LPF

Thu 17 June 2021, 10:00 - 12:00

Agenda

10:00 - 10:02
2 min

1. Welcome and introductions

chair

10:02 - 10:04
2 min

2. Apologies for Absence

chair

10:04 - 10:06
2 min

3. Declarations of Interest

chair

10:06 - 10:08
2 min

4. Minutes of meeting held on 22 April 2021

chair

4. LPF minutes 22.04.21.pdf (7 pages)

10:08 - 10:10
2 min

5. Action Log Review

chair

5. LPF Action Log.pdf (1 pages)

10:10 - 10:30
20 min

6. Health Intervention Team

HIT Co-ordinators

6. Health Intervention Team.pdf (9 pages)

10:30 - 10:45
15 min

7. Operational update-recovery plan

Deputy COO

10:45 - 11:00
15 min

8. Chief Executives Report

Chief Executive

11:00 - 11:10
10 min

9. Partnership and Recognition Agreement

Executive Director of People and Culture

- 9 Partnership and Recognition Agreement - cover paper.pdf (3 pages)
- 9.1 Partnership and Recognition Agreement_2021.pdf (21 pages)

11:10 - 11:15
5 min

10. EPSG Terms of Reference (including minutes of the last meeting for nothing)

EPSG Co-Chairs

- 10 EPSG Terms of Reference cover paper.pdf (10 pages)
- 10.1 EPSG Mins April 2021.pdf (3 pages)

11:15 - 11:20
5 min

11. Finance Report

Executive Director of Finance

- 11 Finance Report.pdf (3 pages)

11:20 - 11:25
5 min

12. Workforce and OD KPI Report

Executive Director of People and Culture

- 12 Workforce KPI Metrics.pdf (7 pages)
- Copy of 12.1 WOD KPI Report Apr-21.pdf (1 pages)

11:25 - 11:30
5 min

13. Patient Safety Quality and Experience Report

Executive Director of Nursing

- 13. Patient Safety, Quality and Experience Report je.pdf (16 pages)

11:30 - 11:35
5 min

14. Dragons Heart Institute

Director of Transformation

11:35 - 11:55
20 min

15. Any other business previously agreed with Co-chairs

11:55 - 12:00
5 min

16. Future meeting arrangements:

Wednesday 18th August 2021 at 10am (with staff representative pre-meeting at 9am)via teams)

LOCAL PARTNERSHIP FORUM MEETING

Thursday 16 April 2021at 10am, via Teams

Present

Rachel Gidman	Interim Director of Workforce and OD (co-Chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-Chair)
Julie Cassley	Deputy Director of WOD
Jo Brandon	Director of Communications
Peter Hewin	BAOT/UNISON
Zoe Morgan	CSP
Stuart Egan	UNISON
Mike Jones	Independent Member – Trade Union
Peter Welsh	General Manager UHL and Barry
Mat Thomas	UNISON
Joe Monks	UNISON
Rebecca Christy	BDA
Jonathan Strachan-Taylor	GMB
Caroline Bird	Deputy COO
Ruth Walker	Executive Nurse Director (part of meeting)
Rhian Wright	RCN
Stuart Walker	Deputy Chief Executive / Medical Director
Andrew Crook	Head of Workforce Governance
Fiona Kinghorn	Exec Director of Public Health
Steve Gauci	UNISON
Catherine Phillips	Executive Director of Finance
Caroline Bird	Deputy COO
Fiona Salter	RCN
Ceri Dolan	RCN

In attendance:

Victoria Legrys	Programme Director
Dan Crossland	Deputy Director of Operations, MHCB

Apologies:

Abigail Harris	Exec Director of Strategic Planning
Julia Davies	UNISON
Len Richards	Chief Executive
Lianne Morse	Head of HR Operations
Lorna McCourt	UNISON
Pauline Williams	RCN
Fiona Jenkins	Exec Director of Therapies and Health Sciences

Secretariat

Rachel Pressley	Workforce Governance Manager

LPF 21/017 WELCOME AND APOLOGIES

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

It was noted that Dawn Ward was the new Chair of Staff Representatives. Mrs Gidman welcomed her to the meeting in her new capacity and said that she looked forward to them working together.

LPF 21/018 Declarations of Interest

There were no declarations of interest in respect of agenda items

LPF 21/019 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 10 February 2021 were agreed to be an accurate record of the meeting.

LPF 21/020 ACTION LOG

The Action Log was noted. Ms Bird noted that there would be a presentation from PCIC Clinical Board at a future meeting

Action: Ms Bird

LPF 21/021 Shaping Our Future Clinical Services

The Forum received a presentation from Victoria Legrys, Programme Director, on Shaping Our Future Clinical Services. Ms Legrys had previously met with the Forum prior to the formal launch of the engagement process. This was now complete and an analysis of the feedback had begun. Ms Legrys asked for support and feedback from the Forum.

Key points noted included:

- The scope of the engagement – testing the thinking and principles, setting the scene for where and how clinical services could be delivered
- The approach to engagement – an alternative was needed due to covid-19
- The response – 351 survey responses but also social media etc. 20% of responses were from staff. There was strong support for the need for change and the challenges/opportunities set out. The best outcomes was considered the most important factor for most people. More than 70% of people were happy to have digital appointments and had the means to do so, but the team were aware that due to covid restrictions there had not been the usual face to face roadshows – this was not a one size fits all solution.
- A number of key themes had been generated through open questions including the role of clinicians and what would happen next.
- It was noted that change was dependant on having sufficient staff with the rights skills and training for their role

The next steps would be further discussion with the CHC and at Management Exec / Board.

Mr Hewin stated that he was pleased to see new ways of working and skills mix included as he believed this needed to be part of the solution. He was also pleased to see the role of Trade Unions recognised in the presentation. However, he asked about staff wellbeing and how the need for

staff to 'reset' or 'take a breather' would be taken into consideration and built into the plan, especially given the talk about a 3rd wave.

Ms Bird advised that she would be talking in more detail about the recovery plan at the next meeting and stated that the impact on staff was a key consideration. She indicated that the plan was system wide and was not just business as usual, but it was being led by clinicians using a risk based approach that was informed by data. New ways of working were being explored and Welsh Government had been asked for additional resources to enable more staff to be recruited.

Mrs Kinghorn noted that it was good to see prevention and equality highlighted as important elements and stated that we need to continue our preventative approach

Miss Ward noted that we are now half way through the SOFW timeframe and that it is important to get into a position where we have sufficient staff with the right training and skills to support care closer to home. She asked if this was deliverable and in what timeframe? Ms Legrys advised that the Clinical Services plan is high level and that over the next 12 months some of the detail on how this will be delivered will be mapped out. This would include what the workforce might start to look like, and prioritising clinical pathways. Staff, clinical leads and the third sector would all need to be involved in this. Data would be applied to the model to see that the changes would mean and that would inform the programme of work. She advised that this work had already begun in Vascular Services.

Mrs Gidman thanked Ms Legrys for attending the Forum and suggested that alongside this could be some work on 'Shaping Our Future Workforce'.

LPF 21/022 Deputy Chief Execs Update

Dr Walker updated the Forum on the following points:

- A Programme Business Case had been submitted to Welsh Government (WG) for UHW2 asking for endorsement. If approved, this would allow us to proceed to the Strategic Outline Case stage. It was hoped that if WG were able to respond reasonably quickly that the Strategic Outline Case would be submitted in March 2022
- The Annual Plan had been submitted to WG. This set out the approach to be taken over the next year in three areas:
    - Response to the ongoing covid pandemic (bearing in mind that the range of possibilities was very wide)
    - A reconstructive plan setting out the short and medium term recovery for a range of services including dementia, cancer and mental health as well as scheduled care and primary care
    - Links with our long term strategic plan
- The recruitment process for the permanent appointment for the Executive Director of People and Culture was due to take place the following week. Dr Walker was asked why the title had changed from Exec Director of Workforce and OD and explained that it was related to how we viewed the organisation in the future and a recognition that people are our priority, not a resource.

LPF 21/023 Covid-19 Response and recovery in Mental Health

Dan Crossland, Deputy Director of Operations for Mental Health Clinical Board, was in attendance to provide a joint presentation on the Covid-19 Response and recovery in Mental Health with Peter Hewin (lead rep for MHCB). He described a strong history of partnership working with staff, but also with service users and the other Clinical Boards.

Highlights from the presentation included:

- It was predicted in March 2020 that there would be an increased need for Mental Health Services as a result of the pandemic. As a Clinical Board they tried to prepare for this to ensure readiness while also keeping momentum around their transformation agenda and keeping safe. They also needed to be prepared for positive covid cases.
- An 'at a glance' guide was prepared in June 2020 setting out their intentions and how they would be delivered.
- 4 priority areas were identified as staff and team resilience, outpatient models and locality working, effective home working and co-production
- Mr Hewin noted that many Trade Unions and Professional bodies have well developed networks and champions for wellbeing and suggested that links should be made with the Recovery College which had been set up to support staff and service users. He suggested that a network to share resources and work together with initiatives like the recovery college could be a good way of supporting staff.
- There were some exciting developments around co-production, especially around the engagement of new roles with experience of mental health conditions and services built into the job description (peers). There had also been discussions with Physiotherapy about the possibility of employing someone with long covid for the Recovery College
- A number of challenges were also identified including activity and demand, but also new ways of working and positive risk taking.

Mrs Gidman described this work and the joint delivery of the presentation as great partnership working. She said she was curious about the new roles and the role of the Workforce team in supporting this, and suggested that the principle of spread and scale could be used.

Mr Hewin advised that the UHB Peer Lead had been in touch with the ImROC Recovery College and they had given some time in June to help us think about our Peer Strategy. Involvement from Workforce, Occupational health and Staff Representatives was welcomed, and Exec support was sought.

LPF 21/024 Patient Quality, Safety and Experience Report

Mrs Walker noted several highlights from the Patient Quality, Safety and Experience Report covering January and February 2021:

- There are less serious incidents reported but this is predominantly due to changes in WG reporting requirements. The way incidents are managed has not changed
- The number of concerns logged has increased but this is because the team are also dealing with concerns relating to the mass vaccination programme
- A new Clinical Effectiveness Committee has been set up and a Learning Committee will also be introduced. Both of these will sit under the QSE Committee

- There are no covid outbreaks in clinical areas at the current time but Mrs Walker reinforced the need to wash hands, maintain a distance and wear a mask. The number of outbreaks may increase as restrictions are relaxed

In terms of hospital acquired cases of covid, it was noted that clarity had been received from WG and Mrs Walker agreed to share this with the Forum.

Action: Mrs Walker

Cardiff and Vale had seen an increasing trend but every outbreak was being investigated and actions taken. The environment did not help as there are only a small number of single rooms and the placement of each patient has to be risk assessed. There have not been many cases of people being admitted who are asymptomatic and lateral flow tests are being carried out every 3 days. Mrs Kingorn reminded the Forum and prevalence is currently low and lateral flow tests are not as effective when it is low. She said that the biggest risk currently is returning travellers. Miss Ward asked for information about the test reliability and how many false -/+ we are seeing from the labs. Mrs Kinghorn advised that she did not have this information to hand but would request it

Action: Mrs Kinghorn

Mrs Walker advised that a report on the Nurse Staffing Act was going to the Board Development Session later this month and would be shared at a future LPF meeting.

Action: Mrs Walker

LPF 21/025 Respect and Resolution Policy

Mr Hewin noted that throughout the meeting they had touched on staff wellbeing and culture and that these 2 things have a strong connection. The UHB has had Values and Behaviours for a number of years, but the 2018 staff survey showed a concerning level of bullying, harassment and dignity at work cases throughout Wales. As a result the Welsh Partnership Forum was tasked by the Minister to find a new approach to dealing with these issues and to change the culture of NHS Wales.

A new Respect and Resolution Policy has now been developed which supersedes both the Dignity at Work Process and Grievance Policy. It has been approved at an All-Wales level and is going through local ratification processes ahead of the official launch date of 1 June 2021.

Mr Hewin explained that the new Policy builds upon an approach started with the Maximising Attendance at Work Policy which recognises that treating people fairly doesn't mean treating everyone the same. It requires us all to make sure we approach difficult workplace issues with the aim of resolving them at an early stage and without formal policy and processes being invoked.

The Policy is ACAS approved and includes tools and flowcharts to support staff and managers find solutions earlier. There will also be an All-Wales mediation network.

There is a requirement for joint training to be rolled out and a number of awareness sessions are scheduled for the beginning of May, including one especially for organisational leads and trade unions.

LPF 21/026 FINANCE REPORT

Mrs Gidman welcomed Mrs Phillips to her first LPF meeting since joining the UHB as Executive Director of Finance.

Mrs Phillips provided an update on the financial position up to the end of month 11 (February 2021), noting that there was a slight underspend of £500k and a small amount of capital.

The year-end position was being finalised but there was an underspend of around £90k and a similar amount of capital.

The plan for this year had been submitted but there were so many uncertainties due to covid and backlogs etc that we had been asked to resubmit it at the end of June when we can triangulate finance, workforce and activity more clearly.

As we had been unable to deliver the £25m recurrent savings last year there is still an underlying deficit to address. LPF will be updated as and when plans to address this are developed.

LPF 21/027 WOD PERFORMANCE KPI REPORT

Mrs Gidman noted that as an organisation we are trying to be more data driven but there is still more to do in terms of our workforce data. Areas to note from the report include:

- Sickness has been seasonally high but is starting to come down again
- Lianne Morse is overseeing education on an interim basis has been tasked with implementing a campaign to increase mandatory training and VBA rates
- Rob Warren, Head of Health and Safety will be invited to a future meeting to talk about his ambitions for H&S and fire training
- Future reports will include a deep dive, with a focus on turnover/voluntary resignations at the next meeting

Mr Hewin asked a couple of questions which were perhaps rhetorical or could be picked up through the Workforce Partnership Group: he noted that the ER Caseload was at 'reasonable tolerance levels' and asked how that was determined; how had VBA training gone up but VBA rates gone down; and what was being done as a Health Board to collectively recognise the efforts that everyone had made without raising some individuals above others. With regards to his last point, Ms Brandon agreed that this was a challenge. She noted that a huge amount had been done for the anniversary but it was difficult to capture everything achieved. She indicated that she would be happy to work with anyone who had an idea about how we could celebrate holistically.

Mrs Kinghorn noted that 66% of front line staff and 62.9% of all staff had received a flu vaccination which was higher than ever before.

LPF 21/028 ANY OTHER BUSINESS

Miss Ward advised that a letter had been written by the UHB Staff Representatives to Welsh Government, thanking them for the bonus payment to staff and asking that it doesn't detract from an early and significant pay rise. She would share this letter with Mrs Gidman and asked the Board to encourage WG in the same way.

LPF 21/029 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Thursday 17 June 2021 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 21/007	10 February 2021	Operational Update	Future update to focus on Mental Health or PCIC	Ms Bird	Update on Mental Health given on 22 April 2021. Update on PCIC scheduled for August 2021
LPF 21/024	22 April 2021	Patient Quality, Safety and Experience Report	Clarity had been received from WG on acquired cases of covid. Mrs Walker agreed to share this with the Forum	Mrs Walker	
LPF 21/024	22 April 2021	Patient Quality, Safety and Experience Report	Information about the LFD test reliability and how many false -/+ we are seeing from the labs to be requested.	Mrs Kinghorn	Complete
LPF 21/024	22 April 2021	Patient Quality, Safety and Experience Report	Report on Nurse Staffing Act to be brought to a future meeting	Mrs Walker	On work planner for August 2021

EMPLOYEE **HEALTH &**
WELLBEING SERVICE
Occupational Health
Occupational Physiotherapy
Employee Wellbeing
Health Intervention

HEALTH INTERVENTION TEAM

Katy Evans & Stewart Attridge

17th June 2021

PURPOSE OF THE HEALTH INTERVENTION TEAM

To identify and embed **proactive interventions** across the C&V UHB to improve the health and **wellbeing of employees**

Interventions will be **insight led** from employees and will be designed to be **sustainable** and practical for all levels of the organisation

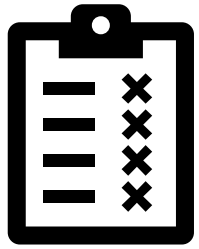
EMPLOYEE **HEALTH & WELLBEING** SERVICE
Occupational Health
Occupational Physiotherapy
Employee Wellbeing
Health Intervention

EMPLOYEE **HEALTH &**
WELLBEING SERVICE
Occupational Health
Occupational Physiotherapy
Employee Wellbeing
Health Intervention

HEALTH INTERVENTION TEAM

Where are we now?

April - completed



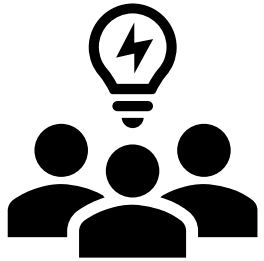
Review literature & background research

May-July - ongoing

Consult with broad range of managers & staff

Ongoing with stakeholders

Identify findings / priorities



Share & discuss reccomended findings

Incremental & long term

Enhance employee health & wellbeing

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Q1. What does wellbeing mean to you?

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Health Intervention

Q2. What would an organisation with excellent standards of wellbeing look like?

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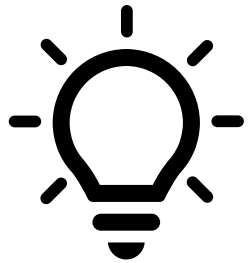
Q3. What 1 change would you make to enhance staff wellbeing in the organisation?



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Health Intervention

Emerging Themes & Challenges

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Occupational Physiotherapy
Employee Wellbeing
Health Intervention

Future discussions...

Stewart Attridge:

- *Clinical Diagnostics & Therapeutics*
- *Medicine*
- *Specialist Services*
- *Surgical Services*
- *Primary Community Intermediate Care*

Stewart.attridge@wales.nhs.uk

Katy Evans:

- *All Wales Genomics Service*
- *Capital Estates Facilities*
- *Children & Women*
- *Corporate Executives*
- *Mental Health*
- *Primary Community Intermediate Care*

Katy.evans4@wales.nhs.uk

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Diolch, any questions?

Report Title:	**Partnership and Recognition Agreement**								
Meeting:	Local Partnership Forum						**Meeting Date:**	17 June 2021	
Status:	**For Discussion**	**x**	**For Assurance**		**For Approval**		**For Information**		
Lead Executive:	Executive Director of People and Culture								
Report Author (Title):	Workforce Governance Manager								

Background and current situation:

The Cardiff and Vale University Local Health Board (the UHB) is committed to working in partnership with recognised Trade Unions and Professional Staff Organisations. The Partnership and Recognition Agreement is intended to help further embed partnership working within the culture and practice of the organisation at all levels.

The document has been reviewed in partnership and has been considered by the Workforce Partnership Group. The Local Partnership Forum is now asked to review and comment on it prior to it being signed off by the Board.

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

The Health Board is committed to the partnership agenda with its employees to ensure that they can be involved in the decisions that affect them and the services they provide for patients

The Health Board objective of delivering the highest quality services possible can only be achieved by a workforce that is sufficiently skilled, committed and feels valued.

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

The UHB has had a Partnership and Recognition Agreement signed off by the Chair, Chief Executive and Chair of Staff Representatives since its formation in 2010. The Agreement sets out:

- The principles of partnership working
- Definitions of key terms
- Duties, responsibiliites and commitments for the UHB, staff representatives and manager
- A list of Trade Unions and Professional Organisations recognised by the UHB and the scope of this recognition
- Arrangements for work place representatives
- The Local Partnership Forum Terms of Reference including the 6 TUC Principles of Partnership Working and the code of conduct for meetings

The Agreement has been reviewed in partnership and largely remain fit for purpose since it's last review in 2016 but the following changes have been made:

- Our UHB values have been updated
- The definitions of how the UHB and Unions will pursuit common objectives have been changed from negotiation, consultation and information to negotiation, consultation and communication to reflect that this is a two way process
- The Union of Construction and Allied Trade Technicans (UCATT) has been removed from the list of recognised Unions following its merger with UNITE
- A commitment to develop an annual staff involvement action plan has been removed as this has been superceded by other means of partnership working
- Reference to the Health and Safety Representatives has been incorporated

In addition, the style and layout of the Agreement has been changed with the aim of making it a more engaging and accessible document.

Recommendation:

The Local Partnership Forum is asked to consider the Partnership and Recognition Agreement and recommend to the Board that it is approved.

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		Involvement	

Equality and Health Impact Assessment Completed:	NO

Reference Number: UHB 025
Version Number: 3
Approved By: UHB Board

Approval Date: dd mmm yyyy
Next Review Date: dd mmm yyyy
Date of Publication: dd mmm yyyy

Partnership & Recognition Agreement

GIG CYMRU NHS WALES

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

Cardiff And Vale University Local Health Board

Partnership & Recognition Agreement

The Cardiff and Vale University Local Health Board (the UHB) is committed to working in partnership with recognised Trade Unions and Professional Staff Organisations.

The UHB will negotiate and discuss strategic issues with staff representatives and involve them in the decision making process to shape the Health Board's services.

Representatives and managers are required to work collaboratively for the benefit of staff, patients, visitors, relatives and the Health Board.

Charles Janczewski
Chair

Len Richards
Chief Executive

Dawn Ward
Chair of Staff Representatives

Contents

01 Introduction

The Health Board is committed to the partnership agenda with its employees to ensure that they can be involved in the decisions that affect them and the services they provide for patients.

The Health Board objective of delivering the highest quality services possible can only be achieved by a workforce that is sufficiently skilled, committed and feels valued. This agreement is intended to help further embed partnership working within the culture and practice of the organisation at all levels.

The Health Board will ensure that managers are committed to an open and participative working style by being honest, open and fair in their relationships with staff. Managers will demonstrate this through their own behaviour and the behaviour they expect from their staff.

02 Principles of Partnership Working

To deliver partnership working successfully, it is important to develop good formal and informal working relations that build trust and share responsibility, whilst respecting difference.

It is a principle of the UHB that all our staff and their representatives are involved at every level in matters affecting their jobs and working lives. This involvement should be at the earliest opportunity, prior to decisions being made.

To facilitate effective partnership working, all parties will commit to adopt the following principles in their dealings with one another:

- Building trust and mutual respect for each other's roles and responsibilities;
- Openness, honesty and transparency
- Top level commitment
- A positive and constructive approach
- Commitment to work and learn from each other
- Early discussion on emerging issues and maintaining dialogue on policy and priorities
- Commitment to ensuring high quality outcomes for service users
- Making the best of available resources
- Ensuring a 'no surprises' culture is maintained.

Working together on a basis of co-operation, openness and mutual trust is acknowledged by both the UHB and Trade Unions to be the best way to enhance the ability of the UHB to adapt to changing circumstances and financial constraints and to ensure the future success of the Health Board in the delivery of high quality patient services and our strategy Shaping Our Future Wellbeing.

The UHB's approach to partnership working is underpinned by our agreed values and behaviours:

We care about the people we serve and the people we work with	Treat people as you would like to be treated and always with compassion
We trust and respect one another	Look for feedback from others on how you are doing and strive for better ways of doing things
We take personal responsibility	Be enthusiastic and take responsibility for what you do.
We treat people with kindness	Thank people, celebrate success and when things go wrong ask 'what can I learn'?
We act with integrity	Never let structures get in the way of doing the right thing.

03 Definitions

3.1.

The UHB and Unions agree that the pursuit of the common objectives, aims and values outlined in the introduction to this agreement shall be by negotiation, consultation and the exchange of information which are defined as follows:

Negotiation
"conferring with another with a view to reaching a compromise or agreement." This is with the understanding that if this cannot be reached after a reasonable period of time, management will make a decision to move things forward.

Consultation
'a process of dialogue that leads to a decision' (Audit Commission). This will ensure the early involvement of Unions on key issues affecting the Health Board with a meaningful opportunity to influence decisions.

Communication
Ensuring that everyone is fully and promptly informed on all relevant matters.

3.2.

The issues to be relayed, consulted upon or negotiated under this agreement concern the Health Board's staff, and will therefore be between the Health Board's management and those accredited representatives of the staff belonging to the organisation listed in 5.1 who are themselves employed by the Health Board.

04 Duties, Responsibilities and Commitment

The following outlines the agreed responsibilities and commitment of the UHB, Staff Representatives and Managers in ensuring effective partnership working:

4.1.

The UHB will be responsible for:

- Developing and implementing an effective two-way communication process across the Health Board.
- Developing a culture where managers involve staff at all times, and as soon as possible, in decision making and where staff feel able to contribute and be confident that their contribution is valued
- Developing and implementing a structure and process which requires managers at all levels to involve staff in day to day service decisions and formulation of service plans
- Developing and implementing a structure that provides Staff Representatives and Managers to input into the formulation of UHB services plans and decisions.
- Appraise and discuss in partnership with Staff Representatives, the financial performance of the UHB on a regular basis
- Ensuring all levels of management are familiar with agreements and arrangements relating to partnership working / staff involvement including the facilities agreement
- Working in partnership to manage change more effectively and achieve long term goals
- Encouraging staff to join a recognised Trade Union, staff organisation or professional organisation. Unions have an important role in representing staff both individually and collectively. As members of a Trade Union participating in the Health Board's joint negotiation / consultation machinery, staff are able to influence plans and decisions relating to employment
- Recognising and acknowledging the Unions' right and responsibility to represent the interests of their members and to work for improved conditions of employment for the employees covered by this agreement.
- Ensure Staff Representatives are afforded reasonable paid time off to undertake their duties and activities

4.2.

Staff Representatives will be responsible for:

- Recognising and acknowledging that it is the responsibility of the Health Board's management to determine the most effective way of planning, organising and managing the activities of the Health Board according to the objectives set by the Health Board.
- Accepting that management has a responsibility to keep employees directly informed on matters concerning the activities of the Health Board, but this does not obviate the requirement under this agreement to negotiate or consult through the recognised machinery on matters covered by this agreement.

- Ensuring that their representatives are at all times committed to an open and participative working style. Staff and their representatives will demonstrate this through their own behaviour and the behaviour that they expect from colleagues.
- Ensuring their time and resources are used appropriately and cost effectively
- Ensuring that decisions reached in partnership will be supported through implementation
- Communicating effectively with their members to ensure that they fully represent their views
- Support the correct, appropriate and efficient application of Health Board Policies and Procedures
- Agree to maintain confidentiality regarding sensitive issues
- Demonstrating joint commitment to the success of the organisation with a positive and constructive approach
- Ensuring that representatives are elected and accredited in accordance with Trade Union constitutions
- Provision of appropriate training for representatives and members either separately or jointly in partnership

4.3.

Managers will be responsible for:

- Communicating and engaging with staff on a regular basis and keep them informed of developments across the organisation
- Encourage staff and their representatives to be involved at the earliest stages of any new developments
- Ensure that staff representatives are released to support the engagement and partnership work of the Health Board
- Ensure that the views of the staff are passed up the organisation, as well as communicating the views of the Executives and the Health Board
- Encourage and support staff to challenge and question systems of work
- Staff involvement taking place throughout the organisation, irrespective of boundaries of profession, service and functional structure
- Staff have the opportunity to express their opinions and be actively involved in issues affecting them
- Ensure that Trade Union representatives have access to all relevant information, other than confidential information about patients or staff, to support involvement in decisions that affect working lives and the delivery of healthcare
- Recognising that staff, and their representatives, must have a degree of protected time away from their place of work to enable them to attend and contribute to the staff involvement process. To achieve this, managers will ensure employees are treated fairly for their Trade Union involvement and careers are not prejudiced

05 Recognition

5.1.
The Health Board agrees to recognise for negotiation, meaningful discussion and debate on key issues and individual representation all Unions nationally recognised and who have members within the Health Board.

British Association of Occupational Therapists	BAOT
British Dental Association	BDA
British Dietetic Association	BDA
British Medical Association	BMA
British Orthoptic Society	BOS
Chartered Society of Physiotherapy	CSP
Federation of Clinical Scientists	FCS
GMB	GMB
Hospital Consultants and Specialists Association	CSA
Royal College of Midwives	RCM
Royal College of Nursing	RCN
Society of Chiropodists and Podiatrists	SOCP
Society of Radiographers	SOR
UNISON	UNISON
UNITE	UNITE

5.2.
Any Union listed which ceases to have any members employed by the Health Board will cease to be recognised under this Agreement.

If this Union subsequently gains members and wishes to become recognised again they should follow the process set out in the Trade Union and Labour Relations (Consolidation) Act 1992.

06 Scope of Recognition

6.1.
This agreement will cover major issues of Health Board policy including:

- Organisational culture
- Organisational change
- Employment security
- Employment practices (e.g. family friendly, best practice, equal opportunities, health and safety at work, etc)
- Lifelong learning
- Employee Health and Wellbeing

6.2.
In addition this agreement will cover such other matters agreed as being of common interest, for example:

- Terms and Conditions of employment
- Allocation of work and duties of employment
- Matters of Discipline / Grievance
- Facilities and time off for Union Officials
- Machinery for consultation and negotiation and any procedures relating to the above and other relevant matters.
- Union membership or non-membership

07 Work Place Representatives

7.1.
In order to ensure appropriate representation of Union members and their interests, the Unions will make arrangements from among their members, who are employees of the Health Board, for such numbers of representatives as are appropriate to provide adequate representation. The election of representatives and officials shall be determined by the individual Unions in accordance with their Rules. The names of representatives, the constituencies they represent or function they carry out, and their term of office, will be notified in writing to the Executive Director of People and Culture, who will be notified of any changes in the Union representatives or officials.

7.2.
On receipt of details or amendments, the Executive Director of People and Culture will formally accredit the nomination, ensure the provision of facilities to accredited representatives and inform the appropriate manager(s).

7.3
The Health Board will provide time off and facilities in accordance with current legislation, and the relevant Code of Practice. Details of time off and facilities are outlined in the Time Off and Facilities for Accredited Representatives document which forms part of this Agreement.

7.4.
The Health Board recognises the value of work place representatives and will ensure that representatives suffer no detriment in relation to career progression as a result of their role.

7.5.
It is acknowledged that there will be circumstances where it is beneficial for Full Time Officers to be involved. Full Time Officers may therefore be involved at the request of the local representatives, following prior notification to management and in accordance with any constitutional arrangements agreed for any joint forum.

7.6.
The Health Board also recognises the role and contribution of Union Learning Representatives in accordance with the provisions of the Employment Act 2002, and the role of Health and Safety Representatives

08 Communication

8.1.
The Health Board will provide timely information required for collective bargaining purposes, in accordance with current legislation and Code of Practice.

8.2.
The Health Board will also seek to ensure that its' Communication Policy and practices ensure that all staff are able to be informed of the Health Board's plans, objectives and progress.

8.3.
The Unions will supply to the Health Board, upon request, a copy of their rules, either free or at a reasonable charge.

09 Negotiation / Consultation Machinery

9.1.
The NHS Terms and Conditions handbook requires that Joint Consultation arrangements should be set up in agreement with employee representatives. Agreement should be reached on a number of issues, including:

- Size and composition of the committee
- Organisation of committee meetings
- Subjects to discuss
- Facilities for committee members; and
- Arrangements for reporting back

9.2.
Detailed arrangements for the working of the Health Board's Local Partnership Forum are outlined in the Terms of Reference for that committee and form part of this agreement, and are attached as Appendix 1.

10 Review

10.1.
This agreement may be amended at any time following agreement by both parties.

10.2.
The operation of the agreement will be reviewed after a period of 3 years from its commencement.

Appendix 1

Local Partnership Forum

Terms of Reference and Operating Arrangements

01 Introduction

1.1.
The Cardiff and Vale University Health Board Local Partnership Forum (LPF) is the formal mechanism where the Health Board and trade unions* work together to improve health services for the people of Cardiff and the Vale of Glamorgan and for others accessing services provided by the Health Board. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

1.2
Cardiff and Vale University Health Board (the UHB) will engage staff organisations in the key discussions at the UHB Board, UHB Partnership Forum and Locality/Clinical Board level.

1.3
The UHB LPF will provide the formal mechanism for consultation, negotiation and communication between the Unions and management. The TUC principles of partnership will apply the principles are attached at Annex 1.

** all references to Trade unions include Trade Unions, Professional Staff Organisations and Staff Associations*

General Principles

1.4.
The Partnership Forum accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

The principles of true partnership working between Trades Union and Management are as follows:

- TU's and management show joint commitment to the success of the organisation with a positive and constructive approach
- they recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- they demonstrate commitment to security for workers and flexible ways of working
- they share success – rewards must be felt to be fair
- they practice open and transparent communication – sharing information widely with openness, honesty and transparency
- they must bring effective representation of the views and interests of the workforce
- they must demonstrate a commitment to work with and learn from each other.

All members must:

- be prepared to engage with and contribute fully to the Forum's activities and in a manner that upholds the standards of good governance set for the NHS in Wales
- comply with their terms and conditions of appointment

- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, and
- promote the work of the LPF within the professional discipline he/she represents.

A Code of Conduct is attached as Annex 2.

02 Purpose

2.1.

The purpose of the UHB Local Partnership Forum is to:

- establish a regular and formal dialogue between the UHB Executive and the Trade Unions on matters relating to workforce and health service issues
- enable Employers and Trade Unions to put forward issues affecting the workforce
- provide opportunities for Trade Unions and Managers to input into UHB service development plans at an early stage
- consider the implications on staff of service reviews and identify and seek to agree new ways of working
- consider the implications for staff of NHS reorganisation at a national or local level and to work in partnership to achieve the mutually successful implementation
- appraise and discuss in partnership the financial performance of the organisation on a regular basis
- appraise and discuss in partnership the UHB service and activity and its implications
- provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff
- communicate to the partners the key decisions taken by the Health Board and senior management
- consider national developments in NHS Wales Workforce Strategy and the implications for the UHB including matters of service re-profiling
- negotiate on matters subject to local determination
- ensure Trade Union representatives are afforded reasonable paid time off to undertake trade union duties
- develop in partnership appropriate facilities arrangements using Agenda for Change Facilities Agreement as a minimum standard.

In addition the Health Board will establish Clinical Board Partnership Forums to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Clinical Board areas. Each Clinical Board will have a 'Lead' Staff Representative who will jointly chair the Clinical Board Partnership Forum. Each Clinical Board Partnership Forum will report to the Health Board Local Partnership Forum.

03 Delegated Powers and Authority

3.1.
The Partnership Forum may establish sub committees or task and finish groups to carry out on its behalf specific aspects of Forum.

Three sub-groups have been established, namely the Employment Policies sub-group (EPSG), the Workforce Partnership Group (WPG) and the Staff Benefit's Group.

3.1.1.
Employment Policies Sub Group
Local Employment Policies will continue to be developed in partnership. For each policy a nominated Management and Staff representative will jointly develop the policies, seeking views/comments from management and staff colleagues. Each Policy will be subject to an Equalities Impact Assessment.

The proposed policies will be submitted to the Health Board Partnership Forum for consideration with final approval being made by the Health Board's Strategy and Delivery Committee.

The EPSG will approve all employment and other related Human Resources (HR), Workforce and Organisational Development (OD) procedures and other written control documents

3.1.2.
Workforce Partnership Group
The Workforce Partnership Group (WPG) has been created to provide a forum for the Health Board and Trade Unions to work together on issues of service development, engagement and communication specifically as they affect the workforce

The purpose of the WPG is to provide a focused opportunity to establish a regular and formal dialogue between the Director of Workforce and OD and the Trade Unions on matters relating specifically to workforce issues.

3.1.3
Staff Benefits Group
Cardiff and Vale University Health Board is one of the major employers in Wales with over 15,000 staff.

Given the size of the organisation this provides a great opportunity to ensure all staff has exclusive access to a comprehensive range of specially selected products and services. As an employee of the Health Board this will provide money saving discounts and extra value for money on special and everyday purchases.

The Health Board has established a "Staff Benefits Group" to explore and maximise benefits for staff, and advising the Local Partnership Forum (LPF).

04 Membership

Members

4.1

All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The Health Board shall agree the overall size and composition of the LPF in consultation with those Trades Unions it recognises. The UHB's Trade Union Independent Member will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

Chair
Joint chairmanship by the Executive Director of People and Culture and Chair of Staff Representatives

Members
Management Representatives
Chief Executive
Executive Director of Finance
Medical Director
Executive Director of Nursing
Executive Director of Planning
Executive Director of Therapies and Health Sciences
Chief Operating Officer
Executive Director of People and Culture (Chair)
Director of Corporate Governance
Director of Communications and Engagement
Assistant Director of Organisation Development
Assistant Director of Workforce
Head of Workforce Governance

Staff Representatives
The Health Board recognises those Trade Unions listed in Annex 3 for the representation of members who are employed by the organisation.

It will be the prerogative of the staff representatives to decide on the formula to achieve the maximum number of representatives. This can be reviewed locally as required.

Standing Invitation Independent Member (Trades Unions)

4.2.

Staff representatives must be employed by the organisation and accredited by their respective organisations. If a representative ceases to be employed by the Health Board or ceases to be a member of a nominating organisation then he/she will automatically cease to be a member of the LPF. Full Time Officers of the Trade Unions may attend meetings subject to prior notification and agreement.

4.3

Members of the Forum who are unable to attend a meeting may send a suitable deputy who will contribute to the meeting being quorate.

4.4.

Consistent attendance and commitment to participate in discussions is essential. Where a member of the Forum does not attend within a year (except for reasons of sickness, pre-planned annual leave, maternity leave, etc.), the Joint Chairs will write to the member and bring the response to the next meeting for further consideration and possible removal from the Forum.

In attendance

4.5.

By invitation
The LPF Joint Chairs may invite:
any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter

Chairs

4.5

The Executive Director of People and Culture and Staff Representatives' Chair will co-chair the LPF. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Health Board's other advisory groups. Supported by the Workforce Governance Manager, Chairs shall ensure that key and appropriate issues are discussed by the Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions. Vice Chairs will be identified.

Secretariat

4.8

The Workforce Governance Manager will act as Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

4.9

Consistent attendance and commitment to participate in discussions is essential. Where a member of the Forum does not attend within a year (except for reasons of sickness, pre-planned annual leave, maternity leave, etc.), the joint Chairs will write to the member and bring the response to the next meeting for further consideration and possible removal from the Forum.

05 Committee Meetings

Quorum

5.1

There should be 6 management representatives and 6 staff representatives for the meeting to be quorate.

5.2

If the meeting is not quorate no decisions can be made but information may be exchanged and recommendations can be endorsed at the next meeting (when quorate).

Frequency of Meetings

5.3

Meetings will be held bi monthly but this may be changed to reflect the need of either staff or management representatives.

5.4

Where joint chairs agree extraordinary meetings may be scheduled with 7 calendar days notice.

Management of Meetings

5.6

The business of the meeting shall be restricted to matters pertaining to Health Board Wide strategic issues. Local operational issues should be raised at the Clinical Board Partnership Forums and will not be considered unless it is agreed that such issues have Health Board wide implications.

The agenda and papers shall be sent out no later than 7 days prior to the following meeting. Items for the agenda and supporting papers should be notified to the LPF Secretary as early as possible, and in the event at least three weeks in advance of the meeting.

06 Reporting and Assurance Arrangements

6.1

The LPF shall:

- report each of its meetings formally to the Board via submission of its minutes;
- bring to the Board's specific attention any significant matter under consideration by the Forum;

07 Review

7.1

These terms of reference and operating arrangements shall be reviewed as directed by Welsh Government following recommendation by the NHS Wales Partnership Forum or as and when required by the Health Board.

Annex 1

Six TUC Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Annex 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants: -

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation

- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member
- Be mindful of other agenda items when delivering to ensure that the meeting runs on time.

Annex 3

List of Recognised Trade Unions

British Association of Occupational Therapists
British Dental Association
British Dietetic Association
British Medical Association
British Orthoptic Society
Chartered Society of Physiotherapy
Federation of Clinical Scientists
GMB
Hospital Consultants and Specialists Association
Royal College of Midwives
Royal College of Nursing
Society of Chiropodists and Podiatrists
Society of Radiographers
UNISON
UNITE

Appendix 2

Welsh Partnership Forum Time Off And Facilities For Trade Union Representatives

Key Principles Framework November 2011

Introduction

1. The Welsh Partnership Forum is committed to the principles of partnership working and staff involvement. Partnership underpins and facilitates the development of sound and effective employee relations throughout the NHS. It also recognises that the participation of trade union representatives in the partnership process can contribute to delivering improved services to patients and users.
2. The Welsh Partnership Forum recognises the importance of ensuring that the representatives of trade unions recognised for purposes of collective bargaining at local level are released appropriately to participate in local partnership arrangements. The principles of partnership working are set out in the annex to this document.
3. It is for employers and representatives of locally recognised trade unions to agree in partnership local arrangements and procedures on time off and facilities that are appropriate to meet local circumstances. Local arrangements are expected to be consistent with the principles set out below.

Time Off for Accredited Trade Union Representatives

Accredited Representatives

4. Local arrangements should apply to accredited representatives of trade unions recognised by local NHS organisations. Accreditation will only be given to employees of the organisation who have been duly elected or appointed in accordance with the rules of the respective trade unions.
5. Accredited representatives of trade unions will:
   Abide by the rules of their trade union and the policies and procedures of the employing organisation. Represent their members on matters that are of concern to the employing organisation and/or its employees.
6. It will be for the relevant trade unions to discuss and agree with the local employer an appropriate number of representatives. Local discussions should have regard to the size and location of the unions' membership and the expected workload associated with the role. The unions would be required to issue written credentials and notify the human resources department of the number and location of work groups for which each representative will be responsible.
7. Subject to the needs of the service and adequate notification, accredited representatives should be permitted paid time off, including time to prepare for meetings and disseminate information and outcomes to members, during working hours to carry out duties that are concerned with any aspect of:-

- Negotiation and/or consultation on matters relating to terms and conditions of employment or agreed partnership processes – examples include:
  - terms and conditions of employment;
  - engagement or termination of employment;
  - allocation of work;

- matters of discipline;
- grievances and disputes;
- union membership or non-membership;
- facilities for trade union representatives;
- machinery for negotiation or consultation or other procedures.

- Meetings with members;
- Meetings with other lay officials or full time officers;
- Appearing on behalf of members before internal or external bodies;
- All joint policy implementation and partnership working;
- Environmental issues linked to the Green workplaces projects;
- Other matters relating to employee relations and partnership working

8. The expectation is that it is good practice that staff representatives should indicate the general nature of the business for which time off is required, where they can be contacted if required. Requests should be made as far in advance as possible as is reasonable in the circumstances. Wherever possible, the representatives should indicate the anticipated period of absence. The expectation is that requests for paid time off for trade union representatives will not be unreasonably refused.

Training

9. Accredited trade union representatives should be given adequate time off to allow them to attend trade union approved training courses or events. Time off should not be regarded as automatic, as employers have responsibilities to take account of the needs of service delivery. However, the expectation is that requests for paid time off to attend training courses should not be unreasonably refused as long as locally agreed processes are followed.
10. The expectation is that requests for release for training should be made with reasonable notice to the appropriate manager. Any training course should be relevant to their duties approved by their trade union. Local representatives should provide details of the course to local management.

Payment Arrangements

11. Where time with pay has been approved, the payment due will equate to the earnings the employee would otherwise have received had/she been at work.
12. Where meetings called by management are held on matters covered by paragraphs 7 where staff representatives have to attend outside their normal working hours, equivalent time off will be granted or appropriate payment should be made by local agreement.
13. There should be local agreement on when travelling and subsistence expenses will be reimbursed to accredited representatives who are undertaking approved work in relation to the partnership process and/or joint policy implementations (as listed in paragraph7).

Trades Union Activities

14. It is the responsibility of the recognised local trade unions to ensure that the time and resources provided in this context are used appropriately.
15. NHS organisations are encouraged to support partnership

working, by giving reasonable time off, during working hours to enable trade union members or representatives for:-

- executive committee meetings or annual conference or regional union meetings;
- voting in properly conducted ballots on industrial relations;
- voting in union elections;
- meetings to discuss urgent matters relating to the workplace;
- recruitment and organisation of members.

16. Local arrangements should specify the circumstances when time off may be refused for either representatives or members. These may include:-

- unreasonable notice periods on behalf of the representatives
- activities which do not fall within the any of the categories in paragraphs 7, 10 and 15;
- activities are not authorised by the union
- service needs;

17. Locally, it may be agreed that it is appropriate in the interests of partnership working and good industrial relations for trade union representatives to be released from work for regular defined periods each week.

Trade Union Learning Representatives

18. Trade Union Learning representatives are accredited by their unions to support organisations in identifying training needs and ensuring staff access to training. Learning representatives also have the right to reasonable paid time off for undertaking these duties and for relevant training.

Health and Safety Representatives

19. The Safety Representatives and Safety Committee Regulations 1977 provides a legal entitlement for trade union appointed safety representatives to have paid time from their normal work to carry out their functions and undergo training

Facilities For Trades Union Representatives

20. The local partnership should agree the facilities that are provided to representatives of recognised trade unions. It is recommended that local employers provide the following facilities:-

- Access to appropriate private accommodation, with storage facilities for documentation, appropriate administrative facilities and access to meeting rooms.
- Access to internal and external telephones with due regard given for the need for privacy and confidentiality.
- Access to appropriate internal & external mail systems.
- Appropriate access to the employer's intranet and email systems.
- Access to appropriate computer facilities
- Access to sufficient notice boards at all major locations for the display of trade union literature and information.

- Access for staff representatives to all joint documents relating to the local partnership process.
- Based on the geographical nature of the organisation consideration may need to be given to access to suitable transport facilities.
- Backfilling of posts where practical. The extent to which practical would inevitably be dependent on such factors as the numbers of representatives needing time off and the work areas that would need to be covered and the needs of the service.

Annex

Principles and Best Practice of Partnership Working

[Taken from: Partnership Agreement. An agreement between Department of Health, NHS Employers and NHS Trade Unions.]

To deliver partnership working successfully it is important to develop good formal and informal working relations that build trust and share responsibility, whilst respecting difference. To facilitate this, all parties commit to adopt the following principles in their dealings with each other:

- Building trust and a mutual respect for each other's roles and responsibilities;
- Openness, honesty and transparency in communications;
- Top level commitment;
- A positive and constructive approach;
- Commitment to work with and learn from each other;
- Early discussion of emerging issues and maintaining dialogue on policy and priorities;
- Commitment to ensuring high quality outcomes;
- Where appropriate, confidentiality and agreed external positions;
- Making the best use of resources;
- Ensuring a no surprise culture.

Report Title:	Employment Policy Sub Group (EPSG) Terms of Reference								
Meeting:	Local Partnership Forum						**Meeting Date:**	17 June 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**		
Lead Executive:	Executive Director of People and Culture								
Report Author (Title):	Workforce Governance Manager / Lead Staff Represenative MHCB (EPSG Co-Chairs)								

Background and current situation:

The UHB has statutory duty to "take account of representations made by persons who represent the interests of the community it serves". This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these. LPF, in turn, has three sub-groups: the Workforce Partnership Group, the Employment Policies Sub Group and the Staff Benefits Group.

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

The **Employment Policy Sub Group (EPSG)** is made up of representatives from Workforce and OD and Trade Unions and is co-chaired by the Workforce Governance Manager and a TU representative. EPSG is the primary forum for the development and review of employment policies, procedures and guidelines. It usually meets 6 times a year but due to workload pressure due to Covid-19 this was reduced in 2020/21.

Over the past year the following documents have been developed or reviewed and approved:

- Domestic Abuse Procedure
- Retire and Return Procedure
- Unauthorised Absence Procedure
- Values Based Appraisals Procedure
- Redeployment Procedure
- Equality, Inclusion and Human Rights Policy
- Managing Safeguarding Allegations (staff) Procedure
- Annual Leave Procedure
- Supporting Carers Guidelines
- Relocation Expenses Procedure

In addition, policies and procedures developed on an All-Wales basis are noted at EPSG and implementation issues discussed as appropriate.

Copies of the EPSG minutes are routinely submitted to LPF for noting.

In April 2021 the EPSG also considered the Terms of Reference of the Group. These were considered to be largely fit for purpose apart from a couple of small points relating to when papers are issued etc. The only exception to this was the membership of the Group which was felt to have too much of a 'HR' focus, and as a result the management representatives have been changed to inlcude wellbeing, education and inclusion.

The updated Terms of Reference are attached as Appendix 1. Minutes from the last meeting held on 20 April 2021 are attached as Appendix 2.

Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the contents of this report and the high level summary of items considered in 2020 by the EPSG
- **APPROVE** the revised EPSG Terms of Reference
- **NOTE** the EPSG minutes from 20 April 2021

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	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Assessment Completed:	

Workforce Partnership Group

Terms of Reference and Operating Arrangements

1. INTRODUCTION

1.1 In line with Standing Orders and the Cardiff and Vale University Health Board (the UHB)'s Scheme of Delegation, the Local Partnership Forum (LPF) has established the Workforce Partnership Group (WPG) as a formal sub group. The WPG will provide a forum for the Health Board and Trade Unions* to work together on issues of service development, engagement and communication specifically as they affect the workforce.

1.2 The Health Board will continue to engage staff organisations in the key discussions at the UHB Board, UHB LPF, WPG and at the Clinical Board/Locality level.

1.3 Partnership Fora will be established at the Clinical Board/Locality level to ensure ongoing dialogue, communication and consultation on service and operational management issues specific to those areas. Specific issues arising from these discussions may be brought to the WPG with the agreement of the joint Chairs of the Group.

1.4 The TUC principles of partnership will apply to the WPG as they apply to the LPF. The principles are attached at **Appendix 1**.

1.5 All members must be prepared to engage with and contribute fully to the Group's activities and in a manner that upholds the standards of good governance set for the NHS in Wales. The Code of Conduct is attached at Appendix 2.

*all references to Trade unions include Trade Unions, Professional Organisations and Staff Associations

2. PURPOSE

2.1 The purpose of the WPG is to provide a **focused** opportunity to:

- establish a regular and formal dialogue between the Executive Director of Workforce and OD and the Trade Unions on matters relating specifically to workforce issues
- enable Employers and Trade Unions to put forward issues affecting the workforce
- consider the impact on staff of service reviews and identify opportunities for and the implications of introducing new ways of working

- consider the implications for staff of NHS reorganisation at a national or local level and to work in partnership to achieve the mutually successful implementation

- consider national developments in NHS Wales Workforce Strategy and the implications for the Health Board including matters of service re-profiling

- consider the development and implementation of strategies for the communication and engagement of staff on service change and developments

- discuss the implementation and adherence to good employment practice across the Health Board.

3. DELEGATED POWERS AND AUTHORITY

3.1 The WPG may establish task and finish groups to carry out specific pieces of work on its behalf.

4. MEMBERSHIP

Members

4.1 All members of the WPG are full and equal members and share responsibility for the decisions of the Group.

4.2 As a minimum, the membership of the WPG shall comprise:

Chair — Joint chairmanship by the Executive Director of Workforce and OD and Chair of Staff Representatives

Members

Management Representatives
Executive Director of Workforce and OD
Assistant Director of Workforce
Assistant Director of OD
Head of Workforce Governance
Head of Operational HR
Workforce Governance Manager

Staff Representatives
Chair of Staff Representatives
Clinical Board Lead, Surgery
Clinical Board Lead, Medicine
Clinical Board Lead, Children & Women
Clinical Board Lead, Primary & Community
Clinical Board Lead, Clinical & Therapeutics
Clinical Board Lead, Specialist Services
Clinical Board Lead, Mental Health
Clinical Board Lead, Dental

Clinical Lead, Executives/Planning & Operational Services
Lead Representative for Health & Safety
Staff Side Secretary

Standing Invitations

Independent Member (Trade Unions)

The Health Board recognises those Trade Unions listed in **Appendix 3** of the LPF Terms of Reference, for the representation of members who are employed by the organisation.

4.4 Staff representatives must be employed by the organisation and accredited by their respective organisations. If a representative ceases to be employed by the Health Board or ceases to be a member of a nominating organisation then he/she will automatically cease to be a member of the WPG. Full Time Officers of the Trade Unions may attend meetings subject to prior notification and agreement.

4.5 Members of the Group who are unable to attend a meeting may send a deputy providing such deputies are eligible for membership of the Group.

In attendance

4.6 By invitation

The WPG Joint Chairs may invite:

- any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter

Chairs

4.7 The Executive Director of Workforce and OD and Chair of the Staff Representatives will co-chair the WPG. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Health Board's other advisory groups. Supported by the Workforce Governance Manager, Chairs shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions. Vice Chairs will be identified.

Secretariat

4.8 Secretary – As determined by the Executive Director of Workforce and Organisational Development

4.9 The Workforce Governance Manager will act as Management Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and papers and notification of meetings.

5. COMMITTEE MEETINGS

Quorum

5.1 There should be three representatives from both management and staff parties for the meeting to be quorate.

5.2 If the meeting is not quorate no decisions can be made but information may be exchanged.

5.3 Where joint chairs agree extraordinary meetings may be scheduled with 7 calendar days notice.

Frequency of Meetings

5.4 Meetings will be held bi monthly to alternate with LPF but this may be changed to reflect the need of either staff or management representatives.

Management of Meetings

5.6 The business of the meeting shall be restricted to matters pertaining to Health Board-wide strategic issues. Local operational issues should be raised at the Clinical Board Partnership Forums and will not be considered unless it is agreed that such issues have UHB wide implications.

The papers for the meeting shall be distributed at least 7 days in advance of the meeting date.. Items for the agenda and supporting papers should be notified and agreed with the Joint Chairs as early as possible, and in any event at least one week in advance of the meeting.

6. REPORTING AND ASSURANCE ARRANGEMENTS

6.1 The WPG shall:

- report periodically to the LPF on the Group's activities;
- bring to the LPF's specific attention any significant matter under consideration by the Group;
- bring proposals and recommendations for ratifications to the LPF as appropriate

7. REVIEW

7.1 These terms of reference and operating arrangements shall be reviewed on a bi- annual basis by the Joint Chairs

Appendix 1

Six TUC Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants: -

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00 AM ON 20 APRIL 2021 VIA MICROSOFT TEAMS

Present:

Mathew Thomas	Unison Representative (Co-Chair)
Rachel Pressley	Workforce Governance Manager (Co-Chair)
Pauline Williams	RCN Representative
Ceri Dolan	RCN Representative
Alison Hughes	Interim Assistant Head of Workforce and OD
Nicky Bevan	Head of Employee Health and Wellbeing Services
Nicky Punter	Inclusion Manager
Helen Palmer	Workforce Governance Adviser (minutes)

EPSG 21/011 WELCOME AND INTRODUCTIONS

Dr Pressley welcomed the group and introductions were made. It was noted that the membership of the Group had changed and representatives from wellbeing, education and inclusion were included. Dr Pressley welcomed Nicky Punter and Nicky Bevan to their first meetings as members of the Group.

EPSG 21/012 APOLOGIES OF ABSENCE

Apologies for absence were received from Peter Hewin, Lucy Smith, Bryony Donegan, Judith Harrhy

EPSG 21/013 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 26 January 2021 were an accurate record of the meeting.

EPSG 21/014 ACTION LOG

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

EPSG 21/015 TO AGREE CHAIRS ACTION - SAFEGUARDING PROCEDURE

Dr Pressley advised the group that following discussion at the last meeting she had sought advice from Keithley Wilkinson around the EQIA and some further research was done, evidence of the issues raised could not be found so this was not amended, however the wording was amended slightly.

Dr Pressley also advised that the wrong version of SOP was attached as appendix 3 on the version that had been considered at the last meeting. The correct version removes a lot of duplication but there were no substantial changes.

As there was no EPSG meeting scheduled, Chairs Action was taken by Dr Pressley and Mr Hewin to approve, so ratification is sought.

The EPSG **RATIFIED** the Chairs Action taken.

EPSG 21/016 APPROVAL – RELOCATION EXPENSES PROCEDURE

Dr Pressley presented the Relocation Expenses Procedure. The procedure had been fully reviewed and some changes had been made to the processes to ensure greater consistency in dealing with applications. The procedure is mainly used by Doctors and it is very rare the Agenda for Change staff use it, however it is available to all. The procedure has been shared with the BMA as part of the consultation process.

Mrs Williams asked if the UHB were still using Masons for removals as they were expensive, and asked if this was put out to tender. Dr Pressley had not been made aware of any changes when she had contacted Procurement.

Dr Pressley advised that the most significant changes were as follows:

- procedure now refers to within a reasonable distance as opposed to stating a specific mileage.
- There is also emphasis that the relocation expenses can only be recovered once.
- A rental allowance has also been built in.

It was noted that there was an error with the grammar on Page 8 section 4.5 the words "should be" has been repeated.
ACTION: Dr Pressley

The EPSG **APPROVED** the Relocation Expenses Procedure subject the amendment above.

EPSG 21/017 DISCUSSION/RECOMMENDATIONS – TERMS OF REFERENCE

Dr Pressley advised that the EPSG Terms of Reference had not been updated so had been reviewed as a matter of good practice. They largely remained fit for purpose but a couple of small amendments had been made and the membership had been reviewed to widen the scope of the Group, away from 'HR' and to include education, wellbeing and inclusion.

Mr Thomas advised that the Terms of Reference had been discussed Staff Side and no one had objected to the amendments. The new members had been invited to attend this meeting rather than wait until the Terms of Reference had been signed off. Mr Thomas did request that the spelling of his name was amended in the document.

Mrs Punter gave the meeting a quick overview of her role as Inclusion Manager which included managing the Kick Start Scheme which is a placement within the UHB for 16 -24 year olds who are on Universal Credit, it is funded by Welsh Government so there is no cost to the UHB. The individual when then get work experience within the Health Board. Mrs Punter will also be working closely with Keithley Wilkinson.

There were no further comments on the Terms and Reference. Dr Pressley to send to Local Partnership Forum for approval at the June meeting.
ACTION: Dr Pressley

EPSG 21/018 ANY OTHER BUSINESS

There was no any other business raised.

EPSG 21/019 DATE AND TIME OF NEXT MEETING

To be confirmed

Report Title:	**Finance Report M12**								
Meeting:	Local Partnership Forum					**Meeting Date:**	17 June 2021		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	x	
Lead Executive:	Executive Director of Finance								

How are we doing?

The Health Board agreed and submitted its 2020/21 – 2022/23 IMTP to Welsh Government by the end of January 2020 for its consideration. The Welsh Government wrote to the UHB on 19th March 2020 to inform it that whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19.

Welsh Government set out the resources available to support the COVID 19 response with an expectation that NHS bodies would manage within these resources to deliver their original planned position, which for the UHB was a break even position by year end.

The UHB's provisional year end revenue outturn is a surplus of £0.090m which is broadly in line with the break-even position previously forecast. The UHB is also reporting that it stayed within its Capital Resource limit and achieved its creditor payment compliance target. The Board is asked to note that these are all provisional at this stage as the draft accounts are subject to External Audit scrutiny. The year-end reported position is however, not expected to materially change.

Reported month 12 position

The Welsh Government amended the monthly financial monitoring returns to capture and monitor net costs due to COVID 19 that are over and above LHB plans. The financial position reported to Welsh Government for month 12 is a surplus of £0.090m and this is summarised in the Table below:

Table 1: Financial Performance for the period ended 31st March 2021

	Draft Year End Position £m
COVID 19 Additional Expenditure	179.205
COVID 19 Non Delivery of Savings Plans	20.340
COVID 19 Reductions in Planned Expenditure	(20.823)
Total Release/Repurposing Of Planned Investments/Development Initiatives	(2.602)
Net Expenditure Due To COVID 19	**176.120**
Welsh Government COVID funding received / assumed	(176.120)
Net COVID 19 Forecast Position (Surplus) / Deficit £m	0.000
Operational position (Surplus) / Deficit	(0.090)
Financial Position £m (Surplus) / Deficit £M	**(0.090)**

The additional COVID 19 expenditure in the 12 months to the end of March 2021 was £179.205m. £55.422m of the additional costs related to the Dragon's Heart Hospital (DHH) and there was also £123.783m of other COVID 19 related additional expenditure.

COVID 19 is also adversley impacting on the UHB savings programme with underachievment of £20.340m against the month 12 target.

Elective and other planned work has been significantly curtailed during this period as part of the UHB response to COVID 19 and this has seen a £20.823m reduction in planned expenditure.

The UHB has also seen slippage of £2.602m on the WHSSC commissioning plan and other investments due to the impact of COVID 19.

The net expenditure due to COVID 19 is £176.120m and this is matched by an equal amount of additional Welsh Government COVID 19 funding. The UHB also has a small operating underspend of £0.090m leading to a net reported surplus at month 12.

Underlying deficit position

The underlying deficit position brought forward from 2019/20 was £11.5m. Delivery of the 2020/21 plan would have reduced this to £4m by the year end. The achievement of this was largely dependent upon delivering the £25.0m 2020/21 recurrent savings schemes. Due to the pandemic the delivery of savings was circa £21.3m less than planned and this has increased the underlying deficit to £25.3m. What is unclear at the moment is whether Welsh Government will provide any financial support for this in 2021/22.

Creditor payment compliance

The UHB's public sector payment compliance performance was 96.2% at the end of March and therefore the UHB achieved its statutory target of 95% n 2020/21.

Remain within capital resource limit

The UHB successfully remained within its Capital Resource Limit (CRL) in 2020/21. Net capital expenditure was £0.104m (0.1%) below the approved CRL of £95.447m**.**

Cash

The UHB cash balance at the end of March was £3.637m.

What are the UHB's key areas of risk?

The UHB's provisional year end position is a £0.090m revenue surplus and a £0.104m surplus on capital which is subject to External Audit scrutiny and review. At this point in time the UHB does not expect any risks to materially affect the reported year end position.

Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the contents of this report

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
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.*

Report Title:	**People Dashboard**						
Meeting:	Strategy & Delivery Committee				**Meeting Date:**		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	**Deputy Director of Workforce & OD/Workforce Information Manager**						

Background and current situation:

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

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

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

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

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

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

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- A trend increase on permanent and fixed term staff which is in line with expectation as we have recruited more fixed term through COVID-19, specifically to support Track & Trace and to deliver the Mass Vaccination programme. Permanent recruitment is being maintained despite COVID-19.
- Overall the Nurse Bank usage remains fairly static.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 55 WTE per month
- Total pay-bill peaked as expected during March, due to year-end accruals which included accruals for annual leave and study leave as well as additional employers superannuation contributions and NHS bonus payments.
- Variable pay trend is upward and is now approaching 10.5% UHB-wide.

Other key performance indicators:

- Voluntary resignation trend is rising although there was a drop in April to below 7% UHB wide.
- In month Sickness peaked significantly in April 2020 to 8.37% as expected but is now following normal season fluctuations. Sickness was 5.30% in April 2021. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances).
- ER caseload trend is increasing slightly due to backlog of investigations, but overall remains within reasonable tolerance levels.
- Statutory and Mandatory training compliance is falling; now 15% below the overall target.
- Compliance with Fire training has now fallen to 53%.
- A new e-job planning system is in the process of being implemented. Recording of job plans in the system will begin to be reported after April 2021.
- PADR (now Values Based Appraisal) continues to fall and is significantly off target (36.07% in April)

In summary, what actions are we taking?

- Performance reviews with CB's are being undertaken to retain control measures for pay-bill, establishment control and capture increase associated with COVID (UHB was previously underspent prior to COVID).

- A deep dive is being undertaken into each of these KPIs and will be attached to this report – the first of these looks at Voluntary Resignations (below)

- Sickness reviews are resumed and now being undertaken as normal. The maximising attendance group is being reviewed. Staff are returning to work (at home or location) who were previously Shielding.

- There is an extensive range of Employee Well-being strategies and support in place.

- The delivery of Fire Training falls within the remit of Capital, Estates and Facilities. The new Head of Health and Safety is now linking in with CEF to seek improvement. A health and safety review is currently underway which will provide useful information and feedback into these areas. The Head of Health and Safety has developed a new H&S Dashboard which is being sent monthly to Clinical Boards to help support them improving compliance across a range of indicators, including Fire Training. A communications strategy is being put in place to raise awareness of the importance of continuing to undertake the annual Fire E-learning.

- Allocate E-Job Planning system is currently being implemented.

- Values Based Appraisal Training has continued to be delivered and take up has been excellent. Plans are in place to re-launch the VBA to reinforce importance.

Voluntary Resignation Turnover Deep Dive

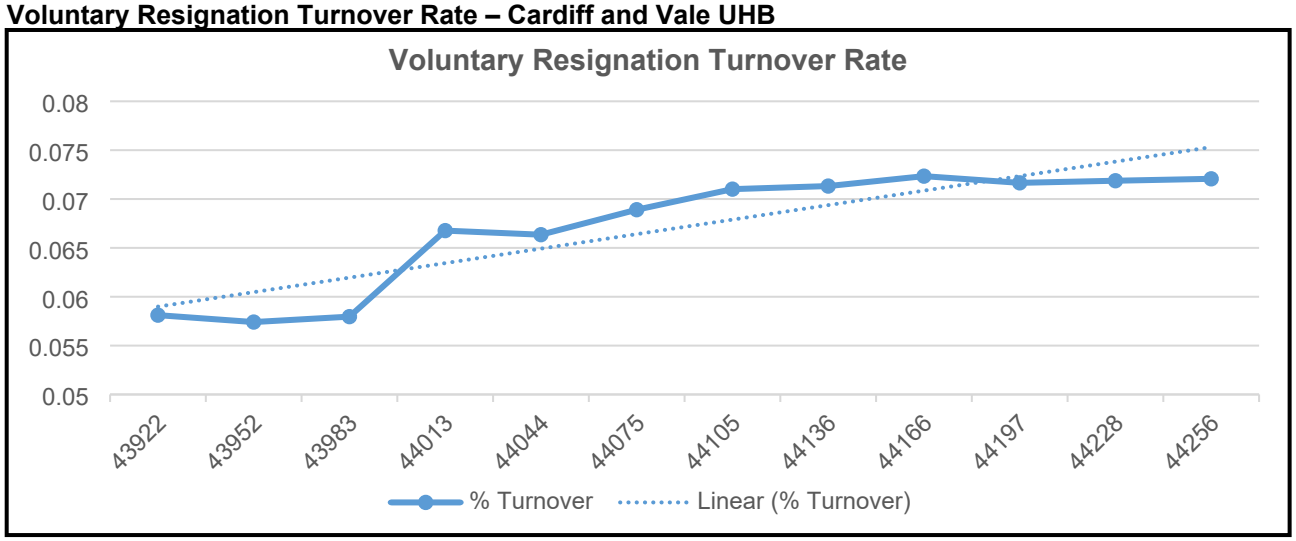
Employee turnover can have a negative impact on an Organisation's performance. By understanding the reasons behind staff turnover, employers can devise initiatives that reduce turnover and increase employee retention.

Where skills are relatively scarce, where recruitment is costly or where it takes several weeks to fill a vacancy, turnover is likely to be problematic. The more valuable the employees in question, for instance where individuals have specialist skills e.g. nursing or where they have developed strong relationships within their team or with patients and their families, the more damaging the resignation.

Employees resign for many different reasons. Sometimes it's the attraction of a new job or the prospect of a period outside the workforce that 'pulls' them. On other occasions they are 'pushed' to seek an alternative because they are dissatisfied in their present job. These 'push' factors range from a lack of career opportunities to organisational changes, or may be due to their perception of their manager. The move can also be prompted by a combination of both 'pull' and 'push' factors

By gaining an understanding of why people leave the Organisation, we can tackle retention issues and put actions in place to address issues or trends.

Voluntary Resignation Turnover Rate – Cardiff and Vale UHB



In the last 12 months, Cardiff and Vale's voluntary resignation turnover rate has increased from 5.81% in April 2020 to 7.21% in March 2021. The rate has gone up gradually over the last 12 months but peaked in July 2020.

The voluntary resignation rate records the percentage of the workforce who choose to leave the Organisation (not dismissal and not internal movements or retirements).

12-Month Turnover by Clinical Board (Apr 20 – Mar 21)

Clinical Board	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Wales Genomics Service	3.31%	2.78%	2.73%	3.26%	4.64%	5.40%	5.77%	6.61%	6.96%	6.76%	5.76%	6.22%
Capital, Estates & Facilities	3.88%	3.68%	3.72%	3.35%	3.44%	3.46%	3.24%	3.29%	3.58%	3.85%	4.05%	3.94%
Children & Women	6.11%	6.00%	6.12%	7.49%	7.34%	7.52%	7.88%	7.97%	7.87%	7.23%	7.32%	7.37%
Clinical Diagnostics & Therapeutics	7.10%	6.96%	6.62%	6.71%	6.55%	6.61%	6.69%	7.26%	7.69%	7.96%	8.10%	8.12%
Corporate Executives	5.52%	5.55%	5.40%	4.90%	5.36%	4.93%	6.53%	6.69%	6.35%	6.35%	6.62%	6.37%
Medicine	5.37%	5.49%	5.66%	8.00%	8.00%	8.09%	8.16%	7.80%	7.30%	7.35%	7.18%	7.20%
Mental Health	4.67%	4.88%	5.23%	6.82%	6.42%	6.82%	7.38%	7.33%	7.35%	7.45%	7.41%	7.48%
Primary, Community Intermediate Care	10.32 %	10.27 %	9.63%	9.83%	10.20 %	10.61 %	10.08 %	9.92%	9.46%	8.76%	8.92%	9.91%
Specialist Services	6.13%	5.90%	6.01%	7.02%	6.91%	7.10%	7.38%	6.83%	7.33%	7.61%	7.54%	7.45%
Surgical Services	5.27%	5.15%	5.64%	7.18%	5.94%	6.86%	6.85%	7.08%	7.44%	7.08%	7.04%	6.75%
uHB	**5.81%**	**5.74%**	**5.80%**	**6.68%**	**6.64%**	**6.89%**	**7.10%**	**7.13%**	**7.23%**	**7.17%**	**7.19%**	**7.21%**

The Clinical Board with the highest Voluntary Resignation Turnover Rate (last 12 months) was Primary, Community and Intermediate Care with 9.91%, peaking at 10.61% in September 2020. The Clinical Board with the lowest Voluntary Resignation Turnover Rate was Capital, Estates and Facilities with 3.94% over the last 12 months. Further work is needed to understand why voluntary resignations are particularly high, or low, in these areas.

Headcount 12-Month Turnover (Apr 20 – Mar 21)

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Headcount
All Wales Genomics Service	1	0	0	1	3	3	1	2	1	1		1	14
Capital, Estates & Facilities	2	3	4	2	3	3	8	9	7	5	7	4	57
Children & Women	8	11	13	35	9	23	18	10	7	3	11	9	157
Clinical Diagnostics & Therapeutics	10	7	7	11	16	30	15	24	16	18	18	18	190
Corporate Executives	2	1	3	3	5	20	9	5	1	6	5	6	66
Medicine	1	11	9	50	8	6	9	6	7	9	6	4	126
Mental Health	1	5	11	28	11	14	11	7	7	6	6	6	113
Primary, Community Intermediate Care	5	7	6	9	14	10	8	10	7	13	15	21	125
Specialist Services	3	7	10	25	16	15	14	6	19	11	11	7	144
Surgical Services	6	8	21	36	9	10	13	8	12	7	7	9	146
Grand Total	**39**	**60**	**84**	**200**	**94**	**134**	**106**	**87**	**84**	**79**	**86**	**85**	**1138**

WTE 12-Month Turnover (Apr 20 – Mar 21)

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total WTE
All Wales Genomics Service	1.00	0.00	0.00	1.00	2.63	2.60	1.00	2.00	1.00	1.00	0.00	1.00	13.23
Capital, Estates & Facilities	1.05	2.53	3.53	1.87	2.87	3.00	5.61	6.84	5.40	2.55	5.13	2.89	43.28
Children & Women	5.54	9.78	11.06	28.80	6.80	20.73	14.93	7.35	4.58	2.03	9.86	7.53	128.99
Clinical Diagnostics & Therapeutics	9.21	4.95	5.68	8.99	14.18	25.97	13.14	21.44	13.93	15.18	17.37	16.11	166.15
Corporate Executives	1.60	1.00	1.58	1.99	3.63	13.12	6.04	4.00	0.60	4.57	4.60	4.29	47.02

Medicine	1.00	8.55	8.09	41.53	7.96	4.88	6.51	5.31	6.04	8.04	5.28	3.80	106.99
Mental Health	0.80	4.12	10.00	22.30	10.44	12.57	10.20	6.40	4.50	5.20	4.80	3.68	95.01
Primary, Community Intermediate Care	2.22	5.03	4.63	6.84	10.23	7.66	5.50	7.10	6.26	8.56	8.55	12.89	85.49
Specialist Services	2.20	6.24	8.56	20.21	14.86	14.04	11.21	4.13	17.58	10.20	7.71	5.52	122.47
Surgical Services	5.80	6.61	17.35	28.79	7.80	8.48	10.50	7.11	9.09	6.32	6.04	7.96	121.86
Grand Total	**30.43**	**48.82**	**70.48**	**162.32**	**81.38**	**113.05**	**84.65**	**71.68**	**68.98**	**63.64**	**69.35**	**65.69**	**930.47**

The reasons for leaving captured on the termination form are categorised as follows:

- Voluntary Resignation - Adult Dependants
- Voluntary Resignation - Better Reward Package
- Voluntary Resignation - Child Dependants
- Voluntary Resignation - Health
- Voluntary Resignation - Incompatible Working Relationships
- Voluntary Resignation - Lack of Opportunities
- Voluntary Resignation - Other/Not Known
- Voluntary Resignation - Promotion
- Voluntary Resignation - Relocation
- Voluntary Resignation - To undertake further education or training
- Voluntary Resignation - Work Life Balance

The top reason for leaving across the UHB (Apr 20 – Mar 21) is Voluntary Resignation – Other/Not known (335.16 WTE) followed by Voluntary Resignation - Relocation (193.14 WTE) then Voluntary Resignation - To undertake further education or training (122.32 WTE). This trend is reflected across the Clinical Boards apart from in Medicine and Mental Health where Voluntary Resignation - To undertake further education or training was the top reason for leaving.

Exit Questionnaire Analysis

We have had a survey monkey exit questionnaire since 2018 and although all leavers are encouraged to complete the survey, the response rates is very low. Questions are based around the UHB's Values and Behaviours, establishing what was good and, perhaps not so good, about the individual's role and how feedback could help to contribute to future developments to improve the working lives of colleagues and services for patients.

On a monthly basis, all Exit Questionnaires responses are forwarded to the relevant Assistant Head of Workforce and Organisational Development (AHWOD) for each Clinical Board. The AHWOD will flag any areas of concern and ensures appropriate action is taken within the Clinical Board.

The number of Survey Monkey Questionnaire Responses between April 2020 and March 2021 is 150. Highlights from the survey include:

- The largest group respondents are moving to another NHS Employer (30%) or are retiring (14%)
- The majority are leaving for a salary which is higher than their UHB post (30%) or the same as before (33%), but 15% are moving to a reduced salary (n.b. it is not known if these include retirees)
- When asked what the reason for leaving the UHB was, the most popular response was promotion followed by personal reasons related to job and career change

When asked what the single most important reason why they were leaving was the following responses were given:

Reason	Responses	Responses
Difficult to Transfer Jobs	4.72%	5
Dull and Routine Work	4.72%	5
Not Enough Job Satisfaction	24.53%	26
Not Valued by Employers	19.81%	21
Poor Pay & Benefits	4.72%	5
Poor Promotion Prospects	20.75%	22
Poor Quality or Management	20.75%	22
	Answered	**106**
	Skipped	44

When asked what the single most important reason that would have encouraged them to stay was the following responses were given:

Reason	Responses	Responses
Better, More and/or Varied Training	18.87%	20
Better Quality Management	19.81%	21
Given a Transfer	5.66%	6
Improved Management Communication	12.26%	13
Improved Promotion Prospects	23.58%	25
Increased Pay	9.43%	10
Increased Responsibility	2.83%	3
More Varied Work	7.55%	8
	Answered	**106**
	Skipped	44

Next Steps:

Following this initial analysis a number of key actions have been identified to improve our understanding of voluntary resignations and to respond to the feedback received:

- More work needs to be done with managers on the importance of capturing the reason for leaving on the termination form.
- Promotion of the exit questionnaire

- Additional analysis on what further education or training are people leaving for in order to determine whether the UHB could provide this internally.
- Implement Nurse Retention Action Plan
- Continuing to build management capability through the leadership programmes.
- Continue to utilise Talent Management and Succession Planning within the Organisation.
- Utilisation of an engagement tool to support staff retention

Recommendation:

The Local Partnership Forum is asked to:

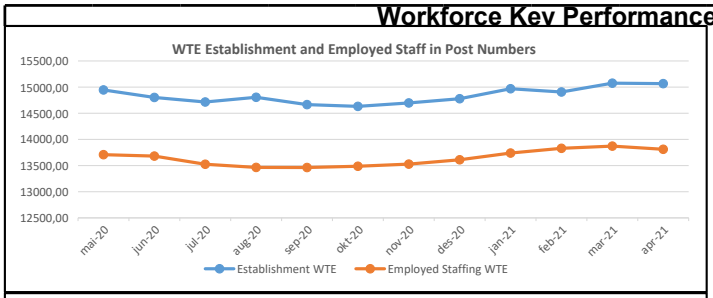
- **Note** and **discuss** the contents of the report

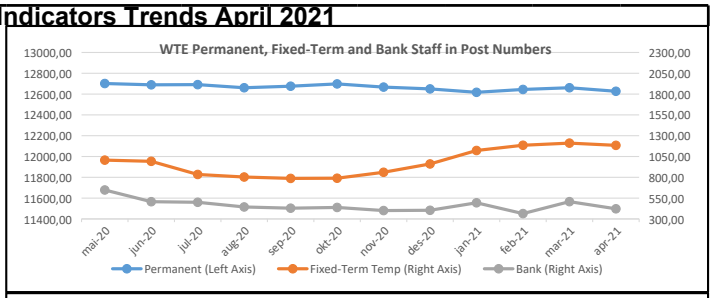
Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

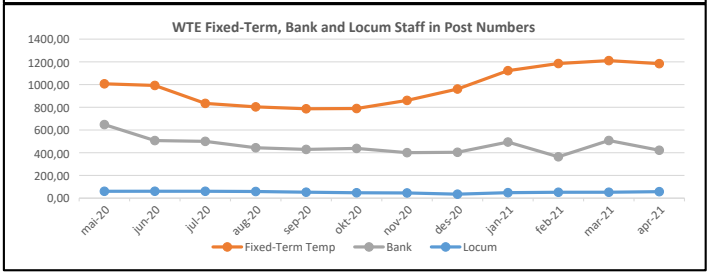
Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

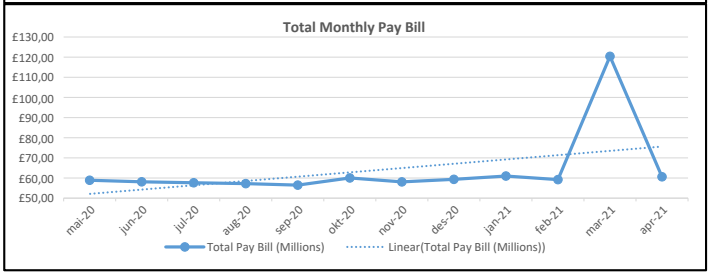
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

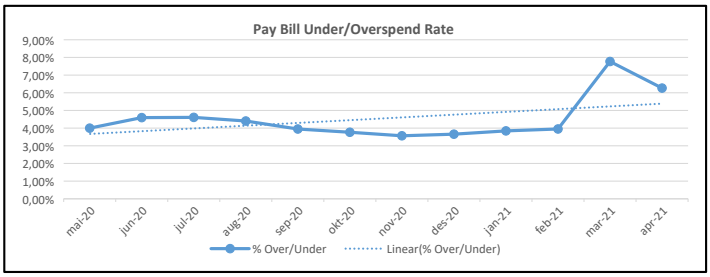
Workforce Key Performance Indicators Trends April 2021

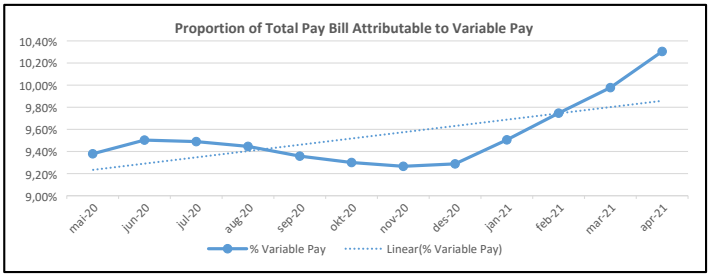


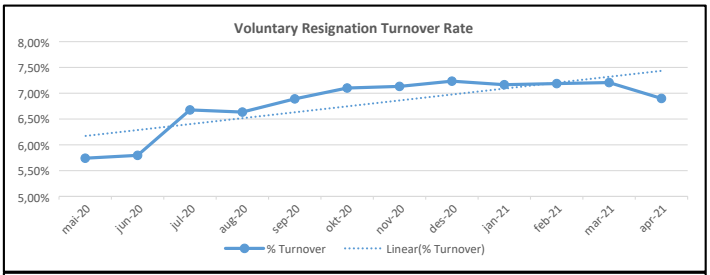


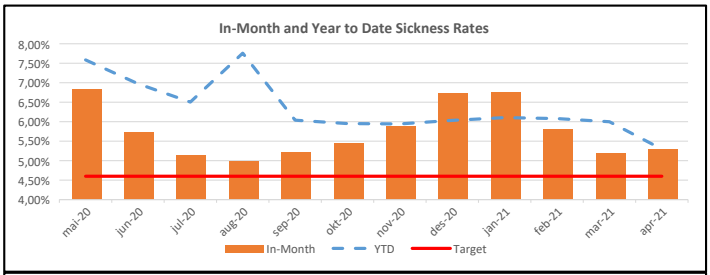


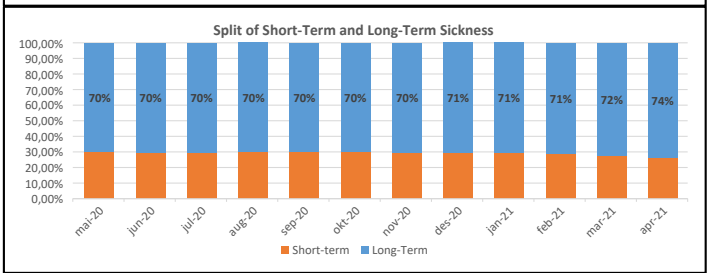


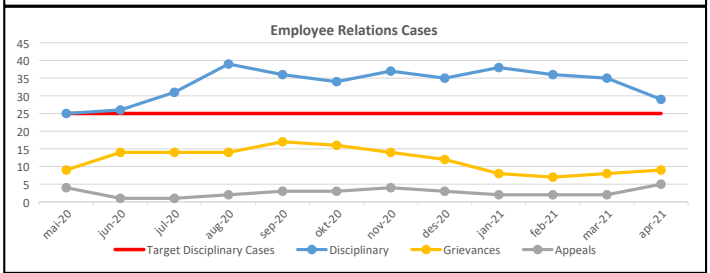


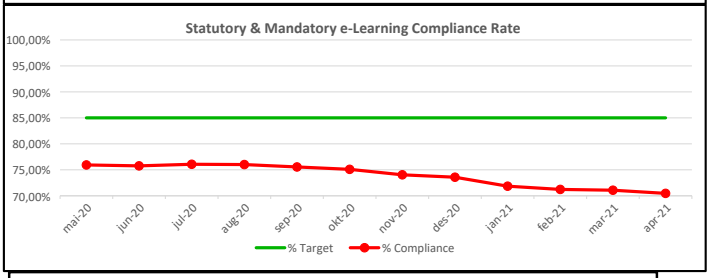


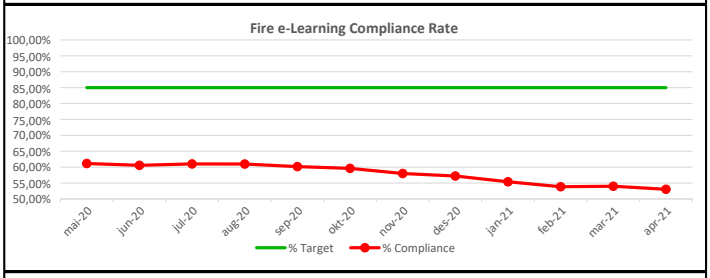




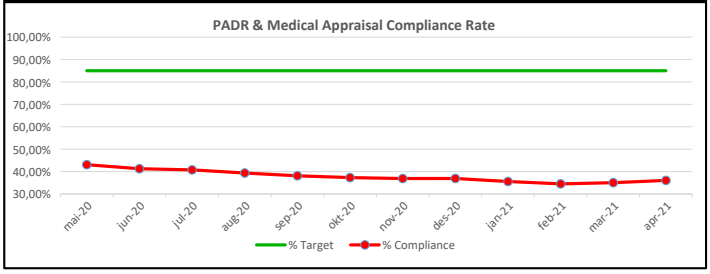








A new e-job planning system is presently being rolled out across the uHB. Compliance rates will be published from April 2021 onwards.



Report Title:	**Patient Safety Quality And Experience Report**							
Meeting:	**Local Partnership Forum**					**Meeting Date:**	**17 June 2021**	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**	
Lead Executive:	**Executive Nurse Director** **Executive Medical Director**							
Report Author (Title):	**Assistant Director, Patient Safety and Quality** **Assistant Director, Patient Experience**						**029 2184 6117** **029 2184 6108**	

Background and current situation:

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

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

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

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

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

Serious Incidents – the number of serious incidents currently being reported is much lower than normal in line with revised Welsh Government reporting requirements.

COVID-19 outbreak position – there are no current outbreaks to report. This is covered in a separate report to Board

Concerns - In March and April, 3,549, concerns were received, which is a significant increase when compared with 1,781 received in January and February. This increase reflects the extremely high volume of enquiries the Concerns Team are receiving via the Mass Vaccination and visiting lines being hosted within the Department. It is pleasing to note that the response time to formal concern is 83% despite the ongoing challenges.

Committee infrastructure - The Clinical Effectiveness Committee and Mortality Group are now well established with good engagement and are functioning well. A revised Corporate QSE Committee and Group infrastructure which introduces a new Clinical Safety Group and Organisational Learning Committee will be presented at the June 2021 QSE Committee Meeting for discussion and agreement.

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

During March to April 2021, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Executive Nurse	1	A young person sadly took their own life.
Medicine	2	2 people experienced injurious falls resulting in head injuries (Subdural Haematomas) from which the patients sadly died. Both falls occurred on different medical wards.
Specialist	1	Post-operative extubation on CITU led to a patient's unexpected deterioration. The patient became unresponsive and required ventilation. This incident is currently under investigation to understand exactly what occurred.
TOTAL	4	

No Surprises		
Clinical Board	Number	Description
Children & Women	1	The Health Board sent a notification to Welsh Government regarding an ongoing MRSA situation on the Neonatal Unit.
TOTAL	1	

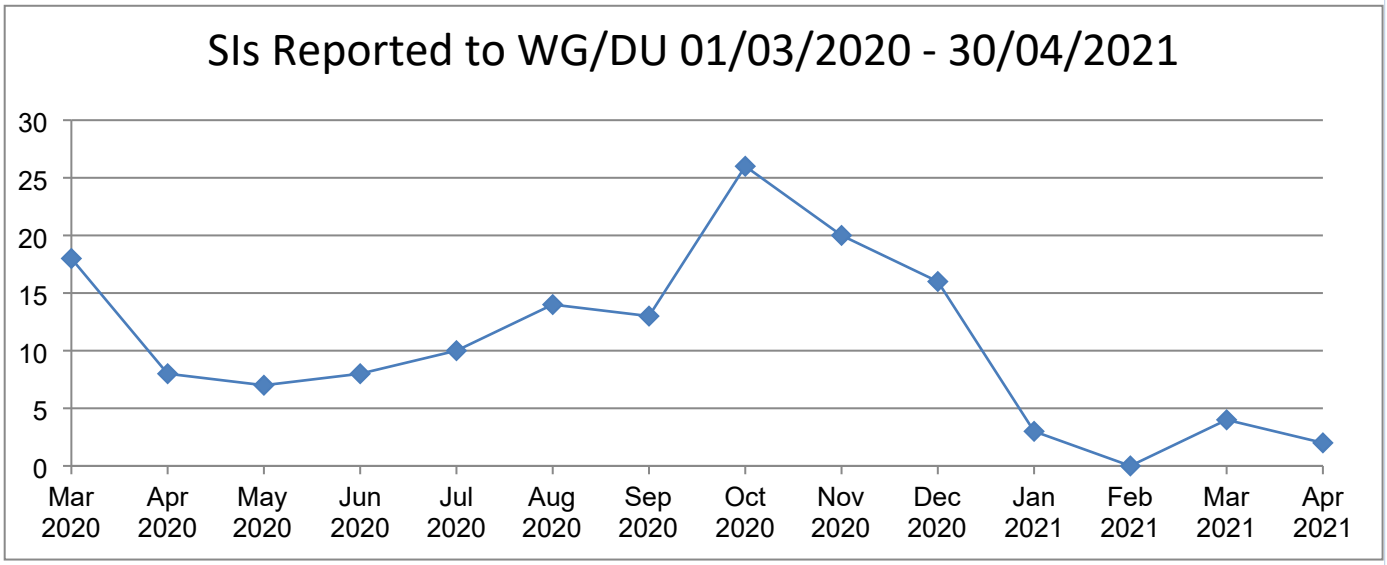
How do we compare to our peers?

Welsh Government (WG) wrote to organisations in NHS Wales on 18th March 2020 to set out SI reporting requirements during the pandemic. They reinstated usual SI reporting requirements in August 2020 and SI reporting rates returned to pre-pandemic levels.

WG has subsequently written to organisations in January 2021 to revise requirements in view of the current Coronavirus situation. From an incidents perspective, they have asked that the following be reported as SIs:

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

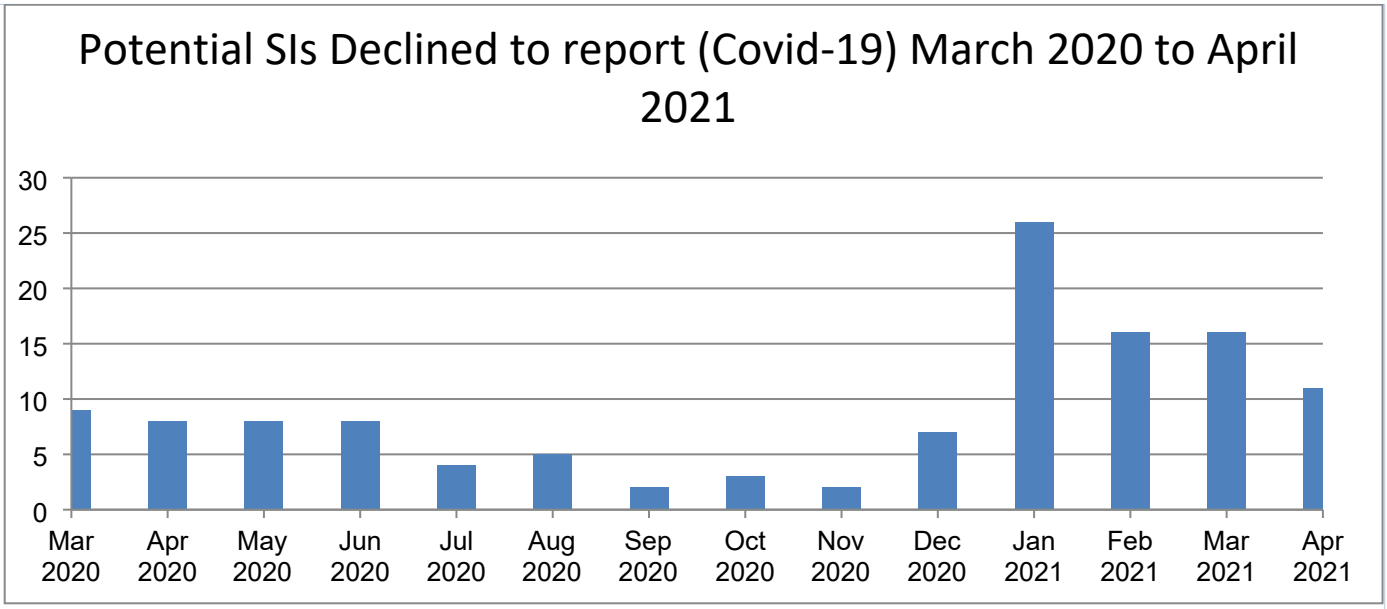
They have promoted proportionate investigation with a focus on implementing actions to ensure immediate safety and sharing of the learning identified.

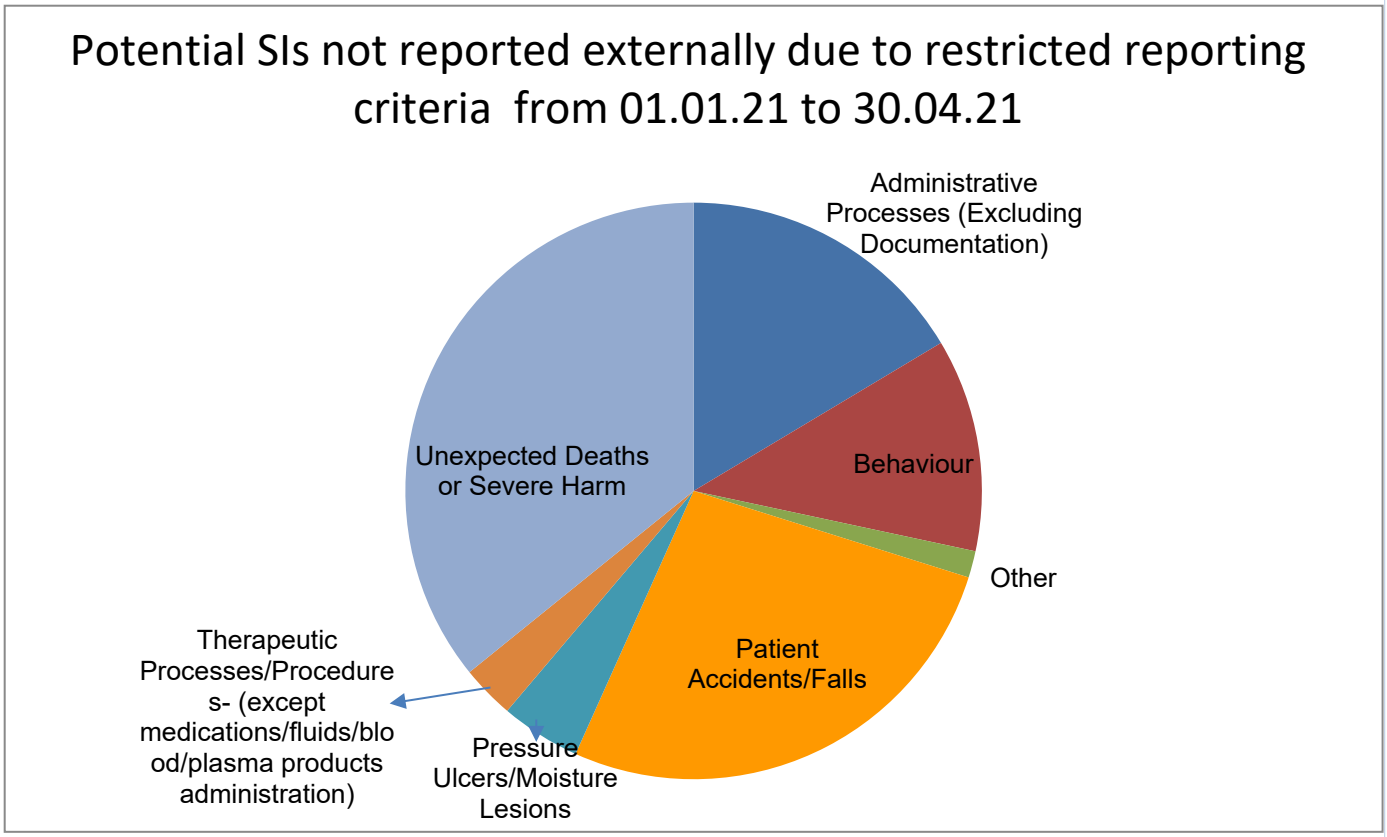


The above chart reflects the change in SI reporting criteria with a reduction in SIs between March 2020 and April 2021. Previous reports have demonstrated a comparison of reporting rates during the pandemic with the same period the previous year pre-pandemic. In August 2020 the usual reporting criteria resumed and this is associated with an increase in SI reporting as demonstrated in the chart above. This continues until January 2021 when guidance was issued to return to the restricted reporting criteria leading to significantly lower reporting rates. We continue to follow the restricted reporting guidance.

To be able to monitor incidents that would otherwise have been reported to WG/DU but not reported due to the change in criteria, an additional report type was created on Datix. The report below demonstrates the incidents that would otherwise have been considered for SI reporting if it were not for the change in reporting criteria due to COVID-19.

The chart below shows that during January and February 2021 (with extremely low SI reporting), the number of potential SIs declined to report due to COVID-19 criteria was particularly high. This shows that there is still a level of scrutiny despite not being externally reported. This enables these incidents to be robustly monitored by the Patient Safety Team to ensure that proportionate reviews and improvement plans are still being undertaken by the Clinical Boards.





The above pie chart depicts the types of incidents that would otherwise have been considered to have been SI reported from 01.01.21 to 31.04.21. In total, during this period there were 66 incidents that were assigned to this category on Datix.

Of the 66 potential SIs not reported:

23 were *unexpected deaths* (all 23 were reported by Mental Health, all were *type of incident unknown at the time of reporting* and further investigation was undertaken to determine whether an incident had occurred).

11 incidents were reported in the *Administrative Process* category and all 11 relate to the admission of a minor to an adult mental health setting (monitored by the Welsh Health Specialised Services Committee (WHSSC).

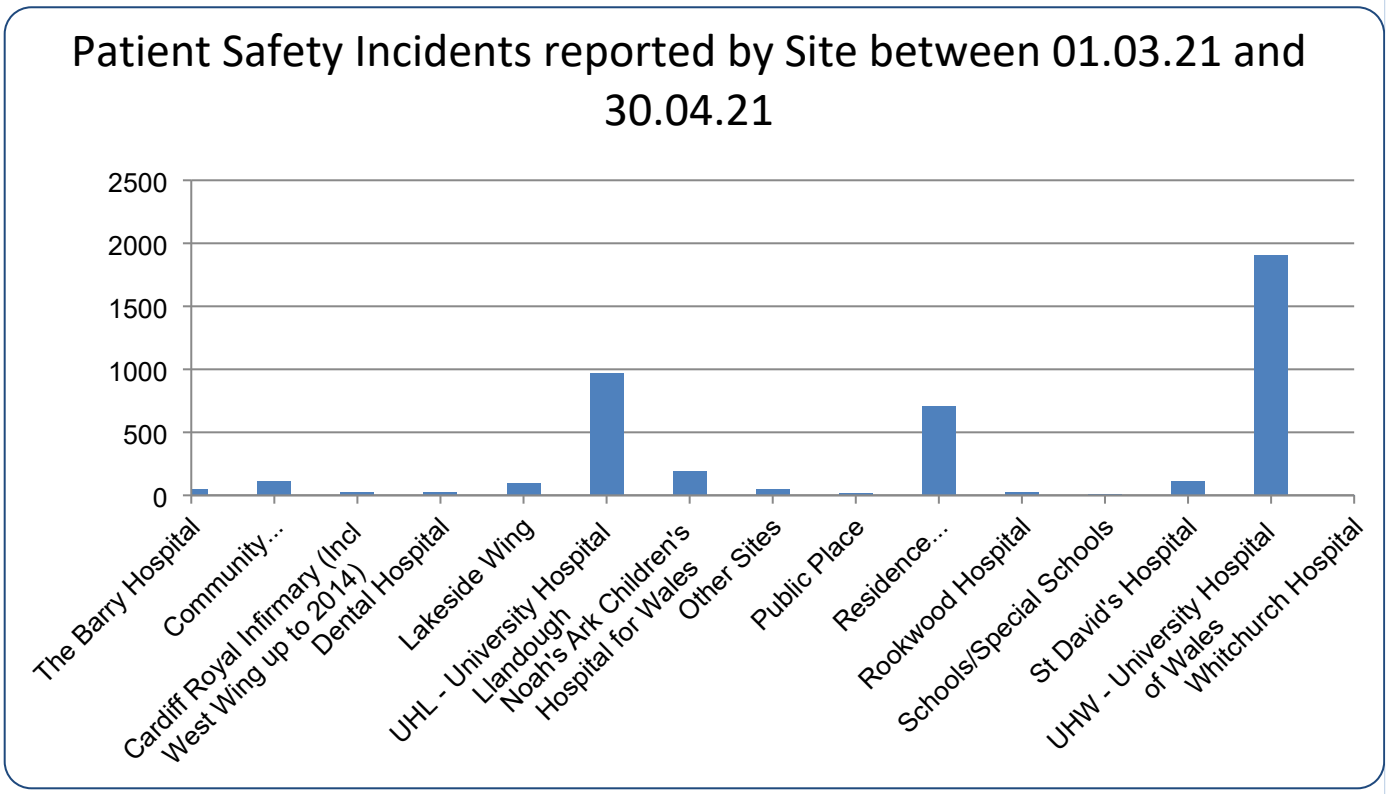
8 were reported for *Behaviour* and relate to self-harm and suicide (all reported by Mental Health).

18 were *Patient Accidents and Falls* and relate to injurious falls with moderate or major harm reported.

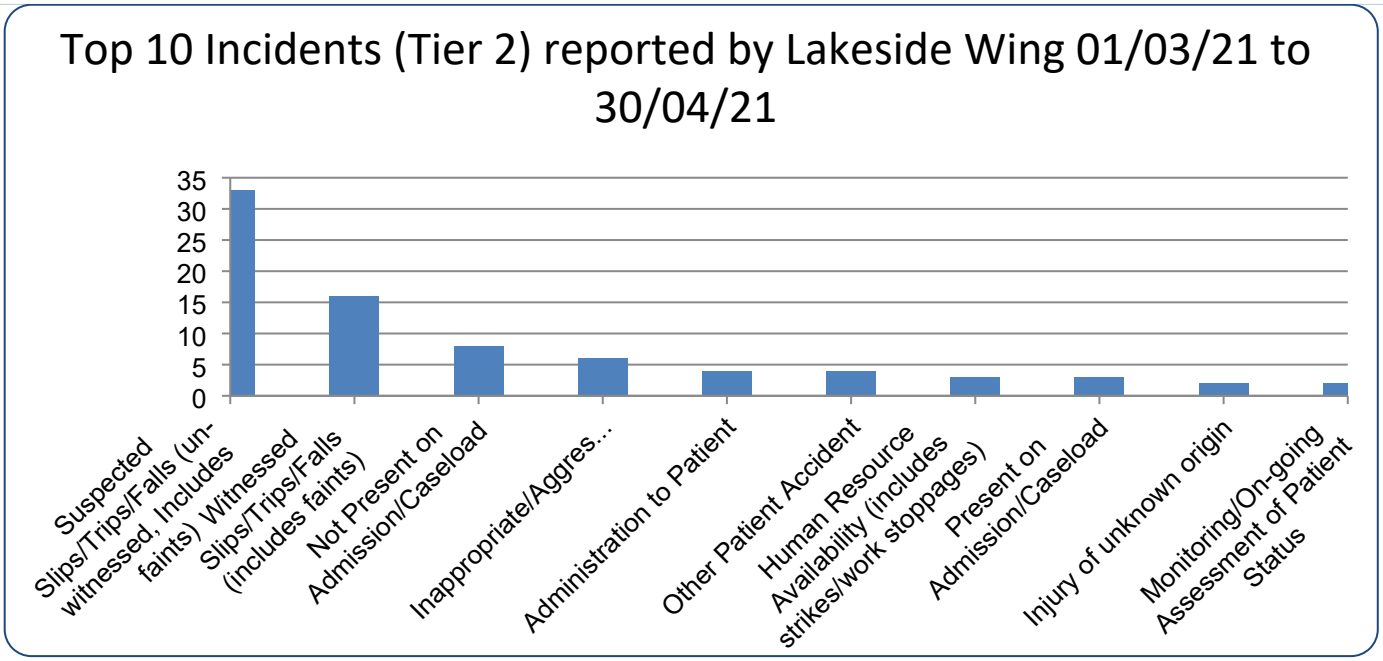
2 report Therapeutic Processes (treatment/procedure delayed) and both relate to harm caused from a lack of capacity to appropriately treat a patient due to the Covid-19 pandemic.

3 were Pressure Ulcers of moderate harm that were present on admission to hospital.

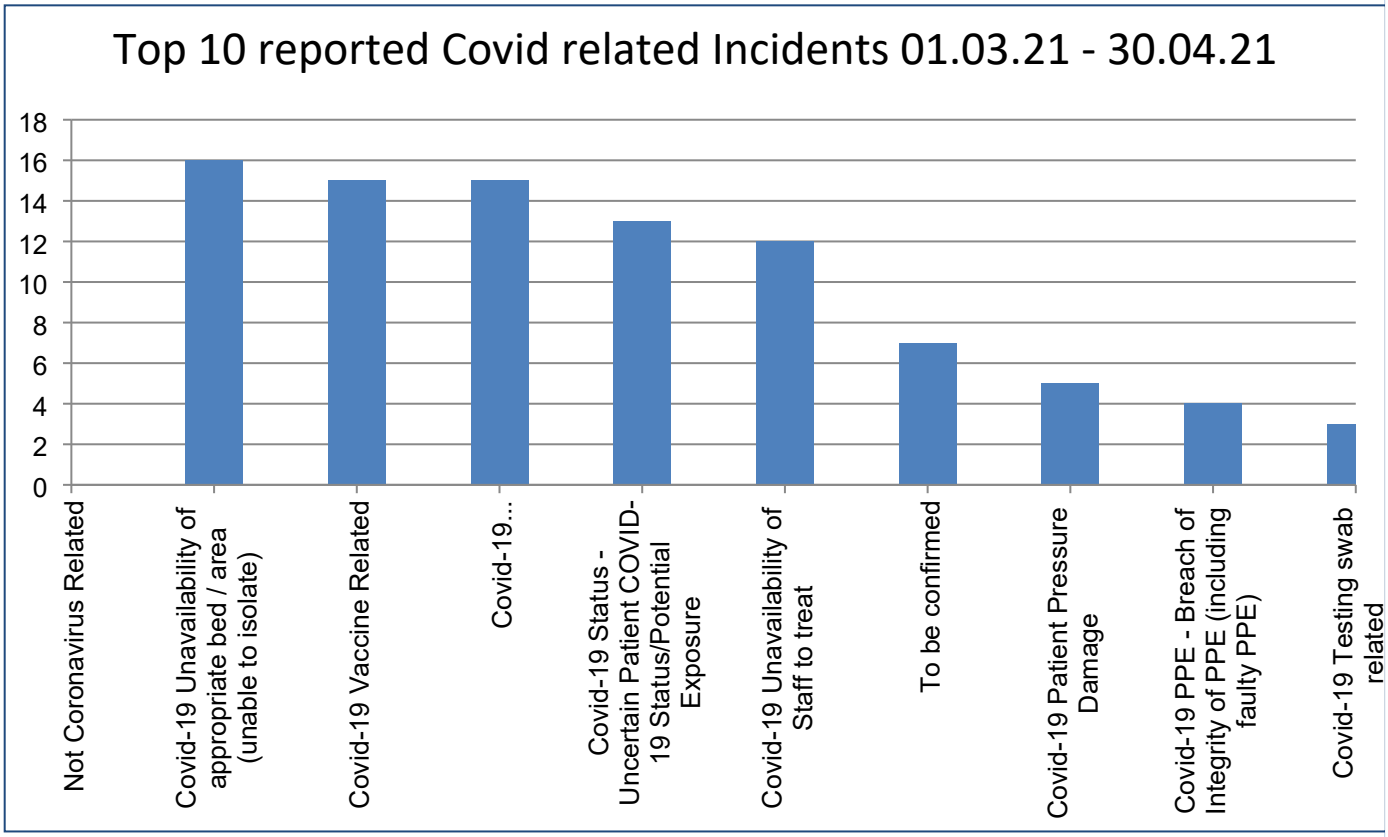
1 incident relates to *Other* which is still under investigation but can be reassigned as more details are now known; this also relates to an unexpected death in mental health.



The above chart reflects the higher incident reporting at the 2 main acute sites as would be expected between 1st March and 30th April 2021.

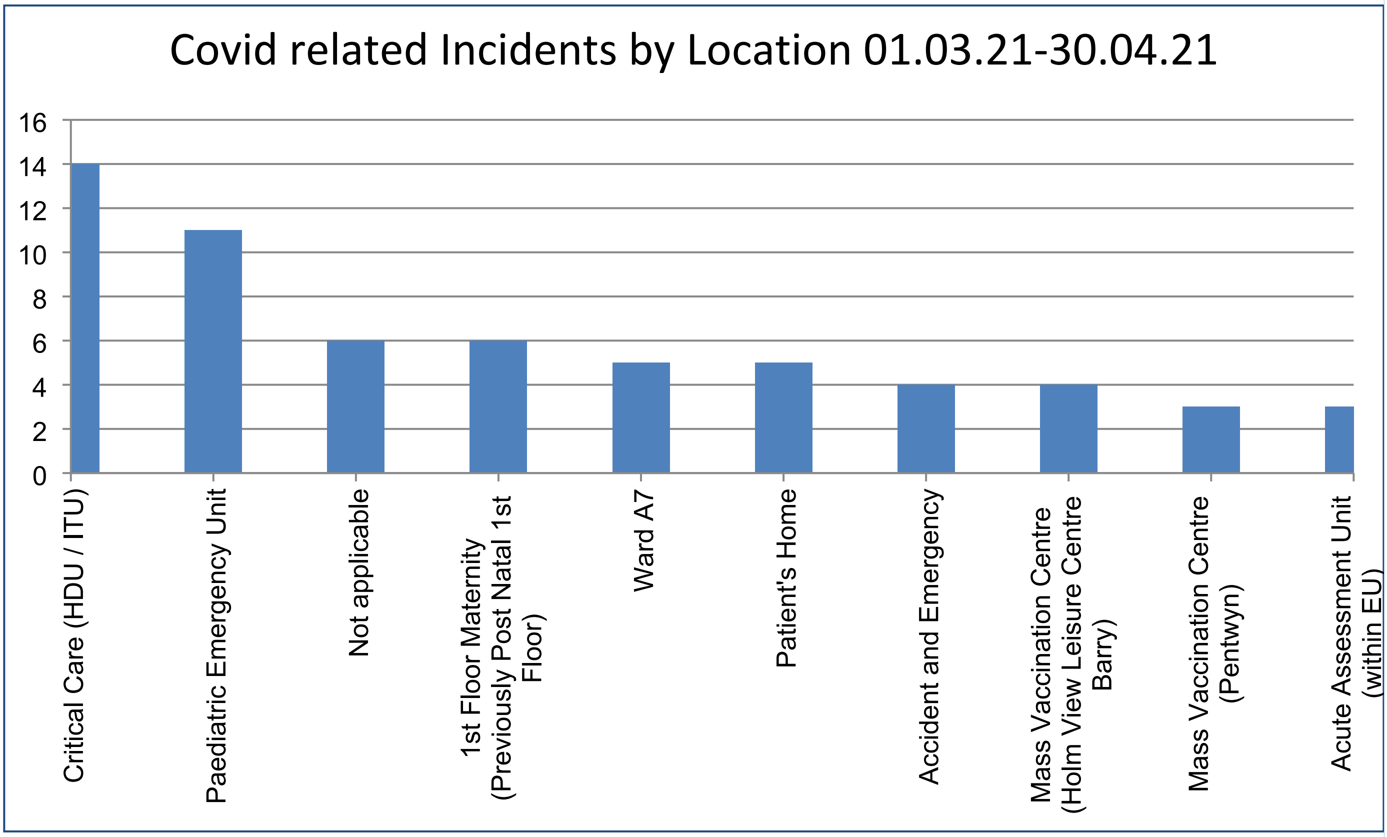


COVID-19 Related Incidents



Of the 138 COVID-19 related incidents reported between March and April 2021, a significant proportion had been incorrectly coded by the incident reporter on Datix and were not COVID-19 related and so the data for this category has been removed in the chart above. The most commonly reported COVID-19 incident between March and April 2021 was 'unavailability of appropriate bed/unable to isolate'.

This is in contrast to the highest reported COVID-19 incident from the last Board Report (which covered January 2021 to February 2021) which was ‘Unavailability of staff to treat’. This category still features in the top 10 however is number 6 rather than the highest reported. Whereas in the last report it was the critical care areas reporting unavailability of staff, this has changed to predominantly the wards especially within Medicine Clinical Board.



Critical Care remains the highest reporting area for COVID-19 related incidents; the nature of the incidents are primarily related to Personal Protective Equipment (PPE) donning/doffing procedures and breach of integrity of PPE as well as ventilator support related pressure damage in COVID-19 positive patients.

Regulation 28 Reports

There have been no Regulation 28 reports in this timeframe. Whilst inquests continue to be significantly disrupted due to the pandemic. An increasing number are being rescheduled by the Coroner in order to bring them to a conclusion.

Patient Experience

As previously reported, since March 2020, the PET (Patient Experience Team) has worked very differently, utilising a variety of methods to gain patient feedback.

We are continuing to gather limited feedback using paper surveys, but are supplementing this with the increased use of electronic surveys via text, email and web link. Also, we have recently reintroduced our 3G kiosks (HappyOrNot/Viewpoint), which are currently being used to gather feedback from the Mass Vaccination Centre’s (MVC).

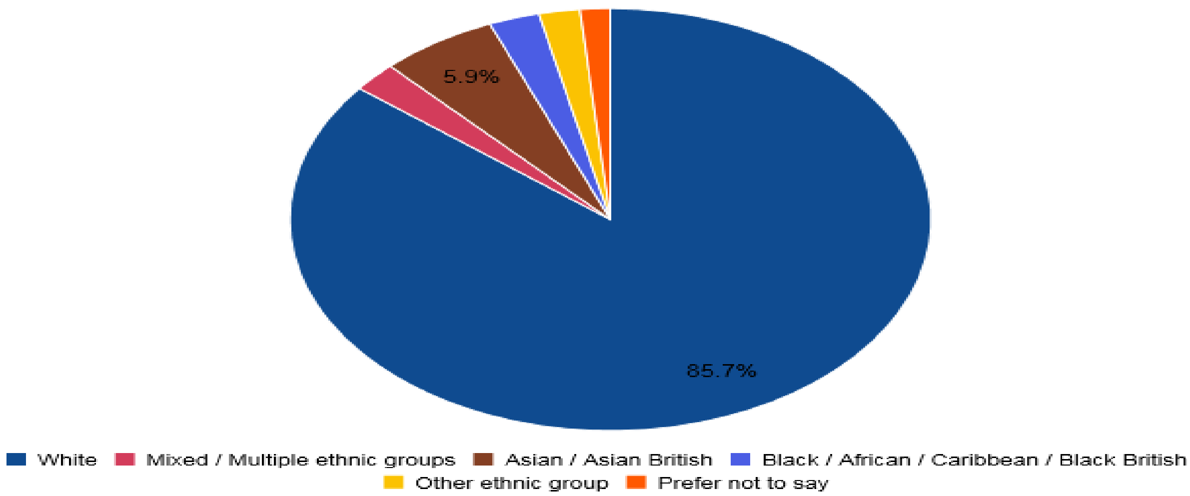
As well as being involved in many bespoke feedback projects, we are continually looking into how we can further develop the feedback systems we currently have in place. One previously mentioned example, is the introduction of the ‘All Wales’ Civica platform, which we hope will be in place within the next six months. We are also looking to introduce/utilise MS Forms, as an alternative to Survey Monkey.

In relation to recent/current bespoke studies in which we have been involved, examples include:

PESU (Protected Elective Surgery Unit) survey. This is currently being carried out by the team and involves texting survey links to patients discharged from PESU, within the last six months. In total, texts were sent out to 2,145 patients and to date we have had survey completions from 672 respondents. The results of this survey will be fed back to the team later this week. An ongoing inpatient survey has also been planned.

MVC (Mass Vaccination Centres) kiosk survey. We have feedback machines in all centres. The second survey question asks about the respondent’s ethnicity and a breakdown of those responses is given in the following bar chart. Over 9,000 responses have been collated. 6.3% of people have chosen to complete the survey in Welsh. 98% of people are happy with their experience at the centres. With regards to ethnicity it is pleasing to note that initially 11% of people who declared an ethnicity considered themselves to be in an ethnic group other than white. However the percentage is increasing and is currently at 14.3%.

What is your ethnic group? (9196)



Other examples of bespoke studies in the design phase/currently underway include:

Staff survey – Wellbeing (Occupational Therapy).
Patient survey - Neurology virtual outpatient survey.
Patient safety Culture Staff survey - Patient safety.
Staff survey – Patient experience.
Staff survey – MVC.
Patient survey - ACHD virtual clinic survey.
Patient survey – Traumatic Brain Injury Service.
Patient survey – Prison service.
Patient survey – Virtual HIV clinic service.

Patient survey – Prostate cancer teaching videos.
Patient survey – Prostate cancer diagnosis.

MVC Videos

Introductory videos in both Welsh and English developed for citizens on what to expect at all four Mass Vaccination Centres (MVCs). These videos will also be used to support the MHSOP 'Get there together' project. Link to Bayside MVC

Expansion of Volunteers to Children's Hospital Entrances and Maternity Unit Entrance

Health Board volunteers now have the opportunity to volunteer in the entrances of the Children's Hospital for Wales and the Maternity Unit. Providing a wayfinding service, friendly face and answering any questions they can help with. Volunteers will also be encouraging visitors to wear a mask where appropriate and gelling their hands upon entering.

These volunteers have been requested by the relevant areas and trials are currently ongoing to determine when volunteers are most needed during weekdays. Including looking at the busiest times and what the needs of the visitors are.

Partnership Volunteer Project with Skill & Volunteering Cymru (SVC)

The Patient Experience Team are working in partnership with Skill & Volunteering Cymru (SVC) on a volunteer project to support at the MVCs. Currently 21 SVC volunteers have been inducted to support as meet and greet at the MVCs.

Comment from one volunteer

"The session was absolutely perfect. Everyone was very helpful. The head nurse greeted me with a warm welcome. The other volunteers introduced me to all the policies. I have great pleasure working at the vaccination centre. I greeted people and showed then the way around vaccination booth. Thank you very much for the opportunity." – SVC volunteer

Patient Experience News Padlet

The Patient Experience Team are currently developing a platform for providing up-to-date information on the Patient Experience Service utilising Padlet. This service will signpost staff to useful information about the teams embedded within the service and will be updated at set times throughout the year. As an example some of the information which will be held within this platform will be contact details, update on projects, useful information on feedback and news. This will be for all UHB staff to access with the potential of a public facing Padlet following. A draft and SOP are currently in development between members of the Patient Experience Team.

Complaints Management/Redress

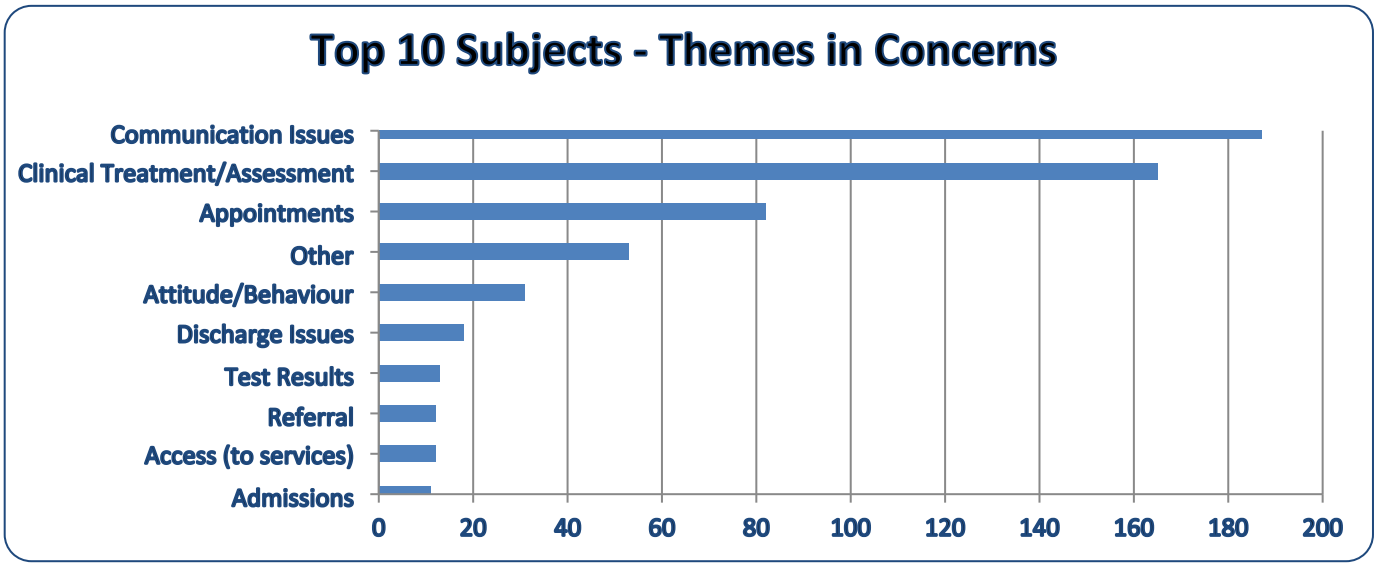
In March and April, 3,549, concerns were received, which is a significant increase when compared with 1,781 received in January and February.

This increase reflects the extremely high volume of enquiries the Concerns Team are receiving via the Mass Vaccination enquiry line being hosted within the Department. The Concerns Team also provide a 7-day booking line for relatives to arrange a visit.

Concerns	Vaccinations	Visiting calls
636	2,922	1,750 (since introduced on 2nd April)

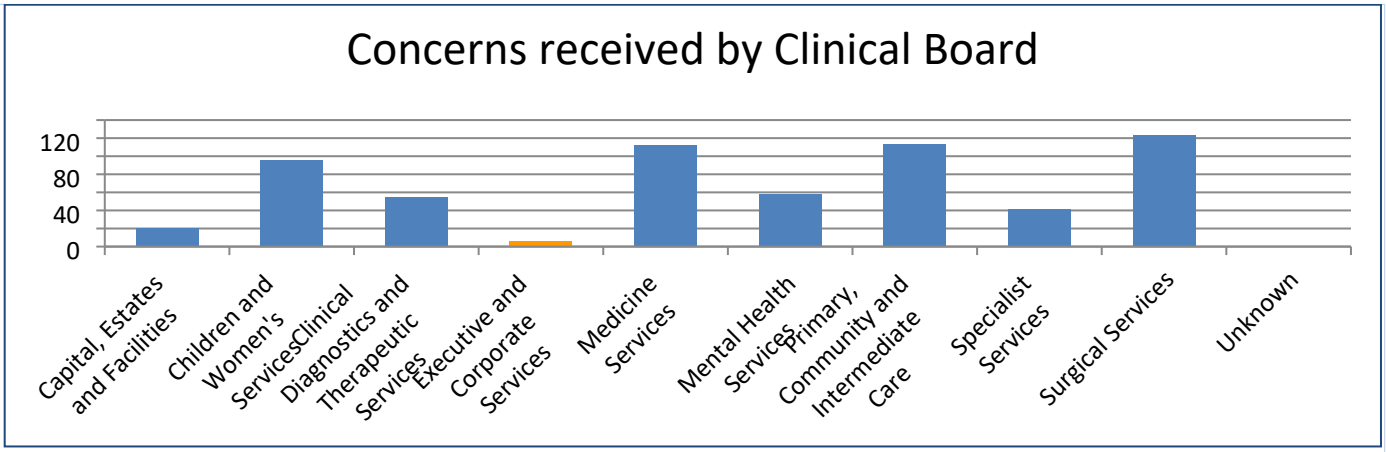
It is very pleasing to note that, despite the demand on the Health Board the 30-working day performance for concerns responses in this period was 83%, which exceeds the Welsh Government target of 75%.

The Health Board continues to receive a high number of concerns regarding communication and this is the key theme identified, with Concerns regarding clinical treatment and assessment being the second highest.



As mentioned above, poor communication is a key theme in concerns. These include concerns regarding lack of communication/follow up calls from various clinics and lack of information when families are worried about their loved ones and are unable to make contact directly to the wards via the telephone. However, we anticipate a reduction in these types of concerns now that we are able to accommodate some visiting. We will continue to monitor the trend. As well as actual visits the team continue to support virtual visits as well if appropriate and required.

We continue to receive concerns relating to staff and visitors not adhering to social distancing. Staff and our communities are reminded via social media and posters about the importance of maintain the two meters social distancing and wearing of appropriate masks.



All Clinical Boards have a higher than average number of active concerns. This is due to the high volume of patient's raising concerns relating to delays in follow-up appointments and planned procedures within the Surgical Clinical Board, and enquiries regarding the Mass Vaccination roll out sitting within PCIC Clinical Board. It would be expected that Medicine Clinical Board have a higher number of concerns based on the significantly higher number of patient contacts and level of activity they have had, in comparison to other Clinical Boards, during the pandemic. Mental Health Services has also seen an increase in concerns following a number of high profile cases.

Training

We continue to offer training as and when required. During March and April, concerns training sessions have been provided to Medicine and PCIC Clinical Boards, with very positive feedback. Medicine have requested additional sessions to be scheduled in May.

What are we doing?

The Concerns Team continue to operate a 7-day working rota which has helped support/facilitate communication between wards and relatives. This has also allowed the department to maintain social distancing.

The Patient Experience Team have also supported Virtual Visiting which has helped to allay concerns regarding relatives not being able to visit during this very difficult time. In order to facilitate visiting when possible, the Concerns Team provide a 7-day booking line to support this – on average, we receive over a 100 calls a day.

Additional staff were required to support the mass vaccination enquiry line over seven days. During March and April we received 2,922 calls. This helpline provides an opportunity for members of the public to be reassured regarding when to expect the vaccine, to be signposted appropriately and facilitate arrangements for patients with more complex needs. As indicated the team have developed some videos regarding experience in the mass vaccination centres.

Visitors and staff continue to express concerns about staff not adhering to social distancing. To address this, the UHB has continued to highlight the importance of social distancing in the CEO Connects and on posters displayed across all sites. The Executives and Communication Team are actively reminding people of the importance of social distancing through many social media

and other routes. The Communications Team actively send out reminders about social distancing through all available media channels.

Clinical Effectiveness Committee

The UHB has established a Clinical Effectiveness Committee chaired by the Assistant Medical Director, Patient Safety and Quality. At its most recent meeting on 24.03.2021, the following key issues were noted:

PMRT - The Learning from Standardised Reviews When Babies Die – National Perinatal Mortality Review Tool - Second Annual Report was discussed. This report was based on national data. The implementation of NICE guidance for diabetes in pregnancy and how objectivity /impartiality is ensured when reviewing neonatal deaths and RCA investigations in the absence of an external member were highlighted. This will be explored further with the relevant teams and discussed in more detail at a forthcoming meeting.

PICAnet - The Paediatric Intensive Care Audit Network Annual Report for 2020 was discussed. It was noted that the refusal rate following referral for urgent paediatric intensive care transport for CAVUHB was 12.8% during 2017-2019 – this was high in relation to peers. These were cases that had been referred by a PICU Consultant but refused. Further discussion will take place with the relevant teams to ensure the data is understood in context.

National Hip Fracture Database – there has been an improvement in compliance across many criteria. It was noted that absence of delirium and mobilisation post-surgery was below the national compliance rate and that there had also been a corresponding increase in the number of patients with fractured femur who developed pressure damage. Initial exploration of the data has shown a discrepancy between our local data and national data for mobilisation. This has previously noted in the Board paper, through further discussion with the Clinical Audit Lead it was identified that the standards for Wales have been adjusted by Welsh Government, and are lower than the national standards in the report. The Clinical Audit Lead and Clinical Director will attend CEC on 11th of May to further explore and discuss the audit results and improvement planned.

NICE and HTW - Nice and HTW guidance was discussed; an overview of responses from Directorates and Clinical Boards was discussed for 2020. The level of responses was poor at 21%. Where clinical areas had responded, there was no evidence to support whether the guidance had been implemented of if there was compliance. There are significant challenges associated with the current system and process in place for providing assurance against NICE and HTW implementation. It has been identified that investment is required in this area for AMaT software and the resource to manage and administer the system.

Peer Review and Accreditation - A Peer review was noted on Type 1 Diabetes from 2018. It was agreed that peer reviews undertaken within the Health Board should be reported through CEC. Currently this information is not fully captured; investment in the Quality Assurance Team and the AMaT software will support this work.

Policy and Procedure – Non compliance - NasoGastric (NG) Tubes - An issue was raised regarding medical training for NG tubes. It was been identified through a Patient Safety Alert that the Health Board is not fully compliant with this element of the alert. . A piece of work has been initiated by an organisation learning manager to address.

NatSSIPs – Compliance with NatSSIPs was discussed and some concerns were identified. It was suggested that an internal audit on WHO Safety Checklist compliance would take place in the first instance and further improvement work is being led by a Patient Safety Organisational Learning Manager. A new medical chair of the NatSSIPs group has been appointed.

Learning from Deaths

Over the past year Cardiff and Vale University Health Board (UHB) has developed a now well-established Mortality Review Group (MRG) that meets bi-monthly, the last time being on 4th May 2021. The Medical Director is the Executive lead and all Clinical Boards have representation. The Group is also supported by specific professionals with roles directly aligned to the work including the Chief Medical Examiner (CME) for Wales.

The ultimate purpose of the group is to learn from deaths and to act on that learning.
The group is overseeing the introduction of the Medical Examiner Office function in the UHB. There is a sub-group that is developing and implementing the processes for: scanning case notes of deceased patients to the ME office; discussing causes of death for accurate death certification; appropriate referrals to HM Coroner; escalation to stage two mortality reviews and feedback.

Currently, one set of case notes is being scanned from University Llandough Hospital (UHL) to the ME office per day. From 1st June one set will be scanned from University Hospital of Wales (UHW) as well. By September 2021 it is expected that all hospital deaths will be reviewed by the ME. A business case is being developed to gain appropriate resources for this additional work. The Chief Medical Examiner and the Chief Medical Examiner Officer (CMEO) for Wales have praised the partnership working between the operational group and the ME office. The UHB is being sighted as an exemplar.

A gap in understanding of the 2019 rules for referring deceased to HM Coroner has been exposed throughout Wales. The rules were implemented to standardise the approach and to protect doctors, enabling them to fulfil their legal duties. Informal education via existing opportunities is being carried out by the CME.

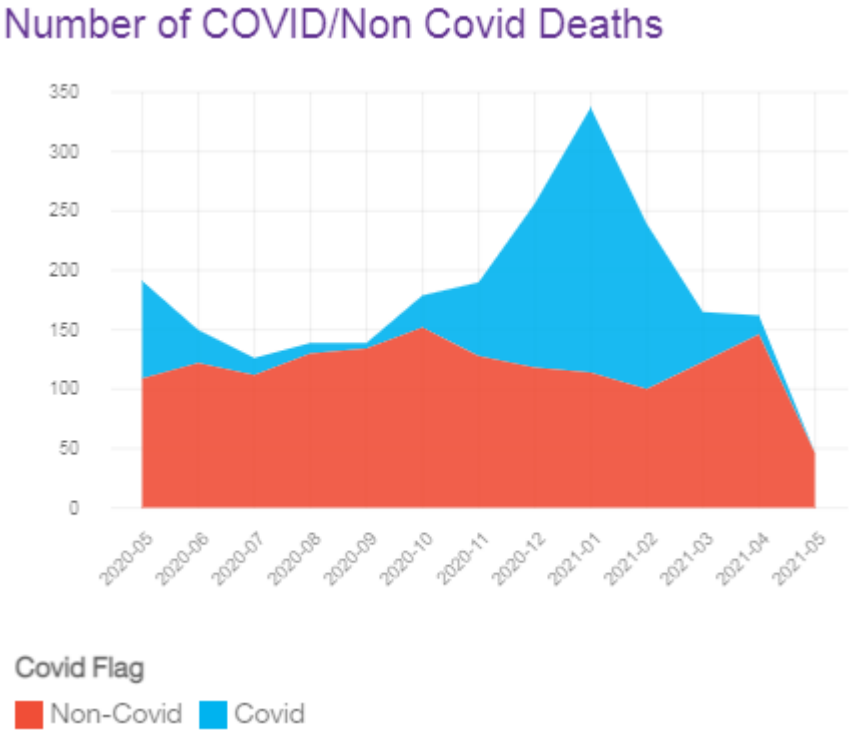
A process is established to receive to receive referrals back from the ME for a second stage review. MRG has developed a Stage 2 mortality review tool for use in the UHB. It has been adapted from the all-Wales tool and the Structured Judgement Review Tool. This is now being used for cases highlighted by the ME.

Stage two reviews are completed by MDTs led by nominated consultants. Findings should be discussed through the relevant Quality Safety and Experience committee structures and a copy of the review sent to the Organisational Learning and Quality Improvement team so that UHB-wide themes and trends can be determined.

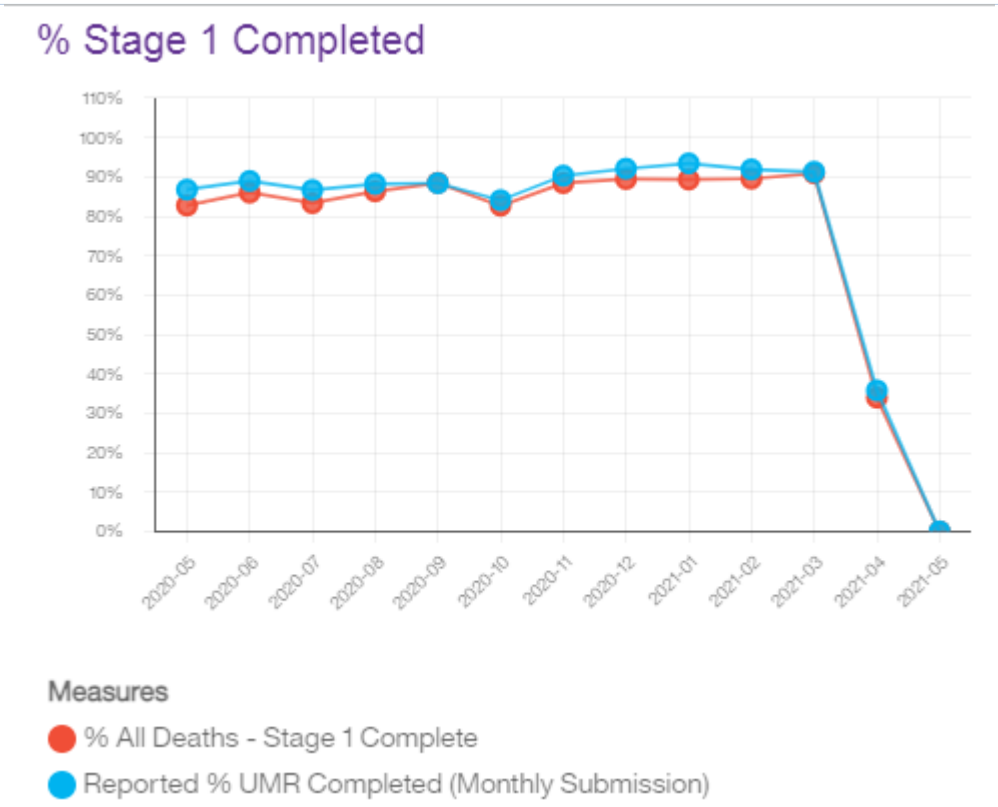
The UHB has an Electronic Mortality Audit Tool which was developed by our IM&T team. Data from this along with data from other sources feed into a mortality dashboard with a drill-down facility to individual patient records as well as performance data. A Datix Mortality module has been procured for Wales and will be implemented in due course. The full functionality of this has not been revealed yet.

At the last MRG an update was provided on the learning from hospital acquired COVID-19 deaths and an update on the changes to the Do Not Attempt Cardiopulmonary Resuscitation policy. DNACPR is a live policy that is adjusted to changes in clinical or legal circumstances as they emerge.

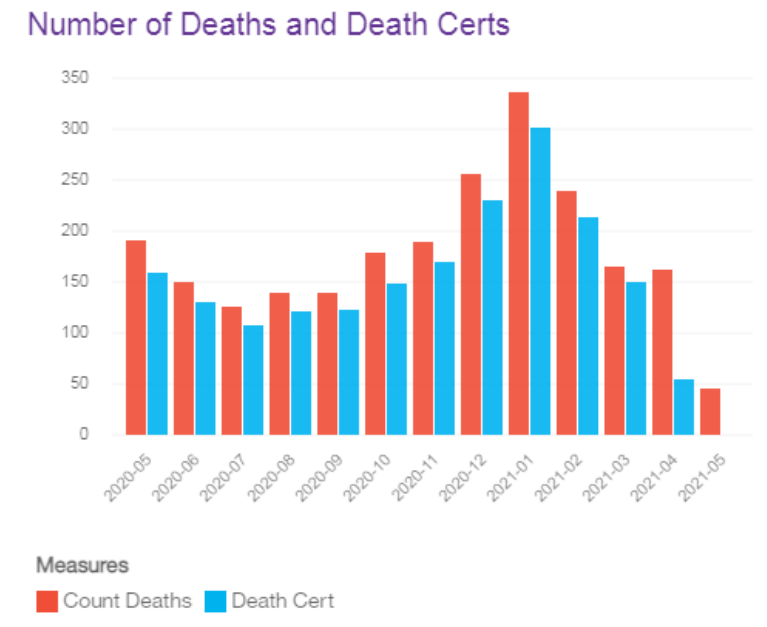
COVID-19 notwithstanding, the number of deaths/ the amount of joint work with the ME office is fairly predictable – as per the chart below.



Stage 1 mortality reviews were done by the doctor certifying the death. The ME office will gradually oversee a much more in-depth review which will include an interview with the bereaved family about the quality of care instead of the stage 1 reviews. Parallel processes are in place as we move from the in-house reviews to the ME. Reporting stage 1 compliance to Welsh Government has now ceased. The graph below shows stage 1 compliance – noting that data entry for April and May 2021 is incomplete.



The Bereavement office will continue to send details of the death certification so that this is still available electronically on the patient drill-down.



Student nurse placement in Patient Safety Department

The Patient Safety Team has been working in partnership with Cardiff University School of Nursing and has been accreddited as a Hub placement area for Student Nurses. This is the first of its nature in Wales. Student nurses will begin four week placements in the department as part of their training from May 2021.

Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the contents 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*			
Reduce health inequalities		Have a planned care system where demand and capacity are in balance	X
Deliver outcomes that matter to people	X	Be a great place to work and learn	X
All take responsibility for improving our health and wellbeing		Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
Offer services that deliver the population health our citizens are entitled to expect	X	Reduce harm, waste and variation sustainably making best use of the resources available to us	X
Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	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:	Not Applicable