





# Local Partnership Forum

Thu 21 October 2021, 10:00 - 12:00

## Agenda

10:00 - 10:01 1 min	<b>1. Welcome and Introductions</b>  <i>Chair</i>
10:01 - 10:02 1 min	<b>2. Apologies for Absence</b>  <i>Chair</i>
10:02 - 10:03 1 min	<b>3. Declarations of Interest</b>  <i>Chair</i>
10:03 - 10:04 1 min	<b>4. Minutes of the Meeting held on 18th August 2021</b>  <i>Chair</i>   4. LPF minutes 18.08.21.pdf (7 pages)
10:04 - 10:05 1 min	<b>5. Action Log Review</b>  <i>Chair</i>   5. LPF Action Log.pdf (1 pages)
10:05 - 10:25 20 min	<b>6. Dragons Heart Institute</b>  <i>Presentation-Director of Transformation</i>   6. Dragon's Heart Institute.pdf (16 pages)
10:25 - 10:45 20 min	<b>7. Executive Director of Public Health's Report</b>  <i>Executive Director of Public Health</i>   7. DPH report.pdf (3 pages)
10:45 - 10:55 10 min	<b>8. Integrated Medium Term Plan (IMTP)</b>  <i>Verbal- Executive Director of Strategy and Planning</i>
10:55 - 11:05 10 min	<b>9. Operational Pressures</b>

Mink Rhoda  
20/10/2021 09:34:24

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**11:05 - 11:15 10. Strategic Equality Plan**

10 min

*Equality Manager*

 10. SEP Flash Report- October 2021.pdf (1 pages)

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**11:15 - 11:25 11. Chief Executives Report**

10 min

*Verbal-Interim Chief Executive*

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**11:25 - 11:35 12. Finance Report**

10 min

*Executive Director of Finance*

 12. Finance Report.pdf (3 pages)

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**11:35 - 11:45 13. Workforce and OD KPI Report**

10 min

*Executive Director of People and Culture*

 13. Workforce KPI Metrics.pdf (8 pages)


 13.1 appendix WOD KPI report.pdf (1 pages)

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**11:45 - 11:55 14. Patient Safety Quality and Experience report**

10 min


*Executive Director of Nursing*

 14. Patient QSE Report -.pdf (15 pages)

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**11:55 - 11:55 15. Minutes from the Employment Policy Sub Group**

0 min

 15. unconfirmed EPSG Mins Sept 2021 (003).pdf (3 pages)

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**11:55 - 12:00 16. Any other business previously agreed with the Co-Chairs**

5 min

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**12:00 - 12:00 17. Future Meeting Arrangements**

0 min

Wednesday 1st December 2021 at 10am (with a staff representative pre-meeting at 9am) via Teams

Monks Rhoda  
10/14/2021 09:34:24

## LOCAL PARTNERSHIP FORUM MEETING

Wednesday 18 August 2021 at 10am, via Teams

### Present

Rachel Gidman	Executive Director of People and Culture (co-Chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-Chair)
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Andrew Crook	Head of Workforce Governance
Katrina Griffiths	Interim Head of HR Operations
Peter Welsh	Hospital Manager, UHL and Barry
Ruth Walker	Executive Director of Nursing
Catherine Phillips	Executive Director of Finance
Mike Jones	Independent Member – Trade Union
Mat Thomas	UNISON
Peter Hewin	BAOT / UNISON
Fiona Kinghorn	Executive Director of Public Health
Caroline Bird	Deputy COO
Jonathan Strachan-Taylor	GMB
Ceri Dolan	RCN
Sian Taylor	Communication and Engagement Manager (for Joanne Brandon)
Stuart Egan	UNISON
Joe Monks	UNISON
Stuart Walker	Deputy Chief Executive / Medical Director (part of meeting)
Len Richards	Chief Executive (part of meeting)

### In attendance

Lisa Dunsford	Director of Operations, PCIC (part of meeting)
Jonathan Watts	Assistant Director, Strategy and Planning (part of meeting)
Jason Roberts	Deputy Executive Director of Nursing (part of meeting)
Marie Davies	Deputy Director of Planning

### Apologies

Joanne Brandon	Director of Communications
Lorna McCourt	UNISON
Pauline Williams	RCN
Abigail Harris	Exec Director of Strategic Planning
Julia Davies	UNISON
Nicola Foreman	Director of Governance
Lianne Morse	Assistant Director of Workforce

### Secretariat

Rachel Pressley	Workforce Governance Manager
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### LPF 21/045 WELCOME AND APOLOGIES

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

### LPF 21/046 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items

### LPF 21/047 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 17 June 2021 were agreed to be an accurate record of the meeting subject to the following amendments:

Monika Rhoads  
10/14/2021 09:14:24

*Apologies for absence:* Mrs Walker's apologies to be added to the list

*LPF 21/034 (Health Intervention Team):* Fiona Kinghorn asked the HIT to ensure that they linked in with Cardiff and Vale Public Health team, not Public Health Wales

#### **LPF 21/048      ACTION LOG**

The Action Log was noted.

Mrs Walker gave the following update:

- With regards to hospital acquired Covid, she was not able to provide information about this from a staff perspective and it would need to be picked up with Health and Safety
- Reviews were being conducted on cases of patient hospital acquired Covid to determine if the care was adequate from a systems perspective. This was not to blame individuals but to understand why decisions were made. Staff are encouraged to risk manage but also to write down the rationale for decisions and actions taken.

#### **LPF 21/049      OPERATIONAL UPDATE – PCIC**

Lisa Dunsford, Director of Operations for PCIC Clinical Board delivered an operational update. Points noted included:

- The Primary Care and Community position and priorities (including recovery priorities)
- Joint Executive discussions are taking place regarding pressures within the community, especially relating to social care and domiciliary care
- Developments around unscheduled and urgent care continue, including Cardiff and Vale joining the 111 service
- Testing and mass vaccinations have both been hosted by PCIC and have involved massive amounts of work. More than 360,000 first doses and 330,000 second doses of the vaccine have now been given
- Working in partnership across the whole system pathway is a priority (including new interface GP roles)

Mr Hewin noted that the latest edition of Chief Exec Connects referred to an agreement to look at a potential staffing model which would extend beyond traditional health and care approaches in relation to social and domiciliary care. He asked what the implications would be for our staff. Mrs Gidman explained that this was an initial conversation between the Executive team and Local Authorities, especially around medically fit patients in the system. It was recognised that we could not continue to just do more of the same as we don't have the required workforce so consideration was being given to doing more by doing things differently. She emphasised that nothing radical was being discussed at this time and said that she saw this as an exciting opportunity to develop frameworks and to widen our workforce by making sure that the right support is available for our professions. Ms Dunsford added that the conversations were in a very early stage but noted that, for example, the UHB finds it easier to recruit to some roles than the Local Authorities do. Mr Hewin emphasised that the Trade Unions would be keen to be involved in these conversations and that they resonated with discussions taking place within the TUs about the current recruitment crisis.

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Ms Ward stated that she believes the workforce strategy and plan needs to be radical. She feels that the IMTP is still too medicalised and that the social care agenda needs to be stronger. She would like to see more about investment and transformation and further movement away from silos with PCIC more centralised. Ms Dunsford said that she was happy to come back at a future date and share more information on the innovative work taking place.

Ms Bird noted the evolving nature of the recovery plan and said that she would share a couple of slides which demonstrated its changing nature and the move from risk to transformation and investment.

**Action: Ms Bird**

*(Ms Dunsford left the meeting)*

## **LPF 21/050      INTEGRATED MEDIUM TERM PLAN**

Marie Davies and Jonathan Watts were in attendance as part of the engagement process for the IMTP 2022-25. They asked the Forum for views on whether the triangulation and balance of priorities was right.

Ms Davies reminded the Forum that the usual planning process had been suspended for 18 months and that 3 quarterly plans had been submitted over the last year. From next year, the usual 3 planning cycle will be re-introduced. She explained that this was a challenge as it had to be a balanced plan but there is still uncertainty around finance and capitol, and they were trying to be both light touch and meaningful. The IMTP also had to be aligned with the Regional Partnership Board Plan and that this focus on shared priorities enabled investment and shift in the way we deliver health. Ms Davies noted that 2022-25 is the last 3 years of our Strategy *Shaping Our Future Wellbeing (SOFW)*, so needs to be able to highlight and focus how we will re-develop our strategy.

Mr Watts pointed out there are some caveats: it is a draft with some gaps which require further discussion and shaping; items not listed are not considered 'unimportant'; and issues such as prevention, patient safety and the 'green' agenda do not have their own sections as this silos them rather than enabling them to thread through the whole plan. The themes, priorities and deliverables were shared and it was noted that these are aligned to SOFW, the annual plan and the recovery plan.

One of the themes is 'taking great care of our staff'. Mrs Gidman explained that this will be driven by a new People and Culture Plan which is in the very early stages of development. Further information would be provided at the next Workforce Partnership Group meeting

**Action: Mrs Gidman**

Ms Ward asked what the process of engagement would be going forward. Mr Watts explained that while the direction and parameters have been set centrally, there has been ongoing discussion with the Clinical Boards. Guidance issued to the Clinical Boards includes the need to engage with Trade Unions, and also the CHC. He emphasised that engagement should not be about touchpoints, but should be ongoing as part of business as usual. A further update on the development of the IMTP would be provided to LPF in the Autumn.

**Action: Mrs Harris**

*(Mr Richards and Prof Walker joined the meeting)*

Ms Ward stated that she had some concerns re: health inequalities and said that she would like a conversation about this outside of the meeting

**Action: Ms Ward**

Mr Hewin noted that there was mention on slide 5 of unsustainable services being reviewed and said that this was something the Trade Unions would want to be involved in given the potential impact on staff.

*(Mr Watts left the meeting)*

**LPF 21/051      NURSE STAFFING ACT**

Mr Roberts gave a presentation on the current situation in relation to the Nurse Staffing Act. He reminded the Forum that the Act had come into force via a staged approach, with the first sections being implemented from 2018.

Prior to Covid-19 good progress had been made but the current reporting period (April 2020-21) had been a period of unprecedented disruption with wards being repurposed and increased operational capacity, and the CNO had issued a letter excluding some Covid related wards from the requirements.

Within the UHB a decision had been made to provide assurance to the Board through exception reporting from July 2020 and formal monthly reviews were held to monitor staffing. The normal process for maintaining staffing levels was disrupted and the nurse staffing hub was aligned to the Local Command Centres with senior professional oversight being provided by deploying a Director of Nursing to the hub. Senior Nurse cover was also extended into the evenings.

The reporting schedule for April 2021 – May 2024 was shared and it was noted that from September 2021 paediatric wards will be included for the first time. A 3 year report will be submitted to Welsh Government at the end of this year.

Ms Ward asked how stable and sustainable the situation was. Mr Roberts noted that the Act is a statutory requirement but is becoming increasingly difficult as the challenges increase, and Recovery has its own set of challenges.

Mr Thomas asked what is done to reassure staff on the ground as the Trade Unions frequently hear from them that there are staffing shortages. Mr Roberts explained that the Act gives a concrete level of what the formal staffing requirement is and requires that this is displayed on the ward. This gives evidence of what staffing levels should be and provides reassurance, as well empowering staff to raise concerns to Mr Roberts or Mrs Walker when those levels are not met. Mrs Gidman suggested that this should be included on the agenda of the Clinical Board Partnership Forums.

Mr Monks said that there had been a decrease in the number of Band 6 positions and asked if this had caused problems with recruitment because staff feel there are no promotion prospects. Mr Roberts said that it was important to remember the amount of nurse recruitment which had taken place over the last 12 months. He agreed that it was challenging, but a significant amount of effort had gone into supporting the recruitment of nurses, and even during the pandemic the number of RNs and HCSWs had increased

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## **LPF 21/052 CHIEF EXECUTIVES UPDATE**

Before handing over to Mr Richards to give his regular update report, Mrs Gidman noted that this would be his last LPF meeting before leaving the UHB. She thanked him for everything he had done to support the Forum and for bringing humanity into leadership. Ms Ward agreed, stating that Mr Richards had been like a breath of fresh air. He had not caused disruption, but had steered the organisation through a difficult time. She said that he had treated the Trade Union group with respect and they had held him to account. He would be missed and she wished him well.

Mr Richards said that he had massively enjoyed working at Cardiff and Vale and considered it a very positive experience. He had also enjoyed the LPF meeting and working with the Trade Unions. He gave credit to the TU leaders and Exec team for their drive in creating an environment which allowed positive change to occur and thanked them for this.

By way of an update, he noted the following:

- There are significant operational pressures currently with winter pressures being seen in the summer – the pandemic was a challenge but it is expected that recovery will be even more challenging as we seek to be Covid ready, deal with the backlog and maintain services. However, there has been a good system wide response and there is a lot of support from the 2 Local Authorities and the Regional Partnership Board. The Executive team is considering how the organisation should rise to these challenges. The response to Covid included the implementation of the Local Command Centres and it is possible that this will also be needed for recovery. These conversations will continue and LPF will be involved
- A Cancer Collaborative Regional Group has been set up with Velindre and other neighbours to put an acute oncology service in place. A one to one relationship with Velindre has also been established for cancer patients who need to be seen in an acute setting – this is being called Velindre@UHW
- Discussions continue around Vascular Services, strengthening the relationship built over the last 6 – 12 months with Cwm Taf Morgannwg and now looking to extend to Aneurin Bevan Health Board. A business case is being developed and will be presented to the Boards in September.
- We have signed up to a joint research office with Cardiff University to enable easier and less bureaucratic research.

Prof Walker noted that Mr Richards will leave at the end of September. He will be Interim CEO when Mr Richards leaves and is working alongside him in the meantime, with Meriel Jenney acting as Medical Director. Prof Walker assured the Forum that there would be no major shift of direction during the transition, with staff wellbeing and staff and patient experience continuing to be high priorities.

*(Mrs Kinghorn left the meeting)*

## **LPF 21/053 FINANCE REPORT**

The Local Partnership Forum received and noted the Finance Report and welcomed the new format.

*(Mr Richards and Mr Hewin left the meeting)*

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#### **LPF 21/054      WOD KPI REPORT**

The Local Partnership Forum received and noted the WOD KPI report including a deep dive on employee relations. The emphasis on continuous improvement in relation to employee relations was noted.

Mr Thomas asked if it was possible to receive information on the number of informal cases being managed under the Respect and Resolution Policy. It was agreed that this would be provided to the next Workforce Partnership Group

#### **Action: Mrs Griffiths**

Mr Thomas also noted that there was mention of the Maximising Attendance Group being reviewed in the report, and he asked Mrs Griffiths to ensure that there was Trade Union involvement.

Mr Monks commented on the stress that can be caused by the length of proceedings and suggested that this should be taken into consideration when determining the outcome of a hearing. He felt that previously it had worked well when individuals had been employed into Investigating Officer roles.

#### **LPF 21/055      PATIENT QUALITY, SAFETY AND EXPERIENCE REPORT**

The Forum received the Patient Quality, Safety and Experience Report, noting that the format would be changing in the near future as it became part of an integrated Board report.

Mrs Walker noted that 17 September would be Patient Experience Day and the new Patient Quality, Safety and Experience Framework would be launched that day. The framework would be brought to the next meeting for a discussion around the way it would be implemented. She advised that Wales would also be issuing a framework on the same date but the two documents had been shared and would align.

It was noted that staffing is currently the biggest risk and area of focus. It is on the Risk Register and discussed at Board.

Ms Ward noted that nursing is a 'hot topic' among the Trade Unions at present and asked if it would be possible to have a discussion with Mrs Walker outside of the meeting. Mrs Walker agreed and suggested including Mrs Gidman in the conversation as well.

#### **Action: Ms Ward/Mrs Walker/Mrs Gidman**

#### **LPF 21/056      STAFF BENEFITS REPORT**

The Forum received and noted the Staff Benefits Report

#### **LPF 21/057      ANY OTHER BUSINESS**

There was no additional business for consideration by the Forum

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**LPF 21/058      FUTURE MEETING ARRANGEMENTS**

The next meeting will be held on Thursday 21 October 2021 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

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### Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 21/049	18.08.21	Operational Update	Ms Bird to share a slides which demonstrate the changing nature of the recovery plan and the move from risk to transformation and investment.	Ms Bird	COMPLETE
LPF 21/050	18.08.21	IMTP	Further information on the People and Culture Plan to be provided at next meeting of WPG	Mrs Gidman	COMPLETE
LPF 21/050	18.08.21	IMTP	Further update to be provided at next meeting	Mrs Harris	Verbal update to be provide at meeting on 21.10.21. Further update including copy of draft IMTP to be provided at December meeting
LPF 21/050	18.08.21	IMTP	Conversation to be held outside the meeting re health inequalities	Ms Ward	COMPLETE
LPF 21-054	18.08.21	WOD KPI Report	Information on informal cases being managed under the Respect and Resolution Policy to be provided to the next WPG meeting	Mrs Griffiths	COMPLETE
LPF 21/055	18.08.21	Patient QSE Report	Discussion to be held outside the meeting	Ms Ward/Mrs Walker/Mrs Gidman	Meeting arranged for 18.10.21

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# Dragon's Heart Institute

*An introduction*



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# Why do we want an institute?

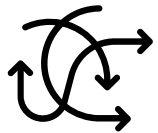
## *Our old constraints*



**Better at policy than change**



**Insufficient focus on developing leaders**



**Many different competing initiatives**



**Conflicting cultures**



**Excess spending on external consultancies**

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# Why do we want an institute?

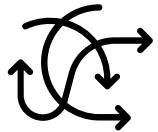
*Learning from our Covid response*



**We did new things, fast**



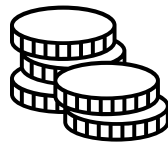
**We trusted our talent, because  
we had to**



**We had clear priorities**



**We had a single purpose**



**We built high value, rapid  
public/private partnerships**

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# Why do we want an institute?

*Learning from international best practice*



*Global thought leadership*

**“The need for a second, more agile agile, network-like, parallel operating system. Focus people’s energy & urgency around the ‘Big Opportunity’**

**- Dr John Kotter**



*Learning from other systems*

**We’re not alone. We have learned from New Zealand and Singapore, football academies, UK/US military academies and private sector consultancies.**

## What is the Dragon's Heart Institute?

*Cardiff and Vale's home for innovation and radical collaboration.*

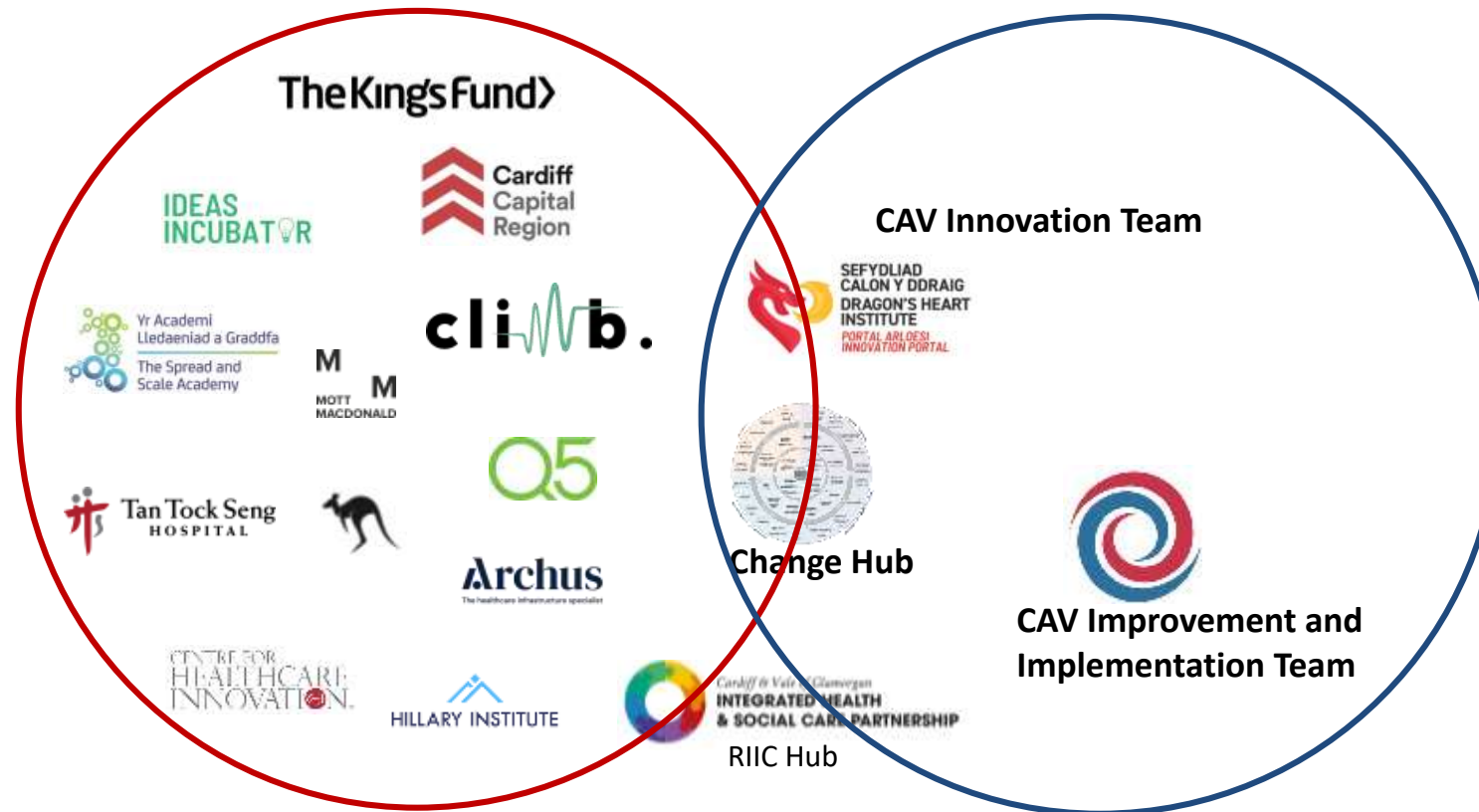
- An inclusive resource for all CAVUHB staff
- A place where things can happen - novel solutions outside the normal system, giving them space, testing them, and bringing them back into the UHB
- The key interface for partnerships that were forged in COVID
- A vehicle to generate investment in the UHB
- A concept to capture and accelerate some of our most exciting initiatives e.g. the Intensive Learning Academy, Cardiff Capital Region, King's Fund, Sustainability, Spread and Scale, Innovation
- A 'doing' capability that can deliver initiatives and solve problems at pace

***We also want the Dragon's Heart Institute's reach to expand beyond Cardiff and Vale, creating opportunities to use CAV & our partners' expertise to solve the biggest problems facing health systems around the world.***

# What's in the Institute vs what is CAV's only?

## Dragon's Heart Institute

## CVUHB



Cardiff and Vale's internal Improvement team and Innovation teams remain **dedicated to CAV**

Some initiatives will be **delivered by both** (e.g. mass vaccination acceleration programme)

Some initiatives will be incubated and **grown by DHI and handed back to CAV** (e.g. Change Hub and innovation portal)

The global network, think tank and leadership development offerings will be **owned by DHI for the benefit of CAV**



# What have we done so far?

*To simplify things, this is how we think about our key activity*

## Think

- Developing, sponsoring and publishing global thought leadership
- Creating a space to incubate and test new ideas
- Investing in the development of our leaders



## Do

- Solving problems in our health system and beyond
- Delivering improvement & transformation 'consultancy' globally
- Sponsoring and delivering funding for innovation



## Network

- Building a network of the best partners, public and private, to deliver exceptional value
- Finding the right people to tackle the hardest problems
- Gathering and sharing learning & best practice, globally



# What's next?

*Our biggest goals for the next year*

1. Launch two health **innovation challenge funds** with Cardiff Capital Region
2. 170 people to participate in our **leadership development courses** and join our network
3. **Integrate the Change Hub** (incubated by DHI) into the CAV system, supporting programme delivery across our strategic and operational recovery programmes
4. Gain **investment** from two further partner organisations (in addition to Q5)
5. Build partnerships with 2 other Health Boards/Trusts
6. **Publish** three additional papers with the King's Fund

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## We are creating a self-sustaining generation of future leaders

to accelerate innovation by providing experiences and opportunities within a safe and supported environment for people:



### To Be Inspired



and energised by what is possible around the world.

### To Learn



about themselves and the knowledge and practices they will need to navigate the changing world.

### To Connect



across boundaries to build multigenerational networks.

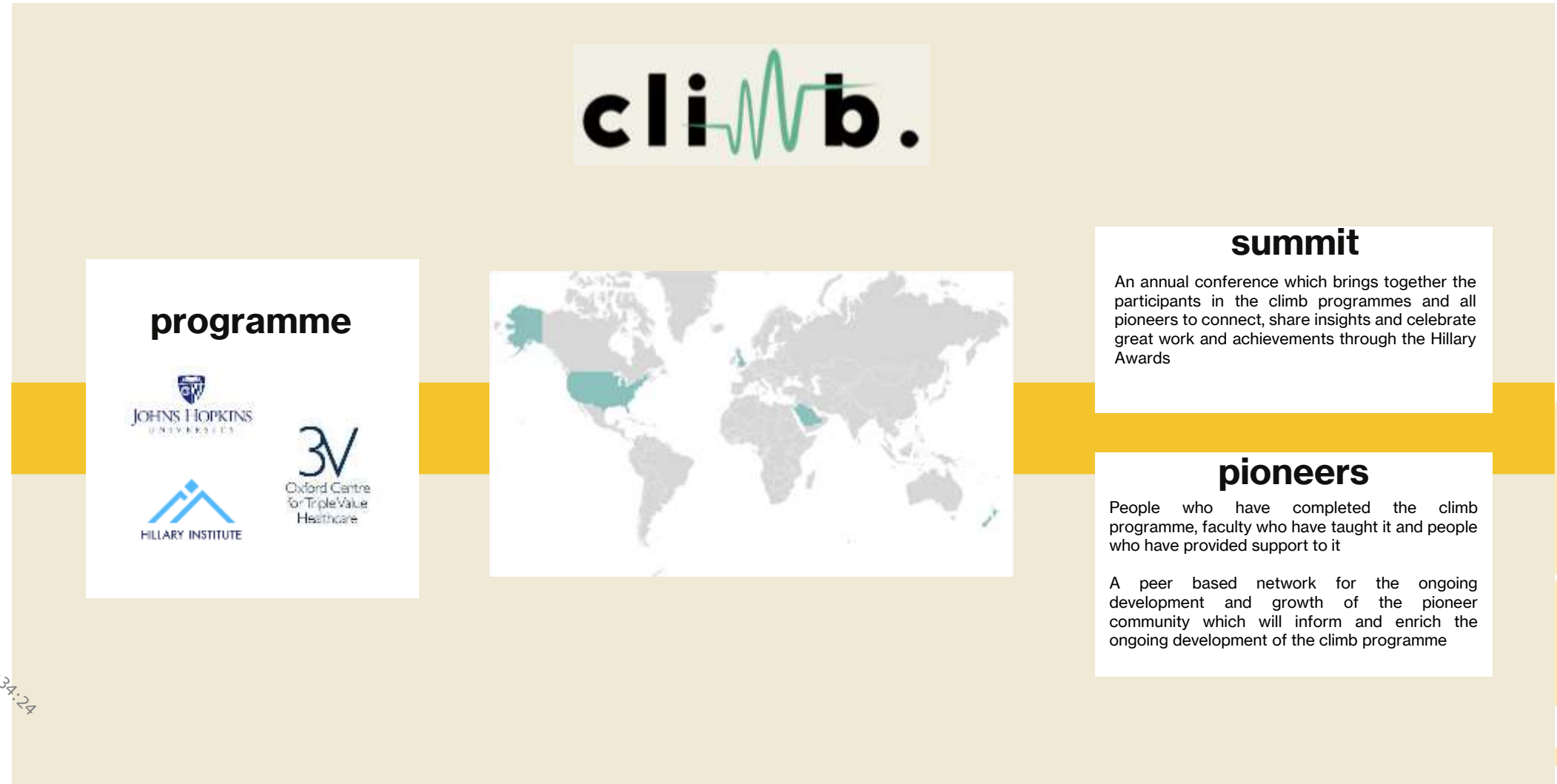
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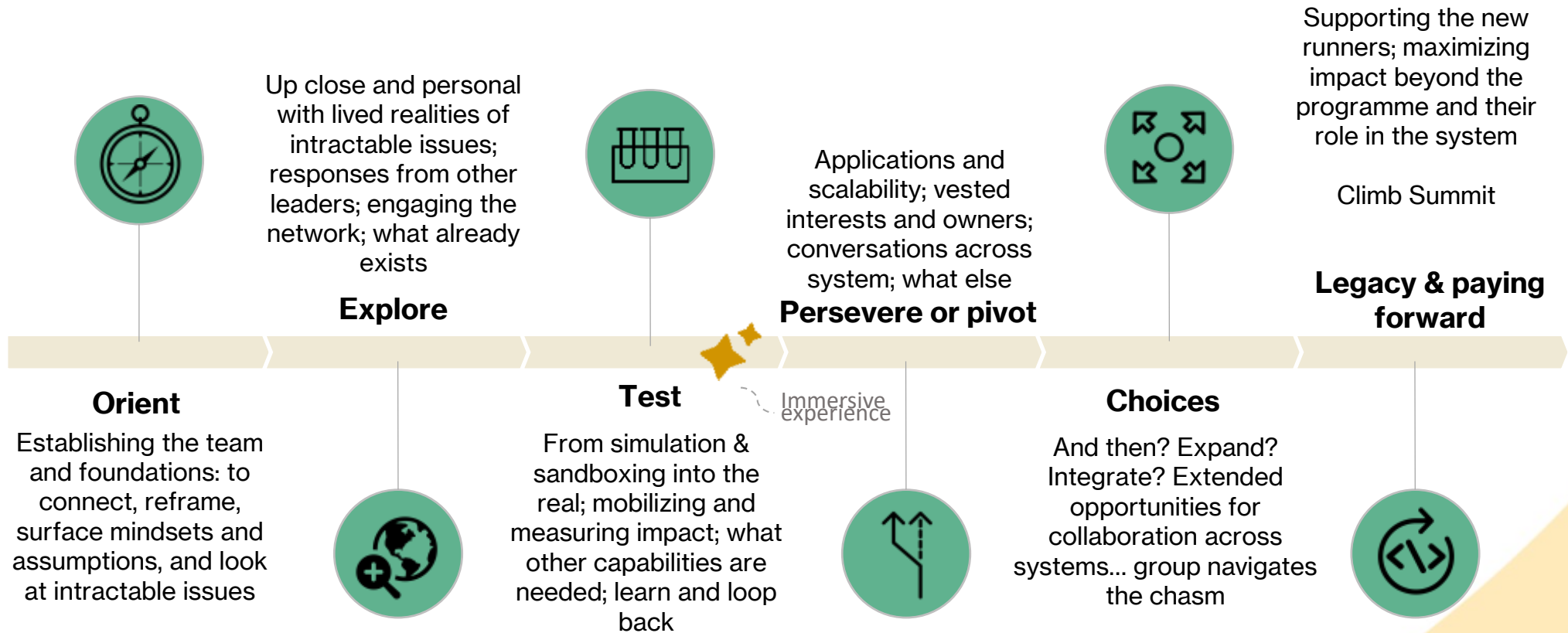
# Climb Overview

## *Climb Global Community*

Cohorts will learn together across the programme generating insights and developing new practice at the same time as building global networks and relationships



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## Participants



### EMOTIONAL INTELLIGENCE AND COURAGEOUS, COMPASSIONATE LEADERSHIP

- Seeks stretching assignments and uses feedback as a means of personal development
- Effective both working individually and collaborating as part of a team, able to make complex ideas accessible
- Good to great EQ, with authenticity and self-awareness
- Able to build a high performing team, create a followership and able to bring people in
- Demonstration of resilience, persistence and ability to retain self-belief, with appreciation of the political context

### INNOVATION HUNGRY

- Finds and exploits opportunities to continuously improve e.g. services & products, user experience, team processes
- Drive and energy to make a difference with a focus on public benefit, going beyond the 9-5
- Horizon-scanner, bringing ideas and solutions in from elsewhere with a readiness to share

### TOLERANCE FOR AMBIGUITY

- Is able to engage with uncertain, complex, ambiguous challenges, and does not just take things at face value
- Readiness to step into uncharted terrain

### ENTREPRENEURIAL MINDSET

- Happy to step outside comfort zone, including organization and sector
- Bravery to take a shot; prepared to fail; does not play small through fear of reputational damage
- Sits lightly to inferred constraints and finds alternative routes
- Finds vested interests and builds networks, particularly outside own sphere and sector

### COGNITIVE FLEXIBILITY

- Engaged, curious, questioning, reflective, able to listen, prepared to challenge and open to being challenged
- Appreciation of bigger picture beyond service-specifics



# Climb Overview

## Application Process

This summer, the Climb Wales team have delivered a highly engaging, innovative application process for its year-long leadership development course, attracting applicants from all corners of Wales to this exciting opportunity.

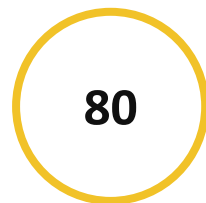
## Key Statistics



Visits to our website



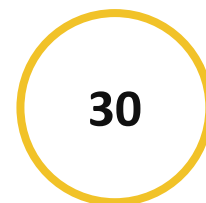
Video Applications



Shortlisted candidates



Assessment days



Successful candidates

## Participant Feedback

*"Even if I am not successful in being shortlisted, the assessment day has been extremely valuable as a learning exercise for me and is a great example of the way the Health Board is working to develop culture change."*



Escape Room





Yr Academi  
Lledaeniad a Graddfa

The Spread and  
Scale Academy

*Sharing the best ideas,  
improvements and innovations.*

The Spread and Scale Academy is an immersive training event designed to give people the tools and skills needed to unleash their improvements and innovations at scale across their organisations, Wales and beyond.



## A Unique Partnership

The Spread and Scale Academy is hosted by Cardiff and Vale University Health Board as part of the Dragon's Heart Institute. It forms part of the UHB's delivery of the All Wales Intensive Learning Academy for Innovation in Health and Social Care and is delivered by the Billions Institute, a world-leading organisation in transformational change and pioneers of the "Model for Unleashing" which is taught at the academy.

## Academies to date:

(September 2019 - October 2021)



**Over 400 applicants**



**44 teams made up of 188 participants**



**8 facilitators trained with further trainer events planned**



**Pan-Wales reach with representation from all Health Boards, as well as social care, housing and third sector**



**Over 2,000 visits to Dragon's Heart Institute website and over 53,000 impressions on DHI social media channels**



SEFYDLIAD  
CALON Y DDRAIG  
DRAGON'S HEART  
INSTITUTE



GIG  
CYMRU  
NHS  
WALES

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



Academaiau Dysgu  
Dwys Cymru  
Intensive Learning  
Academies Wales

billions  
institute



# Spread and Scale Success

## *Simulation Training for Tracheostomy care*

The Academy allowed Paul Twose and his team to unleash their potential. He said, "The Academy made us refine our idea, and create enough flexibility within it to allow other organisations the freedom to do what they needed to achieve the common goal of great tracheostomy care."

"I'm convinced that if we hadn't attended that 2019 Spread and Scale Academy, it would have taken me my whole career to get where I am now, both in the way I approach challenges and the projects I'm working on. Instead, it has taken only a couple of years."



## *Green Health Wales*

Led by Yasmina Hamdouai, a pharmacist in Betsi Cadwaladr UHB, the Ysbyty Gwynedd Green Group attended the March 2021 Spread and Scale Academy.

Yasmina describes the academy as a "leap forward" for their work. Yasmina says, "Spread and Scale didn't just help with the Green Group. The principles we worked through are genuinely applicable to both personal and professional life and any innovation project."

Using the skills they had learned from the Spread and Scale Academy, by Spring 2021, the Green Group had expanded their network and joined up with other sustainable healthcare leaders, including colleagues at Cardiff and Vale UHB. Together, they decided to put a name to their network and the Green Health Wales Network was born,



# The Institute is your tool for radical change



*Tell us your story here*

Monks Rhoda  
10/14/2021 09:34:24



Report Title:	ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2020 ‘Let’s leave no one behind in Cardiff and the Vale of Glamorgan’ – Tackling inequities and prioritising prevention through recovery from COVID-19					Agenda Item no.			
Meeting:	Local Partnership Forum					Meeting Date:		21 October 2021	
Status:	For Discussion	X	For Assurance		For Approval		For Information		
Lead Executive:	Executive Director of Public Health								
Report Author (Title):	Consultant in Public Health Medicine								

### **Background and current situation:**

This year’s statutory Annual Report of the Director of Public Health (DPH) focuses on how Cardiff and the Vale of Glamorgan can emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing the inequities exacerbated by the events of the last 18 months. It describes the impact of the pandemic on our population, identifies priority areas for attention and sets out a vision for future partnership working, focus that will enable us to recover strongly and more fairly.

The report is divided in to four main chapters. The first provides and epidemiological description of the impact of the COVID-19 pandemic on the health of the population of Cardiff and the Vale of Glamorgan, and how it has exacerbated existing inequities. This details not only case rates and mortality, but also the effect on service use. It outlines the influence of the determinants of health and begins identifying actions that will help us move positively through the recovery phase, thus setting the agenda and approach of the rest of the report.

The second chapter focusses on the emotional wellbeing and mental health of our children and young people, again identifying the impacts of the pandemic; some are positive, but many are negative. Recommendations are made for the University Health Board (UHB) and partner organisations, with the aim of building supportive environments during recovery, and providing accessible help and care for those who need it.

The third chapter identifies actions, which can begin immediately, that start to address inequities made worse by the pandemic. Four topics are highlighted for focused attention, namely childhood immunisation, screening, healthy weight...‘Move More, Eat Well’, and air quality.

The final chapter considers how local partners can work together through recovery, in the context of continuing to manage the impact of infections, whilst at the same time learning to live with COVID-19. It proposes a set of collective actions aimed at addressing inequities and embedding prevention in our ways of working, prioritising meaningful engagement with and development of the communities that we serve.

The Sway version of the report can be accessed via this [link](#), where it is also possible to download a copy of the full report. (*Fersiwn Cymraeg ar gael [yma](#)*)

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

The COVID-19 pandemic has had a significant negative impact on the health and wellbeing of the population of Cardiff and the Vale of Glamorgan; in particular, it has exacerbated inequities that affected many vulnerable groups. This has compounded pre-existing ill health and disadvantage, resulting in a syndemic in more disadvantaged communities (i.e. where the effects of the pandemic add to and worsen previous ill health), the effects of which will be evident for decades. The local response to the pandemic has been innovative and coordinated, and we are presented with a once in a generation opportunity to build upon this outstanding partnership working to reset our approach to prevention and tackling inequity. If adopted as a partnership, this approach has the ability to deliver long term improvements in population health and wellbeing, along with the concomitant impacts on effective use of services and reduction in demand.

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

- Financial – the actions required within the report may require investment. However, failure to effectively adopt a preventative approach and tackle inequities will incur long term costs to the UHB and partner organisations
- Legal – The approach described in this report aligns with the Five Ways of Working required by the Wellbeing of Future Generations (Wales) Act. Failure to meet these statutory responsibilities carries legal and reputational risk
- Reputational – failure to adopt a leadership role in improving the health of the population of Cardiff and the Vale of Glamorgan following the pandemic, and reducing the inequities that have been further exacerbated by the impact of COVID-19, carries a significant reputational risk for the UHB and partner organisations

**Recommendation:****The LPF are requested to:**

- **NOTE** the content of the report
- **SUPPORT** the actions identified in each chapter
- **ADVOCATE** for a system wide, partnership approach to addressing inequity and embedding prevention

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

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

				provide an environment where innovation thrives			
<b>Five Ways of Working (Sustainable Development Principles) considered</b> Please tick as relevant, click <a href="#">here</a> for more information							
Prevention	X	Long term	X	Integration	X	Collaboration	X
<b>Equality and Health Impact Assessment Completed:</b>		[REDACTED] / No / [REDACTED] If "yes" please provide copy of the assessment. This will be linked to the report when published.					

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## Caring about inclusion Project Plan 2021-2022 on a page

**Summary:** There has been good progress made on the SEP this period, with some key milestones being met.

### Headline measures:

38% of one year SEP is completed, including the:  
Stonewall Workplace Equality Index  
and Welsh Language Standards Annual Report

### Overall Programme Report

Programme Lead	Keithley Wilkinson	Programme Status		Work in progress	Next Programme Milestone:	The establishment of an ability /accessABILITY network
		Previous Status		Work in progress		

### Done this period:

- Led workshops and taken part in Virtual Pride Cymru
- Create an Equality Calendar
- Project search commenced on 6th September 2021
- Training has started on Trans & Non-binary workplace issues
- Stonewall submission completed
- V&A training up to 82.74%
- Work has been completed for Black history month
- Work has begun on developing an Inclusive Recruitment Team

### Targets for next period:

- Share the calendar more widely.
- Set up meeting with Communication Team.
- Focus on Disability Month and Trans Awareness week in November
- Black, Asian, Minority & Ethnic network takes place
- Continue work on Sensory Loss Standards.
- Increase Welsh language standards compliance

### Major Programme Risks:

- Losing the momentum to meet legislation for Equality and Welsh Language Standards. This could mean enforcement and fines placed by legislation 'owners' as well as reputational damage.

### Mitigating Actions:

- Strategic Equality and Welsh Language Standards plans in place.
- Welsh Language Audit taking place
- Conference, updates and meetings with Enforcement related agencies.

### Decision / Intervention required from Execs:

- Continued Board support through leadership of issues
- Financial and human resource increase if and when appropriate

<b>Report Title:</b>	<b>Finance Report</b>					
<b>Meeting:</b>	Local Partnership Forum				<b>Meeting Date:</b>	21 October 2021
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b> x
<b>Lead Executive:</b>	Executive Director of Finance					

## How are we doing?

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

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

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

The brought forward COVID deficit of £21.313m relates to non-delivery of the savings target in 2020/21 that were required to meet demand and cost pressures. This is assumed to funded non-recurrently as per the Welsh Government final annual plan financial principles issued on 26<sup>th</sup> May 2021.

The reported financial position for the 5 months to the end of August is an operational deficit of £0.091m.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 5 £14.857m Green and Amber savings were identified against the target. £7.534m recurrent schemes have been identified against the £12.0m recurrent element of the target. Further progress will need to be made with a focus on recurrent schemes.

The full year gross COVID forecast moved in the month from £118.732m at month 4 to £117.622m at month 5. The movement in forecast costs, includes an additional £0.800m in respect of Same Day Emergency Care (SDEC), which is offset by reductions against Local Authority Tracing costs, COVID vaccinations, Cleaning Standards and Continuing Healthcare.

## Reported month 5 position

The Welsh Government amended the monthly financial monitoring returns to capture and monitor costs due to COVID 19. The financial position reported to Welsh Government for month 5 is a deficit of £0.091m and this is summarised in Table 1.

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**Table 1 : Financial Performance for the period ended 31<sup>st</sup> August 2021**

	Cumulative Month 5 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	41.744	117.622
Welsh Government COVID funding received / assumed	(41.744)	(117.622)
Gross COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000
COVID FUNDING for Deficit due to non delivery of 2020/21 recurrent Savings	(8.875)	(21.313)
Operational position (Surplus) / Deficit	8.966	21.313
Financial Position £m (Surplus) / Deficit £m	0.091	0.000

The additional COVID 19 expenditure at month 5 was £41.744m with full year forecast costs totalling £117.622m

**The UHB has an operational deficit of £0.091m at Month 5 and is forecasting delivery of it's planned break even position at year end.**

### Underlying deficit position

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

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

### Creditor payment compliance

The UHB's public sector payment compliance performance was 93.8% at the end of August which is just below the statutory target of 95%. Performance improved in August and is expected to continue to improve as the year progresses.

### Remain within capital resource limit

The UHB's approved annual capital resource limit was £33.922m at the end of August 2021. Capital expenditure for the first 5 months of the year was £5.688m against a plan of £7.676m. The UHB expects the final 2021/22 capital outturn to be broadly in line with its capital resource limit.

### What are the UHB's key areas of risk?

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 5 £14.857m Green and Amber savings were identified against the target. £7.534m recurrent schemes have been identified against the £12.000m recurrent element of the target. Further progress is required with a focus on recurrent schemes in order to maintain the underlying position.

Whilst the UHB has been asked by Welsh Government to assume that all COVID response costs will be funded, these will be subject to external review. This is therefore a risk until this funding is confirmed.



## Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the contents of this report

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		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	
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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, click [here](#) for more information*

Prevention		Long term		Integration		Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable

*If "yes" please provide copy of the assessment. This will be linked to the report when published.*



<b>Report Title:</b>	<b>People Dashboard</b>			<b>Agenda Item no.</b>	<b>13</b>
<b>Meeting:</b>	Local Partnership Forum			<b>Meeting Date:</b>	21 October 2021
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director of People and Culture</b>				
<b>Report Author (Title):</b>	<b>Workforce Information Systems Manager / Senior LED Manager</b>				

### Background and current situation:

The Executive Director of People and Culture provides regular KPI updates to the LPF and periodically provides an overview report against the broader Workforce & OD Delivery Plan. This also constitutes areas reported in more depth through deep dive themes.

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

Attached at **Appendix 1** is the Workforce & OD Key Performance indicators dashboard.

The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce indicators.

Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the Health Care Standards process.

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

A brief UHB overview summary is provided as follows:

#### Whole Time Equivalent Headcount and Pay bill

- A trend of increase in permanent and fixed term contracted staff which is in line with expectation as we have recruited more fixed term through COVID-19, specifically to support Track & Trace and to deliver the Mass Vaccination programme. Permanent recruitment is being maintained despite COVID-19.
- Overall the Nurse Bank usage remains fairly static.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 50 WTE per month
- Total pay-bill peaked as expected during March, due to year-end accruals which included accruals for annual leave and study leave as well as additional employers superannuation contributions and NHS bonus payments.

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- Variable pay trend is upward and is now over 10.3% UHB-wide.

#### **Other key performance indicators:**

- Voluntary resignation trend is slightly rising although the rate is now lower than at the end of 2020, at 7% UHB wide.
- Sickness rates are now broadly following normal season fluctuations. The in-month sickness rates peaked in the winter of 2020, to 6.70% in December and January. Rates have gradually risen during the intervening months to 6.59% in July 2021. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances).
- ER caseload trend is gradually falling as the team work through the backlog of investigations, and overall numbers remain within reasonable tolerance levels.
- Statutory and Mandatory training compliance has improved slightly during the last 2 months; now 13% below the overall target.
- Compliance with Fire training has also improved somewhat. In July the compliance with Fire training was 56%.
- By the end of July almost 29% of consultant job plans are in the e-system.
- There has been little change in the rate of compliance with PADR (now Values Based Appraisal); 35% in July.

#### **In summary, what actions are we taking?**

- Performance reviews with CB's are being undertaken to retain control measures for pay-bill, establishment control and capture increase associated with COVID (UHB was previously underspent prior to COVID).
- A deep dive is being undertaken into each of these KPIs and will be attached to this report – the second deep dive looks at Employee Relations activity (below).
- Sickness reviews are resumed and now being undertaken as normal. The maximising attendance group is being reviewed. Staff are returning to work (at home or location) who were previously Shielding.
- There is an extensive range of Employee Well-being strategies and support in place.
- The delivery of Fire Training falls within the remit of Capital, Estates and Facilities. The new Head of Health and Safety is now linking in with CEF to seek improvement. A health and safety review is currently underway which will provide useful information and feedback into these areas. The Head of Health and Safety has developed a new H&S Dashboard which is being sent monthly to Clinical Boards to help support them improving compliance across a range of indicators, including Fire Training. A communications strategy is being put in place to raise awareness of the importance of continuing to undertake the annual Fire E-learning.
- Allocate E-Job Planning system is currently being implemented. Recording of consultant job plans in the new e-system will be reported as follows: -

- Level 1 Compliance - Some activity detail has been recorded by or for the consultant in a job plan (the job plan is under construction)
  - Level 2 Compliance - The construction of the job plan is complete, and is awaiting the various levels of sign-off
  - Level 3 Compliance - The job plan has been signed off
- Values Based Appraisal Training has continued to be delivered and take up has been excellent. Plans are in place to re-launch the VBA to reinforce importance.

## Deep Dive – Statutory & Mandatory Training Compliance

### Background

In 2013 the Health Board agreed to support the “Once for Wales” approach to allow training to be inter transferable between Health Boards and Trusts. In principle this should create a consistent standard across Wales, however, different interpretation nationally has prevented this from being achieved. The Core Skills Training Framework which was adopted supports the 10 core mandatory modules, see table below.

In 2016 Cardiff and Vale University Health Board agreed to add an additional 3 modules (see table below) following a mandate presented by the Welsh Assembly Government (WAG). The Health Board adopted a ‘blanket approach’ requiring all staff, in all professions to complete all 13 modules. This misrepresented the government’s mandate by instructing inappropriate staff groups to complete e-learning modules not applicable to their role. This has led to duplication and unrealistic training for staff developing an ineffective picture of compliance. Therefore, a review was undertaken in 2019 with the aim of ensuring relevant staff completed the relevant training within appropriate refresher periods.

The table below sets out the current mandatory training requirements, detailing the refresher periods and delivery methods as agreed during the review in 2019:

No.	Mandatory Training Subject	Level	Refresher Period	Delivery Method	Staff Group
1	Fire Safety	1	1 year 1 year	Classroom E-learning	Clinical Non-clinical
2	Information Governance	1	2 years	E-learning	All Staff
3	Resuscitation	1	3 years	E-learning	All Staff
4	Manual Handling	1	One-off	E-learning	All Staff
		1b	2 years	Classroom	Staff identified by position number
		2	2 years	Classroom	Staff identified by position number
5	Infection control	1	3 years	E-Learning	All Staff
		2	3 years	E-Learning	Staff identified by position number
6	Health and safety	1	3 years	E-Learning	All Staff

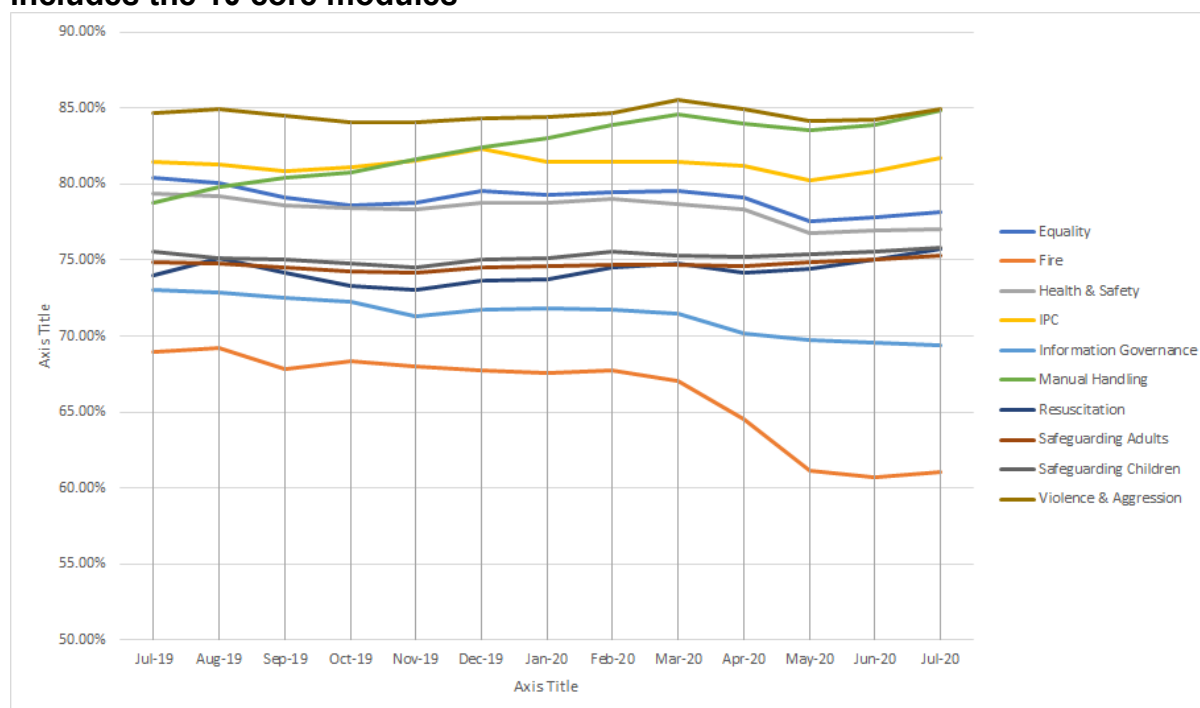
7	Equality	1	3 years	E-Learning	All Staff
8	Safeguarding adults	1	3 years	E-Learning	All Staff
		2	3 years	Classroom	Staff identified by position number
		3	3 years	Classroom	Staff identified by position number
9	Safeguarding Children	1	3 years	E-Learning	All Staff
		2	3 years	Classroom	Staff identified by position number
		3	3 years	Classroom	Staff identified by position number
10	Violence and aggression	A	One-off	E-Learning	All Staff
		B	3 years	Classroom	Staff identified by position number
		C	3 years	Classroom	Staff identified by position number
<b>Additional modules mandated in 2016</b>					
11	Mental Capacity	1	One-off 3 years	E-Learning E-Learning	Staff identified by position number
12	Dementia	1	One-off	E-Learning	Frontline staff - identified by position number
13	Domestic Violence against Women	1	3 years	E-Learning	All Staff

Predominantly all level 1 awareness raising training, apart from fire, are required to be completed via e-learning in ESR and where there are further levels of training; these are mainly completed via classroom delivery. However, the trainers provide the flexibility of offering level 1 via classroom for staff who find it difficult to access or use a PC.

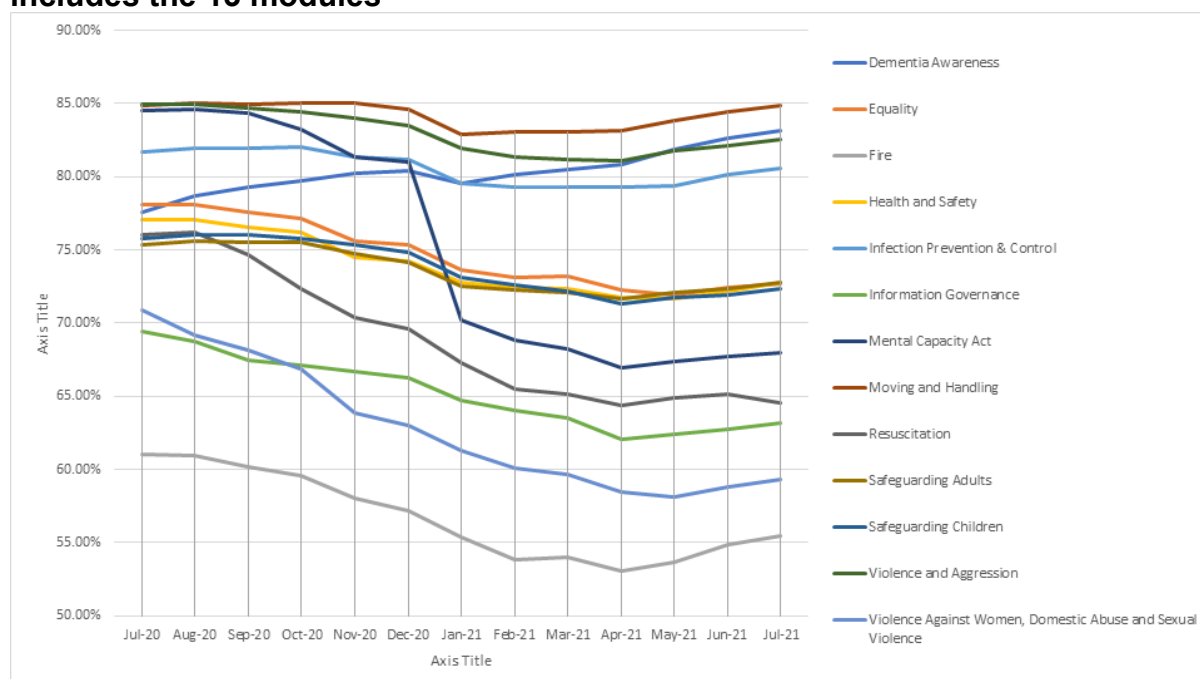
During March 2020, the COVID-19 pandemic high infection level rates resulted in the Welsh Assembly Government locking down the country to protect the population and the NHS. During this period, any classroom training provided was for newly recruited staff and training space was restricted, due to the risk of spreading the virus. Towards the end of 2020, the IT had improved, particularly the introduction of Microsoft Teams, which provided trainers with an alternative option to deliver classroom-based training.

**Compliance**

## Breakdown by Level 1 Mandatory Training subjects July 2019-July 2020 – NB this data includes the 10 core modules



## Breakdown by Level 1 Mandatory Training subjects July 2020-July 2021 – NB this data includes the 13 modules



The above shows the trends in compliance for level 1 training, with the target being 85% for all subjects. During 2019/20 (prior to COVID-19), compliance remained fairly consistent for all core 10 subjects.

The only major decline once COVID-19 restrictions began has been the Fire compliance, which has seen a steady decrease since March 2020. To date, compliance is 56%, however has since April 2021, once classroom training has been re-introduced, there is a continuing increase. It is

a requirement for all clinical staff to complete fire annually, therefore COVID-19 has had a major impact on this compliance.

With the majority of subjects we can see a slight decline from August 2020, then April 2021 they have all starting to increase. This is likely, as with fire, due to the re-introduction of face-to-face delivery.

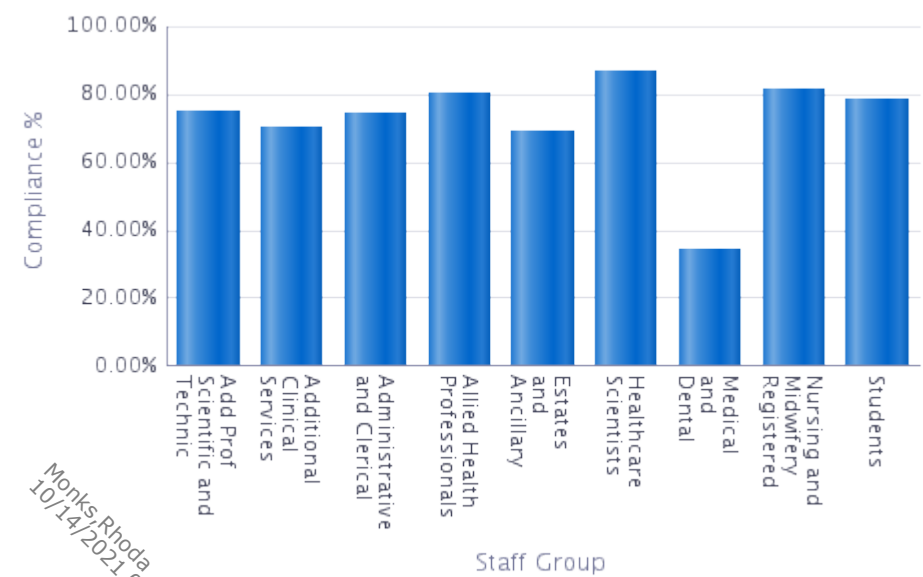
**Progress made to date**

Traditionally the LED Team have organised months of classroom level 1 training during May, September and November with the aim of increasing compliance, however due to COVID this did not happen during 2020/2021. It was resurrected during July 2021, however social distancing restrictions hugely reduced the numbers we have traditionally seen attend. Fire training have also started to provide face-to-face ad hoc training out in the UHB. The LED team also introduced self-enrolment via ESR, which may have restricted some staff booking on to attend.

During 2020, ESR self-enrolment was introduced to allow staff and/ or managers to view and book themselves/ their staff directly onto classroom-based training. Communications have gone out via the LED newsletter and on the internet to inform staff of this change, however further training needs to be provided to support staff.

Work has commenced with the UHBs Practice Development Nurses to provide them with classroom admin access to ESR, as it has been identified that they do a lot of the training bookings for clinical staff in their areas. They also act as cascade trainers for some of the mandatory training. This will ensure that ESR records will be updated at the source, rather than signature lists being kept locally and ESR not being updated.

The Health & Safety (H&S) department manage Health & Safety, Moving & Handling and the Violence & Aggression suite of training. LED has been working closely with H&S to ensure they are utilising ESR self-enrolment and also a piece of work has commenced to review the training requirements currently identified across these subjects and at the differing levels of training.





The graph above shows a breakdown of compliance for level 1 mandatory training across staff groups, which demonstrates the medical and dental staff group as having the lowest compliance. Discussions have taken place with the Medical Director to raise awareness and it has been agreed to review the training requirements and refresher periods across all subjects and levels. Also to explore a streamlined process to access the e-learning with the possibility of utilising the auto enrolment functionality within ESR, as well as the certification functionality. All Wales Task & Finish groups have recently been set up to explore the CSTF, Shared Training Centres and auto-enrolment functionality within ESR, to see if a consistent approach can be taken across Wales; a member of the LED team attends these meetings and will feedback to the Workforce Information Systems Meeting.

The All Wales Digital Workforce Team have recently reviewed and updated all of the CSTF mandatory modules which are due an imminent release.

Also, consideration needs to be made in relation to the implementation of pay progression which is due to come into effect in October 2022, as this will be a driving force for many people to achieve their compliance over the coming year.

### Next Steps

- To continue to provide dedicated months of level 1 classroom training. Fire are providing a week of fire classroom drop in sessions early October 2021.
- To work with subject matter experts to review the training provided and suitability of utilising Teams or Classroom delivery methods
- To explore steps to simplify the access to e-learning modules, utilising ESR auto enrolment process.
- To continue working closely with H&S to audit the training requirements for their suite of training and to ensure staffs compliance records are accurate
- To contribute to the work taking place across Wales
- Provide a suite of training materials to help staff and managers use ESR to reach compliance
- To improve process with PDNs to ensure all training is captured and recorded via ESR.
- To explore and investigate the possibility of assessing staff's competence prior to them completing the training. This will ensure that staff are only completing specific modules of the training they need to as identified from the assessment. This project has been discussed to be actioned on an All Wales basis, which may limit progress locally.

### Recommendation:

The Committee is asked to:

- **Note** and **discuss** the contents of the report

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## Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

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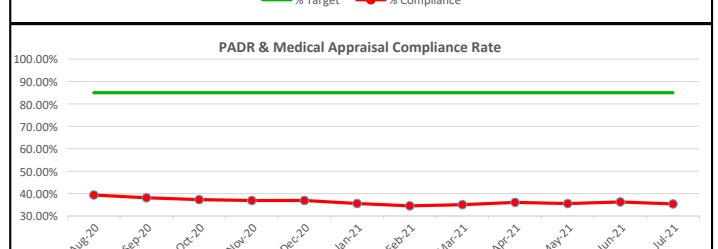
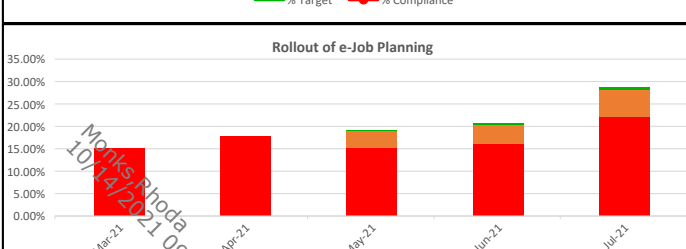
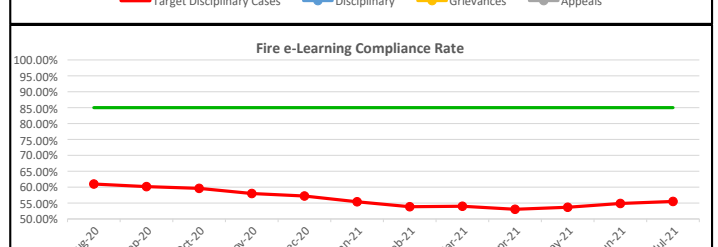
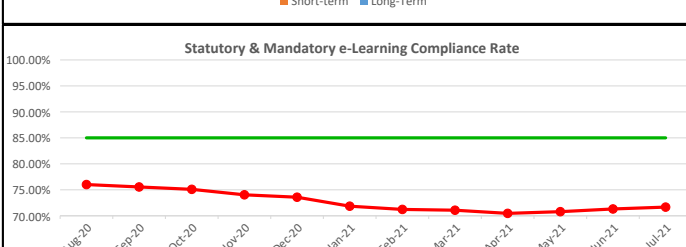
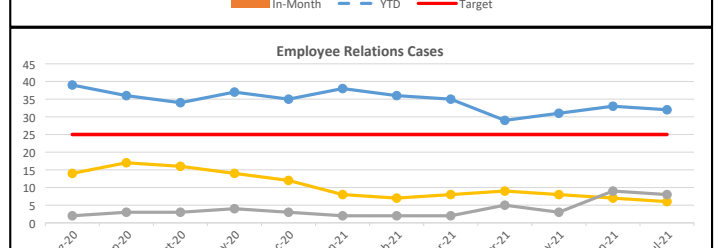
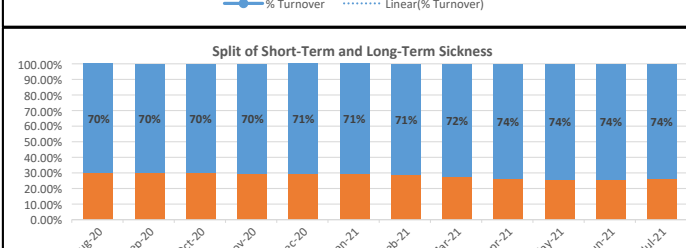
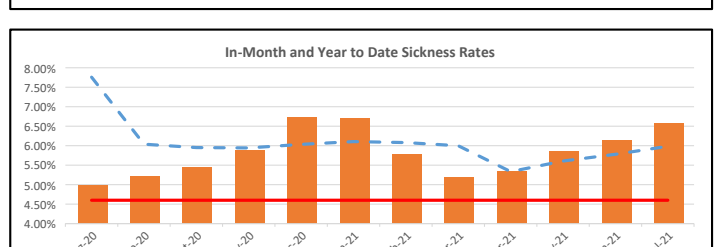
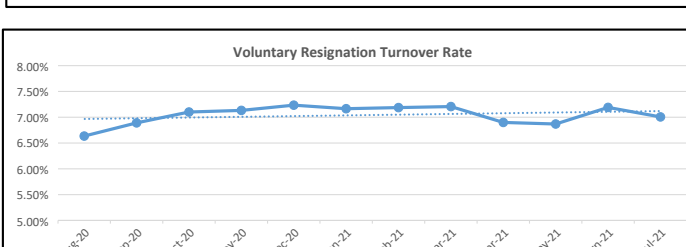
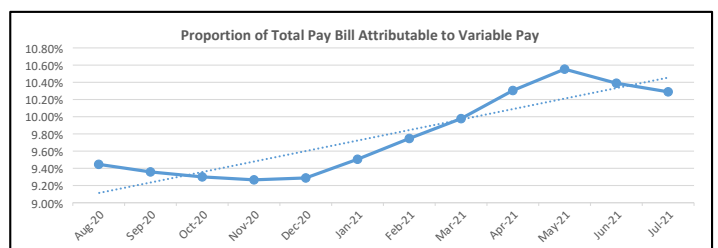
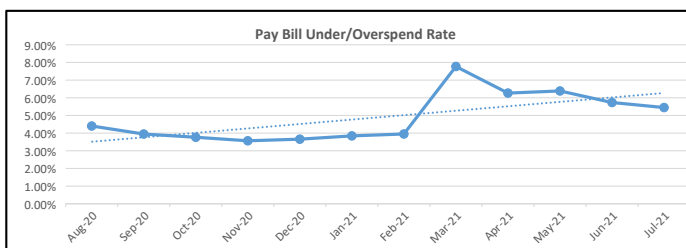
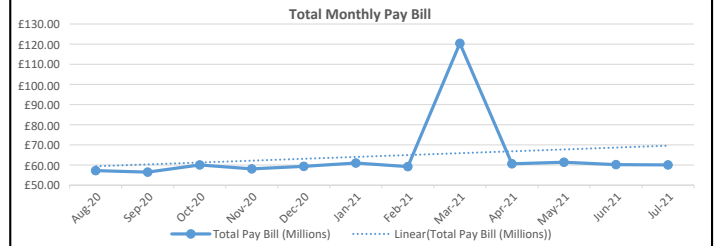
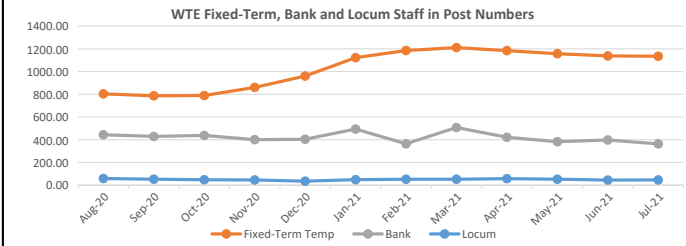
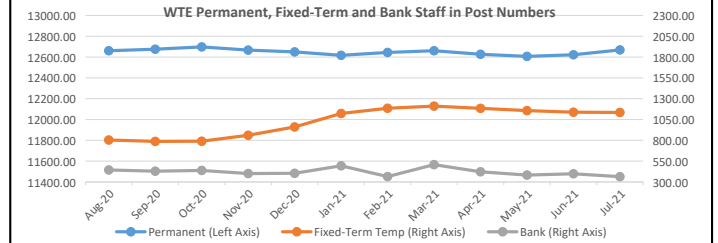
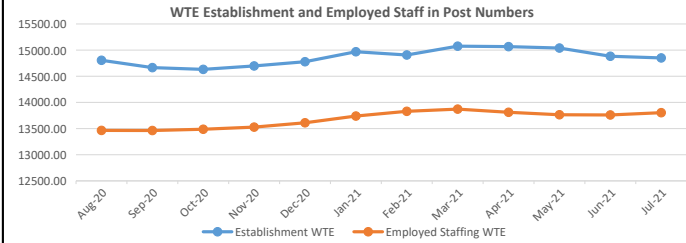
## Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	<p>Yes / No / Not Applicable</p> <p><i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>								



## Workforce Key Performance Indicators Trends July 2021



Report Title:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT						Agenda Item no.	14
Meeting:	Local Partnership Forum						Meeting Date:	21.10.21
Status:	For Discussion		For Assurance		For Approval		For Information	
Lead Executive:	Executive Nurse Director Executive Medical Director							
Report Author (Title):	Assistant Director, Patient Safety and Quality Assistant Director, Patient Experience						029 2184 6117 029 2184 6108	

### Background and current situation:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from July to August 2021.

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families and feedback from national and local patient surveys. Themes emerging from internal and external inspections of clinical areas also provide a very valuable level of assurance in relation to the quality and safety of clinical services.

Where available, benchmarking data with peers is provided. Assurance in relation to the action that is being taken to address areas for improvement is also described.

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

Safe 2 Move / Saff i Symyd has been launched and is being implemented across the UHB following the learning from COVID deaths.

It is pleasing to note that the Health Boards 30-day performance in responding to concerns has improved by 2% and is currently 81% in comparison to 79% noted in the last Board report

An Internal Audit of Clinical Audit Department arrangements has taken place; early feedback suggests that the report will reflect limited assurance. A business case has been prepared and will be discussed at Management Executives meeting imminently, outlining the investment and resource required to adequately fulfill the Quality Assurance and Clinical Effectiveness function of Patient Safety and Quality.

The new national reportable incident process has been received and is being implemented across the Health Board.

The Patient Experience Team has been shortlisted in two PENNA categories this year - 'Support for Families and Care Givers' and 'Team of the Year'.

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

During July to August 2021, the following Nationally Reportable Incidents (Serious Incidents) and No Surprises have been reported to Welsh Government:

Nationally Reportable Incidents		
Clinical Board	Number	Description
Medicine Clinical Board	2	Injurious falls
	1	Grade 3 pressure damage
Children and Women	1	Neonatal death.
	1	Non-recognition of hyponatraemia
Specialised	1	Injurious fall
Mental Health	1	Unexpected sudden death of an inpatient in Adult Mental Health.
<b>TOTAL</b>	<b>7</b>	

No Surprises		
Clinical Board	Number	Description
Children and Women	1	Outbreak of Staph Capitis on NNU.
	1	Unprecedented challenges within the maternity service due to a combination of the volume and complexity of cases, opening of T2 for rising Covid-19 positive patients and continued staffing constraints.
Executive	1	Due to the potential for media interest, we reported the inquest of a gentleman who worked as a Health Care Support Worker at UHW and sadly died of Covid -19, following contact with a family member.
Mental Health	1	The victim of an attack in Bute Park, Cardiff on 20.07.2021 was an employee of Cardiff and Vale UHB.
Specialised	1	A Klebsiella MDRO outbreak at Rookwood Hospital.

### How do we compare to our peers?

From 14<sup>th</sup> June 2021, all Health Boards in Wales changed the way they report their more serious incidents to NHS Wales Delivery Unit (Welsh Government). The changes give more ownership over the process to the reporting Health Boards. Individual organisations are now able to determine level of investigation and timeframe for the completion of the investigation process. This was previously the remit of the Delivery Unit.

Organisations now have 7 days to report a Nationally Reportable Incident (NRI – new term for Serious Incident – SI). This gives us more time to more fully understand the incident to ensure we are reporting appropriately. To support this, in Cardiff and Vale we have devised a Patient Safety Fact Finding Tool which is to be completed by the reporting area and guides the NRI meeting and decision making around external reporting. This is now integrated into the Clinical Boards governance processes and is helping us to report appropriately and within the 7 day timeframe.

All covid related restrictions to serious incident reporting are fully lifted and we are now reporting anything that is in line with the DU guidance.

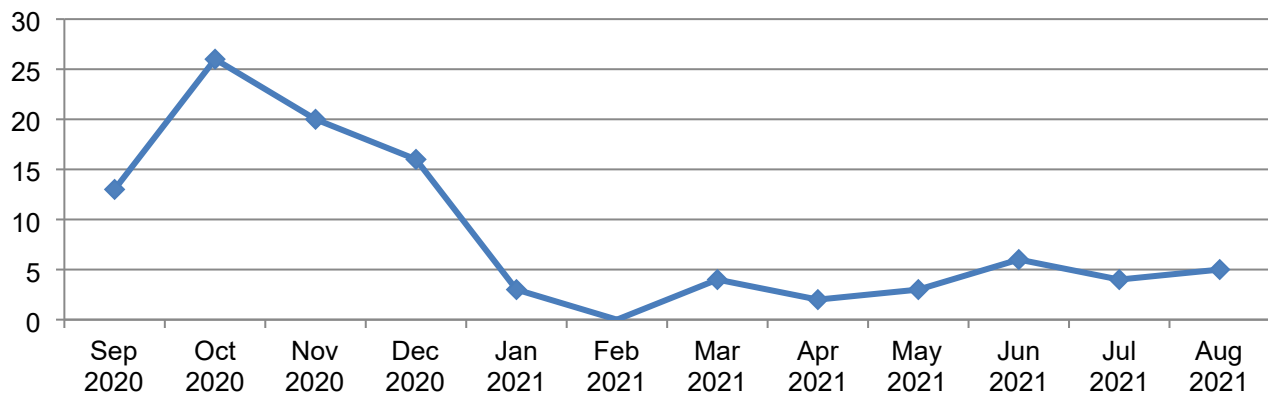
- All Never Events
- Inpatient suicides
- Maternal deaths
- Neonatal deaths
- Homicides
- Incidents of high impact / likely to happen again including child related deaths (for local decision)

The closure process has also changed and dependant on whether causative factors are identified as part of the investigation, will determine on the closure form required. Organisations are also now able to downgrade a reported incident if during the process of investigation it is identified that this in fact does not meet reporting criteria.

We hope that this change in practice and the implemented Fact Finding Tool will better enable us to meet the 7 day reporting timeframe with DU and significantly reduce the number of outstanding incidents exceeding their closure due date. It is still early in this process as incidents reported at the start of this change (June) are only now approaching closure due date. This will be monitored by the Patient Safety Team.

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## SI/NRIs reported to WG/DU 1st Sept 2020 - 31st Aug 2021

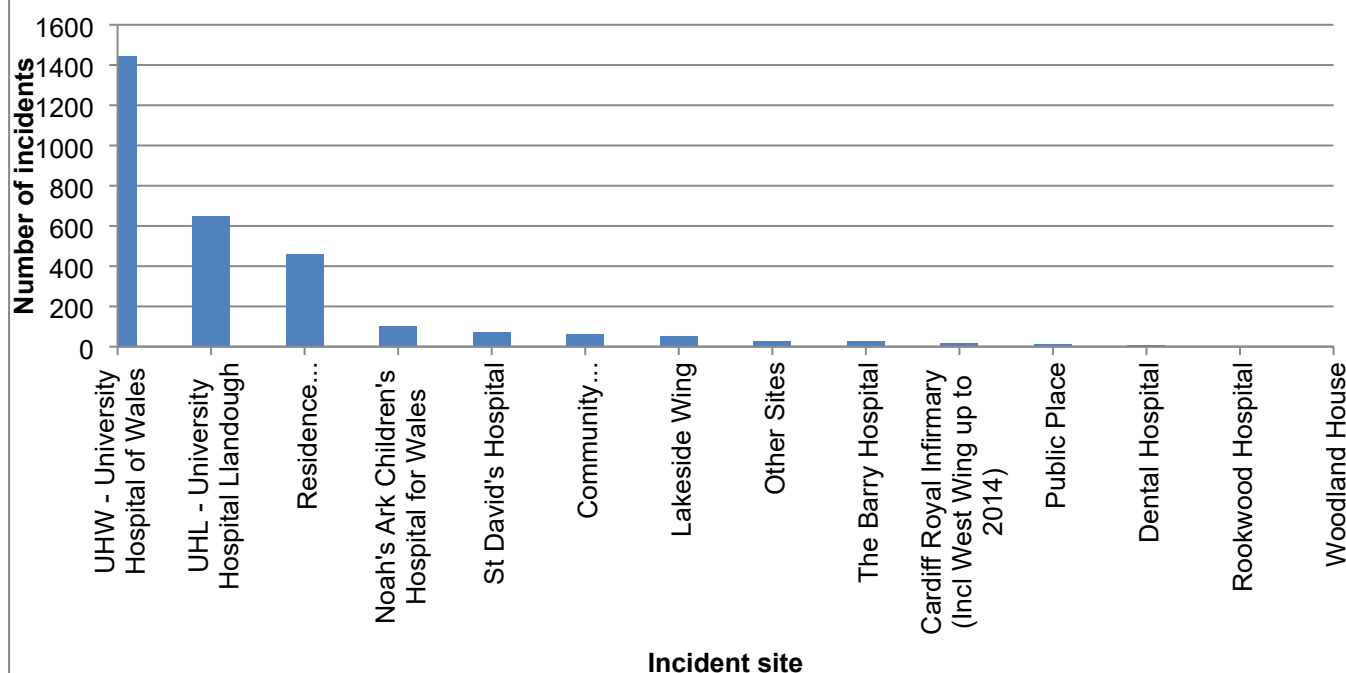


The above chart demonstrates a spike in Serious Incident (now termed National Incident) reporting in October 2020 following a gradual increase in the previous months following the re-instating of the usual SI reporting criteria in August 2020. In January 2021, Covid-19 related restricted reporting resumed following guidance issued from the Delivery Unit. Restricted reporting continued until 14<sup>th</sup> June 2021 when the new NRI reporting guidance was issued from the Delivery Unit and the usual external reporting resumed. Despite this, we have not yet seen a significant increase in serious incident reporting following this change. The change in NRI reporting criteria does mean that some incidents which were previously classed as a Serious Incident are not classed as a Nationally Reportable Incident under the new guidance and are for local review and management only. The Patient Safety Team are not concerned that we are missing any incidents as CBs continue to engage and escalate potential NRIs.

At the time of writing the UHB has 49 open Serious/Nationally Reportable Incidents (NRIs).

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## Patient Safety Incidents reported by site (1st July - 31st August 2021)



UHW continues to be the highest reporting site with UHL reporting less than half of UHWs incidents. Of the 2134 incidents reported on Datix during that time frame, the majority of these incidents were reported as 'no harm' or 'minor harm'. The top 3 categories were pressure ulcers, followed by falls and staffing shortages.

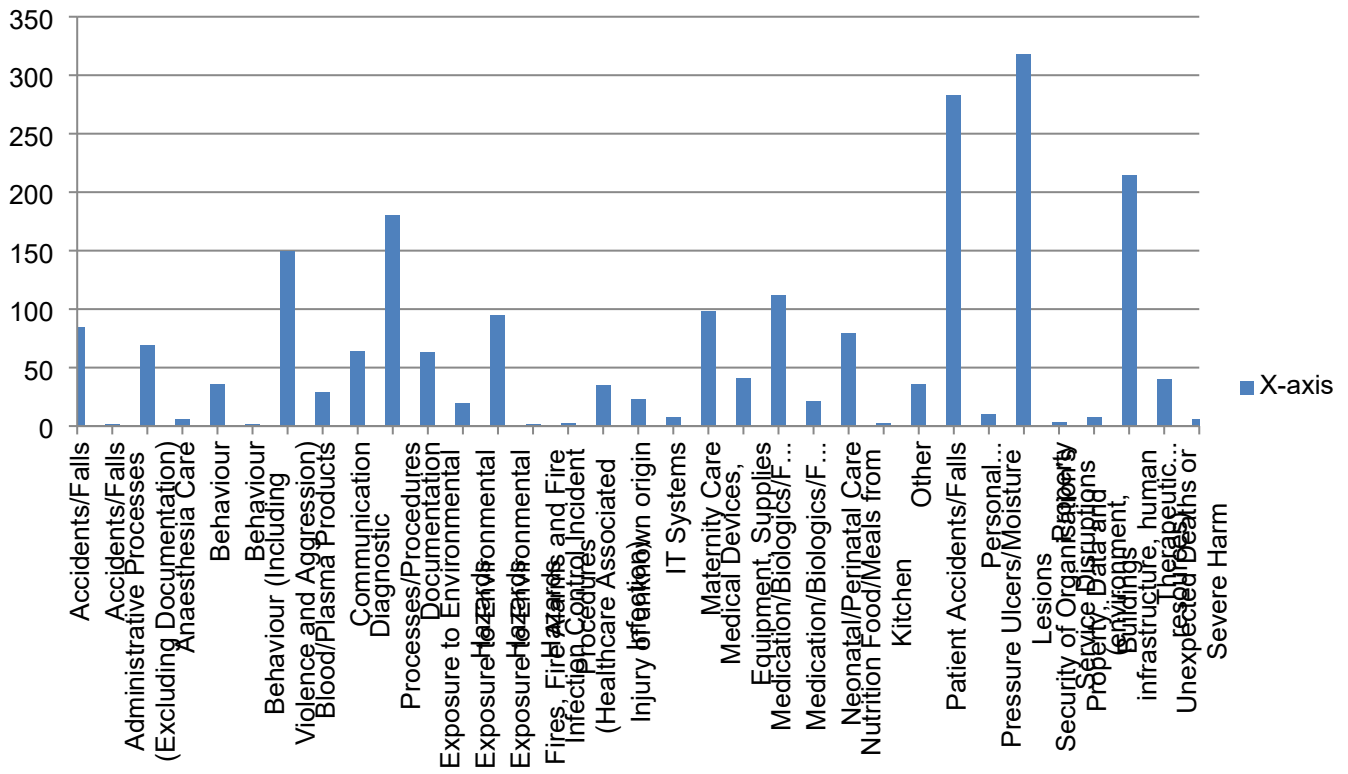
The UHB has a Pressure Ulcer collaborative established with several work streams underway. A report was presented to the June 2021 QSE Committee.

The UHB also has a well - established multi-disciplinary, multi-agency Falls Delivery Group which monitors a range of quality and performance indicators in relation to Falls prevention and management across the whole healthcare system. The Patient Safety team are currently undertaking a Falls Awareness campaign ahead of Falls Awareness Week commencing 20<sup>th</sup> September.

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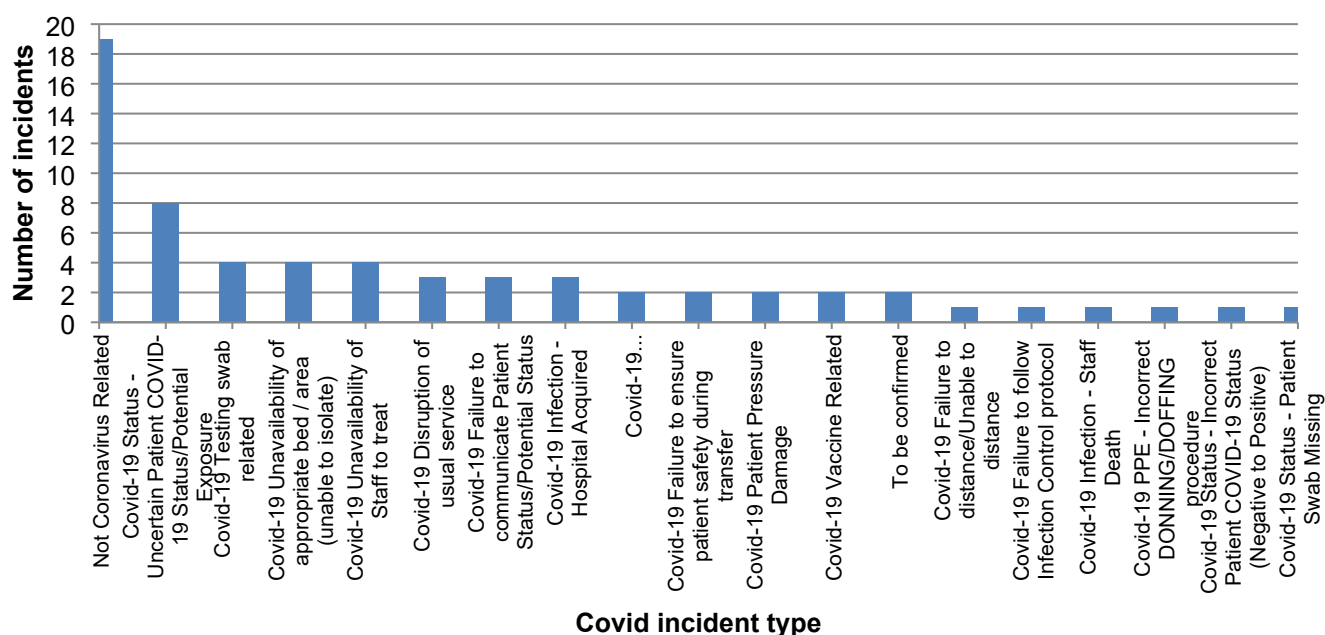
## UHW Incidents by Incident Code Tier 1 reported 01.07.21-31.08.21



UHL incidents for the same period also feature falls as the highest reported incident but also have 'behavior' and 'violence and aggression' as number 2 and 3.

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## Covid Patient Safety Incidents (1st July - 31st Aug 2021)



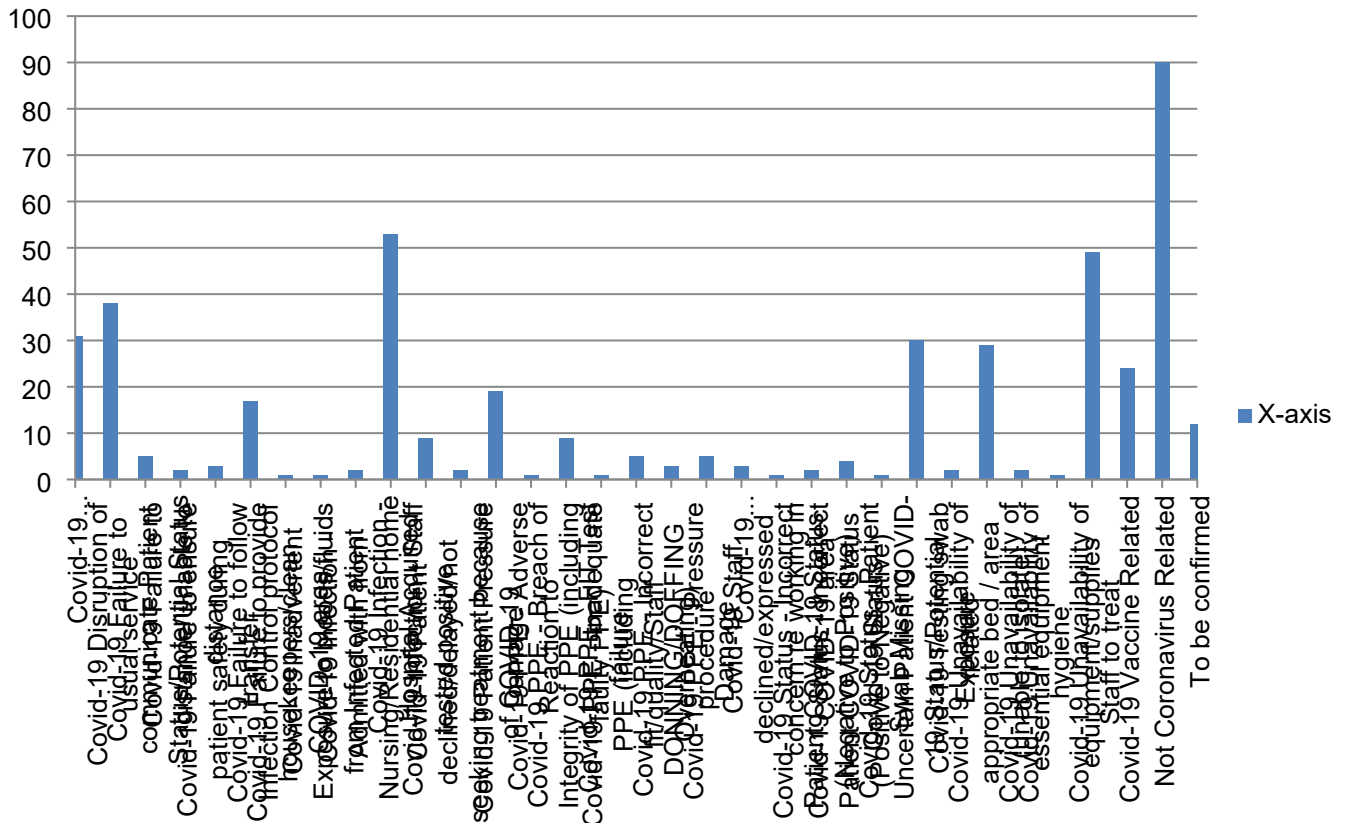
The overall numbers of Covid-19 related incidents still remain low in comparison with the peak of the pandemic; the highest reported category remains 'not covid related'. This category relates to any incident that results from the challenges associated with providing care during the pandemic. The next highest reporting category was 'uncertain Covid-19 status – potential exposure'.

In comparison to the start of the year, when the incident numbers were much higher, after 'not covid related' the highest reported category was 'hospital acquired covid'.

A Head of Covid investigations has been appointed to oversee the review of the care of any patient with nosocomial Covid-19. Executive oversight is provided through the established Covid-19 Stakeholder Group and through its sub-group Covid -19 Scrutiny Panel.

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## Covid Patient Safety Incidents (01.01.2021 to 31.03.2021)



During week commencing 6<sup>th</sup> September, the UHB launched it's Safe to Move –Saff I Symud' risk assessment tool. This aims to promote safer admission and transfers of patients in the organisation and has been developed to address the learning identified from nosocomial Covid-19 reviews/investigations.

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## Clinical Effectiveness Committee Feedback

Since the last paper to Board, there has been one Clinical Effectiveness Committee meeting which took place on 11<sup>th</sup> August, chaired by the Associate Medical Director. The Committee is now well embedded and clinicians are attending to present their National Data and outline work that is being undertaken in relation to continuous improvement.

Five national clinical audits were discussed, the National Lung Cancer Audit was presented by the Clinical Audit Lead. An overview of the registered tier 2 clinical audits was given. NICE and HTW implementation remains challenging due to the lack of resource which has previously been noted.

A presentation was given regarding the Neuraxial Connector Roll-Out Wales – Patient Safety Notice PSA003 & PSA007 and the imminent challenges faced. Patient Safety will support next steps, a Patient Safety Organisational Learning Manager sits on the local task and finish group and will attend the All Wales Meeting to support.

A detailed Clinical Effectiveness Committee update, has been presented to the September 2021 QSE Committee.

It is pertinent to note that an Internal Audit of Clinical Audit Department arrangements has taken place; early feedback suggests that the report will reflect limited assurance. A business case has been prepared and will be discussed at Management Executives meeting imminently outlining the investment and resource required to adequately fulfill the Quality Assurance and Clinical Effectiveness function of Patient Safety and Quality.

## Learning from Deaths/Mortality

Progress is being made with the implementation of the Medical Examiners (ME) both within the UHB and across Wales. A selection of medical records are being scanned and sent to the ME Office where a 'stage 1' review is completed. If there are any concerns or queries from the ME the UHB has an agreed process to receive and distribute the report for a stage 2 review, although this is subject to review as learning is generated and processes evolve. There are challenges where the deceased has been treated by more than one clinical team and we need to be sensitive to avoid blame in order to generate learning.

Conversion rates from stage 1 to stage 2 reviews are being monitored to ensure appropriate and consistent referrals from MEs are made back to the Health Boards.

When completed by the relevant clinical teams the stage 2 mortality reviews are received by the Patient Safety and Quality Team to enable monitoring and analysis of themes and trends to support organisation learning which will be reported in to the Mortality Review Group.

It is unknown as to when the statutory date for full implementation of the MEs will be but we are collectively working towards April 2022.

An All-Wales Framework for mortality reviews has been agreed. This links to the Putting Things Right Framework.

Development of the Datix Mortality Module is ongoing. This is essential for monitoring and reporting, particularly as the volume of mortality reviews by the MEs increase. Key people within the UHB are influencing the development of an end to end process that we will be able to migrate data from into our Mortality dashboard.

There is an average of 2,000 in-hospital deaths in the UHB each year. The conversion rate to stage 2 reviews is expected to be 20-25%. Thus about 400-500 reviews will be required per year. A similar number of people die at home or in care homes/hospices. As yet we do not know the conversion rate to stage 2 reviews. The possible impact on primary care is unknown at present.

Since February 2021, 43 referrals for stage 2 mortality reviews have been received from the ME. Seven have been directed to the COVID Investigation team and 17 stage 2 reviews have been completed.

Learning from these reviews is varied. Some required confirmation of usual clinical practice. Evolving themes include clinician to clinician and clinician to relative communication failures and the impact of visiting restrictions due to the COVID pandemic resulting in some families not being present at the time of death of their loved one.

In addition, a further 13 completed reviews have been completed by Critical Care and Child Health. These involved complex clinical presentations and the reviews demonstrated reflection and learning.

Good practice has also been identified through the mortality reviews and fed back to the relevant clinical team.

## Patient Experience

### ***Complaints Management/Redress***

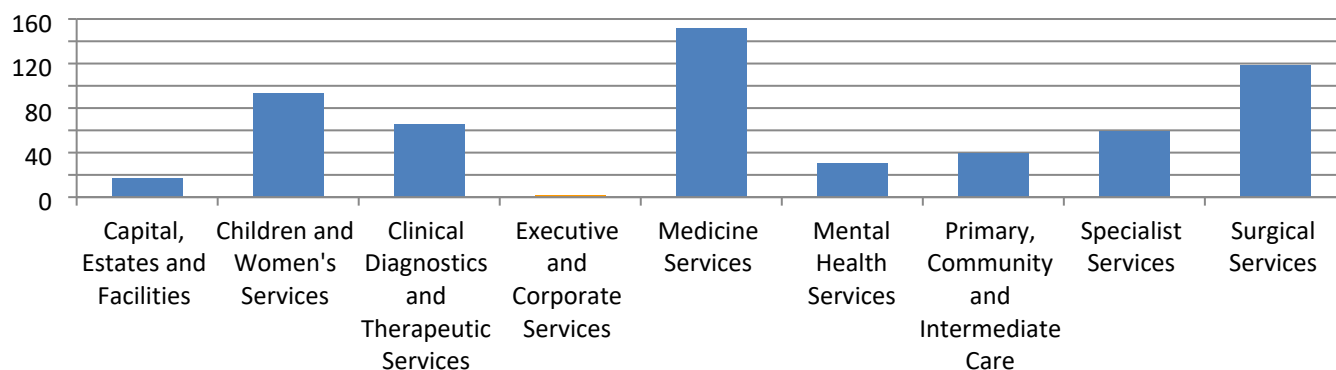
In July and August, 1,033 concerns/contacts were received. This is a decrease when compared to 2,368 contacts received in May and June. This decrease reflects the reduction in the number of enquiries the Concerns Team are having as more people are receiving their COVID-19 vaccinations. It is anticipated that the calls to the COVID vaccination lines will increase in line with the booster programme being launched in September.

When compared to the same period last year, when 506 concerns were received, there has been a noted increase in concerns being raised during July and August this year (580 concerns received).

Since the beginning of April, the Concerns Team have been hosting a 7-day booking line (including Bank Holidays) for relatives to arrange a visit which is consistently extremely busy. Approximately 70% of calls result in a visit being arranged. The Team work closely with the clinicians to provide advice regarding safe visiting practices and to collate the required contact information.

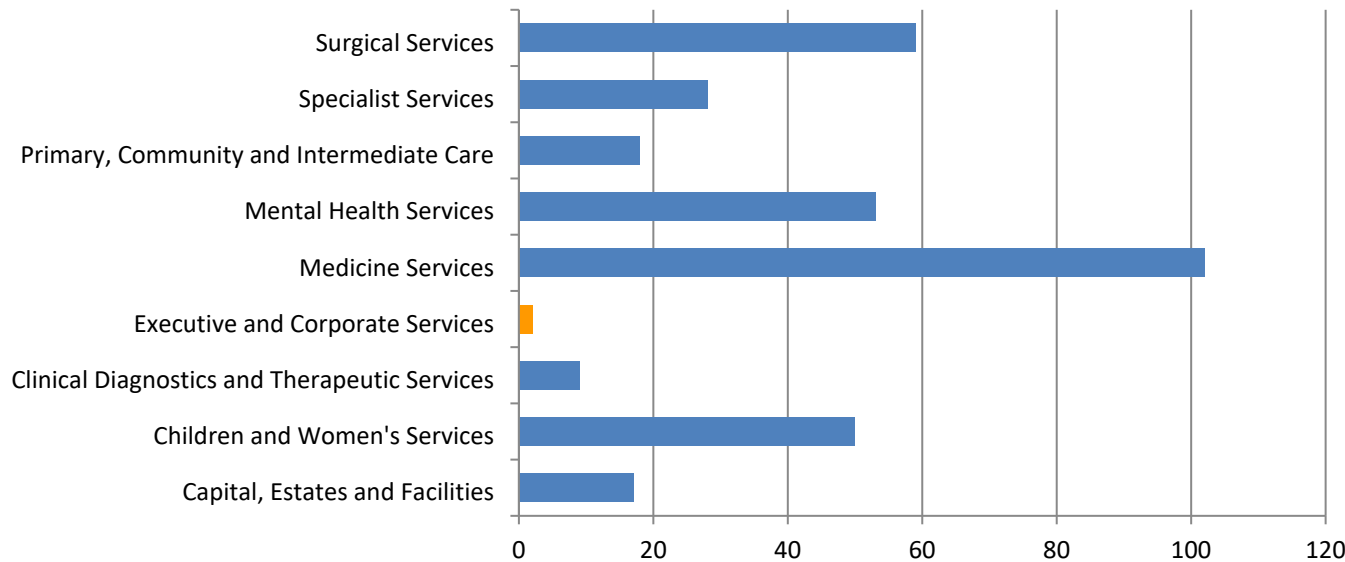
Concerns	Vaccination enquiries	Visiting Calls
580	454	5,035

### Concerns - All Received by Clinical Board 1st July to 30th August 2021)



We currently have 338 active concerns. 30% of the active concerns are logged with the Medicine Clinical Board, with Surgery having the second highest percentage of 17%.

### Active Number of Concerns by Clinical Board as of 30th August 2021



As you will note from the charts above, Medicine Clinical Board receive the majority of concerns and have the highest number of active concerns in comparison to other areas. It should be noted that the EU Directorate has seen a rise in concerns, however, this would be expected based on the significantly higher number of patient contacts and level of activity they experience in conjunction with the rest of Medicine Clinical Board during the pandemic.

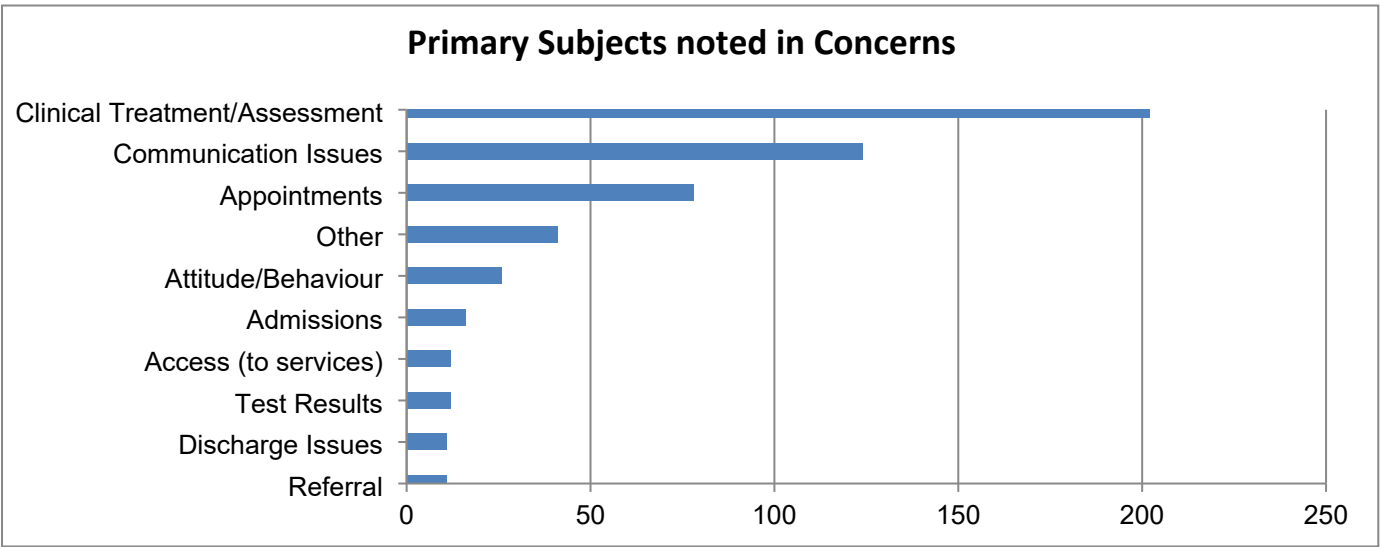
As reported in the last two Board reports, there had been a marked increase in patient's raising concerns relating to delays in follow-up appointments and planned procedures within the Surgical Clinical Board, therefore, following discussions with the Clinical Board to address these

issues, the Directorates are in the process of proactively contacting patients on their waiting lists to provide an update on the current position.

Children and Womens Services have also seen an increase in concerns and following discussions with the Director of Nursing and Directorate Leads, they are in the process of issuing letters to patients/parents on their waiting lists for to provide an update on the current position.

It is pleasing to note that the Health Boards 30-day performance in responding to concerns has improved by 2% and is currently 81% in comparison to 79% noted in the last Board report.

However, it should be noted that, at the time of writing this report, a number of Clinical Boards have made us aware that due to the current extreme clinical pressures and staff availability, they are anticipating a delay in responding to concerns.



As you will note from the above chart, the top themes are consistent with those reported in the previous Board report, however, we have noted a slight reduction in concerns relating to communication. 124 concerns raised during this period, in comparison to 141 raised during May and June. As reported previously, a reduction in these types of concerns was anticipated now that we are able to accommodate some additional visiting, however, communication does remain a theme and is very frustrating for relatives and causes anxiety when they are trying to obtain information on their loved ones current condition. Concerns regarding clinical treatment and assessment have been raised within all Clinical Boards. However a large percentage of concerns logged with Medicine Clinical Board during this period related to Clinical Care and treatment.

As more patients are attending the hospital, we have started to note an increase in concerns relating to insufficient parking at both UHL and UHW sites, particularly the lack of disabled spaces at UHW. Unfortunately, patients are parking in disabled bays when attending appointments and receiving PCN's (Parking Charge Notice). The justification given by those parking illegally in disabled bays is that there is insufficient parking so they either DNA (Do Not Attend) their appointment or risk parking inappropriately. The Estates Department have reviewed disabled parking availability and further promotion of other transport options with increased use of virtual appointments where appropriate help to mitigate the situation.



### **What are we doing?**

The Concerns Team continue to operate a 7-day working rota (including Bank Holidays) which has helped support/facilitate communication between wards and relatives.

The Patient Experience Team have also supported virtual visiting which has helped to allay concerns regarding relatives not being able to visit during this very difficult time. We try to facilitate visiting when possible, on average we received over 600 calls a week. Approximately 70% of these calls result in visiting being arranged.

We ran a mass vaccination enquiry line over seven days. During July and August we received 454 calls. This helpline provides an opportunity for members of the public to be reassured regarding when to expect the vaccine, to be signposted appropriately and facilitate arrangements for patients with more complex needs.

### **Mass Vaccination Centres**

The Team has been promoting essential messages for Mass Vaccination Centres during the summer months to ensure appointments are not missed due to childcare responsibilities. They produced the infographics, posters and social media messages as below.



Week-on-week the experience of those attending Mass Vaccination Centres is recorded with an exceptional number having a positive experience during their visit. We have captured feedback from nearly 24,000 people. **99%** of respondents reported being satisfied with their experience at the Mass Vaccination Centre.

### **Meet and Greet Service**

The meet and greet volunteers are supporting at the Welsh Gender Service, St David's Hospital as services resume.

Since June 2021 the volunteers have supported 1,033 contacts at the Children's Hospital for Wales.

At the Concourse, UHW volunteers gave directions to 3,900 people, of these over 800 were to the main out-patient clinics; they walked 156 patients directly to the clinic/department who needed additional assistance.

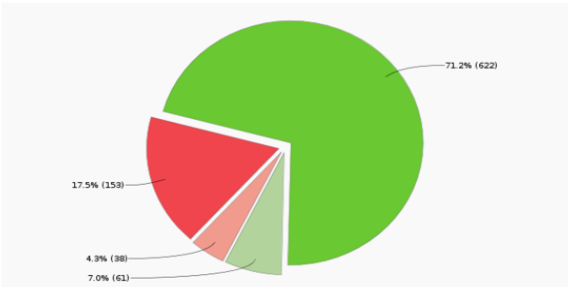
### **Patient Experience Telephone Survey**

On 16<sup>th</sup> August the Team commenced a Patient Experience telephone survey gathering feedback from patients who have had a recent stay in one of our hospitals. The short survey mirrors the feedback our Patient Experience Support workers use on the wards. This telephone

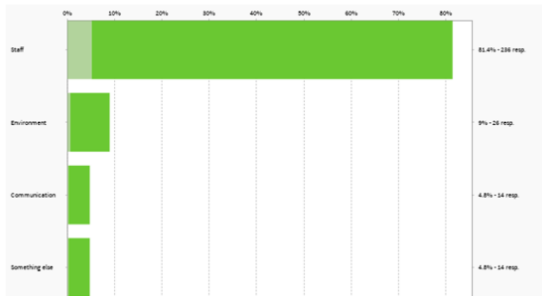
survey is due to close on 3<sup>rd</sup> September when a full report will be produced alongside reports that are Clinical Board specific.

Happy or Not Feedback Concourse UHW 01/08/21 - 31/08/21

Total results Concourse UHW



Highlights



Feedback from 874 contacts identified that 78% of those attending the hospital were happy with the service provided during their visit. Many positive comments added to responses with those raising concerns re-directed to the Clinical Board where recorded.

Patient Experience Network National Awards (PENNA)

The Patient Experience Team has been shortlisted in two PENNA categories this year. The first category is ‘Support for Families and Care Givers’ for the work the Bereavement Team have undertaken ensuring that all bereaved families are contacted after a death of a loved one and offered telephone support and signposting during a very difficult time.

Secondly the whole team has also been shortlisted for ‘Team of the Year’ for the work they have undertaken throughout the pandemic.

The winners will be announced at the virtual Award ceremony taking place over 13<sup>th</sup> and 14<sup>th</sup> September.

Recommendation:

The Local Partnership Forum is asked to **NOTE** the contents of the Integrated QSE report.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		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
<b>Five Ways of Working (Sustainable Development Principles) considered</b> Please tick as relevant, click <a href="#">here</a> for more information									
Prevention		Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable If “yes” please provide copy of the assessment. This will be linked to the report when published.							

## **MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 23 SEPTEMBER 2021 VIA MICROSOFT TEAMS**

### **Present:**

Peter Hewin	Unison/BAOT Representative (Co-Chair)
Rachel Pressley	Workforce Governance Manager (Co-Chair)
Pauline Williams	RCN Representative
Ceri Dolan	RCN Representative
Rhian Wright	RCN Representative
Andrew Crook	Head of Workforce Governance (part of meeting)
Procopio Gauci	Unison Representative
Lucy Smith	Assistant Head of Workforce and OD
Nicky Bevan	Head of Employee Health and Wellbeing Services
Nicky Punter	Inclusion Manager
Jonathan Strachan-Taylor	GMB Representative
Rebecca Corbin	LED Manager
Helen Palmer	Workforce Governance Adviser (minutes)

### **EPSPG 21/020 WELCOME AND INTRODUCTIONS**

Dr Pressley welcomed the group.

### **EPSPG 21/021 APOLOGIES OF ABSENCE**

Apologies for absence were received from Mathew Thomas, Bryony Donegan, Judith Harrhy

### **EPSPG 21/022 MINUTES FROM THE LAST MEETING**

The Employment Policy Sub Group agreed the minutes from 20 April 2021 were an accurate record of the meeting.

### **EPSPG 21/023 ACTION LOG**

The Group noted the Action log. All actions had been completed.

### **EPSPG 21/024 APPROVAL – NEW AND CHANGED JOB PROCEDURE**

Mr Crook was in attendance to discuss the New and Changed Jobs Procedure. The Procedure had been updated to reflect the current process. Mr Crook advised that a new section had been added on the All Wales Sharing Protocol which had been developed to speed up the process if the Health Board wished to use the job description of another Health Board. The job description would be looked at by a Monitoring Group which would

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establish whether the job can be shared, if it could we are able to recode it with our CAJE Reference number and use the job within our Health Board. One of the issues with this process is that sometimes jobs are not robust and not shareable, and in this instance we would be required to match the post ourselves.

Mr Crook commented that a Job Evaluation internet page will also be developed to support the procedure, allowing managers easier access to the information.

The format and length of Job Descriptions is also being looked at as some job descriptions that have been received are long. The aim is to have short concise job descriptions, but also provide the necessary information required to match the post effectively.

Mr Hewin confirmed that the procedure had been discussed at the staff side meeting and they were happy to sign it off.

The EPSG **APPROVED** New and Changed Jobs Procedure.

*(Mr Crook left the meeting)*

## **EPSG 21/025          APPROVAL – PROCEDURES AND OTHER DOCUMENTS TO BE ROLLED OVER**

Dr Pressley presented the Employment Policy Schedule and asked the meeting to take a view on the procedures that are due for or overdue for review, suggesting that it would be sensible in the current climate and during the recovery from Covid to review whether some of the policies could be rolled forward.

The Group reviewed the list of WOD Policies and Procedures noting that a RAG (Red Amber Green) coding system was used to denote if the documents were due or overdue for review. The policies that were discussed were as follows:

- Home/Remote Working Guidelines – this was no longer fit for purpose due to the change in agile working practices and was currently under review.
- Flexible Working Procedure – this currently being reviewed by Judith Harrhy, Mr Hewin commented that an All Wales Procedure being developed, however it was agreed that we would proceed.
- Unauthorised Absence Procedure – agreed to roll forward for a 2 year review
- Supporting Carers Guidelines – agreed to roll forward for 2 years, Mr Hewin commented that the guidelines should be promoted more as some staff were not aware of it.

Dr Pressley asked Mrs Smith to consider a Communication plan, linking in with her as necessary.

### **ACTION: Mrs Smith**

- Maternity, Adoption and Shared Parental Leave Procedures – Dr Pressley commented that this procedure is currently in urgent need of review to ensure they reflect current T&Cs and statutory rights.

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- VBA Procedure – It was agreed that this would be rolled forward for 1 year as the procedure hasn't been used widely due to Covid.
- Study Leave Guidelines – Ms Corbin agreed that these were still fit for purpose and it was ok to roll forward for 1 year.
- Academic Malpractice Procedure – Violet Thomas is currently looking at this, however it was commented that the University tended to be involved if there was a malpractice issue. It was agreed that this procedure would be checked with subject matter experts, and whether we need a BMA view. Potentially bring this back for discussion at the next meeting in November.

**ACTION: Ms Corbin**

- Recruitment and Selection Policy – It was agreed that this would be rolled forward for 1 year, in that time it will be thoroughly reviewed. Mr Hewin agreed that time should be taken to ensure this is done properly.
- DBS Procedure – It was agreed that this is fit for purpose and will be rolled for 1 year.
- Professional Registration Procedure – the review of this is currently underway. Mr Hewin and Mrs Wright are working on this with Katrina Griffiths.
- Management of Stress in the Workplace Procedure – Mrs Bevan has looked and this and advised that it does need to be
- Alcohol and Substance Misuse Procedure – It was agreed that this would be rolled forward 1 year.
- Industrial Injuries Procedure – It was agreed that this would be reviewed particularly due to the issues with Covid. Mr Hewin agreed to check which Staff Rep would be involved to work with Katrina Griffiths.

**ACTION: Mr Hewin**

- Death in Service Procedure – Dr Pressley commented that she had been approached by Health Improvement Team who had some concerns about emphasis within the policy, a staff Rep is needed to work with. Mrs Smith referred to the issue of the Covid Life Assurance Payout, Dr Pressley agreed to pick this up.

**ACTION: Dr Pressley**

- Collective Disputes Procedure – There was discussion with regard to whether the Respect and Resolution Policy would now replace this. Staff Representative members of the group asked for the status quo to apply for now, while the Respect and Resolution Policy became embedded

**EPSG 21/026      ANY OTHER BUSINESS**

There was no any other business raised.

**EPSG 21/027      DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Wednesday 10 November 2021

Monika Rhoda  
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