Local Partnership Forum

Thu 17 February 2022, 10:00 - 12:00

Agenda

10:00 - 10:02
2 min

1. Welcome and Introductions

Rachel Gidman

10:02 - 10:04
2 min

2. Apologies for Absence

Rachel Gidman

10:04 - 10:06
2 min

3. Declarations of Interest

Rachel Gidman

10:06 - 10:08
2 min

4. Minutes of the meeting held on 1 December 2021

Rachel Gidman

4. LPF minutes 01.12.21.pdf (7 pages)

10:08 - 10:10
2 min

5. Action Log Review

Rachel Gidman

5. LPF Action Log.pdf (2 pages)

10:10 - 10:25
15 min

6. Chief Executives Report

Suzanne Rankin

10:25 - 10:35
10 min

7. Integrated Medium Term Plan (IMTP)

Abigail Harris

Verbal

10:35 - 10:55
20 min

8. Operational Update

Caroline Bird

10:55 - 11:25
30 min

9. Integrated Performance Report

Catherine Phillips / Rachel Gidman / Ruth Walker / Caroline Bird

- Finance
- People
- Quality and Safety
- Operational Performance

9. Integrated Performance Report Jan 2022 (final).pdf (10 pages)
9.1 appendix WOD Metrics Report Nov-21.pdf (2 pages)

11:25 - 11:40
15 min

10. Employee Health and Wellbeing

Claire Whiles

10. Wellbeing Update Feb 2022.pdf (7 pages)

11:40 - 11:50
10 min

11. Changes to AFC Terms and Conditions

Andrew Crook

11. Enhancements to pay and annual leave for staff in NHS Wales.pdf (3 pages)
11.1 Appendix 1 - 2021 - Pay Enhancements - 02_2021 - PDF.pdf (3 pages)

11:50 - 12:00
10 min

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

Rachel Gidman

12:00 - 12:00
0 min

13. Review of the meeting

Rachel Gidman

12:00 - 12:00
0 min

14. Future Meeting Arrangements:

Wednesday 13 April 2022 at 10am (with a staff representative pre-meeting at 9am) via Teams

LOCAL PARTNERSHIP FORUM MEETING

Wednesday 1 December 2021 at 10am, via Teams

Present	
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-Chair)
Ruth Walker	Executive Director of Nursing
Steve Gauci	UNISON
Zoe Morgan	CSP
Pauline Williams	RCN
Stuart Egan	UNISON
Abigail Harris	Exec Director of Strategic Planning
Steve Curry	Interim Deputy CEO (for Stuart Walker)
Lianne Morse	Assistant Director of Workforce
Janice Aspinall	RCN
Fiona Kinghorn	Executive Director of Public Health
Joanne Brandon	Director of Communications
Andrew Crook	Head of Workforce Governance
Julia Davies	UNISON
Judith Hernandez del Pino	Operational Delivery Director (for Caroline Bird)
Jonathan Pritchard	Assistant Director of Workforce Resourcing
Mat Thomas	UNISON
Katrina Griffiths	Interim Head of HR Operations
Fiona Salter	RCN
Catherine Phillips	Executive Director of Finance
Claire Whiles	Assistant Director of OD
Rhian Wright	RCN
Peter Hewin	BAOT / UNISON
In attendance	
Judith Hill	Head of Integrated Care
Caitlin Thomas	Management Graduate Trainee
Apologies	
Rachel Gidman	Executive Director of People and Culture
Stuart Walker	Interim Chief Executive
Caroline Bird	Deputy COO
Mike Jones	Independent Member – Trade Union
Nicola Foreman	Director of Governance
Jonathan Strachan-Taylor	GMB
Lorna McCourt	UNISON
Meriel Jenney	Interim Medical Director
Ceri Dolan	RCN
Rebecca Christy	BDA
Joe Monks	UNISON
Secretariat	
Rachel Pressley	Workforce Governance Manager

LPF 21/073 WELCOME AND APOLOGIES

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

DW noted that this was Stuart Egan's last LPF meeting as he was retiring from the Health Board. DW thanked SE for everything he had done over the years, in this Forum and in his many local, regional and national roles, and wished him all the best for the future

DW advised that Janice Aspinall had been elected as Lead Staff Representative for Health and Safety, and Lorna McCourt had been elected as Lead Staff Representative for PCIC Clinical Board.

LPF 21/074 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items

LPF 21/075 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 21 October 2021 were agreed to be an accurate record of the meeting.

LPF 21/076 ACTION LOG

The Action Log was noted.

Judith Hill was in attendance to give an update on the D2A model. She reminded the Forum that the Local Authorities were struggling to meet the demand for support, especially domiciliary care, social work and care staff. In addition, many patients were presenting at hospital in a more frail state because covid and isolation meant that they had experienced deconditioning and this in turn led to longer admissions and more complex needs. This had led to a significant demand and backlog in the hospital setting with over 200 medically fit inpatients who should be preparing for discharge. JH advised that the Local Authorities met regularly with our Executive team and joint action planning was taking place around recruitment, training and support of carers. Twenty transitional care beds had been opened in Glan Ely Ward, St David's Hospital which required less nursing established than traditional wards. Medical cover had initially been challenging but from this week would be provided by the CAV 24/7 colleagues in Primary Care. JH reiterated that there was a significant amount of activity going on to support the Local Authorities and patients including commissioned support from the 3rd sector to provide end of life care and relieve pressures on the domiciliary care services. Ruth Walker thanked staff for the flexibility they had shown by moving round the system to support the management of these pressures.

LPF 21/077 INTERIM DEPUTY CHIEF EXECUTIVES REPORT

Steve Curry reiterated what RW had said, thanking everyone for their extraordinary continued efforts, sometimes in circumstances which are more challenging now than they were in the acute covid phase. He said that the loyalty and dedication shown was humbling.

SC updated LPF on the following topics:

- There are significant pressures across the system. While there has been some improvement in the covid element of these pressures the benefits have not been seen yet and many patients require complex care before they can be discharged home. Efforts are being made locally, regionally and nationally to mitigate these pressures and improve the patient experience and the conditions staff are working in.
- Reset and Recovery continues at pace to develop the 5 programmes. £25m funding has been received and allocated and any slippage money is being used to support the schemes and our staff. Currently we are doing about 84% of the work we were doing pre-covid, but

this needs to be significantly increased before the backlogs can be addressed. Dedicated ophthalmology theatres should be open and at full capacity after Christmas.

- There is a very uncertain picture of the Omicron variant and it will take a few weeks to understand the severity and impact. However, vaccine delivery has been accelerated on the advice of the JCVI and work is being undertaken to improve the workforce sustainability of the team.
- The wellbeing of our workforce remains a high priority and action is being taken to sustain and expand services including the implementation of a Health and Wellbeing Plan and a range of additional measures such as hydration stations, updating and supporting line managers, EWS advice and workshops

Fiona Kinghorn provided some additional detail around the Omicron variant. She noted that there had been high community circulation of the Delta variant but this was now starting to come down. The key message was to continue to take reasonable measures to keep safe. In addition significant efforts were being made to provide the flu vaccine. Omicron had been identified as a variant of concern and although there were no confirmed cases in Wales it was likely to only be a matter of time. It was thought that Omicron is more transmissible but further study is required. The UK had adopted an early detection and containment approach which involved travel restrictions and accelerated vaccination programme. However, this means that additional staff are required and needs to be balanced with other needs across the organisation.

DW indicated that the BMA have called for FFP2 masks to be considered. RW advised that within the UHB we have lots of FFP2s already in place, but she would ask the PPE Cell for a written update and would share this with the Forum.

Action: Ruth Walker

In relation to social distancing, RW indicated that the Executive team had intended to discuss reducing the recommended distance from 2m to 1m, however, in the current circumstances the IPC Cell have been asked to reconsider the position and give a recommendation. RW noted how important it is to comply with the rules. She advised that while visiting numbers remain restricted family groups were now attending the concourse and meeting in-patients there. As a result patients were being asked to not leave the ward area where possible and RW asked for LPFs support with this. Peter Hewin requested that when a decision about physical distancing is made it is communicated very clearly and with no ambiguity.

SC gave assurances that guidance will be implemented and precautions taken. However, he pointed out that as well as protecting from harm we are actually creating other harms and decisions need to be made on a balance of risk. He explained that there has been a maturity of though between waves 1 and 3 and we have learnt of the harm caused by the shutdown of services. This means that moving to a 1m distance might be the right thing to do, subject to the guidelines issued.

RW advised that guidance is due to be issued on the use of Christmas decorations. While we want to celebrate Christmas and enable a good patient and staff experience, it is important to protect our staff and patients through IP&C measures. RW asked LPF members to provide support in this matter.

LPF 21/078 IMPLEMENTATION OF THE SMOKE-FREE PREMISES AND VEHICLES REGULATIONS

Legislation requires that all hospital grounds are smoke-free and the Health Board must take reasonable steps to manage and monitor smoking. Experience has shown that education

and support is not sufficient to create the required change so the Management Executive Team decided that enforcement options needed to be considered and agreed.

Complaints relating to smoking continue to be received from staff, patients and visitors. Since the introduction of dedicated no smoking patrols in 2014, over 16,000 smokers have been challenged, the greatest numbers of smokers being visitors. A survey was undertaken recently and of the 300 people who responded, 96% were in favour of the legislation and 81% agreed there should be dedicated officers, able to issue fixed penalty notices, on hospital grounds.

The proposal is for a designated team to be employed who will sit with Security Services. They will be trained to signpost to available support but will be able to issue FPNs which are then processed by the Local Authority. FK asked for support and endorsement from the LPF.

Mat Thomas supported the proposal but expressed concerns that smokers within the workforce might smoke in secret which increased the threat of fire and wondered if smoking shelters were a good idea. He also suggested that the enforcement officers should work in pairs as the response given when challenging people who are smoking if often unpleasant. FK advised that smoking shelters would be a step backwards and would not be endorsed. The enforcement officers will sit within the Security team but will have a designated role and will not be carried out by Security Officers.

Rhian Wright expressed mixed feelings about challenging people who have received bad news. FK empathised with this and assured the Forum that the enforcement officers would be trained to handle the situation sensitively, but reminded members that it is illegal to smoke on site and we have an obligation to enhance our stance.

The Local Partnership Forum gave their support and endorsement to the proposals outlined to support the implementation of the Smoke-Free Premises and Vehicles Regulations.

LPF 21/079 OPERATIONAL UPDATE

Judith Hernandez del Pino was in attendance to provide an Operational Update. She reminded the Forum of the collective context including the unique circumstances faced, winter pressures but without the traditional seasonal dip, a workforce which is mentally and physically tired, patients who have waited a long time for planned and elective care, and the unpredicatability of covid varients.

Currentl pressures faced included the high number of medically fit patients and deconditioning which can lead to long stays even for relatively simple admissions.

In order to tackle this a site based leadership model was being introduced to enable a system wide, co-ordinated response. This approach is temporary but allows delegated authority and autonomy to enable timely decision making. Strong tiangualtion with PCIC and the Local Authorities is also in place.

JHdP highlighted the next steps which have been identified around systems, processes and capacity and provided a high-level timeline against the unscheduled care schemes. The need to be prepared for surges and spikes was noted, along with the need to continue to hold system risks collectively.

DW said that although she has challenged the silo approach for years, staff representatives are now hearing concerns from staff about possible transmission as they are being moved around and spare planned capacity is being used elsewhere. JHdP advised that one of the benefits of the site based leadership approach is that they will be better able to articulate decisions like this and help staff understand the reasons behind the things they were being asked to do.

A copy of the slides will be circulated after the meeting

Action: Judith Hernandez del Pino

LPF 21/080 INTEGRATED MEDIUM TERM PLAN

The Local Partnership Forum received a summary report providing an update to members on the decisions taken to date and seeking views, in particular on the design of the plan. Abigail Harris eminded the Forum that we are now into the 3 year planning cycle with a requirement for financial balance, however discussions are now taking place to frame what will happen beyond *Shaping our Future Wellbeing* and 2025.

AH advised that the IMTP needs to:

- Respond to the 10 ministerial priorities, more detail is expected on these
- Be be clear about how we will deliver the next SOFW milestones in the conext of covid and operational pressures
- Make a link to the strategic programmes.

Feedback received to date was that the Plan needed to focus less on narrative and more on numbers, but there was a need for balance given the number of uncertainties. There had been a lot of good work taking place and we want to build on and consolidate that but early indications suggest that the financial allocation for 2022-3 will not be sufficient to enable all the investment we want to make which means that it is necessary to start teasing out the emerging priorities.

PH noted that the IMTP used to describe the financial cuts for the following year but has now shifted towards a more aspirational document. He asked if that meant that if something particular e.g. estates improvements were not listed they would not take place. AH confirmed that the Plan was a strategic plan and did not attempt to describe everything we do as an organisation.

LPF 21/081 WORKFORCE RESOURCING

Jonathan Pritchard delivered a presentation on workforce resourcing. A new team has been established with JP appointed as Assistant Director of Workforce Resourcing for a two year period

A number of actions have already been taken and additional ideas have been put forward for further exploration under three areas: Attract; Recruit; and Retain. JP explained that this was one of themes of the People and Culture Plan and he was working closely with Pauline Williams on this.

It was agreed that due time pressures this item would be picked up and discussed in more detail at the Workforce Partnership Group.

Action: Jonathan Pritchard

LPF 21/082 PEOPLE DASHBOARD INCLUDING SICKNESS DEEP DIVE

Katrina Griffiths provide the Forum with highlights from the deep dive into sickness, noting that:

- Monthly sickness is normally in the range of 4.50% to 6%. The absence is usually lowest in the spring and highest in the winter, with a second smaller increase during summer holiday season.
- With the exception of COVID-19 (the abnormal spike between March and June 2020) absence last year followed the normal pattern. The winter spike of absence at the end of last year was however higher than usual; 6.7% in December 2020 and January 2021 was a 5-year high.
- Since March of this year the sickness rates have not followed the usual pattern, but have risen steadily.
- The target for the UHB is 4.6%. The absence rate for September 2021 is the highest it's ever been for this time of year, and the absence rates are approaching that for the peak of the COVID-19 pandemic last year. October 2021 has risen further to 8.11%, again significantly higher than sickness rates reported for October in the last 5 years.
- The top reason for sickness is Stress, Anxiety, Depression followed by Colds, Coughs and Flu.
- Additional Clinical Services, which includes HCSWs has the highest sickness rate reported and Nursing and Midwifery has seen a significant increase since September 2020.
- The Occupational Health Service is currently experiencing a 43% increase in the number of management referrals being sent by managers who are seeking advice to support the wellbeing of their staff. This has impacted on waiting times, which have increased from 3-4 weeks to 8 weeks and are anticipated to continue to increase although further resource has now been put in place to help with the increase in management referrals.
- The key priorities going forward are in line other discussions during this meeting, including the promotion of our Wellbeing Strategy and Plan and the promotion of the People and Culture Plan. Further priorities are listed in the report.

It was agreed that a more detailed discussion would take place at Workforce Partnership Group.

Action: Katrina Griffiths

Fiona Salter expressed concern that there was now a 12 week wait for management referrals to Occupational Health and asked what could be done to expediate this. Claire Whiles agreed that the wait for PECs (pre-employment checks) and sickness referrals had gone up, but advised that the situation was being managed. Additional resource had been engaged through an agency to tackle the PECs and additional clinics had been secured in January – March, through December was still proving problematic.

DW challenged the Executive team members around funding for the Employee Wellbeing Service. She said that she was not happy to hear that this had been reduced by 50% and asked for further discussion around it given that staff were working in the worst conditions every seen and with low training rates.

LPF 21/083 INTEGRATED PERFORMANCE REPORT

The Local Partnership Forum noted the Integrated Performance Report.

FS expressed disappointment that as the meeting had over-ran it had not been possible to discuss the contents of the Quality, Safety and Experience Report again. She stated that she believed this was our primary purpose and asked for it to be higher up the agenda in future meetings.

LPF 21/084 EPSG MINUTES

The Local Partnership Forum noted the minutes of the Employment Policy Sub Group Meeting held on 10 November 2021.

LPF 21/085 STAFF BENEFITS REPORT

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

LPF 21/086 REVIEW OF THE MEETING

DW asked the Forum for any thoughts on how to improve the way the meetings were run to ensure that the right items were on the agenda and were discussed adequately. Any suggestions should be shared outside of the meeting.

LPF 21/087 A**NY OTHER BUSINESS**

There was no additional business for consideration by the Forum.

LPF 21/088 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Thursday 17 February 2022 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 21/077	1 December 2021	Interim Deputy Chief Executives Report	PPE Cell to be asked for an update on FFP2 masks to be shared with the Forum.	RW	**Complete**- following update sent by email 09.12.21: FFP2 masks have not been used by either Cardiff and Vale and we have never had them in stock to supply as a possible option as we have always had adequate stock of FFP3 masks. It was the view that we would continue with FFP3 masks which provide the higher protection factor for our staff. It was also agreed that staff would continue to adhere to the 2m social distancing rules and the Amber, Green and Red zones would remain in place.
LPF 21/079	1 December 2021	Operational Update	Copy of the slides to be circulated after the meeting	JHdP	**Complete** – sent by email 09.12.21

LPF 21/081	1 December 2021	Workforce Resourcing	To be discussed in more detail at Workforce Partnership Group	JP	**Complete** – on WPG agenda 25.01.22
LPF 21/081	1 December 2021	People Dashboard	Sickness deep dive To be discussed in more detail at Workforce Partnership Group	KG	**Complete** – on WPG agenda 25.01.22

Report Title:	**C&V Integrated Performance Report**									
Meeting:	Local Partnership Forum						**Meeting Date:**	17 February 2022		
Status:	**For Discussion**	**X**	**For Assurance**		**For Approval**		**For Information**	**X**		
Lead Executive:	Ruth Walker, Caroline Bird, Rachel Gidman, Catherine Phillips									
Report Author (Title):	Information Manager									

Background and current situation:

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

This is the emerging Balanced Scorecard, with indicators that bring together Quality & Safety, Finance, Workforce and Performance for the Health Board.

SPECIFIC MATTERS FOR CONSIDERATION

Finance	Oct-21	Nov-21	RAG	Target
Deliver 2021/22 Draft Financial Plan	£0.170m surplus	£0.305m surplus	↑	Break even
Remain within capital resource limits.	£5.530m	£9.820m	G	£55.865m
Reduction in Underlying deficit (Forecast)	£25.3	£25.3	R	£25.3
Delivery of recurrent £12.000m 1.5% devolved target (Forecast)	£7.550m	£7.735m	↑	£12m
Delivery of £4m non recurrent devolved target (Forecast)	£7.417m	£7.685m	↑	£4.000m
Creditor payments compliance 30 day Non NHS (Cumulative)	94.7%	94.2%	-	95%
Remain within Cash Limit (Forecast cash surplus)	£0.566m	£0.566m	G	Within Cash Limit
Maintain Positive Cash Balance	Expecting positive balance	£4.006m	G	Positive Cash Bal.

Performance	Oct-21	Dec-21	RAG	Target
A&E 12 hour waiting times	1054	1177	R	0
A&E 4 hour waiting %	62%	62%	R	95%
Ambulance Handover Times >1 hour	441	661	R	0
	Sep-21	**Nov-21**	**RAG**	**Target**
Waiting less than 26 weeks %	56%	56%	R	95%
RTT Waiting Over 36 Weeks	38021	39782		-
Diagnositcs >8 weeks Wwait	7415	7459	R	0
Mental Health Referrals	1307	1369	-	-
Mental Health Part 1a	26%	33%	↑	80%
Mental Health Part 1b	94%	99%	G	80%
Patients Delayed over 100% for follow-up Appointment	45475	43237	↑	0
	Sep-21	**Nov-21**		
Single Cancer Pathway	54%	54%		

Quality & Safety				
Patient Satisfaction	**Oct-21**	**Dec-21**	**RAG**	**Target**
30 day complaints response compliance %	81%	88%%	G	75%
Patient Experience	**Oct-21**	**Nov-21**	**RAG**	**Target**
Patient Experience - Mass Vaccination Centres	96%	94%		
Patient Experience - Other Hospital Environments	77%	81%		
Falls	**Oct-21**	**Dec-21**		
Slips Trips and Falls (30 day moving total)	280	310		
Slips Trips and Falls with harm (30 day moving total)	18	19		
Serious Incidents	**Oct-21**	**Dec-21**		
Nationally Reportable Incident (SI)**	9	29		
Number of Never Events	0	0		
Mortality	**Aug-21**	**Sep-21**		
Percentage of Stage 1 Reviews Completed	90%	90%		
Risk Adjusted Mortality Index	127.65	106.82		
Number of still births				
Infection Control	**2020 /21 Nov-20**	**2021/22 (Nov-21)**		
All Reported Infections (cumulative)	405	525		
Mental Health	**Apr-21**	**Jun-21**		
Number of adults where restraints were used	Pending			

Workforce	Sep-21	Nov-21	RAG	Target
Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	31.9%	31.6%	R	85%
Achieve annual local sickness and absence workforce target (rolling 12 month)	6.5%	6.5%	R	4.60%
Staff Turnover Rate	7.9%	7.9%	-	-
Mandatory Training Compliance	72.14%	72.26%	↑	85%
Fire - Mandatory Training	56.68%	61.68%	↑	85%
Staff Retention	85.27%	86.97%	-	-

Population				
Immunisation	**2021/22 Qtr 1**	**2021/22 Qtr 2**	**RAG**	**Target**
% of children up to date with scheduled vaccines by 4 years of age	85.10%	84.90%	↑	95%
	Oct-21	**Dec-21**		
% of adults who have had 2 doses of Covid vaccine	75.24%	75.24%		

Tobacco	**2021 / 22 Qtr 1**	**2021 / 22 Qtr 2**	**RAG**	**Target**
% of smokers who become treated smokers	1%	0.5%		
% of treated smokers who quit at 4 weeks	71%	72%		

Finance

The reported financial position for the 8 months to the end of November is an operational surplus of £0.305m.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 8 £15.419m Green and Amber savings were identified against the target. Further progress needs to be made with a focus on recurrent schemes. £7.735m recurrent schemes were identified against the £12.0m recurrent element of the target leaving a further £4.265m to find.

The full year gross COVID forecast has moved in the month from £124.687m at month 7 to £117.608m at month 8. The reduction in forecast costs primarily relates to reductions in National Programme forecasts (COVID Vaccination, TTP, Cleaning Standards and PPE) and the recovery of 2020/21 accruals.

The UHB's accumulated underlying deficit brought forward into 2021/22 is £25.3m which reflects the £21.3m shortfall against the 2020/21 recurrent savings target that was required to fund inflation and demand growth in 2020/21. This is being offset by non-recurrent COVID 19 funding. Delivery of the UHB's financial plan will ensure that the underlying position does not deteriorate in 2021/22 and further work on identifying further recurrent savings is required to achieve this.

The UHB's approved annual capital resource limit was £55.865m at the end of November 2021. Net expenditure to the end of November was 17.6% of the UHB's approved Capital Resource Limit which reflects the large number and value of schemes approved by Welsh Government since Month 6. The UHB has plans to fully utilise its capital allocation and most expenditure is planned for the later part of the year. There is an inherent risk in this due to potential supplier delays and works slippage. The UHB is therefore being proactive in managing these risks.

The UHB's public sector payment compliance performance was 94.2% at the end of November which is just below the statutory target of 95%. Performance deteriorated marginally in month but is expected to improve as the year progresses.

People

A brief UHB overview summary is provided as follows:

- **Whole Time Equivalent Headcount and Pay bill** trend is an increase in fixed term contracted staff which is in line with expectation as we have recruited additional fixed term/temp staff to support with the COVID-19 pandemic, specifically to support wave 1, 2 and the delivery of the Mass Vaccination programme. The level of permanent contacted staff is also rising as we are responding to both the pandemic demands and the Recovery & Redesign Plan.
- **Variable pay** trend is upward and is now 10.5% UHB-wide.
- **Voluntary resignation turnover** trend is rising; the rate is now 8.23% UHB wide. This doesn't include retirements, or the end of fixed-term contracts. There has been a 1% increase since December 2020, which equated roughly to an additional 130 WTE leavers. The top 5 reasons recorded for voluntary resignation are; 'Other/Not Known', 'Relocation', 'Work Life Balance', 'Promotion' and 'Health'.

- **Sickness rates** have risen steadily since April 2021, but the November rates are slightly lower than for October, at 7.42%. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances). The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Other musculoskeletal problems', 'Other known causes - not elsewhere classified' and 'Cold, Cough, Flu – Influenza'.
- In each of the last 5 years (and more) monthly sickness rates are at their highest either in December or January. If sickness absence rates this year follow normal trends we may expect to see the sickness rate reach or pass 8 – 8.5% before falling in February and March 2022. 8% sickness absence equates to almost 1,100 WTE staff absent from work each day.
- Compliance with **Fire training** is continuing to improve. In November the compliance with Fire training was 62%.
- By the end of November 65% of **consultant job plans** were under construction in the e-system.
- At 30th November 49% of staff (50% of frontline staff) have received the **flu vaccination**, against a target of 80%.

Actions taken:

- **Workforce Resourcing Team**, including the Nursing Hub are supporting the mass recruitment and deployment of staff to support the accelerated booster programme and our hospital wards, similar to what was achieved in Wave 1 and 2.
- **Kickstart Scheme** - 118 staff commenced employment with 212 starting shortly.
- **Overseas Nurse Recruitment**, approx. 195 recruited to date, with a pipeline of an additional 200 nurses over the next 6 months, once approved by Board.
- Supporting managers withl **streamlining recruitment**, e.g. undertaking pre-employment checks for key roles, processing band to permanent appointments, etc.
- **Retention strategy** has been developed and a number of actions are being taken forward, although there are no quick fixes as retention is multi-faceted.
- A myriad of **health & wellbeing services** are available for our staff to access. Additional investment has been secured to support the health & wellbeing of our staff over the winter months.
- **New roles** are being developed, moving away from traditional roles with more focus on the skills that are needed to care for our population, e.g. Band 3 Support Worker role and Band 4 Assistant Practitioner role.
- Building **effective working relationships** with local authorities and social care colleagues to move towards more collaborative working as outlined in the Health & Social Care Workforce strategy.
- **Coaching and mentoring networks** being establishment, first phase commences with ward sisters and deputy ward sisters. A focus group to listen to staff close to retirement will commence in January 2022
- A **workforce engagement tool** has been procured which will be piloted in the New Year for our nursing workforce – aim is to improve engagement and retention.
- Introduced a framework to facilitate **agile working** and to provide guidance that is consistent across the UHB.

- **Educational infrastructure** agreed: CAV Centre of Excellence for Health Education (CAV-CEHE) hosting four academies within the Learning Education and development department

Quality and Safety

Nationally reportable incidents

Since the change in national reporting to the Delivery Unit in June 2021, across Wales there have been 274 reported NRIs (Nationally Reportable Incidents). Cardiff and Vale has reported 61 NRIs in that timeframe (22% of the total reported NRIs across Wales).

Of the 274 reported nationally, the top reported category of NRIs across Wales since June 2021 has been:

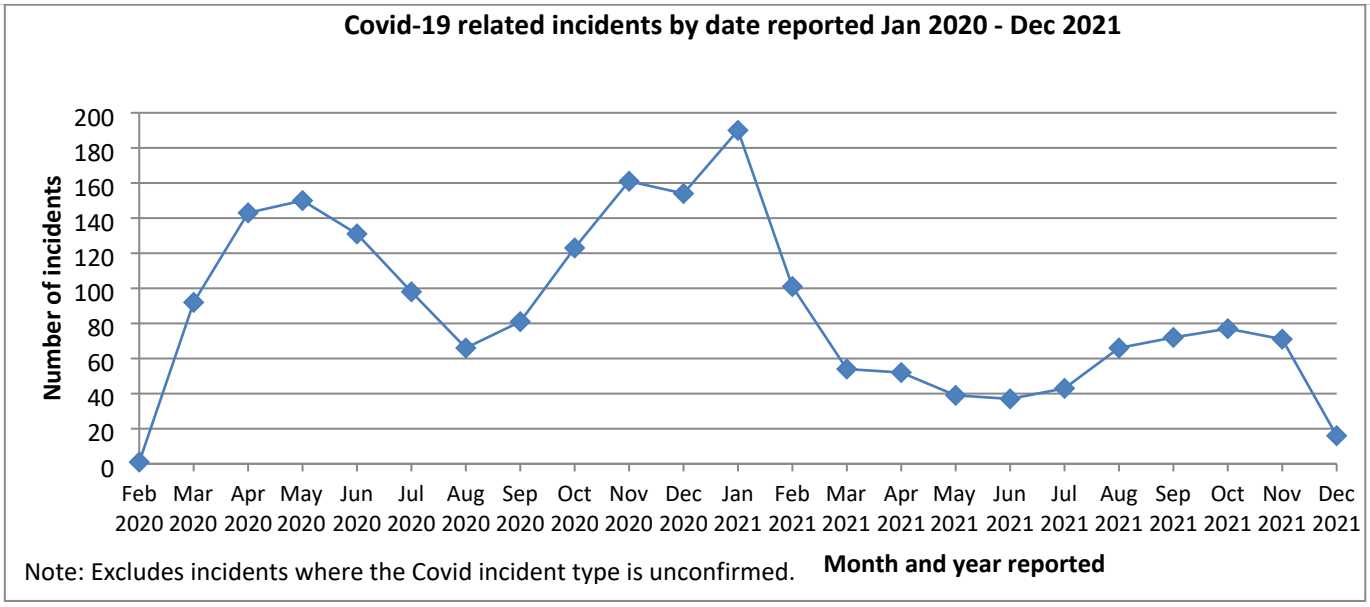
- Falls - 80
- Delayed Treatment – 59
- Pressure damage – 41
- Unexpected/unexplained death – 19
- Delayed diagnosis – 10

Within Cardiff and Vale, the top reported NRI categories within the 61 reported since June 2021, has been:

- Pressure ulcers – 20
- Patient Accidents/falls – 14
- Unexpected deaths – 8
- Delayed diagnostic processes/procedures – 5
- Delayed access/admission – 4

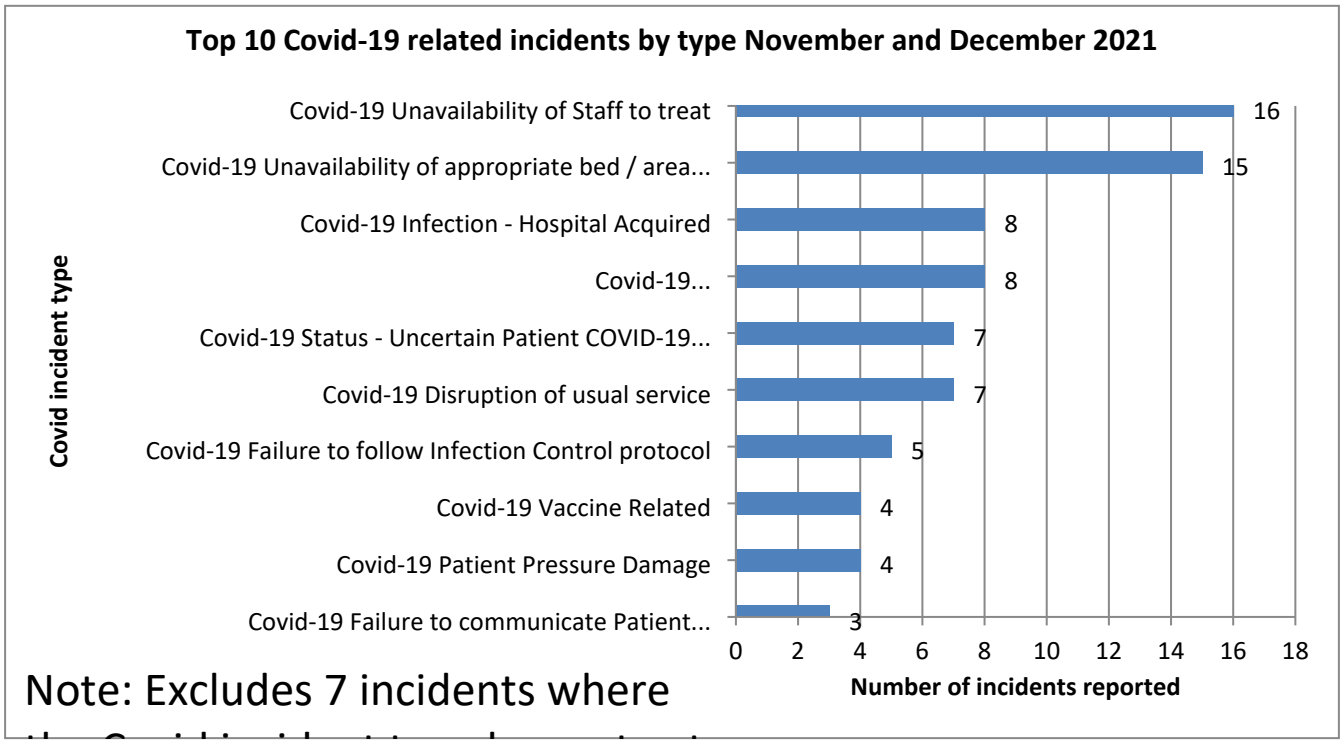
Pressure damage and falls continue to be the highest reported category of patient safety incidents. Significant work continues to address these high reported incidents. A detailed paper regarding the actions around pressure damage reduction through a collaborative was presented at the December 21 Quality, Safety and Experience committee
Link to papers
The goal of the Collaborative is:
 reduce the incidence of healthcare acquired pressure damage with the Health Board by 25% by July 2022
 speed up adoption of innovation into practice to improve clinical outcomes and patient experience

Covid-19 incidents - Examining the data, the number of patients admitted with COVID-19 had steadily increased to 424 in October 2021 from a low of 15 in May 2021 however has begun to decrease to 261 in December 2021.



This shows a peak in Covid related incidents in the spring of 2020 and again from November 2020. Covid related incidents dropped significantly in the spring of 2021. Covid related incidents has not reached the numbers reported in the first wave.

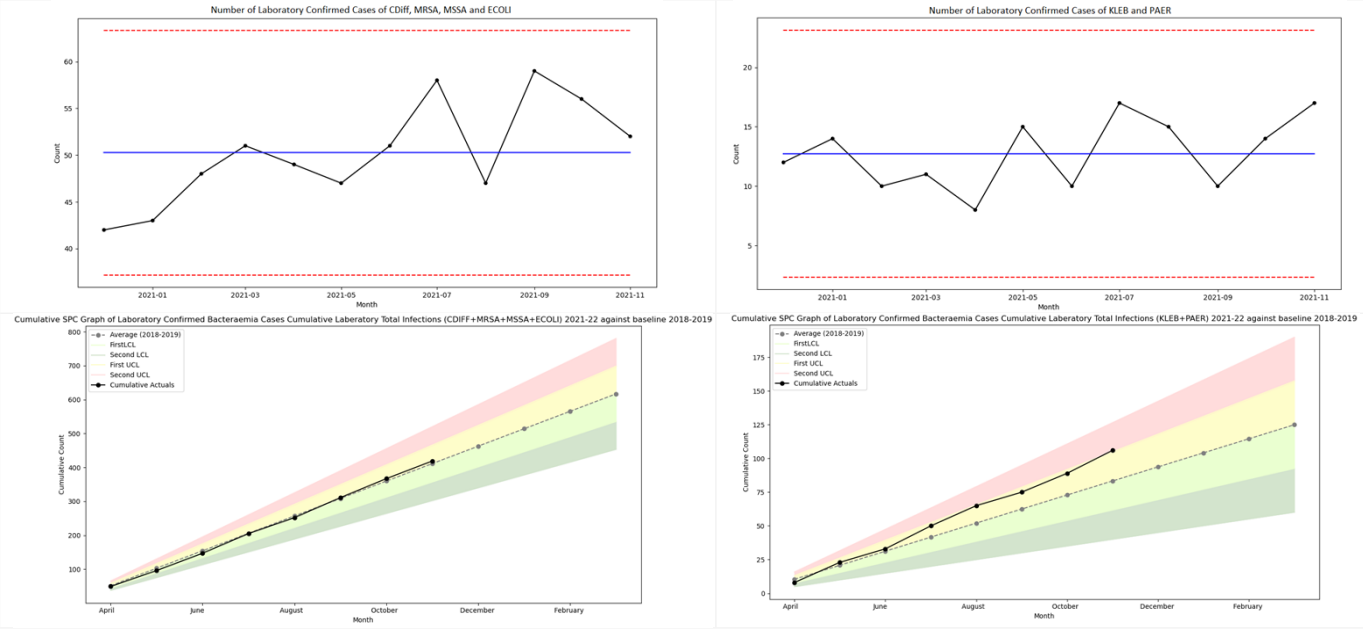
Covid-19 related incidents



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

Hospital Infections – As at November-21 the grouped total Cdiff**,** Ecoli, MRSA and MSSA infections is showing no in-year improvement against the 2018/19 baseline. However, Ecoli, MRSA and MSSA are demonstrating an in-year improvement whereas Cdiff in year has increased by 37% compared to baseline of Nov-18.

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

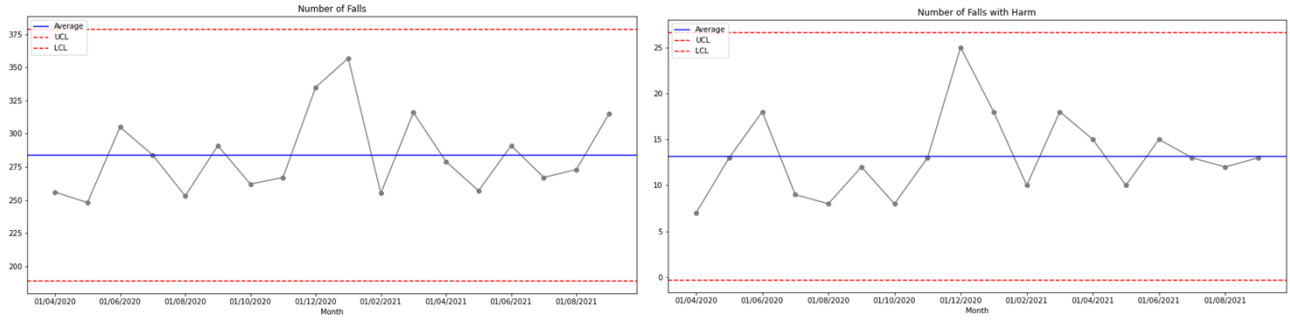


(For Individual Infection SPC Graph please see Appendix A)

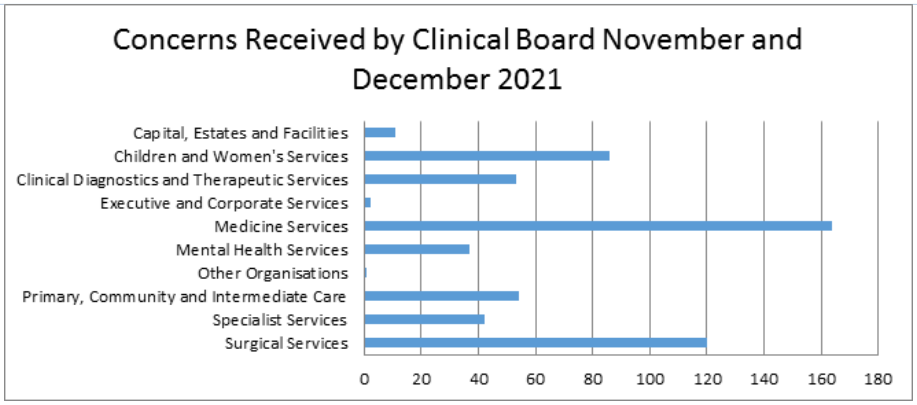
We have some work to do and our main focus for the next 6 months is
C'diff –
We will revisit the RCA process in PCIC, approximately half of our cases are related to the community therefore the RCA's will be piloted with some GP practices to ensure the tool used is robust enough to capture the required data and is in a usable format for the practices
MRSA/MSSA –

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

Slips, Trips and Falls -



Concerns –Patient Experience
During November and December, we received 579 concerns – as received by Clinical Board in graph below with a significant number of concerns in medicine both Emergency unit and integrated medicine



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 88%.

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

Performance

Whilst the Health Board continues to progress plans outlined in its updated 2021/22 annual plan and 'Planning for Recovery and Redesign' addendum as submitted to Welsh Government in June 2021, current operational pressures are having an impact on performance against a number of key operational indicators.

Specific details of current operational system wide challenges are set out in a separate report to the Board - System Resilience.

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

Key Issues to bring to the attention of the Board/ Committee:

- The Health Board continues to experience significant operational pressures, driven by our inability to achieve timely discharge of patients. Covid continues to add an increased level of complexity and uncertainty. Current operational pressures are having an impact on performance against a number of key operational indicators.
- Whilst the Health Board continues to monitor the position for key operational performance indicators, prioritisation of need and service delivery continues to be based on clinical prioritisation rather than time-based targets.
- Whilst headline performance on the Part 1a Mental Health measures is not compliant overall, CAMHs performance specifically is now above target. Demand for Mental Health Services continues to be high.

Planned Care

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 117,002 as at November 2021. The number of patients waiting for planned care and treatment ***over 36 weeks*** has increased to 39,782 at the end of November 2021. 56.9% of these are at new outpatient stage.

The number of patients waiting greater than 8 weeks for a **diagnostic** test was 7,459 at the end of November 2021. The number patients waiting over 14 weeks for ***Therapy*** was 1,412.

Referrals for patients with suspected ***Cancer*** have now returned to pre-Covid levels. During November 2021 54% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

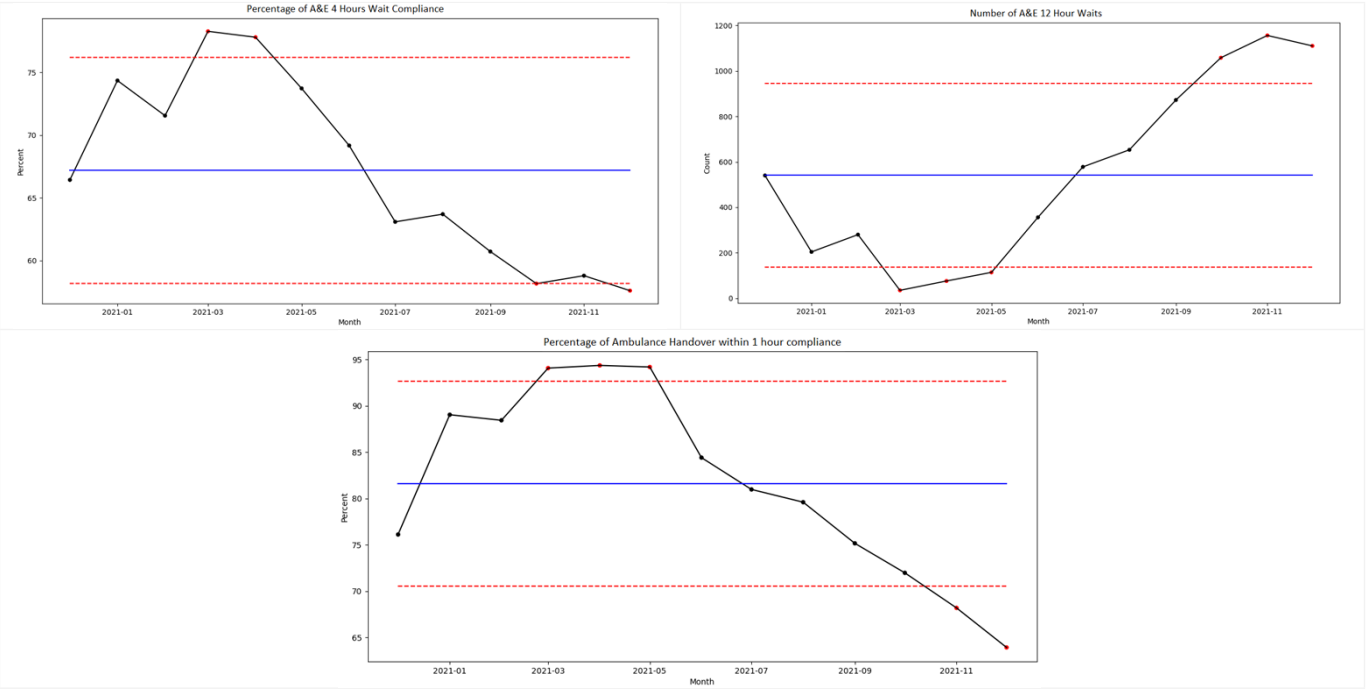
The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of December 2021 was 172,804. 98% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow up patients waiting 100% over their target date has reduced to 43,237.

95% of patients waiting for ***eye care*** had an allocated health risk factor in December 2021. 68.7% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) remain exceptionally high with 1,369 referrals in November 2021. Part 1a: The percentage of Mental Health assessments undertaken within 28 days increased to 33% in November 2021 and 85% for CAMHs. Part 1b: 99% of therapeutic treatments started within 28 days following assessment at the end of November 2021.

Unscheduled Care

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



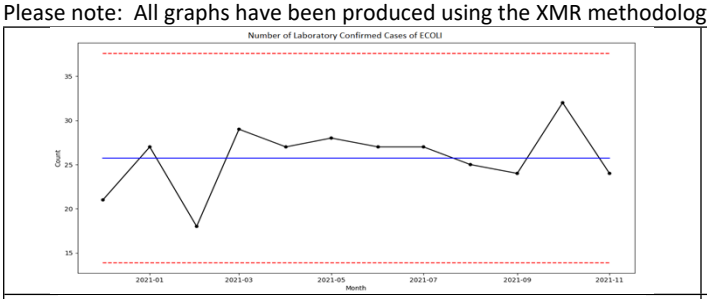
Population Health

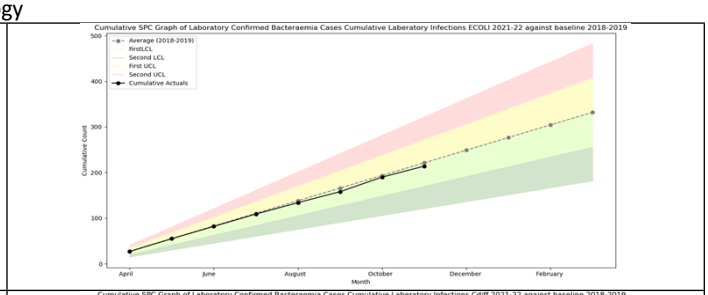
Smoking Cessation

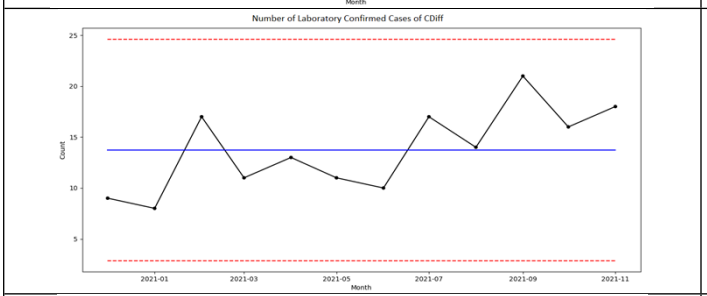
- 2020-2021 all ‘Treated Smokers’ (‘attended’ at least one appointment) were supported by telephone only and this has continued, with on-going review throughout 2021-2022 to date
- 2020-2021 all 4 week quits were self-reported and this has continued, with on- review throughout 2021-2022

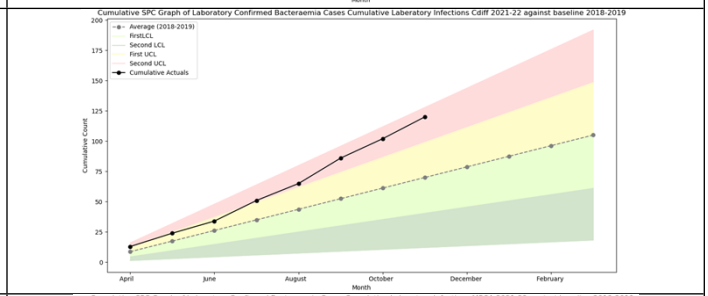
Appendix A – Infection Control Supporting SPC Graphs

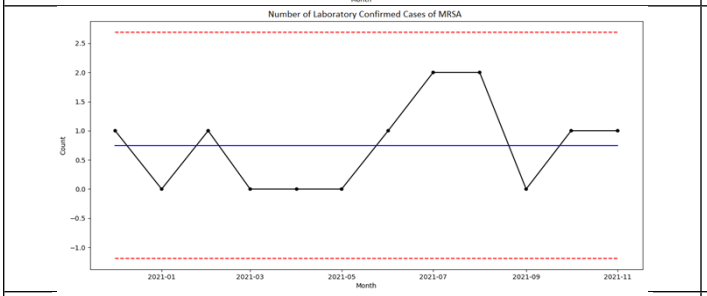
Please note: All graphs have been produced using the XMR methodology

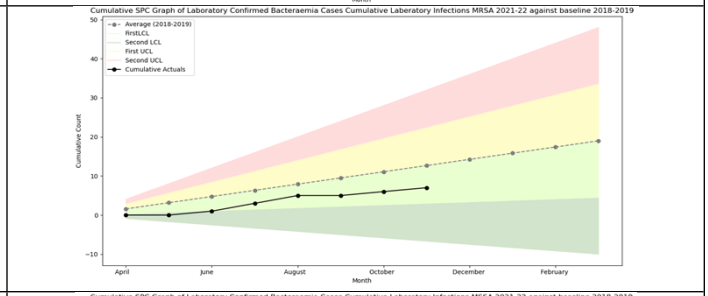


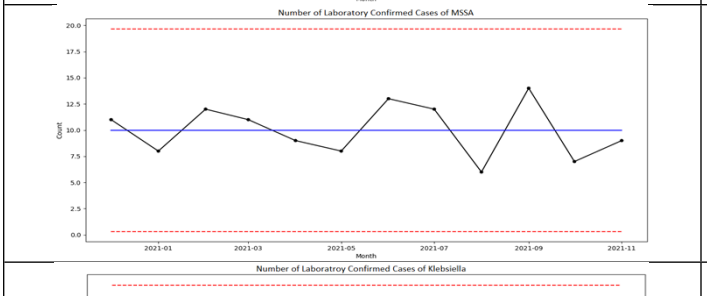


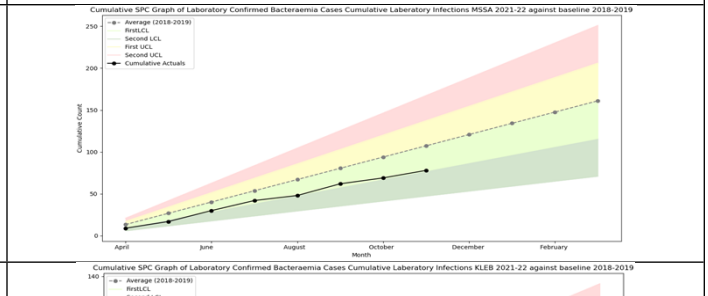


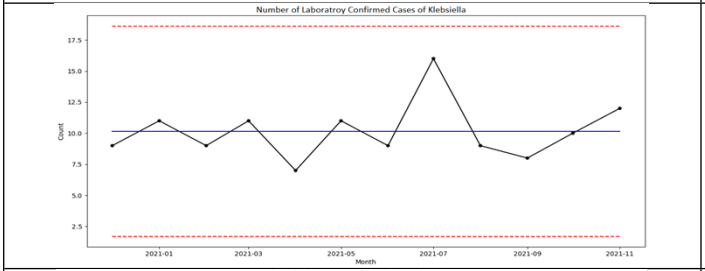


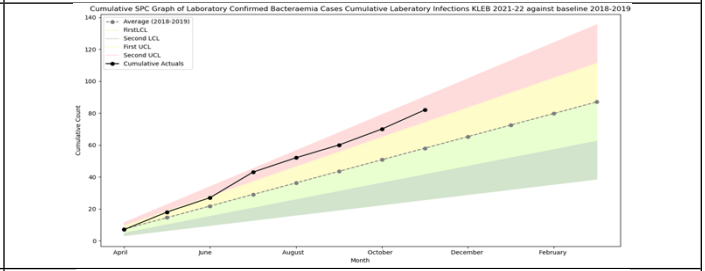


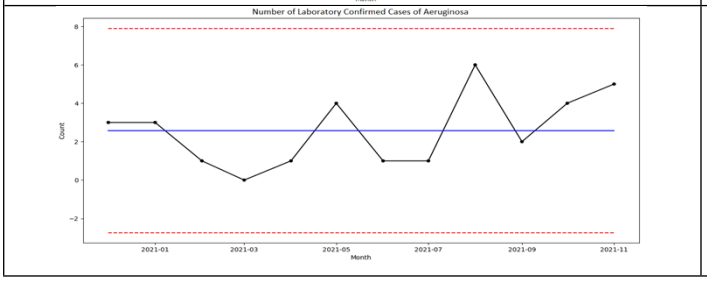


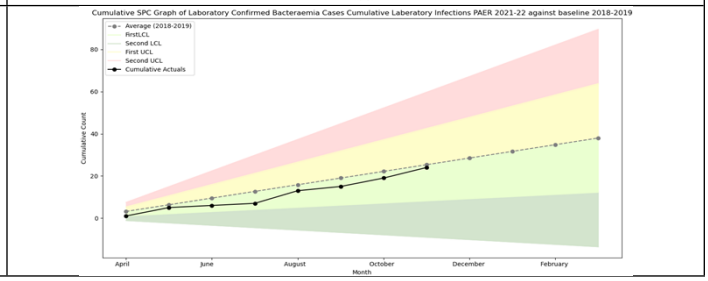












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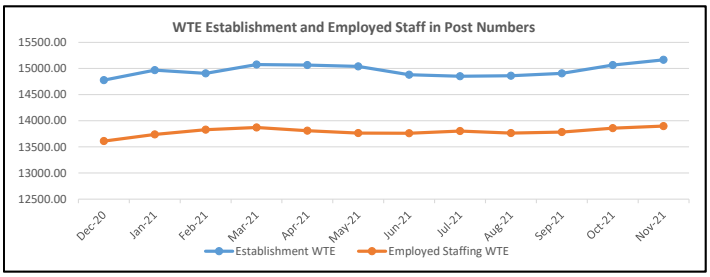
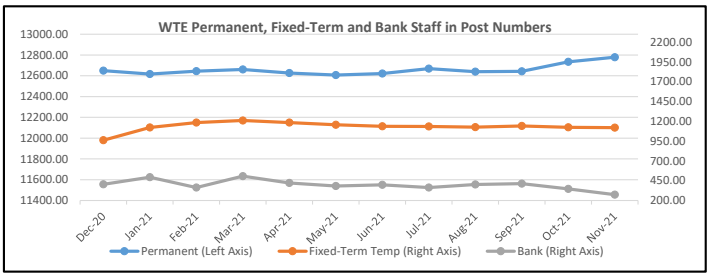
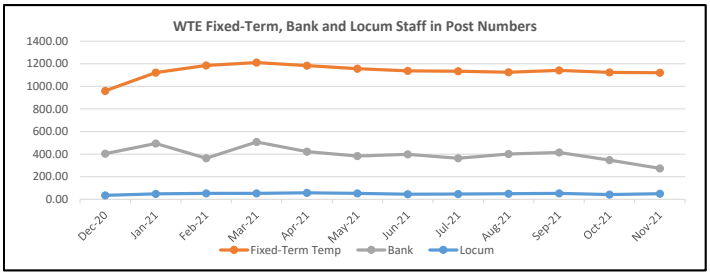
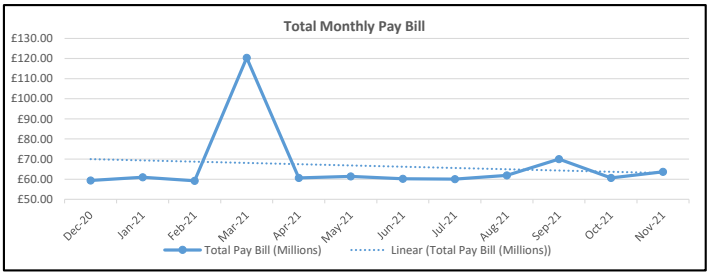
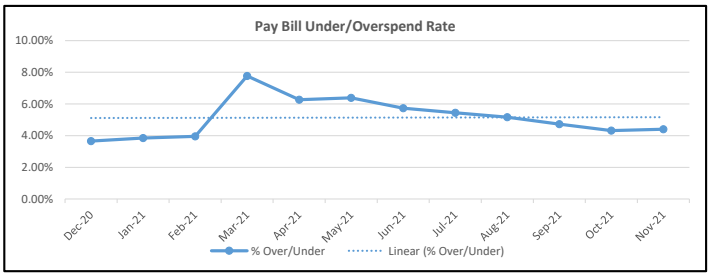
Workforce Key Performance Metrics Trends November 2021

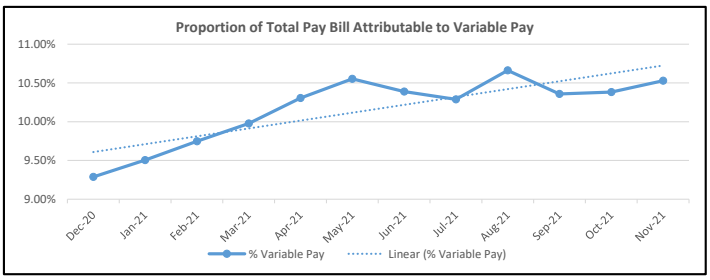


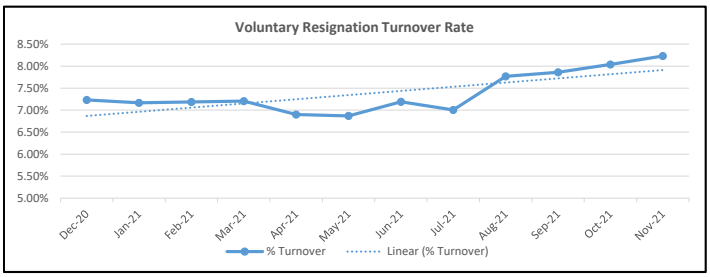


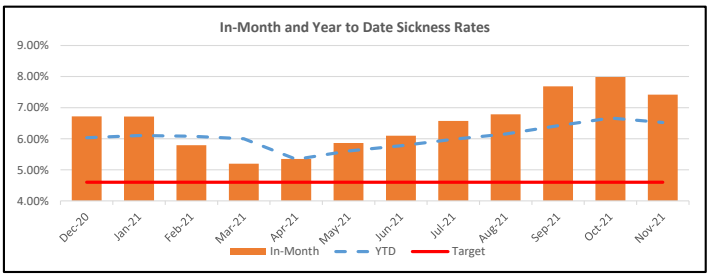


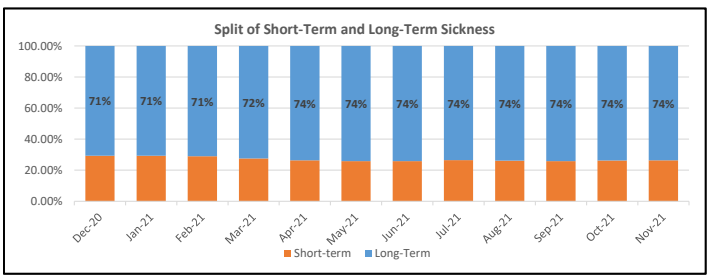


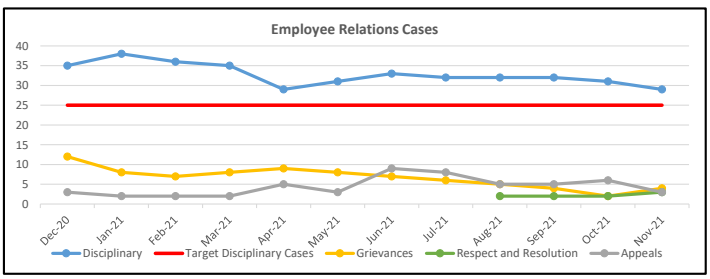


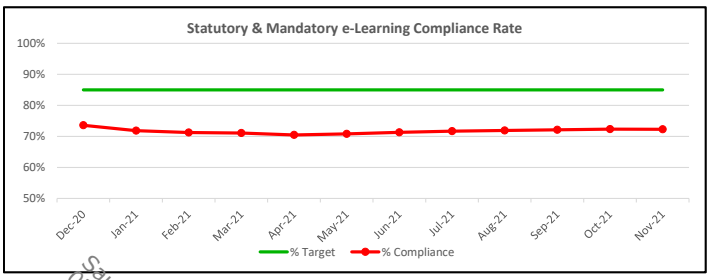


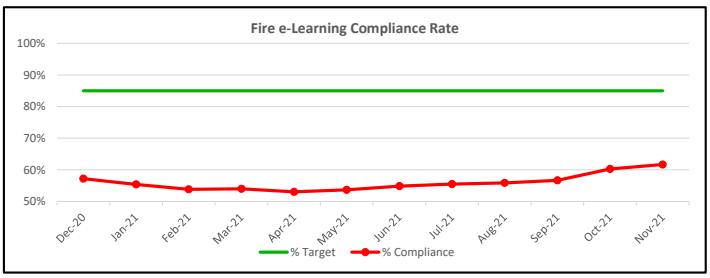


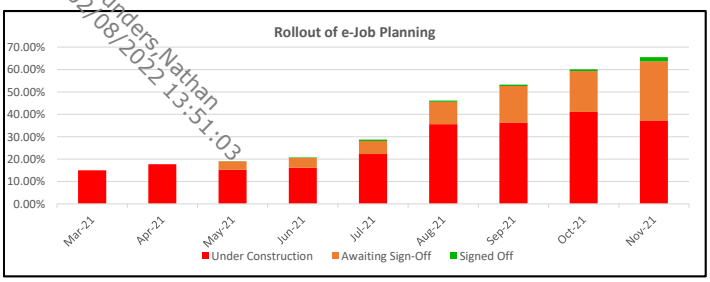


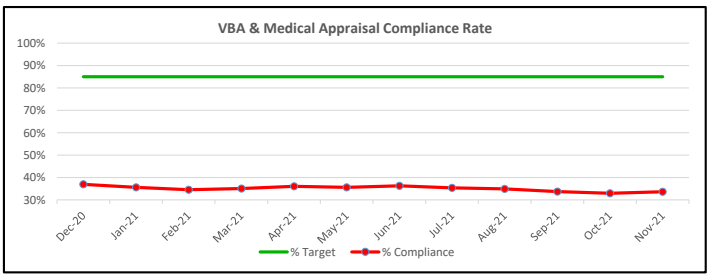


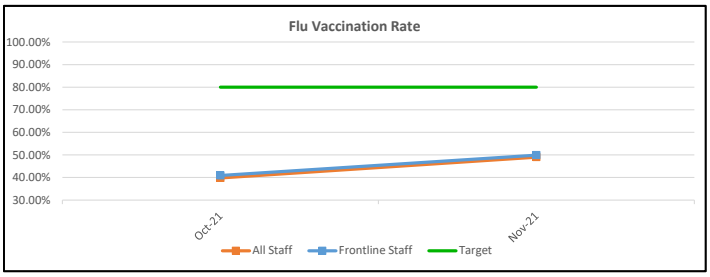












Report Title:	**Health and Wellbeing Update**	**Agenda Item no.**	**10**
Meeting:	**Local Partnership Forum**	**Meeting Date:**	17th February 2022
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information** x
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	**Assistant Director of Organisational Development**		

Background:

"Without a physically and psychologically safe and healthy workforce, excellent health care is not possible."

Don Berwick, MD, International Visiting Fellow, The King's Fund

The health and well-being of NHS workers has been an area of concern for many years. With high levels of stress, long-standing staff vacancies and high turnover, the NHS was in the midst of a workforce crisis prior to the developments of 2020. (1)

Prior to 2020, the UHB with Union Partnership, had undertaken work to improve colleague health and wellbeing across the Clinical Boards and enabling services. This has resulted in the introduction and implementation of initiatives, approaches and interventions. These include, but are not limited to:

- Menopause Café / Policy Developments
- Equality, Diversity and Inclusion Networks & Education
- Adoption of Managing Attendance at Work policy, including manager training
- Respect and Resolution at work policy, procedures and training
- An established Employee Wellbeing Service providing intervention and awareness development
- Leadership and Management Development

The UHB works closely with Trade Union Partners, staff and stakeholders to undertake regular reviews of policies, ways of working and guidance to ensure it responds to the emerging environment and the demands on its workforce, both inside and outside of work.

Over the past 22 months a number of challenges have presented themselves as a result of the pandemic, these include but are not limited to:

Patient Care and Safety	External Communication	Staff Care and Safety
New Ways of Working	Digital Response	Leadership
Internal Communication	Social Distancing / IPC	Site Health and Safety
All Wales Updates / Decision Making	Emerging Procedures / Guidance	Pause of services to manage pandemic response
Role Shortages / Staff Sickness and Isolation	Continuation of Services	People Management / Remote Working

These are on top of existing challenges and programmes of transformative change, including the continuing work on strategic themes, and many additional major projects and pieces of work at team, department and organisational level.

The UHB responded throughout the pandemic by assessing what was in place to support colleagues, what the emerging research was recommending in terms of provision and listening to feedback from Clinical Boards, staff and Union partners.

Examples of response to support staff wellbeing includes the development of Staff Havens, establishment of the Recovery College, reinforcing and enhancing staff wellbeing services through employment of additional counsellors, wellbeing practitioners and a Health Intervention Team, and the digital response to supporting agile working.

"These are extraordinary times. There is a pressing need to ensure that the tasks ahead do not cause long lasting damage to healthcare staff. They will be the heroes of the day, but we will need them for tomorrow."

Managing mental health challenges faced by healthcare workers during covid-19 pandemic; BMJ 2020;368:m1211 doi: 10.1136/bmj.m1211 (Published 26 March 2020)

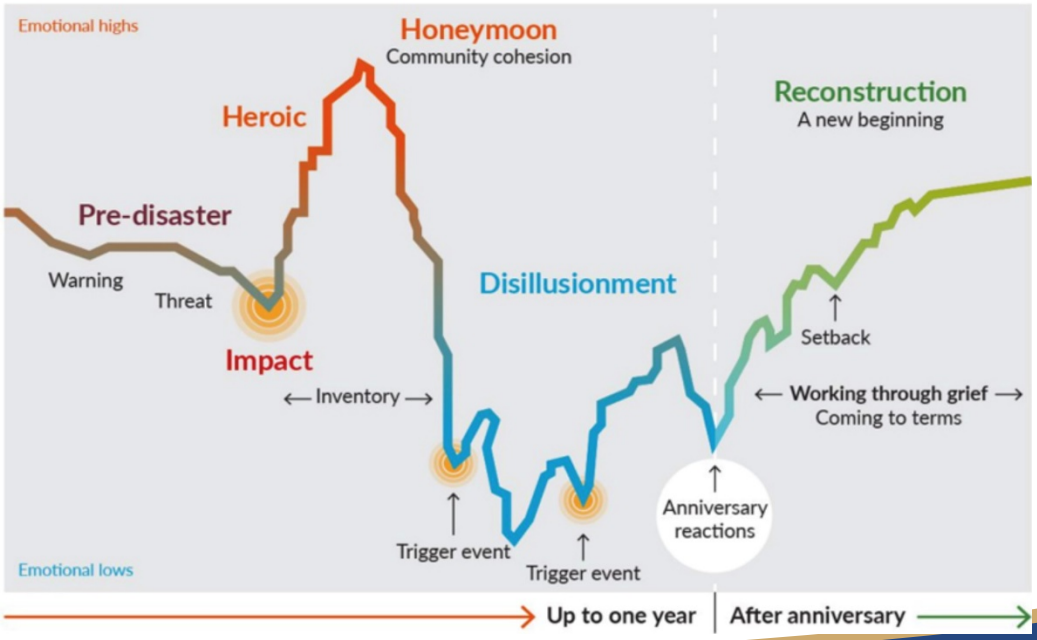
Current Situation

'Health care workers could reasonably considered as 'second victims' of COVID-19.' *BMJ*

The past 22 months have provided a backdrop of uncertainty, fear and change that continues to challenge our people and our services. Figure 1 illustrates the journey so far, and what could potentially lie ahead in terms of response.

Research and evidence outlines that the journey out of the pandemic will not be a quick, and organisations will need to take a 'long haul' approach to recovery.

Figure 1: COVID19 Recovery and Resilience: what can health and care learn from other disasters



https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/

The potential of wellbeing impact to NHS staff is captured in Figure 2, and the UHB will need to ensure a ‘watchful waiting and prepared to act’ period over the next 24 months at the very least, while individuals and teams reflect on their experiences while responding to emerging challenges.

The national picture currently facing the nation continues to be fraught with difficulty and emerging challenges, e.g. the omnicron variant, staff sickness and isolation, increased waiting lists etc, which adds further demands onto our people and our infrastructures at a time where many workplaces are facing what is being called ‘the great resignation’.

Figure 2: The Potential Impact on the H&WB of Our Workforce

The COVID-19 pandemic is not over with deployments still being necessary to provide safe patient care across our services as we respond to high levels of demand and staff sickness levels and shortages.

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

Based on the research and feedback from engagement work carried out by 14,000 Voices, Q&As with Executive Teams, the Health Intervention Team, along with input from Trade Union partners and Clinical Boards, the Wellbeing Recovery Plan adopts a holistic approach to developing Healthy and Engaged staff and supports the recently approved ‘People and Culture Plan’.

The potential impact on our workforce is yet to be seen in its entirety but, based upon research and now feedback from our colleagues, we will see, and are already seeing in some areas, challenges around physical health, mental health and financial health and wellbeing. Early comparisons to sickness data already indicate an upwards trend in sickness absence and a 45% increase in manager referrals to Occupational Health.

The feedback we have received from engagement with our workforce* has focused the Wellbeing Plan priorities on:

- Improving the workplace environment
- Enhancing Leadership and Management Development / Support

- Supporting and enhancing Occupational Health and Wellbeing Support / Advice and visibility on-sites
- Enhancing Peer Support systems
- Extending opportunities for communication & feedback
- Providing opportunities for effective wellbeing / self-care awareness sessions

With an infrastructure to build upon, the plan adopts a holistic approach to developing a culture that supports the development of healthy and engaged staff with the spend providing improvements and impact that will last beyond March 2022.

The opportunity to access Welsh Government Funding has put us in a position to undertake substantial developments to our infrastructure, and introduce interventions to support our staff over the coming months. There is also a focus on sustaining intervention which is being developed through a 'train the trainer' approach to ensure continuation beyond March 2022 when the non-recurrent funding ends.

Overview of the Wellbeing Plan Proposal

- Improving the workplace environment / space to rest and recover
    - Hydration Stations x 10 to be positioned across the UHB
    - Refurbishment of staff-rooms / break areas (30 areas across UHW; UHL and Community)
    - Improvement to Staff Nursery Areas across UHB
    - Provision of metal water bottles/flasks – support hydration and sustainability agenda

- Enhancing Leadership and Management Development / Support
    - REACTMH Train the trainer – develop 40 people to deliver REACTMH to managers and include in existing development programmes
    - Developing further development sessions for managers, via work with the Recovery College and Wellbeing Services, e.g. Mental Health Awareness / Managing Mental Health at Work
    - Targeted work with teams on Civility at Work
    - Equality, Diversity and Inclusion Development opportunities Cultural Awareness; Racism Awareness Discrimination and Hate (including Board Development opportunity)
    - Development of the Coaching and Mentoring Framework including effective governance through developing coaching and mentoring supervision
    - Trade Unions Winter Plan – enhanced availability to support colleagues
    - Wellness Programme for Managers, including interactive webinars
    - Managing, Engaging and Developing Remote Teams – development for managers

- Supporting and enhancing Occupational Health and Wellbeing Support / Advice

    - Resources to support self-care including wellbeing resources / accessible information for staff
    - Enhancing peer support systems via developing peers to support using a range of recognised and evidenced tools, e.g. Sustaining Resilience at Work (StRAW); Trauma Management (MedTRiM); linking in with existing Wellbeing Champions*

- Phased introduction of Schwartz Rounds, training of facilitators and leads. Peer support and reflection*
- Occupational Health outsourcing support to reduce Manager Referral waiting lists and provide managers with a timely response
- Vouchers to support the 'Have a break' initiative – linked to CAVaCoffee / Keep talking

- Extending opportunities for communication & feedback
  - 3 month trial of Winning Temp Engagement and Feedback App*

- Providing opportunities for effective and accessible learning and development (including clinical education)
  - Development of LED online learning infrastructure to provide online learning opportunities for hard to release staff groups (clinical education)
  - Development of effective online learning resources and blended learning development to support staff development and education

It is important to note that the above is in addition to the priorities contained within the People and Culture Plan, however these are aligned to the priorities and themes within the Plan.

**Please note that interventions are being developed on a trial/pilot basis in areas identified as a priority / suitable for the trail and will be thoroughly evaluated to identify future need.*

Progress on the Plan / Work to Date

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

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

Outcomes and benefits

- Creating psychological safety through effective leadership behaviours
- Building a Healthy Working Environment
- Improved wellbeing, understanding and effectiveness through peer facilitated support conversations
- Improved health and wellbeing awareness
- Developing Connections / Peer Support Systems / Communities and Networks that will enhance effective ways of working
- Normalising psychological responses and access to psychological care to minimise long-term potential impact
- Capturing real time colleague feedback
- Enhanced in-house provision through peer support and train-the-trainer
- Timely feedback and indicators
- Improved patient experience via more supported and engaged staff

Risks

- Increasing levels of sickness absence, staff turnover and staff shortages
- Risk of errors, ineffective ways of working and deterioration of patient experience and outcomes
- Deterioration of the health and wellbeing of our staff
- Reputation both internally and externally, internal communication messages re staff wellbeing not being endorsed by action
- Achieving spend before 31st March 2022

Recommendation:

It is recommended that the Local Partnership Forum continues to support the Wellbeing Recovery Plan that is overseen by the Workforce and Organisational Development Team.

The initial review of the plan will take place in April/May 2022, with feedback and recommendations for continuation of existing services/interventions or outlining areas for future focus.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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	

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	x	Long term		Integration		Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	Yes / **No** / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Report Title:	**Enhancements to pay and annual leave arrangments – NHS Wales**	**Agenda Item no.**	**11**
Meeting:	**Local Partnership Forum**	**Meeting Date:**	17th February 2022
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**	**x**
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	**Head of Workforce Governance**		

SITUATION:

The purpose of this paper is to make the Local Partnership Forum aware of the enhancements to the pay and annual arrangements announced by Welsh Government in December 2022.

REPORT:

BACKGROUND/ASSESSMENT

As part of the discussions with employers and Trade Unions within NHS Wales following the 2021/22 pay award, the Welsh Government issued the pay circular (**Appendix 1**) in December 2021.

The details of the enhancements to the pay and annual arrangements are detailed in the pay circular but the summary details are:

1% Non-consolidated Payment to Agenda for Change Bands 1 to 5 and Medical & Dental F1's

A one-off 1% non-consolidated payment was made to staff within the Agenda for Change Bands 1 to 5 and the Medical & Dental F1's in January 2022.

The payments were made to all eligible staff who were in post on 1 December 2021 and were also made to those who moved from Band 5's and F1's between the 1st April and 30th November 2021 who were still on payroll as at 1 December 2021.

Increase in the bottom spine point for those on Agenda for Change (AfC) Band 2 and the pay point for Band 1

With effect from 1 April 2021 the pay point will be increased to £18,731 pro rata per annum.

The new pay rate and arrears will be paid to the staff concerned in February 2022.

Additional Day's Annual Leave

An additional day's annual leave will be added to the current contractual entitlements for all staff. This additional day will be pro rata and will be recurrent in future years.

If staff are unable to take their additional entitlement in the current leave year 2021/22 then it should either be carried forward over and above any organisational limits into the 2022/23 leave year or sold back if preferred by the staff.

The ESR system has been amended to increase the 2021/22 annual leave entitlements for Agenda for Change staff and local arrangements are being made to increase the entitlements for Medical & Dental staff on the local Intrepid systems.

Annual Leave Sell Back Scheme

An All Wales Scheme for employees to sell back a proportion of unused annual leave has been developed and the scheme will be open within the UHB from 7 February 2022 to 31 March 2022.

RECOMMENDATION:

It is recommended that:

The Local Partnership Forum is asked to:

- **NOTE** the enhancements to the pay and annual arrangements for staff within NHS Wales

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
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	
Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click here for more information			

Sustainable development principle: 5 ways of working	Prevention		Long term		Integration		Collaboration		Involvement	
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.									

Saunders.Nathan
02/08/2022 13:51:03

Grŵp Iechyd a Gwasanaethau Cymdeithasol

Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Chief Executives – NHS Health Boards/Trusts/Special Health Authorities
Directors, Workforce & Organisational Development – NHS Health Boards/Trusts
Directors of Finance – NHS Health Boards/Trusts

Our Ref: Pay Letter AFC, M&D & ESP (W) 01/2021

December 2021

Dear Colleague

Summary
This pay circular informs employers of the pay and annual leave arrangements for employees covered by the Agenda for Change, Medical and Dental and Executive and Senior Pay terms and conditions.

Action

1. To pay a one off non-consolidated additional payment of 1% for those on Agenda for Change bands 1-5, and the F1 doctors who fall into this pay bands. This payment would not be pro rata and other criteria is set out in Annex A

2. To amend the bottom spine point for those on Agenda for Change (AfC) band 2 and the pay point for band 1 from April 2021 to £18,731 from the 1st April 2021

3. An additional day's annual leave will be added to the current contractual entitlements for all staff. This additional day will be pro rata and will be recurrent in future years.

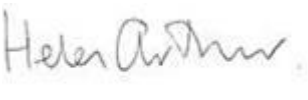
   If staff are unable to take their additional entitlement in the current leave year 2021/22 then it should either be carried forward over and above any organisational limits into the 2022/23 leave year or sold back if preferred by the staff.

4. Employers will put a scheme in place for staff to sell back a proportion of unused annual leave which will be in place before the end of the 2021/22 leave year. Details of arrangements are outlined in **Annex B.**

Enquiries

1. Employers should direct enquiries to: HSSWorkforceOD@gov.wales
2. Copies of this circular can be downloaded from the HOWIS website.

Yours sincerely,



Helen Arthur
Director of Workforce and Corporate Business
Cyfarwyddwr y Gweithlu a Busnes Corfforaethol

Annex A

1% Non-consolidated Payment to Agenda for Change Bands 1 to 5 and F1's

Eligibility criteria

This is a non-consolidated and non-pensionable payment and does not uprate any hourly rates.

- 1% of eligible pay points as at 1st April 2021, i.e Band 3 step £20,330 is £203 or Band 5 step £27,780 is £277
- Payments will be based on an individual's full time salary as at 1st December 2021
- To be paid to all eligible staff on payroll as at the 1st December 2021
- Payments to also be made to those who moved from Band 5's and F1's between the 1st April and 30th November 2021 who are still on payroll as at 1st December 2021.
- To be paid to all substantive staff only, not including bank, locum, ad hoc
- To include those on a Fix Term Contract regardless of length of contract
- Not to pro rata the payment
- New starters after the 1st December will not receive the payment
- Staff on sick, maternity, parental leave included
- Staff on career breaks not to be included

Annex B

Selling back of Annual leave

Employers will put a scheme in place for staff to sell back a proportion of unused annual leave which will be in place before the end of the 2021/22 leave year.

This will include arrangements to sell back all of their unused annual leave which was carried over from 2020/21 leave year.

For the leave year 2021/22, it is recognised that staff need to ensure they rest and recuperate as their wellbeing is paramount. However it is also reconisged that given the ongoing challenges it may not be possible to take the full leave entitlement during 2021/22. Therefore employers shall put in place arrangements for staff to sell back any remaining entitlement above statutory entitlement, so after 20 days. This will be pro rata for those working part time, and this will be inclusive of the additional day's leave provided in this leave year.

Given the opportunity to sell back annual leave above statutory entitlement annual leave carryover from 2021/22 into 2022/23 will be capped at 5 days, pro rata for part time staff. If the additional annual leave day is carried over this will be in addition to the allowed 5 days.

The payment for annual leave sold back will be at calculated using an individual's basic pay rate.