has been an improvement in both CAMHS and adult mental health.
- In-hospital pressures remain significant with long waits and patients in the wrong places, however the footprint has reduced over the last month and the number of beds open in Lakeside Wing has gone down. Heulwyn South has been de-escalated and it was anticipated that ward A5 would be returned to elective care the following week.
- The number of medically fit patients has reduced from 350 to just under 300, but this is still double the pre-covid numbers. We continue to work closely with Local Authority colleagues but they are facing many of the same challenges as we are.
- Caroline Bird gave a commitment that areas will be de-escalated and teams will be brought back together as soon as possible. The IP&C measures in EU are also being reviewed to hopefully allow a reduction in the footprint.
- Staff representative members of the Forum raised concerns about staff being told that if they did not book annual leave it would be booked for them and about the importance of protected break times. They also asked about the sustainability of the wellbeing initiatives which had been introduced. Rachel Gidman advised that initiatives such as the Schwartz rounds, debriefs and retreats etc had been introduced as long term measures. Mike Jones also advised that the issue of breaks had been raised at the last Board meeting and the Chief Executive had been very clear that staff were to be encouraged to take their breaks.

Fiona Kinghorn mentioned the importance of population health and advised that some key indicators had been included in the Integrated Performance Report including immunisation and smoking prevalence. It was noted that the Forum would receive an update on the Move More Eat Well programme at the next meeting. Dawn Ward suggested that encouraging our staff to have health checks was linked to population health and asked for a conversation with Fiona Kinghorn at some point, especially around the menopause. Fiona Kinghorn suggested that Rachel Gidman should also be involved in this discussion.

It was noted that this was Ruth Walker's last LPF meeting before she retired. She gave a huge thank you and said that the Partnership Forum had been very important to her for the last 12 years. She noted that the relationship between staff and the Executive can be tense at times because there is the need to deal with some challenging issues, so the opportunity to be able to have open and

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transparent conversations is really valuable. Dawn Ward thanked Ruth Walker for her contribution and support for the Forum over the years, and wished her all the best for her retirement.

LPF 22/021 CLINICAL BOARD LOCAL PARTNERSHIP FORUMS – ANNUAL REPORT

The Local Partnership Forum received the annual report from the Clinical Board Partnership Forums. The purpose of these Forums is to establish ongoing dialogue, communication and consultation on service and operational management issues specific to the Clinical Board areas. The purpose of the review is to ensure they are effective and reflective of what takes place in the UHB Local Partnership Forum. It was noted that the intention is to develop a standardised set of Terms of Reference for all Clinical Board LPFs in the near future.

Mike Jones indicated that he regularly attended the Partnership Forum for Mental Health Clinical Board and that although they were under immense pressure there was a real focus on wellbeing and partnership working. A referred to a staff briefing prepared after each meeting and encouraged all the Clinical Boards to do the same.

Steve Gauci advised that he had set himself an action to reinvigorate his one to one meetings with the Heads of Service for CD&T Clinical Board and to introduce departmental walkabouts. He would also like to restart regular meetings with the Assistant Head of Workforce and OD but that had not been possible due to the reconfiguration of the department. Mat Thomas also expressed concern about losing direct contact with HR colleagues over the winter period.

LPF 22/022 LOCAL PARTNERSHIP FORUM ANNUAL REPORT

The Local Partnership Forum received and noted the LPF Annual Report which summarised activity for 2021/22. This report had previously been received by Board.

LPF 22/023 LOCAL PARTNERSHIP FORUM WORKPLAN

The Local Partnership Forum received and noted the LPF Workplan for 2022-23.

LPF 22/024 EPSG MINUTES

The Local Partnership Forum noted the minutes of the Employment Policy Sub Group Meeting held on 9 March 2022.

LPF 22/025 ANY OTHER BUSINESS

There was no additional business raised.

LPF 22/026 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Thursday 16 June 2022 at 10 am with a staff representatives pre-meeting at 8.45 am. The meeting will be held remotely.

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Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 22/017	13.04.22	CEO Report	Difficulties for wheelchair users accessing the car park at UHW because of the door to be followed up.	Rachel Gidman	Head of People and Culture asked to follow this up with CEF
LPF 22/020	13.04.22	Integrated Performance Report (operations)	Concerns raised about violence and aggression in EU and the level of support provided by the external security team. To be picked up outside of the meeting.	Caroline Bird	
LPF 22/020	13.04.22	Integrated Performance Report (People)	The Trade Unions asked for more information about staff suffering with long covid. It was agreed that Dawn Ward would engage with Katrina Griffiths about this outside the meeting	Dawn Ward	<p>COMPLETE Meeting held between DW and KG. DW provided with an overview of the Long Covid cases as well as the supporting letters and documentation that have been sent to the members of staff.</p> <p>Further letters as being sent to staff this month regarding the pay arrangements coming to an end and Lucy Smith (People Services) is linking in with Maryanne Bray who is the TU lead for Long Covid.</p>

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Report Title:	Action around Race Equality Action Plan (REAP)			Agenda Item no.	8
Meeting:	LPF	Public	x	Meeting Date:	16 June 2022
Status (please tick one only):	Assurance	Approval		Information	x
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Organisational Development & Culture				
Main Report					
Background and current situation:					

Last year the Welsh Government outlined a vision to create an Anti-racist Wales by 2030.

A draft race equality action plan (REAP) setting out how this could be achieved went to public consultation with the final version scheduled for publication in June 2022. The final action plan will set goals which Cardiff and Vale UHB will need to achieve to contribute to the national vision.

The draft plan outlined subject areas. Below are some of the key subject areas for with the greatest relevance for the UHB:

- Leadership and Representation
- Health
- Social care
- Employability and Skills
- Social Partnership and Fair Work contribution to the REAP
- Culture, Heritage and Sport
- Welsh Language

Although the UHB is awaiting the final version of the action plan, there is work underway which will support its implementation in the organisation.

In 2021, the UHB established the One Voice Staff Network to support the ethnically diverse communities within our workforce. To effectively take forward the REAP, it will be integral for the staff network to have involvement and input into its implementation. Engaging with other stakeholders and commissioning third party expertise, where appropriate, will be key to ensuring success.

The REAP will create a duty for the UHB to actively work to become an Anti-racist organisation. As well as being both a moral and right thing to do, delivering on the REAP will support the UHB in becoming a more inclusive place for the diverse communities that we represent, as well as attracting talent and supporting the UHB in becoming an employer of choice.

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

The UHB has contributed to the One Voice Staff Network, supporting the network in establishing themselves within the organisation. This has included providing support with administrative tasks, helping to promote the network through a range of communication channels, and support has been received to fund bilingual posters and a guest speaker. The guest speaker, Professor Uzo Iwobi OBE, was involved in the drafting of the REAP. During the session Professor. Iwobi spoke of her experiences and gave advice on what the UHB could do to create an Anti-racist organisation. Some of the key takeaways were the importance of starting by being honest about where the UHB are in

relation to inclusivity, to work with our ethnically diverse communities in shaping our culture and services, and the need for senior leadership support to achieve our goals.

When the REAP is published, the One Voice Staff Network will be involved in shaping an organisational action plan to deliver on the goals set by Welsh Government. The network is currently consulting with members in relation to where they think the UHB is currently, and in the feedback, advising on steps that could be taken to make the organisation more inclusive and Anti-racist.

The resulting organisational action plan will enable a practical and achievable approach to building an Anti-racist UHB through co-production.

Other activities planned include:

- Demonstrating a commitment to becoming an Anti-racist organisation, the Chief Executive will sign the Zero Racism Wales pledge. The pledge commits the UHB to promoting racial harmony and equity.
- At the last Equality Strategy and Welsh Language Standards Group, Diverse Cymru delivered a presentation in relation to the support they offer organisations in becoming more culturally inclusive. Diverse Cymru have been working with the Mental Health Clinical Board and have received excellent feedback. They have been invited to meet the UHB's Board to discuss their work.
- Race Equality First have been engaged with to deliver a Board Development Session in relation to race discrimination and hate crime.

Recommendation:

The Local Partnership Forum is asked to:

- take this information as assurance that plans are currently in development to support an organisational REAP, with actions already being undertaken, and is asked to support these plans.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Impact Assessment: Please state yes or no for each category. If yes please provide further details.									
Risk: Yes/ No									
Safety: Yes/ No									
Risk to the safety of staff who feel they do not work for an Anti-racist organisation.									
Financial: Yes/ No									
Potentially through claims of discrimination.									
Workforce: Yes/ No									
Attracting and retaining a diverse workforce.									
Legal: Yes/ No									
Discrimination									
Reputational: Yes/ No									
Attracting a diverse workforce, public perception, patient experience.									
Socio Economic: Yes/ No									
Linked to demographics served / represented.									
Equality and Health: Yes/ No									
Please see above, health and wellbeing of staff and patients.									
Decarbonisation: Yes /No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				
Strategy and Delivery Committee					15 May 2022				

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Report Title:	PROGRESS OF THE MOVE MORE, EAT WELL PLAN			Agenda Item no.	9
Meeting:	Local Partnership Forum	Public	x	Meeting Date:	16/6/22
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of Public Health				
Report Author (Title):	Principal Public Health Practitioner / Consultant in Public Health Medicine				
Main Report					
Background and current situation:					
<p>The Cardiff and Vale of Glamorgan Move More, Eat Well Plan was launched on 27 July 2020 and provides a regional response to how we can encourage, support and enable people to be more active and have a healthier diet, with a focus on action over the long term to improve health outcomes. Our local plan is supported by the national Healthy Weight: Healthy Wales Delivery Plans for 2020-2022 and 2022-24. Whilst the COVID-19 pandemic paused some of the committed actions, locally and nationally, good progress has still been made for our staff and citizens.</p> <p>Several national and local levers support our Plan, including: the Future Generations (Wales) Act through Public Services Boards; the Social Services and Wellbeing (Wales) Act (through Regional Partnership Board); and innovative delivery mechanisms such as Food Vale, Food Cardiff, Sport Cardiff and Healthy Living Vale.</p> <p>In terms of progress, Cardiff Council with our Local Public Health Team and Cardiff Metropolitan University have been progressing the development of Cardiff's Physical Activity and Sports Strategy taking a 'whole systems' approach. The strategy is framed within Move More, Eat Well but also its own distinct strategy reporting directly to the PSB. The strategy will launch on 8 June 2022 and will be a key delivery mechanism for action in support of healthy weight.</p> <p>An Equality Health Impact Assessment has been undertaken against the Plan and insight work commissioned to further understand common challenges and enablers for the local population to eat well and move more to help inform ongoing communication approaches as well as partner intervention delivery and design.</p> <p>An increasing number of 'system stakeholders' are now involved in action with mechanisms to bring partners together relevant to key priority areas in place enabling the sharing of practice and link up of action. Local partnership approaches towards 'Amplifying Prevention', building on the strength of partnership and learning from Test, Trace and Protect (TTP) are also being taken forward. A framework for Move More, Eat Well monitoring is in place and evolving, establishing mechanisms with which to capture the breadth of action and contributions of many partners.</p> <p>Progress on three of our key priority areas includes:</p> <ul style="list-style-type: none"> • Healthy Workplaces - Nine PSB organisations (including the UHB) are engaged and working towards commitments as part of the Healthy Workplace Principles roadmap. The Network group has been established to facilitate sharing practice and joint working. The MMEW Healthy Working Principles have been established and align to the developing UHB Health and Wellbeing Strategy as part of People and Culture Plan as well as wider work of the Employee Wellbeing Service/ Health Integration Team and Health Charity. For example, hydration stations have been installed across UHB sites, Meadow Walking routes in Heath park have been launched, and physical activity-based challenges/events for staff promoted. Alongside this, there has been continued implementation of the Healthy Eating Standards for Hospital Restaurant and Retail outlets. 					

- **Healthy Weight Services** – The weight management pathway across the life course is now established, with new services for children launched; and dietetics embedded into the maternal weight management pathway. Weight management support remains available for staff through the staff dietetic service which is part of the overall Employee Health and Wellbeing Service.
- **Healthy Communities** – Food Partnerships in both areas have been actively working with local organisations and communities to improve food access to healthy and sustainable food. Food Cardiff achieved the Silver Sustainable Food Places Award and Food Vale have been working towards achieving a Bronze Sustainable Food Places Award. Prevention and Early Years funded partners (including Sport Cardiff, Vale Healthy Living Team and Newydd Housing) have developed local programmes that deliver against the Move More, Eat Well Plan, targeting communities most in need.

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

- There was some impact of COVID-19 on the overall progress against the Plan, however, local financial investment in delivery partners and strategic alignment across the partnership is now enabling good progress.
- This comprehensive programme is one component part of our Shaping our Future Population Health strategic programme with alignment also to other Cardiff and Vale UHB strategic plans and delivery e.g. Shaping our future Workforce through the UHB's People and Culture Plan and the UHB's Rehabilitation model

Recommendation:

The Local Partnership Forum is asked to:

- Note the progress to date against the Cardiff and Vale of Glamorgan Move More, Eat Well Plan
- Outline further opportunities for our staff to eat well and move more: *What is already working well for staff to move more and eat well? What further support may staff need?*

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>	
Risk: Yes/No	
No	
Safety: Yes/No	
No	
Financial: Yes/No	
No	
Workforce: Yes/No	
No	
Legal: Yes/No	
No	
Reputational: Yes/No	
Yes - if the aspiration of the partnership plan is not achieved	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
Yes - The work on healthy travel supports the decarbonisation agenda	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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STAFF CONSULTATION PAPER

16th May 2022

Proposal to set up a National Medicines Service under the Transforming Access to Medicines Programme (TrAMs) – Stage 1 – Senior Leadership Tier

This paper has been drawn up in partnership by the Workforce and Trade Union colleagues of all impacted Organisations.

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1.0 Purpose

The purpose of this paper is to present a proposal for managing the Workforce considerations of the TrAMs (Transforming Access to Medicines) project following the scoping exercise, which initially took place between June 2018 and February 2019, which determined that Pharmacy Technical Services was the area requiring focus and change.

This document has been prepared to facilitate formal consultation with Pharmacy and Nuclear Medicine Staff involved in the preparation of pharmaceuticals, and staff side representatives, on the proposals to set up a National Medicines Manufacturing service delivered through the agreed model of three regional hubs.

2.0 Introduction

The aim of NWSSP is to create a dedicated Shared Services organisation for the National Medicines Manufacturing service, with a distinct identity, which:

- shares common operating standards in line with best practice;
- has sufficient scale to optimise economies of scale and purchasing power;
- has an excellent customer care ethos and focus on service quality.

Thereby acting in support of the statutory Health Boards and NHS Trusts in Wales, so that they may in turn, focus on more effective local delivery of front-line services.

The project includes Pharmacy Technical Services across NHS Wales (15 technical services units) managed by Health Boards and Trusts, specifically:

- Betsi Cadwaladr University Health Board;
- Hywel Dda University Health Board;
- Swansea Bay University Health Board;
- Cwm Taf Morgannwg University Health Board;
- Aneurin Bevan University Health Board;
- Cardiff and Vale University Health Board and
- Velindre NHS Trust

NB. Powys Teaching University Health Board is not impacted.

The scope of Technical Services includes aseptic preparation, the manufacture of terminal sterilised and non-sterile medicines along with repackaging, over-labelling and associated quality management. The creation of 3 regional hubs, will support Health Boards and Trusts including acute hospitals, cancer centers and clinics, supplying to patients at home and the commercial sales in Wales and NHS England.

The TrAMs model has taken account of achieving best practice in:

- Providing a skilled, sustainable workforce
- Developing fit-for-purpose facilities
- Delivering a sustainable and affordable service
- Providing effective support to clinical and non-clinical services
- Sustainable and equitable management arrangements

3.0 The Case for Change

Pharmacy Technical Services are critical to ensuring the most vulnerable patients in Wales can receive the benefits of increasingly sophisticated approaches to diagnosis and therapy. The provision of systemic anticancer therapy, parenteral nutrition and nuclear medicine all rely on the aseptic preparation and manipulation of medicines by these services.

Demand for Pharmacy Technical Services has been growing for many years, fueled by advances in medicines which markedly improve outcomes for patients, but which are increasingly complex to prepare and administer. During the COVID-19 pandemic, the utilisation of technical services to prepare ready-to-administer medicines for use in intensive care released many hours of nursing and medical time, reduced pressure on the workforce and protected many patients from the risk of medication error. It is perhaps ironic that in times that are more normal, there is insufficient capacity in services to prepare these medicines as, in common with other parts of the UK, the NHS Wales technical services' estate struggles to keep pace with increasing demand.

Whilst there are good aseptic preparation facilities in parts of Wales, overall, the condition of the estate is poor and in need of investment. Constrained by their location within district general hospitals, almost all facilities are unable to expand to meet even current demand and faced with escalating regulatory standards, many have turned to outsourcing, from the more expensive and sometimes unreliable commercial sector in England, to meet patients' needs.

To maintain the most essential services it has been necessary for organisations and the Welsh Government to make successive, significant investments in facilities across Wales, albeit without building capacity or addressing the fundamental challenges faced by these services. It is the unanimous view of NHS Chief Pharmacists that urgent action is now required to transform NHS Pharmacy Technical Services in a way, which will ensure high quality, sustainable and affordable services continue to be available to patients regardless of where in Wales they live or access services.

The TrAMs Programme Business Case is the culmination of 24 months of work from a dedicated project team, drawn from every acute local health board and Velindre NHS Trust and supported by the NHS Wales Shared Services Partnership. The business case has been developed for NHS Wales by NHS Wales and presents a compelling strategic case for change. Most importantly, the case goes much further than presenting the costs of renovation and replacement of the existing estate; it sets out the case for transformation in the way in which NHS Pharmacy Technical Services are delivered. A transformation that moves away from the traditional local approach to a regional and national one, the scale of which allows the NHS to capitalise on the emerging benefits of automation, builds capacity and resilience, and from which every patient and clinician in Wales can expect the same high level of service. If approved it will reduce the NHS' reliance on the commercial sector, return investment to Wales, create new jobs in the field of science and technology within the NHS, and in the longer-term support containing NHS expenditure.

A more detailed summary can be found on Page 50 on the Programme Business Case in **Appendix 1**.

4.0 The Model

To develop a hosted All Wales Pharmacy Technical Service, regionally delivered, to give the best balance of resilience and efficiency

- Led by a Pharmacy Professional
- Hosted by NWSSP under the governance of Health Boards and Trusts via the Shared Services Partnership Committee
- Addressing Risk, Quality, and Assurance at a National level
- Fully Licensed as a medicines manufacturer and wholesaler
- Procurement, Storage, and Logistics, to support the core Production service
- Robust Assurance process to give confidence to Stakeholders
- Configured to support Care Closer to Home
- Making use of modern and integrated IT systems
- Open Book Accounting
- Fair transparent pricing mechanism across Wales to ensure patient equity
- Operating budget that invests in our people to save on medicines
- Fair and sustainable allocation of discretionary capital
- Transparent mechanism for reinvestment of savings
- Delivered through 3 Integrated Regional Hubs
- North, South West, South East Wales
- Medicines Logistic Service
- Structured capital investment programme
- Investments that deliver increased economic activity, resilience and prosperity in Wales, securing the wellbeing of future generations.
- Around 80 new jobs created in Wales
- Economic activity returned from England to Wales
- Increased resilience and reduction in reliance on the commercial supply chain
- Better assurance and visibility of quality in the medicines supply chain
- Increased equity for patients in different parts of Wales
- Reduced duplication and greater efficiency in managing supply shortages
- Release of nursing time by providing a range of ready to use products on the wards
- Releasing hospital pharmacy time increasing patient facing activity
- Releasing space on Acute Hospital Sites
- Creating a critical mass of production activity, facilitating future automation

More detail can be found in the Programme Business case in **Appendix 1**.

5.0 The Impact

The investment in the three new medicines hubs is likely to mean around 240 full time equivalent (FTE) staff are TUPE'd¹ from the affected Health Boards / Trusts to NWSSP, with over 400 FTE staff impacted by the Organisational Change Process in total.

The following table outlines the existing services in the Health Boards and the Velindre Trust which will be impacted by the change.

¹ TUPE stands for the Transfer of Undertaking (Protection of Employment). A TUPE transfer happens when an organisation, or part of an organisation is transferred from one employer to another.

Organisation	Site	Description	Licensed	Radiopharmac	Pre-pack	QC Lab	Manufacture
H DUHB	Bronglais	Aseptic Unit	No				
	Glangwili	Aseptic Unit	No				
	Withybush	Aseptic Unit	No	Yes			
S BUHB	Singleton	Aseptic Unit	Yes	Yes		Small	
	Morrison	Aseptic Unit	No				
	Neath Port Talbot	Pre-Packing Unit	Yes		Yes		
CTMUHB	Royal Glamorgan	Aseptic Unit	Yes				
VUNT	Velindre CC	Aseptic Unit	No				
CAVUHB	UHL	Aseptic Unit	Yes				
	UHW	Radiopharmacy	Yes	Yes			
	SMPU	Aseptic Unit	Part		Yes	Large	Yes
ABUHB	Royal Gwent	Aseptic Unit	Yes		Yes	Small	
	Nevill Hall	Aseptic Unit	No	Suspended			
BCUHB	Bangor	Aseptic Unit	No	Yes			
	Glan Clwyd & NWCC		Yes	Yes	Yes		
	Wrexham	Aseptic Unit	Yes	Yes	Yes	Large	

These services will be replaced with a national Service delivered through three regional hubs based in:

- South East Hub – Initial options appraisals has identified the location is less likely to be Imperial Park Unit 5, Celtic Way, Coedkernew, Newport NP10 8BE but we are looking for alternative sites in a similar locality.
- South West Hub – location still to be determined
- North Wales Hub – location still to be determined

This change may impact staff in several ways including, but not limited to:

- Staff being displaced in their current service and being identified as needing to move to a new role within NWSSP.
- Staff who currently have a split role (between technical and clinical) having to decide where their preferences lie and if relevant, whether to transfer to the hub or remain in their current

organisation based on the opportunities available in each Health Board / Trust and in the new hubs,.

- iii. Staff having a longer journey to work. For some staff this may be too difficult and may result in them not wanting to move to the new location.
- iv. Staff needing retraining in the event of being unable to transfer to a hub.
- v. Promotional opportunities within the new service and the remaining structures within the Health Boards / Trusts.

In partnership, it has been agreed that the change will be managed in stages, with Stage one of the process establishing the senior team as outlined in the structure document in **Appendix 2**. This comprises the Senior Leadership team and three national lead posts that sit on the tier below. Once identified the staff will stay in their substantive posts with an agreed process for releasing sessional time to TrAMs. It is likely that due to the specialist nature of the Senior posts that issues iii) and iv) are unlikely to apply.

New Posts

New Post	Identified posts ² Posts in this column are eligible to be considered for posts in the cell to the left.	Recruitment Process
North Hub Lead x 1 FTE South-West Hub Lead x 1 FTE South-East Hub Lead x 1 FTE Band 8D (matched)	<u>ABUHB</u> <ul style="list-style-type: none"> • Production Manager <u>BCUHB</u> <ul style="list-style-type: none"> • Pharmacist, Senior Manager – Technical Services • Pharmacist Team Leader/Service Lead (East) • Production Manager (BCUHB Central) • Production Manager (West) 	Expression of Interest sought for Prior Consideration ³ , for those posts listed and if applicable, any other posts identified during consultation. Where identified employees are interested in more than one hub location, they will be asked to rank their expression of interest. Offered for initial secondment opportunity whilst Service is established.

² It should be noted that a desktop comparison exercise was undertaken to determine what roles were identified as open to slotting in and prior consideration rights. Chief Pharmacists have been sighted on the paper and are comfortable with the roles identified.

³ Prior Consideration is defined in the All Wales Organisational Change Policy in Paragraph 9.5. Prior consideration will apply where a post is substantially unchanged (e.g. the scope of the role remains unaltered and it matches 'two thirds' or more of an existing job description and person specification) and there is more than one potential candidate. Selection will be undertaken by interview.

New Post	Identified posts ² Posts in this column are eligible to be considered for posts in the cell to the left.	Recruitment Process
	<p><u>CAVUHB</u></p> <ul style="list-style-type: none"> • Head of Technical Services • Head of Production and Delivery Pharmacist • Production Manager (Llandough) <p><u>CTMUHB</u></p> <ul style="list-style-type: none"> • Production Manager <p><u>H DUHB</u></p> <ul style="list-style-type: none"> • Senior Pharmacist Manager Technical Services • Production Manager (Withybush) <p><u>NWSSP</u></p> <ul style="list-style-type: none"> • Production Manager (CIVAS@IP5) <p><u>SBUHB</u></p> <ul style="list-style-type: none"> • Head of Pharmacy Technical Services • Production Manager (Morrison) <p><u>VUNHST</u></p> <ul style="list-style-type: none"> • Production Manager (VUNHST) 	
Quality Lead x 1 FTE Band 8D (matched)	National Head of Quality	Slotted in ⁴ . It is believed there is only one role undertaking this work across Wales. Any challenges

⁴ Slotting In is defined in the All Wales Organisational Change Policy in Paragraph 9.4. Slotting in will apply where a post is substantially unchanged and there is only one candidate or equal numbers of posts and candidates, who currently undertake this role. In this circumstance the post would not be advertised and the individual(s) whose post(s) meets the criteria would be slotted into the post(s).

New Post	Identified posts² Posts in this column are eligible to be considered for posts in the cell to the left.	Recruitment Process
		will be considered as part of the consultation process.
Pharmacy Workforce Lead x 1 FTE Band TBC	New role created as part of the TrAMs service and therefore no current staff within the Health Boards / Trusts are currently identified as aligned to this role.	Advertised within NHS Pharmacy Wales for initial secondment opportunity whilst Service is established.
Clinical Lead x 1 FTE Band 8D (matched)	New role created as part of the TrAMs service and therefore no current staff within the Health Boards / Trusts are currently identified as aligned to this role.	Advertised within NHS Pharmacy Wales for initial secondment opportunity whilst Service is established.
Business Lead Band 8B (matched)	New role created as part of the TrAMs service and therefore no current staff within the Health Boards / Trusts are currently identified as aligned to this role.	Advertised within NHS Wales at OCP 2 stage of consultation, i.e. when the proposal for the structure for the rest of the workforce in the new service is consulted on.
National Validation Lead Band 8c (matched)	New role created as part of the TrAMs service and therefore no current staff within the Health Boards / Trusts are currently identified as aligned to this role.	Advertised within NHS Pharmacy Wales for initial secondment opportunity whilst Service is established.
National Pharmacy Quality System Lead Band 8c (matched)	New role created as part of the TrAMs service and therefore no current staff within the Health Boards / Trusts are currently identified as aligned to this role.	Advertised within NHS Pharmacy Wales for initial secondment opportunity whilst Service is established.
National Radiopharmacy Lead Band 8c (matched)	New role created as part of the TrAMs service and therefore no current staff within the Health Boards / Trusts are currently	Advertised within NHS Pharmacy Wales for initial secondment

New Post	Identified posts ² Posts in this column are eligible to be considered for posts in the cell to the left.	Recruitment Process
	identified as aligned to this role.	opportunity whilst Service is established.

Staff who have expressed an interest in the new posts and who are unsuccessful, will have the opportunity to be considered for further posts within the next stage of the TrAMs Organisational change procedure.

6.0 Consultation Process and Timeline

The consultation paper will be shared with the following groups for information/ratification purposes:

- TrAMs Workforce Subgroup
- NWSSP Senior Leadership Group (SLG)
- NWSSP Local Partnership Forum (LPF)
- TrAMs Programme Board
- Welsh Chief Pharmacist Group
- Shared Services Partnership Committee
- NHS Wales Directors of Workforce
- Health Board / Trust Partnership Committees
- NWSSP EQIIA Panel

NWSSP, in partnership with colleagues and staff-side partners from across the relevant NHS Wales organisations, intends to enter formal consultation on 16th May 2022 and the consultation period will end on 24th June 2022. The Director of Pharmacy Technical Services with support from NWSSP People and OD, will respond to any comments and issue the final consultation document towards the middle of July 2022.

During May / June 2022, affected staff will be supported by the current employer, in partnership with NWSSP during the change process. Staff affected by the proposed changes will have the opportunity to have a one to one meeting with the Director of Pharmacy Technical Services (NWSSP) and their TrAMs Project Lead, Trade Union representative and Workforce Support.

Following the conclusion of the consultation, arrangements will be made to appoint staff in line with the recruitment principles of the All Wales Organisational Change Policy.

It is proposed that a phased approach is undertaken, adopting the agreed Workforce Principles noted in **Appendix 3** in relation to managing the transfer of employees into a new service. A round of staff engagement sessions will be taking place in July and August 2022, where we plan to provide further detail about the next stage.

An Equality Impact Assessment is being undertaken in partnership, through the TrAMs Workforce Subgroup, which involves assessing the likely or actual effects of decisions, policies or services on people in respect of age, disability, gender and racial equality, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This will ensure the needs of staff are taken into account as we implement this change. The document will be assessed by the NWSSP EQIIA panel during the consultation process as well as within the relevant Health Boards and Trusts.

7.0 Feedback

There will be the opportunity to email questions/queries to the trams@wales.nhs.uk email address. These will be responded to directly and compiled at the end of the consultation into an updated Frequently Asked Questions (FAQ).

8.0 Support for Staff

Support through this process is available from:

- Organisational Trade Union Representatives **Appendix 4**
- Organisational Project Leads / Workforce Colleagues **Appendix 4**
- Staff will be signposted to their employer support and wellbeing services
- On Transfer, Staff will be provided with a welcome pack to NWSSP and will be inducted into how NWSSP operates including links to key contacts

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9.0 Appendices

1. TrAMs Programme Business Case



TRAMS PBC 1.2 18
12 20.pdf

2. Senior Leadership Team – Tier 1 Structure



Senior Structure.pdf

3. Agreed Workforce Principles



Workforce
Principles.pdf

4. Organisational Trade Union and Workforce Contacts



Workforce Subgroup
Attendees April 2022.

5. NHS Wales Organisational Change Policy



Organisational
Change Policy.pdf

6. Equality Integrated Impact Assessment



TrAMs - EQIIA V2 -
First Draft.pdf

7. Matched Job Descriptions



SSP-2021-0088

Clinical Lead. (Band 8



SSP-2021-0089

Business Service Lead



SSP-2021-0090

Manufacturing Hub L



SSP-2021-0091

National Head of Qua



SSP-2021-0092

Workforce Lead.pdf



SSP-2022-0021

National Lead for PQ



SSP-2022-0022

National Lead for Rad



SSP-2022-0023

National Lead for Vali

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Report Title:	C&V Integrated Performance Report				Agenda Item no.	11
Meeting:	LPF	Public	X	Meeting Date:	16 June 2022	
		Private				
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information	
Lead Executive:	Jason Roberts, Caroline Bird, Rachel Gidman, Catherine Phillips, Fiona Kinghorn					
Report Author (Title):	Information Manager					

Main Report

Background and current situation:

This report provides the Board with 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			
	Target	Trend	Mar-22		Target	Trend	Mar-22
Deliver 2021/22 Draft Financial Plan	Break even		£0.216m surplus	Patient Satisfaction			
Remain within capital resource limits.	£70.989m		£70.948m	30 day complaints response compliance %	75%		83%
Reduction in Underlying deficit (Forecast)	£25.30		£29.7	Patient Experience			
Delivery of recurrent £12,000m 1.5% devolved target (Forecast)	£12m		£7.576m	Patient Experience			78%
Delivery of £4m non recurrent devolved target (Forecast)	£4m		£8.676m	Falls			
Creditor payments compliance 30 day Non NHS (Cumulative)	95%		93.1%	Slips Trips and Falls (30 day moving total)	na		277
Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit		Positive cash balance	Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		27
Maintain Positive Cash Balance	Positive Cash Bal.		£4.607m	Serious Incidents			
Performance				Nationally Reportable Incident (SI)**	na		10
A&E 12 hour waiting times	0		1196	Number of Never Events	0		0
A&E 4 hour waiting %	95%		63%	Mortality			
Ambulance Handover Times >1 hour	0		689	Percentage of Stage 1 Reviews Completed			74%
Mar-22				Risk Adjusted Mortality Index			135.36
Waiting less than 26 weeks %	95%		55%	Mar-22			
RTT Waiting Over 36 Weeks	na		44083	Still births (Rolling 12 Months)			5
Diagnosits >8 weeks Wait	0		5004	Infection Control			
Mar-22				All Reported Infections (cumulative)	743		776
Mental Health Referrals	na		1495	Workforce			
Mental Health Part 1a - Assessments within 28 days	80%		49%		Target	Trend	Mar-22
Mental Health Part 1b - Therapy Commencing within 28 Days	80%		96%	Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	85%		30.9%
Mar-22				Achieve annual local sickness and absence workforce target (rolling 12 month)	4.60%		6.9%
Patients Delayed over 100% for follow-up Appt	0		41939	Voluntary Resignation Turnover Rate	na		8.7%
Mar-22				Mandatory Training Compliance	85%		73.07%
Single Cancer Pathway	75%		62%	Fire - Mandatory Training	85%		63.94%
Mar-22				Staff Retention	-		83.80%
Population							
Immunisation				Tobacco			
% of children up to date with scheduled vaccines by 4 years of age	95%		85.3%		Target		2021 / 22
Mar-22				% of smokers who become treated smokers	5%		0.4%**
% Adults (aged 18 years and over) in Cardiff and Vale UHB have received a Covid-19 booster vaccination	na		0.68	% of treated smokers who quit at 4 weeks	40%		77%**
Of those who have a completed primary course of vaccination*, % of adults aged 18 years and over have received a Covid-19 Booster vaccination	na		0.83				

* 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

FINANCE**How are we doing?**

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 included a breakeven year end position.

The Financial Plan set 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 related to the non-delivery of the savings target that was required to fund inflation and demand growth in 2020/21.

The draft reported financial position for the 12 months to the end of March 2022 is an operational surplus of £0.216m.

Delivery of the core financial plan included a 2% (£16.0m) savings requirement. At month 12, £16.252m Green and Amber savings were identified against the target. However, whilst the UHB met the overall £16m target, there was a shortfall of £4.4m against the recurrent element of the target and this in turn increased the planned underlying deficit moving into 2022/23.

The full year gross COVID forecast moved by £0.001m in the month from £119.375m at month 11 to £119.376m at month 12, as the result of additional funding being made available for COVID Therapeutic (Treatment) Medicines and the extended Flu Campaign. The additional funding was partly offset by a reduction in the funding for Urgent and Emergency Care.

Reported month 12 position

The Welsh Government amended the monthly financial monitoring returns to capture and monitor costs due to COVID 19. The draft financial position reported to Welsh Government for month 12 is a surplus of £0.216m and this is summarised in Table 1.

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

	Cumulative Month 12 £m
COVID 19 Additional Expenditure	119.376
Welsh Government COVID funding received / assumed	(119.376)
Gross COVID 19 Forecast Position (Surplus) / Deficit £m	0.000
COVID FUNDING for Deficit due to non delivery of 2020/21 recurrent Savings	(21.300)
Operational position (Surplus) / Deficit	21.084
Financial Position £m (Surplus) / Deficit £m	(0.216)

The additional COVID 19 expenditure in the year to month 12 was £119.376m.

Welsh Government has confirmed COVID 19 funding. The UHB is reporting a draft operating surplus of £0.216m at year end. COVID 19 allocations met the additional COVID costs and operating pressures which arose from the management of COVID 19 in year. The reductions arising in planned

expenditure as a result of COVID were utilized to offset non COVID operational pressures and support system resilience.

Underlying deficit position

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

Delivery of the UHB's draft financial plan would have ensured that the underlying position did not deteriorate in 2021/22. The shortfall of £4.4m against the recurrent savings target has left an underlying deficit of £29.7m to carry forward to 2022/23.

Creditor payment compliance

The UHB's public sector payment compliance performance was 93.1% at the end of March, which is just below the target of 95%.

Remain within capital resource limit

The UHB successfully delivered its £70.989m Capital programme in 2021/22 with a surplus of £0.041m against the allocation.

What are the UHB's key areas of risk?

The UHB's provisional year end position is a £0.216m surplus on the revenue and a £0.041m surplus on capital which is subject to External Audit scrutiny and review. At this point in time the UHB does not expect any risks to materially affect the reported year end position.

PEOPLE

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

Workforce KPIs

- **Turnover** continues to rise at 13% UHB wide. In March 2020 the rate was 9.58% and then a year later in March 2021 it had risen to 11.10%. Turnover rates vary from month to month, year to year and industry to industry. Most experts suggest a good turnover rate is 10% or below.
- **Sickness Absence** rates remain high at 7.31% in March (these figures are sickness only and do not include COVID self-isolation without symptoms) and are 2% higher than they were 12 months ago. The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'.
- **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 just under 13% below the overall target. It is likely that operational pressures continue to adversely affect compliance.

- Compliance with **Fire training** is continuing to improve, although the rate of improvement has slowed. In March the compliance with Fire training was 63.94%.
- The rate of compliance with **Values Based Appraisal** remains very low; the compliance at March 2022 was 33.19%. It is likely that operational pressures continue to adversely affect compliance.

Good progress has been made against the 7 themes of the **People and Culture Plan** since it was approved by Board in January 2022. Examples of actions taken in the last month include:

- Approximately 40 **coaches** are being trained on the ILM level 5 and/or 7 Mentoring/ Coaching programme. 38 coachees, who are Ward Managers and Deputy Ward Managers, have now been assigned a coach. A coaching tool (PushFar) has been procured to help coaches and coachees select and manage the relationships.
- Winning Temp **engagement tool** has been procured, engagement sessions are taking place with Nursing staff, with implementation planned for the end of May 2022.
- All procurement exercises have been completed for the additional investment secured to support the **health & wellbeing** of our staff and spend has been allocated. Projects are now in the early implementation stage, including identifying evaluation metrics and pilot areas. Estates work has commenced to support the environmental aspects of the plan which includes staff room improvements and an additional 13 hydration stations.
- Following the success of the first scheme, a further 10 applicants with learning disabilities or autism have been appointed via **Project Search**. These will start their placements in September 22.
- In total 162 individuals were recruited onto the **Kickstart** scheme. Of these, 33 have now gained employment with the UHB, 2 have joined apprenticeship schemes and 44 are still currently on the scheme. The scheme ended on 31 March 2022.
- A revised process and recruitment campaign have been developed for the **Temporary Staffing Department** to increase the number of staff on the Bank;
- 91 job offers have been made and 59 of these have already started work with Facilities following our **social media adverts and inter work events** since February 22.
- 4 places have been awarded to CAV UHB staff on a **MSc in Digital Transformation** for March 2022 start (1x Senior Nurse, 1x AHP, 1x DH&I and 1x I&I). Promotion for September 2022 (part-funded) cohort has begun.
- The **Acceler8 Senior Leadership Programme** was launched in April 2022 with 12 delegates. Interest in Cohort 2 has already been received and expressions of interest will start to be collated in May 2022. Development of additional leadership development programmes, including Collabor8, has commenced and plan to launch in June 2022.
- 20 UHB HCSW have been progressed to interview for the USW flexible undergraduate programme.
- 90 managers have been enrolled on ILM level 4 and 5 management **apprenticeship programmes** in the last 6 months which is a significant achievement in light of the pandemic pressures and a significant increase in numbers.
- Recurrent funding has been secured to establish a permanent **e-rostering** team, within the first 12 months the team will focus on:

- implementing the new e-rostering system for the Nursing Workforce;
- embed effective e-rostering principles resulting in significant cost efficiencies;
- improve workforce supply and fill rates for bank and agency;
- provide ongoing education, learning and support for system users;
- data reporting and analytics;
- review and audits to identify further efficiencies.

- **Medical & Dental Staff Bank** – Operational performance continues to improve. Total hours fill rate for March is 91.06%. Hours filled by Bank – 79.76% and by Agency – 11.82%. The staff bank has significantly improved our workforce supply.

People Analytics – Workforce metrics and reporting is currently available for the Nursing workforce via SharePoint. In May this information will be available for all staff groups and all managers will be able to access.

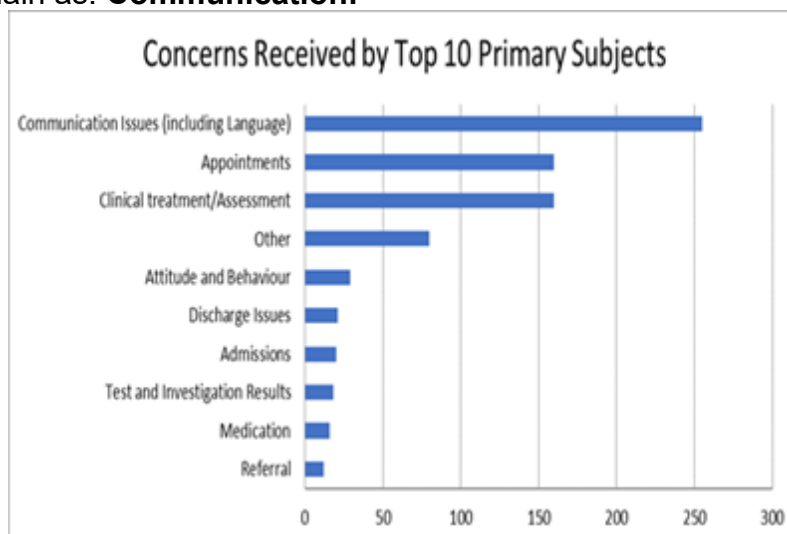
QUALITY AND SAFETY

Concerns –Patient Experience

During March and April, we received 831 concerns. 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 83%. 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: **Communication:**



- Relatives have raised concerns regarding the difficulties they are experiencing when contacting the wards:

The Concerns team make contact with the Clinical Board to facilitate a conversation between the ward/clinicians involved.

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- Patients did not know what was happening with their treatment/waiting times

Clinical Boards wrote to patients with updates regarding their services

- Poor communication regarding visiting and guidance on vaccinations

The Concerns Team host a vaccination enquiry line and also support the visiting process by hosting dedicated visiting lines to book visits.

- Patients did not feel involved in their care/discharge

A number of initiatives have been taken to improve communication between patients and staff. The Safer Bundle being piloted on one ward is an example of ward staff actively involving patients in their care. Patients are encouraged to ask:

What is the matter with me?

What is going to happen today?

What is needed to get me home?

When am I going home?

This fits in really well with the QSE framework by starting the “what matters to you” conversation with patients.

Environment:

The impact of Covid on our hospital environment cannot be underestimated. The requirements of social distancing have put a huge pressure on our departments and has led to a number of concerns relating to lack of social distancing and unhygienic conditions being raised.

Whilst it is very difficult to decrease capacity in our busier departments such as the Emergency Unit, we have taken a number of actions to raise awareness of the issues raised and to improve hygiene.

Reminders are sent out via CEO connects and staff emails to remind staff of the importance of maintaining social distancing where possible.

- Designed Materials to help with social distancing
- Enhanced Cleaning procedures and rotas
- Brightened up areas with redecoration

Waiting Times:

As anticipated, we have seen an increase in concerns this year relating to waiting times and a number of initiatives and different ways of working are being implemented to recover from the backlog caused by Covid.

- Encouraged Clinical Boards to reengage with their patient to provide waiting list updates via letter.
- Clinical Boards have redesigned pathways to fast track patients that have been reluctant to access services/care during the pandemic.
- Introduced weekend clinics
- Utilising Primary Care services so patients are seen sooner in Primary Care rather than Secondary Care.

Patient Experience

In addition to the above, we have continued to gain routine patient feedback from the UHB MVCs and since their introduction in March 2021, have received feedback from **33437** respondents. This

feedback has been very positive, with **97.5%** of respondents (based on 32701 responses from the Viewpoint kiosks) rating their **experience** at the MVC as either 'very good' or 'good'.

Our 'HappyOrNot' kiosks having been gathering feedback from various areas including the Concourse in UHW, Information Centre at UHL and the Emergency Unit. Since their reintroduction in July 2021, of the **20717** respondents that have left feedback, **78%** have given a positive response when asked to rate the care they have received.

Falls

Slips, Trips and Falls- Fractured neck of femurs remain the most commonly reported fall related NRI to the Delivery Unit, closely followed by Head Injuries. Over the last 3 months there has been a reduction in the number of falls reported on Datix. During this period there has been significant staffing pressures so this may have impacted on the ability for nursing staff to mobilise patients. The number of falls whereby the patient suffered moderate or above harm has stayed relatively static with no real deterioration or improvement in position.

Learning from inpatient fall investigations has identified the following factors;

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

Nationally reportable incidents

Between January 2022 and March 2022 Cardiff and Vale has reported 31 National Reportable Incidents. Except for the spike in December of Serious Incidents reported (this reflects the retrospective reporting in December of a number of reportable pressure damage incidents from PCIC Clinical Board following completion of a number of investigation tools), the number of SIs/NRIs reported has remained fairly consistent. There have been no further never events reported over this period

Within Cardiff and Vale UHB the top reported NRI categories within the 31 reported between January and March 2022, has been:

- Pressure ulcers – 5
- Delayed access/admission (appointments/admission delayed/cancelled) – 9
- Therapeutic Processes/Procedures – 4
- Maternity adverse occurrence (Neonatal Perinatal Care) – 4
- Unexpected death - 2

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.

Hospital Infections – As at March 2022 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.

Similarly, as at March 2022 Klebsiella has increased the in-year infections above the baseline year whereas P. aeruginosa is running below the 2018/19 baseline average.

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

Mortality

The reported increase in Risk Adjusted Mortality Index (RAMI) is a concern and whilst there are recognised limitations in the recording, coding and interpretation of this measure the increasing trend requires urgent review.

The Health Board continues to work closer with the Medical Examiner in reviewing deaths and identifying themes and learning. Further details will be presented through the Quality and Safety Committee and will include the condition specific mortality rate.

PERFORMANCE

Operations continue to be guided by a number of key components focused on minimising the five harms as set out in the national framework.

Operating model – There has been no change to the Health Board's Covid-19 operating model since the last report.

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

Essential services – Urgent and emergency essential services continue to be maintained in all areas, including hospital unscheduled care, primary care, cancer treatments and urgent and emergency surgery.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Committee meeting

Planned Care

Whilst the operational pressures impacted on the delivery of planned care activity in quarter 4, the implementation of new schemes such as the mobile ophthalmology theatres and recommencement of elective activity in UHW and UHL have resulted in an increase in activity as we move into May.

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 123,567 as at March 2022. The number of patients waiting for planned care and treatment **over 36 weeks** has increased to 44,083 at the end of March 2022. 57% of these are at new outpatient stage.

The good progress made in increasing **Diagnostic** activity and reducing waits continues. The volume of greater than eight-week waits has reduced from its highest point of 7,808 in December 2021 to 5,004 at the end of March. The number patients waiting over 14 weeks for **Therapy** was 4,492.

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

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of March 2022 was 172,902. 99% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow up patients waiting 100% over their target date has reduced to 41,939.

95% of patients waiting for **eye care** had an allocated health risk factor in March 2022. 70% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Demand for adult and children's **Mental Health** services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,495 referrals in March 2022. As highlighted at the last Board meeting, this demand increase includes an increased presentation of patients with complex mental health and behavioural needs. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. Part 1a: Whilst the percentage of Mental Health assessments undertaken within 28 days decreased to 49% in March 2022, CAMHS performance is compliant at 88% and the UHB has a line of sight to compliance in adult services. There were no patients waiting over 57 days in March 2022. Part 1b: 96% of therapeutic treatments started within 28 days following assessment at the end of March 2022.

Unscheduled Care

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

The challenging position across the urgent & emergency care system as verbally reported at the last Board meeting has continued. Three factors continue to combine to cause current difficulties – high occupancy, with a continued challenge in our ability to achieve timely discharge; sustained workforce challenges; and management of Covid adding an increased layer of complexity in managing patient flow. We saw an increase again in Covid admissions pre-Easter bank holiday weekend resulting in opening of additional Covid capacity. Covid admission have subsequently reduced allowing us to de-escalate the additional covid capacity once more. At the time of writing, the UHB had 137 Covid positive inpatients across its two acute hospital sites.

The Health Board, in conjunction with its Local Authority and WAST partners, continues to work hard to alleviate the pressures and improve the quality of care and patient experience through a range of actions agreed across a number of areas, including admission avoidance, enhanced escalation and more timely discharge. Whilst some of these actions are more short term to address the current challenges we are facing, the Health Board, in conjunction with its partners, is also developing a more sustainable and transformational plan, in line with the national six goals for urgent and emergency care.

Primary Care

The Health Board achieved 100% compliance in March 2022 for the proportion of GP OOH 'emergency' patients attending a primary care centre appointment. The Health Board was 75% compliant against the target for emergency GP OOH patients requiring a home visit within one hour, with three out of four patients seen within one hour.

Pressure has continued within GMS, with 12 practices reporting high levels of escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. Dental services are operating between 40%-50% of pre-Covid activity but we will start to see an increase in activity as we move throughout Q1 driven by new contractual arrangements and

changed IP&C guidance. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

POPULATION HEALTH

Covid-19 update

- **Epidemiology**

Covid-19 community prevalence peaked just after the end of the first week of April 2022 in Cardiff and Vale, based on ONS infection survey and wastewater trends. Cases have been falling steadily since in the community. Since the start of April, PCR testing has been focused on vulnerable people or people in high-risk settings. Excluding the period at the end of March and early April where trends couldn't be interpreted due to this change in testing protocol, recent trends suggest a reduction in cases among more vulnerable groups too. Most infections continue to be mild or asymptomatic.

The number of people being actively treated for Covid-19 in our hospital beds fluctuated during April though declined overall, ending the month with 41 patients being actively treated in Cardiff and Vale (7 day rolling average). The number of people being treated for Covid-19 in critical care has however risen overall and reached its highest rate since the start of 2022 at the end of April. The rate subsequently stabilised and was 9 patients at the end of April (7 day rolling average).

Clusters in care homes have reduced over the past few weeks, along with hospital clusters. ONS reported mortality has remained broadly stable, below or in line with the five year average.

The BA.2 sub-variant of omicron remains the dominant strain of Covid-19 in our area.

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

Demand for PCR testing increased during March, before decreasing again towards the end of the month. Free PCR testing for the general population ended on 31st March 2022, with citizens able to access LFT testing if they are symptomatic. Contact tracing continues to be carried out following both PCR and LFT positive results, as long as the citizen logs the result in the latter case.

Local and regional changes have been made to TTP services in response to the Welsh Government plan, *'Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic'*, with a focus on supporting high risk settings. Contact tracing services are following national protocols, and specialist resource within the region has been organised to support these high risk settings. The multiagency regional team has reduced its meeting frequency to twice per week, but continues to monitor new case data to identify clusters or settings of concern. The regional SOP has been revised to ensure escalation mechanisms remain in place to respond to any risks identified. The Regional IMT will meet monthly from April 2022.

Partnership communication teams continue to work collaboratively to share updates on guidance with the people who live and work in Cardiff and the Vale of Glamorgan.

- **Covid-19 vaccination**

Cardiff and Vale UHB has now delivered over 1,131,000 Covid-19 vaccinations to the population. Delivery of the Spring/2nd booster commenced on 14 March 2022. The programme started with delivery to residents of care homes for older adults and is currently

being delivered to people aged 75 years and over and those aged 12 years and over who are immunosuppressed. All eligible individuals will be invited by mid-May to an MVC or Community Pharmacy for their spring booster vaccination. Those unavailable to attend an MVCs will be visited at their home by mobile vaccination team. Home visits for vaccination will be completed by end of May. All care homes for older adults have received at least one opportunity for residents to be vaccinated. There will be multiple visits to homes to ensure all that are eligible receive their vaccine at the appropriate time. We have 35 residents requiring vaccination, these will be vaccinated when they are eligible and before the end of June. At the time of writing there is no data available for spring boosters whilst we await an update of the Welsh Immunisation system. All children aged 5-11 year have now received their first offer of appointment although there is a high DNA rate for this age group of 78%. As at 27th April 2022, 14% of 5-11 year old children (universal offer) had received a vaccination. For those in at-risk groups aged 5-11 years, 42% have received vaccination.

Vaccination teams have been visiting Cardiff University, colleges, refugee centres, homeless settings and drop ins at care homes to ensure nobody is left behind. We continue to offer walk-in appointments for any person aged 12 and above to receive their first, second or booster dose of vaccination, according to the eligibility criteria. This is being offering across all MVC sites as well as in two Community Pharmacy locations. Under 18s who become eligible for a booster vaccination will receive an appointment when they become eligible (3 months after their second dose).

No further guidance from the JCVI or Welsh Government has been received to date regarding the autumn Covid-19 Vaccination programme. Following a letter written to Health Boards from the NHS Chief Executive, Judith Paget, on 14 February, we are currently planning on the basis of the most likely scenario whilst retaining the flexibility to 'surge' should an urgent response be required. This includes an autumn/winter booster for Priority Groups 1-9 (which includes everyone aged 50 and over, those in clinical risk groups, care home residents and health & social care workers) in addition to an emergency surge response, mirroring delivery during the Omicron booster surge, should there be a need to respond to a variant of concern or should waning prompt urgent action.

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

Tobacco Control

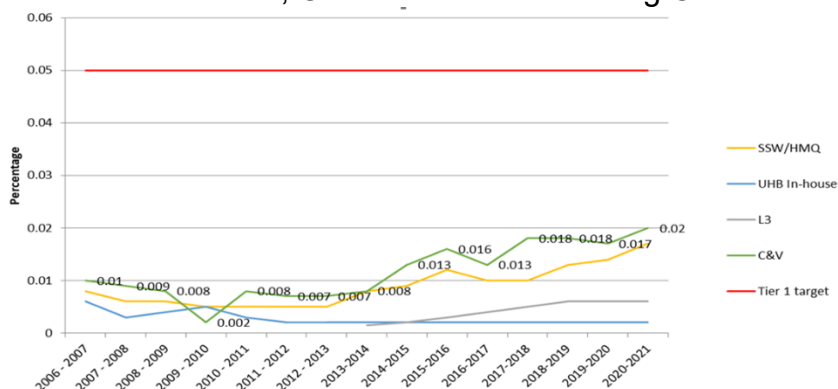
- **Smoking Cessation**

- 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 (Figure 1)
- The Health Board's Help Me Quit (HMQ) smoking cessation service achieved a 78% 4 week quit rate (self-reported), Qtr 3, 2021-2022 - an increase from 74%, Qtr 2
- Hospital Smoking Cessation Service achieved at 74% 4 week quit rate (self-reported), Qtr 3 2021-2022 and is working with all smoking cessation services to ensure implementation of Welsh Government's integrated 'Ottawa' model which includes routine identification of smokers on admittance to hospital
- The Level 3 Enhanced Community Pharmacy Scheme for Smoking Cessation achieved a 67% 4 week quit rate (Self-reported), an increase from 56%, Qtr 2

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- In C&V UHB, 9% of pregnant women smoke on booking (2020-2021), Wales 17%. The health board implements a Model for Access to Maternal Smoking Cessation Support (MAMSS) aiming to reduce smoking rates during pregnancy

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



- **Smoking Prevalence**

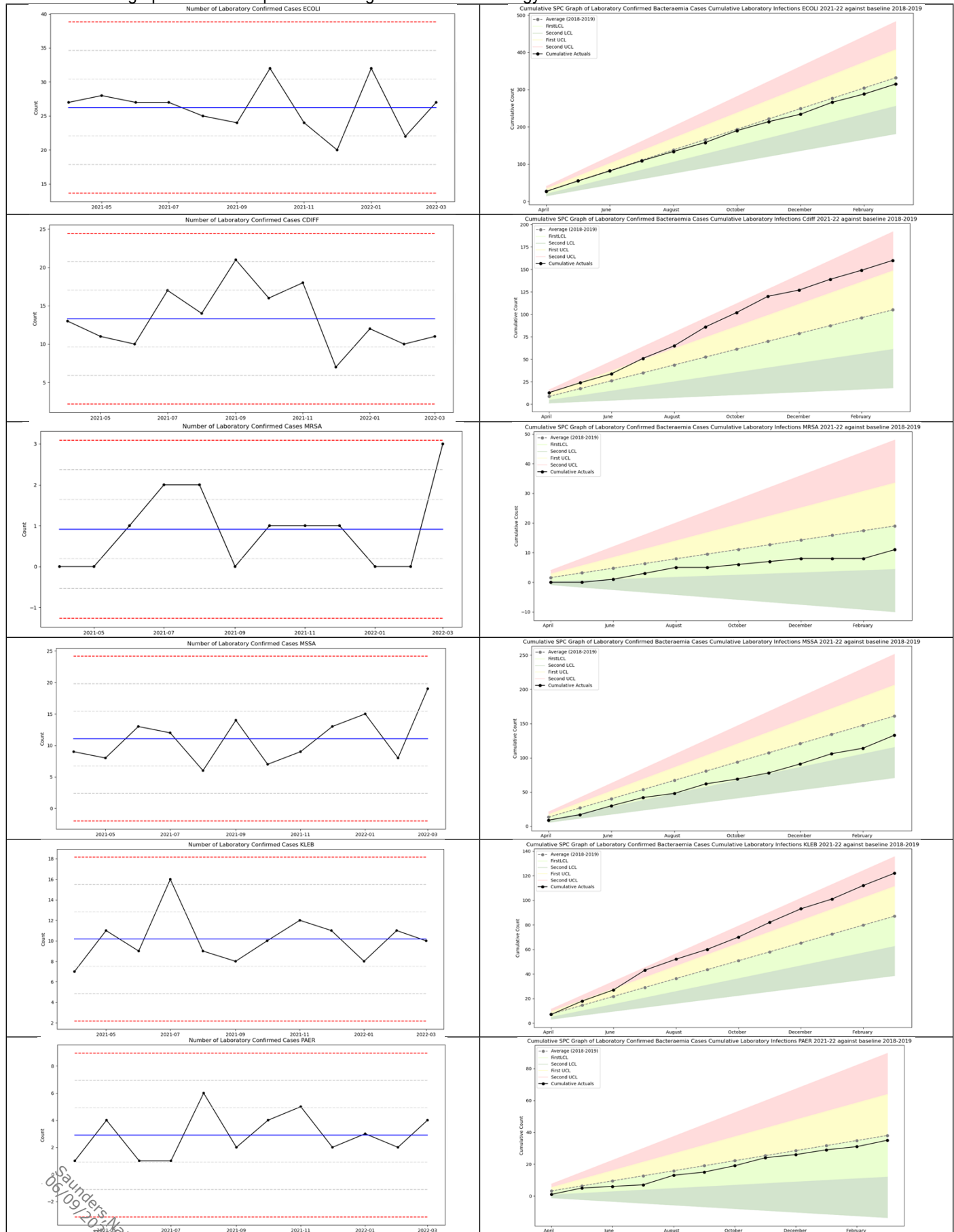
- 14% of adults smoke in Cardiff and Vale of Glamorgan (National Survey for Wales, 2019-2020) (a reduction from 17%, 2018-2019). CVUHB has the lowest prevalence of smoking when compared to other health boards in Wales. Welsh Government has set a target of 5% by 2030 as part of their draft Tobacco Control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

- **Smoking Prevention**

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

Appendix A – Infection Control Supporting SPC Graphs

Please note: All graphs have been produced using the XMR methodology



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Recommendation:

The Local Partnership Forum is requested to:

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	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment:

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

Risk: Yes/No

N/A

Safety: Yes/No

N/A

Financial: Yes/No

N/A

Workforce: Yes/No

N/A

Legal: Yes/No

N/A

Reputational: Yes/No

N/A

Socio Economic: Yes/No

N/A

Equality and Health: Yes/No

N/A

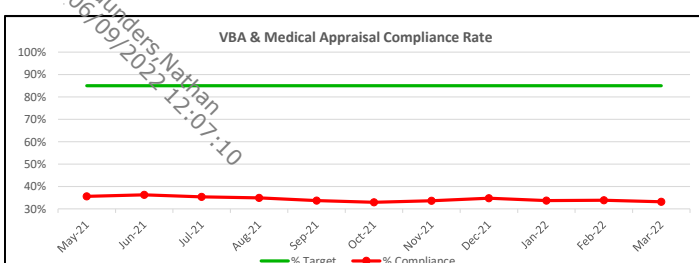
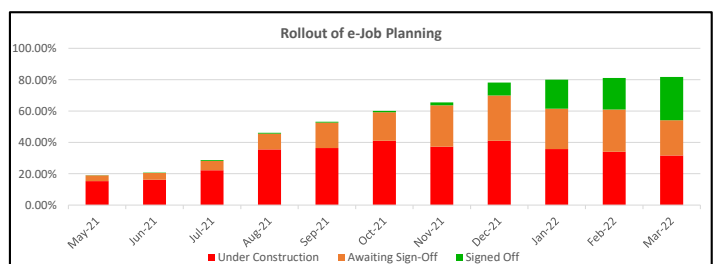
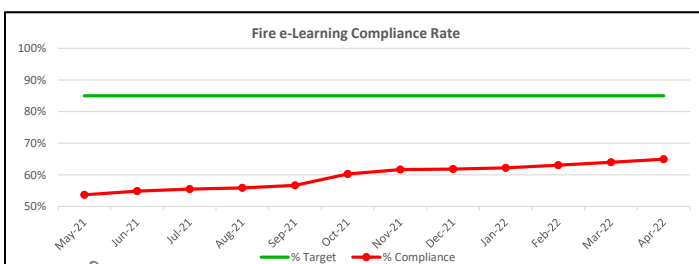
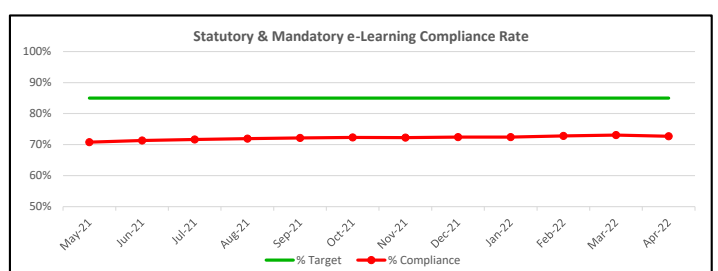
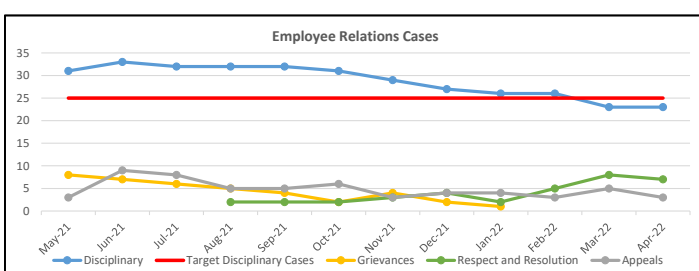
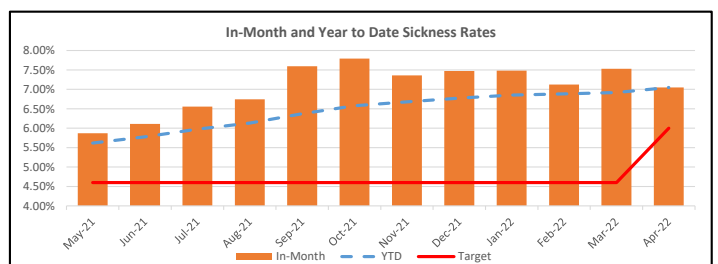
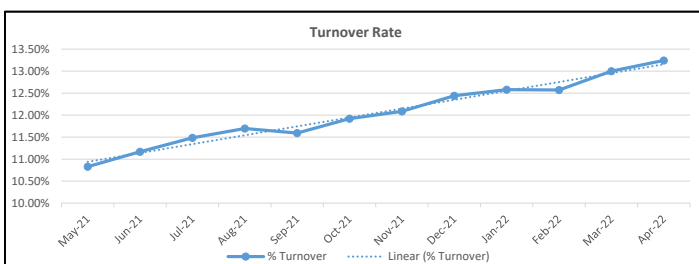
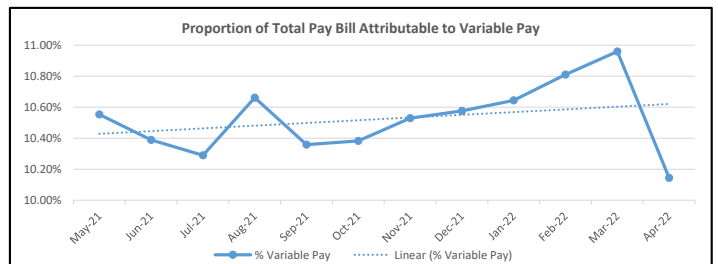
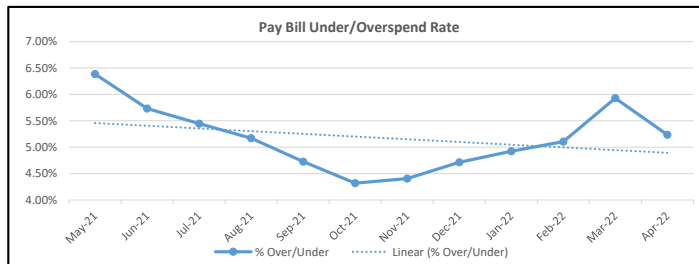
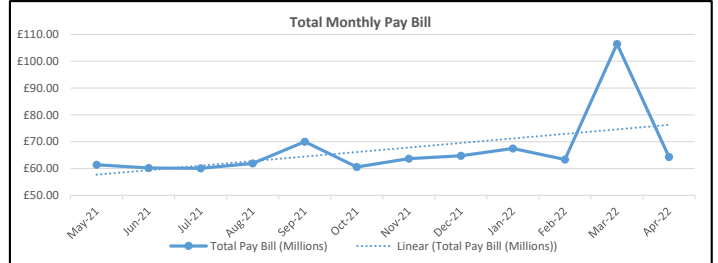
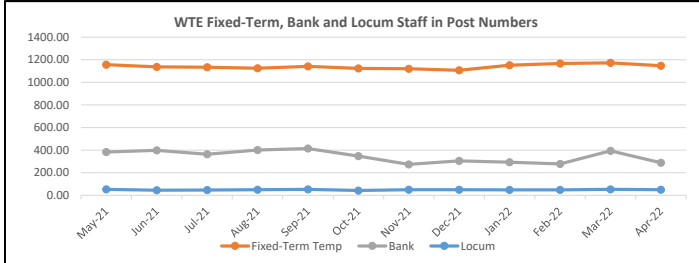
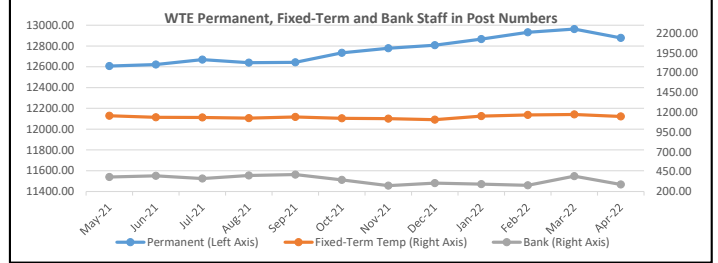
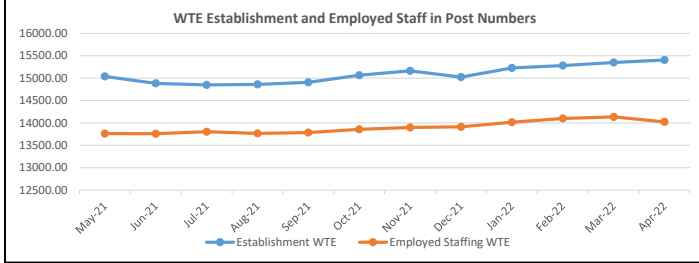
Decarbonisation: Yes/No

N/A

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

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Workforce Key Performance Indicators Trends April 2022



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Staff Retention Appendix 1

Staff Group	Roles
Additional Professional Scientific and Tech	Chaplains, Psychologists, Pharmacists, Theatre Practitioners (ODP), Medical Photographers, Medical Technical Officers (Pharmacy, Medical Physics, Clinical Engineering)
Additional Clinical Services	HCSW, Play Specialists, Nursery Nurses, Medical Laboratory Assistants, Phlebotomists, Dental Surgery Assistants, Therapy Helpers and Technicians, Assistants to professions
Admin and Clerical	Ward Clerks, Receptionists, Secretaries, Senior Managers
Allied Health Professional	Therapists (Art Therapy, Occupational Therapy, Physiotherapy, Podiatry, Dietetics, Speech Therapy), Orthoptists, Orthotists, Prosthetists and Radiographers
Estates and Ancillary	Maintenance staff, building staff, Painters, Electricians, Catering and Housekeeping, Porters and Telephonists
Healthcare Scientists	Clinical Scientists, Biomedical Scientists, Perfusionists, Physiologists
Medical and Dental	Consultants, Junior Medical staff in training and staff grade (non-training grade) doctors
Nursing and Midwifery	Staff nurses, Midwives, Ward Managers, Nurse Consultants, Clinical Nurse Specialists

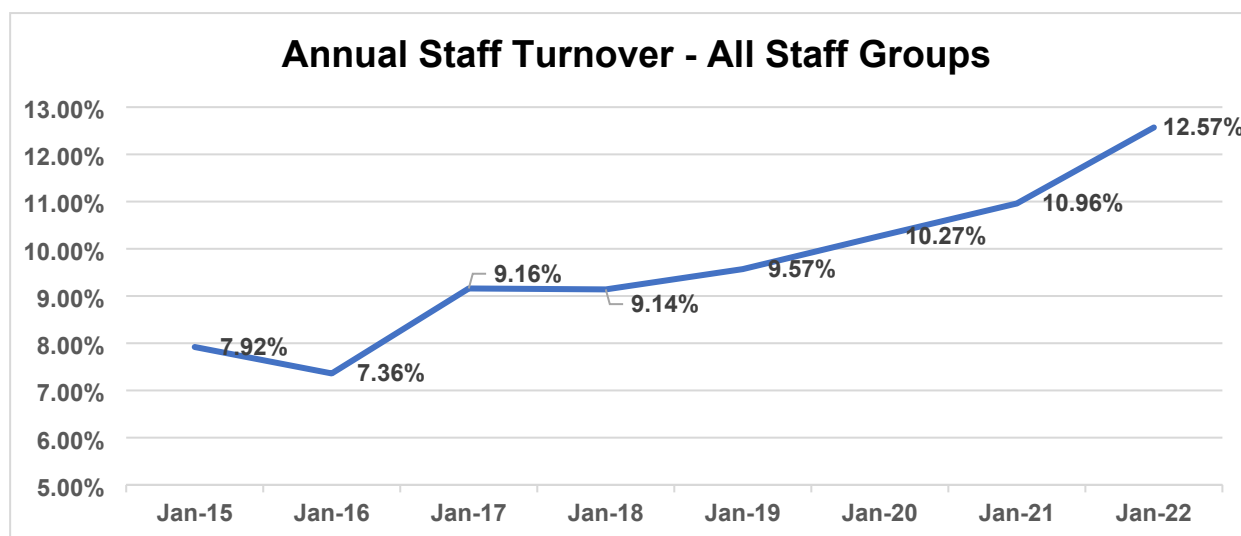
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Report Title:	Staff Retention			Agenda Item no.	12
Meeting:	Local Partnership Forum	Public	<input checked="" type="checkbox"/>	Meeting Date:	16 June 2022
		Private	<input type="checkbox"/>		
Status (please tick one only):	Assurance	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Information
					<input checked="" type="checkbox"/>
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of People Resourcing				
Main Report					
Background and current situation:					

Background

All organisations require some level of staff turnover to ensure new people with new ideas and knowledge join their workforce. However, if this rate is too high, it can create instability and a loss of key skills. The target turnover rate for the UHB is 7-9% but over the last few years and in particular, during the pandemic, the labour turnover rate (LTO) have increased each year to a level that is not sustainable. One of the reasons for the sharp increase however, was due to the large number of staff employed on a temporary or fixed term basis due to the Covid 19 pandemic. Unfortunately, due to the limitations of the Electronic Staff Record (ESR), when these temporary contracts were ended by the UHB, these numbers counted towards the turnover rates which would have adversely distorted the data. The Workforce Information Systems Manager is currently trying to identify a solution to correct this data.

The graph below illustrates the LTO for all of the staff groups combined over the past 7 years:



Although the employment of temporary staff skewed the turnover data over the past 2 years of the pandemic, the trend before this time is still demonstrating an increase year on year.

The staff groups with the highest turnover rates during 2021/22 were *Additional Clinical Services (16.26%), Estates and Ancillary (15.53%) and HCSWs (15.35%). Those with the lowest turnover rates were Medical Staff (5.68%), Healthcare Scientists (8.44%), Allied Health Professions (10.23%) and Additional Professional Scientific and Technical (10.49%).

*The definition of the staff groups is attached in appendix 1.

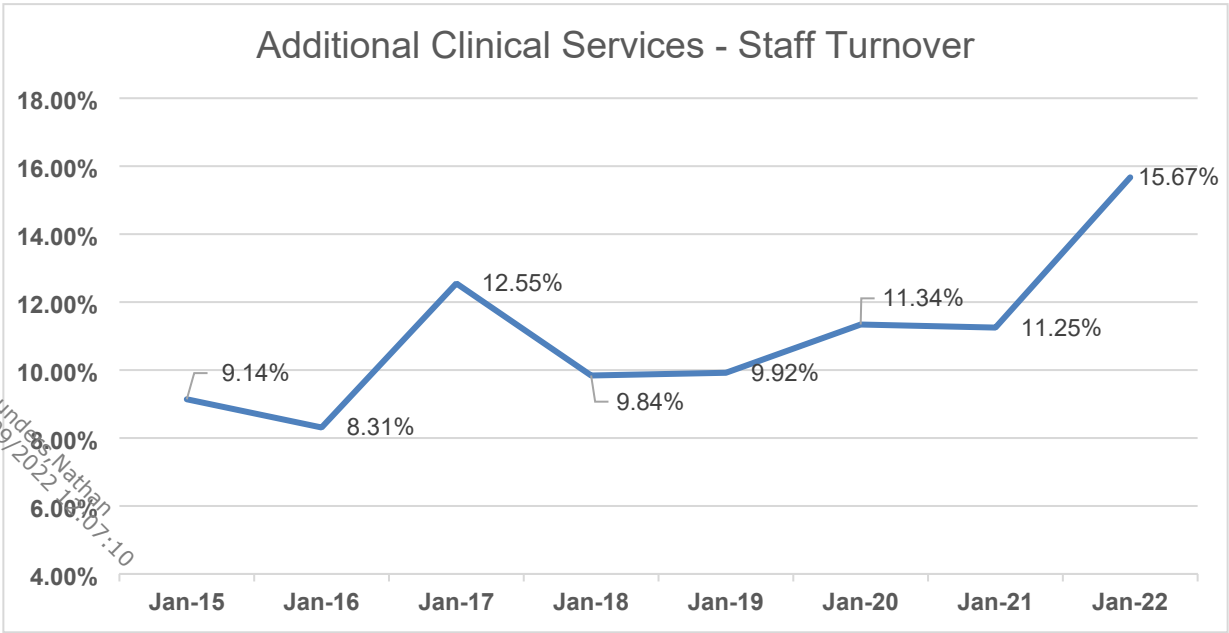
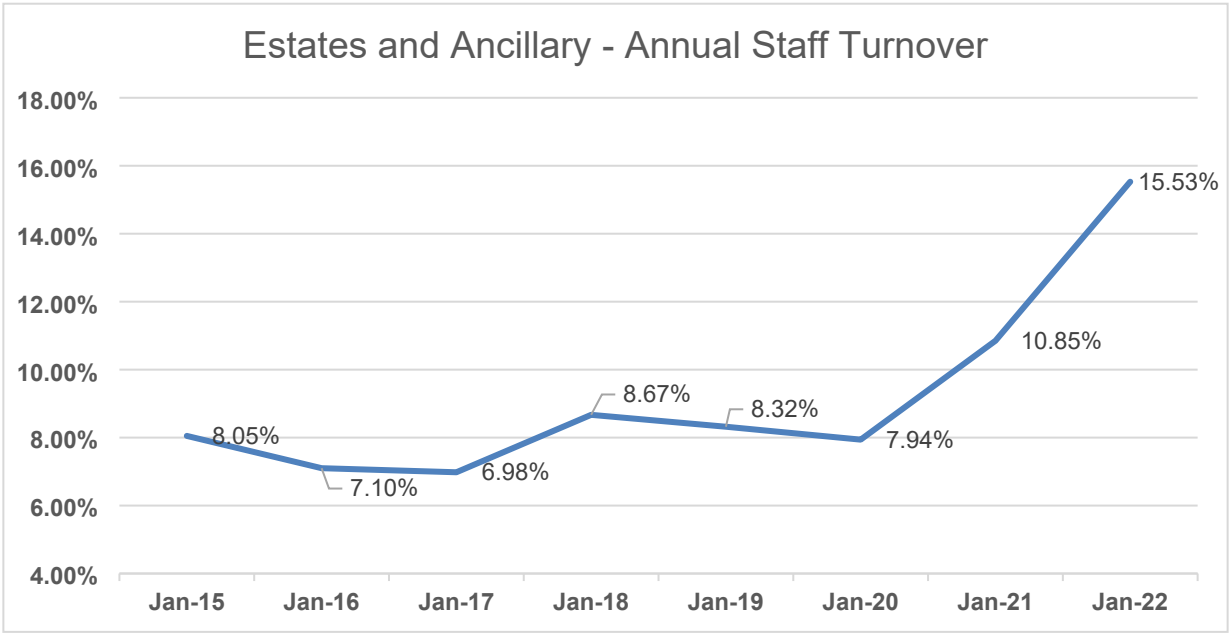
The UHB's largest staff group is Nursing and Midwifery and the turnover rate for the past year was 11.35% which was the highest rate over the past 7 years. We are aware that the last two years of the pandemic have had a massive impact on staff's mental and physical health due to high sickness levels and a sustained level of service pressures. We have heard many anecdotal examples of this being a

reason for some staff leaving. Many of these staff have joined agencies where they can have increased levels of flexibility with their work/life balance and often higher rates of pay.

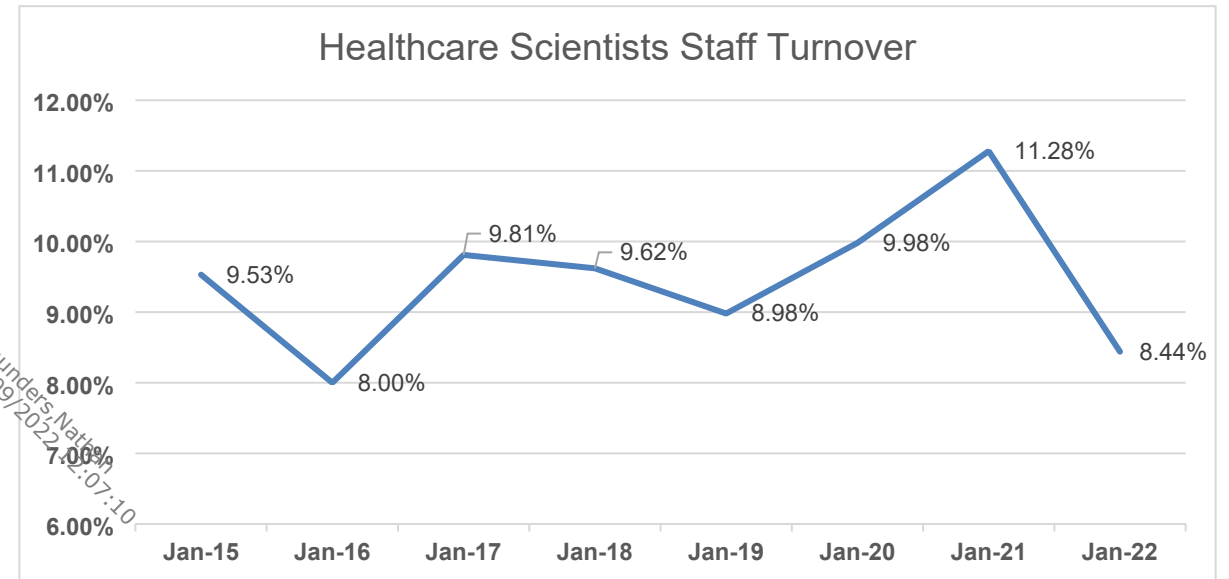
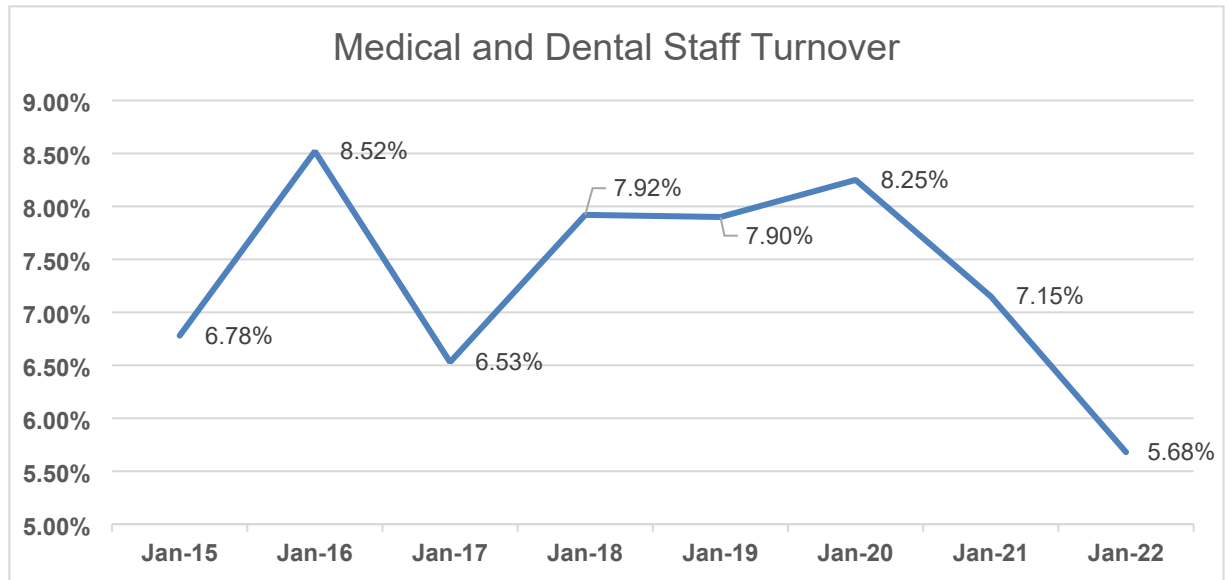
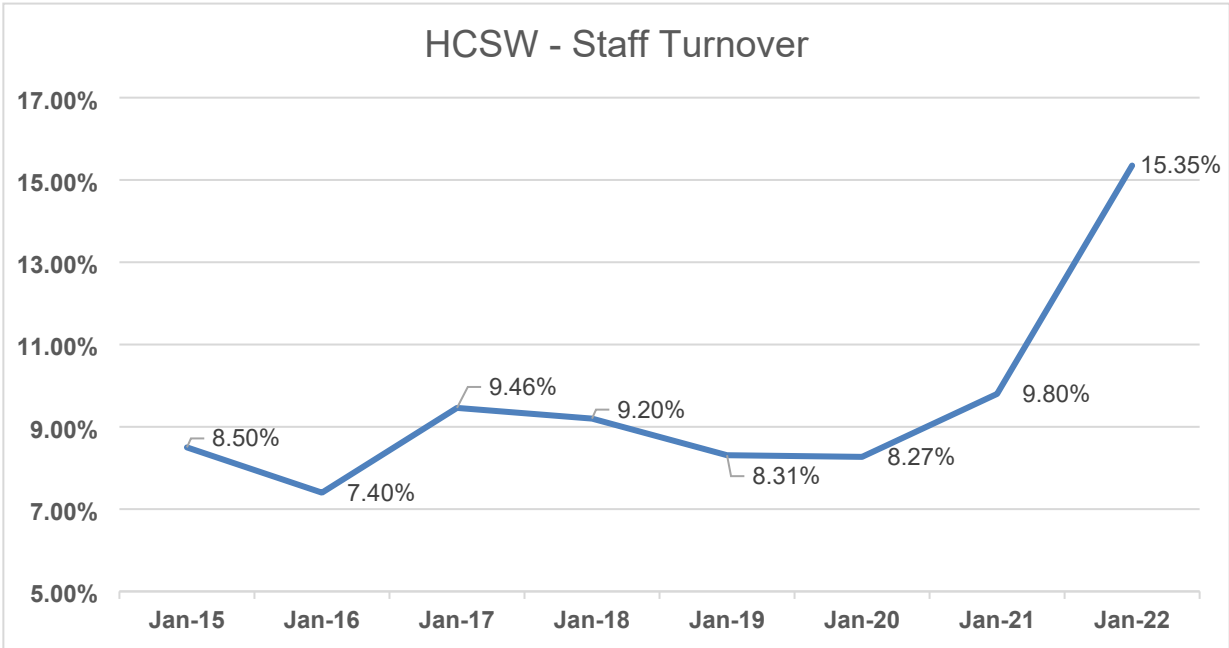
Although we recruit in the region of 240 newly qualified nurses each year, we lose around 360 Band 5 and 6 nurses due to turnover. This means a further 120 nurses need to be recruited just to maintain the same position.

Recruiting nurses from overseas has had a very positive impact on the vacancy rates along with other recruitment initiatives that have been implemented by the Nursing and Workforce Hubs. We predict that by December 2022, the number of Band 5 and 6 nurse vacancies should reduce to around 100 WTE compared to 489 WTE in September 2021.

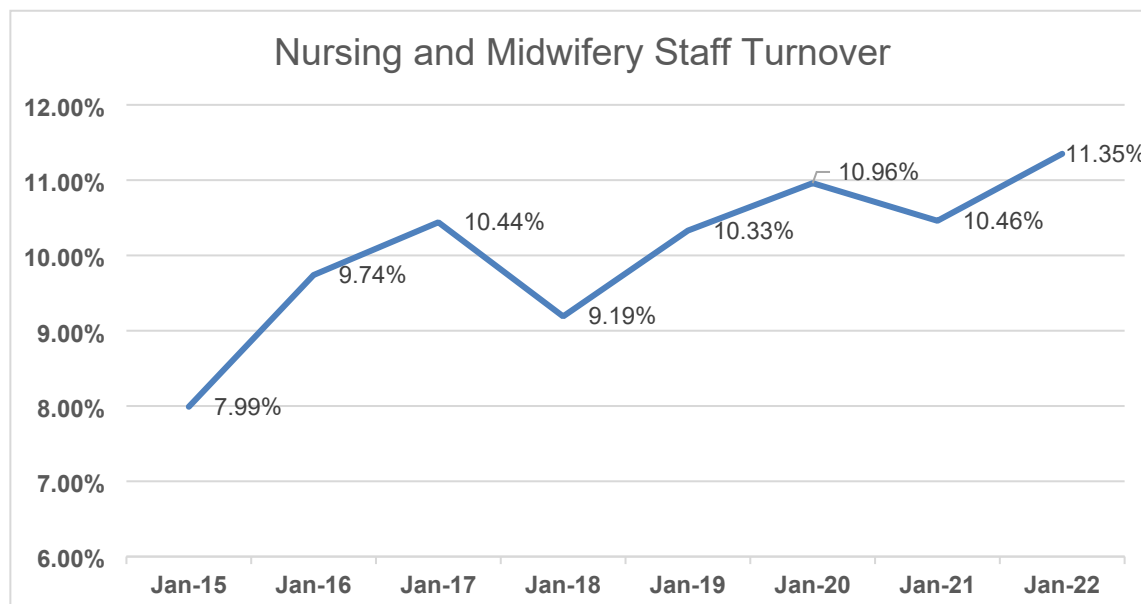
The following graphs illustrate the trend in turnover over the past 7 years for the key staff groups:



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The reasons why people leave the UHB are many and varied and include retirement, ill health, promotion elsewhere, relocation of partner, dismissal etc. Whilst many of these are generally beyond the control of the UHB, the UHB needs to identify and analyse the full range of reasons why staff leave to determine which ones are avoidable.

The UHB has an exit questionnaire which managers should send to their staff at the time they process their termination forms. Staff are also able to complete the form online which is submitted directly to the Workforce and OD Department. Unfortunately, the number of exit questionnaires received are very low and often it is difficult to draw any themes or conclusions from the data. Where themes are identified, a staff survey is often implemented which helps to identify whether the same themes are consistent and if so, the matters are dealt with.

The vast majority of exit questionnaire responses are submitted via Survey Monkey. In 2020/21 only 150 surveys were received from the 1,138 staff that left the UHB which is only a 13% response rate. During 2021/22 the response had reduced to 10% (164 response out of 1,592 staff who left the UHB).

The following tables provide the key questions and responses received from the exit questionnaires.

What is the single most important reason why you are leaving?	% of those who answered	Responses
	Did not answer	41
	Answered	123
Poor Quality of Management	26.01%	32
Not Enough Job Satisfaction	22.76%	28
Not Valued by Employers	18.69%	23
Poor Promotion Prospects	13.00%	16
Difficult to Transfer Jobs	8.94%	11
Dull and Routine Work	5.69%	7
Poor Pay & Benefits	4.87%	6

What is the single most important reason that would have encouraged you to stay?	% of those who answered	Responses
	Did not answer	41
	Answered	123
Better Quality Management	33.33%	41
Improved Promotion Prospects	21.95%	27
Improved Management Communication	14.63%	18
Better, More and/or Varied Training	8.13%	10
Increased Pay	8.13%	10
More Varied Work	7.31%	9
Given a Transfer	3.25%	4
Increased Responsibility	3.25%	4

Where are you going?	% of those who answered	Responses
	Skipped	2
	Answered	162
NHS Employment (same discipline)	22.83%	37
Retiring	14.19%	23
Another UHB Department	12.34%	20
Private Sector (Healthcare)	9.87%	16
NHS Employment (different discipline)	9.25%	15
Do not wish to disclose	8.02%	13
Agency Work	4.93%	8
Private Sector (non-Healthcare)	4.93%	8
Public Sector other	4.93%	8
Not Working	4.32%	7
Full Time Education	3.08%	5
Self-employed	1.23%	2

It is concerning to note that of those returning the questionnaires, the main reasons why staff leave are due to poor quality management (26%), not enough job satisfaction (23%) and not feeling valued by employer (19%). Interestingly, poor pay and benefits accounted for just 5% of the reasons why staff leave.

The main reason that would make staff stay are better quality management (33%), improved promotion prospects (22%) and improved management communication (15%). These reasons could and should be addressed and resolved.

The top 3 reasons why people leave the UHB are to move to another NHS employer (23%), retire (14%) and to move to another department within the UHB (12%).

Progress to Date

Although the focus of the past 2 years has been on operational and service pressures caused by the pandemic, a large number of initiatives have been developed and implemented to improve the experience of staff. These include:

- Provision of a wellbeing Retreat to support staff at risk of burnout.
- Programme of staff room refurbishments and hydration stations

- Enhancing leadership and development skills (Accelerate, Collaborate, more ad hoc support for managers)
- Time out sessions for reflection, support and development for clinical teams (medicine teams)
- Piloting peer support (Schwartz rounds) in Mental Health Clinical Board
- Increased visibility of Wellbeing Teams to support clinical areas.
- Large improvement in recruiting to Band 5 and 6 Nursing vacancies to reduce pressure on ward staff – the vacancy rate was 489 WTE in September 2021, this has reduced to 353 WTE in March and is forecast to reduce to 112 WTE by December 2022.
- Large programme of overseas nurse recruitment implemented resulting in 264 nurses passing their OSCE since 2019.
- 100 facilities posts recruited since January 2022 relieving pressure on existing staff and providing better service to wards.
- MES engagement sessions have taken place, with two on-line events led by the Medical Director and supported by the Assistant Director of OD and Culture. Further action is being developed to address areas of low engagement.
- Approx. 40 coaches are being trained on the ILM level 5 and/or 7 Mentoring/ Coaching programme. 38 coachees, who are Ward Managers and Deputy Ward Managers, have been assigned a coach. A coaching tool has been procured (PushFar) to help coaches and coachees select and manage the relationships
- 90 managers have been enrolled on ILM level 4 and 5 management apprenticeship programmes in the last 6 months which is a significant achievement in light of the pandemic pressures and a significant increase in numbers.
- Implementation for Allocate health roster has commenced which will improve effectiveness of filling ward shifts.

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

Next Steps

Within the UHB's People and Culture Plan, one of the key objectives is to reduce the turnover of staff across all staff groups. Within theme 3 which is 'Recruit, Attract and Retain', a retention plan has been developed and includes a number of actions that will enable the UHB to reduce turnover to more acceptable levels. This will require a strategic and co-ordinated approach within the different facets of the People and Culture Plan. An example of this would be in regard to the top reasons why staff have left the organisation. Some of the main reasons were poor quality of management, not feeling valued and poor promotion prospects. As this is not something that can be improved by a single action plan relating to retention, it is also addressed as a priority within other themes of the People and Culture Plan. Theme 6 which is 'Leadership and Succession' incorporates inclusive and compassionate leadership principles and will provide our managers with the management and leadership skills required for the role. Theme 1, 'Seamless Workforce Models' will provide a whole system approach to workforce planning and culture, staff engagement and learning and skills development. Theme 7 of the plan is 'Workforce Shape and Supply' which will develop our workforce analytics. Shaping our workforce will also enable the UHB to develop new roles that will respond to the needs of our patients and also the national changes to workforce supply. An example of this will be the development of Band 3 and Band 4 HCSW/Clinical roles that will provide career opportunities to those on the lower bandings of our workforce as well as address the national shortages in some other professions.

Retention Plan

The actions within the Retention Plan will include:

- In-depth data analysis to identify where turnover hotspots are and share with Clinical Boards to develop appropriate action plans.
- Targeted management development and mentoring provided where problems with leadership are identified via exit and starter surveys.

- Revise and improve Exit Questionnaire and also the process of completion to improve response rate.
- Implement Staff Starter Surveys to identify the experience of new staff within the UHB.
- Implement staff surveys in areas of unexplained high turnover to identify specific issues.
- Develop and Promote flexible retirements to support staff to extend their working lives.
- Promotion of flexible and hybrid working to managers to enable staff to have a better work-life balance.
- Promote the opportunities to continue working via the Temporary staffing department prior to their retirement.
- Develop a careers advice service for staff to support them in gaining varied experience and development within the UHB.
- Promote the benefits of working with UHB as opposed to agencies/ private sector.
- Implementation of 'Starter Surveys' across all professions at 3 months of starting with UHB.
- Promote the ability to rotate into different specialties for nursing/HCSW posts.
- Develop Career structure for HCSWs.

Recommendation:

The Local Partnership Forum is requested to note and support the implementation of the Staff Retention action plan.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

Yes

Safety: Yes/No

Yes

Financial: Yes/No

Yes

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

Saunders,Nathan
06/09/2022 12:07:10

Report Title:	STAFF BENEFITS GROUP REPORT		Agenda Item no.	13
Meeting:	Local Partnership Forum	Public Private	Meeting Date:	16 June 2022
Status (please tick one only):	Assurance	Approval	Information	X
Lead Executive:	Rachel Gidman, Executive Director of People and Culture			
Report Author (Title):	Barbara John, Business/Operational Manager, Communication, Arts, Health Charity and Engagement Team			
Main Report				
Background and current situation:				
<p>Cardiff and Vale University Health Board Staff Benefits Group was established in 2017, to explore and co-ordinate discounts and benefits offered by external organisations for UHB employees. The Staff Benefits Group discusses and agrees 'best deals' for staff and in governance terms reports their work to the Charitable Funds Committee and the Local Partnership Forum.</p> <p>The purpose of this paper is to inform the Charitable Funds Committee of staff benefits discussed and agreed by the Group between February - May 2022.</p> <p>The Staff Benefits Group meets on a quarterly basis and has the following membership:</p> <ul style="list-style-type: none"> - Senior Management Representative - Senior Health Charity representative - Senior Workforce Manager - Staff Side representative - Communications representative - Sustainable Travel Manager - Procurement Representative <p>The Business/Operational Manager of the Communication, Arts, Health Charity and Engagement Team facilitates the relationship and communications between the SBG and its partners/discount provider.</p> <p>Administrative support is also provided by the Communication, Arts, Health Charity and Engagement Team.</p> <p>Staff benefits are displayed on a dedicated link on the UHB website internet page.</p> <p>Businesses and suppliers who wish to provide discounted goods or services to staff are invited to email the Communication, Arts, Health Charity and Engagement Team at News@wales.nhs.uk. New proposals are taken to the Staff Benefits Group for discussion and approval and subsequently advertised on the Staff Benefits website page.</p> <p>Offers of events sports tickets and time limited deals are distributed by email for members consideration, to ensure there are no delays in decision making and/or promotion of offers for the benefits of staff.</p> <p>The last Staff Benefits Group meeting was held on 24th May 2022 and recorded the following:</p> <p>Nathaniel's Car Dealership Partnership</p> <ul style="list-style-type: none"> • Vehicle Changeover - The changeover of the Health Charity car to an electric vehicle took place at the Vale Hotel on 22nd March. Charles Janczewski attended the vehicle handover on behalf of Cardiff and Vale University Health Board. 				

- Nathaniel's also handed Mr Janczewski a cheque for £9,825 which was raised during "Nathaniel's November" 2021, when they generously donated £75 for every car sold during this period.
- Nathaniel's were happy to allocate the funds to the Paediatric Emergency Unit and the Employee Wellbeing Service
- **Electric Car Information Sharing Scheme** – A representative from Nathaniel's will attend UHW and UHL during June 2022 to offer staff information on buying an electric vehicle; including the opportunity to book a vehicle test drive.
- **Digital Content/Promotions** – Mutual promotion of both the Health Charity and Nathaniel's partnership to continue, utilising social media, staff connects and the staff benefits web pages.
- **Partnership Review** – It was agreed that a review of the contract would be required in December 2022, in line with the Memorandum of Understanding and governance requirements, with a view to inviting competitive tendering via Procurement.
- **Staff Benefits** - Nathaniel's generously donated two tickets for the Football Association Wales play-offs on 5th June 2022, to be used as an incentive for staff to sign up to CAV Connects (re-launch of Staff Connects).
- **Used Car Discounts** - Nathaniel's have agreed to provide an exclusive discount for CVUHB staff on used car sales (previously this has applied to new cars only).
- The next meeting between Staff Benefit Group members and Nathaniel Cars is scheduled for 28th July 2022. Rachel Gidman to be invited to attend.

New Staff Benefit Proposals

- **Better Health**
 - Corporate membership for NHS employees - £33 per month with quality fitness and leisure facilities available.
- **Fire Bowls**
 - UK supplier in fire pits, fire bowls, bbq & cooking products.
 - Offering 5% discount code for staff members across the site.

The next meeting of the Staff Benefits Group is scheduled for 16th August 2022

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

The Staff Benefits Group continues to support employees of Cardiff and Vale University health Board by developing partnerships with local businesses and suppliers who wish to support staff, and by actively promoting these and national staff discounts/offers via staff engagement platforms, including Staff Connects/social media platforms/digital screens.

Recommendation:

The Local Partnership Forum is requested to:

RECEIVE FOR INFORMATION the Staff Benefits Group 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	
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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: No

Safety: No

Financial: No –

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec Date:

06/09/2022 12:07:10
Nathan

Saunders Nathan
06/09/2022 12:07:10