

Local Partnership Forum Meeting

Thu 20 October 2022, 10:00 - 12:00

Agenda

10:00 - 10:02 **1. Welcome and Introductions**

2 min

Rachel Gidman

10:02 - 10:04 **2. Apologies for Absence**

2 min

Rachel Gidman

10:04 - 10:06 **3. Declarations of Interest**

2 min

Rachel Gidman

10:06 - 10:08 **4. Minutes of the meeting held on 10 August 2022**

2 min

Rachel Gidman

4. LPF minutes 10.8.22.pdf (8 pages)

10:08 - 10:10 **5. Action Log Review**

2 min

Rachel Gidman

5. LPF action log 10.08.22.pdf (2 pages)

10:10 - 10:40 **6. Chief Executives Report**

30 min

Suzanne Rankin

10:40 - 11:10 **7. Integrated Performance Report**

30 min

Fiona Kinghorn / Jason Roberts / Rachel Gidman / Paul Bostock / Catherine Phillips

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

7. Integrated Performance Report September 2022.pdf (23 pages)

7.1 WOD KPI Report Sep-22.pdf (2 pages)

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11:10 - 11:45 35 min **8. Cardiff and Vale UHB Winter Plan**

Paul Bostock

11:45 - 11:47 2 min **9. Employment Policy Sub Group minutes from 7 September 2022**

 9. DRAFT EPSG Minutes 7 September 2022.pdf (7 pages)

11:47 - 11:50 3 min **10. Staff Benefits Group Report**

 10. Staff Benefits Group Report (09.22).pdf (5 pages)

11:50 - 11:55 5 min **11. Review of meeting**

11:55 - 12:00 5 min **12. Any other business previously agreed with the Co-Chairs**

12:00 - 12:00 0 min **13. Future Meeting Arrangements:**

- Thursday 8 December 2022 at 10am via Teams, with a staff rep pre-meet at 8.45 am

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LOCAL PARTNERSHIP FORUM MEETING

Wednesday 10th August 2022 at 10am, via Teams

Present

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON
Emma Cooke	Head of Physiotherapy
Fiona Kinghorn	Executive Director of Public Health
Janice Aspinall	RCN
Jason Roberts	Executive Director of Nursing
Jessica Castle	Director of Operations Specialist Services
Jonathan Pritchard	Assistant Director of People Resourcing
Lorna McCourt	UNISON
Matthew Thomas	UNISON
Mike Jones	Independent Member – Trade Union
Pauline Williams	UNISON
Peter Hewin	BAOT/UNISON
Peter Welsh	General Manager, UHL and Barry
Rachel Gidman	Executive Director of People and Culture
Rebecca Christy-Harrold	BDA
Steve Gaudi	RCN
Suzanne Rankin	Chief Executive
Timothy Davies	Head of Corporate Business
Joanne Brandon	Director of Communications and Engagement
Rachel Pressley	Deputy Head of People Assurance and Experience

Head of Equity and Inclusion

In attendance

Mitchell Jones

Apologies

Abigail Harris	Executive Director of Planning
Ceri Dolan	RCN
Claire Whiles	Assistant Director of Organisation Development, Wellbeing and Culture
	Executive Director of Finance
Catherine Phillips	RCN
Fiona Salter	UNISON
Joe Monks	GBM
Jonathan Strachan-Taylor	Head of People Services
Katrina Griffiths	Assistant Director of People and Culture
Lianne Morse	RCM
Maryanne Bray	Executive Medical Director
Meriel Jenney	Director of Governance
Nicola Foreman	RCN
Rhian Wright	Deputy Director of Finance
Rob Mahoney	

Secretariat

Chandra Almeida	People and Culture Coordinator
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LPF 22/040 WELCOME AND APOLOGIES

Dawn Ward (DW) welcomed everybody to the meeting and apologies for absence were noted. Chandra Almeida (CA) was introduced to the Forum as she is taking over minute-taking from Rachel Pressley (RP). DW noted that this was a positive move in terms of succession planning and thanked RP for her ongoing support.

LPF 22/041 DECLARATIONS OF INTEREST

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

LPF 22/042 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meeting held on 16th June 2022 were agreed to be an accurate record of the meeting with the following minor changes requested by Fiona Kinghorn (FK):

- Bottom of page 3, line 2 - slight 'uptick' not 'uptake'; penultimate sentence to be amended to 'expecting a continued rise of this wave'.

LPF 22/043 ACTION LOG

The Action Log was noted and the following matters arising raised:

- LPF 22/030 Jessica Castle (JC) confirmed that the protective covid screens have been left in place in the specific area Matthew Thomas (MT) had identified.
- LPF 22/032 Rachel Pressley (RP) has received nominees for Anti-Racist Wales staff representatives. (Roisin Kirby, with DW as deputy).

LPF 22/044 CHIEF EXECUTIVE'S REPORT

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

- SR asked members of the Forum to feedback her thanks to their teams for continuing to respond with compassion and care during the covid situation as well as the recent heat waves.
- SR confirmed that an IMTP proposal and plan was submitted to Welsh government at the end of June stating that the UHB would be unable to achieve a balance position. Through efficiency saving the organisation anticipates improved financial performance and deficit position of £17.1m by the end of this financial year. The organisation also anticipates a potential move towards annual planning and an escalated position within the regulatory framework. We are currently awaiting Welsh government's formal response.
- SR reported on pressure across our acute hospitals, as well as within mental health and primary care. All services are experiencing increased levels of demand which is having a distressing effect on both our staff and patients. SR highlighted the importance of promoting and discussing the wellbeing of our teams especially in light of the current cost of living crisis. The organisation has

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established an incident management team with local authority colleagues in the Cardiff and Vale councils. It was noted that the governance structure for this is similar to that implemented during the height of the pandemic and is being treated as equally challenging.

- SR also noted that Cardiff council have highlighted 3 newly commissioned services including a rapid response domiciliary care framework. A complete review of hospital discharge has also taken place and 5 pathways initiated which will provide more nuanced discharge options.
- SR reported that local authorities are describing a crisis situation with a different focus; whereas ours is on demand and patient flow impact on service delivery, Cardiff council describe a crisis in children's services and the refugee crisis, with hundreds of Ukrainian families now having arrived in Cardiff. RG discussed the pressure to move refugees into more permanent housing but also the opportunity provided by this new labour market. JP and Carys Fox (CF) are looking at setting up a task and finish group to look at how we can support these individuals into the organisation.
- RG and her team have also been in discussion with the assistant directors of workforce for HEIW and Social Care Wales around ways we can break down barriers and integrate the workforce, utilising HCSWs differently to help with the nursing shortage and reduce our bank and agency spend. It was recognised that high acuity areas need registered nurses but in other areas HCSWs can be utilised to improve patient care and experience.
- JP reported that the temporary staffing department (bank) now recruit nurses and HCSWs the first week of every month. So far, they have received 130 applications and have appointed 80 of these; the focus is now on ensuring the infrastructure is in place to provide their committed to care and mandatory training to get these individuals into work.
- Peter Hewin (PH) emphasised the need for different ways of working in line with the seamless working theme of the People and Culture Plan, noting that there are employment rights, terms and conditions and line management responsibilities to consider here.
- SR reported that following Eluned Morgan's visit to UHW a business case for 'UHW 2' has been submitted to cabinet. We are expecting an official notification regarding moving this forward after the summer recess.
- SR also reported on the visit by IHI (Institute for Health Improvement) which took place over 2 days in July. It was noted that although the feedback from this was positive regarding team working it was felt that the organisation wasn't very joined up. SR confirmed that decision making currently takes place at senior leadership board level which is governed through the management executive (ME) and HSMB meetings. It was agreed that the UHB would move towards more shared decision making; ME will continue but decision making will move to SLB (Senior Leadership Board), a core group of Executives and Clinical Board Directors.
- PH welcomed this more shared approach to decision making and suggested this might be a good time to review the triumvirate terminology. SR agreed that the clinical board leadership model could be looked at, noting that the organisation had previously moved away from the term 'division'. SR advised that the organisation would need to focus on getting through the winter before embarking on this piece of work.
- Mike Jones (MJ) discussed the cost of living crisis in the context of possible industrial action. He raised the issue of subsidised food within the staff canteens and asked that if enhanced rates of pay are offered again that we ensure this is done fairly. MJ also warned of the effect of this crisis on mental health and potential impact on staff sickness absence levels. SR and DW agreed that the organisation will do everything within their gift to support staff during this time. RG also highlighted the financial wellbeing group led by Karen Vaughan which she has asked to be progressed at pace; benchmarking is taking place and staff side representation have been invited to be involved.

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- SR referred to the potential for industrial action. DW advised that staff representatives are currently in the ballot phase and awaiting results. The approach will be to work with the organisation with full transparency and sight around any planned activity.

LPF 22/045 INTEGRATED PERFORMANCE REPORT

POPULATION HEALTH

- FK confirmed that the most recent covid wave is now decreasing, community rates are dropping and in-hospital covid incidences down to just a few. TTP services have shrunk and now sit within local government focussed on high risk settings, although our own IPC team within the UHB are also keeping a close eye on the situation.
- A final JCVI statement has been released in which everyone highlighted will receive an autumn booster; this includes 50-64-year olds which were not originally included in the draft report. The MVCs are closing; Bayside has closed and Splott is closing at the end of August. The MVC service will now be re-provided at Woodland House.
- Primary care has been asked to vaccinate the over 80s and there has been some discontent around the likelihood of patients receiving their covid vaccine separate to the flu jab due to vaccines arriving at different times. Community pharmacies are also being utilised as pop-ups. SR confirmed that wherever possible the UHB will support co-delivery of vaccines whilst recognising that this will not always be possible.
- FK confirmed that we are on high alert for new variants and surveillance is in place for sub-variants of omicron. We anticipate the impact of any new variants to be less because people are now vaccinated and we know that the vaccine stands up. We can't guarantee that this will continue to be the case but are confident that vaccines can be tweaked to accommodate new strains. FK reassured the Forum that in general our vaccine regime stands up and has broken the link with the severe ill health and extent of mortality experienced previously.
- The Winter Vaccination Policy is currently out for consultation and will be discussed at the Employment Policy Sub Group prior to being presented at the Strategy and Delivery Committee for approval in September.
- There are currently 33 monkey pox cases in Wales, 14 of which are in Cardiff. Overall, the majority of cases are in still in England, predominantly in London, and these are starting to plateau. The hope is to utilise pharmacies for both the flu programme and monkey pox.
- It was noted that following a 3-year rise, uptake of the flu vaccine was down last year right across Wales, probably because flu leads and champions were too busy to advocate in the same way as they had in previous years. The organisation will work together to improve rates this year and will endeavour to provide protected time for teams to champion this. FK noted that vaccine fatigue is an issue and we will work with our communications team to nuance the messaging with this in mind. Co-delivery of the flu and covid vaccines will be possible for some staff and clinical board leaders have been asked to assist with this.
- Joanne Brandon (JB) gave an update on a broader winter communications package around covid, flu, childhood immunisations, IPC and student infections. The staffing element will look slightly different, revolving around winter pressures, operational and primary choices, right bed first time etc. National and local virologists and epidemiologists are myth busting and our ambassadors are helping to deliver these messages; the Forum also agreed to champion this message.

QUALITY AND SAFETY

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- Jason Roberts (JR) reported that the number of concerns has risen to 4000 per year (over 150 a week) however 80% of these have been responded to within 30 days by our concerns team which is positive.
- Fall, slips and trips are the most commonly reported and a band 7 falls lead is being appointed to work on improving this position. Serious harm from falls is low; last November NOF fracture rates had risen but have since reduced.
- Nationally reported serious incidents have also improved since the report was published, with 79 reducing to 69. 39 of these are overdue but 16 will close in August.
- There has been no in-year improvement in hospital acquired infections which is concerning, however the IPC team are now more available now that covid is waning. A significant piece of work regarding root cause of analysis C-Diff and MRSA is being undertaken.
- JR reported an improving picture regarding pressure damage, however due to the new Datix system this apparent improvement could be due to incidents on the old system not having been picked up.
- Meriel Jenney (MJ) will be bringing an in-depth deep dive regarding our mortality index to the next Quality and Safety Board.
- MT highlighted the need for training around falls and protected time in order for this to take place. JR acknowledged that nursing shortages play a part in this and confirmed that we are looking into video-based training which staff can do at a time which suits them. The group agreed that when there are staff shortages, training is the first thing to suffer and RG noted that the increase in falls coincides with a decrease in mandatory training compliance.
- PH highlighted the outstanding action from last year's pay round regarding wellbeing and reminded the group of a letter from Martin Mansfield to CEOs asking for a conversation with LPFs with a deadline of mid-September. A discussion will need to take place before the next LPF meeting in October **Action: Rachel Pressley**
- Janice Aspinall (JA) mentioned a recent workplace inspection in which it was highlighted that many staff don't know where to locate generic risk assessments on wards. Pauline Williams (PW) also noted that some ward managers haven't been on the training for health and safety risk assessments and suggested that bringing link workers back might help with this. JR agreed to pick this up with the Health and Safety Team.
Action: Jason Roberts
- DW acknowledged that there has been a recent reform and reshape of LPF reports but asked if never events and medication errors could again be included. JR confirmed that he is reviewing the quality dashboard and would take this into consideration.
- JR discussed the idea of an organisational quality dashboard to give ward accreditation and recognise good work. This would be a tangible method in which to build accreditation with a range of indicators. The group acknowledged that rewards and job satisfaction is a regular topic of conversation and this would be a good way in which to implement this.

PEOPLE AND WORKFORCE

- RG reported that sickness had decreased to 6.5% but has now risen again to 6.7%. It was acknowledged that sickness is higher in certain areas and we are trying to be more analytical by looking other factors (VBAs and turnover etc.) to triangulate understand this and identify hot spots with the Clinical Boards .
- RG has reviewed monthly VBA performance with the clinical boards; overall compliance is at 32.5% but in some areas is as low as 13%. An engagement plan is being implemented with the aim of reaching 85% compliance. A streamlined document has also been launched with help from staff side so there is now a choice around documentation.

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- From October staff will need to have had a documented VBA in order to progress through their pay gateway, however if we are unable to provide training the increment will not be held back. It was noted that this is a national change and we need to take a pragmatic approach.
- The second inner inclusive wellness webinar has taken place and has received positive feedback; the third is due to take place in September. The winning temp engagement tool has also been rolled out to nurses, midwives and ODPs and managers are being encouraged to praise staff via email. In response to the cost of living crisis, a Health and Safety Culture Plan has been approved at Board level with the focus of looking after our people.
- RG clarified that our high turnover is due to more than just staff leaving due to temporary contracts; from comments in exit questionnaires we know that there is work to be done around management and development. The plan now is to focus on these hot spots and how we can support these areas.
- MT highlighted the importance of gratitude and the need for this to be fair and equitable; we need to work on providing everyone with an NHS email address in order for recognition via email to be effective. It was clarified that David Thomas is working on this.
- Lorna McCourt (LM) highlighted that when exit questionnaires are completed they are not returned directly to line managers which can make it harder for them to learn from the information provided. SR, JR and RG are aware of this and are having conversations around learning from concerns and exit questionnaires.
- RP and Donna Davies (DD) are in the process of reviewing the agile working framework at will share this in more detail at WPG.

PERFORMANCE

- JC reported that we are experiencing significant operational pressure 'at the front door' in terms of long ambulance delays and 12-hour trolley waits; this pressure is being felt by staff and is resulting in poor patient experiences. We are seeing a reducing picture in terms of covid admissions but are keeping a small number of 'red beds' available every day.
- There is good work happening around surgical same day emergency care, which is helping to stream surgical patients away from the front door and resulting in a faster turnover. Work is also ongoing around high inpatient occupancy, programmes of work around unscheduled care and the '6 goals'.
- There is a big focus on making sure we meet both the needs of clinically urgent patients and targeting long waiters. Pressure on unscheduled care is being felt across the organisation, especially within mental health and primary care, however there are also challenges within planned care with patients awaiting elective treatment. There are no patients waiting over 52 weeks for new OPD appointment but there are specific areas which are more challenging and we need to reduce these as quickly as possible.
- Mobile cataract operating theatres are now open and as well as the mobile endoscopy unit at UHL. There is also a spinal unit opening at the end of August; patients who need injections can now receive these as an outpatient procedure.
- There is a focus on a 'back to basics' piece of work around OPD and theatres as we return to pre-covid capacity. Innovative work is also taking place within clinical boards around dental and eyecare, engaging with partners in community services rather than in hospital, as well as ongoing work around diagnostics and long waits for patients over 8 weeks. ECG and USS remain high, but echo is reducing to 0 and radiology is coming down steadily.

FINANCE

- Hywel Pullen (HP) reiterated that a revised financial plan was submitted at the end of June and found further savings to reduce the deficit from £20.8% to £17.1% million. At end of July the

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organisation reported our financial position as a deficit of £8m after the first 4 months. £5.7m of this is 4/12 of the planned deficit, whilst operationally we are £2.3m overspent. There is a trend in terms of operational overspend and we need to get to grips with this over the next 8 months.

- The core financial plan shows a forecast of close to £60m this year due to TTP and local response to covid. There is an anticipated allocation from Welsh government to cover those costs as well as those due to national inflationary pressure. Energy was noted to be a very volatile area; at the beginning of the year £28m in exceptional costs connected with energy were advised by the national shared services partnership. £37m in exceptional costs are also anticipated from Welsh government in continuation of the additional funding received during the pandemic.

LPF 22/046 STRATEGIC EQUALITY PLAN (SEP)

- Mitchell Jones (MJ) confirmed that we are just over half way through our strategic equality plan, highlighting some of the work that's taking place and what's coming up. MJ asked for support in taking this forward as well as thoughts and feedback from the Forum.
- MJ noted that the OneVoice network will be key in engaging with Black and Minority Ethnic staff and developing our Anti-Racist Action Plan. MJ added that his team have provided administrative support in putting forward a recent charity bid to promote awareness days throughout September.
- MJ has developed a working relationship with Race Equality First; board development sessions will be taking place in October and December and representatives will also meet with the OneVoice network to learn about their lived experience.
- The inclusion ambassador programme aimed at senior leadership is being launched, asking for at least one ambassador for each protected characteristic at clinical board level. The pack is designed to be clear and easily digestible, outlining what the role entails and further resources for candidates to go away and educate themselves. MJ confirmed that he has already had lists of nominees from PCIC, CD&T and Surgical Services and is working with the other clinical boards to get their names.
- PW queried that difference between a trade union representative and an inclusion ambassador. MJ clarified that the inclusion ambassador role is focussed on awareness and education and is more akin to a sponsor or champion. MJ and CA will work together on the wording within the pack to ensure this is made clear.

Action: Mitchell Jones

- A workforce data campaign has also been launched to address the gaps in the data we hold and understand how representative our workforce is of our community in order to better implement inclusion and equity practice. A pilot was run within People and Culture to iron out any issues and the campaign is now being cascaded to the wider UHB with regular milestones to maintain momentum.
- MJ also confirmed that the organisation has applied for Disability Confident Level 3 status which is currently awaiting review.
- Steve Gauci (SG) applauded the work being carried out by the Equity and Inclusion team, in particular the Access Ability group which Abigail Bernard has set up. SG also noted that we are the first UHB in Wales to launch an Access Ability wellbeing passport. SG requested that TU contacts be included on the key contacts page, noting that they have a wealth of knowledge in all the protected characteristics as well as lived experience. MJ will ensure the pack is amended to reflect this.

Action: Mitchell Jones

- FK praised the progress and drive for the data campaign, noting that she RG and JR are currently exploring the linkages between equality and inequity, health outcomes in the community and access to services. The plan is to set up dedicated teams to look at these complimentary

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overlaps, framework and actions to understand how different areas of the UHB connect. DW also praised this work and agreed that it is vital to have an overview of the overlaps and how the UHB connects.

LPF 22/047 EMPLOYMENT POLICY SUB GROUP MINUTES FROM 29 JUNE 2022

The Local Partnership Forum noted the minutes from the Employment Policy Sub Group meeting held on 29 June 2022.

PH and RP flagged that a number of employment policies are being reviewed at the moment. Equality health impact assessments were raised and it was agreed that MJ's thoughts on how we're addressing diversity of workforce were needed.

LPF 22/048 NURSING STAFF ACT ANNUAL ASSURANCE REPORT

It was agreed that an exceptional WPG meeting with JR would take place outside of meeting regarding staffing and how we utilise additional HCSWs over the winter to cope with the nursing shortage.

Action: Rachel Pressley

LPF 22/049 ANY OTHER BUSINESS

- DW discussed the possibility of an LPF development day. It was agreed that the group would plan ahead for spring next year.
- JR confirmed he has signed off relaxation of the uniform policy again for the coming heat wave.

LPF 22/050 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on 20th October 2022 at 10am with a staff representatives pre-meeting at 8.45am. The meeting will be held remotely.

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Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 22/045	10.08.22	Integrated Performance Report	Meeting to discuss response to Martin Mansfield letter to CEOs asking for a conversation with LPFs re the outstanding action from last year's pay round regarding wellbeing to be arranged ahead of next LPF	Rachel Pressley	Complete Discussion held at WPG 02.09.22 where. It was agreed that a draft staff side response would be shared with Claire Whiles with a view to forming the basis for the joint LPF response before the deadline of 23.09.22. Joint response submitted to WG 23.09.22
LPF 22/045	10.08.22	Integrated Performance Report	Discuss issue of generic risk assessment training with Health and Safety team	Jason Roberts	complete The following information was provided in response: H&S have recently updated the working safely course and rebranded it as a Risk Assessment course, this is a short 3 hour session that will equip staff with the right process for conducting assessments to complement their task specific knowledge. In addition to this they also offer a 2 day managing safely course which is in line with IOSH requirements, this provides managers with more detailed H&S knowledge that will assist them in knowing

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					<p>what their basic statutory requirements are, and how they can satisfy them. Both of these courses can be booked by contacting the H&S Department, details are on their new share point site under IMS-13 Training.</p> <p>The Head of H&S works closely with Janice Aspinall as Lead Rep for H&S</p>
LPF 22/046	10.08.22	SEP	Wording in Inclusion Ambassador pack to be altered to differentiate between IA role and TU rep	Mitchell Jones	Complete
LPF 22/046	10.08.22	SEP	Staff representatives to be included on key contacts page of IA pack	Mitchell Jones	Complete
LPF 22/048	10.08.22	Nurse Staffing Act Annual Assurance Report	An exceptional WPG meeting with JR to be arranged regarding staffing and how we utilise additional HCSWs over the winter to cope with the nursing shortage	Rachel Pressley	arranged for 07.10.22 but following discussion between JR and PH it was agreed that this would be picked up through the Winter Plan discussion at LPF 20.10.22 instead

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Report Title:	C&V Integrated Performance Report				Agenda Item no.	7
Meeting:	Local Partnership Forum	Public	X	Meeting Date:	20 October 2022	
		Private				
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	X
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips					
Report Author (Title):	Information Manager					
Main Report						
Background and current situation:						

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

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

Population Health							
Immunisation	Standard	Trend	2021 / 22 Qtr 4	Tobacco	Standard	Trend	2021 / 22 Qtr 4
% of children up to date with scheduled vaccines by 4 years of age	95%	na	83.5% **	% of smokers who become treated smokers	5%	na	0.6% **
	Standard		Aug-22	% of treated smokers who quit at 4 weeks	40%	na	76% **
% Adults (aged 18 years and over) in Cardiff and Vale UHB have received a Covid-19 booster vaccination	na	na	69% *				
Of those who have a completed primary course of vaccination *, % of adults aged 18 years and over have received a Covid-19 Booster vaccination	na	na	85% *				
Quality & Safety							
Patient Satisfaction	Standard	Trend	Aug-22	Mortality	Standard	Trend	Jul-22
30 day complaints response compliance %	75%		80%	Myocardial Infraction within 30 days of admission, age 35-74 (Rolling 12 Months)	na		3.9%
			Jul-22	Stroke within 30 days of admission (Rolling 12 Months)	na		13.1%
Patient Experience	na		86%	Hip Fracture within 30 days of admission, age 65 and over (Rolling 12 Months)	na		3.3%
			Aug-22	Crude Mortality (Last Week of the month)	29.4		32
Falls							Jun-22
Slips Trips and Falls (30 day moving total)	na		257	Still births (Rolling 12 Months)	na	na	23
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		38				Aug-22
			Aug-22	Infection Control			
Serious Incidents	Standard	Trend	Aug-22	All Reported Infections (Rolling 12 Months)	743		777
Nationally Reportable Incident (SI)**	na		11				
Number of Never Events	0	na	0				
Workforce							
	Standard	Trend	Jul-22		Standard	Trend	Jul-22
Sickness Absence Rate (in-Month)	6%		7.3%	Turnover Rate	7% - 9%		13.6%
Sickness Absence Rate (12-Month Cumulative)	6%		7.2%	Mandatory Training Compliance	85%		72.7%
Values-Based Appraisal Compliance	85%		32.0%	Fire Training Compliance	85%		64.8%
Medical Based Appraisal Compliance	85%		76.4%				
Operational Performance							
	Standard	Trend	Aug-22		Standard	Trend	Jul-22
A&E 12 hour waiting times	0		1020	Mental Health Part 1a - Assessments within 28 days	80%		94.3%
A&E 4 hour waiting %	95%		59.9%	Mental Health Part 1b - Therapy Commencing within 28 Days	80%		94.3%
Ambulance Handover Times >1 hour	0		763				Aug-22
			Aug-22	Patients Delayed over 100% for follow-up Appt	0		43454
Waiting less than 26 weeks %	95%		55.4%				Jul-22
RTT Waiting Over 36 Weeks	0		45600	Single Cancer Pathway	75%		51.4%
Diagnostics >8 weeks Wait	0		3563				
Finance							
	Standard	Trend	Aug-22		Standard	Trend	Aug-22
Deliver 2022/23 Draft Financial Plan	£17.1m planned deficit	na	£9.652m deficit	Delivery of £4m non recurrent target	£4m	na	£5.479m
Remain within capital resource limits.	Within planned expenditure £10.967	na	£12.991m	Creditor payments compliance 30 day Non NHS (Cumulative)	95%		92.6%
Reduction in Underlying deficit (Forecast)	Reduce from £29.7m to £20.0m	na	Forecast Year End ULD £29.7m	Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit
Delivery of recurrent £15.400m 1.5% devolved target (Forecast)	£15.4m	na	£11.966m	Maintain Positive Cash Balance	Positive Cash Bal.	na	£5.147m

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

** No new data available

POPULATION HEALTH

Covid-19 update:

- **Epidemiology**

- Most Covid-19 indicators were low and stable, or showed further improvement, during August 2022, including care home clusters, hospital clusters, patients actively treated for Covid-19 in hospital beds (including critical care), wastewater surveillance, and ONS mortality figures.
- The ONS infection survey now only gives estimated prevalence at a Wales (rather than C&V) level and again suggests infections are currently low, and falling or stable.
- There was a suggestion of increasing prevalence at an all Wales level of infection in 0-19-year olds, and of cases testing positive in hospital, through LFD/PCR testing in the last week of August. Both of these are from a low base and it is too early to say if these are a genuine trend.

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

- No significant changes have occurred with TTP since the last report; test and tracing services are operating, as previously described, in the current 'Covid Stable' environment, in line with the Welsh Government plan '*Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic*'. Preparations are underway for the winter months, planning a holistic approach to the management of viral respiratory illness, which includes Covid-19, flu and Respiratory Syncytial Virus.

- **Covid-19 vaccination**

- On 1st Sept 2022, the delivery of the autumn Covid-19 booster vaccination programme commenced. All older adult care home residents will be vaccinated in the first 2-3 weeks of the programme, ensuring they are fully protected. Once care homes are completed, the mobile team will start providing autumn boosters to all eligible housebound residents and long stay hospital inpatients.
- 19 GP sites are participating in the autumn booster programme and will be vaccinating the over 80-year-old cohort. GP sites will complete their delivery by the end of September.
- 11 Community Pharmacy sites are participating in the booster programme. They will be vaccinating people aged 80 years and over and social care workers. The Well Pharmacy mobile unit will also be used for autumn booster, based at the IKEA store in Cardiff.
- The mass vaccination centres at Holm View (Barry) and Woodland House (Cardiff) will vaccinate all other eligible cohorts from 5th Sept including frontline healthcare workers, people who are in clinical risk groups and people aged 50 years and over.
- From 19th Sept, all frontline staff employed by CVUHB will be offered an appointment. Staff can also receive their flu vaccination when they attend for their covid-19 autumn booster vaccination (assuming stock for both vaccines is available).
- Community Pharmacies will offer co-administration to all social care staff when attending for their autumn covid-19 vaccination (assuming stock for both vaccines is available).
- Walk-in appointments will continue for 1st, 2nd and 1st booster doses to all eligible individuals at both MVC sites.

Monkeypox update

- As of 8 Sept 2022, there were 3,523 confirmed cases of Monkeypox in the UK. Of these, the majority are in England with 45 in Wales, 90 in Scotland and 30 in Northern Ireland. A UKHSA technical briefing of 2 Sept 2022 states there is a continued decline in daily cases.

Saunders, Nathan
12/10/2022 09:12

- As of 8 Sept 2022, Cardiff and Vale have managed 15 confirmed cases of which 2 are still being actively managed.
- The 2022 outbreak has mainly been in gay, bisexual, and men who have sex with men.
- The median age of cases in the UK is 36 years (interquartile range 31 to 44).
- Whilst the primary transmission route is through close or sexual contact the virus has been detected in air and environmental samples in the hospital room of infected patients. However, there are no confirmed instances of airborne transmission.
- There are no reported deaths in the UK.
- Limited household transmission has been described in the UK.
- There are limited supplies of vaccine available in Wales: to date these have been shared between people who have been exposed (post-exposure); people at higher risk (pre-exposure); and some staff in Cardiff and Vale University Health Board (pre-exposure).
- From end of September, Cardiff and Vale UHB will participate in a pan-Wales pilot project for pre-exposure prophylaxis which will evaluate fractional dosing. This involves giving smaller doses and will increase the number of at-risk people getting a monkeypox vaccine, meaning that the supplies available in Wales should meet the immediate need.

Tobacco Control update

• Smoking Cessation

Tier 1 Smoking Cessation

No new Tier 1 Smoking Cessation data available. Last reported submission was Quarter 4, 2021-2022. Quarter 1, 2022-2023 will be available at the end of September 2022.

• Model for Access to Maternal Smoking Cessation Support (MAMSS)

In Quarter 2, 2022-2023, 21% of pregnant women who smoke accepted a referral to MAMSS, compared to 28%, Quarter 1, 2022-2023 and 52%, Quarter 4, 2021-2022. This reduction can be explained in part due to decreased number of pregnancy bookings overall, and fewer smokers amongst those who have booked. A new Nicotine Replacement Therapy (NRT) pathway for pregnant smokers introduced during March 2022 has also impacted upon referrals, as NRT is now routinely offered at booking.

• Smoking Prevalence

National Survey for Wales, annual data. Next release, July 2023.

QUALITY AND SAFETY

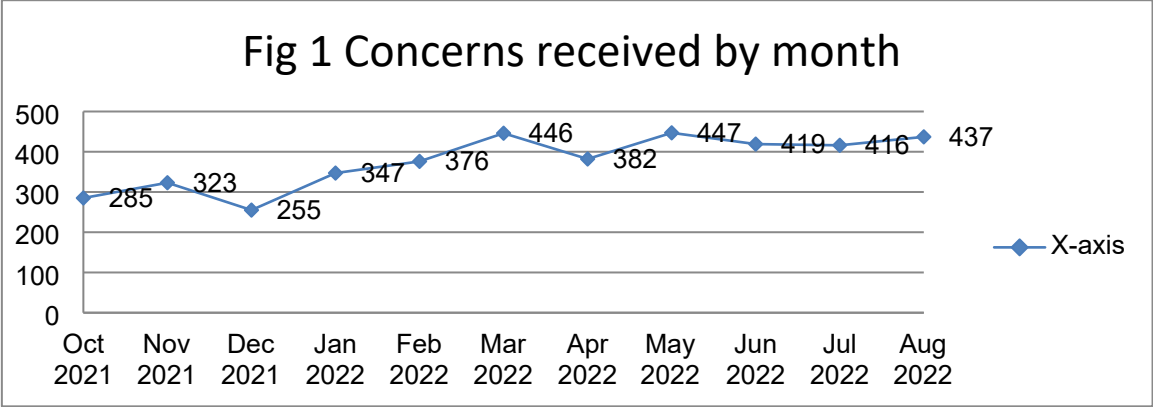
Concerns – Patient Experience

We have maintained an overall 30 working day response time for all concerns, of 80%. This is despite a significant increase in the numbers of concerns being received (see Figure 1).

In July and August, we processed 50% of concerns in line with Early Resolution (*this process can be utilised dependent upon the nature of the concern*) this ensures that a response is received within 2 working days, if however, we cannot issue a satisfactory response to a concern then the formal process must be used.

It should be noted that previously we have been able to process up to 80% of concerns via the Early Resolution route but it is dependent upon timely response to enquiries and ensuring that a satisfactory resolution for the complainant is achieved.

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 continue to be focused upon improving the response times whenever possible and addressing the underlying themes.



We currently have 395 active concerns. Surgery and Medicine Clinical consistently receive the highest number of concerns Figure 2

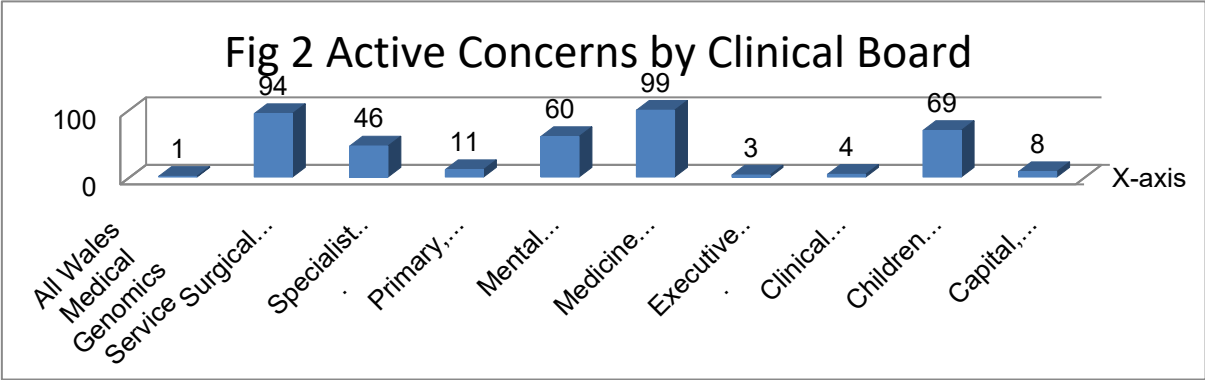
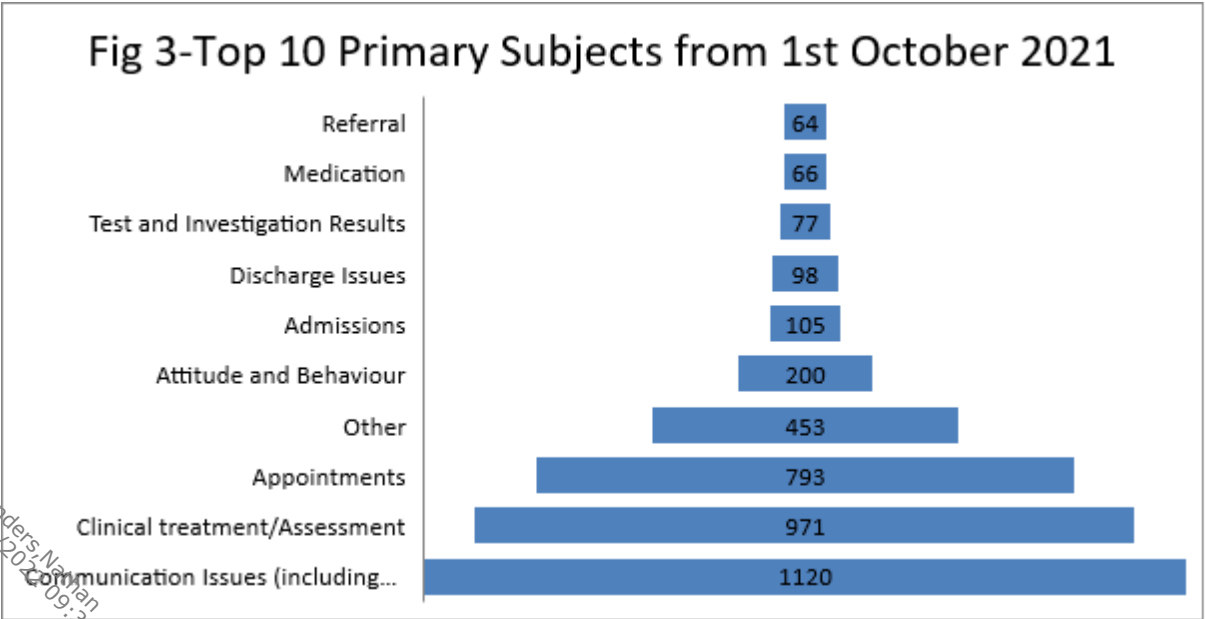


Figure 3: demonstrates the 10 main themes noted in Concerns. We consistently receive a high number of concerns related to Communication however, it should be noted that the number of concerns relating to Clinical treatment and attitudes and behaviours is rising.



As a quality indicator, the numbers of concerns referred to and subsequently investigated by the Ombudsman remains very low. From 1st April 2022, we have dealt with 39 referrals to the Ombudsman which represents a small percentage.

Feedback

Viewpoint MVC (Mass vaccination Centre) feedback

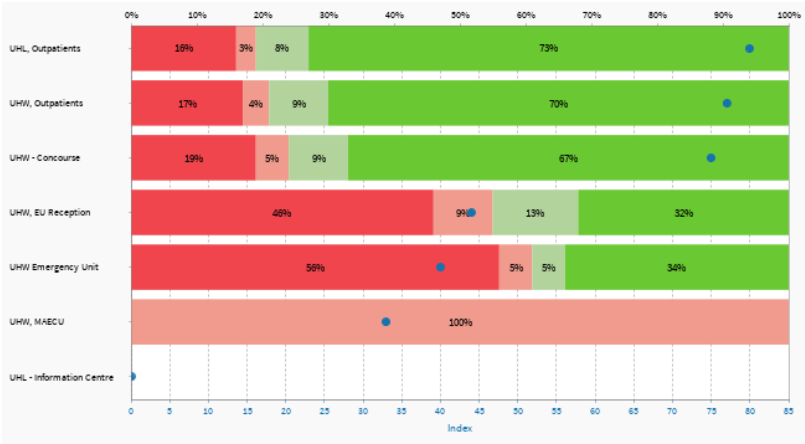
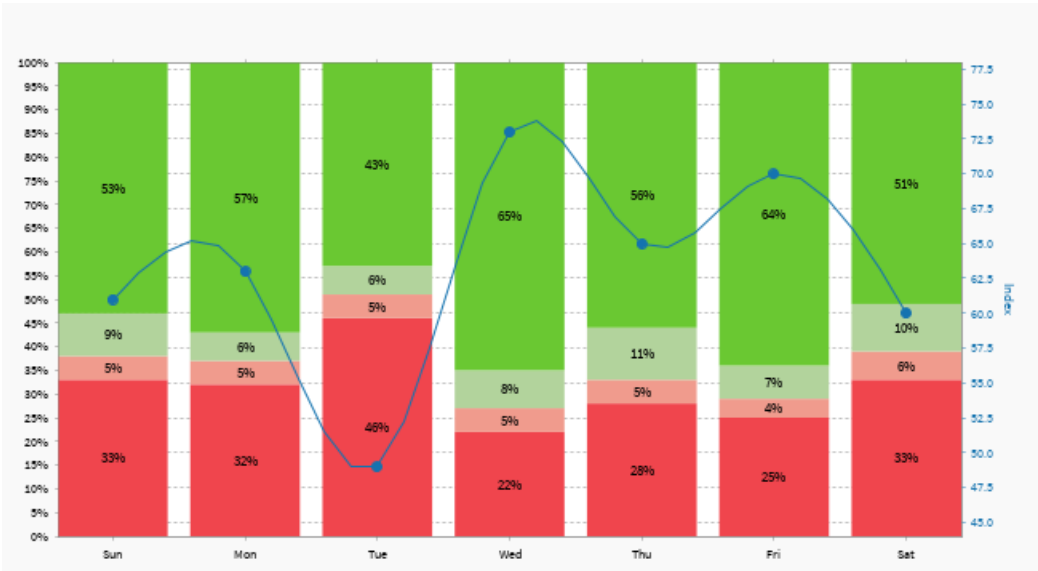
In relation to the MVC feedback, those reported as being satisfied are respondents who when asked: [How would you rate your experience at the Mass Vaccination Centre \(MVC\) today?](#) chose the 'Very happy' or 'Happy' button options i.e. gave a positive response was 92% in July

Please note, there is no MVC data for August due to the closure of the areas... originally in Splott, Barry and Bayside MVCs.

HappyOrNot feedback

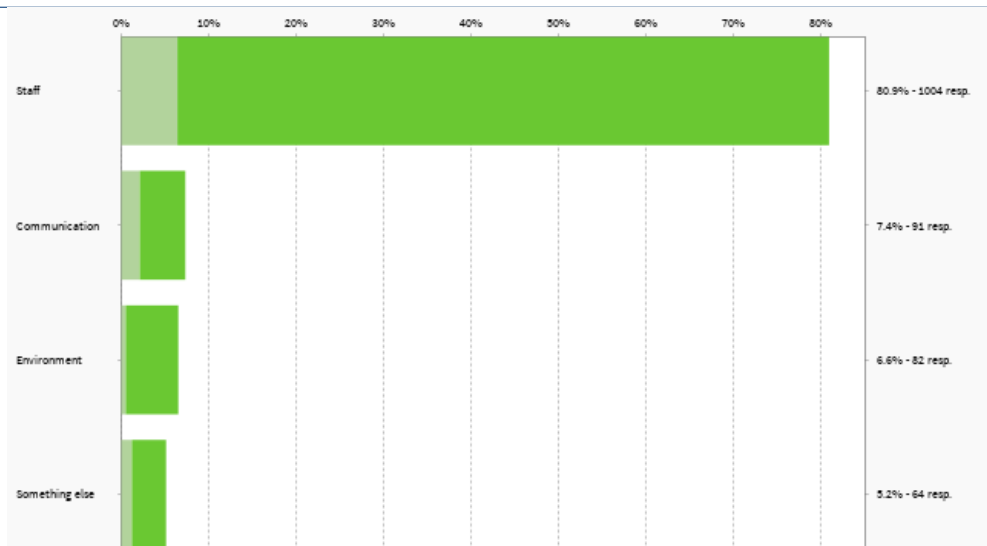
In relation to the 'HappyOrNot' feedback, those reported as being satisfied are respondents who when asked: [How would you rate the care you have received?](#) chose the 'Very happy' or 'Happy' button options i.e. gave a positive response.

A breakdown of the feedback being: an increased dissatisfaction on Tuesdays across the sites. We are currently exploring the reasons for this consistent result



When People are happy with the care received the main reasons for their answers are overwhelmingly the staff

Saunders, Nathan
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With a particular focus upon the Emergency Unit feedback

Summary values	June	July	August
Surveys completed	2399	2666	2513
Response: Very happy button (Excellent/Very positive)	64.9%	54.1%	56.1%
Response: Happy button (Good/Positive)	7.7%	7.3%	8.5%
Response: Unhappy button (Fair/Negative)	3.7%	4.2%	5.7%
Response: Very unhappy button (Poor/Very negative)	23.7%	34.4%	29.7%
Respondents satisfied	72.6%	61.4%	64.7%

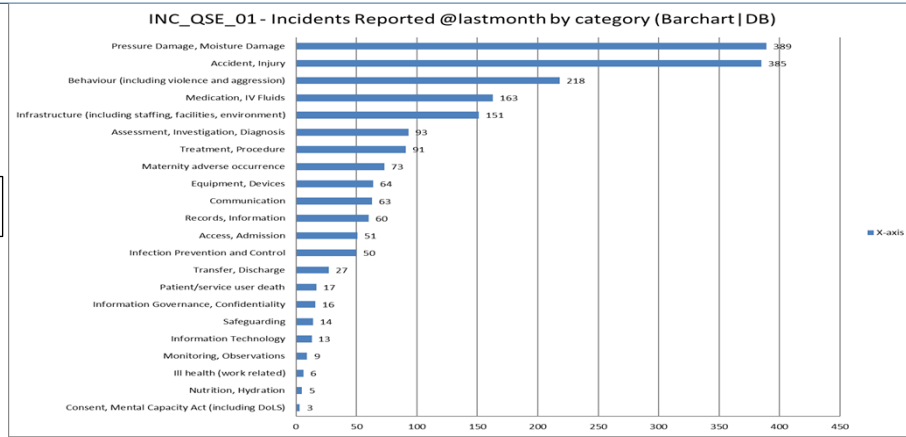
Please note, the marked drop in satisfaction during July is partially due to increased survey completions on one day (26th July) via the EU entrance kiosk. On this day, we received 415 responses (the vast majority being negative and made at 6:00am and 9:00am). This daily number of responses is much greater than other days that week i.e. approx. 4 times greater.

Incident reporting

Figure 4: illustrates patent safety incidents reported in August 2022 by incident type. A total of 1961 incidents were reported in August 2022 with the most commonly reported incident relating to the development of pressure or moisture damage. It is possible that incident numbers will reduce as individual incidents are validated and duplicate incidents removed from the total numbers.

Pressure damage is subject to investigation to establish if there were any modifiable elements or omissions in healthcare. Pressure damage that is deemed to be associated with healthcare provision are subject to national reporting requirements.

Fig 4

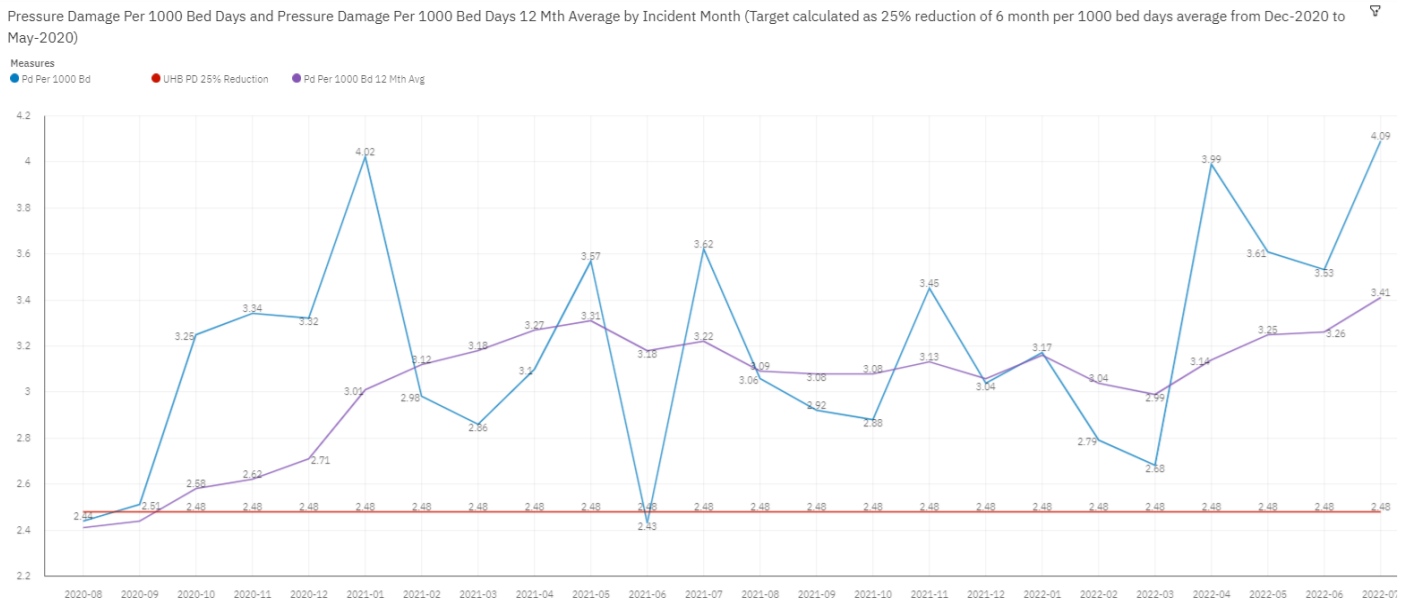


Pressure Damage

As previously discussed the goal of the pressure damage collaborative was to **reduce** the incidence of healthcare acquired pressure damage with the Health Board by **25% by July 2022**. The current data available to the pressure damage collaborative which can now be presented per 1000 beds days shows that the pressure damage per 1000 bed days has reduced from 3.51 in May 2021 to 2.61 in March 2022 for inpatient areas which is a reduction of 24%, However in July we can see a marked increase in Pressure Ulcers 3.41 per 1000 bed days

- The Cardiff and Vale UHB Pressure Damage group was re-established as a collaborative in 2022 to progress a number of quality improvement initiatives. The collaborative, reports directly to the QSE committee.

The aim of the collaborative, is to demonstrate a reduction in avoidable pressure ulcer cases - this will be achieved through education and training and having validated data that can drive improvement and experience.



Falls

Figure 5 illustrates falls per thousand occupied bed days and illustrates that the numbers of inpatient falls has been consistently reducing for the past two years, with the rolling annual falls per thousand bed days reducing from 6.53 in September 2020 to 5.43 in July 2022.

Fig 5

Falls Per 1000 Bed Days and Falls Per 1000 Bed Days 12 Month Average by Incident Month

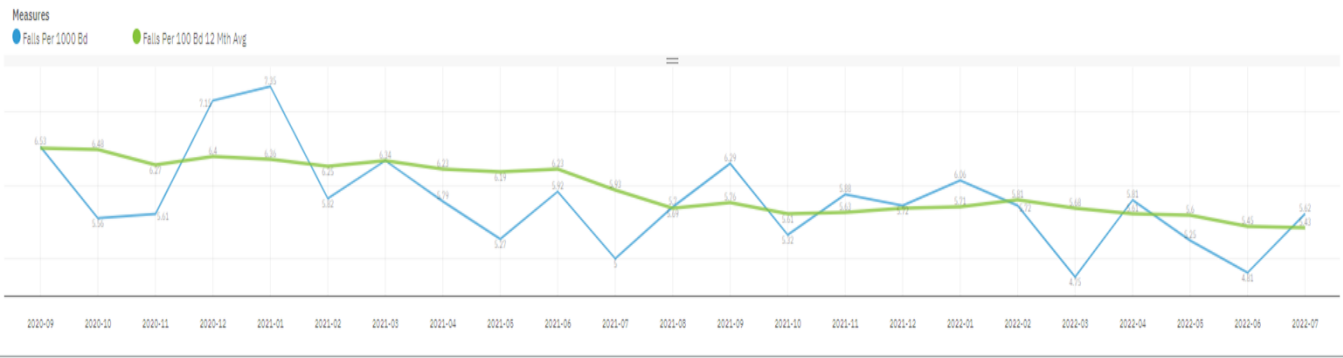
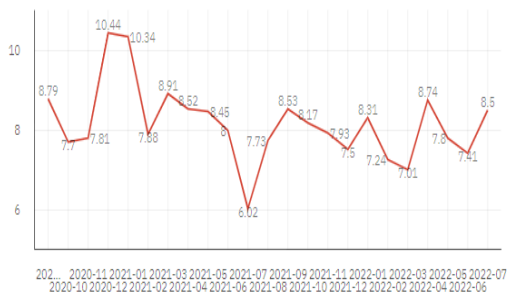


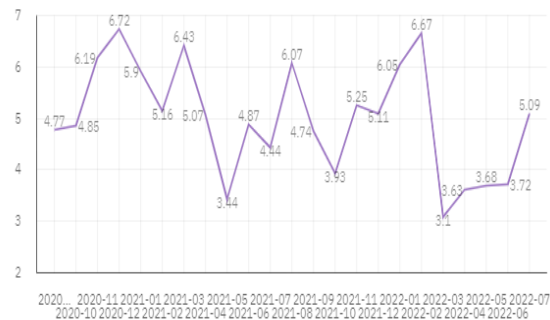
Figure 6: illustrates falls per thousand occupied bed days by Clinical Board. Medicine report the highest number of inpatient falls with 8.5 falls per 1000 bed days recorded in July 2022. There has been a sustained reduction in the number of inpatients falls in Mental Health services over the past 12 months reducing from 8.46 falls per 100 bed days in July 2021 to 4.56 in July 2022.

Fig 6

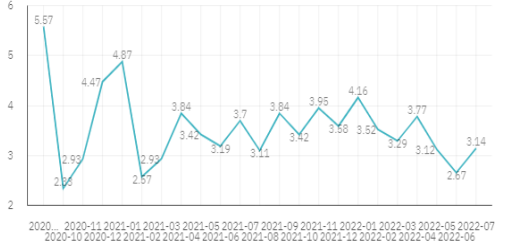
Falls per 1000 Bed Days - Medicine



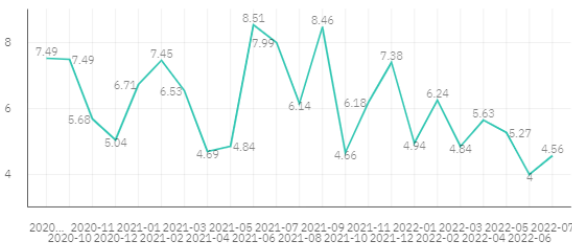
Falls per 1000 Bed Days - Surgery



Falls per 1000 Bed Days - Specialist



Falls per 1000 Bed Days - Mental Health

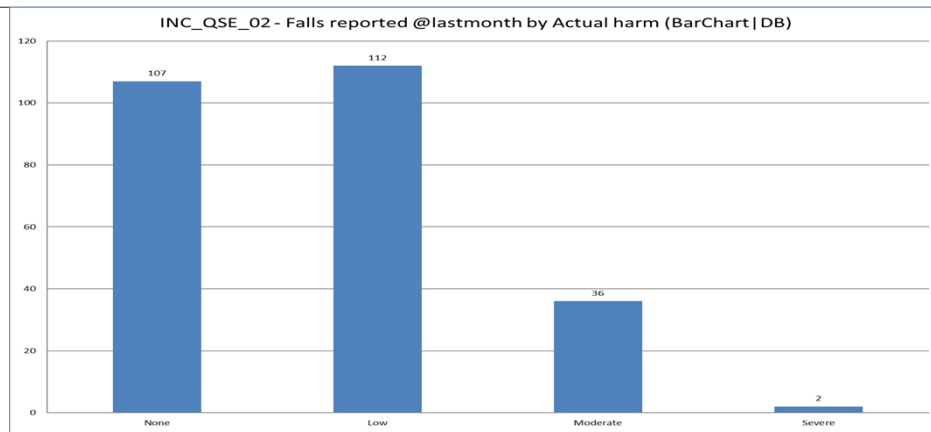


All Injurious falls are discussed at the Cardiff and Vale UHB falls review panel to capture learning. Recent themes have included failure to use flatbed lifting equipment for patients who have fallen and sustained a hip fracture and omissions in recording blood pressure, with the patient lying and then standing to recognise the presence of orthostatic hypotension. A list of medications that could contribute to the risk of patients falling has been developed to support informed risk assessments for inpatients.

Figure 7: below illustrates the harm sustained as a result of the patient fall at the time that the incident was reported. The majority of falls result in no or low harm.

Fig 7

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12/10/2022 09:30:12



Nationally Reportable Incidents (NRIs)

The last report to board provided details of Nationally Reportable Incidents (NRI) and provided details of open and overdue NRIs until 17 August 2022.

Figure 8: illustrates performance until 31st August 2022.

Fig 8

Clinical Board	Open NRIs 31.08.2022	Overdue NRIs 31.08.2022
Children and Women	12	3
CD&T	3	1
Executive	12	7
Medicine	11	7
Mental Health	10	7
Surgery	8	3
PCIC	4	2
Specialist	1	0
Total	61	30

The 12 NRIs attributed to the Executive Team relate to delays in ambulance conveyance. There is variation in how these incidents are reported and investigated across Wales and a national Task and Finish group has been convened to standardise this approach, including agreeing which organisation should report the NRI and lead the investigation for each case. At present Cardiff and Vale UHB take responsibility to report and investigate and close all NRIs that relate to the population of Cardiff and the Vale of Glamorgan and these account for 20% of all NRIs within the Health Board.

Figure 9: illustrates new NRIs reported in August 2022 by Clinical Board.

Fig 9

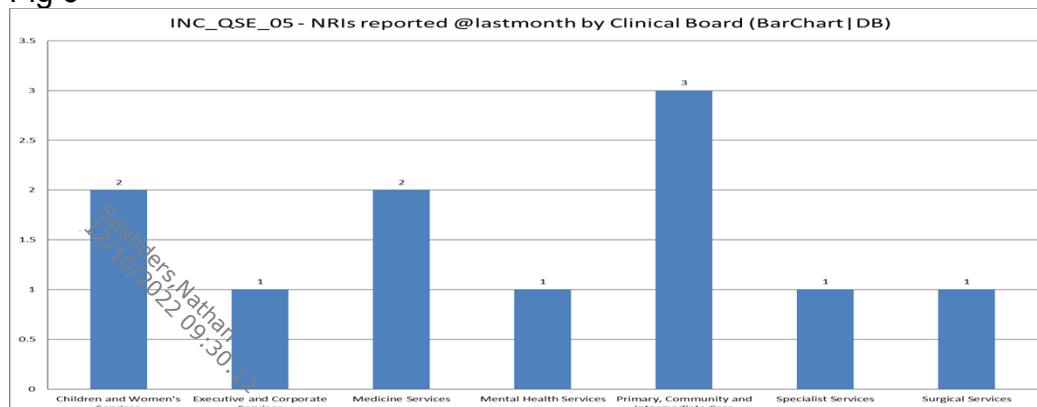


Figure 10: illustrates the harm levels attributed to all NRIS reported in August at the point of reporting. It should be noted that harm level can be subject to amendment during the investigation.

Fig 10

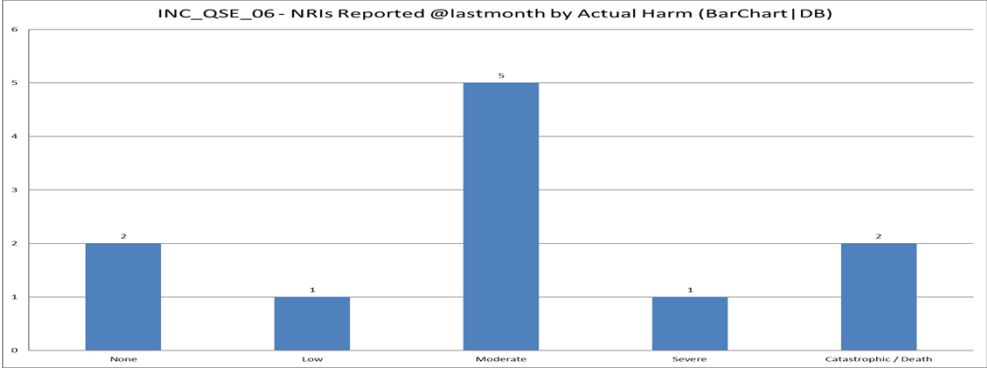


Figure 11: illustrates NRIs reported in August 2022 by incident type.

Fig 11

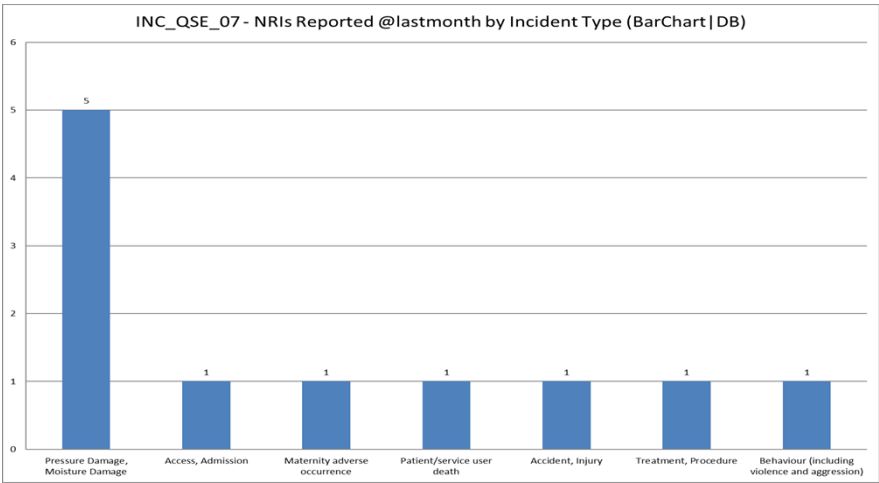
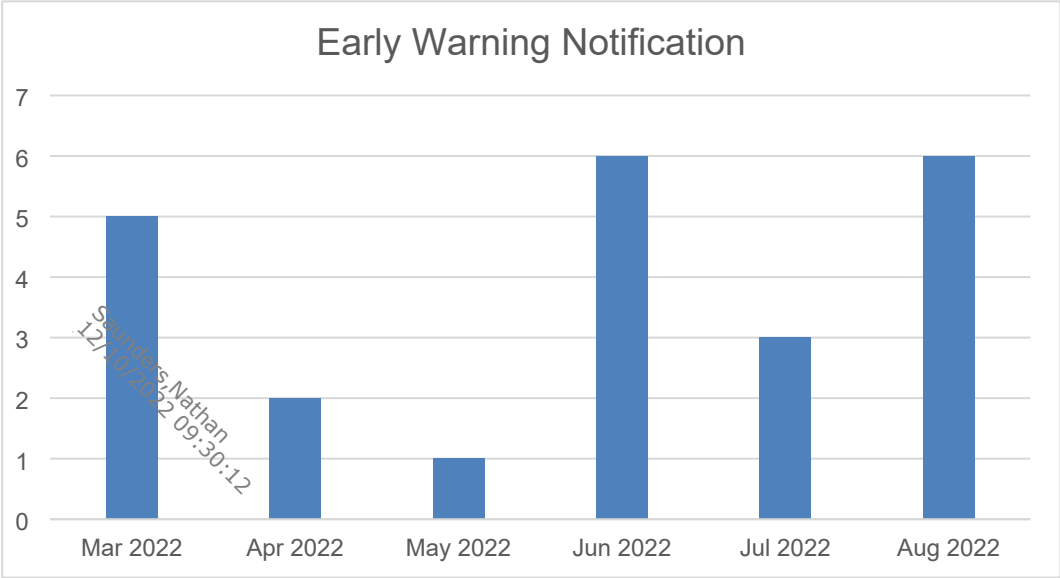


Figure 12: illustrates the number of Early Warning Notifications reported to Welsh Government



Mortality

Crude mortality is the measure of actual deaths and when monitored over a prolonged period, supports the monitoring of trends in mortality rates. Figure 13 demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates a mortality rate that is comparable to the 5-year average for the same reporting week with the exception of March 2020 and December 2020 to February 2021, the first and second waves of covid-19 where inpatient deaths rose above the 5-year average.

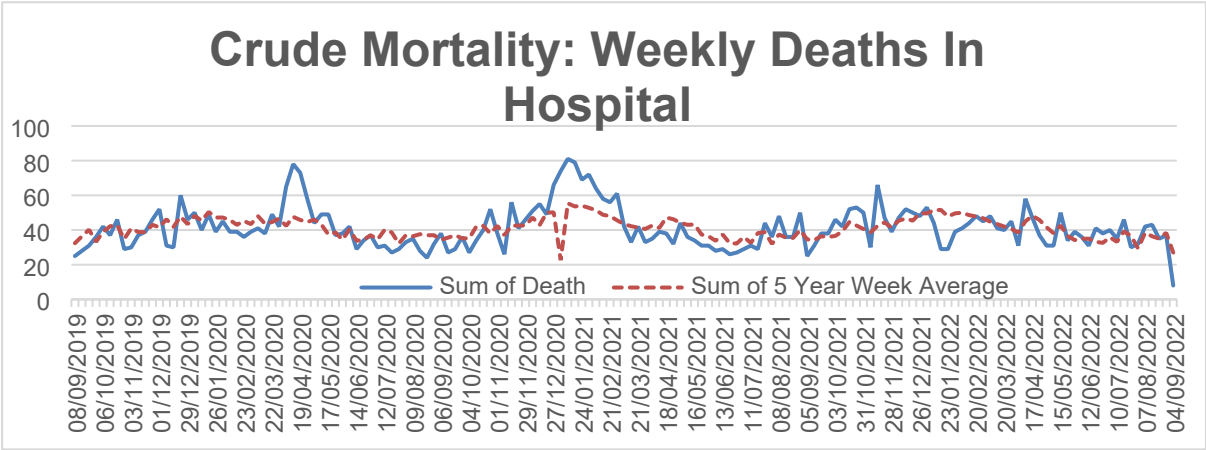


Fig13

The trends noted in inpatient crude mortality, mirrors all-cause mortality across Cardiff and Vale which includes deaths in both inpatient settings and the community reported weekly (figure 14). In addition to the weekly mortality numbers reported against the 5-year average, the numbers of deaths where Covid-19 was recorded in any position of the death certificate is recorded as the pink line.

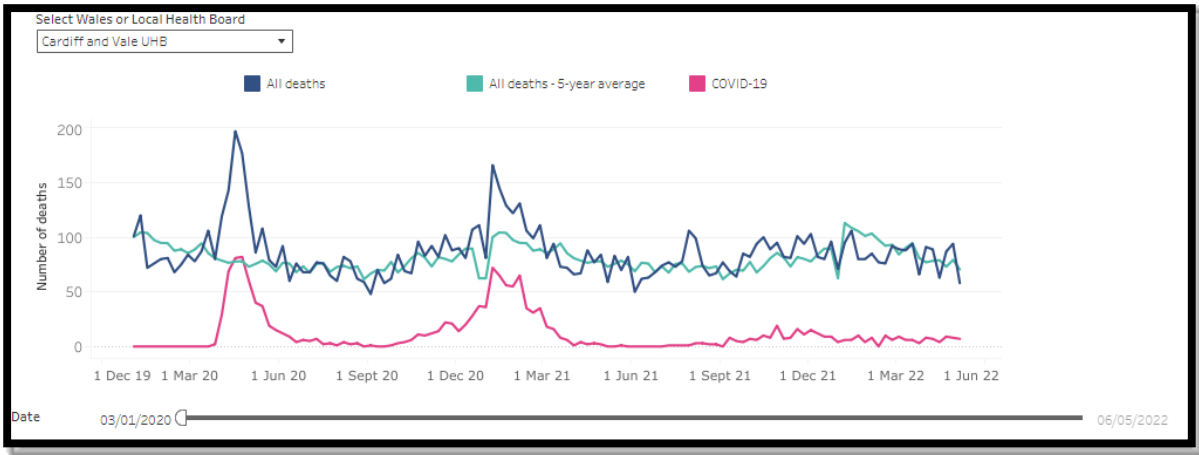
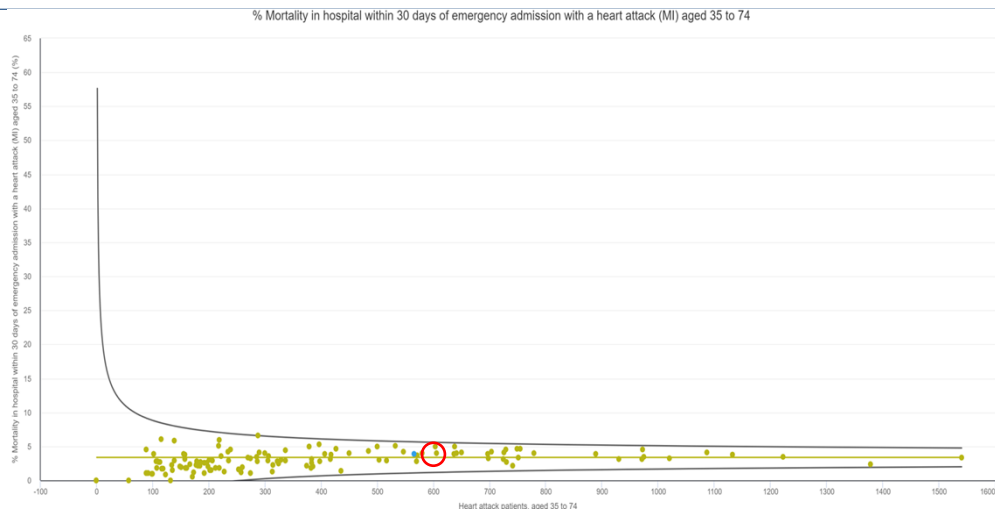


Fig 14

Condition Specific Mortality

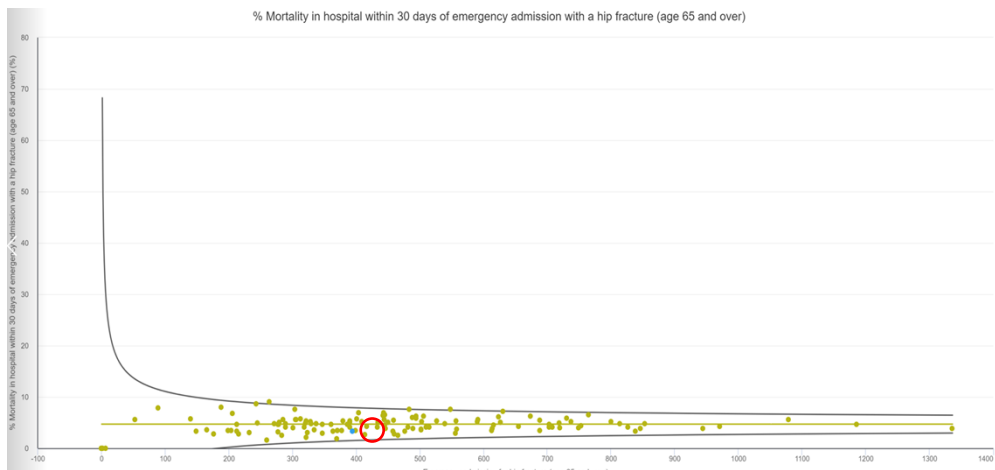
Condition Specific Mortality is reported as a funnel plot with the normal expected performance falling between the two solid lines, taking into account the levels of activity for the particular condition for each reporting organisation.

Myocardial Infarction (Heart Attack)



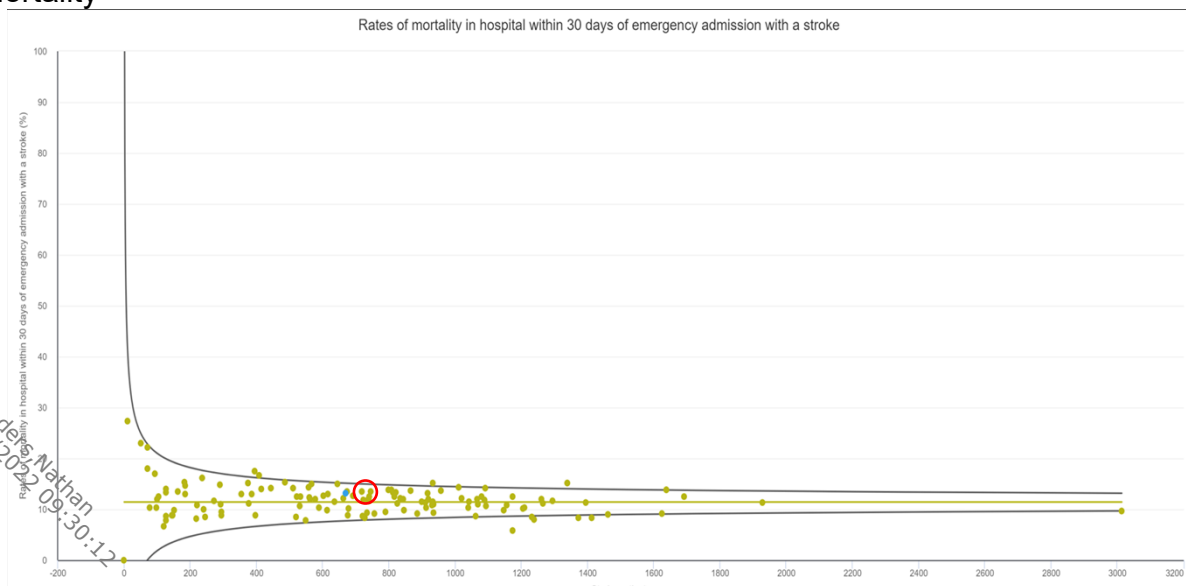
At the end of July 2022, the rolling annual inpatient mortality (patient age 35-74) was 3.894% compared to a national average of 3.337%.

Hip Fracture Mortality



Hip Fracture rolling annual mortality in July 2022 was 3.299% sitting below the national average and within the expected parameters.

Stroke Mortality



Saunders Nathan
12/10/2022 09:30:12

Stroke annual rolling mortality in July 2022 was 13.134% sitting above the national average but again within the expected range.

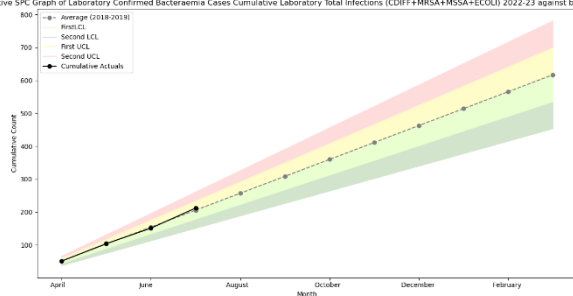
Infection Control

Hospital Infections – the grouped total Cdiff, Ecoli, MRSA and MSSA infections, is showing no in-year improvement against the 2018/2019 baseline. However, Ecoli, MRSA and MSSA are demonstrating an in-year improvement, whereas Cdiff in-year has increased, compared to baseline of December 2018.

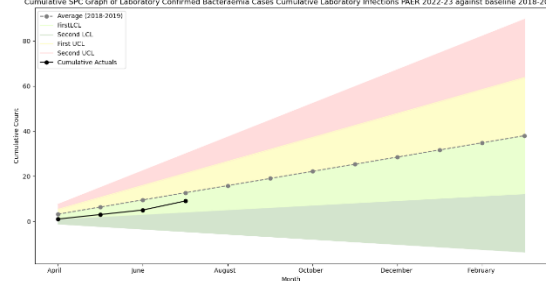
Cdiff rates were observed to be high across the UK after the first and subsequent waves of Covid, all community cases are now subject to investigation to understand the cause of the infection.

There has been significant investment in the IP&C team in the past 2 years, which has enabled increased audit and review of infections and supports a bespoke approach to supporting wards and primary care reviews.

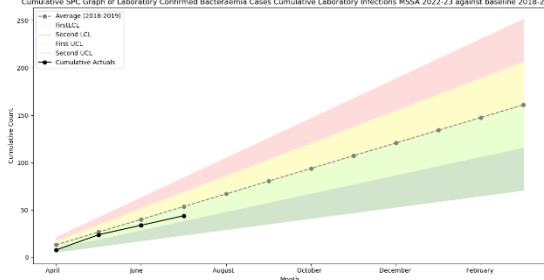
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Total Infections (CDIFF+MRSA+MSSA+ECOLI) 2022-23 against baseline 2018-2019



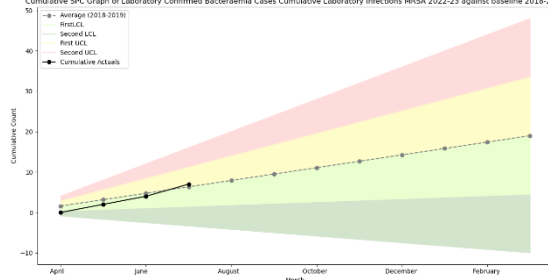
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections PAER 2022-23 against baseline 2018-2019



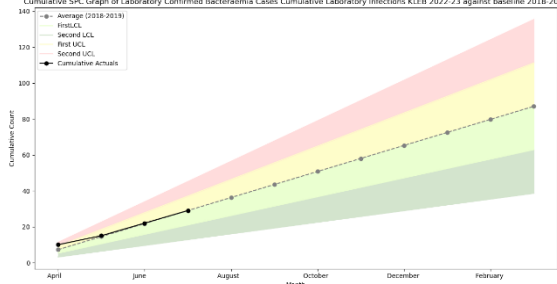
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections MSSA 2022-23 against baseline 2018-2019



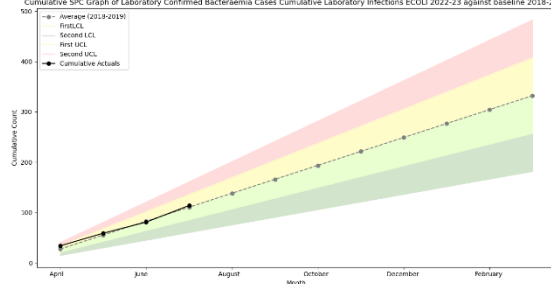
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections MRSA 2022-23 against baseline 2018-2019



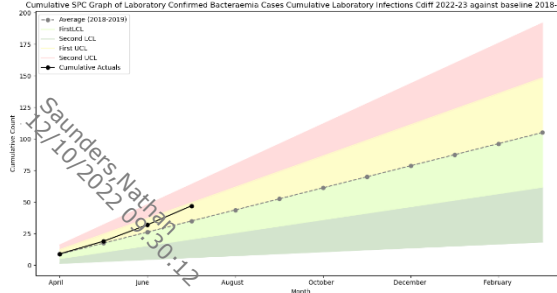
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections KLEB 2022-23 against baseline 2018-2019



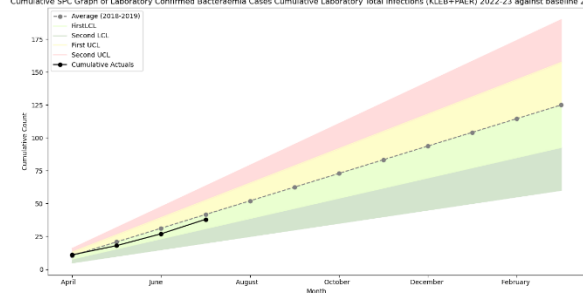
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections ECOLI 2022-23 against baseline 2018-2019

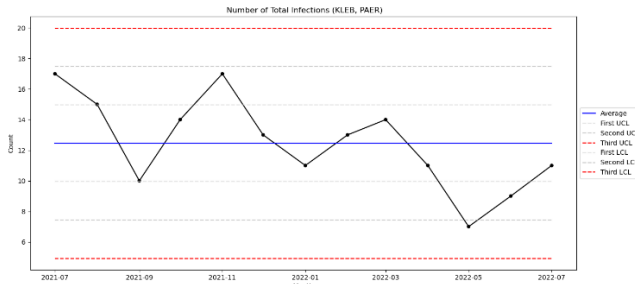
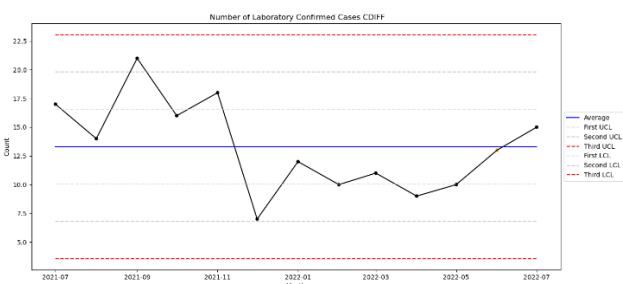
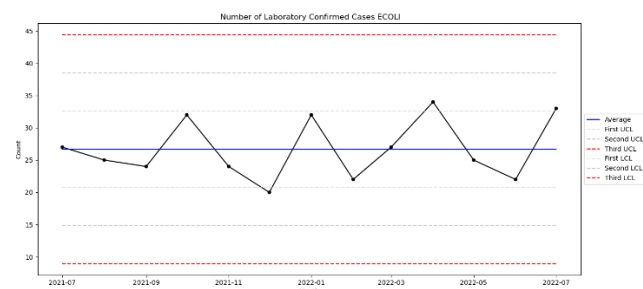
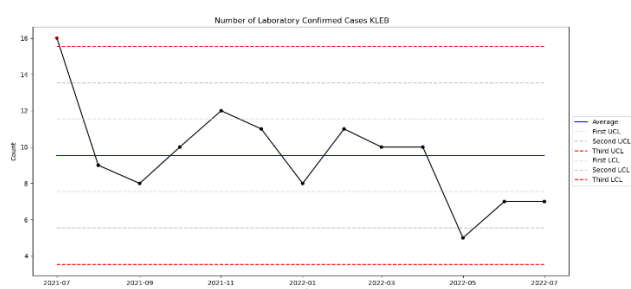
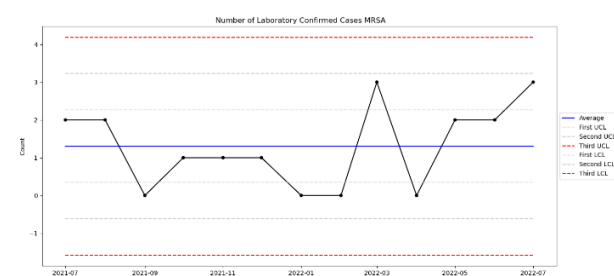
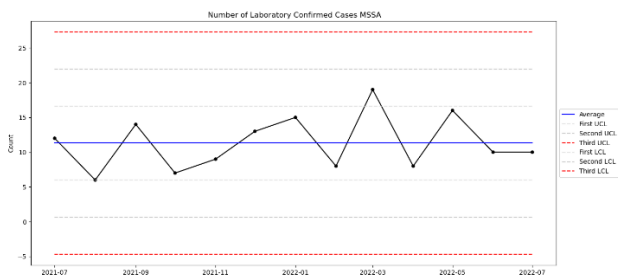
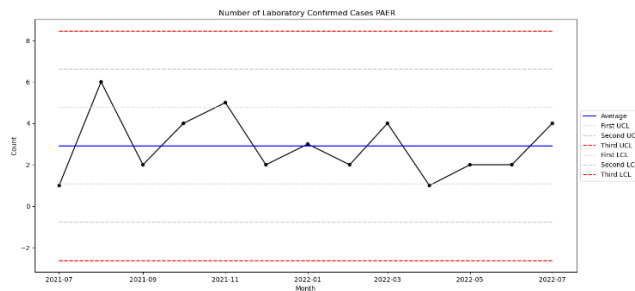
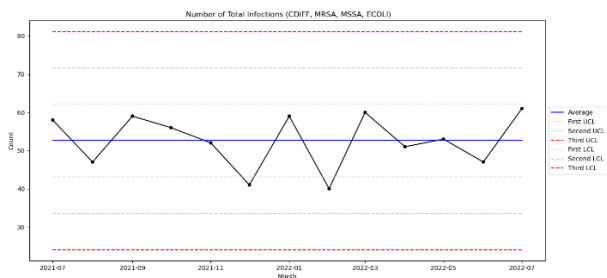


Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections Cdiff 2022-23 against baseline 2018-2019



Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Total Infections (KLEB+PAER) 2022-23 against baseline 2018-2019





CAVUHB HCAI Reduction Expectation Position – 2022/23

1. Organism	2. Max no. to achieve the required reduction	3. No. to end of July	4. % difference to the equivalent period 2021/22	5. UHB position - FY rate (1 st = lowest)
6. C difficile	7. 126	8. 47	9. ↓ 8%	10. 2 nd
11. SAUR (MRSA/MSSA)	12. 100	13. 50	14. ↑ 19%	15. 3 rd
16. E. coli bacteraemia	17. 338	18. 114	19. ↑ 5%	20. 2 nd
21. Klebsiella sp. bacteraemia	22. 100	23. 29	24. ↓ 33%	25. 5 th
26. P. Aeruginosa bacteraemia	27. 27	28. 9	29. ↑ 29%	30. 5 th

Actions to progress the improvement trajectory

- Weekly Cdiff/SAUR meeting with IP&C, Micro, AMR specialist pharmacists ongoing
- Plan to reinstate MDT review rounds with the above
- MRSA RCA review meetings with the EMD, EDON, IP&C and clinical teams
- IP&C audit plan for 2022/23 includes increased audits of PCV/CVC bundle compliance and insertion pack usage
- ICNET SSI surveillance to begin within the next month
- Working with clinical teams to further standardise products/procedures including IV access teams
- Regular audits of clinical environments and equipment
- Working with Capital/Estate/Facilities teams to improve clinical environments
- Build on the existing Education programme to widen staff groups included

PEOPLE/WORKFORCE

The Executive Director of People and Culture provides regular workforce metrics updates to the Board and an overview report demonstrating progress with the People & Culture Plan.

- **Sickness Absence** rates remain high; the monthly sickness rate for July is 7.34%. The rates for June and July are at the highest they've ever been for this time of year. The cumulative rate continues to rise, at 7.24%; this figure is derived from absence over the last 12 months.

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

The number of staff on long term sick leave where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced.

- The rate of compliance with Values Based Appraisal remains very low; the compliance at July 2022 was 34.57%. It is likely that operational pressures continue to adversely affect compliance. VBA training continues with focused and targeted support and a condensed template for a VBA has been designed in collaboration with TU Partners to provide support for effective conversations.
- **Turnover** rates have increased month-on-month over the last year, but fell for the first time for June 13.58% UHB wide. The July turnover rate is 13.60%. An empirical analysis of the leavers indicates that approximately 1% of the turnover has been due to the end of fixed-term contracts issued to staff to work in new teams created to respond to the COVID-19 pandemic (such as the Mass Immunisations team). There has been a 1.90% increase in turnover during the last 12 months, which equated roughly to an additional 255 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'Voluntary Resignation - Promotion'.
- Statutory and Mandatory training compliance rate continues at just over 13% below the overall target of 85%. It is likely that operational pressures continue to adversely affect compliance.
- Compliance with Fire training has fallen slightly in July, down to 64.82%. In June the compliance with Fire training was 65.02%.

Appendix 1- Workforce Key Performance metrics dashboard for July 2022.

Summarised below are a few examples of what the team have been working on since the previous Board report:

Improving the health & wellbeing of our staff

- Inner Wellness webinars for all staff continued in July and August with high attendance and positive feedback. The final webinar will take place in September.

- The first 2 Wellbeing Retreats have taken place and informal feedback has been very positive. Work is currently underway to capture feedback from participants, with engagement planned in September 2022, supported by The Fathom Trust.
- Development of Peer Support, including Schwartz Rounds and MedTRiM is gaining momentum. Clinical leads for Schwartz Rounds to be confirmed in September 2022, followed by training for the Steering Group and identification of facilitators. MedTRiM Practitioner Training scheduled for October 2022.
- Staff Wellbeing Framework development will now commence September 2022, progress and development to be supported by Strategic Wellbeing Group.
- The number of staff on long term absence suffering with long Covid is continuing to reduce and as mentioned earlier in the report the number of staff on long term absence suffering with anxiety/depression has also reduced.
- ADOD working with Innovation and Improvement Team to underpin Wellbeing Plans with effective measurements to capture progress and impact.
- Work to support colleagues with the Cost of Living has commenced with the establishment of a working group, including Trade Union representation. Signposting will go live on the UHB internet by the 5th September. Working with Communications Team to cascade advice available, including purchase of food, bill prioritising tools, debt advice and WG links to financial support. Further action meeting taking place 6th September, including development of CAV Community Cupboard.

Enhancing the way, we engage and listen to our teams

- Wellbeing survey for our Medical & Dental teams closed on 31st July 2022. 378 responses received and initial report received 31st August. Work is underway to triangulate with other engagement responses (e.g. MES) to identify next steps.
- The Winning Temp Staff Engagement Platform was launched in July. Currently a 12% participation rate after 7 weeks, the team are supporting the Executive Director of Nursing to encourage further engagement and regular sharing of findings.
- NHS Pension Scheme awareness sessions have been organised, focusing initially on the changes that have been created by the McCloud judgement.
- Requests for team development and cultural assessments continue to increase. Researching potential organisational diagnostics, conversations taking place with HEIW regarding using the NHS Culture and Leadership Programme approach. Work commencing Sept 2022.

Improving the way, we attract, recruit and retain

- The Temporary Staffing Department (Bank) have increased the supply of HCSW's by appointing in excess of 150 Bank HCSWs since June.
- The second Cardiff and Vale UHB Recruitment Event was held on 14 July at The Hilton Hotel, Cardiff and generated a lot of interest across a wide range of professions and roles.
- A further 10 Widening Access events with schools were held during July and early August to promote NHS careers. This takes the total to 39 since February 2022.
- The Nursing Hub is continuing to recruit into our permanent HCSW vacancies, the aim is to recruit in excess of 200 HCSW's within the next 3-6 months. This will improve quality and reduce our over reliance on Agency HCSW's.
- A series of careers videos will be produced following a successful funding bid from the Charitable funds committee.
- Full funding has been provided to offer 15 work experience placements with Prince's Trust 16-30-year olds to commence in November.
- The People Resourcing Team will be participating in a recruitment event for Ukrainian and Afghan refugees in September.
- Participation in the Public Sector fun day in Grangetown area to promote the UHB as an employer.
- Further apprenticeship schemes have now been agreed which include Estates posts, decontamination technicians and complaints admin posts.
- Over 15 apprentices have been recruited since April and following the successful review of our PCIC apprentices in June, a further cohort will be recruited.

Improving workforce efficiency through systems and workforce analytics

- The plan is still to complete the implementation of the new e-rostering system for the Nursing Workforce by 31/03/22, although we do appreciate that it will be more difficult to release Nurse Managers for training during the winter months.

- By the end of August 2022, 84% of consultant job plans were under construction in the e-system. The contract for the e-job planning software has been extended for a further 12 months.
- Medical and Dental establishments are being finalised, ESR will be updated to improve the accuracy of our reporting.
- The contract for the Medical and Dental staff bank (managed for the UHB by Medacs) has been extended for a further 12 months. The M&D shift fill rate continue to be above 90%.
- We are continuing to develop our people analytics.

Offering excellent education, learning and leadership development

- First Cohort of Royal College of Nursing Cadets hosted in July. All 13 attendees were from an ethnically diverse background and discussions are underway to ensure an inclusive approach to the recruitment of future cohorts.
- 331 Nurses that joined us via the International Nurse Recruitment campaign have now achieved registration.
- 21 of the UHB's nursing HCSW are starting the flexible undergraduate nursing programme in September.
- Acceler8 Cohort 1; Module 6 completed, final module scheduled for September 2022. Cohort 2 nominations now received. Allocation of places under-way, currently over-subscribed.
- One physio assistant and one occupational therapy assistant will be starting the flexible part-time undergraduate programmes for Physiotherapy and Occupational therapy in September 2022 as part of a HEIW pilot.
- Collabor8 programme design agreed and nominations will be sought in September 2022 with the programme commencing October 2022.
- Coaching network progressing well with cohort 3 of coach trainees due to commence in the autumn.
- Working with Innovation team to develop links between programmes (Climb; Acceler8; Collabor8), to clarify pathways and establish leadership networks and mentoring opportunities.
- REACTMH Training for Managers – facilitators now trained via the 'train the trainer' approach. Roll-out plan in development to start October 2022. Session will also be built into existing management development programmes.

OPERATIONAL PERFORMANCE

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

There has been no change to national requirements for performance and waiting list reporting and published information since the last Board meeting. The revised NHS Performance Framework for 2022/23 was issued in June 2022, reflecting some of the Ministerial priorities outlined in national plans. Board reports will continue to update on two specific planned care ministerial ambitions – elimination of > 52 weeks new outpatients by the end of December 2022 and elimination of > 104 week waits for all stages of pathway in most specialties by the end of March 2023.

Emergency & Urgent Care

Attendances at the Emergency Unit have increased since the first Covid wave but remain lower than previous years. Performance against the 4-hour standard, 12-hour trolley waits and ambulance handover times are shown in the balanced scorecard.

The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. There are two main factors which continue to combine to cause current difficulties. The first is the very high levels of adult bed occupancy, which is predominantly driven by the number of patients who are delayed transfers of care (DTOC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit.

The second is the sustained workforce challenges which is being driven by the high number of escalation beds that are open to support the DTOC levels, the number of trained nurse vacancies and our high sickness absence rate.

At the time of writing, the UHB had 41 Covid positive inpatients across its two acute hospital sites.

In order to address the current pressures and improve the operational performance for our patients, a number of plans, in conjunction with its Local Authority and WAST partners, are being brought together into an overall Winter Plan for the Health Board to bridge the anticipated gap in capacity this winter.

Cancer

July was another disappointing month for delivery against the single cancer pathway (SCP) with just 51.4% compliance against the 75% standard. There are currently just over 3,000 suspected cancer patients on the single cancer pathway, of which 712 have waited over 62 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients and a cancer summit has been arranged with the tumour group leads and operational teams to understand the demand (referrals for patients with suspected cancer have now exceeded pre-Covid levels), the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients.

Planned Care

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 129,778 as at August 2022. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – August - 489
- Patients over 104 weeks August – 7,687
- Patients over 52 weeks – August – 30,357

The number of patients waiting for planned care and treatment **over 36 weeks** has decreased to 45,600 at the end of August 2022. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of August 2022 was 180,440. 98.7% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 43,454.

95% of patients waiting for **eye care** had an allocated health risk factor in August 2022. 66.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Ministerial Measures:

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against our IMTP commitments and will retain a specific focus on the longest waiters in these cohorts.

Measure	WG Ambition	IMTP commitment	April	May	June	July	August
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,588	15,810	16,272	16,584	16,179
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	9,066	8,820	8,300	8,308	7,687

Diagnostics

The good progress made in increasing **Diagnostic** activity and reducing waits continues. The volume of greater than eight-week waits has reduced to 3,563 at the end of August. The number patients waiting over 14 weeks for **Therapy** reduced to 1,962.

Mental Health

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 1,258 referrals in July 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioural needs.

Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. Part 1a: The overall percentage of Mental Health assessments undertaken within 28 days increased to 94.3% in July 2022, CAMHS performance was 56.1%. Part 1b: 94% of therapeutic treatments started within 28 days following assessment at the end of July 2022.

Primary Care

The Health Board achieved 33% compliance in July 2022 for the proportion of GP OOH 'emergency' patients attending a primary care centre appointment, with 1 patient of 3 attending within 1 hour. The Health Board was 67% compliant against the target for emergency GP OOH patients requiring a home visit within one hour.

Pressure has continued within GMS, albeit with a reduction in the number of practices reporting high levels of escalation. There were 9 reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 54% of pre-Covid activity in July. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

FINANCE

How are we doing?

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

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

The UHB's core plan incorporated: -

- Brought forward underlying deficit of £29.7m
- Allocations and inflationary uplifts of £29.8m
- Capped cost pressures and investments of £36.9
- A £16.0m (2%) Initial Savings programme
- £3.7m Further Financial Recovery Actions (£3.4m Savings & £0.3m reduction in Investments)

This results in a 2022-23 planning deficit of £17.1m.

Reported month 5 position

The Welsh Government monthly financial monitoring returns capture and monitor costs due to COVID 19 and exceptional cost pressures that are over and above LHB core plans. The financial position reported to Welsh Government for month 5 is a deficit of £9.652m and this is summarised in Table 1.

Table 1 : Month 5 Financial Position

	Month 5	Forecast Year-End Position £m
COVID 19 Additional Expenditure	25.063	58.923
Exceptional Inflationary Pressures	6.783	45.825
Gross additional COVID and Exceptional Inflationary Pressures £m	31.846	104.748
Welsh Govt FUNDING for additional COVID and Exceptional Inflationary Pressures	(31.846)	(104.748)
Planned deficit	7.125	17.100
Operational position (Surplus) / Deficit	2.527	0.000
Financial Position £m (Surplus) / Deficit £m	9.652	17.100

The month 5 deficit of £9.652m comprised of the following:

- £7.125m planned deficit (5/12th of £17.100m);
- £2.527m adverse variance against plan.

The UHB plans to recover the adverse operational variance of £2.527m at month 5 as the year progresses and anticipates that it will deliver its planned deficit position of £17.1m.

In line with the draft financial plan, the UHB expects Welsh Government funding to provide full cover for additional costs in relation to the management of COVID and exceptional cost pressures. At month 5, the UHB is projecting additional expenditure due to COVID-19 including local response and national programmes, to be £58.923m. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £45.825m.

Savings Programme – to be updated to m5

Delivery of the core financial plan includes a £19.400m savings requirement. At month 5, the UHB had identified £17.445m of green and amber schemes to deliver against the final £19.400m savings target leaving a further £1.955m schemes to identify. £11.966m recurrent schemes were identified against the £15.400m recurrent element of the target leaving a further £3.434m to find.

Underlying deficit position

The UHB's accumulated underlying deficit brought forward into 2022/23 was £29.7m which reflects the £21.3m shortfall against the recurrent 2020/21 savings target due to the pandemic and the £4.4m shortfall against the 2021/22 recurrent savings target. Delivery of the UHB's financial plan which includes a £15.4m recurrent savings target, will ensure that the underlying position does not deteriorate in 2022/23 and reduces to £20.0m.

Creditor payment compliance

The UHB's public sector payment compliance performance was 92.6% at the end of August, which is just below the target of 95%.

Remain within capital resource limit

The UHB's approved annual capital resource limit was £45.396m at the end of August 2022. Net expenditure to the end of August was 28.6% of the UHB's approved Capital Resource Limit and all schemes were classified as low risk.

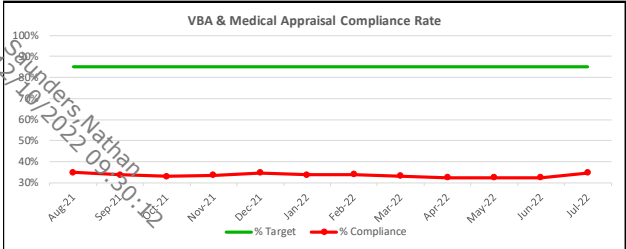
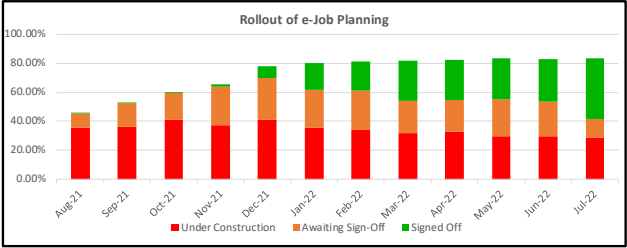
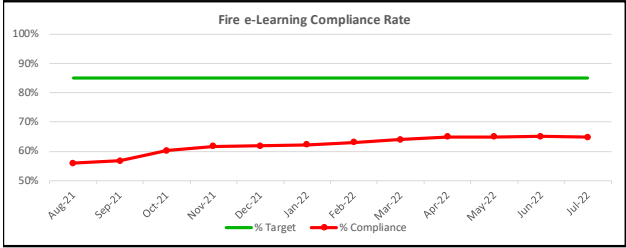
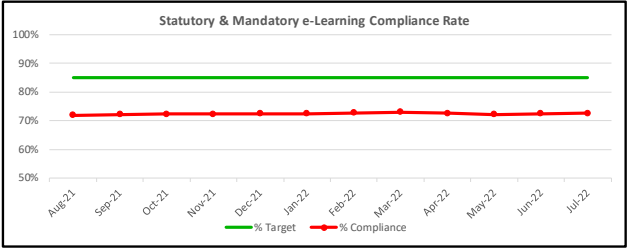
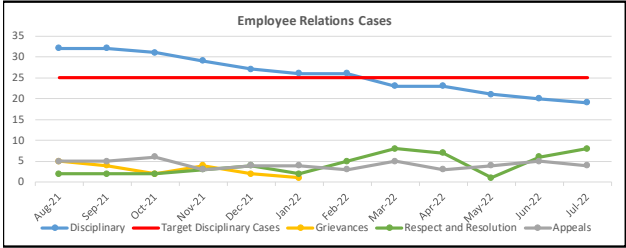
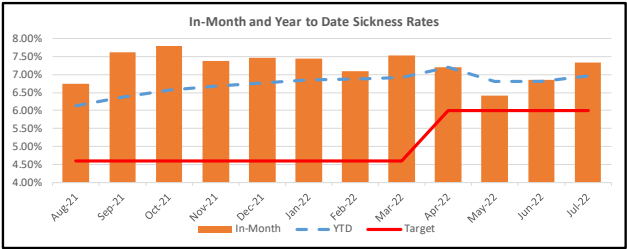
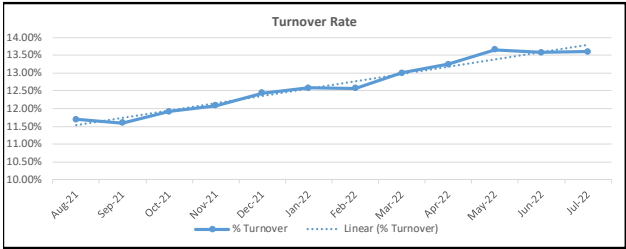
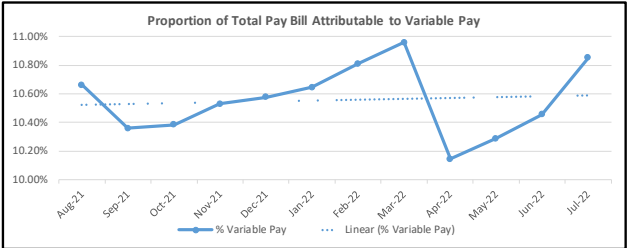
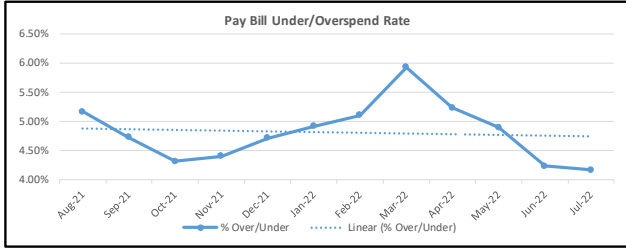
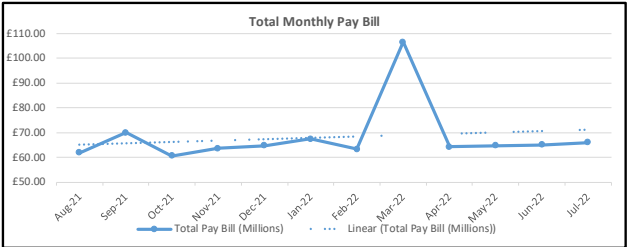
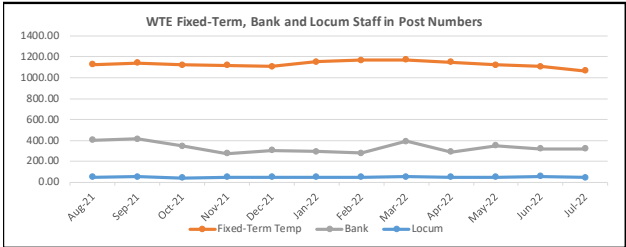
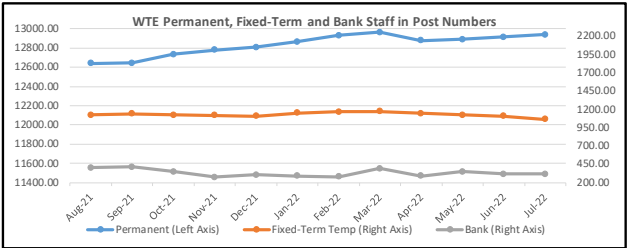
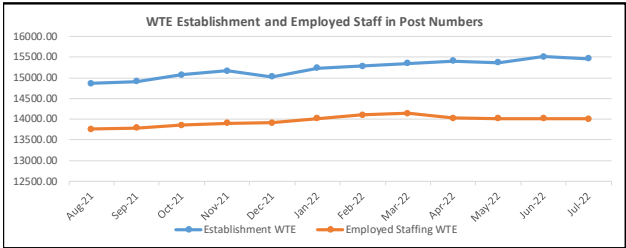
What are the UHB's key areas of risk?

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23 year end with a current planned deficit of £17.1m.

Saunders, Nathan
12/10/2022 09:30:12

Appendix 1

Workforce Key Performance Indicators Trends July 2022



Recommendation:

The LPF 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	x	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
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	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration	x	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

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

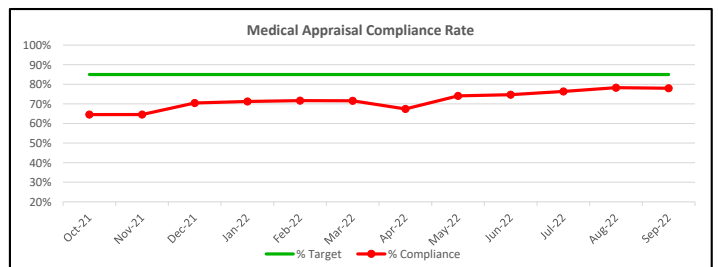
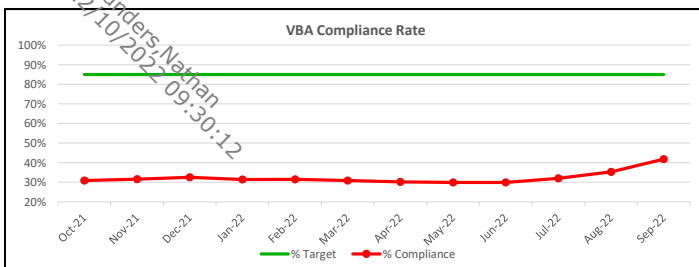
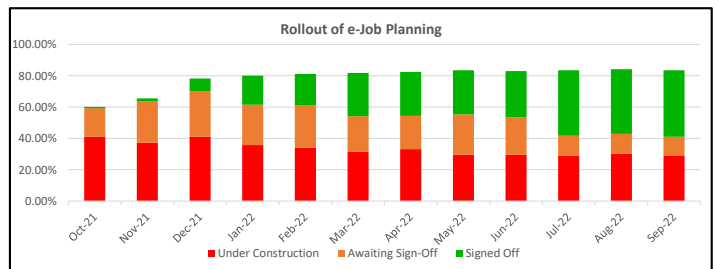
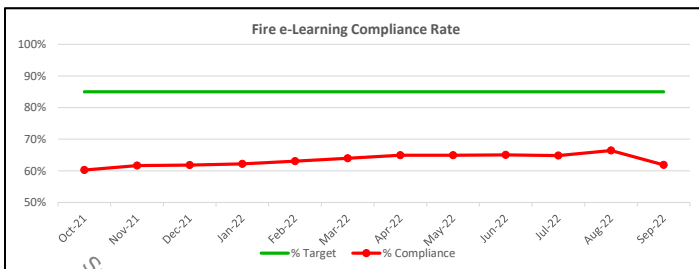
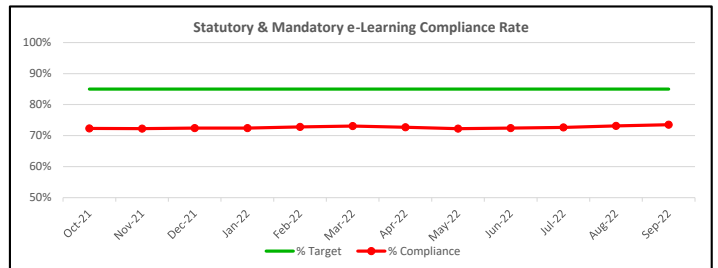
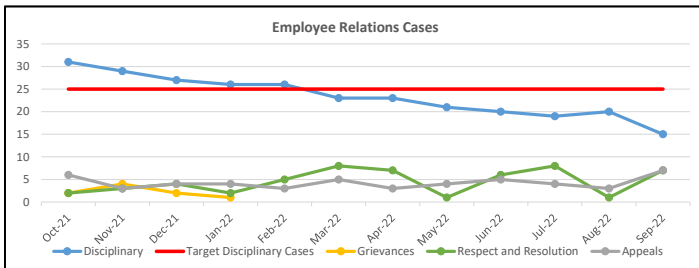
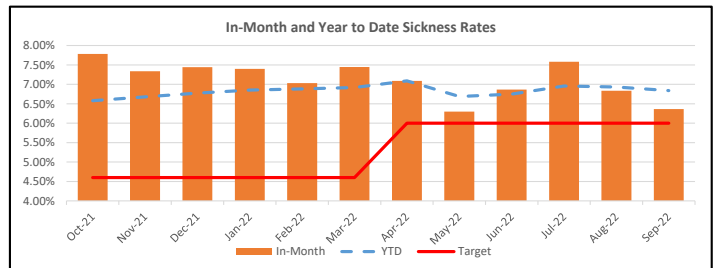
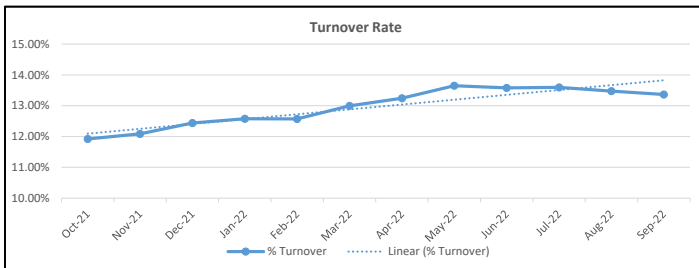
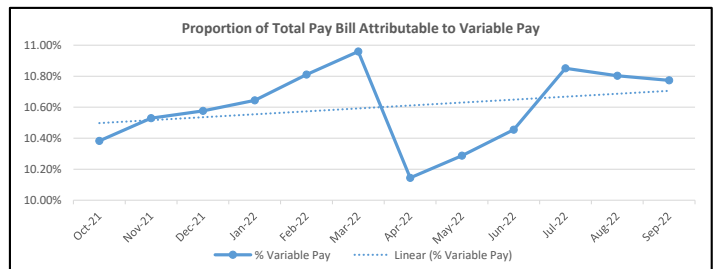
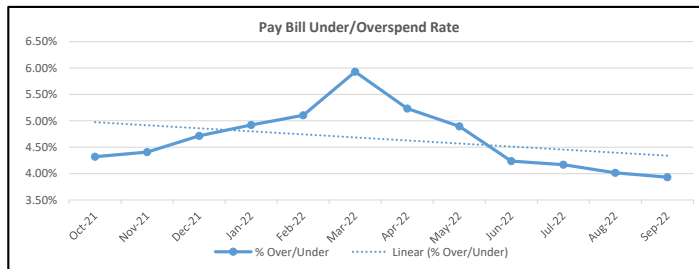
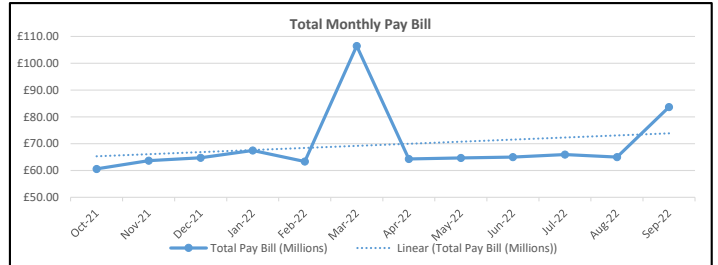
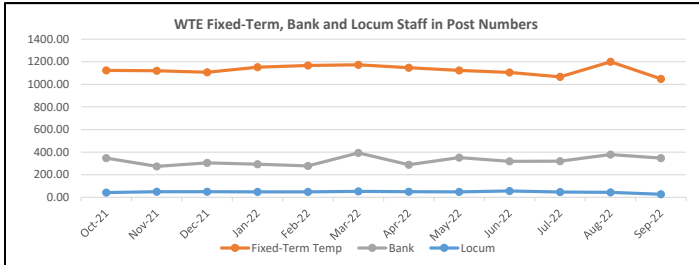
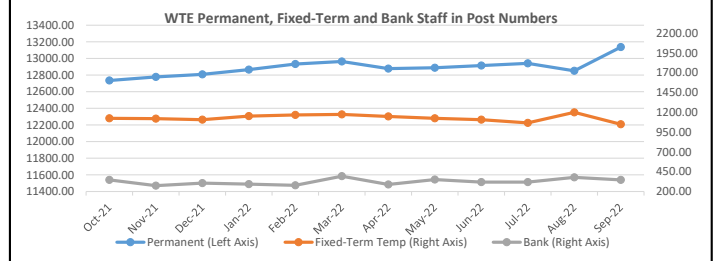
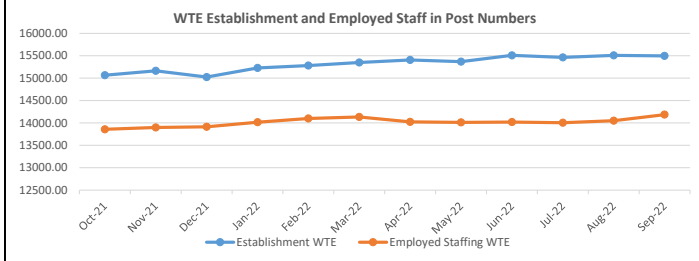
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Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Workforce Key Performance Indicators Trends September 2022



Saunders, Nathan
12/10/2022 09:30:12

MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 7 SEPTEMBER 2022 VIA MICROSOFT TEAMS

Present:

Peter Hewin	Unison/BAOT Representative (Co-Chair)
Rachel Pressley	Deputy Head of People Assurance and Experience (Co-Chair)
Rhian Wright	RCN Representative
Bryony Donegan	People Services Manager
Ceri Dolan	RCN Representative
Lucy Smith	People Services Manager
Steve Gauci	Unison Representative
Mathew Thomas	Unison Representative
Rebecca Corbin	LED Manager
Marcia Donovan	Head of Corporate Governance
Nicola Bevan	Head of Occupational Health
Helen Palmer	People Assurance and Experience Advisor (minutes)

In attendance:

Lorna Bennett	Consultant in Public Health
Katy Evans	Health Intervention Coordinator
Stewart Attridge	Health Intervention Coordinator
Janice Aspinall	RCN

EPSG 22/022 WELCOME AND INTRODUCTIONS

Rachel Pressley (RP) welcomed the group and introductions were made to Marcia Donovan, Head of Corporate Governance who has a standing invitation to attend. Lorna Bennett, Katy Evans and Stewart Attridge were also welcomed as they had policies/procedures to present.

EPSG 22/023 APOLOGIES OF ABSENCE

Apologies for absence were received from Mitchell Jones, Pauline Williams, Jonathan Strachan Taylor.

EPSG 22/024 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 29 June 2022.

EPSG 22/025 ACTION LOG

The Group noted the Action log.

Saunders, Nathan
12/10/2022 09:30:12

Rhian Wright (RW) commented that the current Retire and Return Procedure had not been updated on the Internet, RP apologised that this was an error after the last EPSG meeting and this had slipped through, it has now been sent to Corporate Governance and would be uploaded soon.

EPSG 22/026 Maternity, Adoption, Paternity and Shared Parental Leave Policy

RP advised that the key changes to this policy were that the Shared Parental Leave Occupational Pay element had been incorporated and the scope of the policy had been widened to include members of staff who are the intended parent through a surrogacy arrangement

These changes ensure that the policy is now up to date with the Terms and Conditions.

The EPSG **RECOMMENDED** the policy for approval by Strategy and Delivery Committee.

EPSG 22/027 Management of Stress in the Workplace

Katy Evans (KE) advised the group that this, along with the Management of Employee Mental Health Guidelines had previously been one document (Management of Stress and Mental Health in the Workplace Procedure UHB 071) but it had now been split into two separate guidelines. Although this document had previously been a Procedure, on reviewing the content it was recommended that it be changed to Guidelines on the basis that there was not a mandatory process to follow.

RW made a suggestion that in the appendix where there is a table of wellbeing check-ins, that being provided with the time to do mandatory training should be added as this is a quite a big stress in the organisation at the moment with staff being stressed at work. Rebecca Corbin (RC) commented that this concern had been raised previously but suggested that reference should be made in the Study Leave Guidelines rather than in this procedure. RP supported this suggestion and agreed that the Study Leave Guidelines was a more appropriate place to tackle the issue of time to complete mandatory training. However, it was agreed that reference be made to supporting staff to take time away from the workplace where possible to enable a break from department pressures.

Peter Hewin (PH) drew the groups attention to the paragraph on the bottom of page 11 that refers to a “lack of Staff” being a concern raised by staff. PH commented that while this was a valid observation, it is part of a much bigger problem than just a failure to delegate. He suggested that reference could be made to the All Wales Policy or strategy. It was agreed that this form of words would be looked at outside of the meeting.

Lucy Smith (LS) commented that they were really good guidelines, but felt that the link could be stronger with the Stress Risk Assessment and suggested they documents be placed

close to each other on the Internet so that they can be utilised to full capacity. PH suggested a hyperlink to the Stress Risk Assessment would be useful.

The Guidelines were **APPROVED** subject to these changes being made

Action: KE

It was agreed that rather than bring this back to a meeting and wait two months to approve it that the EPSG approved the procedure subject to the amendments discussed and that Chairs Action will be taken to approve when the changes have been made.

Action: RP and PH

EPSG 22/028 WINTER VACCINATION POLICY

Lorna Bennett (LB) advised that the group that she was attending the meeting on behalf of Penny Cresswell-Jones who had drafted the Policy.

LB highlighted that the policy now includes Flu and Covid vaccinations and what UHB employed staff should expect with regards to invitation and informed consent. The policy also provides more detail about how individuals data will be handled within the process. Data is used to provide high level reports, for example, so that Clinical Boards know what their uptake is, allowing extra vaccination sessions to be put on if there is a particular Clinical Board where the uptake is low.

PH referred to the EQIA and accessibility. LB reminded the Group that this Policy is specifically about staff, not members of the public and advised that there is Holme View as well as Woodland House. Staff will be able to receive both vaccines at the same time, this is not necessarily the same for members of the public who would receive their flu vaccine at their GP. LB advised that they will then be offering mini vaccination pop ups, but are trying to put through the majority of vaccines through the mass vaccination centres.

There was discussion with regard to communications and myth busting, LB advised that quite a bit of work is done with the comms team around messaging through social media etc, trying to counter some the misinformation messages.

RP commented on the template of the Policy and some of the boxes not being completed and advised that the version control section is really important for future if there is a query on when something was amended.

The EPSG **RECOMMENDED** the Policy for approval by Strategy and Delivery Committee

EPSG 22/029 ADAPTABLE WORKFORCE POLICY

RP advised that the key changes were around the alignment of the Policy to the People and Culture Plan. New sections have been added under the Policy Commitment to incorporate integrated working and new ways for working, aligned with workforce patterns and Welsh Language skills. The Policy is about having the right people in the right place at the right time. The scope of the policy has matured since it was first written and more detail has

been provided on what working agilely means, including workforce planning. The essence of the Policy hasn't changed but the strategies used has broadened. A comment was received as part of the Consultation Process about recognising that the experience of staff with protected characteristics can differ greatly from those without and enabling their voices to be heard, and listening to them and this had been incorporated.

PH also drew attention to some amendments that were needed with the wording. Page 2, Bullet Point 2 – to create a culture that breaks through system, sector and professional boundaries, should this say unconstrained by instead of breaking through , as it was important to retain some professional boundaries.

Page 2, Final Bullet Point – subject to the needs of the service, should this read staff being adaptable to support the needs of the service?

Action: RP

The EPSG **RECOMMENDED** the Policy for approval by Strategy and Delivery Committee, subject to the amendments agreed.

EPSG 22/030 LEARNING, EDUCATION AND DEVELOPMENT POLICY

RC presented the LED policy, the changes to this Policy are minimal and have been tracked changed for ease of reference. Changes are as follows:

- Links have been added to the VBA Process,
- Links added to supporting documents
- Reference to PADR changes to VBA

Mathew Thomas (MT) noted that there is still a reference to PADR on Page 6 of the EHIA

A query was also raised on the correct wording for reference to Transgender, is the word Trans acceptable. It was agreed that this would be clarified.

Action: Helen Palmer

The EPSG **RECOMMENDED** the Policy for approval by Strategy and Delivery Committee subject to amendments agreed.

EPSG 22/031 EMPLOYEE HEALTH AND WELLBEING POLICY

RP presented the Employee Health and Wellbeing Policy.

The main change with this policy is that there is more emphasis on how to support staff, looking at culture and a zero tolerance to violence and aggression and discrimination. There is also more of a commitment to support wellbeing.

LS suggested the following amendments:

- The 2nd bullet point under Policy Commitment, the e.g. at the end needs to be removed.
- The Grievance Policy and Procedure the Dignity at Work Process are referenced in the list of support documents, this should now be the Respect and Resolution Policy which has replaced both.
- Ordering the list by priority or alphabetical as there is a long list of documents referenced.
- The last bullet point under Policy Commitment that refers to the People and Culture Plan should be put higher up the list as it is high profile at the present time.
- The People and Culture Plan should be added to the resources to look at.

Action: RP

Procopio Gauci (PG) commented that he welcomed the approach of supporting wellbeing through a compassionate and inclusive approach. He requested that an addition be made under Policy Commitment to raising awareness of disability and neurodiversity by raising awareness through training etc.

Action: RP

It was suggested that this could be incorporated into the training for the Managing Attendance at Work Policy. It was agreed that this would be picked up outside of the meeting.

Action: LS and PG

PH commented on the EHIA section 6.3 which states that the UHB recently adopted a Menopause Policy, the would recent should be removed as it had been adopted for a number of years.

The EPSG **RECOMMENDED** the Policy for approval by Strategy and Delivery Committee subject to amendments agreed.

EPSG 22/032

RECRUITMENT AND SELECTION POLICY

RP advised that the key changes to this Policy are

- Reference to the People and Culture Plan and integrated working included
- A new section has been added on using Recruitment materials to promote wider strategies e.g. sustainability as a way of attracting staff using proactive stories to show the good things that we are doing.
- Reference to the Medical and Dental Managed Staff Bank

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- Guidance on Internal secondment arrangements including reference to Equality Act obligations
- Widened statement about reasonable adjustments.
- A statement to ensure staff are welcomed and settled into their roles.

MT queried whether the Policy should make reference to conflicts of interest around the interviewing process. RP Advised that it would already be covered in the Standards of Behaviour and Declaration of Interest Policies. However, it was agreed that it could be mentioned in the policy as well, to ensure it is fair.

Action: RP

The EPSG **RECOMMENDED** the Policy for Approval at Strategy and Delivery Committee.

EPSG 22/033 SUPPORTING EMPLOYEE MENTAL HEALTH GUIDELINES

Stewart Attridge (SA) presented the Supporting Employee Mental Health Guidelines, these were previously incorporated into the Management of Stress and Mental Health in the Workplace Procedure which was split into two separate documents. The following sections have been strengthened

- Section 2 – provides more clarity to employee
- Section 3 – provides clarity to manager/supervisor
- Section 4 – inclusion of the incoming REACT Mental Health Training for managers.
- Sections 6 and 7 – created to provide more practical advice for manager on how to actively engage with some of their staff and some mental health issues.

Janice Aspinall (JA) commented that it was really comprehensive piece of work which was excellent.

PH queried whether there was danger that a manager could think that the employee section did not apply, however they would be classed as the employee as well. It was agreed reference to this would be added in the Scope.

Action: SA

The EPSG **APPROVED** the Supporting Employee Mental Health Procedure subject to the agreed amendment being made.

EPSG 22/034 PARENTAL LEAVE PROCEDURE

RP advised that all Legislation and Terms and Conditions were unchanged and it was agreed that this procedure would roll forward for another 3 years.

The EPSG **APPROVED** the Parental Leave Procedure.

EPSG 22/035 ANY OTHER BUSINESS

Nicola Bevan (NB) mentioned that Katy Evans and Steward Attridge had been shortlisted for a National Award for the Team of the Year, the ceremony would be taking place in Birmingham tomorrow. EPSG wished them the best of luck and thanked them for all their work around employee health and wellbeing.

EPSG 22/036 DATE AND TIME OF NEXT MEETING

The next meeting of EPSG is scheduled to take place on 23 November 2022.

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Report Title:	STAFF BENEFITS GROUP REPORT		Agenda Item no.	10	
Meeting:	LOCAL PARTNERSHIP FORUM	Public	<input checked="" type="checkbox"/>	Meeting Date:	
		Private	<input type="checkbox"/>		
Status (please tick one only):	Assurance	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Rachel Gidman, Executive Director of People and Culture				
Report Author (Title):	Barbara John, Business/Operational Manager, Communication, Arts, Health Charity and Engagement				

Main Report

Background and current situation:

Cardiff and Vale University Health Board Staff Benefits Group (SBG) 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 (LPF).

The purpose of this paper is to inform the LPF of staff benefits opportunities and progress, discussed and agreed by the SBG between June - August 2022.

The Staff Benefits Group meets on a quarterly basis and has the following membership:

- Senior Management Representative
- Senior Health Charity representative
- Senior Workforce Manager
- Staff Side representative
- Communications representative
- Sustainable Travel Manager
- Procurement Representative

The Business/Operational Manager of the Communication, Arts, Health Charity and Engagement Team facilitates the relationship and communications between the SBG, its partners/discount providers and the Communications Team digital support. Administrative support is also provided by the Communication, Arts, Health Charity and Engagement Team.

Local businesses / suppliers and online retailers (via NHS staff discount platforms) who offer discounted goods or services to NHS employees are invited to email the Communication, Arts, Health Charity and Engagement Team at News@wales.nhs.uk with details of their proposal.

New staff benefit proposals and discounted offers are submitted to the Staff Benefits Group for discussion and approval and subsequently displayed on the UHB website staff benefits pages, and promoted via staff engagement platforms, including: Staff Connects / Staff Weekly Update /social media, as relevant.

Proposals of free or subsidised local events, sports/concert tickets and time limited deals are distributed by email for SBG members consideration and approval, to ensure there are no delays in decision making and/or promotion of offers for the benefit of staff.

The last Staff Benefits Group meeting was held on 16th August 2022 and recorded the following:

Staff Benefits Partners Update

Nathaniel Cars Group (NCG)

Health Charity Engagement

- NCG have been invited to attend a thank you event in September 2022 at the recently refurbished Paediatric Emergency Unit, which they generously supported via their 'Nathaniel's November' fundraising scheme in 2021, raising £9,825. The donation was shared with the Employee Wellbeing Service.
- NCG will open a new store at St David's Shopping Centre in January 2023 – providing potential opportunities for Health Charity Fundraising as part of its partnership working.

Staff Benefits

- NCG have proposed an exclusive offer of fixed price vehicle servicing for £79.00 at their Cardiff Showroom for CAVUHB employees. Promotional period to be agreed and advertised via staff engagement platforms.
- Electrical Vehicles 'Try Before You Buy' Scheme to be re-scheduled at UHW.
- NCG advised that as part of their partnership with Cardiff City Football Club, the newly appointed CCFC Commercial Director is keen to engage with the local community and potentially utilise the existing relationship between Nathaniel's/ Cardiff & Vale Health Charity/UHB.

Proposals for staff competitions included:

- team mascot opportunities for family members
- visits to CCFC training sessions/ meet the player opportunities for family members
- *(adult family members to attend the above with child)*

Discussion ongoing to agree dates and promotional opportunities.

Digital Content/ Promotion

- Current web pages promoting NCG staff benefits have been reformatted to include all current and new offers and promoted via available platforms.

CAVUHB Commercial Requirements

- NCG have expressed an interest in engaging in potential discussions with the Health Board's Transport and Sustainable Travel department to explore ways they may be able to support the following:
 - vehicle purchasing and leasing requirements, particularly in light of ongoing delivery delays with current suppliers. (NCG are now registered on the Crown Framework and have requested to be invited to tender for future new contracts/ vehicle supplier opportunities).
 - Electric Vehicle and on-site charging requirements – as above.
 - Offered the Health Board a week's free trial of a Fiat Ducato.
- NCG advised that they are a registered supplier of a range of vehicles to Fleet Solutions. This information will be used in future promotions.

Next meeting with NCG is scheduled for 22nd September 2022. RG is unavailable to attend, but will attend the following meeting in November 2022.

Cost of Living Crisis

Discussion took place regarding the impact of the cost of living crisis on UHB employees with reference to the Health Boards proposals to support staff as agreed in the recent meeting of the Local Partnership Forum meeting.

Staff Benefits promotions to be maximised and feature cost saving opportunities across a wide range of retailers/suppliers and regularly promoted via all staff engagement platforms.

Staff Benefits Providers

New Discount Providers Proposals – discussed and approved for promotion

*Everlast Gym – Cardiff Leckwith	Discounted gym membership for a monthly fee of £27 per month and no joining fee for 12-month contracts.
Brecon Beacon's Park Society	Extension of existing free membership of the Brecon Beacons Park Society for one year - valid from 1 st July 2022 to 30 th June 2023
Legacy Leisure – Penarth Branch	Free 3 Day Pass for all staff

CAVConnect App Launch/ SBG Webpages

The CavConnect staff engagement platform has been rescheduled for launch in mid-September 2022. Working with Comms Team to utilise donated staff benefits prizes for the staff registration incentive scheme.

Staff Benefits Engagement

Recent meetings held with several web-based staff benefits providers to discuss opportunities to utilise staff benefits promotions and health charity partnership working to support employees, resulting in the following commitments:

- **StaffBenefits.co.uk :** [Staff Benefits](#)
 - National online staff discount provider, offering “free, exclusive discounts to all NHS and government employees” with member access to a wide range of discount providers plus wellness and newsfeed sections.
 - Provider offered prizes for the CAVConnects launch to the value of **£300**.
- **Healthcare Staff Benefits-** [Healthcare Staff Benefits](#) | [Great deals, codes and offers for NHS Staff](#)
 - National online staff discount provider, currently engaging with regional businesses e.g. florists, hairdressers, restaurants and other retailers to provide discounts to staff in areas local to the Health Board.
 - Provider offered support to CAV Connects launch and the Health Charity to support fundraising opportunities to the value of **£1,000**.
 - Subsequent engagement with Everlast Gym* has resulted in a further commitment of the following:
 - Donation of a prize of one year's free membership for CAVConnects incentive scheme
 - One week's free trial at Everlast Gym, Leckwith – for promotion to all staff

AOB

Staff Benefits – Proposed Staff Benefits Open Day Event at UHW

The SBG received a verbal proposal from BJ to co-ordinate a ‘Staff Benefits Open Event’ at UHW (potentially October 2022) to include invited representatives from:

- **Approved staff benefits discount providers** – raise awareness of the wide range of staff benefits and support available to all employees
- **The Health Charity Team** – to improve visibility and awareness amongst staff
- **Communications Team** – inform staff and support registration to Staff Connects
- **Nathaniel Cars Group** – provide advice and information re existing benefits and vehicle renewal opportunities, including electric cars
- **Unison** – provide information on staff benefits and available support

Venue suggestions are: Lakeside Wing Staff Area / Sports and Social Club.

If successful, the event could be extended to other locations across the UHB to support staff more widely.

SBG approved proposal in principle with more detailed written proposal to follow for further consideration.

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

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

Increased engagement and negotiation with local and national suppliers has seen an increase in gifts and donations to the Health Board and Health Charity, all of which will further support employees.

Recommendation:

The LPF is requested to:

RECEIVE FOR INFORMATION the Staff Benefits Group Report for the period June – August 2022.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: 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:

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