








## LPF


12 February 2020, 11:00 to 13:00

Coed y Bwl

## Agenda

1.	<b>Welcome and Introductions</b>		2 minutes Chair
2.	<b>Apologies for Absence</b>		2 minutes Chair
3.	<b>Declarations of Interest</b>		2 minutes Chair
4.	<b>Minutes of the meeting held on 4 December 2019</b>		2 minutes Chair
	 1.4 LPF 04.12.19.pdf	(5 pages)	
5.	<b>Action Log Review</b>		2 minutes Chair
	 1.5 LPF Action Log.pdf	(1 pages)	
6.	<b>Local Partnership Forum Work Plan 2020-21</b>		10 minutes Co-Chairs
	 1.6 LPF Work Plan 2020-21.pdf	(3 pages)	
7.	<b>Strategic Equality Plan – themes and objectives</b>		10 minutes Keithley Wilkinson
	 1.7 Strategic Equality Plan.pdf	(15 pages)	
8.	<b>Deputy Chief Executives Update</b>		10 minutes Martin Driscoll
9.	<b>Performance Update</b>		15 minutes Caroline Bird
10.	<b>Tacking Stress in the Workplace</b>		10 minutes Nicky Bevan
	 1.10 Actions taken to address work related stress.pdf	(6 pages)	
11.	<b>Volunteers Framework 2020-23</b>		10 minutes Michelle Fowler
	 1.11a Volunteers framework - cover paper.pdf	(2 pages)	
	 1.11b 2020 - 2023 Volunteer Framework (FV).pdf	(23 pages)	
12.	<b>Strategic Clinical Services Plan / UHW2</b>		5 minutes Abigail Harris
13.	<b>Sustainable Travel</b>		5 minutes Abigail Harris

Brickell Jones  
01/28/2020 10:17 AM

- |              |  |            |                               |
|--------------|--|------------|-------------------------------|
| <b>14.</b>   | <b>Workforce Report</b>  |            | 10 minutes<br>Martin Driscoll |
|              |  1.14 WOD KPI report.pdf                        | (1 pages)  |                               |
| <b>15.</b>   | <b>Finance Report</b>  |            | 10 minutes<br>Bob Chadwick    |
|              |  1.15 finance report.pdf                        | (21 pages) |                               |
| <b>16.</b>   | <b>Patient Safety Quality and Experience report</b>  |            | 10 minutes<br>Ruth Walker     |
|              |  1.16 Patient safety quality and experience.pdf | (14 pages) |                               |
| <b>17.</b>   | <b>Items to be brought to the attention of the Board</b>   |            | 2 minutes<br>Chair            |
| <b>18.</b>   | <b>Any other business previously agreed with the Co-Chairs</b>   |            | 2 minutes<br>Chair            |
| <b>19.</b>   | <b>Future Meeting Arrangements:</b>  |            | 1 minutes                     |
| <b>19.1.</b> | <b>Thursday 16 April 2020 at 10am (with a staff representative pre-meeting at 10.00am) in Nant Fawr 1, Woodland House</b>        |            |                               |

**Minutes from the Local Partnership Forum Meeting held on 4 December 2019 at  
9.30am in Nant Fawr Room 1, Woodland House**

**PRESENT:**

Mike Jones	Chair of Staff Representatives / UNISON (co-Chair)
Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Rachel Gidman	Assistant Director of OD
Peter Welsh	Hospital Manager ,UHL and Barry
Stuart Egan	UNISON
Steve Gaucci	UNISON
Dawn Ward	Independent Member – Trade Union
Peter Hewin	BAOT/UNISON
Rebecca Christy	BDA
Caroline Bird	Deputy COO
Ruth Walker	Executive Director of Nursing
Fiona Kinghorn	Executive Director of Public Health (part of meeting)
Abigail Harris	Executive Director of Strategic Planning
Andrew Crook	Head of Workforce Governance
Robert Chadwick	Executive Director of Finance (part of meeting)

**IN ATTENDANCE:**

Suzanne Wood	Consultant in Public Health
--------------	-----------------------------

**APOLOGIES:**

Stuart Walker	Medical Director
Pauline Williams	RCN
Fiona Salter	RCN
Nicola Foreman	Director of Corporate Governance
Ceri Dolan	RCN
Joe Monks	UNISON
Julie Cassley	Deputy Director of WOD
Mathew Thomas	UNISON
Karen Burke	UNISON

**SECRETARIAT:**

Rachel Pressley	Workforce Governance Manager
-----------------	------------------------------

**LPF 19/079 WELCOME AND INTRODUCTIONS**

Mr Driscoll welcomed everyone to the meeting and introductions were made.

**LPF 19/080 APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**LPF 19/81 DECLARATIONS OF INTEREST**

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

**LPF 19/082 MINUTES OF THE PREVIOUS MEETING**

The minutes from the meeting held on 2 October 2019 were agreed to be an accurate record of the meeting.

## **LPF 19/083 ACTION LOG**

The Local Partnership Forum noted the action log.

## **LPF 19/084 CLINICAL SERVICES PLAN AND UHW2**

The Forum received two presentations from the Executive Director of Strategic Planning, firstly on the Clinical Services Plan and then on the plans for UHW2.

Mrs Harris reminded the Forum that the Clinical Services Plan was being developed in the context of and in response to Shaping our Future Wellbeing, the Wellbeing of Future Generations Act and a growing population. There needs to be more promotion of health and wellbeing, and a shift in the balance of provision toward the community and care closer to home. A 10 year plan is being developed to establish the infrastructure required for 21<sup>st</sup> century healthcare, with distinct roles for UHW and UHL as well the locality health and wellbeing centres, cluster hubs and GP practices.

With regards to UHW2, Mrs Harris advised that it was built in 1971 and is functionally not fit for purpose anymore, never mind for the future. The drivers for change are the population needs, technology and the climate emergency. The current assumption is that UHW2 will be a state of the art hospital, built on the same site. The University have bought adjacent land with a view to consolidating their departments and creating a Biomedical and Life Science Campus.

*(Fiona Kinghorn joined the meeting)*

The next steps are for engagement on the Clinical Services Plan to commence in and a UHW2 programme business case to be submitted in Spring 2020.

There has historically been a view that patients from the Vale of Glamorgan go to UHL for treatment – it will be necessary to help the community understand the different model of care by articulating it clearly, and also to think about transport needs etc. Mrs Walker emphasised the need to articulate the risks associated with length of stay and the benefits of care at home. She referred to the need to work with the Local Authorities and to share the learning received from the learning alliance with Canterbury around social care

Mr Hewin raised several points for noting and exploration at a later date:

- The determinants of mental ill health, especially trauma, need to be captured better
- In the case study there is reference to the therapist 'returning on Monday'. Mr Hewin felt that this was an unfair representation as most therapists have no issue with providing an out of hours service, and it is limited by resources and posts. He asked if this could be articulated differently.
- He also asked what the timescale was for the publication of the Prosperity for All strategy, as they needed to work in tandem
- He expressed concern that the section on workforce was very short despite the huge implications. The value of having a parallel workforce strategy was noted
- Obviously the proposals are hugely expensive and need to be funded, but Mr Hewin reiterated concerns he had raised previously about the mutual investment model. He acknowledged that the decision was likely to be

Bricknell Helen  
01/28/2020 10:17:35

politically driven, but felt that there was a need to understand and discuss these issues properly

Ms Ward welcomed the work and the level of detail, but emphasised that engagement was key. Mr Driscoll agreed, stating that this was just the start of building proper conversation into the process.

*(Mr Chadwick joined the meeting)*

#### **LPF19/085 MOVE MORE, EAT WELL FRAMEWORK**

Mrs Kinghorn introduced the draft Move More, Eat Well Framework. She reminded the Forum that they had previously discussed the need to move more and to eat well in order to gain and maintain a healthy weight. She asked the Forum to support the Framework, not just because of the health and wellbeing benefits but also because of the impact on so many services.

The Forum received a presentation from Dr Wood. She discussed the purpose in more detail and outlined the approach taken. The Framework had been brought to LPF as part of the engagement process. 10 priority areas had been identified and the following 3 were explored in some detail:

- Healthy environment
- Healthy travel
- Healthy pre-school and schools

The Forum were very supportive of the programme but staff representatives raised concerns about staff who can't get a hot meal at night, and the need to be able to refill water bottles. Mrs Kinghorn acknowledged that this required further work, but reminded the Forum that there was a need to balance the themes with the business model.

Mr Egan advised that he had attended an education briefing earlier in the week and had heard about the impact on children who were having a snack rather than a healthy meal due to breaks being cut. He felt that there were parallels with our staff and argued that the UHB should make it as easy as possible for staff to make the necessary changes.

Ms Ward suggested that affordability and accessibility were missing and should be added to the Framework.

*(Dr Wood left the meeting)*

#### **LPF 19/086 Sustainable Travel**

Mrs Harris provided an update on sustainable travel. She asked members of the Forum to continue to use and promote the Park and Ride schemes. Following feedback received, the times of the UHL Park and Ride service would be evaluated and reviewed to enable as many people as possible to use it. Mr Jones suggested that staff views should be canvassed to find out if they would use the service if the times were extended. Mrs Walker reminded the Forum that the same issues had initially been experienced at UHW but that the situation improved once the service was aligned with shift times. She also advised that the feedback from patients was that they were not getting information about the service.

Ms Ward asked if the plan was to improve public transport to the extent that Community staff could use it. Mrs Harris advised that there was a shift in mindset with, for example, paramedics cycling. However, she felt that as equipment would always need to be transported etc. a green fleet solution such as a pool of small electric cars could be the answer.

### **LPF 19/087 Finance Report**

The Forum received a finance report for the period ended 30<sup>th</sup> September 2019. Mr Chadwick advised that we are continuing to overspend on delegated budgets, but that the reasons for this are known and include agency costs (though efforts are being made to recruit substantive nurses), expensive drugs and slippage against the cost improvement plans. A plan has been drawn up to ensure that we breakeven this year and retain our approved IMTP status, but this will involve using flexibilities that won't be available next year so 2020/21 will be a hard year.

Mrs Walker advised that the Nursing Productivity Group, which includes Miss Fiona Salter (RCN), had introduced 'switch off Sunday' 3 weeks earlier and as a consequence had reduced agency spend on Sundays by 50%. However, more information was needed to determine what impact this had on patients

It was noted that Welsh Government had invested extra money last year, but Mr Chadwick explained that most of this had been used for the pay increase and transformation work with the Local Authorities etc.

### **LPF 19/088 Workforce KPI Report and Deputy Chief Executives Report**

Mr Driscoll advised that:

- We have recruited 280 additional (new) nurses
- There was a positive Joint Executive Team meeting with Welsh Government – they are pleased with our progress over the last 3 years and want us to continue
- Absence levels increased again in September, but there was a small reduction in October
- We are creating a library of bilingual, generic job descriptions as all recruitment must be bilingual under the Welsh Language Standards

Ms Bird indicated that the extraordinary operational pressures we have been facing continue, with 500+ more people presenting compared with this time last year. This is not unique to the UHB and reflects the UK and Welsh position, but it does mean that there has been no real respite between winters this year.

The Forum congratulated everyone involved in recent nurse recruitment events – especially for their hard work and for thinking differently. Mrs Walker stated that people want to join Cardiff and Vale which is great, and we have also been able to influence the NMC through our work with overseas nurses, especially around the language tests. However, she acknowledged that we need to do more work around retention and to encourage students to stay. She noted that one hurdle faced by the students graduating is the cost of accommodation in Cardiff and this needed to be considered when building the new hospital.

Bricknell Helen  
01/28/2020 10:17:35

Ms Ward pointed out that one of the lessons learnt from Canterbury is the need to recruit people with an interest in where we want them to be in the future. We also need to learn more about the alternatives available. Mrs Walker agreed, noting that the number of Registered Nurses is limited, and that there needs to be a bigger conversation about the role of Therapists and how to utilise the Health Care Support Workers Framework. She stated that we cannot afford protectionism, though there are added complications due to the Nurse Staffing Act, and that she was discussing this with the Chief Nursing Officer. It was suggested that these issues should be included on the LPF work plan for discussion next year.

**ACTION: Dr Pressley**

*(Mr Jones left the meeting)*

## **LPF 19/089 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT**

The Local Partnership Forum received and noted the Patient Safety, Quality and Experience Report.

Mrs Walker pointed out that there had been questions about pressure damage at the last meeting, and this had been included in the report in the form of a graph. She also drew attention to the issues identified at the Assessment Unit at UHL and the high demand for Ophthalmology services.

Mr Hewin welcomed the thorough analysis of deaths of patients known to Mental Health services and acknowledged the need to reach a balance between not taking any risks and enabling rehabilitation.

Mr Hewin also expressed surprise that the situation at the Links CMHT was on the 'no surprises' list given that concern had been raised many times about the condition of the building before the heavy rainfall. Mrs Walker agreed, but explained that it fitted the definition provided by Welsh Government for this report.

## **LPF 19/90 Part 2 - ITEMS FOR INFORMATION**

The Local Partnership Forum received and noted the minutes of the Employment Policy Sub Group from 25 September 2019

## **LPF 19/091 ITEMS FOR BOARD**

There were no specific items which the LPF wanted to be brought to the attention of the Board.

## **LPF 19/092 ANY OTHER BUSINESS**

Mrs Kinghorn reminded the Forum of the continued need to encourage front line staff to receive the flu vaccination. At that time 50.6% of front line staff had been vaccinated but the aim was to achieve 65%.

## **LPF 19/093 FUTURE MEETING ARRANGEMENTS**

The next meeting will be held on Wednesday 12 February at 11.00am with a staff representatives pre-meeting at 10.00 am (venue to be confirmed).

### Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 19/088	4 December 2019	Workforce KPI report	There needs to be a bigger conversation about the role of Therapists and how to utilise the Health Care Support Workers Framework. It was suggested that these issues should be included on the LPF work plan for discussion next year.	Dr Pressley	LPF workplan 2020-21 on agenda for meeting (12/02) – to be picked up as part of this discussion

Bricknell Helen  
01/28/2020 10:17:45



Report Title:	Local Partnership Forum Work Plan 2020/21									
Meeting:	Local Partnership Forum						Meeting Date:		12.02.20	
Status:	For Discussion		For Assurance		For Approval	x	For Information			
Lead Executive:	Executive Director of Workforce and OD									
Report Author (Title):	Workforce Governance Manager									

The Local Partnership Forum (LPF) is a Board Advisory Group and is the formal mechanism for the UHB and staff organisations to work together to improve health services for citizens served by the UHB.

Each year a programme of work is developed to help inform LPF agendas and to ensure that the items discussed are relevant and appropriate to the purpose of the meeting as set out in the Terms of Reference.

This report proposes the work programme for the Local Partnership Forum for the next 12 months. The programme should be considered indicative as the Forum will require flexibility in determining agendas to ensure any matter that warrants attention is considered in a timely manner.

#### Recommendation:

The Local Partnership Forum is asked to approve the Work Plan for 2020/21, noting that it should be considered indicative and needs to be flexible.

#### 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	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

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

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

Prevention		Long term		Integration		Collaboration	x	Involvement	x
------------	--	-----------	--	-------------	--	---------------	---	-------------	---

**EHIA Completed:** no

Kind and caring  
Caredig a gofudd

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

## LOCAL PARTNERSHIP FORUM WORKPLAN 2019/20

	16 April	18 June	3 August	22 October	16 Dec	10 Feb
<b>PART 1: Items for Action/Consideration</b>						
Minutes of the previous meeting	X	X	X	X	X	X
Action Log Review	X	X	X	X	X	X
<b>For Consideration:</b>						
Local Partnership Forum Work Programme 2020/21 <i>(Co-Chairs)</i>						X
Integrated Medium Term Plan <i>(Executive Director of Strategic Planning)</i>		X (commissioning intentions)		X (engagement)		X (Update)
Workforce Plan <i>(Deputy Director of WOD)</i>				X		
Strategic Clinical Services Plan / UHW2 <i>(Executive Director of Strategic Planning)</i>	X	X	X	X	X	X
Barry Hospital Health and Wellbeing Centre <i>(Executive Director of Strategic Planning)</i>	X					
C&V UHBs declaration of a climate emergency <i>(Executive Director of Public Health)</i>		X				
New smoke free legislation <i>(Executive Director of Public Health)</i>			X			
Draft Annual Quality Statement <i>(Assistant Director Patient Safety and Quality)</i>	X					
Draft QSI Framework <i>(Assistant Director Patient Safety and Quality)</i>		X				
<b>For Consultation/Negotiation:</b>						
Items which require formal engagement e.g. major changes to services (to be agreed on a meeting by meeting basis)	X	X	X	X	X	X
<b>For Communication:</b>						
Update from the Chief Executive <i>(Chief Executive)</i>	X	X	X	X	X	X
Amplify/ Showcase <i>(Executive Director of Workforce and OD)</i>	X					

	16 April	18 June	3 August	22 October	16 Dec	10 Feb
Update on Major Trauma Centre <i>(Director of Ops/HWOD)</i>	x			x		
Developments within Surgery Clinical Board <i>(Director of Ops/HWOD)</i>	x					
Annual Equality Report <i>(Equality Manager)</i>	x					
Out of Hours / Regional Working <i>(Director of Ops/HWOD)</i>		x				
South West Cluster (PCIC) <i>(Director of Ops/HWOD)</i>				x		
Performance report (presentation) <i>(Deputy COO)</i>				x		x
Bi Annual Staffing Calculation <i>(Deputy Executive Nurse Director)</i>		X		x		
Staff Survey <i>(Assistant Director of OD)</i>			x			
<b>For Appraisal:</b>						
Finance Report <i>(Executive Director of Finance)</i>	x	x	x	x	x	x
Workforce Report <i>(Executive Director of WOD)</i>	x	x	x	x	x	x
Patient Safety Quality and Experience report <i>(Exec Director of Nursing)</i>	x	x	x	x	x	x
<b>PART 2: Items for information (for noting only)</b>						
Minutes of the Employment Policy Sub Group	x	x	x	x	x	x
Staff Benefits Group - update	x			x		

Bricknell Helen  
01/28/2020 10:17:45

<b>Report Title:</b>	<b>Draft Strategic Equality Plan- Caring About Inclusion 2020-2024 Update</b>						
<b>Meeting:</b>	Local Partnership Forum				<b>Meeting Date:</b>	12 February 2020	
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>		<b>For Approval</b>		<b>For Information</b> x
<b>Lead Executive:</b>	Executive Director for Workforce and Organisational Development						
<b>Report Author (Title):</b>	<b>Equality Manager</b>						

## Background and current situation:

Cardiff and Vale University Health Board, have to meet the requirements of the General and the Specific Duties in Wales set out in the Equality Act 2010. Our proposed Strategic Equality Plan- Caring about Inclusion 2020-2024 will provide a clear framework for how we meet those requirements.

The duty ensures that equality considerations are built into the design of strategy, policies and the delivery of services and that they are kept under review. This means:

- Removing or minimising disadvantages experienced by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

Those characteristics protected by the Equality Act 2010 include:

- ✓ Age
- ✓ Disability
- ✓ Gender re-assignment
- ✓ Marriage and civil partnership
- ✓ Pregnancy and maternity
- ✓ Race including nationality and ethnic origin
- ✓ Religion or belief
- ✓ Sex
- ✓ Sexual orientation

Although language is not a protected characteristic under the Equality Act 2010 and the protection of the Welsh language is taken forward under separate legislation (the Welsh Language (Wales) Measure 2011 and related Standards), it has long been recognised that the equality and Welsh language policy agendas complement and inform each other and is further supported through the Goal within the Wellbeing of Future Generations Act – A Wales of vibrant culture and thriving Welsh language. Our aim is to sustain and reinforce that principle through our new Strategic Equality Objectives and ensure they serve to promote and protect the Welsh language.

Bricknell Helen  
01/28/2020 10:17:45

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

The Health Board has a duty to renew our Strategic Equality Objectives by April 2020. This document sets out how we intend to do that, to ensure these objectives are the right ones for the next four years, which fully support our long-term inclusion aims and enable the Health Board to work closely with many other bodies to achieve those aims. The Health Board views, in particular, the Equality and Human Rights Commission as a key organisation in the promotion of inclusion and our approach is based in large part of its important report *Is Wales Fairer? 2018*. It is also aligned to the Well-being Future Generations Act 2015, our Health and Care Standards as well as our IMTP.

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

Initial discussions and engagement events with equality related organisations, experts and other key stakeholders regarding the Equality Objectives began in the summer of 2019. We wanted to find out their views on the current Equality Objectives and what the Health Board should be addressing in its Equality Objectives for 2020-2024 for protected groups.

Participants provided us with all-embracing views and experiences of using our services. They highlighted where they thought more could have been done to treat them (or the groups that their organisations represented) fairly. They also referenced barriers they have faced because they belong to one or more protected group.

Prior to us beginning our planning work, the Equality and Human Rights Commission (EHRC) published *Is Wales Fairer?* – a comprehensive review of how Wales is performing on equality and human rights. The EHRC looked across six themes of life (“domains”), including health and work. The report provides valuable data and evidence that will support the organisational efforts of the organisation and all the other public bodies to reduce inequality in Wales.

We used the analysis from our early engagement with stakeholders, our partnership work with other public bodies, legislation, organisational plans and the evidence contained in *Is Wales Fairer? 2018* to prepare a draft set of Equality Objectives. Our public bodies partnership involved: Natural Resources Wales, Arts Council of Wales, National Museum Wales, HEFCW, Welsh Language Commissioner, Careers Wales, Welsh Venue Authority, HEIW, ESTYN, Sport Wales and Velindre University NH Trust. Our aim is to ensure our Equality Objectives for 2020-2024 will address the health related challenges set out in *Is Wales Fairer? 2018*. These public bodies were keen to take steps to agree shared objectives and wanted to take forward a collaborative approach involving the sharing of resource, insight and expertise. This approach promotes smarter working and creates capacity for widening stakeholder and community engagement. Uniting behind shared objectives has the potential to influence further collaborative working and shared practice, promoting greater impact across the public sector and public services in Wales contributing significantly to tackling inequalities and the ‘prevention agenda’. Focus was also aimed at ensuring the objectives themselves, and the long-term aims to which they will contribute, are the right ones.

Under the Welsh specific equality duties, the Health Board must assess the impact of our policies and decisions using a thorough analysis of equality evidence and engagement with communities, individuals and experts. This helps us to understand how our policies might affect people with protected characteristics, and whether appropriate action is required to eliminate or minimise any negative impacts where possible.

Our Equality & Health Impact Assessment for the SEP Caring about Inclusion 2020-2024 will

include the feedback from our consultation and engagement, as well as the valuable equality evidence available from recent research, inquiries and statistical releases.

Some of the overarching sources of equality evidence that was referred to as part of our analysis for the Equality and Health Impact Assessment include:

- *Is Wales Fairer?* (EHRC, 2018)
- *Rapid Review of Gender Equality Phase One*<sup>5</sup>, and Phase Two report and roadmap when published in the early Autumn (Chwarae Teg, 2018)
- *Review of the Evidence of Inequality in Wales* (Welsh Government)
- *Well-being of Wales 2017-18* (Welsh Government, 2018)

The evidence available provides us with information on a wide range of issues affecting people who share protected characteristics that we need to consider when developing our SEP Caring about Inclusion 2020-2024. Please see below for some of the highlights:

### **Sex**

Women encounter inequality in many areas, which only intensifies if they are also part of another protected group. Women from BAME communities, LGBT, and elderly or disabled women often face multiple disadvantage which makes it more difficult to reach their full potential.

### **Age (Older People)**

We are an ageing society, with just over 800,000 people aged over 60 estimated to live in Wales in 2018, equating to just over 25% of the total population. This figure is expected to increase and the number of people over the age of 85 is expected to grow significantly in the years ahead. There are increasing levels of poverty amongst older people and the gap in healthy life expectancy at birth between the least and most deprived areas of Wales vary by as much as 18 years for women and men (applicable to the period 2015 to 2017).

### **(Children and Young People)**

In 2019, the Children's Commissioner published *A Charter for Change: Protecting Welsh children from the impact of poverty*. It found that children and young people living in poverty in Wales miss out on their most basic human rights of having their food, shelter and health needs met. The costs of attending and participating in school leads to an inequality of opportunity for children and young people living in poverty. These children and young people also feel socially isolated because of a lack of opportunities available to them in their local communities.

### **Disability**

Disabled people have been disproportionately affected by welfare reform and austerity. This was highlighted by the UN's examination of the UK's implementation of the Convention on the Rights of Disabled People (UNCRPD) in 2016/17 and the issues have been reinforced by the process of developing the Welsh Government's new framework: *Action on Disability, the Right to Independent Living*.

### **Pregnancy and maternity**

The EHRC has undertaken research into pregnancy and maternity in the work place. It found the majority of employers felt it was in their interests to support pregnant women and those on



maternity leave and they agreed that statutory rights relating to pregnancy and maternity are reasonable and easy to implement. In contrast, around one in nine mothers (11%), reported they were either dismissed or made compulsorily redundant in comparison to others in their workplace who were not treated in this way. It was reported some were treated so poorly they felt they had to leave their job. One in five mothers said they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and /or colleagues and 10% of mothers said their employer discouraged them from attending antenatal appointments.

### **Race**

Recent spikes in hate crime have affected BAME people disproportionately, since 74% of hate crimes and incidents are motivated by racial or religious prejudice. Recent meetings of the Wales Race Forum and the Welsh Government's All Wales BAME Engagement Programme have starkly highlighted racism in our communities, including schools and workplaces, and the need for concerted action to promote racial equality.

### **Refugees and Asylum Seekers**

In 2017, the National Assembly for Wales Equality, Local Government and Communities (ELGC) committee published its inquiry on refugees and asylum seekers during the world's largest refugee crisis since the Second World War. Refugees and asylum seekers often arrive in Wales following traumatic experiences in their countries of origin and on their journeys to the UK. We want to ensure that these individuals are supported to rebuild their lives and make a full contribution to Welsh society. In January 2019 the Welsh Government launched the Nation of Sanctuary Plan<sup>8</sup>, which captures a range of actions to address the recommendations of the ELGC committee and additional issues identified through consultation to improve the lives of people seeking sanctuary in Wales.

### **Religion/ belief**

In 2016, the EHRC published *Religion or Belief: Is the Law Working?*<sup>14</sup> The research found the Equality Act and the Human Rights Act provide sufficient protection for individuals with and without a religion or belief, religion or belief organisations and other groups protected by the Equality Act. Nevertheless, there were opportunities identified for improvement. For example, to address concerns that employers, employees, service providers and service users are often unclear about their rights and obligations. They are unsure how to request or respond to a request related to an individual's religion or belief, or how to manage diverse workplaces or diverse service user groups.

### **Sexual orientation/ gender reassignment (Lesbian, Gay, Bisexual, Trans – LGBT+)**

The Stonewall Cymru 2018 *Work Report* has revealed troubling discrimination in Wales's workplaces, with a third of LGBT respondents who were employed in Wales (34%) reporting that they hid or disguised that they are LGBT+ at work because they were afraid of discrimination.

It is intended that the Health Board's Strategic Equality Plan Caring about Inclusion 2020-2024 will have **three main elements**:

**A. Partnership Long-term Aims.** These will relate to equality in Wales as a whole and shared

by other public sector organisations. These aims are likely to remain relevant beyond the period covered by the plan. These aims are offered as an agreed model which other organisations may wish to adopt, either wholly or in part, in order to support shared action to advance equality and human rights in Wales.

B. For each of the long-term aims, a single, measureable, Health Board **Equality Objective for 2020-2024**. These objectives relate more closely than the long-term aims to this organisations. The focus will be on what the Health Board intends to achieve within the lifetime of the new plan.

C. Underpinning each of the Health Board's Equality Objectives, will be a number of **Actions** linked to the health domains within *Is Wales Fairer? 2018* and the views of our stakeholders.

The Health Board's proposed Equality Objectives can be found below (Please see Appendix 2). **Actions will be developed once the analysis of the stakeholder consultation and engagement is completed at the end of January/early February 2020**. Publication of the SEP will take place before the 31 March 2020

In developing these aims, objectives and actions, the Health Board has and will continue to undertake careful consideration to ensure people with protected characteristics, as defined by the Equality Act 2010, will be supported. Our actions will be specific to protected groups where the evidence tells us that targeted action is required.

The Health Board acknowledges that many people have experience of intersecting or overlapping protected characteristics. A person is rarely defined by a single characteristic. For example, if you are a disabled child; from the older LGBT+ community or a Muslim women, you can potentially be discriminated against on at least two aspects of your identity. We are therefore developing Equality Objectives that are "intersectional", i.e. ones that seek to eliminate discrimination and which promote equality of opportunity and foster good relations in the most inclusive ways possible. Similarly, the aims and objectives themselves are cross-cutting and interdependent.

## Recommendation:

The Local Partnership Forum is asked to:

- note and consider the content of this report
- Support the public bodies partnership approach to the Strategic Equality Plan – Caring About Inclusion 2020-2024

Bricknell Helen  
01/28/2020 10:17:45

## Shaping our Future Wellbeing Strategic Objectives



This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report									
1. Reduce health inequalities		x		6. Have a planned care system where demand and capacity are in balance					
2. Deliver outcomes that matter to people		x		7. Be a great place to work and learn				x	
3. All take responsibility for improving our health and wellbeing		x		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology				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					
Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant, click <a href="#">here</a> for more information									
Prevention		x		Long term		x		Integration	
								x	
								Collaboration	
								x	
								Involvement	
								x	
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable <b>As stated above a completed EHIA will accompany the final documentation.</b>							

Bricknell Helen  
01/28/2020 10:17:46



Cyngor Celfyddydau Cymru  
Arts Council of Wales



Cyngor Cyllido Addysg  
Uwch Cymru  
Higher Education Funding  
Council for Wales

hefcw



GIG  
CYMRU  
NHS  
WALES

Addysg a Gwellu Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)



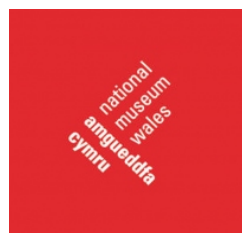
GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust



GIG  
CYMRU  
NHS  
WALES

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



Cyfoeth  
Naturiol  
Cymru  
Natural  
Resources  
Wales

sportwales  
chwaraeon cymru



Comisiynydd y  
Gymraeg  
Welsh Language  
Commissioner



Prepared by:  
01/20/2020 10:12:45

## WALES PUBLIC BODY EQUALITY PARTNERSHIP

Shared Equality Objectives 2020-2024

# Shared Intent: 'A Fairer Society and More Equal Wales'.

## Wales Public Body Equality Partnership - Long Term Objectives

Shared long term objectives: we will work together to:	Contribution to Welsh Government long term aims (Currently these are draft)
Increase workforce diversity and Inclusion	<p><b>Aim 1</b> - Elimination of inequality caused by poverty.</p> <p><b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.</p> <p><b>Aim 4-</b> Wales is a world leader for gender equality.</p> <p><b>Aim 5:</b> Elimination of identity-based abuse, harassment, hate crime and bullying.</p> <p><b>Aim 7</b> - Everyone in Wales is able to participate in political, public and everyday life.</p> <p><b>Aim 8</b> - The Welsh public sector leads the way as exemplar employers / organisations.</p>
Eliminate pay gaps	<p><b>Aim 1</b> - Elimination of inequality caused by poverty.</p> <p><b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.</p> <p><b>Aim 4-</b> Wales is a world leader for gender equality.</p> <p><b>Aim 8</b> - The Welsh public sector leads the way as exemplar employers / organisations.</p>
Engage with the community	<p><b>Aim 1</b> - Elimination of inequality caused by poverty.</p> <p><b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.</p> <p><b>Aim 3</b> - The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of all public services in Wales.</p> <p><b>Aim 4-</b> Wales is a world leader for gender equality.</p> <p><b>Aim 5:</b> Elimination of identity-based abuse, harassment, hate crime and bullying.</p>

Bricknell Helen  
01/28/2020 10:17:45

	<p><b>Aim 6</b> - A Wales of cohesive communities that are resilient, fair and equal.</p> <p><b>Aim 7</b> - Everyone in Wales is able to participate in political, public and everyday life.</p> <p><b>Aim 8</b> - The Welsh public sector leads the way as exemplar employers / organisations.</p>
<p><b>Ensure equality is embedded into the procurement / commissioning process and is managed throughout delivery</b></p>	<p><b>Aim 1</b> - Elimination of inequality caused by poverty.</p> <p><b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.</p> <p><b>Aim 4-</b> Wales is a world leader for gender equality.</p> <p><b>Aim 5:</b> Elimination of identity-based abuse, harassment, hate crime and bullying.</p> <p><b>Aim 8</b> - The Welsh public sector leads the way as exemplar employers / organisations.</p>
<p><b>Ensure service delivery reflects individual need</b></p>	<p><b>Aim 1</b> - Elimination of inequality caused by poverty.</p> <p><b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.</p> <p><b>Aim 3</b> - The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of all public services in Wales.</p> <p><b>Aim 4-</b> Wales is a world leader for gender equality.</p> <p><b>Aim 5:</b> Elimination of identity-based abuse, harassment, hate crime and bullying.</p> <p><b>Aim 6</b> - A Wales of cohesive communities that are resilient, fair and equal.</p> <p><b>Aim 8</b> - The Welsh public sector leads the way as exemplar employers / organisations.</p>

Bricknell Helen  
01/28/2020 10:17:45

## Outcomes and Outcome Measures

Shared long term Objective	Long term outcome	Intended outcome by 2024	Outcome measure	Steps that will we take to meet the intended outcome
<b>Increase workforce diversity and inclusion</b>	Our organisations will reflect a fair and inclusive environment, where all people feel valued and can have equal opportunities to fulfil their potential within the organisation.	By 2022, we will have aligned our own employment data reporting to match that of the Welsh Government in both format and reporting dates. By 2024 we will have evidence of how we reach out to minority groups and those living in poverty to gain employment with us.	Employment data Engagement profile data	Standardise data collection to enable benchmarking to ensure consistency of analysis and reporting of data. Remove Barriers and enhance recruitment & Selection policies, procedures and practices through the lens of Equality. Ensure Values & Behaviours promote a fair, equal and inclusive environment throughout the organisation. Develop shared initiatives to target unrepresented groups to increase employability e.g. work experience, mentoring opportunities, apprenticeship, academy, internships.
<b>Eliminate pay gaps</b>	Disclosure of information is part of organisational culture, staff understand why data is collected, ensuring that necessary data is only collated (GDPR)	Accurate data across the public sector which provides analysis across protected characteristics.	Employment profile data pay gap methodology and analysis.  Professional Development	Share and standardise systems for collating and analyzing data across bodies, supporting staff to disclose information. Agree a standard methodology for defining and collating pay gaps, interpreting/ communicating. Standard rounding methodology.

Bricknell Helen  
01/28/2020 10:17:45






			opportunities Update of different work patterns at different levels.	Share strategies for workforce planning. Join together to create workforce development opportunities. Joined management and leadership training (HR Group). Share practice on work patterns and ways of working.
<b>Engage with the community.</b>	Diverse communities throughout Wales will be actively engaged in our organisations' work. Strategies, policies, and decisions will be co-produced with diverse individuals. People's experiences and views will shape our organisations	By 2024 we will be able to demonstrate and evidence co-production of our strategies, policies, service changes and decisions	Engagement profile data. Documented evidence of engagement and participation.  Consultation and engagement protected characteristic data is produced/published , including supplementary evidence such as surveys, case studies as appropriate	Offering shared events and engagement opportunities. Engage directly with diverse communities to enable representation at shared events We will explicitly identify contributions from the engagement and co-production within our strategies, policies and decisions. (you said- we did)

Bricknell Helen  
01/28/2020 10:17:45

<b>Ensure equality is embedded into the</b>	Equality is embedded into procurement principles which are operational and	Principles are in place with updated organisational policies.	Publish agreed procurement principles and	Agree a set of procurement principles for organisations to commit to
<b>Ways of working</b>	<b>How has this been applied</b>			onal policies to
<b>commissioning process and is managed throughout delivery.</b>		in place and will evidence diversity of procurement.		reflect principles. Work together to train and support staff to deliver the principles. Share practice.
<b>Ensure service delivery reflects individual need.</b>	People and shared good practice which actively influences delivery of services to meet individual needs.	By 2024, we will be able to evidence operational systems and ways of working that ensure individual needs are understood and respected whilst accessing and receiving services. By 2024 we will have collaborative systems in place for co-producing. A framework for adopting and sharing good practice.	We will monitor and report complaints, concerns and feedback from people using our services to identify areas for improvement. Surveys Questionnaires Citizen Journeys Co-production evidence.	Share learning and examples of positive changes to services, demonstrating dignity, respect and understanding of communication and access needs. To have in place shared mechanism for co-production. To have in place a framework for recording examples of and sharing and adopting good practice. Offer collaborative awareness training around understanding service users.

Bricknell Helen  
01/28/2020 10:17:45

**Application  
of the 5  
Ways of  
Working -  
Well-being  
of Future  
Generations  
(Wales) Act.**

Prevention		'Is Wales fairer' – The state of equality and human rights, alongside EHRC PSED review briefing and information taken from the collective organisations fully informed the high-level equality objectives, through understanding key inequalities.
Long term		The high-level objectives are recognised as long-term objectives that will exist beyond the cycle of the SEP, organisations uniting together behind the objectives will achieve greater impact for future generations in enjoying a fairer society and more equal Wales
Collaboration		Public Bodies will unite behind shared objectives and are committed to working together to meet the objectives.
Integration		The high-level objectives have been informed through insight, they align to Welsh Government long term equality aims and contribute to a more equal Wales (FGA) and a fairer society (Equality act, 2010).
Involvement		Stakeholders will be involved in the development of objectives and the design of services. (High level objective 3)

Bricknell Helen  
01/28/2020 10:17:45



## Shared Procurement Principles

- Signing up to the Welsh Government's Code of Practice on Ethical Employment in Supply Chains.
- Ensuring that equality and diversity is part of contract monitoring for all contracts. Any breaches of equality conditions are followed up, no matter how small.
- Building in a commitment to equality and diversity for lower-value contracts and sole traders who may not otherwise have equality policies.
- Building scored equality requirements into all relevant specifications.
- Ensuring specification writing guidance for staff includes explicit consideration of equality and diversity.
- Committing to paying the living wage to contractors.
- Revising procurement policies and financial manuals to ensure references to the PSED are included.
- Asking contractors for proposals on how they could integrate equality in the contract and scoring those proposals.
- Exemplify these principles with best practice examples.

Bricknell Helen  
01/28/2020 10:17:45

## Appendix 2

### **Equality Objectives**

During the engagement process and initial analysis, a number of themes began to develop and they have translated them into the following outcomes. In other words, if the UHB was being really effective across the equality, inclusion diversity and human rights agenda we would see the following

People are and feel respected; this includes patients, carers and family members as well as staff.

We communicate and engage with people in ways that meet their needs (whether this is through written communication, face to face, signage, Welsh or other community languages including British Sign Language)

More people receive care and access services that meet their individual needs.

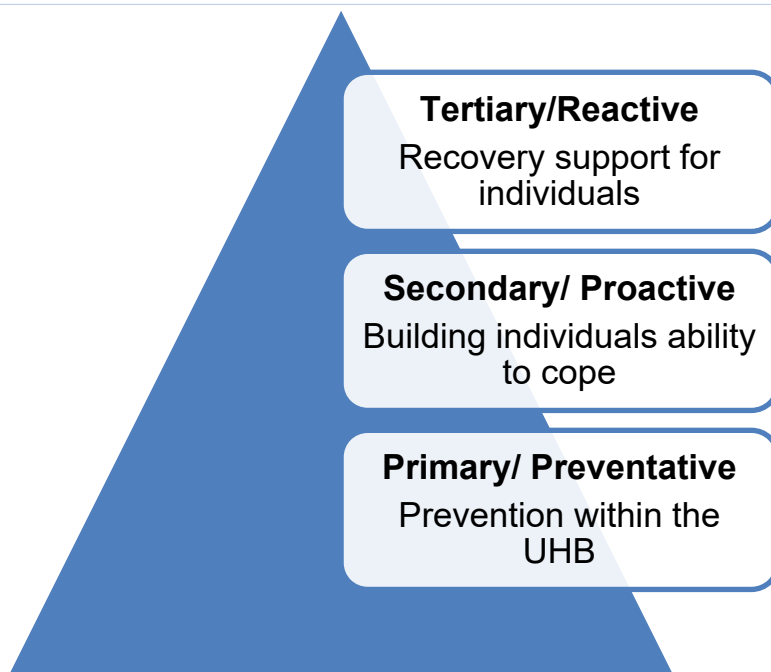
Gender and any other protected characteristic pay gaps are eliminated

Our Equality and Health Impact Assessment process takes full account of the socio-economic duty and the Wales Public Body Equality Partnership procurement principles.

Bricknell Helen  
01/28/2020 10:17:45

<b>Report Title:</b>	<b>Overview of Actions taken within Cardiff and Vale UHB to address Work Related Stress</b>						
<b>Meeting:</b>	LPF				<b>Meeting Date:</b>		
<b>Status:</b>	<b>For Discussion</b>	<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>	<b>For Approval</b>	<input type="checkbox"/>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director of Workforce and OD</b>						
<b>Report Author (Title):</b>	<b>Head of Employee Health and Wellbeing Service</b>						
<b>Background and current situation:</b>							
<p>Work-related stress is defined by the Health and Safety Executive as the adverse reaction people have to excessive pressure or other types of demand placed on them at work. Work-related stress is known to be linked with high levels of sickness absence, staff turnover and other issues such as increased capacity for error. Stress is not a medical diagnosis, but severe stress that continues for a long time may lead to a diagnosis of depression or anxiety or more severe mental health illnesses.</p> <p>According to a recent Labour Force Survey, over 600,000 workers suffered from work related stress, depression or anxiety in the UK in 2018/19, resulting in 12.8 million working days lost. Work related stress is recognized as being more prevalent in the public sector, with Health care workers identified as one of the main professions showing the highest levels of stress compared to all other jobs.</p> <p>In the 12 month period from October 2018 until September 2019, the Cardiff and Vale UHB's sickness absence rate was 5.19%. 28.66% of this was attributed to "anxiety/stress/depression/other psychiatric illnesses" at a cost of £5.58 million. It should however be noted that this figure is not specifically related to work related stress.</p> <p>In 2019, 47% (n=272) of all self referrals to the Employee Wellbeing Service identified work related stress as the reason for the referral with work/life balance and work demands being identified as the main issues .</p>							
<b>Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:</b>							
<p>The management of stress is an essential component of employee wellbeing. It has been identified as an issue from staff survey, sickness figures etc and the UHB wants to support staff especially at this time of seasonal pressures. This paper provides a summary of steps taken and future plans</p>							
<b>Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)</b>							
<p>The National Workforce Skills Development Unit, recognises that supportive organisations reduce the reliance on individual resilience and instead create the conditions for staff to flourish and thrive. This concurs with the Health and Safety Executive's Management Standards which promotes a collective, proactive approach as having the most positive effect on workers health and well-being.</p> <p>The following information highlights a three tiered approach to managing work related stress within the UHB which highlights the preventative actions as well as reactive steps that are being taken</p>							

Bricknell Helen  
01/28/2020 10:17:46



The UHB's three tiered approach to managing work related stress

### **Primary/Preventative**

**Leadership and Management** – over the past 12 months, the Learning and Education Department (LED) has developed a new suite of leadership and management programmes which move away from the traditional leadership programmes by focusing on how collectively we can develop healthy strategies. By considering three cornerstone factors namely: individual, environmental and organisational factors and by gaining insight from the field of neuroscience and business psychology, the participants will be equipped to create a positive workplace culture that supports wellbeing

**Values Based Recruitment and Appraisals** – the LED team has reviewed the UHB's recruitment and PADR processes and has introduced new processes with the aim of developing and nurturing engaged and motivated staff with the skills and confidence to live up to our Values every day.

**Policies and Procedures** – In 2019 a new Employee Health and Wellbeing Policy was developed – this states that it is vital that the workplace does not create barriers to making healthy choices, but recognises that organisations can have an impact on people which is not always conducive to their health and wellbeing. Through it, the UHB makes a commitment to developing a culture where equal focus is placed on mental health and wellbeing and which challenges the stigma associated with such conditions.

In 2019, the Management of Stress and Mental Health in the Workplace procedure was reviewed and updated with the aim of maximising the psychological health and wellbeing of all employees. This procedure clearly identifies the roles and responsibilities at all levels within the UHB and provides information on a range of mental health issues including Stress, as well as providing links to useful information and legislation. The aim of the procedure is to facilitate a supportive working environment which can prevent new mental health problems and support those with existing conditions to remain in work.

In 2018 the UHB adopted the All Wales Managing Attendance at Work Policy, which aims to support the health and well-being of employees in the workplace. The policy promotes the need for managers to know their employees, so that they can understand their individual needs and provide appropriate proactive support and workplace adjustments to maintain well-being and prevent mental ill health in the workplace.

**Time to Change Wales/ CAV a Coffee and TALK** – in 2017 the UHB refreshed its commitment to the Time to Change Wales campaign to end mental health stigma in the workplace. As part of this, the CAV a Coffee and TALK initiative was developed which encourages employees to **T**ake time out, **A**sk colleagues how they are, **L**isten to what they say and **K**eep in touch.

**Employee Engagement (#CAVYourSay)** – Stress and feeling under pressure were recurring themes in the 2018 staff Survey. Levels of work-related stress were seen to have significantly worsened with 34% of staff who completed the survey reporting that they had been injured or felt unwell as a result of work-related stress during the previous 12 months. In response to this, along with the other feedback received, an employee stakeholder group was set up, chaired by the Executive Director of Workforce and Organisational Development, to consider the report and determine an action plan for the UHB.

A wide range of communication tools were used to seek volunteers from across the UHB to be part of the working Group. Around fifty members of staff expressed an interest in being involved and were invited to attend a series of three workshops looking at:

- Expectations
- Key themes / issues
- Actions

Following three successful workshops and the collation of the main ideas suggested by the volunteers, a Staff Survey Steering Group was established and a more formal action plan (with owners, timescales and outcomes) developed. A newsletter for staff is currently being published under the strapline #CAVYourSay – this describes some of the ways we have responded to the feedback given in the survey and will be available early in February 2020.

### **Secondary/Proactive**

**Financial Support** – there is a growing body of evidence which indicate that financial worries can be a major source of stress in employees' lives. To help reduce this, the UHB has partnered with Neyber, a financial wellbeing provider, who provide a range of education and support resources to help employees build their financial confidence and plan ahead. Aim is to provide a workplace culture where employees feel supported and able to ask for financial support and advice when required.

**Stress Risk assessments** – in 2019, the Employee Health and Well-being Service (EH&WS) working collaboratively with a variety of colleagues including Health and Safety, Trade Unions and Clinical Psychology, reviewed the UHB's stress risk assessment and launched a new easy to use version of the risk assessment. In addition, a new stress risk assessment aid was introduced which provides managers and employees with some suggestions on workplace adjustments to help reduce workplace stress. The new risk assessment promotes a proactive preventative approach for both individuals and teams

**Stress Risk Assessment training** – as part of the introduction of the new stress risk assessment, the Employee Wellbeing Service (EWS) has introduced stress risk assessment training aimed to support Managers to develop a greater understanding of workplace stress and their role in reducing this risk. Initial feedback is extremely positive and this will now be included as a standard EWS workshop.

In addition to the EWS training, the Health and Safety unit have implemented a Managing Safely in the NHS course which provides managers and supervisors with the essential information they require to manage Health and Safety effectively. Workplace stress and stress risk assessments are included in the training package.

**Wellbeing Workshops** – in 2019, the EWS evaluated the range of one day workshops they offer to employees. As part of this review, the EWS benchmarked with other NHS providers, explored the evidence based available and sought feedback from service users. As a result, new "bite sized" 2 hour

workshops have been developed. This includes an introduction to compassion and self care, the aim of which is to encourage individuals to be kind and self-compassionate.

**Mindfulness Based Stress Reduction** – at the beginning of 2020, the EWS will be running three Mindfulness based resilience training courses, 2 x eight week courses and 1 x 4 week course for employees. The aim will be to evaluate the impact of these courses on participants and develop a business case to introduce this as a core part of the EH&WS

**Menopause Cafes** – although everyone who goes through the menopause has a unique experience, it is widely recognised that menopause can have an impact on mental well-being. In 2019, the UHB introduced menopause cafes for employees of any age or gender to come along and be able to talk freely about any aspect of menopause. The cafes have been widely supported and feedback has been very positive with each café filled with laughter and tears, flushes and blushes

**CAV a Coffee Cafes** – as part of the UHBs Time to change pledge, a number of CAV a Coffee cafes have been held across the UHB where employees are invited to come along and enjoy a friendly, relaxed environment, where they can talk and ask questions about mental health and find out about the support that is available

**Enhanced Communication Skills Training** – the LED team offers specific communication training for managers which includes having a conversation with someone who is stressed and how to respond effectively. By allowing managers to practice in a controlled environment, the aim is to give them the confidence and skills to use back in the workplace

**Trade Unions** – Unison has funded the training of a mental health champion who offers mental health support and advice. In addition, the Trade Unions work collaboratively with EH&WS and with operational HR to provide support wherever required and deliver the Managing Attendance at Work training

**Clinical Boards** – each of the Clinical Boards takes an individualised approach to mental health and well-being based on the specific needs of their employees. This includes:  
Capital Estates and Facilities – following feedback CEF have provided a 3 day training programme to improve the communication skills of their supervisors and Line Managers  
Children and Women – have arranged for Admin/reception staff within CAMHS to have reflective practice sessions to help them deal with difficult scenarios.  
Children and Women – have specific managers who are Wellbeing Champions who can signpost and promote wellbeing initiatives. They have also set up monthly wellbeing sessions for their wellbeing champions  
CD&T – are looking at funding Mental Health First Aid Training for their employees and have introduced a staff recognition card

### **Tertiary/ Reactive**

**Employee Wellbeing Service** – in 2016/17, the EWS service reviewed the referral pathway and introduced a client specific pathway model, which is based on evidence based research and ensures that the client accesses appropriate support for their needs. It is not always appropriate for EWS to provide the support which is required and as a result 40% of all referrals are discharged at the early stages of contact, with clients being either discharged with information or signposted to more appropriate therapeutic interventions.

Despite this, waiting times for counselling has increased and in 2019, EWS was successful in receiving 2 year funding from the Health Charity which has enabled the recruitment of 2 wte Assistant Psychological Therapy Practitioners and 2 wte Counsellors. The aim is to evaluate the impact of this increased resource on the wellbeing of UHB employees and develop a business case to embed this longer term

**Employee Wellbeing Service Internet Webpages** – to increase access to support and advice, the EWS has developed a web based internet resource which can be accessed both in work or at home. The web pages provide information for both managers and employees on a variety of mental health topics including stress. EWS recognises that not all causes of distress are health related and as a result includes links to financial and legal support services.

**Primary Mental Health Support** – CAV UHB employee's can also access a range of open access courses with their local Primary Mental Health Services. This includes a Stress Control course designed to provide the individual with the tools to deal with stress and an ACT-ion for Living course which supports individual's to accept their emotional problems using an approach called Acceptance and Commitment Therapy.

**Post Traumatic Stress** – the use of critical incident debriefing as a routine response to a traumatic event is not advocated as best practice. The EWS has however developed self care and self help guidance for both managers and employees following a traumatic event. The UHB has a designated Trauma service for employees who have experienced traumatic events at work. The service provides rapid assessment and access to evidence based treatments and is accessed through Occupational Health or EWS

**Violence and Aggression Case Management** - The Case Management Team offer support and assistance to those staff who have been victims of any form of violence and aggression and will often signpost staff to both the Occupational Health and Employee Wellbeing Department. During the last year they have also been undertaking presentations across the Health Board on the Obligatory Responses to Violence in Healthcare agreement which was launched in November 2018.

#### Recommendation:

From the information highlighted above, there is a multifaceted approach being taken to address work related stress within the UHB however there are a number of additional actions to consider in 2020. This includes:

- Evaluate the impact of Mindfulness Based Stress Reduction courses, with the view to consider embedding this as a core resource
- Begin to evaluate the impact of the increased EWS resources
- Explore ways to align the documentation of absence associated with stress on ESR/Rostapro with the aim of gaining an accurate understanding of the prevalence of work related stress
- Explore funding options for Mental Health First Aid training with the aim of developing cascade trainers who are able to deliver this for CAV employees on a regular basis

The LPF is asked to note the work already done and to support the planned actions for 2020

#### 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	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are		9. Reduce harm, waste and variation sustainably making best use of the	

entitled to expect				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	x	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.					



Report Title:	Cardiff and Vale University Health Board Framework for working with Volunteers							
Meeting:	Local Partnership Forum				Meeting Date:	12.02.20		
Status:	For Discussion		For Assurance		For Approval		For Information	x
Lead Executive:	Executive Nurse Director							
Report Author (Title):	Michelle Fowler Volunteer Service Manager							

**Background and current situation:** Cardiff and Vale UHB has in place an existing Volunteer Framework, which has in the last 9 years supported the development of volunteering across the UHB. This expansion of volunteers has been through the application of the framework which ensures this has occurred in a robust manner through the use of well governed processes, which provides protection to our patients, volunteers and the organisation.

This document required revision and updating to ensure they are fit for purpose for the UHB for 2020 – 2023.

This updated framework builds on the initial Volunteering Strategy, agreed by the Health Board in 2011. The framework reaffirms the Health Boards support and encouragement for the efforts of individual volunteers and voluntary organisations for the benefit of service users, their relatives and carers. With numerous opportunities for expansion of current and new volunteering roles which complement the services provided by the paid workforce and engage the expertise of service users. Therefore this Volunteering Framework clearly sets out a vision for volunteering in the UHB.

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

The volunteering Framework helps us support the delivery of the Health Board Strategy

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

The framework is underpinned by an operational procedure for the recruitment and management of volunteers. This ensures volunteering within the organisation is applied fairly and robustly, utilising processes which offer assurance to users, volunteers and the Health Board.

The updated Framework has already been consulted on with the Health Boards, Assistant Director Patient Experience, and Executive Lead for Governance, Equality and Welsh Language Lead, HR, Union representative and Third Sector Health and Social Care Facilitators.

Bricknell Helen  
01/28/2020 10:17:46

## Recommendation:

The Local Partnership Forum is asked to consider the Volunteering Framework 2020-2023 and support its application.

### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

Prevention		Long term		Integration		Collaboration	x	Involvement	x
------------	--	-----------	--	-------------	--	---------------	---	-------------	---

**Equality and Health Impact Assessment Completed:**

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



# **CARDIFF AND VALE UNIVERSITY HEALTH BOARD FRAMEWORK FOR WORKING WITH VOLUNTEERS 2020-2023**

Bricknell Helen  
01/28/2020 10:17:45

## CONTENTS PAGE NO

1.	Introduction	4
2.	Local and National Context	4
2.1	Development within the Team	5
3.	Aims and Objectives	6
3.1	Ongoing Recruitment and Retention of Volunteers	
3.2	Further Role Development	
3.3	Team Development	
3.4	Communication and Profile Raising	
4.	Responsibilities	7
4.1	Executive Director of Nursing	
4.2	Voluntary Services Manager	
4.3	Voluntary Services Team	
4.4	Area manager Responsibility when Volunteers are placed	
4.5	Third Sector Support Services Lead/Manager	
4.6	Volunteer Responsibilities	
5.	Volunteer Provision	8
6.	Underlying Principles	8
7.	Values and Behaviours	9
8.	Future Developments	9
9.	Partnership Working with Staff Side	9
10.	Equality Statement	10
11.	Liability and Insurance	10
12.	Distribution	11
13.	Review	11
14.	Source of Information	11
15.	Volunteering Operational Procedure	12
15.1	Introduction	
15.2	First Steps when Considering volunteer Support	
15.3	Recruitment	
15.4	Voluntary Services Team Responsibilities	
15.5	Areas Manager Responsibilities	
15.6	Volunteer Responsibilities	
15.7	Reimbursement of Expenses	
15.8	Problem Solving	
15.9	Completion of Volunteering Role	

Bricknell Helen  
01/28/2020 10:17:45

## What is a volunteer?

Volunteers are individuals who undertake activity on behalf of our organisation, unpaid and of their own free choice



Cardiff and Vale University  
Health Board Voluntary Services



Proudly supporting  
youth social action



Department for  
Digital, Culture  
Media & Sport



COMMUNITY  
FUND

Pears  
Foundation

Bricknell Helen  
01/28/2020 10:17:45

## 1.0 INTRODUCTION

Cardiff and Vale University Health Board recognises the important and valuable contribution of volunteering in enhancing the services provided by paid staff, ultimately improving the experience for patients. Volunteering is integral to patient experience and clearly aligned to the Patient Experience Framework.

The Volunteer Framework is also closely aligned to the Cardiff and Vale University Health Board Strategy “*Shaping Our Future Wellbeing Strategy*”, 2015-2015 ‘caring for people and keeping people well.’

This 2019 Framework builds on the success of the 2015 Framework, providing the vision for the expansion of current volunteering opportunities and development of new schemes. There will be an annual work plan devised to monitor progress. The work plan will be subject to regular review in order to respond to any changes in strategic direction and environments of care.

Volunteers are people who commit time and energy for the benefit of others, doing so freely, through personal choice and without expectation of financial reward.

For those volunteering within the Health Board we pledge to ensure the:

- Creation of clearly defined roles
- Development of a clear recruitment process
- Development of induction and ongoing training
- Provision of appropriate management, support and supervision
- Provision of a clear identity for volunteers as individuals and as a team that recognises the value of their contribution
- Development of further opportunities for people with disabilities to volunteer.

Fundamentally, we enhance the patient experience by maximising the added value provided by volunteers through:

- The development of roles that support patients in a variety of settings
- Continuing and further developing existing volunteer support through a plethora of mechanisms and projects
- Developing improved volunteer links with Health Board services and the wider community
- Ensuring a diverse mix of volunteers reflecting the diversity of our communities

This will ensure a supportive, responsive, effective service provision that is safe, sustainable and valuable for all.

## 2.0 LOCAL AND NATIONAL CONTEXT

Evidence demonstrates the positive human, economic, social and cultural value that volunteering brings. Volunteering provides value, not only to

organisations and their recipients but also to the wider society. Most importantly, volunteering impacts upon the engaged and motivated citizen. As well as supporting personal growth, links have been made to reduced isolation, improved health and wellbeing and, for some, an increased sense of belonging and identity, as recognised as fundamental within the Social Services and Well-being (Wales) Act 2014.

As one of our national policy foundations, the *'Supporting Communities, Changing Lives'* and the *'Wales Council Voluntary Action (WCVA) Code of Practice for Involving Volunteers'* also recognises the impact volunteering has on wellbeing at individual, local and national level. This Framework is underpinned not only by this guidance but also aligns perfectly to the Cardiff and Vale University Health Board *'Shaping our Future Wellbeing Strategy 2015-25'*.

Wellbeing is at the fore and two of the quadruple aims within the *'A Healthier Wales'* (2018) document also alludes to the importance of:

1. Improved population health and wellbeing
2. A motivated and sustainable health and social care work force

It is recognised that people who volunteer within the health care environment often seek, either further education or substantive posts within this field. Again reiterating the value of volunteering for all, including the future workforce.

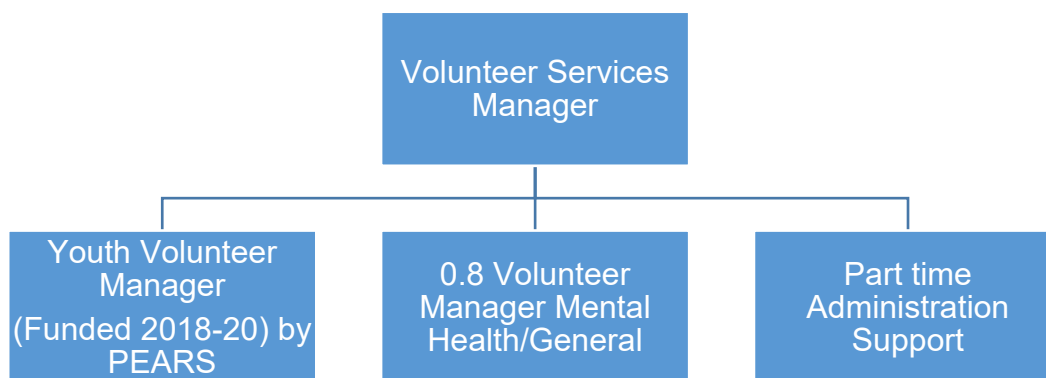
*'Prosperity for All'*, the Welsh Government's National Strategy, also highlights how volunteering contributes to a more prosperous Wales. Volunteering is specifically discussed as key to building united, connected and resilient communities.

As a proactive 'Volunteer Organisation', this Framework details how Cardiff and Vale University Health Board will improve access to volunteering for all, encouraging more effective involvement, also improving the status and image of volunteering.

## **2.1 Developments within the Team**

At Cardiff and Vale University Health Board, volunteering opportunities and provision is a key part of our corporate social responsibility. This is an exciting time, when volunteering within the NHS has significant scope for expansion. To ensure sustainable development within the next three years Volunteer Services has, within the team, the following staff members:

Bricknell Helen  
01/28/2020 10:17:45



The vision is to ensure that all volunteering services within the Health Board is of a high quality, adding value to the experience of patients, families, carers and staff. The benefits for volunteers themselves will be multi-faceted, including improved mental and physical health and well-being, skills development and a potential pathway to employment.

Successful delivery will mean that volunteering activity takes place within both hospital sites and in the community.

### 3.0 AIMS AND OBJECTIVES

The aims and objectives are to ensure:

#### 3.1 Ongoing Recruitment and Retention of Volunteers

This will be achieved by maintaining robust governance processes. Also by developing clearly defined roles, recruitment processes, electronic induction and ongoing appropriate support and supervision.

#### 3.2 Further Role Development

It is fundamental to expand the roles and activities undertaken by volunteers, ensuring we are a responsive team, listening to what our patients, carers and staff tell us is required. This will be achieved by ensuring the development and promotion of volunteering within a plethora of settings; including Primary Care, those living with learning difficulties/disabilities, those with sensory loss requirements, also those who are not in employment, education or training (NEETS) and to proactively support our LGBT community.

A specific focus to recruit young people for youth led volunteer projects as supported by the PEARs foundation continues, which includes Digital heroes, which aligns to the Health Board Strategy.

There is also the necessity to further develop additional opportunities which could include:

- Partnerships with the Princes Trust, to provide opportunities for those more disadvantaged.
- Volunteer opportunities in deprived communities, including those for refugees and asylum seekers.

Bricknell Helen  
01/28/2020 10:17:45



### **3.3 Team Development and Engagement**

To have an educated and fully informed supportive team, it is critical that they work in partnership with other Health Boards to share good practice in developing a coordinated approach to volunteering across Wales. This will involve attendance at the All-Wales NHS Volunteer Group and proactive networking with comparable, high performing health organisations, throughout the United Kingdom. Support received from 'Help force' will also assist and act as an enabler.

It is also necessary to work with partners including the County Voluntary Councils, support groups and Third Sector organisations to promote volunteering opportunities. Along with strengthening current relationships with local schools, Colleges and Universities.

### **3.4 Communications and Profile Raising**

To maintain an effective volunteer population, ongoing recruitment is essential. To help achieve this, profile raising and continual communications are fundamental. Elements which will assist include:

- A unique volunteer brand
- Volunteers treated as an integral element of a team that recognises the value of their contribution
- To be easily recognisable by the provision of a uniform and identity badges
- Effective use of posters, road shows and the Health Board website
- Ensuring that the contribution of volunteers is recognised and rewarded
- Regular press releases, articles, and positive publicity, highlighting volunteers achievements
- Recognition certificates and an annual thank you event

## **4.0 RESPONSIBILITIES**

### **4.1 Executive Director of Nursing**

The Executive Director of Nursing has accountability for the Volunteering agenda across Cardiff and Vale University Health Board. They are supported in exercising this accountability by the Assistant Director Patient Experience.

### **4.2 Voluntary Services Manager**

The Voluntary Services Manager manages the Volunteer Team. The Assistant Director Patient Experience manages the Volunteer Services Manager, ensuring that there are clear links to strengthen the interface with the Clinical Boards.

Bricknell Helen  
01/28/2020 10:17:45

#### **4.3 The Voluntary Services Team**

The team, with support from colleagues, are responsible for overseeing the placement of individual volunteers within the Health Board, providing a central point for information, and liaising with Area Managers on any opportunities for volunteering.

#### **4.4 Area Manager Responsibility When Volunteers are placed**

It is the responsibility of all colleagues e.g. Ward Sister, Charge Nurse etc. within the area that volunteers are placed to:

- Undertake an area based induction
- Understand the role of the volunteer within their service/department
- Support the volunteer in their role
- Ensure the volunteer does not undertake any activity other than what is stated in their volunteer role description
- Introduce the volunteer to patients / clients and colleagues in the service or department

#### **4.5 Third Sector Support Service Lead/Manager**

Any department/service within the Health Board wishing to involve volunteers through another organisation (e.g. third sector) must contact the Volunteer Service Team for advice and guidance, prior to the placement of volunteers. It is fundamental that this is adhered to before the project commences.

#### **4.6 Volunteers Responsibilities**

It is the responsibility of all volunteers to act in accordance with Cardiff and Vale Health Board's Organisational values and behaviours, as they are representatives whilst undertaking their role. Alongside this, adhering to all elements outlined, including within the volunteer agreement, which includes maintaining confidentiality.

### **5.0 VOLUNTEER PROVISION**

Volunteer opportunities continue to increase on an annual basis. The diversity of those volunteering within the Health Board is also varied, including people living with sensory loss and learning difficulties. There are also successful partnerships with a number of external voluntary organisations, Universities, Colleges and local schools.

### **6.0 UNDERLYING PRINCIPLES**

This Framework is underpinned by the Welsh Government's Volunteering Policy *"Supporting Communities, Changing Lives and the WCVA Code of Practice for Involving Volunteers"* (2015).

The following core principles have been established within the Health Board, ensuring that volunteers are;

- Valued and recognised for their contribution
- Safe
- Supported
- Treated fairly
- Included in planning and developing volunteer services
- Appropriately trained
- Able to have their out-of-pocket expenses reimbursed

The Framework describes the scope and direction for volunteering during the next three years, ensuring that the principles outlined are achieved.

## 7.0 VALUES AND BEHAVIOURS

Cardiff and Vale University Health Board operates to a defined set of organisational values and behaviours which underpin all that we are and do as an organisation. Living our values supports us in providing person centred-care.

It is an expectation that everyone is committed to adhering to the Health Boards '*Values and Behaviours*'; from the point of application through to the day to day delivery of their roles. Volunteers are also expected to maintain these values; they are provided at induction and are included in the Volunteer Handbook.

OUR VALUES	OUR BEHAVIOURS How we are with patients, families, carers and colleagues	
	What we want to see from individuals and to aim...	What we don't want to see from individuals and to aim...
<b>Kind and caring</b>		
<b>Welcoming</b>	• We will smile, be friendly, welcoming, polite and approachable	• We will not be abrupt, rude, show aggressive behaviour, shout or bully
<b>Put people at ease</b>	• We will put others at ease, be patient, calm and reassuring	• We will not ignore people or fail to offer support and we won't leave people scared and anxious
<b>Value other people's time</b>	• We will make time for people, consider their needs and make people feel comfortable	• We will not be 'too busy', in a rush or say we can't make time for others
<b>Compassionate</b>	• We will be kind, compassionate and look out for others	• We will not make people feel stupid, belittled or treat people as an inconvenience
<b>Respectful</b>		
<b>Understanding</b>	• We will put ourselves 'in other people's shoes' and show empathy and understanding	• There will be no hierarchy, no ego, no lack of understanding for other's needs
<b>Attentive and helpful</b>	• We will be helpful and attentive to the needs of others, protect people's dignity and respect people's time	• There will be no poor planning and inefficiency, we will not waste people's time or keep people waiting
<b>Respectful</b>	• We will value everyone as an individual and treat people equally and fairly	• We will not put people under pressure or show favouritism, not be unfair or leave people feeling disappointed
<b>Appreciative</b>	• We will recognise people's strengths, say thank you and celebrate success, empower and bring out the best in others	• We will not blame and criticise or make judgments or assumptions. We will not take people for granted or forget to say 'thank you'
<b>Trust and integrity</b>		
<b>Listen</b>	• We will take time to listen to and consider other people's views	• We will not ignore other people's views or ideas or be dismissive of other's opinions
<b>Clear communication</b>	• We will communicate honestly and openly, offer clear explanations, keep people informed and updated	• We will not have unclear communication, a lack of transparency or give misleading or contradicting information
<b>Teamwork</b>	• We will involve others, work as a team, share information and follow up	• We will not make decisions in isolation and fail to communicate with other teams/ services
<b>Speak up</b>	• We will seek and give feedback, encourage and support people who speak up	• We will not make people feel afraid to speak up and constructively challenge or reject feedback
<b>Personal responsibility</b>		
<b>Positive</b>	• We will be enthusiastic, positive, pro-active and have a 'can do' approach	• We will not be negative, moan, complain, and we will not 'sit back'
<b>Professional</b>	• We will be professional, consistent, a role model and lead by example	• We will not be unprofessional, inconsistent or lack pride in our work
<b>Excel</b>	• We will take ownership and responsibility for providing a safe and excellent service	• We will not pass the buck, say 'it's not my problem' and fail to deliver on our promises
<b>Keep improving</b>	• We will be committed to learning and improving and developing ourselves and others	• We will not put up barriers to new ways of learning and doing things

Bricknell Helen  
01/28/2020 10:17:45

## 8.0 FUTURE DEVELOPMENTS (Some Examples)

### 8.1 Meet and Greet expansion within:

- University Hospital of Wales Concourse
- University Hospital Llandough
- CHAP Clinic Cardiff Royal Infirmary
- Children's Hospital for Wales

### 8.2 Spread the use of Activity volunteers, Peer Support and Befriending

### 8.3 Artists and Musicians

### 8.4 Youth Led Digital Reminiscence

### 8.5 Volunteering Roles which are Community Based

### 8.6 WRAP Emergency Volunteer Group

### 8.7 Refugees opportunities

### 8.8 Sensory Loss – Learning Difficulties /Disabilities

## 9.0 PARTNERSHIP WORKING WITH STAFF Representatives

It is recognised that achievement of this Framework will only be attained through partnership working with staff representatives. This will ensure their understanding of the roles and value that volunteering provides to our patients, whilst not impinging upon the roles undertaken by paid members of staff.

### **Wales Council for Voluntary Action (WCVA) and Wales Trades Union Congress (Wales TUC).**

This Charter which is currently under review stands between WCVA and Wales TUC as a statement of principles and good practice. It is commended for use:

- by individual unions, volunteer involving organisations in Public
- by third and private sectors and other bodies, to stimulate discussion and good practice regarding the appropriate, harmonious and mutually rewarding involvement of volunteers.

## 10.0 EQUALITY STATEMENT

Cardiff and Vale University Health Board is committed to ensuring that, , the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups on the basis of sex, pregnancy and maternity, gender identity, disability, race, age, sexual orientation, disfigurement, religion and belief, family circumstances including marriage and civil partnership. These zero tolerance principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan and Equality Objectives. We believe that all staff and volunteers should have fair and equal access to training as highlighted in both

the Equality Act 2010 and 1998 Human Rights Act. The responsibility for implementing the Plan falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

An Equality Health Impact Assessment has previously been undertaken and received feedback on this strategy and the way it operates. We wanted to know of any possible or actual impact that this strategy may have on any groups in respect of gender identity, maternity and pregnancy, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, age or other protected characteristics. Where appropriate we will make plans for the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities and human rights legislation.

## **11.0 LIABILITY AND INSURANCE**

In recognition of the Health Board's legal obligations to staff and others affected by its work, it is a member of the Welsh Risk Pool, a mutual organisation for all Trusts and Local Health Boards in Wales. The Welsh Risk Pool provides indemnity for members in respect of losses and special payments arising where a legal obligation has been determined either by the courts or by relevant legal advice.

Welsh Risk Pool Services will provide indemnity cover for volunteers who assist the Health Board in achieving its core duties, responsibilities and objectives where it is found to have a legal obligation.

The University Health Board does not accept responsibility for the personal belongings of volunteers lost or damaged by fire, theft, and burglary or otherwise. Volunteers are therefore discouraged from bringing in any personal belongings or effects which are not needed whilst volunteering.

Volunteers will be provided with a secure area for belongings wherever possible.

## **12.0 DISTRIBUTION**

This Framework will be made available on the Health Board's Intranet and Internet sites.

## **13.0 REVIEW**

This Framework will be reviewed in three years' time unless there are any changes in legislation or practice.

## **14.0 SOURCES OF INFORMATION**

**A Charter for Strengthening Relations between Paid Staff and Volunteers**

[https://www.wcva.org.uk/media/58806/wcva\\_tuc\\_charter\\_bilingual.pdf](https://www.wcva.org.uk/media/58806/wcva_tuc_charter_bilingual.pdf)

**The Wellbeing of Future Generations Act**

<https://www.bing.com/search?q=Cardiff+and+Vale+UHB+Shaping+Our+Futur+e+Wellbeing+Act+and+Wellbeing+of+Future+Generations+Act.&src=IE-TopResult&FORM=IETR02&conversationid=>

**Volunteering Policy Supporting Communities, Changing Lives**

<https://www.wcva.org.uk/media/2413007/150805-volunteering-policy-en.pdf>

**A Healthier Wales – Our Plan for Health and Social Care**

<https://www.basw.co.uk/system/files/resources/180608healthier-wales-mainen.pdf>

**Social Services and Well-being (Wales) Act 2014**

[https://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](https://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)

**Help force**

<https://www.helpforce.community/about/>

**Asylum Seekers and Refugees (WCVA)**

<https://www.wcva.org.uk/what-we-do/influencing/third-sector-partnership-council/asylum-seekers-refugees>

Bricknell Helen  
01/28/2020 10:17:45

# Cardiff and Vale University Health Board

## Volunteering Operational Procedure

### 15.1 Introduction

Cardiff and Vale University Health Board recognises the unique and important contribution that volunteers make in complementing the services it provides. The Health Board supports and encourages the efforts of individual volunteers and voluntary organisations for the benefit of service users, their relatives and carers. This presents opportunities for development of new roles within volunteering which complement the services provided by the paid workforce, whilst engaging the expertise of service users. The development of volunteering is very much a key part of the future strategic direction of Cardiff and Vale University Health Board. Therefore, explicitly stating the processes necessary within this Operational Procedure will safeguard our patients and also volunteers, and maintain exemplary governance within the organisation.

### 15.2 First Steps when Considering Volunteer Support

Initially, contact the Volunteer Services Team for advice, then:

#### **Step 1 - Developing a Volunteer Role Description**

Producing a Volunteer Role Description can be undertaken in partnership with the Voluntary Service Team and area Manager. Staff Representatives will be consulted when developing new volunteer roles to ensure appropriateness for prospective volunteering activity that doesn't replicate duties undertaken by paid staff members.

#### **Step 2 - The Process**

An initial enquiry will be received via a variety of mechanisms. The Voluntary Service Team communicates with prospective volunteers and carry out an initial assessment, register their interest, provide relevant information about volunteering opportunities and if appropriate provide an application form.

The initial assessment of applications will be undertaken by the Voluntary Service Team ensuring fairness, equity and that due process is followed. Where there is no appropriate placement available or the prospective volunteer is deemed to be unsuitable, they will be informed of the reasons and where applicable referred to other agencies such as the local Volunteer Centre.

Bricknell Helen  
01/28/2020 10:17:00

If successful a volunteer application form must be completed and returned for review. The Voluntary Service Team will then arrange interviews. They will set the dates, contact interviewees, and arrange the interview panel which will consist of a Voluntary Service Team member and appropriate Area Manager or another designated staff member.

If the prospective volunteer is then deemed to be unsuitable, they will be informed of the reasons and where applicable referred to another agency such as the Volunteer Centre, and information provided by the unsuccessful prospective volunteer e.g. application form will be destroyed in line with the Cardiff and Vale University Health Board. Data Protection Policy.

It is the responsibility of the individual volunteers in receipt of benefits to declare their voluntary activity to their benefit advisor/agency/Jobcentre Plus. The organisation which they volunteer for is not obliged to do anything. There may be occasions when the Job Centre may ask claimants for further information about their activities as a volunteer. Voluntary Services Team can provide information to the benefits office if required.

### **Step 3 – Consider Potential of Lone Working**

The nature of some voluntary work means that volunteers may be at times undertaking activity in the community and they may be at greater risk where their volunteering occurs away from a controlled environment such as a ward or department. This can include providing a befriending service in the community, service which involves contact with the general public or activities with vulnerable people. Area Managers working in conjunction with the Voluntary Services Team will ensure that appropriate risk assessments, checks and safeguards are in place. Where appropriate specific training will be provided for volunteers and advice sought from Health and Safety Department.

### **Step 4 – Consider Support and Supervision**

Adequate support/supervision will be available to each volunteer. The type and level of support will depend on the needs of the volunteer and the role they have undertaken.

Each volunteer must have a clearly identified contact who is responsible for their day-to-day support and guidance. Staff/colleagues based in the area in which the volunteer is placed will also be expected to provide support as appropriate, and in the absence of the identified contact person their deputy or nominated person.

Opportunities will also be provided through meetings, training and social events to meet other volunteers for mutual support and discuss issues of common interest.

Additionally, the volunteer can contact the Voluntary Service Team to arrange a one to one discussion at a mutually convenient time.

## **15.3 Recruitment**



The recruitment and selection procedures outlined are intended to encourage rather than limit volunteering with Cardiff and Vale University Health Board. They ensure that volunteer selection procedures are in line with the ethos of equality as demonstrated in the Strategic Equality Plan, Health and Safety and Welsh Language policies/procedures and other good practice. This will ensure the protection of service users, paid staff and volunteers.

**It is the responsibility of the Voluntary Services Team to ensure that:**

- Prior to recruiting volunteers in a department or community setting, consultation and discussion should take place with area managers to ensure that there is a genuine need for volunteers, along with a robust, clear agreed role description.
- Volunteers under the age of 16 years are aware of the limitation to the roles they are able to undertake, additionally there is a necessity for parental consent to be sought.

**There are a number of pre-conditions which should be met before a volunteer can be recruited:**

- Risk assessment to be undertaken pertaining to the volunteering role.
- Determine if a criminal records (DBS) check is required, also considering what level is required.
- Identify adequate support and supervision and a named staff member identified as a point of contact.
- Agree any induction and relevant training that will be required and how this can be provided and funded.
- Ensure employee commitment to working with the volunteer(s).
- Ensure the role is appropriate for a volunteer rather than a paid worker and does not replace paid work.
- Identify how the role will allow the volunteer to feedback important information.
- Consideration should be taken as to how the project can be evaluated.

#### **15.4 Voluntary Services Team Responsibilities**

The Voluntary Services Team will be responsible for overseeing the recruitment and placement of individual volunteers within Cardiff and Vale University Health Board.

Bricknell Helen  
01/28/2020 10:17:45

The Voluntary Services Team will ensure that they keep up to date with current legislation and guidelines relating to volunteers. Ensure that volunteers are made aware of relevant Health Board policies and procedures. Ensure that their health, safety and welfare at work is supported in the same way as for employees.

### **Following Successful Recruitment**

1. The team will maintain a volunteer database in accordance with the Health Board's Information Security Policy and GDPR guidance.
2. The Team will request the relevant recruitment checks for new starters which will include an up to date Health Board DBS , health clearance and two satisfactory references.
3. They will maintain a confidential personal file for each volunteer in accordance with the Health Board's Information Security Policy. They will be kept secure with strictly limited access, for which the procedures will be explained to all volunteers during their induction period and will be destroyed of in accordance with Cardiff and Vale Health Board's Data Protection Policy.
4. Ensure completion of an induction session, in addition any specific volunteer awareness training for example Manual Handling, Violence and Aggression, and department orientation. Induction material and its delivery will be adapted to suit volunteer needs.
5. Ensure volunteers have signed the '*Volunteer Code of Confidentiality*', '*Volunteer Agreement*', and have been provided with a Volunteer Handbook.
6. Provide managers with training, advice, support and guidance for volunteers.
7. Ensure managers are aware of the volunteers' role and how they should be managed within the workplace.
8. Advise and support volunteers if required and regularly review their progress.
9. Take responsibility for volunteer services not directly under the auspices of any department or ward e.g. Meet and Greet Service.
10. Ensure that the contributions of volunteers are recognised.
11. Work in liaison with the Area Manager, ensuring volunteers receives appropriate training, support and supervision for their role.
12. Appropriately reimbursement volunteer out of pocket expenses and maintain the records of this activity.
13. Develop closer links with existing voluntary organisations delivering services for and on behalf of the UHB thereby developing closer links

Bricknell Helen  
01/28/2020 10:17:45

with the wider community, including implementation of Memorandums of Understanding (MOU) when working with external organisations.

## **Placement and Support**

Once a suitable volunteer placement has been identified, details about the frequency and nature of the voluntary activity should be determined. Cardiff and Vale University Health Board reserves the right to ask volunteers to discontinue their voluntary role and will give the reasons in writing if requested. If this situation occurs every attempt will be made to offer an alternative placement.

Each volunteer will have an identified contact person who they will report to, who is responsible for their day-to-day support, guidance and feedback on a regular basis. In the absence of the identified contact person this responsibility will fall to their deputy or other named staff member. In addition the Voluntary Services Team will meet with the volunteer for support/supervision as and when required.

Details of identified staff member supervising volunteers will be provided and recorded in the Volunteer Handbook at the first volunteer session.

## **Volunteer Induction/Agreement**

Once all recruitment checks have been processed the volunteer induction will be arranged. At this point the volunteer will be issued with a Volunteer Handbook which has enclosed all relevant documents for signing. Copies of all signed agreements will be kept on their personal file.

## **Confidentiality**

All volunteers are expected to comply with the Health Board's Data Protection Policy by signing of the confidentiality statement included in the Volunteer Handbook. All Health Board information including patient, clinical, financial, employee, contractual details of any kind is regarded as strictly confidential. It is essential that all volunteers understand the absolute need for confidentiality to safeguard both our patients and staff and that any breach will be taken very seriously by the Health Board.

## **15.5 Area Manager Responsibilities**

Ward Sisters, Charge Nurses, Area Managers or designated staff members are responsible for:

- The development of the volunteer role description in partnership with the Voluntary Services Manager.
- Undertaking risk assessments for each individual volunteering opportunity identified within the area example-...\\Risk Assessments\Llandough Information Centre risk assessment March 2014c.doc

Bricknell Helen  
01/28/2020 10:17:45

- The volunteers placed within their area, ensuring that all appropriate procedures are adhered to. Operational accountability for the volunteer and ensure that they are supported within the service/department. This will include clear management and reporting arrangements for the volunteer which are made known to both the volunteer and the Voluntary Services Team.
- Liaising with the Voluntary Services Team where issues arise relating to the volunteer that may require support/guidance/advice relating to legislation and or other concerns.
- Ensure in partnership with the Voluntary Services Team, that volunteers receive the appropriate training for their role including completion of departmental induction and Volunteer Handbook.
- Ensure the volunteer undertakes their role in accordance with their identified role description. Ensure that they are not requested to assist in or undertake any activity other than stated in their volunteer role description.
- Ensure that the volunteer is made aware of relevant Health and Safety policies and procedures within Cardiff and Vale UHB including any local policies, practice or guidance in the area placed.
- Understand and support the volunteer in their role and explain any areas where the volunteer may be unsure.
- Introduce the volunteer to service users and other employees in the service or department.
- Ensure volunteers feel part of the team and their role is recognised within the team structure of the area they are placed.
- Working with the Voluntary Services Team to ensure that the contributions of volunteers are recognised at award ceremonies e.g. Staff Recognition Awards.

In some instances where impartiality is integral to the volunteering role, other voluntary organisations may take responsibility for the supervision of the volunteer in liaison with the Area Manager and Voluntary Services Team.

### **Support and Supervision**

Each volunteer will have an identified contact person who they will report to, who is responsible for their day-to-day support, guidance and feedback on a regular basis. In the absence of the identified contact person this responsibility will fall to their deputy or other named staff member. In addition the Voluntary Services Team will meet with the volunteer for support/supervision as and when required.

Bricknell Helen  
01/28/2020 10:17:45

Details of identified staff member supervising volunteers will be provided and recorded in Volunteer Handbook at first volunteer session.

### **Department Orientation**

Orientation to the area in which placed and general housekeeping, including their named contact person.

Induction material and its delivery should be adapted to suit the individual volunteer needs.

## **15.6 Volunteer Responsibilities**

It is the responsibility of the volunteer to:

- At interview and through the application process disclose any criminal convictions or cautions to the Voluntary Services Team.
- Agree to be DBS checked (Disclosure and Barring Service), provide two references and complete an Occupational Health Questionnaire. Failure to provide this documentation will result in withdrawal of the offer of a volunteer position at the UHB.
- Follow the instructions or guidance given to them by the Area Manager or named staff member to whom they report.
- Sign in on arrival to the ward and sign out when your volunteer session has finished using the Ward Volunteer Information Folder and use the electronic signing in and out for statistical reasons
- Adhere to the Health Board's values and behaviours at all times.
- Follow the policies and procedures of Cardiff and Vale University Health Board, as appropriate for their role.
- Ensure they consider the health, safety and welfare of themselves and others as they undertake their role.
- Undertake their role in accordance with their volunteer role description ensuring that they do not take on responsibilities or duties not specified.
- Undertake any training deemed necessary to their role by their area manager or Voluntary Services Team.
- Undertake their role in accordance with their volunteer role description ensuring that they do not take on responsibilities or duties not specified.
- Inform their Department if they are unable to undertake their role due to sickness or other reason as soon as possible for alternative arrangements

Bricknell Helen  
01/28/2020 10:17:45

to be made.

- Inform and seek advice from their benefits advisor prior to commencement of their volunteer role if in receipt of state benefits.
- Return identification badges, uniform and any other equipment provided by University Health Board when their volunteer role ceases.

## Uniform

Volunteers welcome the opportunity to wear a uniform as it clearly identifies their role within the multi-disciplinary teams that they volunteer within. A uniform provides a recognised identity and a sense of belonging.

Volunteers will be expected to wear any uniform provided by the Volunteer Services Team. This provides the volunteer with a distinct identity and allows patients and staff to recognise them. Also for infection control and health and safety we would expect:

- Enclosed comfortable shoes
- ID badge with full name, role of volunteer, name of organisation
- Long hair tied back
- No jewellery, other than a wedding band below the elbow
- No nail varnish
- No dangly earrings or necklaces and no wrist watches

## 15.7 Reimbursement of Expenses

The Voluntary Services Team is responsible for informing volunteers before the commencement of their voluntary activity of the arrangements for claiming reimbursement. The standard form of reimbursement will be via BACS payment or the Cashier's Office dependant on which site the volunteers are based on. Reasonable expenses include travel to and from the voluntary placement and a luncheon voucher if volunteering for the day.

- Volunteers are expected to use their own or public transport whenever possible. Travel using own transport will be reimbursed the organisations current mileage rate. Public transport (bus and rail) will be reimbursed at cost. Reimbursement of taxi fares will need to be agreed prior to the activity by the Volunteer Service Manager.
- Volunteers will be required to complete a claim form for out of pocket expenses and provide receipts. These forms will be available from the Voluntary Services Team. It is the responsibility of the volunteer to send the completed expense form to the Voluntary Services Team including all original receipts.

Bricknell Helen  
01/28/2020 10:17:45

- All other expenses incurred in relation to volunteering with the Health Board will be considered on an individual basis, these could include postage related costs, phone calls, printing etc.
- The Voluntary Services Team will keep appropriate records of reimbursements made.

## 15.8 Problem Solving

Cardiff and Vale University Health Board staff and volunteers will work co-operatively ensuring that both parties jointly benefit from the roles undertaken. However, on occasion, difficulties may occur which cannot be resolved through normal support channels. The Health Board aims to treat all volunteers fairly, objectively and consistently. To deal with these situations, both parties will be able to use the Voluntary Services process for settling differences. The aim of the process is to assist both parties to find a mutually acceptable way of overcoming difficulties.

### **If the volunteer has a concern with a member of staff:**

#### **Stage one:**

The first point of contact should be the Area Manager. At this first stage the aim should be to resolve the issue through informal discussion.

#### **Stage two:**

If unresolved the volunteer should contact the Voluntary Service Team who will aim to resolve.

#### **Stage three:**

The volunteer should put their concerns in writing to the Lead Nurse Patient Experience and their decision will be final.

If a volunteer has a concern against a Volunteer Services Team member their first point of contact will be the Lead Nurse Patient Experience.

### **If a volunteer has a concern about a process, patient or relative**

The volunteer will need to bring this to the attention of the appropriate Manager who will aim to resolve the concern, keeping the volunteer informed throughout the process. If the volunteer believes the concerns have not been addressed they will need to bring it to the attention of the Lead Nurse Patient Experience.

### **If the department has a concern about a volunteer**

If a concern is received about a volunteer, for example, that they are unable to

Bricknell Helen  
01/28/2020 10:17:45

fulfil their role in a satisfactory manner, they have the right to be informed of the concerns brought against them, giving them the opportunity to state their case. The person who raised the concern should be kept informed.

#### **Stage one:**

The Area Manager (informing the Voluntary Services Manager) should aim to resolve the concern informally through discussion. The volunteer's short comings should be discussed and he/she should be offered support, encouragement and the opportunity to achieve the role in a satisfactory manner. Options such as additional support, supervision and training should be offered where necessary and clear aims along with a review date should be set.

#### **Stage two:**

If the concern has not been resolved at stage one of the process, the concern should be referred to the Voluntary Services Manager, where the problem will be raised in a formal meeting with the volunteer. The volunteer will be entitled to put their case. The Voluntary Services Team can, if appropriate, offer alternative roles, issue the volunteer a letter outlining the reason for the concern along with clear objectives and a review date. The volunteer can be accompanied at the meeting on these issues by another volunteer, staff member or friend (Not acting in a legal capacity).

If the problem is still not resolved a meeting involving the volunteer, Voluntary Services Team and Senior Manager will be called. This may result in withdrawal of the voluntary position and the volunteer will be asked to leave. The volunteer can be accompanied at the meeting on these issues by another volunteer, staff member or friend. (Not acting in a legal capacity).

If it is believed that the volunteer has behaved in a manner that has seriously affected the organisation; for example, committing serious misconduct (this may include, but is not limited to, theft, acts of violence, harassment, malicious damage, serious breaches of the letter or spirit of the equal opportunities policy and so on). They will be asked to temporarily stop volunteering while the matter is investigated by the Voluntary Services Team and appropriate Area Manager. The volunteer will be able to put their case, and a decision made. If the concern is upheld the volunteer will then be asked to permanently cease volunteering with the Health Board. In all cases the volunteer can be accompanied at the meeting on these issues by another volunteer, or friend.

**If the nature of the offence has been deemed of a serious nature where we require the involvement of e.g. Police, Social Services, advice and support will be immediately sought through the Health Board**

#### **15.9 Completion of Volunteering Role**

Volunteers who wish to finish their volunteering activity should inform the department manager and Volunteering Services Team as soon as possible before leaving so that alternative arrangements can be made.

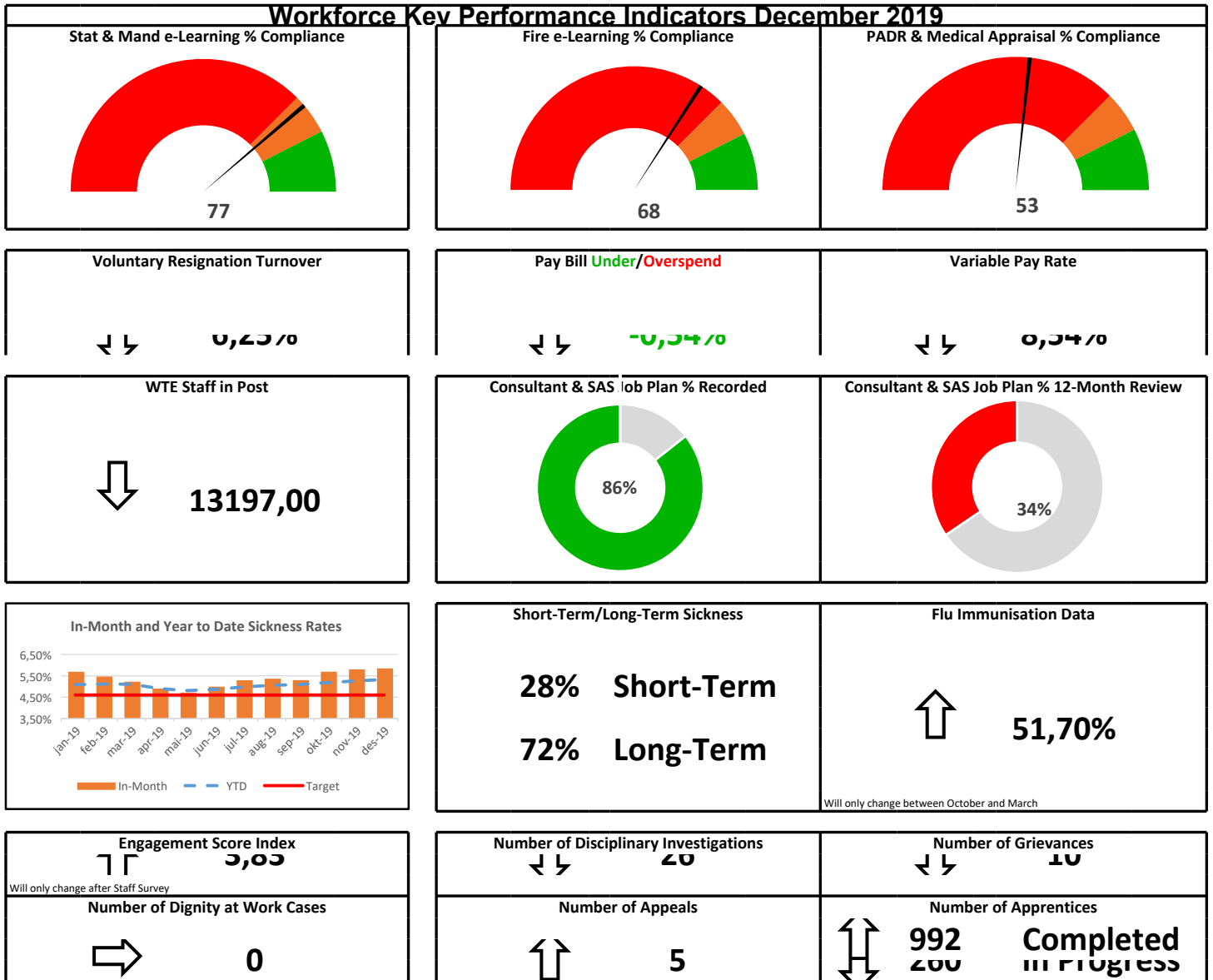


Cardiff and Vale Health Board reserves the right, in exceptional circumstances, to ask a volunteer to withdraw his/her help. The Health Board may, at any time and for relevant reasons, decide to end a volunteer's relationship with the organisation following proper discussions with all parties.

Volunteers will be asked to complete an exit questionnaire at the end of their volunteering with the Health Board.

Bricknell Helen  
01/28/2020 10:17:45

## Workforce Key Performance Indicators December 2019



Bricknell Helen  
01/28/2020 10:17:45

<b>Report Title:</b>	<b>Finance Report for the Period Ended 31<sup>th</sup> December 2019</b>				
<b>Meeting:</b>	<b>Local Partnership Forum</b>			<b>Meeting Date:</b>	<b>12 February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>x</b>	<b>For Assurance</b>	<b>x</b>	<b>For Approval</b>
<b>Lead Executive:</b>	<b>Executive Director of Finance</b>				
<b>Report Author (Title):</b>	<b>Deputy Director of Finance</b>				

### Background and current situation:

The Health Board agreed and submitted its 2019/20 – 2021/22 IMTP to Welsh Government by the end of January 2019 for its consideration. Approval of this plan was received from Welsh Government in March 2019. The financial plan aims to deliver a break even position for each year during the period of the plan. The financial plan for 2019/20 requires the delivery of a £31.245m savings target.

A summary of this plan is provided in Table 1.

**Table 1: 2019/20 IMTP**

	Approved IMTP £m
<b>b/f underlying deficit</b>	<b>(36.3)</b>
Net Allocation Uplift (inc LTA inflation)	56.6
Cost Pressures	(47.6)
Investments	(4.0)
Recurrent Cost Improvement Plans	31.3
<b>In Year Financial Plan</b>	<b>36.3</b>
<b>Planned Surplus/(Deficit) 2019/20</b>	<b>0.0</b>

The actual and provisional performance against the 3 year break even duty on revenue is shown in Table 2 below.

**Table 2: Performance against 3 year financial break even duty**

	Actual / Forecast year end position surplus/(deficit) £m	Rolling 3 year break even duty surplus/(deficit) £m	Pass or fail financial duty
2014/15	(21.364)	n/a	n/a
2015/16	0.068	n/a	n/a
2016/17	(29.243)	(50.539)	Fail
2017/18	(26.853)	(56.028)	Fail
2018/19	(9.872)	(65.968)	Fail
2019/20	0.000	(36.725)	Fail

The three year break even duty came into effect in 2014/15 and the first measurement of it was in 2016/17. The above table shows that the UHB breached its statutory financial duty in 2016/17, 2017/18 and 2018/19 and that the forecast balanced 2019/20 outturn position also results in a breach of financial duty at the end of 2019/20.

At month 9, the UHB is reporting an overspend of £1.220m against the 2019/20 financial plan which represents an improvement of £0.731m on the position reported at the end of November. The UHB has plans to recover the year to date deficit and deliver a break even position by the year end. This reported position is now back in line with the expected profile and the UHB is continuing to focus management attention to deliver a break even position by the year end.

A key risk identified last month was the £1.5m cost pressure associated with the Welsh Risk Pool. This has now been incorporated into the year end forecast and actions have been taken to manage overall expenditure within the resources available in order to deliver a break even position as planned.

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

Whilst the month 9 in month performance was good, the Health Board will still need to make reductions on its budget holder and corporate risk adjusted forecasts in order to deliver a break even position. Budget holders have been requested to seek further financial improvements and get to as good a position as possible so that the residual financial risk can be managed and the approved IMTP delivered. To support this the UHB has taken action to slow down discretionary pay and non pay expenditure.

Assurance is provided by the scrutiny of financial performance undertaken by the Finance Committee and the UHB's plans to recover the year to date deficit and deliver a break even position by the year end. These are reviewed on a monthly basis.

#### **Assessment and Risk Implications**

The Finance Dashboard outlined in Table 3 reports actual and forecast financial performance against key financial performance measures.

**Table 3: Finance Dashboard @ December 2019**

Bricknell Helen  
01/28/2020 10:17:46

STATUS REPORT						
Measure	n	December 2019	RAG Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£1.220m deficit at month 9.	R	9	2019/20 Break-Even	M9 2019-20
Remain within capital resource limits.	37	Expenditure at the end of December was £26.994m against a plan of £28.008m.	G	9	Approved planned expenditure £54.287m	M9 2019-20
Reduction in Underlying deficit	36a	£7.5m shortfall against the recurrent savings plan target at month 9 (see below).	R	9	If 2019/20 plan achieved reduce underlying deficit to £4.0m	M9 2019-20
Delivery of recurrent £16.345m 2% devolved target	36b	£16.345m in year schemes identified at Month 9. £3m shortfall against recurrent schemes.	R	9	£16.345m	M9 2019-20
Delivery of £9.750m recurrent/non recurrent corporate target	36c	£9.750m in year schemes identified at month 9. £4.5m shortfall against recurrent schemes	R	9	£9.750m	M9 2019-20
Creditor payments compliance 30 day Non NHS	37a	Cumulative 96.7% in December	G	9	95% of invoices paid within 30 days	M9 2019-20
Remain within Cash Limit	37b	Forecast cash surplus of £0.677 m	G	9	To remain within Cash Limit	M9 2019-20
Maintain Positive Cash Balance	37c	Cash balance = £4.338m	G	9	To Maintain Positive Cash Balance	End of December 2019

### Month 9 Cumulative Financial Position

Financial performance in month 9 has been a good. The UHB reported position at month 9 is a £1.220m cumulative adverse variance. This is an improvement of £0.731m on the £1.951m adverse position reported at month 8. This reflects the application of corporate opportunities within the month as previously profiled.

**The UHB has plans to recover this year to date deficit and deliver a break even position by year end. The UHB's financial position improved again this month and is now back on profile. These plans include measures to manage the £1.5m liability that has arisen on the Welsh Risk Pool.**

Performance against the forecast trajectory in order to achieve break-even has been updated in month to reflect the month 9 reported position and this is included in Appendix 6. This shows that the recovery in September, October, November and December is expected to continue over the remaining 3 months of the year resulting in a break even position at the end of March.

Table 4 analyses the operating variance between income, pay and non pay.

**Table 4: Summary Financial Position for the period ended 31<sup>st</sup> December 2019**

Income/Pay/Non Pay	In Month			Cumulative Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(120.627)	(120.542)	0.085	(1,072.856)	(1,073.381)	(0.525)	(1,472.229)	(1,472.229)	0.000
Pay	53.949	53.145	(0.804)	482.265	479.671	(2.593)	636.688	636.688	0.000
Non Pay	66.678	66.666	(0.012)	590.591	594.929	4.338	835.541	835.541	0.000
Variance to Plan £m	0.000	(0.731)	(0.731)	0.000	1.220	1.220	0.000	0.000	0.000

## Income

The year to date and in month financial position for income is shown in Table 5.

**Table 5: Income Variance @ December 2019**

Income	In Month			Cumulative Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Research & Development	(0.837)	(0.889)	(0.052)	(7.369)	(7.708)	(0.339)
Revenue Resource Limit	(80.344)	(80.344)	0.000	(716.871)	(716.871)	0.000
Accommodation & Catering	(0.365)	(0.345)	0.020	(3.360)	(3.219)	0.141
Education & Training	(3.262)	(3.222)	0.040	(29.309)	(29.266)	0.043
Injury Cost Recovery Scheme (CRU) Income	(0.180)	(0.232)	(0.052)	(1.624)	(1.887)	(0.263)
NHS Patient Related Income	(26.834)	(26.911)	(0.077)	(239.370)	(239.618)	(0.248)
Non Revenue Resource Limit	(1.609)	(1.610)	(0.000)	(14.485)	(14.486)	(0.000)
Other Operating Income	(7.078)	(6.879)	0.200	(59.592)	(59.308)	0.284
Overseas Patient Income	(0.007)	0.001	0.008	(0.066)	(0.138)	(0.071)
Private Patient Income	(0.109)	(0.113)	(0.003)	(0.808)	(0.880)	(0.072)
Total £m	(120.627)	(120.542)	0.085	(1,072.856)	(1,073.381)	(0.525)

A surplus of £0.525m is reported against income budgets. The main variances to note are:

- £0.200m adverse in month variance on other operating income where there has been a fall in cross border chargeable Level 3 critical care activity, a reduction in creche income and an under recovery of income against targets for the Radiopharmacy Unit and St Marys in month.
- £0.077m in month surplus on NHS patient related income where there has been an improvement in non-contracted Inpatient activity.
- £0.052m in month favourable variance on R & D income primarily due to the collection of income to support pharmacy and pathology input to studies.
- A £0.052m surplus in income in month from the Compensation Recovery Unit following a relatively high value of new claims.

## LTA Provider Performance

The UHB receives circa £300m income from its contracts with WHSSC, LHBs and other commissioners, in addition to non-contractual flows. In-month reporting reflects an estimate based on the prior month's activity, given the timeline for receipt of coded contract information.

There is a deterioration in the Month 9 LTA position with LHBs to reflect expected poor performance in December due to the Christmas annual leave where a £0.2m income reduction has been assumed. The overall provider position is a favourable cumulative variance of £0.214m. The LTA position with LHBs is underperforming, this is mainly driven by under delivery within Orthopaedics. This is offset by over performance on the WHSSC and non-welsh LTA's. The overall performance against plan at Month 9 is summarized in Table 6 below.

**Table 6: Month 9 LTA Provider Position**

Income - C&V Provider				(fav) / adv
	Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	(233.833)	(175.583)	(175.967)	(0.384)
Aneurin Bevan	(30.484)	(22.963)	(22.936)	0.027
Other LHBs	(40.569)	(30.582)	(30.207)	0.375
Non-Welsh	(3.649)	(3.297)	(3.529)	(0.232)
	(308.536)	(232.425)	(232.639)	(0.214)

## Pay

In total pay budgets are showing a cumulative underspend of £2.593m as reported in Table 7.

**Table 7: Analysis of pay expenditure by staff group @ December 2019**

Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Additional clinical services	2.062	2.047	(0.014)	18.299	18.102	(0.196)
Management, admin & clerical	6.469	6.374	(0.095)	57.629	57.241	(0.388)
Medical and Dental	13.818	13.515	(0.304)	122.082	121.087	(0.995)
Nursing (registered)	16.189	15.945	(0.244)	145.321	144.814	(0.507)
Nursing (unregistered)	4.120	4.409	0.289	37.676	40.619	2.943
Other staff groups	8.180	7.956	(0.224)	73.238	71.330	(1.909)
Scientific, prof & technical	3.111	2.898	(0.212)	28.019	26.478	(1.541)
Total £m	53.949	53.145	(0.804)	482.265	479.671	(2.593)

Total pay budgets are underspent by £2.593m at the end of December after an in month underspend of £0.804m. Pay expenditure in the month is extremely light and the improvement is thought to be partly due to a slow down over Christmas.

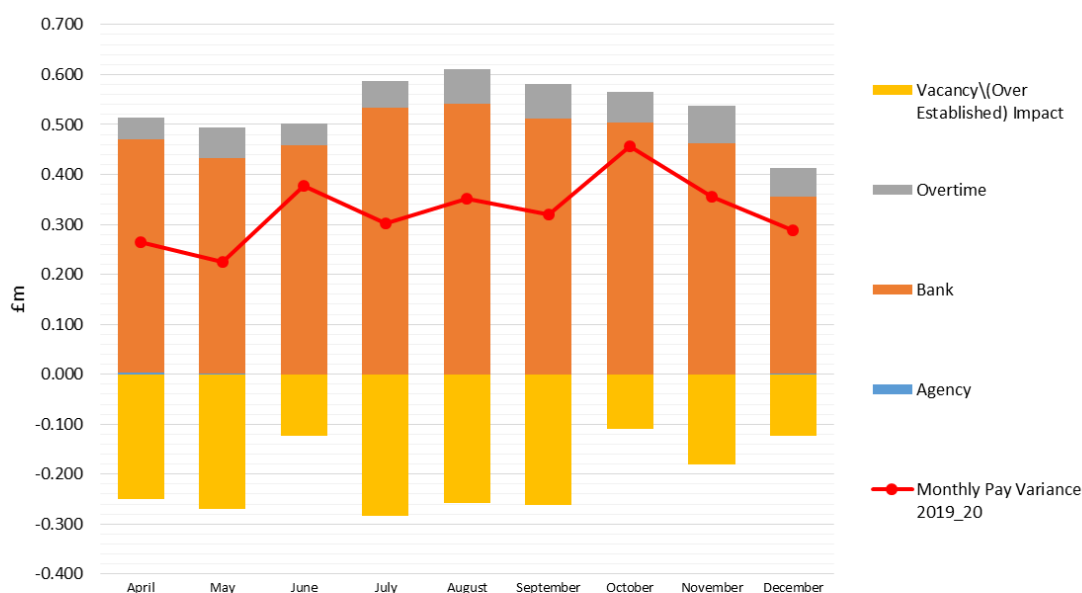
The continuing improvement in the rate of overspend against the nursing budget is due to a reduction in the reported level of both bank and agency expenditure in comparison to the trend established in the first eight months of the year.

The in month underspend on medical and dental primarily relates to a number of vacant posts and reduction in the cost of additional radiology sessions provided in month.

The underspend against management, admin and clerical and other staff groups is in part due to vacancy management in support of cost pressures.

**Table 8 – Non Qualified Nursing Staff Pay Variance**

**Cardiff & Vale UHB**  
Total Non Qualified Nursing Monthly Pay Variance by Month Ending 31<sup>st</sup> December  
2019



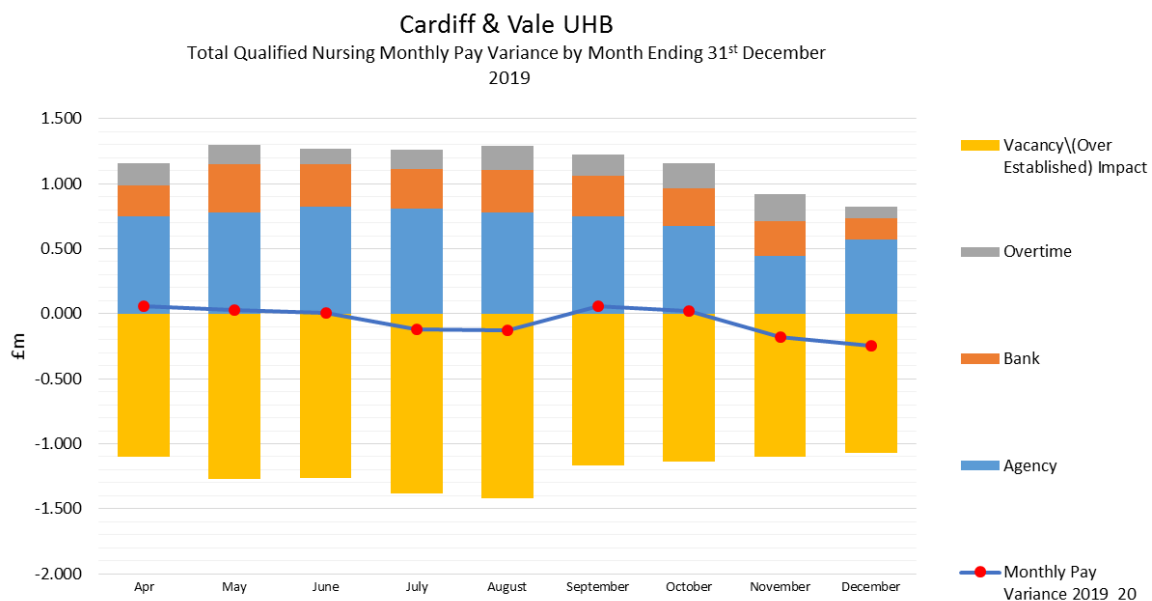
Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.001	0.003
Bank	0.355	4.267
Overtime	0.057	0.533
Adverse Impact	0.413	4.803
Vacancy\ (Over Established) Impact	(0.124)	(1.860)
<b>Total Pay Variance - Unqualified Nursing (Fav)/Adv £m</b>	<b>0.289</b>	<b>2.943</b>

Table 8 indicates that the £2.943m adverse variance against non-qualified nursing assistants is due to overspends of £4.267m on bank staff and £0.533m on overtime which is partly offset by an underspend against established posts.

**Table 9 - Qualified Nursing Staff Pay Variance**

Bricknell Helen  
01/28/2020 10:17:45





Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.570	6.370
Bank	0.161	2.605
Overtime	0.095	1.424
Adverse Impact	0.826	10.400
Vacancy\ (Over Established) Impact	(1.070)	(10.907)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	(0.244)	(0.507)

Table 9 confirms that expenditure on established qualified nursing posts is significantly less than budget and that the UHB is covering vacancies through additional spend on temporary staffing.

**Table 10 - Total Nursing Staff Pay Variance**

Cardiff & Vale UHB  
Total Nursing Monthly Pay Variance by Month Ending 31<sup>st</sup> December 2019

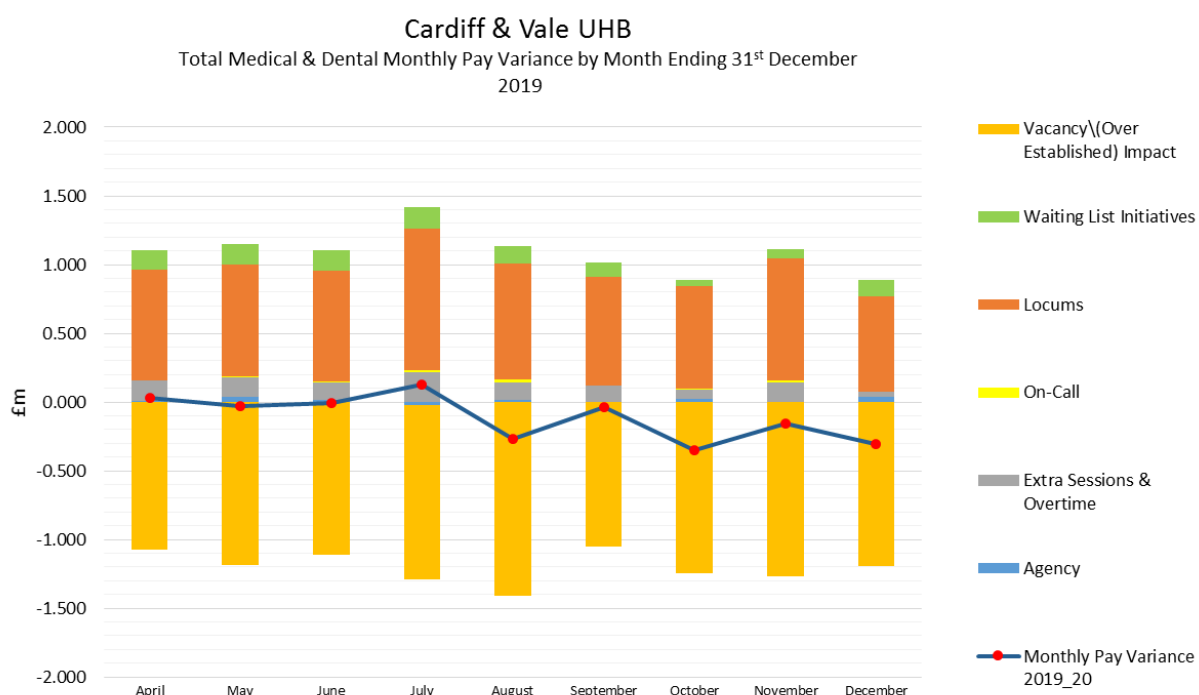


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.571	6.373
Bank	0.515	6.872
Overtime	0.153	1.958
Adverse Impact	1.239	15.203
Vacancy\ (Over Established) Impact	(1.194)	(12.767)
Total Pay Variance - (Fav)/Adv £m	0.045	2.436

Table 10 identifies expenditure against substantive nursing posts for the year to date which is £2.436m more than budget. The £12.767m surplus against established posts is offset by a £15.203m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on nursing budgets remains a concern and features on the risk register for 2019/20.

Table 11 shows financial performance against medical and dental pay budgets. This identifies that the majority of the favourable variance against established posts is offset by expenditure on locums, waiting list initiatives and extra sessions leaving an underspend of £0.995m at month 9.

Table 11 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.037	0.104
Extra Sessions & Overtime	0.037	1.136
On-Call	0.004	0.077
Locums	0.691	7.430
Waiting List Initiatives	0.118	1.047
Adverse Impact	0.887	9.794
Vacancy\((Over Established) Impact	(1.191)	(10.789)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	(0.304)	(0.995)

## Non Pay

Table 12 highlights an overspend of 4.338m against non pay budgets following a £0.012m underspend in month.

The key operational pressure areas are:

- An overspend against drug budgets primarily in medicine and primary care. The GP prescribing overspend where category M prices and volume growth are pressures continued in December.
- Premises and fixed plant where key cost drivers are: increased spend on estates contractors to cover vacancies in substantive posts during a workforce modernisation programme; energy costs; and the significant cost of security on the vacant sites at Lansdowne and Whitchurch. £0.721m of the overspend on estates contractor costs is offset by staff underspends of £0.662m on vacant posts.
- High levels of CHC growth as a consequence of increasing numbers particularly in the first half of the year in respect of palliative care, learning difficulties and high cost mental health placements.

There was however a reduction in the number of clients within the month.

- Pressures against commissioned services relate to the recognition of the UHB's contribution to the WHSCC budget, drug costs at Velindre NHS Trust and additional costs of hospice care. The adverse movement in month 9 primarily relates to WHSCC where pressures are driven by the Cardiff & Vale provider performance in cardiology and transcatheter aortic valve replacement.
- The cumulative overspend against clinical services and supplies is a result of theatre consumables, growth in community beds and dressings, genomics activity and additional spend on wheelchairs at ALAS. It was however flat within the month.
- There was a significant underspend against Primary Care Contractors within the month as there is now greater clarity on the uptake by GPs on enhanced services which are much lower than planned.

**Table 12: Non Pay Variance @ December 2019**

Non Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	8.787	8.758	(0.029)	79.319	80.559	1.240
Commissioned Services	14.203	14.451	0.248	129.125	130.187	1.062
Continuing healthcare	5.560	5.850	0.290	49.892	51.429	1.536
Drugs / Prescribing	11.944	12.543	0.600	113.504	116.357	2.853
Establishment expenses	1.219	1.288	0.070	9.154	9.431	0.278
General supplies & services	0.682	0.701	0.020	6.679	6.961	0.282
Other non pay	7.013	5.834	(1.179)	46.117	41.119	(4.998)
Premises & fixed plant	2.792	3.170	0.377	25.502	28.167	2.665
Primary Care Contractors	14.480	14.070	(0.409)	131.298	130.719	(0.579)
Total £m	66.678	66.666	(0.012)	590.591	594.929	4.338

#### LTA Commissioner Performance

The UHB spends circa £165m on central commissioning of healthcare services for its population mainly through contracts with WHSCC, LHBs and Velindre. There has been an adverse movement in M9 for WHSCC of £0.190m driven by the C&V provider performance. This is due to Cardiology and TAVI in month and cumulatively for paediatric oncology, ALAS, BMT and melanoma drugs. The LHB position is £0.326m adverse to M9. Favourable performance on Velindre drugs has been negated by Radiology over performance. The year to date commissioner position is shown in Table 13.

**Table 13: Month 9 LTA Commissioner Position**

Expenditure - C&V Commissioner				(fav) / adv
Annual Budget	YTD Profile	YTD Actual	YTD Variance	
£m	£m	£m	£m	
WHSCC	126.580	94.762	95.519	0.758
Velindre	17.495	13.121	12.838	(0.284)
LHBs	20.254	14.982	15.308	0.326
Other / NCAs	1.329	0.994	1.016	0.023
	165.657	123.859	124.681	0.823

## Financial Performance of Clinical Boards

Budgets were set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for the nine months to 31<sup>st</sup> December 2019 by Clinical Board is shown in Table 14.

**Table 14: Financial Performance for the period ended 31<sup>st</sup> December 2019**

Clinical Board	M8 Budget Variance £m	M9 Budget Variance £m	In Month Variance £m	Cumulative % Variance
All Wales Genomics Service	(0.029)	(0.032)	(0.003)	(0.36%)
Capital Estates & Facilities	0.989	1.033	0.044	2.07%
Children & Women	1.013	1.212	0.199	1.45%
Clinical Diagnostics & Therapies	1.212	1.100	(0.112)	1.37%
Executives	(0.258)	(0.312)	(0.054)	(1.02%)
Medicine	3.286	3.417	0.131	3.85%
Mental Health	0.097	0.066	(0.031)	0.11%
PCIC	1.796	1.746	(0.049)	0.67%
Specialist	(0.993)	(1.137)	(0.144)	(0.87%)
Surgery	1.582	1.624	0.042	1.42%
<b>SubTotal Delegated Position</b>	<b>8.696</b>	<b>8.718</b>	<b>0.023</b>	<b>0.00%</b>
Central Budgets	(6.745)	(7.498)	(0.754)	(4.48%)
<b>Total</b>	<b>1.951</b>	<b>1.220</b>	<b>(0.731)</b>	<b>0.11%</b>

Whilst delegated budgets are £8.7m overspent year to date, they were flat within the month, which is the first time that this has been achieved this year. It is thought that some of this improvement is seasonal related to a slow down at Christmas. It also includes some other non recurrent opportunities that were being pursued to secure financial improvements. The month 10 financial position will therefore better indicate the level of underlying improvement achieved.

Further detail on the Performance of Executive Directorate Budgets is provided at **Appendix 5**.

**The financial performance on delegated budgets remains one of the key financial risk facing the UHB. Clinical Boards have been tasked with improving their financial performance which requires the delivery of recovery measures and this will be managed through the normal performance management and escalation processes.**

## Savings Programme

The UHBs £31.245m savings target has been reduced by £5.150m to reflect the release of £2.1m relating to the UHBs remaining investment reserve and a further £3.050m to reflect an operational underspend on WEQAS. The target is now £26.095m.

At month 9 the UHB has a fully identified savings programme to deliver against the £26.095m savings target as summarised in Table 15.

**Table 15: Progress against the 2019/20 Savings Programme at Month 9**

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	26.095	26.095	0.000

The latest position is shown in **Appendix 1**.

Further work will continue on the savings programme to convert the key remaining amber schemes to green as soon as possible.

### Underlying Financial Position

A key challenge to the UHB is eliminating its underlying deficit. The recurrent underlying deficit in 2018/19 b/f into 2019/20 was £36.3m. Successful delivery of the 2019/20 plan would have reduced this to £4m by the year end. The achievement of this is very much dependent upon delivering the full year impact of 2019/20 savings schemes. The latest assessment is that this is circa £7.5m less than planned and this would increase the underlying deficit to £11.5m. This is now the opening position included in the 2020/21 IMTP. This is shown in Table 16.

**Table 16: Summary of Underlying Financial Position**

	2019/20 Plan £m	Forecast Position @ Month 9	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit £m	36.261	0.000	36.261
Income	(56.610)		(56.610)
Cost pressures less mitigating actions	51.594		51.594
Less CIPs (includes income generation & NR accountancy gains)	(26.345)	11.500	(14.845)
Release of Remaining Investment Reserve & operational underspend at WEQAS	(4.900)		(4.900)
Deficit £m	0.000	11.500	11.500

### Balance Sheet

The balance sheet at month 9 is detailed in **Appendix 2**.

The increase in the carrying value of property, plant & equipment since the start of the year is largely due to the impact of annual indexation and capital spend.

Overall trade debtors have increased £23.7m (12.8%) since the start of the year mainly due to an increase in amounts due from the Welsh Risk Pool in respect of clinical negligence cases and an increase in NHS invoice accruals. The in month increase of £4.6m was primarily a consequence of the timing of payments and receipts to and from the pooled CHC Fund alongside an increase in amounts due from the Welsh Risk Pool.

The carrying value of Inventory is principally the same as the previous month and the in year increase in carrying value is £0.536m.

The value of Trade and other payables has fallen by around £16.6m since the start of the year following a reduction in capital creditors, a reduction in clinical negligence accruals and the settlement of year end liabilities. There is a £4m increase in the level of outstanding creditors in December, mainly relating to £2.5m due to Cardiff Council re the CHC Pooling arrangements.

### Cash Flow Forecast

The UHB does not expect to request additional cash support in 2019/20 and at the end of December 2019 the UHB had a forecast year end cash surplus of £0.677m. The UHB will continue to monitor this position with a view to revising the requirement if necessary.

The UHB's cash balance at the end of December was £4.338m.

A detailed monthly cash flow is shown in **Appendix 3**.

### Public Sector Payment Compliance

The UHB's cumulative performance to the end of December is unchanged at 96.7%.

### Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of December 2019 is summarised in Table 17 and detailed in **Appendix 4**.

**Table 17: Progress against Capital Resource Limit @ December 2019**

	£m
Planned Capital Expenditure at month 9	28.008
Actual net expenditure against CRL at month	26.994
Variance against planned Capital Expenditure at month	(1.014)

Capital progress for the year to date is satisfactory with net expenditure to the end of December being 50% of the UHB's approved Capital Resource Limit. This reflects the approval of an additional £12.580m funding since November where the associated expenditure is profiled into the tail end of the year. The UHB had an approved capital resource limit of £54.287m at the end of December 2019 comprising of £13.889m discretionary funding and £40.398m towards specific projects (including Neo Natal Upgrading Phase 2, Rookwood Replacement, MRI Scanners, Pharmacy Equipment, Imaging Equipment, Digital Priorities, Cystic Fibrosis, Major Trauma Centre & Wellbeing hubs at Maelfa and Penarth).

### Key Risks and Recovery Actions

The key financial risk is now assessed as the management of operational pressures, including the Welsh Risk Pool. In overall terms this has been assessed at circa £2.0m and the UHB has taken action to slow down discretionary pay and non pay expenditure to strengthen mitigating actions to manage this.

The plans to deliver a break even position will be monitored monthly by the Finance Committee.

## Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;
- **NOTE** the £1.220m deficit at month 9;
- **NOTE** the key risks in delegated budgets and the Welsh Risk Pool;
- **NOTE** the plan to deliver a break even position by year end.

### 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	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	



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

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

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

Bricknell Helen  
01/28/2020 10:17:46

## Appendix 1

### 2019-20 In-Year Effect

Clinical Board	19-20 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,442	691	4,133	517	(833)
Surgery	2,300	2,556	0	2,556	375	(256)
Specialist Services	2,019	2,071	136	2,207	0	(188)
Corporate Execs	681	680	17	696	20	(15)
Mental Health	1,470	1,428	25	1,453	100	17
CD&T	1,633	1,001	674	1,675	574	(42)
Children & Women	1,775	1,515	119	1,634	225	141
Medicine	1,877	1,081	280	1,360	38	517
Capital Estates and Facilities	1,290	863	20	883	267	407
<b>Total</b>	<b>16,345</b>	<b>14,637</b>	<b>1,962</b>	<b>16,597</b>	<b>2,116</b>	<b>(252)</b>
Corporate	11,550	13,005	500	13,505	0	(196)
<b>Total</b>	<b>27,895</b>	<b>27,642</b>	<b>2,462</b>	<b>30,103</b>	<b>2,116</b>	<b>(448)</b>

### 2019-20 Full Year Effect

Clinical Board	Recurrent	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,451	767	4,218	0	-918
Surgery	2,300	2,198	0	2,198	560	102
Specialist Services	2,019	1,903	136	2,039	0	-20
Corporate Execs	681	697	0	697	0	
Mental Health	1,470	1,102	50	1,152	100	318
CD&T	1,633	799	211	1,010	574	623
Children & Women	1,775	536	336	872	245	903
Medicine	1,877	1,049	514	1,563	84	314
Capital Estates and Facilities	1,290	521	43	564	0	726
<b>Total</b>	<b>16,345</b>	<b>12,256</b>	<b>2,057</b>	<b>14,313</b>	<b>1,563</b>	<b>2,032</b>
Corporate	12,800	4,332	0	4,332	0	8,468
<b>Total</b>	<b>29,145</b>	<b>16,588</b>	<b>2,057</b>	<b>18,645</b>	<b>1,563</b>	<b>10,500</b>

Bricknell Helen  
01/28/2020 10:17:46

## Appendix 2

### BALANCE SHEET AS AT 30th DECEMBER 2019

	Opening Balance 1 <sup>st</sup> April 2019	Closing Balance 31 <sup>st</sup> Dec. 2019
<b>Non-Current Assets</b>	<b>£'000</b>	<b>£'000</b>
Property, plant and equipment	675,904	690,867
Intangible assets	2,902	2,235
Trade and other receivables	21,432	47,228
Other financial assets		
<b>Non-Current Assets sub total</b>	<b>700,238</b>	<b>740,330</b>
<b>Current Assets</b>		
Inventories	16,926	17,462
Trade and other receivables	176,987	174,870
Other financial assets		
Cash and cash equivalents	1,219	4,337
Non-current assets classified as held for sale	1,906	644
<b>Current Assets sub total</b>	<b>197,038</b>	<b>197,313</b>
<b>TOTAL ASSETS</b>	<b>897,276</b>	<b>937,643</b>
<b>Current Liabilities</b>		
Trade and other payables	174,685	158,538
Other financial liabilities		
Provisions	129,087	120,708
<b>Current Liabilities sub total</b>	<b>303,772</b>	<b>279,246</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>593,504</b>	<b>658,397</b>
<b>Non-Current Liabilities</b>		
Trade and other payables	9,095	8,637
Other financial liabilities		
Provisions	24,862	43,531
<b>Non-Current Liabilities sub total</b>	<b>33,957</b>	<b>52,168</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>559,547</b>	<b>606,229</b>
<b>FINANCED BY:</b>		
<b>Taxpayers' Equity</b>		
General Fund	443,904	489,455
Revaluation Reserve	115,643	116,774
<b>Total Taxpayers' Equity</b>	<b>559,547</b>	<b>606,229</b>

Bricknell Helen  
01/28/2020 10:17:45

## Appendix 3

### CASH FLOW FORECAST AS AT 30<sup>th</sup> DECEMBER 2019

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
WG Revenue Funding - Cash Limit (excluding NCL)	91,830	92,150	73,290	73,685	82,585	76,520	83,570	84,720	72,730	71,455	75,595	65,899	944,029
WG Revenue Funding - Non Cash Limited (NCL)	1,590	1,590	1,005	1,555	1,685	1,210	1,560	1,390	1,415	1,455	1,680	3,243	19,378
WG Revenue Funding - Other (e.g. invoices)	1,255	1,255	1,255	2,108	2,396	1,307	3,026	2,711	1,411	1,521	1,271	6,069	25,585
WG Capital Funding - Cash Limit	8,500	1,000	0	3,850	3,900	4,900	4,440	3,400	4,150	3,550	2,741	13,856	54,287
Sale of Assets	0	1,200	0	166	0	0	0	0	0	407	2,100	260	4,133
Income from other Welsh NHS Organisations	39,794	47,109	39,129	53,252	50,677	34,006	43,675	52,139	48,290	46,675	41,334	37,974	534,054
Other - (Specify in narrative)	14,126	6,259	5,137	12,752	6,892	4,176	13,884	5,729	5,187	13,379	6,791	8,435	102,747
<b>TOTAL RECEIPTS</b>	<b>157,095</b>	<b>150,563</b>	<b>119,816</b>	<b>147,368</b>	<b>148,135</b>	<b>122,119</b>	<b>150,155</b>	<b>150,089</b>	<b>133,183</b>	<b>138,442</b>	<b>131,512</b>	<b>135,736</b>	<b>1,684,213</b>
<b>PAYMENTS</b>													
Primary Care Services : General Medical Services	5,495	4,343	8,338	4,816	4,261	6,402	4,755	4,395	7,316	4,590	4,590	7,568	66,869
Primary Care Services : Pharmacy Services	165	136	176	124	132	145	150	133	196	540	300	300	2,497
Primary Care Services : Prescribed Drugs & Appliances	6,818	15,385	3	7,987	15,385	3	7,473	16,118	7,630	7,680	7,680	0	92,162
Primary Care Services : General Dental Services	1,835	1,877	1,926	2,054	1,786	1,900	1,941	2,150	1,797	1,843	1,910	1,910	22,929
Non Cash Limited Payments	1,957	1,861	2,088	2,215	2,005	2,182	1,984	2,100	2,195	1,836	2,050	2,050	24,523
Salaries and Wages	51,454	51,583	50,105	51,135	51,185	50,037	51,844	52,355	51,304	51,424	51,623	51,814	615,863
Non Pay Expenditure	68,366	54,158	46,656	61,896	45,187	52,173	63,042	44,351	44,200	52,056	44,962	52,789	629,836
Capital Payment	6,335	2,613	3,087	3,268	4,047	3,649	4,470	3,227	3,743	4,081	3,676	14,221	56,417
Other items (Specify in narrative)	10,691	19,637	7,881	14,604	22,839	6,045	14,147	23,994	15,963	14,640	14,790	8,428	173,659
<b>TOTAL PAYMENTS</b>	<b>153,116</b>	<b>151,593</b>	<b>120,260</b>	<b>148,099</b>	<b>146,827</b>	<b>122,536</b>	<b>149,806</b>	<b>148,823</b>	<b>134,344</b>	<b>138,690</b>	<b>131,581</b>	<b>139,080</b>	<b>1,684,755</b>
<b>Net cash inflow/outflow</b>	<b>3,979</b>	<b>(1,030)</b>	<b>(444)</b>	<b>(731)</b>	<b>1,308</b>	<b>(417)</b>	<b>349</b>	<b>1,266</b>	<b>(1,161)</b>	<b>(248)</b>	<b>(69)</b>	<b>(3,344)</b>	
<b>Balance b/f</b>	<b>1,219</b>	<b>5,198</b>	<b>4,168</b>	<b>3,724</b>	<b>2,993</b>	<b>4,301</b>	<b>3,884</b>	<b>4,233</b>	<b>5,499</b>	<b>4,338</b>	<b>4,090</b>	<b>4,021</b>	
<b>Balance c/f</b>	<b>5,198</b>	<b>4,168</b>	<b>3,724</b>	<b>2,993</b>	<b>4,301</b>	<b>3,884</b>	<b>4,233</b>	<b>5,499</b>	<b>4,338</b>	<b>4,090</b>	<b>4,021</b>	<b>677</b>	

Bricknell Helen  
01/28/2020 10:17:45

## PROGRESS AGAINST CRL AS AT 30<sup>th</sup> DECEMBER 2019

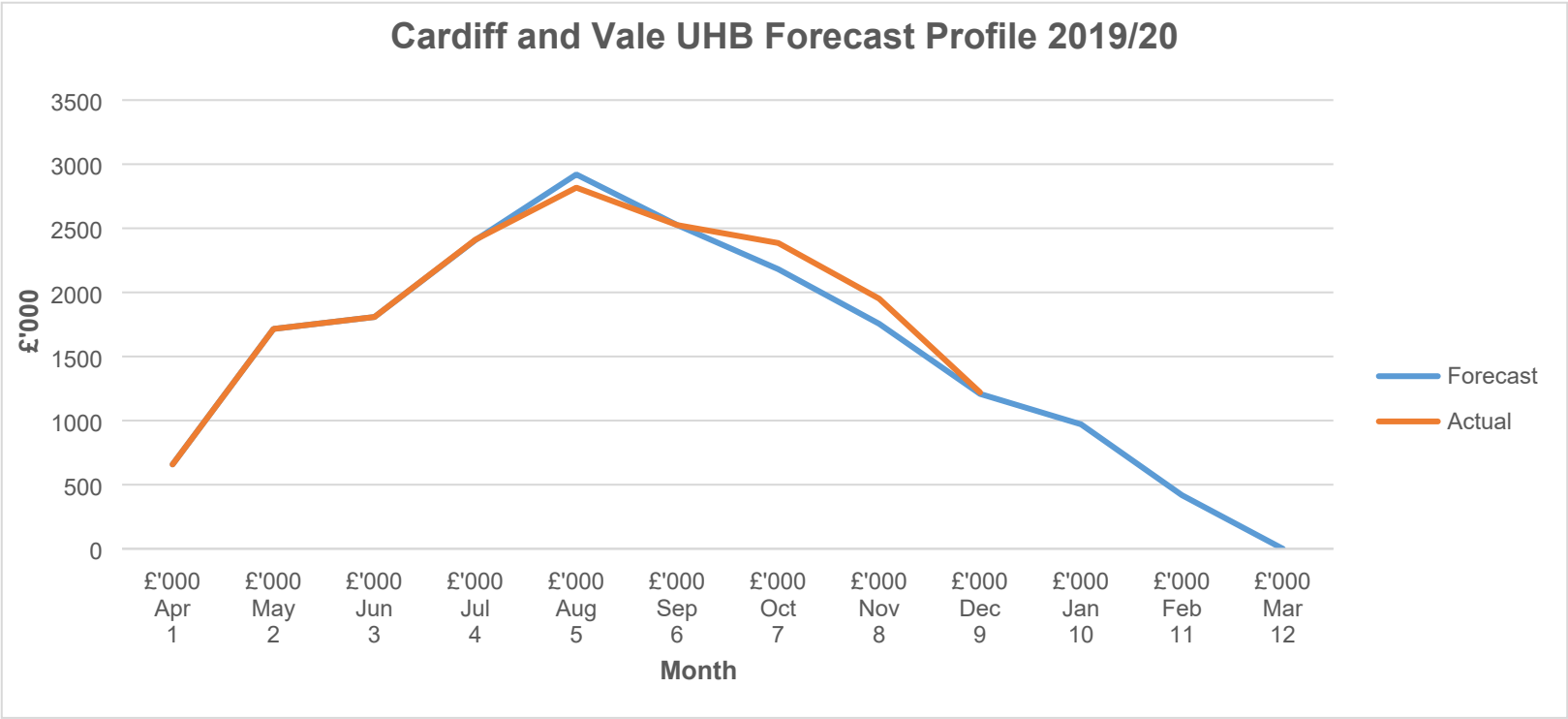
[illegible]

Bricknell Helen  
01/28/2020 10:17:45

## FINANCIAL PERFORMANCE OF EXECUTIVE DIRECTORATES

Corporate Executive Directorate	M9 Budget Variance £m
Chief Executive Officer	(0.016)
Chief Operating Officer	0.015
Director of Finance	(0.097)
Director of Governance	0.046
Director of Nursing	(0.169)
Director of Planning	0.029
Director of Public Health	0.022
Director of Therapies	(0.048)
Director of Transformation	0.175
Director of Workforce	(0.025)
Medical Director	(0.245)
<b>Total £m</b>	<b>(0.312)</b>

Bricknell Helen  
01/28/2020 10:17:45



Bricknell Helen  
01/28/2020 10:17:45

Report Title:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT							
Meeting:	Local Partnership Forum				Meeting Date:	12 February 2020		
Status:	For Discussion		For Assurance		For Approval		For Information	x
Lead Executive:	Executive Nurse Director							
Report Author (Title):	Assistant Director, Patient Safety and Quality – 029 21836331 Assistant Director, Patient Experience – 029 21836320							

### Background and current situation:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from November to December 2019. This report was initially presented to Board on 30 January 2020.

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:

#### Ophthalmology waiting times

In the last report, the Board was advised that the demand for ophthalmology services is exceeding capacity and the UHB is currently pursuing a range of options to ensure that patients are seen within appropriate timescales. The service remains under pressure and the UHB continues to receive high numbers of complaints on a monthly basis. Following on from the last report, the UHB has now agreed and procured in-sourcing arrangements and work is being undertaken to review the lists to manage demand. The Clinical Board is also currently working very closely with this Directorate to monitor the situation.

#### Falls and Fractured neck of femur

In the last report, the Board were advised of an increased adjusted mortality rate of 8.5% that had been reported in The National Hip Fracture Database (NHFD) 2018 National report, published in November 2018. A detailed report of the results and actions were reported through the Quality Safety and Experience Committee in February 2019.

The National Hip Fracture Database (NHFD) 2019 National report has just been published and



demonstrates an improvement in the mortality rate to 6.6% in September 2019, which is now below the annual rolling mortality rate in of Wales 7.4% and equal to the UK annual mortality rate of 6.3%.

### Assessment Unit, Emergency Department

Work continues to implement the findings of the 2019 HIW inspection of the Assessment Unit and to improve the flow of surgical patients through this particular department. The Community Health Council carried out an unannounced visit to this are on 5<sup>th</sup> January 2020. The department was very busy during the visit. The Chief Officer confirmed that he was able to see some of the improvements that had been put in place and patients reported good communication with staff re waiting times and staff were observed to be kind and caring. However, there is still need for improvement and they also reported examples of patients waiting too long in the lounge area, lack of pillows and they felt patients needed more encouragement to ask for drinks and for food.

### Concerns activity and response times

In October/November 2019, the UHB was pleased to receive 626 concerns where patients shared their experiences. This is a significant increase compared to the previous two months. This has impacted upon both the Concerns Team and the Clinical Boards and the UHB has seen a reciprocal decrease in response time to formal concerns which is currently 75%. This represents a 10% decrease albeit against increased activity. The Clinical Board continue to aim to meet the targets and the Corporate Concerns team are ensuring regular contact with complainants.

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

## PATIENT SAFETY QUALITY AND EXPERIENCE REPORT September - October 2019

### Serious patient safety incidents (SIs reportable to Welsh Government)

#### How are we doing?

Serious Incidents		
Clinical Board	Number	Description
Children & Women	0	N/A
Clinical Diagnostics & Therapeutics	1	A delay in reporting an unexpected finding on a CT scan.
	1	A Kell; negative patient has been transfused with Kell positive blood. Welsh Government has since advised they wish to consider this as a Never Event under the ABO-incompatible transfusion criteria.
Executive & Corporate Services	1	The Procedural Response to Unexpected Death in Childhood (PRUDiC) process has been instigated

		following the death of a child. The child had developed an acute, sudden illness.
<b>Medicine</b>	1	A patient was admitted to the Emergency Unit and absconded while waiting transfer to Hafan Y Coed (HYC) Coed. The patient was later located and safely transferred to HYC.
	4	Patient falls
	1	Healthcare acquired pressure ulcer
	1	Medication error involving incorrect dose insulin. The patient did not come to any harm.
<b>Mental Health</b>	6	There have been six unexpected deaths of patients known to Mental Health Services. There are no identified themes emerging from early review.
	4	Patients who were known to the community addictions. The deaths are not connected.
	1	Adolescent aged 17 admitted to Hafan y Coed while awaiting input from Child and Adolescent Mental Health Services (CAMHS).
		Patient absconded from Hafan Y Coed.
	1	A patient known to mental health services has been arrested by police on suspicion of committing a serious crime.
	1	While on escorted community leave, a patient failed to return to Hafan Y Coed at the expected time. The patient was later located and safely returned to the ward.
	3	Three injurious patient falls were reported in older people's services.
<b>Primary Community &amp; Intermediate Care</b>	3	Three patients receiving care at home developed pressure ulcers that were deemed to be avoidable.
	1	An error occurred during a patient's dental treatment where an incorrect tooth was drilled.
<b>Specialist</b>	1	Hospital acquired pressure ulcer
	1	A critical care patient required treatment to reverse

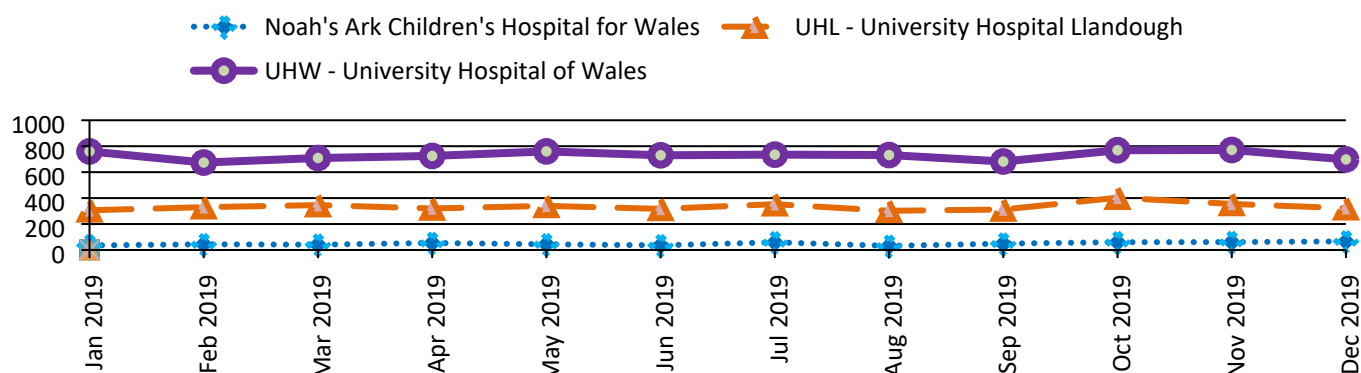
	1	the effects of a haemodiafiltration line becoming disconnected.
	1	An issue occurred with an intra-aortic balloon pump while a patient was on the critical care unit following a cardiology procedure.
	1	Significant delay in the diagnosis and management of diabetes in a patient following a blood test.
<b>Surgery</b>	1	Hospital acquired pressure ulcer
	1	Avoidable delay in a patient's ongoing treatment for cancer was identified. Patient has since had surgery with apposite outcome
	1	Inappropriate administration of potassium based on an incorrect blood result.
	1	Patient fall.
<b>Total</b>	39	

<b>No Surprises</b>		
<b>Clinical Board</b>	<b>Number</b>	<b>Description</b>
<b>Medicine</b>	0	
<b>Mental Health</b>	0	
<b>Specialist</b>	0	
<b>Miscellaneous</b>	4	Temporary ward closures occurred during the reporting period on the advice of infection prevention and control. These were due to diarrhoea and vomiting / norovirus outbreaks.
<b>Total</b>		

Bricknell Helen  
01/28/2020 10:17:46

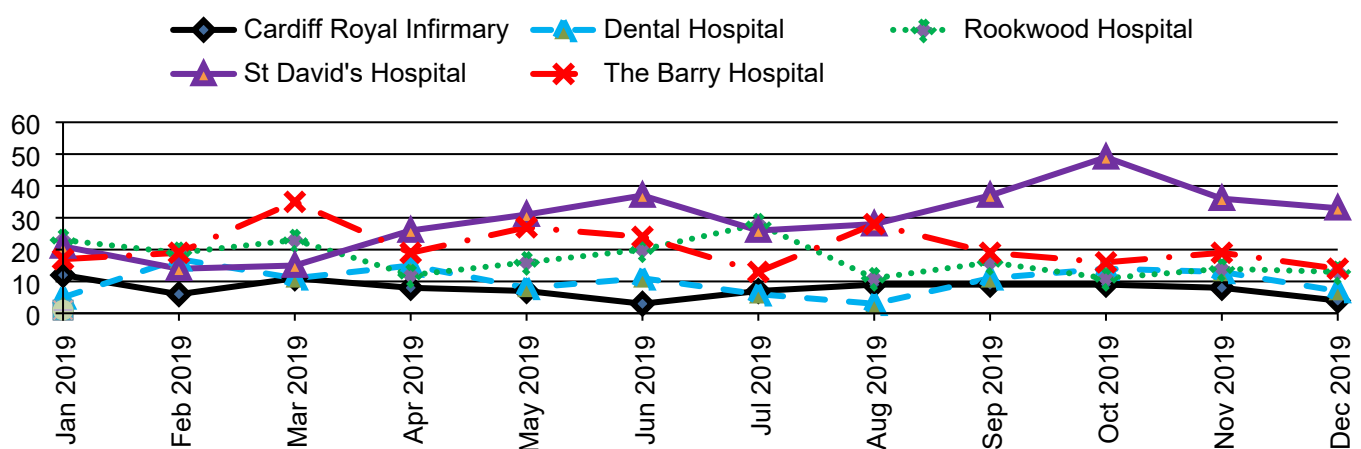
## How do we compare to our Peers?

### Patient safety incidents with incident date Jan - Dec 2019 by main site



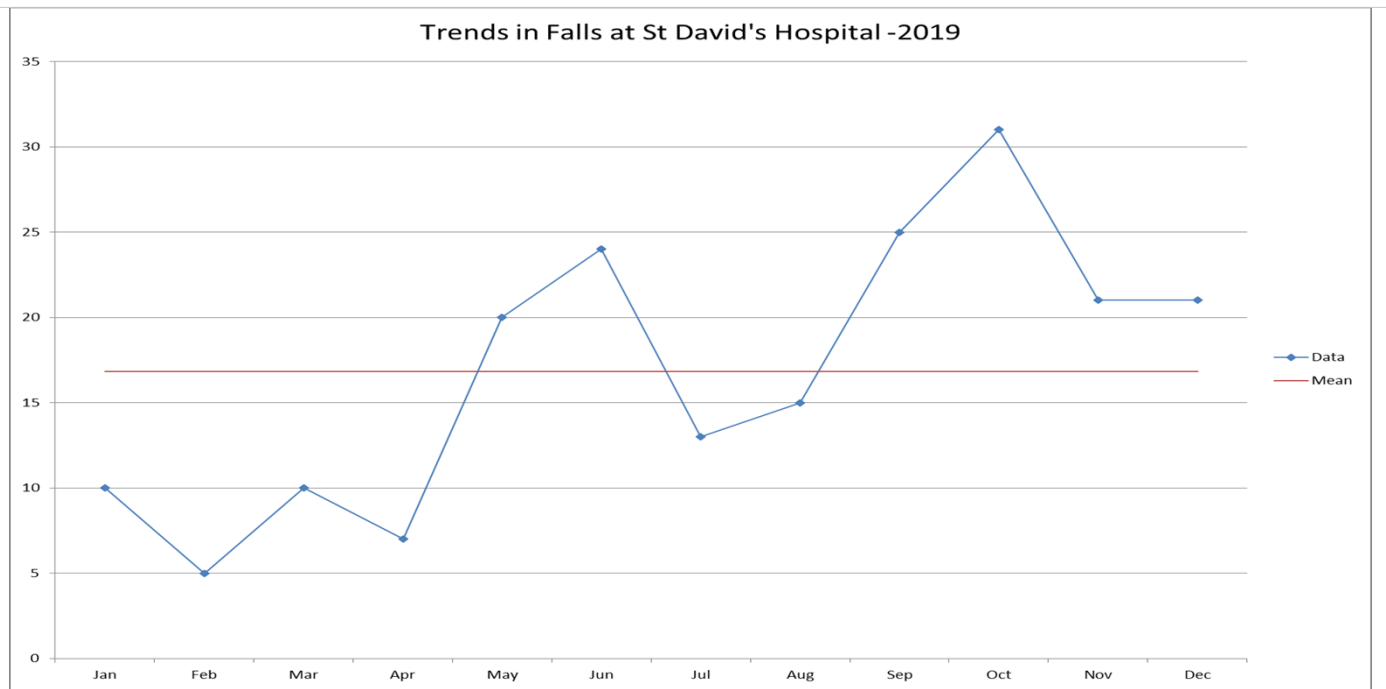
Reporting of patient safety incidents across the main hospital sites remains fairly consistent.

### Patient safety incidents with incident date Jan - Dec 2019 by other site

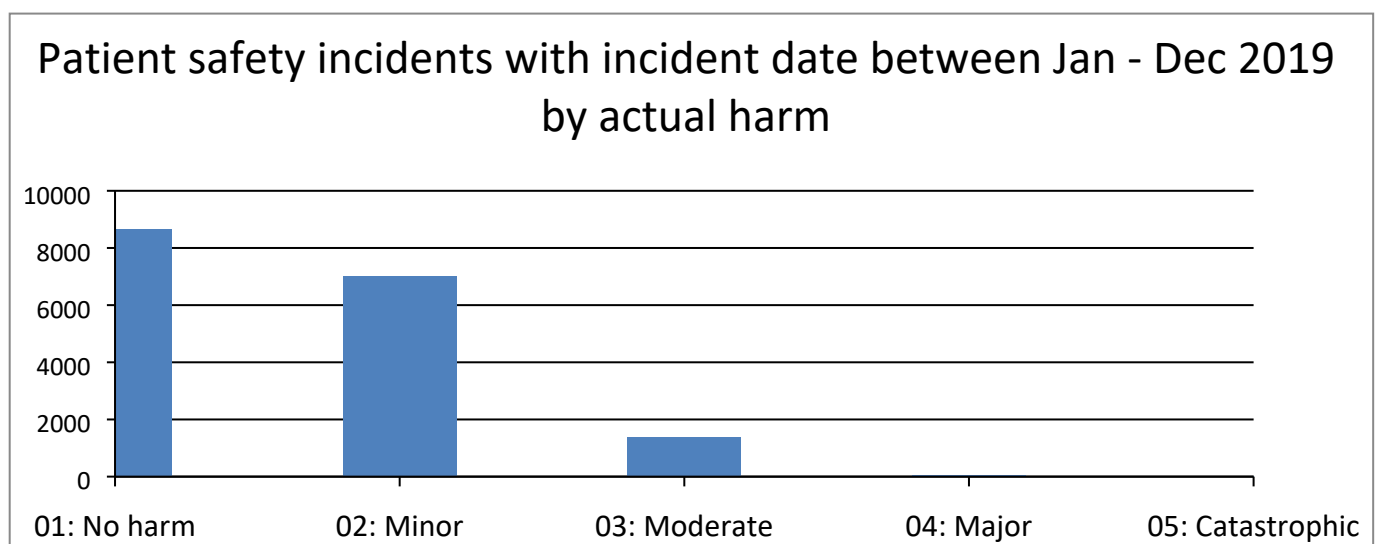


Reporting rates across the smaller hospital sites is reasonably consistent. Reporting at Saint David's Hospital increased through the year until October 2019. A review of the incidents at Saint David's Hospital identified that the vast majority of incidents reported, caused no harm or minor harm to patients. There has however been an increase in the number of reported falls which we will continue to monitor and four of these falls were injurious and met the criteria for SI reporting to WG.

Bricknell Helen  
01/28/2020 10:17:45



Across the UHB, the majority of patient safety incidents reported cause either no harm or minor harm to patients.



### Trends and themes emerging from the quality, safety and patient experience agenda.

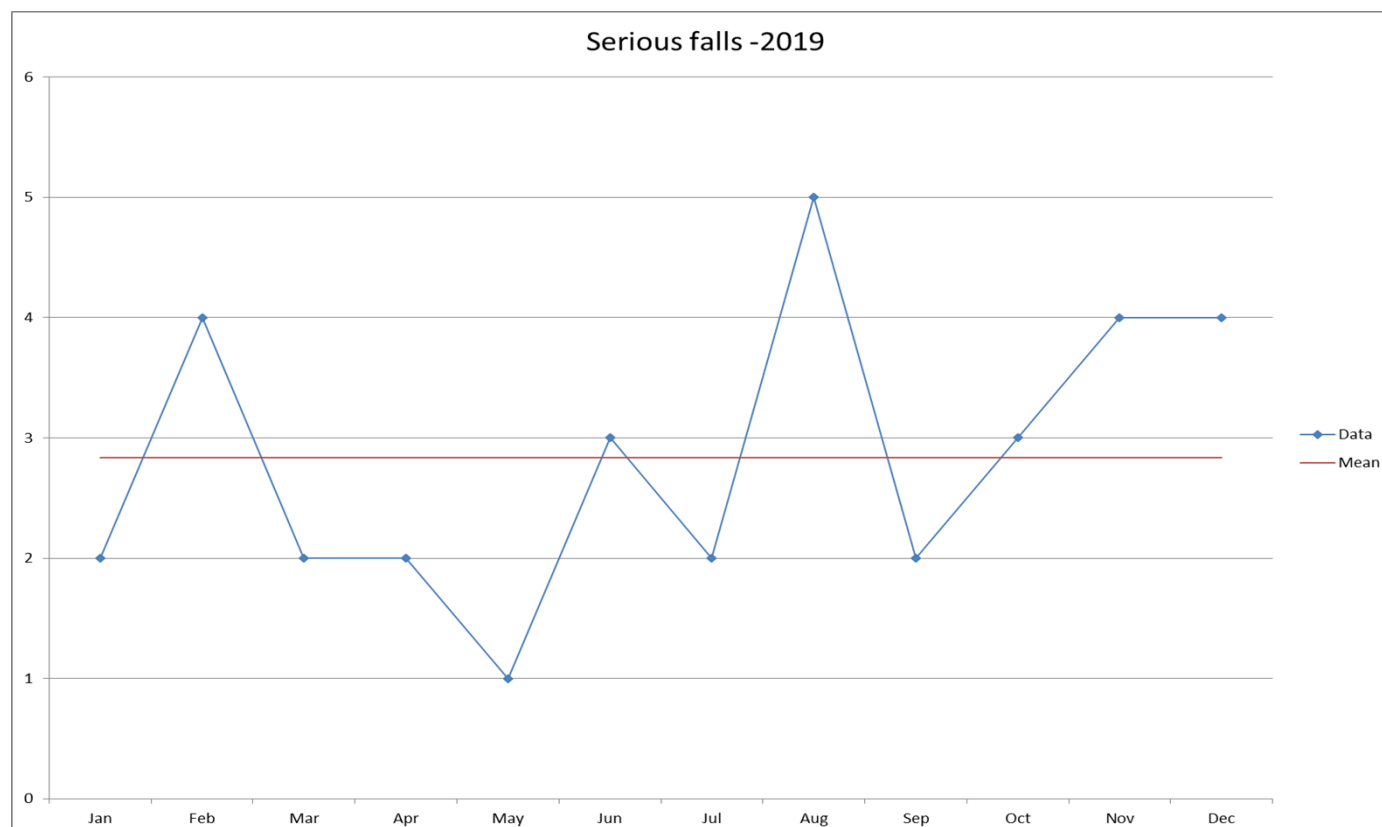
There are a number of identified trends and themes and these are:

- Patient falls
- Ophthalmology waiting times
- Falls and Fractured neck of femur mortality rates

- Deaths in patients known to mental health and substance misuse services

## Patient falls

The last report to Board demonstrated that there has been an overall reduction in the number of falls which cause serious harm over the last two years. The UHB will continue to monitor the trend throughout 2019/2020, acknowledging the small increase in the total number for Quarter 3 of 2019.

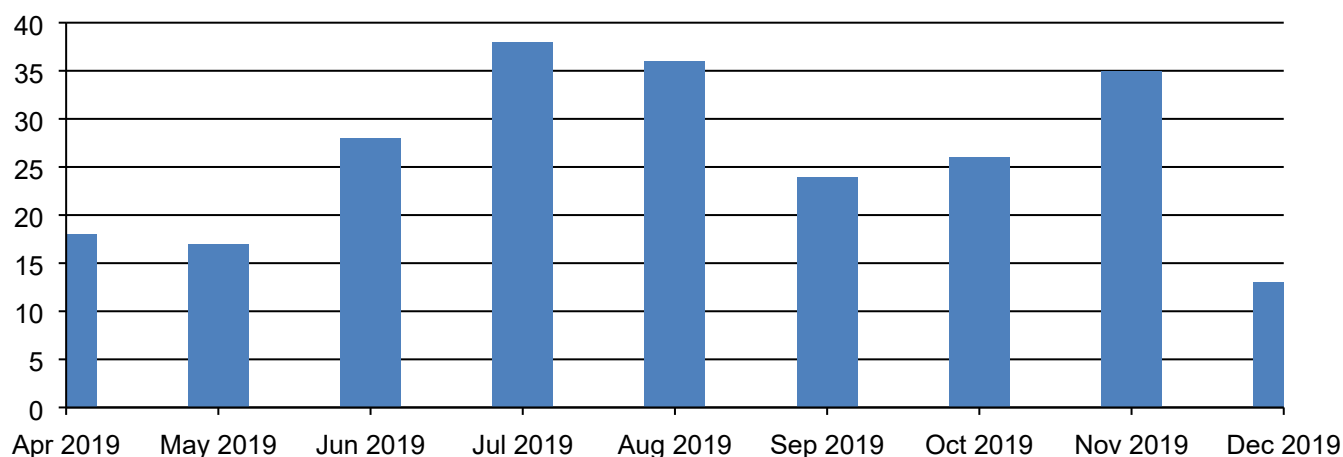


## Opthalmology waiting times

In the last report, the Board was advised that the demand for ophthalmology services is exceeding capacity and the UHB is currently pursuing a range of options to ensure that patients are seen within appropriate timescales. The number of complaints received on a monthly basis in relation to Ophthalmology services remains high. Following on from the last report, the UHB has now agreed and procured in-sourcing arrangements and work is being undertaken to review the lists to manage demand. The Clinical Board is also currently working very closely with this Directorate to monitor the situation.

Bricknell Helen  
01/28/2020 10:17:46

## Opthalmology related complaints April - December 2019

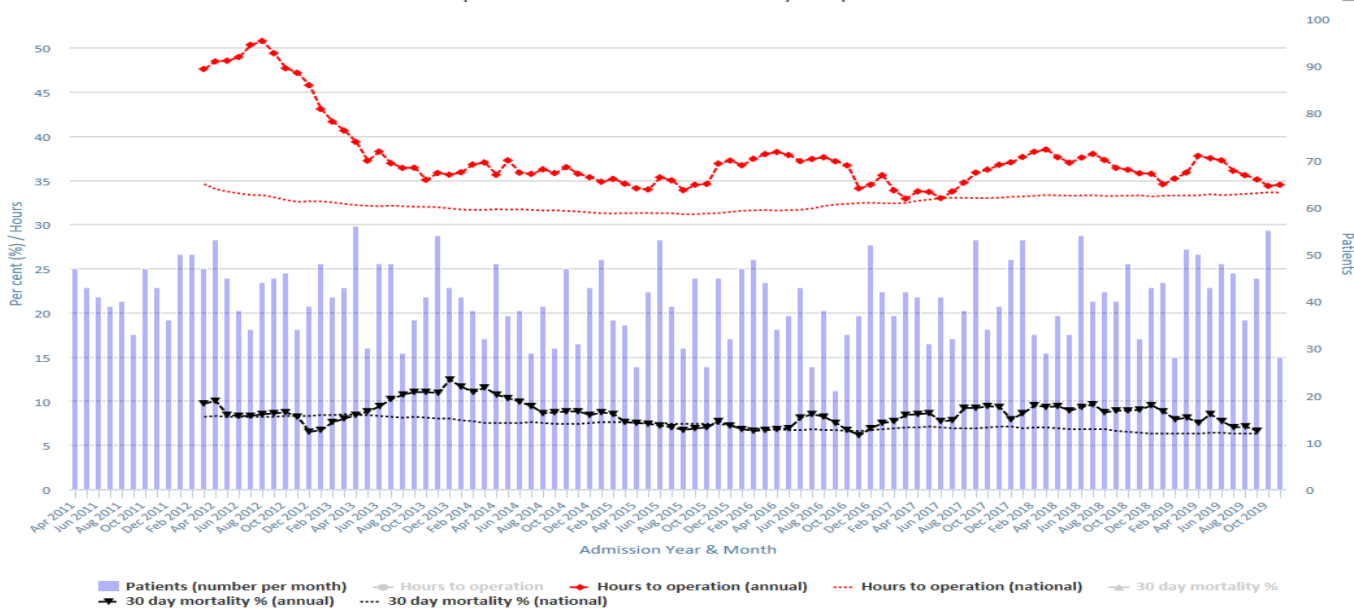


### Falls and Fractured neck of femur

In the last report, the Board were advised of an increased adjusted mortality rate of 8.5% that had been reported in The National Hip Fracture Database (NHFD) 2018 National report, published in November 2018. A detailed report of the results and actions were reported through the Quality Safety and Experience Committee in February 2019.

The National Hip Fracture Database (NHFD) 2019 National report has just been published and demonstrates an improvement in the mortality rate to 6.3% in September 2019, which is now below the annual rolling mortality rate in of Wales 7.4% and equal to the UK annual mortality rate of 6.3%.

Overall performance - UHW. University Hospital of Wales



There is a UHB improvement plan in place and a detailed progress report will be presented to the February 2020 Quality, Safety and Experience Committee.

### Deaths in patients known to mental health and substance misuse services

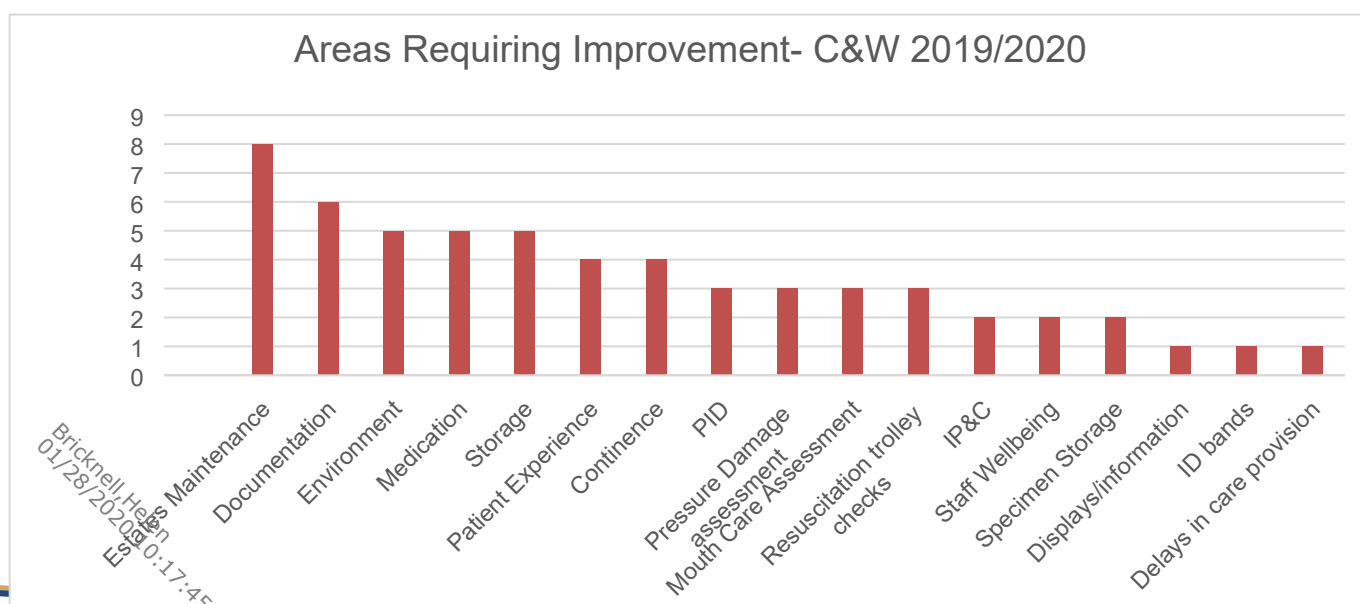
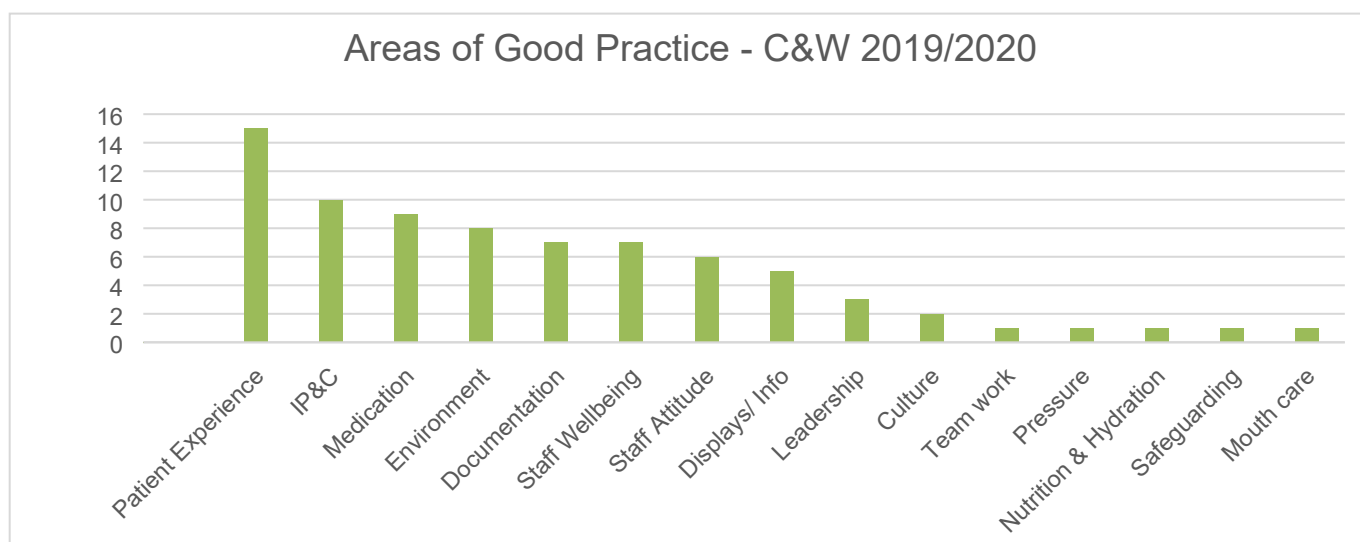
The UHB continues to see reports of the deaths of patients known to mental health and substance misuse services. The previous report to Board provided a detailed account of the measures being put in place to manage the growing complexity and risk within the mental health service. The UHB will continue to monitor the position closely. All Wales work to agree and standardize serious incident reporting in mental health services across Wales is underway and the UHB is actively participating in this.

## Outcomes of internal and external inspection processes

### Internal inspections

In the previous two months, the internal inspection process has focused on visiting inpatient areas within Children and Women Clinical Board. The information below details the observed themes that apply to the majority of clinical areas.

During each visit, inspectors can highlight instances of particularly good practice or areas requiring improvement. The graphs below indicate the frequency that these occur and the domains that they relate to:





The overwhelming feedback from staff across the Clinical Board is that they enjoy their work, feel listened to and receive good support. Staff in almost all clinical areas appreciated the effort of their Ward Sisters/Directorate to release time for study leave. Also, newly registered staff commented on the excellent preceptorship and guidance they received. The only consistent concern raised about wellbeing related to the frequency that staff were 'booked out' from their ward to cover shortages across the Directorates.

The good standard of cleanliness within clinical areas was another consistent theme. However, a number of outstanding maintenance requests were noted. The estates issues were varied, but mostly related to broken flooring, leaking water pipes and broken toilet facilities. These continue to be reported in line with UHB process.

### Healthcare Inspectorate Wales – Maternity Services

An unannounced inspection commenced on Monday 18<sup>th</sup> November as part of the National Review of Maternity Services. The inspectors spent considerable time reviewing governance, culture, safety and multi professional working as well as looking at systems and processes; they also spoke to a number of staff during their visit.

The HIW inspectorate team shared that this was a very positive review and that the Maternity Service being delivered was one of the best units for multi professional working and evidence based care that they have reviewed across the country.

There was an immediate assurance issue identified in relation to resuscitative checks and emergency resuscitation trolley checks as well as availability of and access to equipment. All of these were completed and actioned at the time of the review and a robust improvement plan has been submitted to HIW since the inspection. The draft report is awaited.

### Community Health Council Visit - Assessment Unit, Emergency Department

Work continues to implement the findings of the 2019 HIW inspection of the Assessment Unit and to improve the flow of surgical patients through this particular department. The Community Health Council carried out an unannounced visit to this area on 5<sup>th</sup> January 2020. The department was very busy during the visit. The Chief Officer confirmed that he was able to see some of the improvements that had been put in place and patients reported good communication with staff re waiting times and staff were observed to be kind and caring. However, there is still need for improvement and they also reported examples of patients waiting too long in the lounge area, lack of pillows and they felt patients needed more encouragement to ask for drinks and for food.

A detailed progress report on the Assessment Unit/ Lounge area improvement plan will be presented to the February 2020 QSE Committee.

### Patient Experience

The All Wales Framework for Assuring Service User Experience describes four quadrants which group together a wide range of feedback including **real time, retrospective, proactive/reactive** and **balancing**. The UHB employs a wide variety of methods across the four quadrants in order to gain the views of service users so that this rich, qualitative information can be considered and used to improve services.

Feedback mechanisms include kiosks, on line surveys, patient, carer and staff stories, paper surveys including the national survey and bespoke ones. We also meet with some of seldom heard people to listen to their experiences.

We monitor our Patient experience scores via survey activity as below:

	September	October	November	December
<b>UHL</b>	94%	94%	94%	
<b>UHW</b>	92%	94%	94%	

In November and December we sent **3455** surveys as part of our routine monthly survey work and had **1777** completions.

- We had **579** survey completions on our kiosks.
- We had **22908** responses using our Happy or Not Machines.



These surveys have been designed to ascertain feedback supporting the Health Board strategy, providing information that we could learn from and importantly act upon.

Recent inpatient surveys (*based on November's data*) told us:

- **55%** of our patients surveyed as an inpatient had discussed their discharge plan with staff.
- **66%** of our patients always felt involved in decisions about their care.
- **73%** of our patients felt that they were always listened to.
- **88%** of our patients surveyed felt that they were always well cared for.

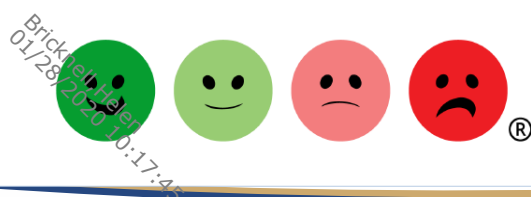
The key theme emerging from this information is we need to undertake more work on “Get Up , Get Dressed and Get Moving”. This has been recognized by the Clinical boards and we will be relaunching this initiative in March to be led by Rebecca Aylward.

**77% of feedback via the kiosk was positive and related** to staff and the care they received, these included

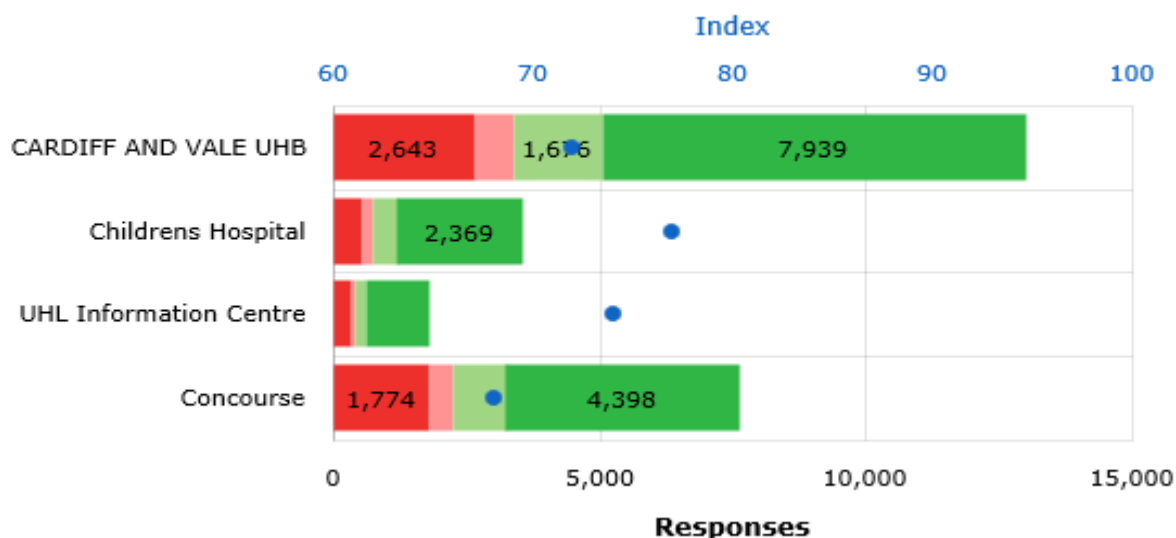
- All staff are very polite.
- Fabulous care.
- Always there when you need them: nurses, auxiliary and doctors when needed.
- Care wonderful
- Impressed with standard of care
- All staff friendly, helpful and patient.

### Feedback from Happy or Not machines

The amount of feedback has increased significantly each year. The numbers on each site are demonstrated in the graph below. The colours correlate with the faces on the machines.



Comparison of sites is fairly consistent (November and December)



Feedback themes from Happy or Not kiosks are

#### Staff

- They are fantastic with my son who has autism.
- Very friendly staff.
- The place was a lovely environment the staff are lovely and the patients looked happy.
- I think the nurses are polite and very kind.

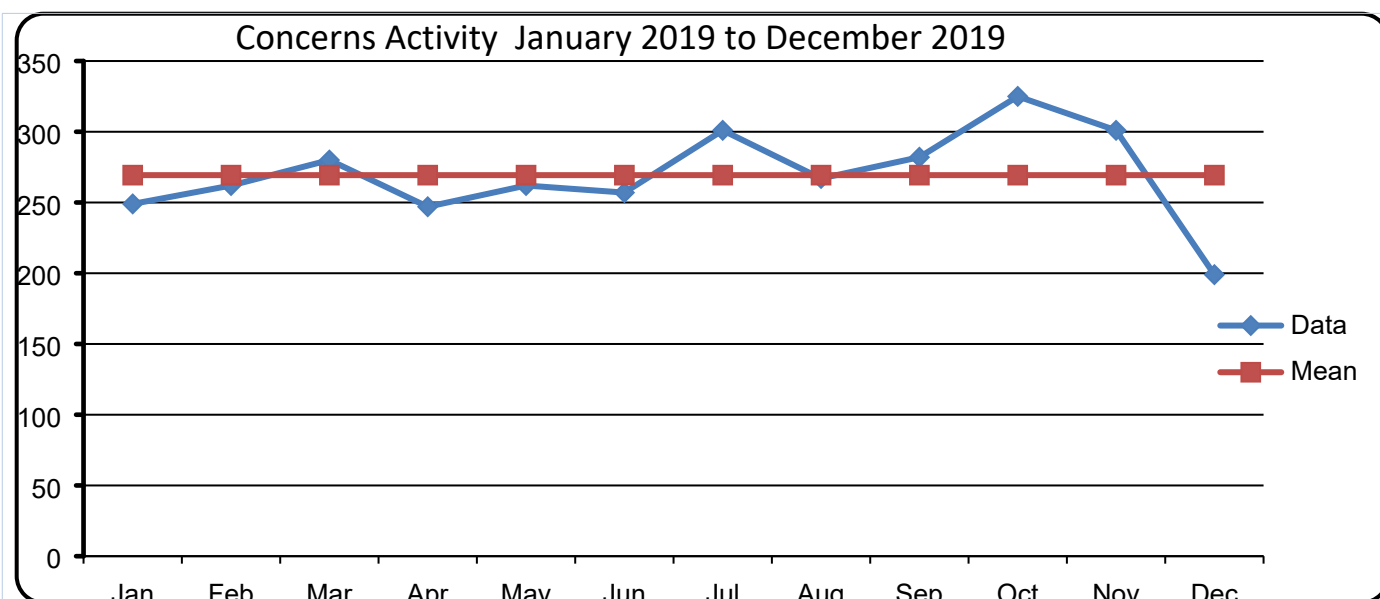
#### Enviroment :

- Stop people smoking near the café.
- Why are people smoking next to no smoking signs?
- Please stop people smoking outside Aroma – no joke if you have COPD.

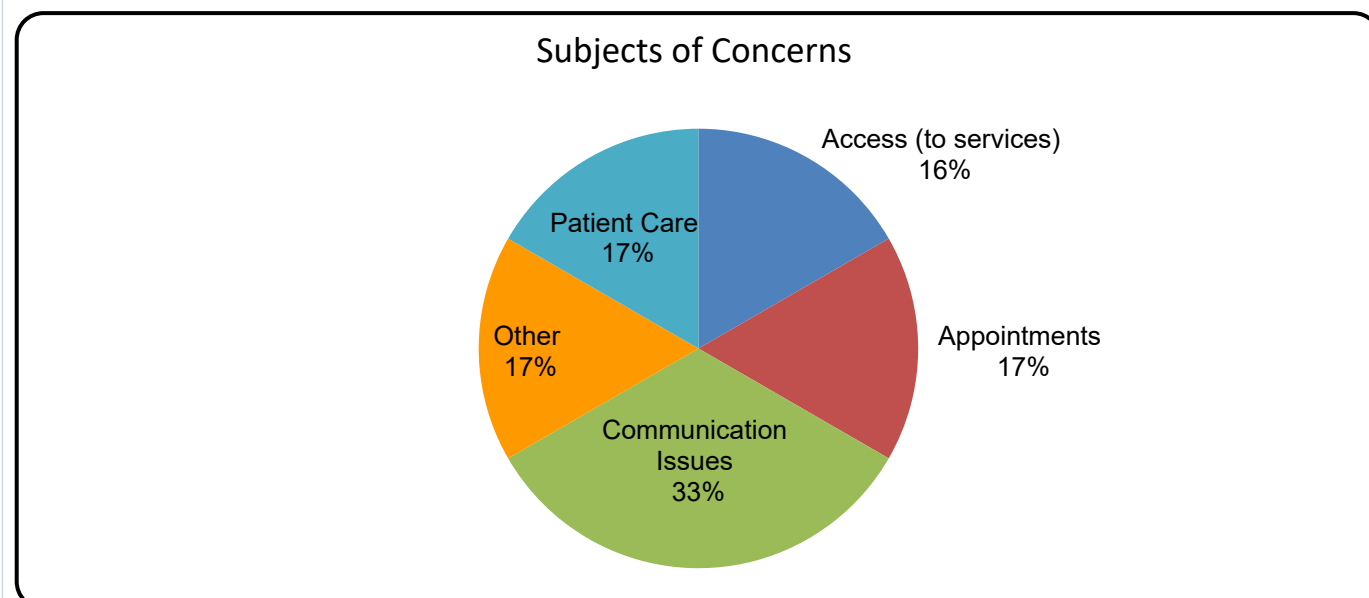
#### Complaints Management/Redress

In October/November 2019, the UHB received 626 concerns and this has impacted upon both the Concerns Team and the Clinical Boards. The response time to formal concerns is 75% which represents a 10% decrease albeit against increased activity. It is usual to see a decrease in the number of concerns received December with a predicted significant increase in January and February.

Bricknell Helen  
01/28/2020 10:17:46



The themes remain consistent in relation to communication and cancellations of appointments.



### What are we doing?

Here are some examples of action taken in relation to concerns:

You said	We did
Concerns were raised regarding pain assessment and management.	A pain tool has been introduced on the ward and supported through Training and Awareness.
Concerns raised regarding lack of information provided to families of palliative care patients with regard to pain management and what to expect.	The end of life pain management plan will be reviewed to ensure it is more proactive rather than reactive, to maintain comfort for the patient. The palliative care team will be more proactive in communicating the management plan to families

	and explaining everything to them including what will be used to maintain comfort and pain relief and how long the morphine pump takes to be effective after setting up.
Concerns raised regarding Mouth Care.	The oral care tool is to be audited and any findings actioned. In conjunction there will be refresher training for the nursing team delivered by the practice development nurse. The implementation of 'tasters' is to be considered following liaison with our colleagues in Speech and Language Team.

### Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the content of this report.
- **NOTE** the areas of current concern and the current actions being taken.

### 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	

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

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

Prevention		Long term		Integration		Collaboration		Involvement	
------------	--	-----------	--	-------------	--	---------------	--	-------------	--

**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable

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