

Local Partnership Forum

Wed 18 August 2021, 10:00 - 12:00



Agenda

10:00 - 10:05 1. Welcome and Introductions

5 min

CHAIR

10:05 - 10:05 2. Apologies for absence

0 min

CHAIR

10:05 - 10:05 3. Declarations of Interest

0 min

CHAIR

10:05 - 10:05 4. Minutes of the meeting held on 17th June 2021

0 min

CHAIR

 4. LPF minutes 17.06.21.pdf (7 pages)

10:05 - 10:05 5. Action Log Review

0 min

CHAIR

 5. LPF Action Log.pdf (2 pages)

10:05 - 10:25 6. Operational Update -PCIC

20 min

Director of operations, PCIC

10:25 - 10:45 7. IMPT- Engagement re UHB priorities for 2022-23

20 min

Executive Director of Strategy and Planning

10:45 - 11:05 8. Nurse Staffing Act Annual Report

20 min

Deputy Executive Nurse Director

11:05 - 11:20 9. Chief Executives Report

15 min

Chief Executive

Monks Rhoda
07/29/2021 13:08:36

11:20 - 11:30
10 min

10. Finance Report


Executive Director of Finance

 10. Finance Report.pdf (2 pages)

11:30 - 11:40
10 min

11. Workforce and OD KPI Report

Executive Director of People and Culture

 11. Workforce KPI Metrics inc ER deep dive (1).pdf (9 pages)

11:40 - 11:50
10 min

12. Patient Safety Quality and Experience report

Executive Director of Nursing

 12 QSE report.pdf (26 pages)

11:50 - 11:55
5 min

13. Staff Benefits Report (for noting)

CHAIR

 13 Staff Benefits Report.pdf (5 pages)

13.1.

11:55 - 12:00
5 min

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

12:00 - 12:00
0 min

15. Future Meeting arrangements

Wednesday 21st October 2021 at 10am (with staff representative pre-meeting at 9am) via Teams

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07/29/2021 13:08:30

LOCAL PARTNERSHIP FORUM MEETING

Thursday 17 June 2021 at 10am, via Teams

Present

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-Chair)
Rachel Gidman	Executive Director of People and Culture (co-Chair)
Julie Cassley	Deputy Director of WOD
Chris Lewis	Deputy Director of Finance (for Catherine Phillips)
Fiona Salter	RCN
Jason Roberts	Deputy Director of Nursing (for Ruth Walker)
Katrina Griffiths	Deputy Head of HR Operations (for Lianne Morse)
Peter Welsh	Hospital Manager, UHL and Barry
Steve Gaudi	UNISON
Rhian Wright	RCN
Stuart Egan	UNISON
Zoe Morgan	CSP
Paul Rogers	Assistant Director of Therapies and Health Sciences (for Fiona Jenkins)
Fiona Kinghorn	Executive Director of Public Health
Caroline Bird	Deputy COO
Steve Curry	Chief Operating Officer (part of meeting)
Jo Brandon	Director of Communications
Andrew Crook	Head of Workforce Governance
Rebecca Christy	BDA
Joe Monks	UNISON
Ceri Dolan	RCN
Mike Jones	Independent Member – Trade Union
Jonathan Strachan-Taylor	GMB

In attendance

James Gibbons	Head of LED
Jonathan Grey	Director of Transformation (part of meeting)
Jess Lancashire	Venbridge Ltd (part of meeting)
Emily Hughes	Health Intervention Team (part of meeting)
Stewart Attridge	Health Intervention Team (part of meeting)
Sara Gomes	Health Intervention Team (part of meeting)
Katy Evans	Health Intervention Team

Apologies:

Nicola Foreman	Director of Governance
Abigail Harris	Exec Director of Strategic Planning
Bill Salter	UNISON
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
Janice Aspinall	RCN
Catherine Phillips	Executive Director of Finance
Mat Thomas	UNISON
Peter Hewin	BAOT / UNISON

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Secretariat

Rachel Pressley Workforce Governance Manager

LPF 21/030 WELCOME AND APOLOGIES

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

LPF 21/031 Declarations of Interest

There were no declarations of interest in respect of agenda items

LPF 21/032 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 17 June 2021 were agreed to be an accurate record of the meeting.

LPF 21/033 ACTION LOG

The Action Log was noted.

Jason Roberts was asked to follow up the outstanding actions for Ruth Walker around sharing guidance on hospital acquired infections (LPF 21/024)

Action: Jason Roberts

The following additional matters arising was also noted:

- LPF 21/024 – Dawn Ward asked for a staff representative to be invited to sit on the Learning Committee. Rachel Gidman confirmed that this would happen when the Committee was set up

LPF 21/034 Health Intervention Team

Rachel Gidman welcomed the Health Intervention Team and introduced their work as part of a portfolio of initiatives which recognise the wellbeing of staff as a priority for the organisation.

The Health Intervention Team (HIT) jointly delivered a presentation which included:

- The purpose of the team (proactive, insight led and sustainable interventions)
- Work completed since the team started in April 2021 and the approach adopted – they are currently in the consultation phase and have been focusing on finding out what's available, what's accessible and what's known about
- The 5 ways to wellbeing concept which is being utilised (give, take notice, connect, be active, keeping planning)

During the presentation the HIT team asked the following three questions. The Forum was asked to answer using the Teams 'chat' facility and the answers would be considered as part of the wider consultation exercise:

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- What does wellbeing mean to you?
- What would an organisation with excellent standards of wellbeing look like?
- What change would you make to enhance staff wellbeing in the organisation?

It was noted that a wellbeing survey had been issued the previous week and the HIT asked Forum members to share this widely with their contacts.

Fiona Kinghorn asked the HIT to ensure that they linked in with Public Health Wales, especially around the Move More, Eat Well programme.

Stuart Egan reminded the Forum that previously guidance on email etiquette had been issued. He suggested that this should be refreshed and that guidance on meetings should also be issued, especially around breaks between online meetings. Rachel Gidman agreed this would be helpful and noted that a paper was due to be presented to Management Execs in July around the principles of agile working. She advised that each of the Execs would be issuing a newsletter to staff and said that she would re-inforce staff wellbeing through that. Rhian Wright expressed concern about emails being sent during the evening, especially now that so many people have access to emails on their phones. She suggested that if individuals needed to work in the evening perhaps emails could be drafted but not sent until the following day. Jo Brandon agreed that there were some good points being raised – she advised that a new team member was due to start in August with a focus on staff engagement and would be able to pick up on these.

Dawn Ward thanks the HIT members for an interesting presentation and invited them to attend a staff side meeting in a few weeks to provide a further update.

(Stewart Attridge, Emily Hughes and Sara Gomes left the meeting)

LPF 21/035 Reset and Recovery Plan

Caroline Bird delivered a presentation on the UHB Reset and Recovery Plan. She pointed out that while this was the latest position, it was an iterative process and the plan will change as we go forward and learn more.

She talked about the impact of covid, the context of the plan, the principles of the response and the approach adopted. Highlights included:

- Pre-covid we were generally in a good position, but covid has had a system wide impact (i.e. waiting lists have aged, while EU attendance decreased they have risen again, mental health is under a great deal of pressure and within primary care there is significant pressure due to delayed presentations)
- The reset and recovery plan needs to be seen in the context of prevailing operating conditions, specifically a tired, stretched workforce, reduced efficiency due to IP&C requirements for a covid ready environment and the estates infrastructure
- Modelling shows that recovery will probably take around 5 years and we will need to iterate as we go.
- We want additional capacity and efficient working conditions but recognise the need to work with partners to transform services
- The response to covid has cemented our thinking around 3 key principles – clinically led, data driven and risk orientated
- A programme approach is being adopted and a programme manager appointed. The 5 programmes of work, which sit under our strategic approach and goals, are: primary care,

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planned care, unscheduled care, diagnostics and mental health. Within each of these programmes are a number of key schemes which are interlinked and cannot sit alone. The schemes sit under 3 categories: risk and urgency, sustainability and transformation

The final document will be published as part of the Annual Plan and will be shared with the Forum

Action: Caroline Bird

It was noted at a bid for £37m has been submitted to Welsh Government to fund the schemes and £13m of this has already been approved. Efforts will be made to move forward with the risk and urgency schemes within existing resources where possible in the meantime.

Steve Gauci noted that one of the biggest challenges for partnership working is the increasing workload of staff reps and the need for facility time. He said that this message needs to be passed down to the managers who approve this time.

Dawn Ward asked if we are expecting worse outcomes for patients who have to wait longer. Caroline Bird stated that although capacity is being directed where clinicians say it is most needed, often those who have waited longest are now presenting through unscheduled care. Jason Roberts indicated that it would be remiss to give assurances that no patients are at risk because of the longer wait, but gave assurances that we are mitigating against this and adopting the high level principles of clinical oversight, constant communication and digital innovation. Fiona Kinghorn added that there is no doubt people's health has been adversely impacted, for example through weight gain, deconditioning or extended length of stay, but we are conscious of this and are trying to mitigate.

(Steve Curry joined the meeting)

LPF 21/036 CHIEF OPERATING OFFICER'S UPDATE

In the absence of the Chief Executive, Steve Curry attended to update LPF on the following topics: current pressures in the system; reset and recovery; the Annual Plan; a Joint Executive Team (JET) meeting; the vaccination position; and the appointment of a new CEO.

- We are currently experiencing a significant surge of non-covid pressures. Individuals are presenting later and are deconditioned which means that they are staying longer. Lots of actions are being taken at a system level with our partners to mitigate this
- Reset and recovery is now core business and we are seizing opportunities to recover in a way which is aligned to our strategic aims, however there are two certainties which need to be considered: we are asking the same people and they are tired; and there is a real need in the community to access our services
- Usually a 3 year IMTP is developed, but this year it has changed to an annual plan because of covid and the need to build in the response to recovery.
- The Joint Executive Team meeting between the UHB and Welsh Government seemed to go very well. The Annual Plan was a key part of the discussion, along with staff wellbeing and resilience. WG recognised the efforts of our staff in meeting the challenge of covid and gave them a lot of credit. The new Health Minister has set out her priorities and from a health and care perspective, integration is high on the agenda. She also recognises that the pandemic isn't over and that we are facing a third wave as well as the legacy of covid.
- Wales is leading the way with vaccinations and we are very proud of our team. 80% of our population have had the first vaccine and 60% have had their second. The interval time between Astra-Zeneca vaccines has been reduced to 8 weeks.

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- Len Richards will be leaving the organisation in late September or early October. Rachel Gidman is working with the UHB Chair on a recruitment process and we are hopeful that interviews will take place on 17 September. Steve Curry believed that if Len Richards was present he would say that he was disappointed to leave as he is committed to the UHB direction of travel, that the strategic direction absolutely will not change, and that the process of empowering front line teams and clinical design in our plans will not change either. Stuart Walker will be Acting CEO during the interim period and the Executive team will continue to make decisions and keep momentum

Steve Curry finished by thanking staff for the extraordinary work they have done so far and for what they will continue to do during recovery.

Dawn Ward stated that Len Richards will be missed and that he has been a great supporter of LPF. She wished him well and hoped that he would be able to attend a LPF meeting before he leaves.

Dawn Ward noted that we are poised for a third wave and said that she was interested in the mutations / variants developing, and also the growing concerns for those with long covid. Fiona Kinghorn confirmed that we are starting to get increased numbers in the community but modelling suggest that it is likely to be a smaller wave. The highly vaccinated population means that new cases tend to be among young people and we are not seeing the same impact on hospitals as we have previously.

(Steve Curry left the meeting)

LPF 21/037 PARTNERSHIP AND RECOGNITION AGREEMENT

Rachel Gidman advised that this is an existing document which reinforces the principles of partnership working. It has been reviewed in line with the three year schedule of work but the appearance of the document has been updated and it is much more engaging as a result.

It was agreed that Peter Welsh needed to be included in the LPF membership in Appendix 1, but subject to this amendment the Forum endorsed it and recommended to Board that it should be approved.

Action: Rachel Pressley

LPF 21/038 EPSG TERMS OF REFERENCE

The LPF approved the revised Employment Policy Sub Group Terms of Reference, noting that the membership had been widened and now included representatives from wellbeing, inclusion and education.

(Jessica Lancashire and Jonathan Grey joined the meeting)

LPF 21/039 Finance Report

Chris Lewis presented the Finance Report for the period up to the end of March 2021. He advised that the report was now in a more succinct, easier to understand format and was an extract of the Board performance report.

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£176m of funding has been received to support the covid response. This meant that we have broke even for two years, but need to do this again in 2021/22 to meet our statutory duty. However, the underlying deficit position has increased and it is not known yet if there is any additional support available for this in 2021/22.

The creditor payment compliance target was achieved and the UHB successfully remained within its Capital Resource Limit in 2020/21.

The accounts for 2020/21 have been audited and adopted by the Board and will now be presented to Welsh Government.

LPF 21/040 WOD KPI REPORT (INCLUDING TURNOVER DEEP DIVE)

Rachel Gidman presented the WOD KPI report with the usual metrics and summary of key actions. Attached to this was the first of a series of 'deep dives' looking at voluntary turnover.

Katrina Griffiths gave a presentation on the deep dive, noting the following highlights:

- Retention is a key priority and while a healthy turnover is a good thing it is important to find a balance
- Voluntary turnover remains below target but has been increasing
- ESR gives managers the option to record 'not known' as the reason for leaving. There needs to be some education around this to help managers understand why this information is so important e.g. could we provide the training that people are leaving for in-house?
- Work is taking place to improve the response rates to exit questionnaires
- The next steps and immediate priorities include ensuring the accuracy of the data, improving managers capability and capacity, staff engagement activities, improving flexible working practices, development and career planning and an inclusive culture

Ceri Dolan suggested that this can be a contentious topic, especially when we are losing staff to other Health Boards. She believed that from a nursing perspective this was because the prospects were so poor for Band 5s seeking Band 6 roles.

Paul Rogers noted that in some specialist areas turnover was very low as people stay in the same role for a long time which means there are less prospects and little opportunity for a healthy turnover.

Rhian Wright expressed surprise that there was no reference to bullying and harassment in the reasons given for leaving. Katrina Griffiths explained that this is covered in the exit questionnaire but the slides only captured the most popular reasons given. She agreed to share the exit questionnaire with LPF members, and noted that it is being reviewed soon so there was the opportunity to look at the questions if it was felt that information was not being captured in the right way.

Action: Katrina Griffiths

Jason Roberts acknowledged that a number of staff leave because they have gained a promotion. However, he also expressed concern that there was a perception that you could get onto a Masters programme quicker by leaving. He emphasised the need to gain clinical experience first, before going straight into a 2 year education programme, and he has asked Lisa Franklin (Head of Nurse

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Education) to do a piece of work around the internal development opportunities available for Band 5 nurses.

Steve Gauci raised concerns about staff who are turned down when they apply to Retire and Return and who subsequently leave the organisation when their skills and experience could have been retained on a part time basis. He also expressed concern that managers do not promote the exit questionnaire and suggested that he would be happy to conduct interviews with TU members himself. Rachel Gidman said that it was not necessary to conduct the exit questionnaire interview as it is on survey monkey but did encourage staff representatives to make individuals aware of the survey and to encourage them to complete it.

LPF 21/041 PATIENT QUALITY, SAFETY AND EXPERIENCE REPORT

Jason Roberts presented the Patient Quality, Safety and Experience Report for March/April 2021 and noted the following key points:

- There have been no covid outbreaks but over the weekend there had been an increase in admissions from community transmission
- The criteria for reporting serious incidents to Welsh Government had changed which meant that there had been a fluctuation in the reports over the past 12-18 months, however, monitoring had continued at a UHB level
- There had been an increase in complaints, mainly due to visiting appointments and vaccinations

Rhian Wright noted that 2 serious incidents relating to falls had occurred within Medicine Clinical Board where staff have raised concerns around staffing levels. She asked if the wards where these serious incidents had occurred had been understaffed at the time. Mr Roberts advised that there was a robust patients falls process in place. He said that falls would never be completely prevented because we promoted independence, however, falling safely and recovering were important. The Nurse Staffing Act requires us to report whether the fall was related to staffing and he was able to confirm that in both these cases they was not.

LPF 21/042 Dragon's Heart Institute

It was agreed to postpone this item to the next meeting

Action: Rachel Pressley

LPF 21/043 ANY OTHER BUSINESS

There was no other business raised

LPF 21/044 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 18 August 2021 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

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Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 21/024	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	Ruth Walker	This was incorrectly recorded in the minutes from 22/04/21. Mrs Walker will update the Forum if further guidance is received from WG
LPF 21/024	22 April 2021	Patient Quality, Safety and Experience Report	Report on Nurse Staffing Act to be brought to a future meeting	Ruth Walker	On agenda 17.08.21
LPF 21/035	17 June 2021	Reset and Recovery Plan	Annual Plan to be shared with the Forum on publication	Caroline Bird	COMPLETE
LPF 21/037	17 June 2021	Partnership and Recognition Agreement	Peter Welsh to be added to list of LPF members	Rachel Pressley	COMPLETE Going to Board for approval 29 July 2021
LPF 21/040	17 June 2021	WOD KPI Report	Exit Questionnaire questions to be shared with staff representatives for comments as part of the review	Katrina Griffiths	COMPLETE
LPF 21/042	17 June 2021	Dragon's Heart Institute	Item postponed to next meeting	Rachel Pressley	Jess Lancashire and Jonathan Grey unable to attend 17 August 2021 so will be invited to the October meeting. In the meantime Dawn Ward

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					will invite them for a more informal discussion at the Staff Side Meeting
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Report Title:	Finance Report						
Meeting:	Local Partnership Forum				Meeting Date:	18 August 2021	
Status:	For Discussion		For Assurance		For Approval		For Information x
Lead Executive:	Executive Director of Finance						

The reported financial position for the 3 months to the end of June is an operational surplus of £0.124m.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 3 £12.873m Green and Amber savings have been identified against the target. Further progress will need to be made with a focus on recurrent schemes.

The full year gross COVID forecast has increased in June from £111.149m to £117.083m largely relating to national programmes on TTP and PPE. The UHB has been told to assume that its COVID 19 response costs will be fully funded, but this will be subject to external review and is therefore not confirmed at this stage.

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

The UHB has an approved annual capital resource limit of £33.922m at the end of June 2021. Capital expenditure for the first 3 months of the year was £2.663m against a plan of £3.207m. The UHB expects the final 2021/22 capital outturn to be broadly in line with its capital resource limit.

The UHB's public sector payment compliance performance was 94.0% at the end of June which is just below the statutory target of 95%. Performance is expected to improve as the year progresses.

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

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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 <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							



Report Title:	People Dashboard			Agenda Item no.	11
Meeting:	Local Partnership Forum			Meeting Date:	18 August 2021
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 Systems Manager/Head of HR Operations				

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 of increase in 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

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- 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 over 10.5% UHB-wide.

Other key performance indicators:

- Voluntary resignation trend is rising although this has dropped in April and May and is now 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 5.77% in May 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%.
- By the end of May almost 20% of consultant job plans are in the e-system.
- PADR (now Values Based Appraisal) continues to fall and is significantly off target (35.56% in May)

In summary, what actions are we taking?

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

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

Deep Dive – Employee Relations Background

In August 2018 the structure of the Workforce & OD Department was changed into the HR Business Partner Model structure which incorporates strategic HR Business Partners (HWODs), the HR Operations Team and HR Expert Teams. The top priority for the HR Operations Team was to understand the reasons for the UHB's formal employee relations cases being so high (over 60 cases), improve HR processes, procedures and practices to support a reduction in the number of cases and ultimately move towards a Just and Learning Culture.

The HR Operations Team have worked closely with senior managers within the Clinical/Services Boards to embed the principles of a Just and Learning Culture. This is to ensure that we do not have a blame culture as we understand that one of the greatest stressors for staff, especially during a healthcare crisis, is: what will happen to me if something goes wrong? To address this, we have implemented the 'Just Culture' guidance which emphasises that mistakes are generally a product of faulty organisational cultures, rather than solely brought about by the person or persons directly involved. The guide is used to support conversations between managers about whether a staff member involved in a patient safety incident requires specific individual support or interventions to work safely. This allows for individual accountability, fair treatment and promotes a learning organisation culture.

Within 6 months the team had significantly reduced the number of ER cases by introducing and strengthening the following:

- Assistant Heads of Workforce and Organisational Development (AHWODs) to take on the role of HR Case Managers;
- HR were too involved in investigations, this stopped;
- Support was provided to Investigating Officers by adopting a coaching style;
- Disciplining Officers were supported, ensuring they understood their responsibilities;
- Trade Union colleagues started to build trust in the team;
- The initial assessment process was revised to ensure that only serious cases progressed to a formal investigations, to avoid unnecessary investigations;
- The duration of investigations started to improve, with the majority taking 0-3 or 3-6 month to complete.

In February 2020 the team reported 25 formal investigations/disciplinary hearings, of which 6 were being progressed by the Police/CPS. This was the lowest cases had been since the HR

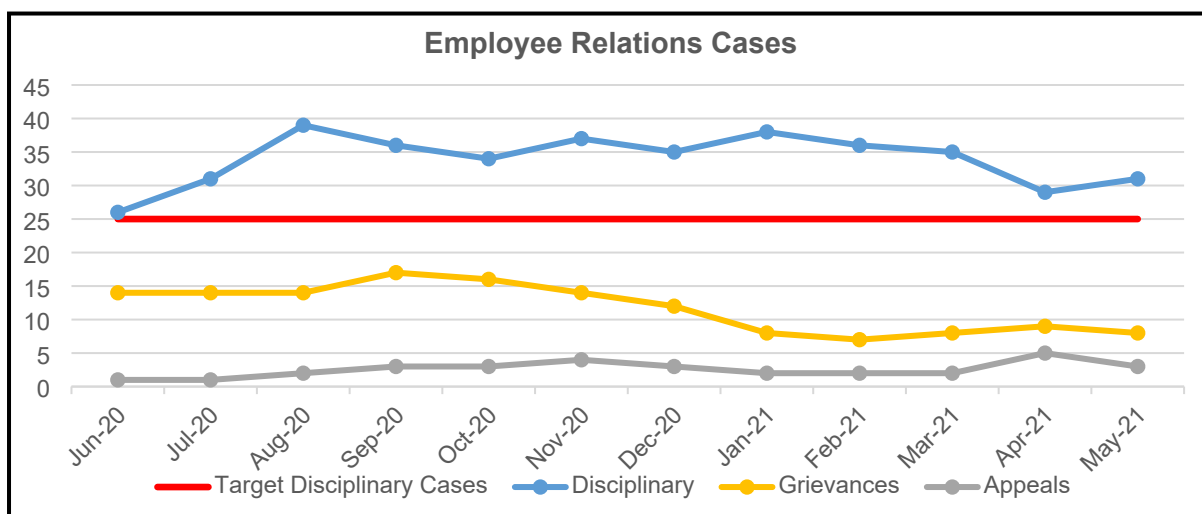
Operations Team was established. This improvement was sustained with cases only fluctuating slightly each month.

On 23rd March 2020 the COVID-19 pandemic had reached infection levels which resulted in the Welsh Government locking down the country to protect the population and the NHS. At this time a decision was taken to pause all formal employee relations cases and all efforts were focused on supporting the organisation with the pandemic. The HR Operations Team became the Workforce Hub and concentrated solely on recruiting additional staff at pace. This continued during the first wave.

The HR Operations Team tried to return to business as usual by the summer and had the challenge of progressing the cases virtually using new technology. Initially there was a reluctance by Trade Unions to progress cases in this way and some refused to represent in this manner. This created further delays in concluding cases.

By September 2020, the team were supporting the organisation with the second wave and whilst we continued to progress some cases virtually, progress was slow due to availability of managers, HR and trade union colleagues. Since March 2021 more cases have been concluded.

The graph below shows the level of employee relations cases from June 2020 to May 2021, you will see that disciplinary cases increased from 26 in June 2020 to 39 in August 2020. Over the period the number of formal grievances have reduced and appeals have fluctuate slightly over the period:



Position as at 14th May 2021

As at 14th May 2021, the UHB had 29 formal internal employee relations investigations/disciplinary hearings, which reduced from 37 in April. I am pleased to confirm that the long standing cases that were delayed due to the pandemic are now reaching a conclusion.

In addition, there are also:

- 5 cases that are being progressed by an external agency (Police).

- 4 cases being progressed via the Fast Track disciplinary procedure.

Breakdown of Internal investigations/disciplinary hearings by Clinical Board

Clinical Board	No of Cases	May-21 WTE	% under investigation
All Wales Genomics Service	0	227.92	0%
Capital, Estates & Facilities	5	1132.04	0.44%
Children & Women's	5	1814.27	0.27%
Clinical Diagnostics & Therapeutics	0	2047.35	0%
Corporate Executives	2	778.85	0.25%
Medicine	6	1613.75	0.37%
Mental Health	5	1276.18	0.39%
Primary, Community & Intermediate Care Service	3	989.63	0.30%
Specialist Services	2	1798.23	0.11%
Surge Hospitals	0	45.80	0%
Surgical Services	1	2040.06	0.04%
Total	29	13764.07	0.21%

Breakdown of Internal investigations/disciplinary hearings by Staff Group

The number of cases involved registered Nurses are higher than any other staff group, to mitigate this and to share understanding the Head of HR Operations, Deputy Executive Nurse Director and the RCN meet quarterly to discuss. Whilst the number of cases are higher, the RCN are satisfied that the progression of cases is appropriate.

Staff Group	May-21	No of Cases
Add Prof Scientific and Technical	736.80	0
Additional Clinical Services	972.33	0
Administrative and Clerical	2339.26	2
Allied Health Professionals	934.85	0
Estates and Ancillary	1142.52	5
Healthcare Scientists	495.02	0
Medical and Dental	1224.61	2
Nursing and Midwifery Registered	4037.83	15
Students	31.18	0
Unregistered Nurse	1849.68	5
Total	13764.07	29

Reasons for formal investigations/disciplinary hearings include:

Reason	No. of cases
Breach of patient confidentiality	1
Convicted of criminal offence	3
Falsification of clinical records	2
Fraud	3
Inappropriate behaviour (b&h)	3
Maltreatment of other worker	1
Maltreatment of patient/client	8
Misconduct	1
Theft	1
Negligence or failure to undertake duties	6
Total	29

External Cases (Police/CPS)

Clinical Board	Total
CE&F	1
Mental Health	2
Specialist	2
Total	5

Breakdown by Work Status (internal)

Suspensions from duty are a last resort and linked to very high risk cases.
Wherever possible staff are deployed to non-clinical roles rather than suspended.

Work Status	Internal Cases
Normal Duties	3
Sick Leave	9
Suspended	2 (+1 external case)
Temp Alt Work	15
Total	29

Employment Tribunal Cases

Clinical Board	Staff Group	Stage	Total
Surgery	Medical	Progressing to final hearing	1
CE&F	Estates and Ancillary	Progressing to final hearing	1
PCIC	Nursing & Midwifery	Preliminary hearing stage	1
Mental Health	N/A	Preliminary hearing stage	1
Total			4

Appeals

Clinical Board	Category of appeal, e.g. sickness, disciplinary sanction	Total
Specialist	Disciplinary Appeal	1
Genomics	Industrial Injury Appeal	1
CEF	Industrial Injury Appeal	1
Surgery	Disciplinary Appeal	1
Total		4

Formal Grievances

Clinical Board	Staff Group	Stage	Total
Specialist	Allied health professional	Stage 2	1
	Allied health professional	Stage 3	1
Medicine	Admin and Clerical	Stage 2	2
	Nursing & Midwifery	Stage 2	1
CD&T	BMS	Stage 3	1
Surgery	Dental	Stage 3	1
Mental Health	Nursing & Midwifery	Stage 2	1
	Nursing & Midwifery	Stage 2	1
Total			9

The Team are currently focusing on:

- Continuing to embed the Just Culture principles;
- Providing awareness and training on the initial assessment process to ensure this is completed robustly and quickly.
- Building the capability and capacity of Investigating Officers through formal training and ongoing coaching;
- Developing and are delivering training for Disciplining Officers in relation to the accountability and responsibility of the role;
- Developing a debrief process to ensure lessons learnt are actioned.
- Embedding the new Respect and Resolution Policy which launched on 1st June 2021 and embedding the new approach 'Healthy Working Relationships' into the organisation.
- Reducing the duration of formal investigations wherever possible.

Considerations for the future

Formal investigations take too long for a number of reasons but predominantly due to the lack of capacity of the Investigating Officer. This is not a criticism, as the Investigating Officers

undertake the investigation in addition to their normal role. Investigations that take too long are problematic on a number of counts, for example:

- Impacts negatively on the health and wellbeing of individuals involved in the investigation process;
- It's costly to the organisation, due to sickness absence, deployment out of substantive role, suspension, etc.;
- Weakens the case as memories fade;
- At Employment Tribunal the organisation would be criticised for lengthy processes and cases can be lost procedurally due to investigations taking too long.

Duration of formal investigation/disciplinary hearings

Below is a breakdown of the duration of current internal cases, prior to the pandemic the position was much better in that there were no cases taking over 12 months and only a small number that had taken over 6 months – the majority of cases were taking 4-6 months to conclude. Albeit that is still too long for a member of staff to be under investigation.

Duration Category (Months)	No of Cases
0-3	9
3-6	7
6-12	11
>12	12
Total	29

Consideration needs to be given to determine how investigations can be conducted in a timely manner. Previously the organisation employed an independent Investigating Team that consisted of 2-3 dedicated Investigating Officers to formally investigate Disciplinary and Dignity at Work matters. If the Investigating Officers are skilled, have the expertise required and the capacity then this could be an ideal solution to the current problem. Another option would be to provide Investigating Officers with protected time but in my experience this is very difficult to achieve when the Investigating Officers are Senior/Lead Nurses, Directorate Support Managers, etc. The clinical and operational needs of the organisation always have to come first. If acceptable, an options appraisal could be developed for consideration by the Executive Team.

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



Report Title:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT			Agenda Item no.	12
Meeting:	Local Partnership Forum			Meeting Date:	18 August 2021
Status:	For Discussion		For Assurance	For Approval	For Information
Lead Executive:	Executive Nure Director Executive Medical Director				
Report Author (Title):	Assistant Director, Patient Safety and Quality Assistant Director, Patient Experience				

Background and current situation:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from May to June 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 14th June 2021 marked the commencement of the new patient safety incident reporting framework from Welsh Government; as a result the restricted SI reporting process in place during the COVID-19 pandemic has now ceased.

Concerns

In May and June, 2,368 concerns/contacts were received. This is a decrease when compared to 3,549 contacts received in March and April.

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There has been a 4% decrease in the Health Boards 30-day performance (79%) in responding to concerns, however, despite the continuing demand on the Health Board, we are still exceeding the Welsh Government target of 75%.

Quality Safety and Experience Framework

A wide range of engagement has taken place to date, with 1000's of staff and external stakeholders. This has included open sessions with staff, an organisation wide Safety Culture Survey and a community wide Patient Experience Survey. Presentations and discussions have taken place with a wide range of key external stakeholders. The revised QSE Framework for 2021-2026 will be presented to the September 2021 QSE Committee for approval.

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

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

Serious Incidents		
Clinical Board	Number	Description
Surgery	4	<ol style="list-style-type: none">1. Wrong-sided nerve block performed - Never Event2. A patient admitted from a nursing home on 01/06/2021 has died unexpectedly3. A patient who received surgery for bowel obstruction due to a possible malignant mass was 'lost to follow up'4. A patient sustained a fractured neck of femur following an unwitnessed fall.
Mental Health	3	<ol style="list-style-type: none">1. A patient detained under Section 2 MHA has died unexpectedly. No suspicious circumstances were found and it is believed the patient has died of natural causes.2. A patient who had had an informal admission to Hafan-y-Coed, absconded whilst on escorted leave from the ward and was later witnessed falling from a bridge. Sadly they died from their injuries.3. An in-patient suicide
Medicine	2	<ol style="list-style-type: none">1. A delay in the care of 2 separate patients, referred for endoscopy by their GP.
CD&T	1	Concerns have been raised in relation to the performance of a Radiology trainee. The ultrasounds scans of 108 patients are being reviewed.
TOTAL	9	

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No Surprises		
Clinical Board	Number	Description
<i>Children and Women</i>	1	Cardiff and Vale UHB reported potential failings with a Point of Care Testing (POCT) device used to test for pregnancy.
TOTAL	1	

How do we compare to our peers?

From 14th June, the way that Health Boards report incidents to NHS Wales Delivery Unit (DU) (Welsh Government) changed. The National Patient Safety Incident reporting policy supersedes the Serious Incident section (Section 9) of Putting Things Right guidance.

Never Events, in-patient suicides, maternal deaths, avoidable healthcare acquired pressure damage and incidents affecting a significant number of patients will continue to be reported to the Delivery Unit (DU) immediately.

In addition, the following changes will take place:

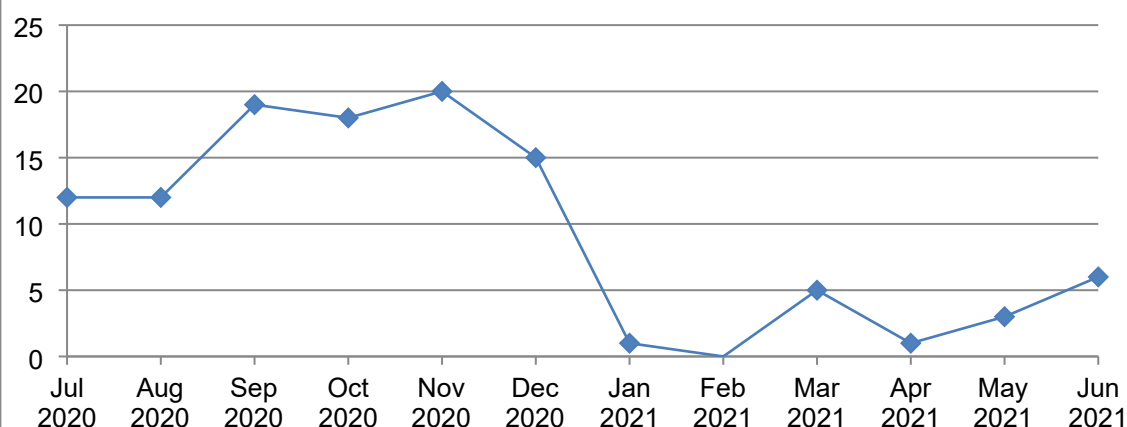
Phase 1 (immediate effect) requires incidents potentially causing major or catastrophic harm to be reviewed internally by Clinical Boards with onward reporting to the DU if any causative or contributory factors are established.

Phase 2 (implementation date to be confirmed) involves the thematic reporting of healthcare incidents based on common factors regardless of the harm outcome.

Health Boards now have seven days in which to review an incident and decide on whether it meets the requirements for external reporting. A significant change in the new reporting arrangements is that Health Boards will assign the investigation timeframe and level of investigation themselves, a role previously undertaken by WG/DU. This reflects a greater emphasis on ownership of the process by individual Health Boards. At the end of the investigation process, Health Boards will report back to WG/DU with one of three reports depending on the findings of the investigation report; a Learning from Event form, an Outcome report or a downgrade request form (the latter allows a Health Board to request that a previously reported incident no longer be considered as an externally reportable incident following further review of the incident).

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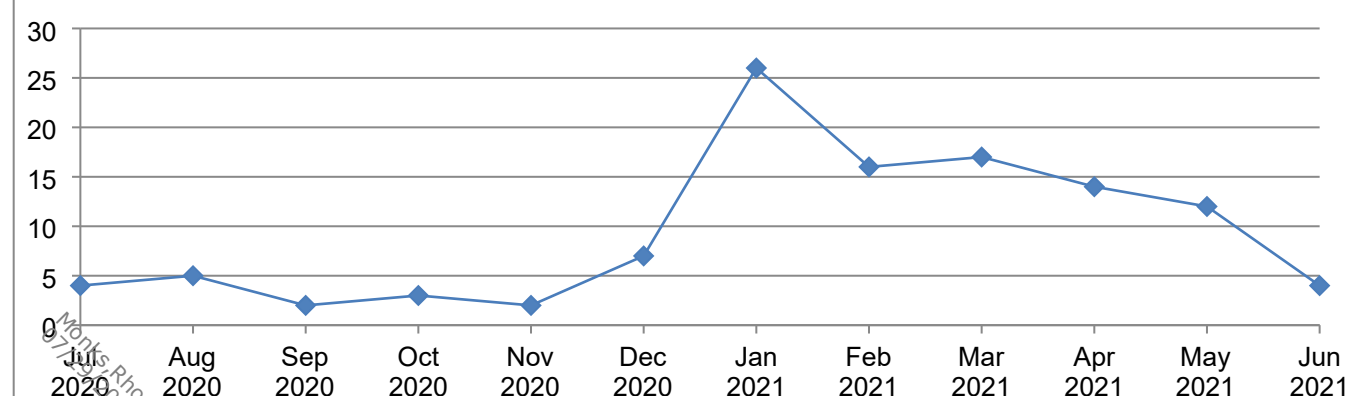
SIs Reported to WG/DU 01/07/2020 to 01/07/2021



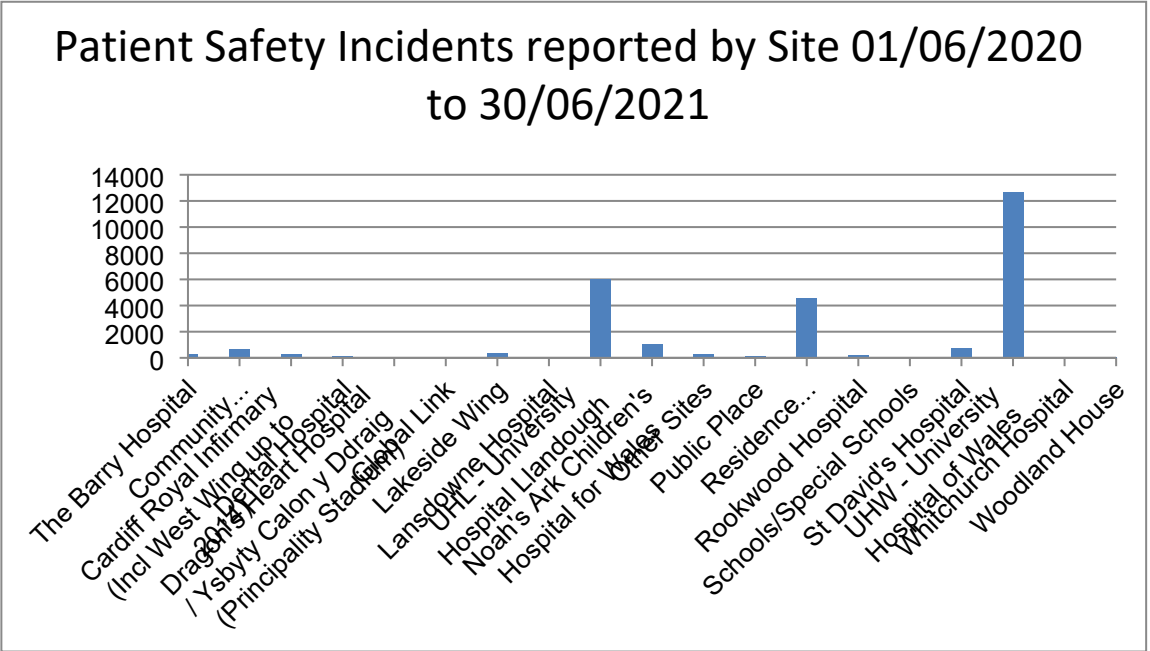
The above chart reflects the change in SI reporting criteria during the first and second waves of the pandemic. In August 2020, the restricted SI reporting criteria that had been in place during the first wave of COVID-19 was lifted and the usual reporting criteria resumed. This is associated with an increase in SI reporting as demonstrated in the chart above. In January 2021, during the second wave of COVID-19, the restricted reporting criteria resumed leading to significantly lower reporting rates. April 2021 to June 2021 did show a slight increase in SI reporting despite the restricted criteria being in place and from 14th June, all restrictions have been removed and the new incident reporting framework is in place. It is therefore anticipated that the graph will continue to increase to reflect pre-COVID-19 reporting levels.

To ensure good governance of incidents that would have been externally reported if not for the restricted arrangements, Cardiff and Vale Patient Safety Team monitored incidents that would otherwise have been reported and ensured that these were still managed appropriately via a proportionate investigation, improvement actions and wider learning. From 14th June 2021, this process has concluded as all incidents that require external reporting will now follow this process.

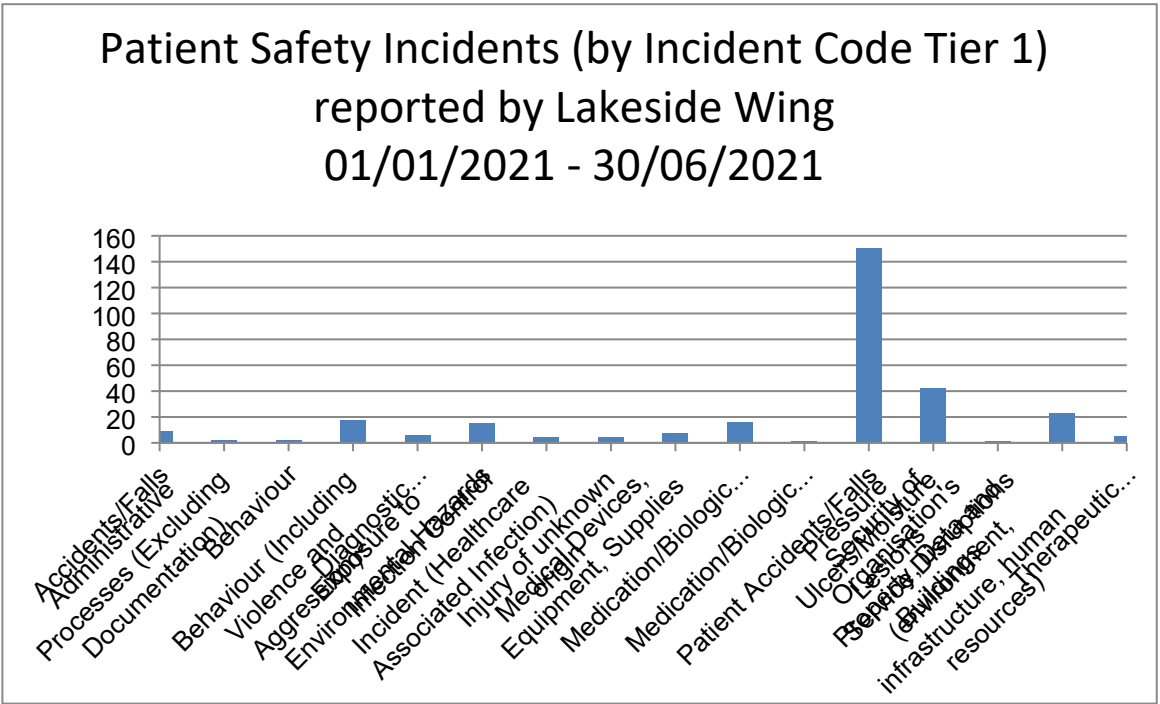
Potential SIs Declined to Report (Covid-19) 01.07.2020 - 01.07.2021



The above line chart demonstrates the increase in the SI type incidents that were not reported under the restricted reporting criteria during the second wave of COVID-19. This category has reduced with a corresponding increase in external reporting to DU/WG leading to the lifting of restricted reporting in June 2021.

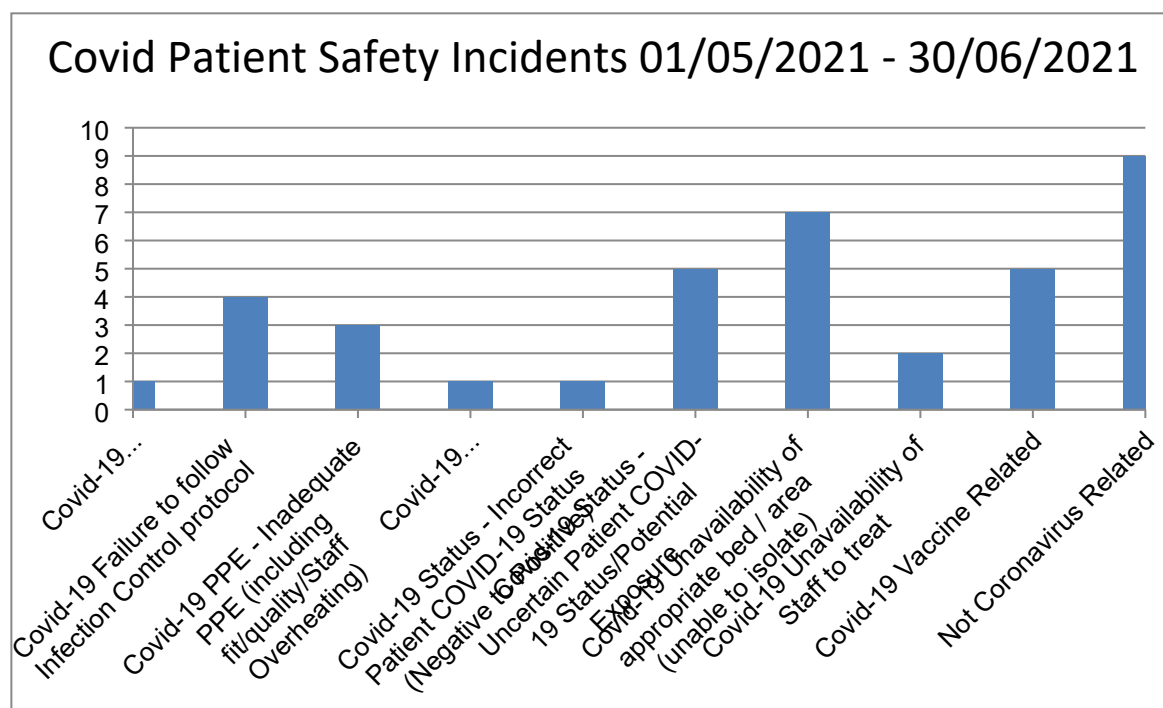


The above chart reflects the higher incident reporting at the two main acute sites as would be expected between 1st June 2020 and 30th June 2021.



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COVID-19 Related Incidents



There were 73 COVID-19 related incidents reported during May and June 2021, this is in contrast to the 463 reported between January and February 2021 during the height of wave 2. The top 10 COVID-19 related incidents are demonstrated in the chart above. The highest reported category in the top 10 are 'Not Coronavirus related' – these are incidents that are not directly related to COVID-19 but relate to a change of practice or procedure in place due to the pandemic.

The next highest reportable COVID-19 related incident is unavailability of appropriate bed/area followed by uncertain COVID-19 status. The number of incidents relating to inadequate PPE for staff were only three reported incidents for this period. These numbers are much lower than in previous months. All reported incidents related to PPE are reviewed by the PPE Cell and any necessary learning identified and implemented.

Critical Care had been the highest reporting area for COVID-19 related incidents, however for the period of May to June 2021, the Paediatric Emergency Unit was the highest reporter with incidents primarily relating to staffing numbers and available space for patients, either relating to bed availability or difficulty in maintaining social distancing measures due to the numbers of patients. Only two were reported by Critical Care for this period; one related to swab protocol and one related to nurse availability for plasma exchange.

A Nosocomial Review Oversight Group has been set up to review all cases of nosocomial Covid -19 to ensure that all have been proportionately reviewed/investigated and that all identified learning is being addressed. This is Chaired by the Executive Nurse Director.

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Regulation 28 Reports

There have been no Regulation 28 reports in this timeframe. 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 and many are being held virtually.

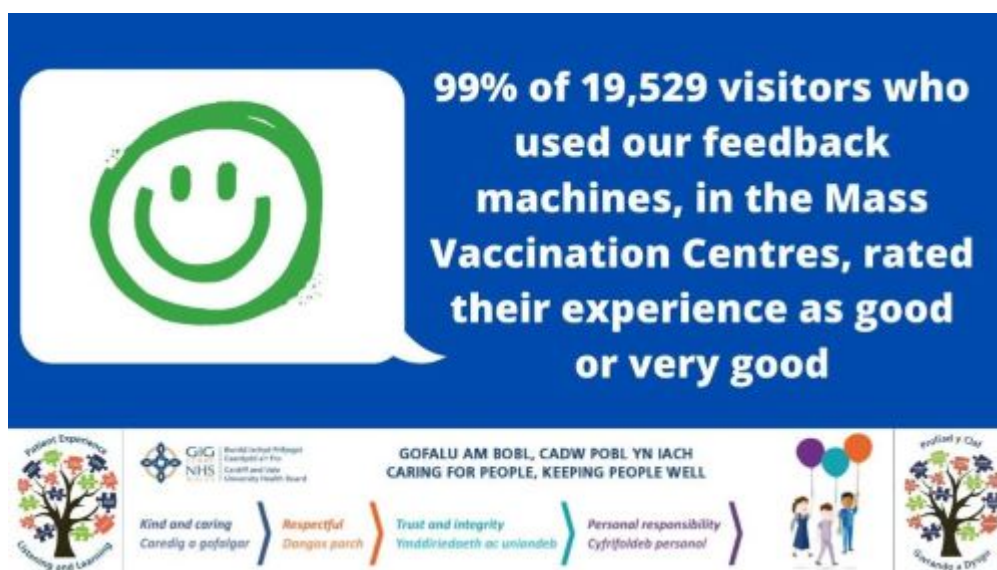
There are currently 134 open inquests and 11 Pre-Inquest reviews pending.

Patient Experience

Feedback

As previously reported, since March 2020, the Patient Experience Team (PET) 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). Feedback has been exceptional with a very high positivity rate overall.



We undertake many bespoke surveys and the feedback is very positive NHS Welsh Health Collaborative.

Feedback

I want to express my sincere thanks for your support in preparing the survey for us. The response was overwhelming; we had in excess of 130 in less than 3 weeks. When it came to analysing the responses, particularly the free text questions, the comments were so emotional, I

did actually have to wipe a tear or two away. I am in the process of seeking assistance in analysing this wealth of qualitative data.

Volunteer Update

We continue to recruit to our Meet and Greet and Mass Vaccination Centre's at a great rate recruiting and starting 54 new Health Board volunteers between April and June.

Concourse (wayfinding and generally helping) - 11/11/20 to 28/05/21 – **2,126** interactions.

Volunteer Feedback received

"Support from the Patient Experience team is very good and I feel valued".

"Excellent support and very understanding, nothing is too much. I feel wanted and needed as a team member."

"Would just like to say a huge thank you for letting me be a part of this great team".

Patient Experience Support Staff

We continue to support with many of the initiatives that were developed during the pandemic, with the support of our nursing and medical students. They facilitate communication between families and their loved ones and will set up virtual visits or phone calls where appropriate. They spend time undertaking activities or talking with or being there to listen to patients.

Hours supporting our patients across sites are: Total hours since May 2020 are **13,794**.

Feedback from Cardiff University School of Medicine

We're contacting you to offer our sincere thanks for your contribution toward our students' continuing education during a year that has been challenging like no other in all areas.

We know from reading the students' reflections that their electives have been fulfilling, valuable and memorable. Their experiences have positively impacted upon their studies and how they will approach their forthcoming medical careers.

Patient Information Bags

During May, the Patient Experience Team, in partnership with the Surgery Clinical Board, launched our new Patient Bags on a number of green wards at UHW and UHL. Each bag contained useful items patients can use during their stay along with literature on COVID-19 awareness and how we as a Patient Experience Team can support them. A total of 550 bags will be issued to the wards during this pilot.

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Patients Feedback

'Thank you so much for the gift bag you gave me on 20th May when I went into the Heath Hospital. You have no idea how it raised my spirits and set the tone for my whole hospital experience. I came home very happy.'

'The products in themselves are very useful but the giving of the gift is much more. It is a manifestation of the attitude of care and thoughtfulness which makes such a difference when patients are feeling so vulnerable'

Visiting Guidance

The Patient Experience Team have provided support with the development of Maternity Visiting Guidance Video in English and Welsh, which will be uploaded onto the Health Board's website offering support to partners, families etc. with visiting guidance for Maternity Services (A link to the video is provided here – [Maternity video](#).) The Welsh Video developed with audio is currently being added for the Welsh site.

From 2nd April 2021 we introduced a dedicated 7 day a week phone line for people to book a visit with their loved ones in line with the guidance and local conditions. We also developed a video and dedicated email address so that people could request a visit in a variety of ways. The visiting line receives approximately 700 calls per week and is especially busy on the weekend.

From 5th July the new guidance allows up to two parents, guardians, or carers at the bedside at a time for paediatric inpatients and neonates subject to local determination, and following a risk assessment including the ability to maintain social distancing. The previous guidance allowed one visitor at a time, unless there were exceptional circumstances.

We know this can be a distressing time for patients and loved ones so allowances are made as appropriate depending on the nature of the visit. These measures are in place to maintain a COVID-19 secure environment, reducing the risk to our patients, their families, and our staff. Wherever possible we try to enable visits, recognising the positive impact for both patients and families.

Living Well with a Long-Term Health Condition Focus Group

Members of the Patient Experience Team facilitated this on-line focus group, delivering within breakout groups to provide essential feedback from service users on the development of the Living Well Programme for those living with long term health conditions.

Feedback from attendees

I have just participated in the teams meeting this morning regarding the patient focus group, which has been amazing.

Thank you for your time, and also thank you to your team, it was a great meeting and I have taken a lot away from it.

Smoking Cessation Support

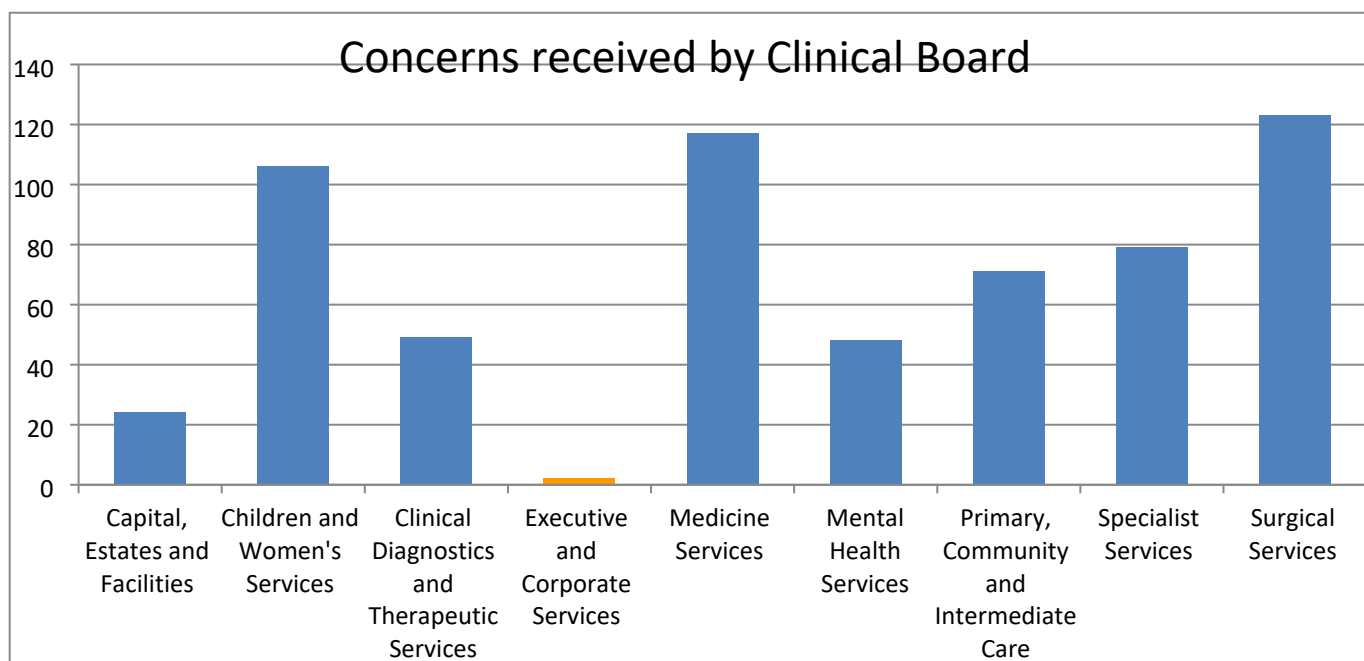
Patient Experience Team members have been supporting with observation visits, the design of a survey, video, poster and leaflet development specifically for Hafan y Coed to inform visitors, service users and public of the smoke free hospital policies and the aim to raise awareness about the support available for patients if they would like to stop smoking.

Complaints Management/Redress

In May and June, 2,368 concerns/contacts were received. This is a decrease when compared to 3,549 contacts received in March and April.

This decrease reflects the reduction in the number of enquiries the Concerns Team are having as more people are receiving their COVID-19 vaccinations. The Concerns Team also provide a 7-day booking line for relatives to arrange a visit which is extremely busy.

Concerns	Vaccination enquiries	Visiting Calls
619	1749	4,282

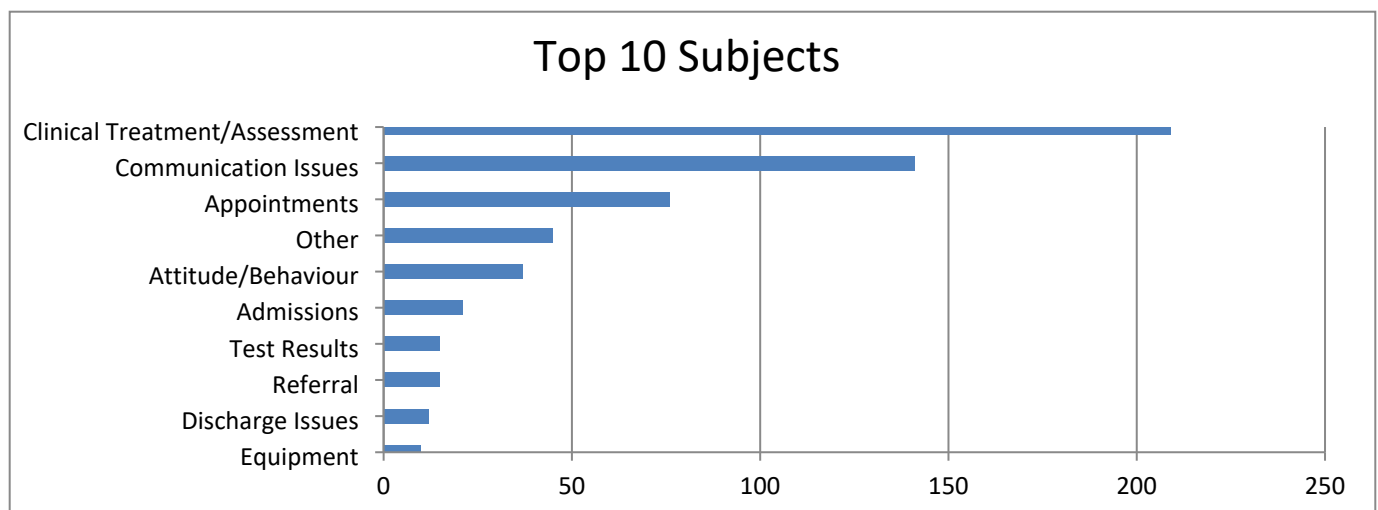


There is a significant increase in the number of concerns received during May and June 2021, 619, when compared to the same period last year (381). We currently have 339 active concerns. We continue to receive a high volume of patient's raising concerns relating to delays in follow-up appointments and 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 the 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 have also seen an increase in concerns following a number of significant cases.

There has been a 4% decrease in the Health Boards 30-day performance (79%) in responding to concerns, however, despite the continuing demand on the Health Board, we are still exceeding the Welsh Government target of 75%.

Communication continues to be a theme raised in concerns, however, there has been a significant increase in the number of concerns raised relating to clinical treatment and assessment. 165 raised during March and April and 209 during May and June. Therefore the key theme noted during May and June relates to clinical treatment assessment with concerns regarding communication now being the second highest reported theme. Many Patients on elective waiting lists have been contacted to advise of delays and they are provided with a contact number in the Patient Experience Team to speak with the team directly with any enquiries. In the letters people are reminded of the need to access care if there is a change in their symptoms.



It is pleasing to note that there has been a reduction in concerns raised relating to communication with 141 concerns raised during this period, in comparison to 187 raised during March and April. As reported previously, a reduction in these types of concerns was anticipated now that we are able to accommodate some visiting. Concerns regarding clinical treatment and assessment do not relate to any particular Clinical Board.

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.

Training

We continue to offer training as and when required. During May and June, concerns training sessions have been provided to Medicine Clinical Board, with very positive feedback. Our plan

over the next two months is to develop on-line training on Breach Of Duty and Redress whilst also providing an opportunity for more bespoke training being available as and when requested.

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 enabled 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 600 calls a week. To date we have received over 6,000 calls

Additional staff were required to support the Mass Vaccination enquiry line over seven days. During May and June we received 1,749 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. We are pleased to be in a position to support staff who have been unable to continue work in their substantive roles due to the Covid Pandemic and the risks involved. We have had very positive feedback.

I was transferred temporarily 4 months ago to the Concerns Department following an occupational health review as I could not fulfil my nursing duties at the time. I was initially supporting Covid vaccination calls, but soon took an interest in the concerns process and I was encouraged and supported by the co-ordinators to start working with concerns more. I was gradually given more responsibilities and supported in this new role. This led to me applying for a co-ordinator position when it became available, something that has had a tremendous positive impact on my wellbeing. The support I received from my colleagues and senior staff in this was nothing short of amazing. I am extremely happy that this opportunity was presented to me when it did and for the support and guidance I received in pursuing it.

Quality, Safety and Experience Framework

A wide range of engagement has taken place to date, with 1000's of staff and external stakeholders. This has included open sessions with staff, an organisation wide Safety Culture Survey. As part of this work we are engaging with patients, staff, volunteers and the wider community to help identify our priorities for the next five years. After holding a virtual town hall event to discuss the framework with volunteers we are now running a Patient Experience survey, which will be available until the end of July; to date 1,600 participants have completed the survey.

Presentations and discussions have taken place with a wide range of key external stakeholders. The revised QSE Framework for 2021-2026 will be presented to the September 2021 QSE Committee for approval.

Clinical Effectiveness Committee (CEC) Feedback

Since the last paper was written for the Board Meeting, two Clinical Effectiveness Committee meetings have taken place, on 11th May and 8th June, chaired by the Associate Medical Director.

The Committee is now well embedded and Clinicians are starting to attend to present their National Data and outline work that is being undertaken in relation to continuous improvement. A detailed account of current activity and Clinical Board monitoring and assurance is included in **Appendix 1**.

Learning from Deaths/Mortality

Summary

- The Mortality Review Group is functioning well. The ultimate purpose is to learn from deaths and act on that learning.
- Implementation of the Medical Examiner (ME) and Medical Examiner Office function is progressing according to plan. Good working relationships are being established to evolve structures and processes between Cardiff and Vale University Health Board and the ME Office. The UHB is being held as an exemplar for Wales.
- A business case is being developed to acquire resources that will enable the UHB to manage the additional workload.

Detail

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 to the ME office per day. From 1st June one set will be scanned from University Hospital of Wales 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 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.

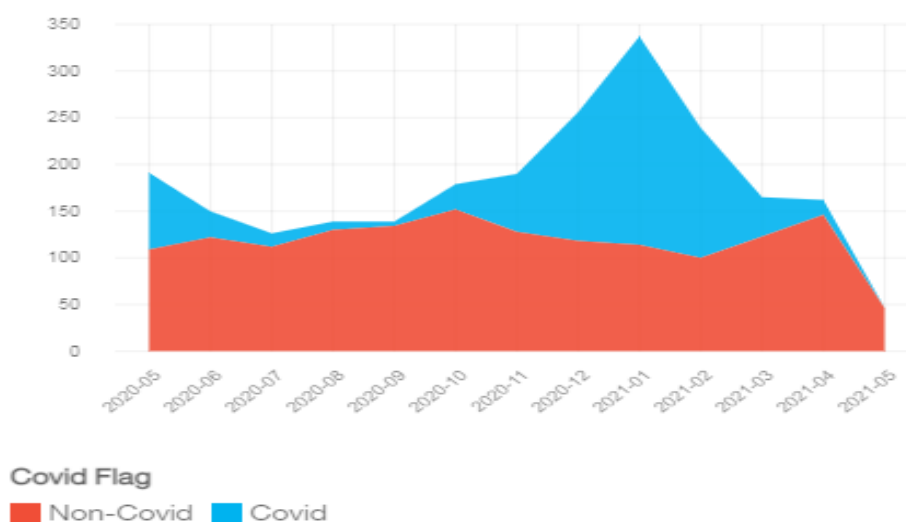
Stage 2 reviews are completed by MDTs, led by nominated Consultants. Findings should be discussed through the relevant Quality Safety and Experience Committee structures and a copy of the review sent to the Organisational Learning and Quality Improvement Team so that UHB-wide themes and trends can be 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.

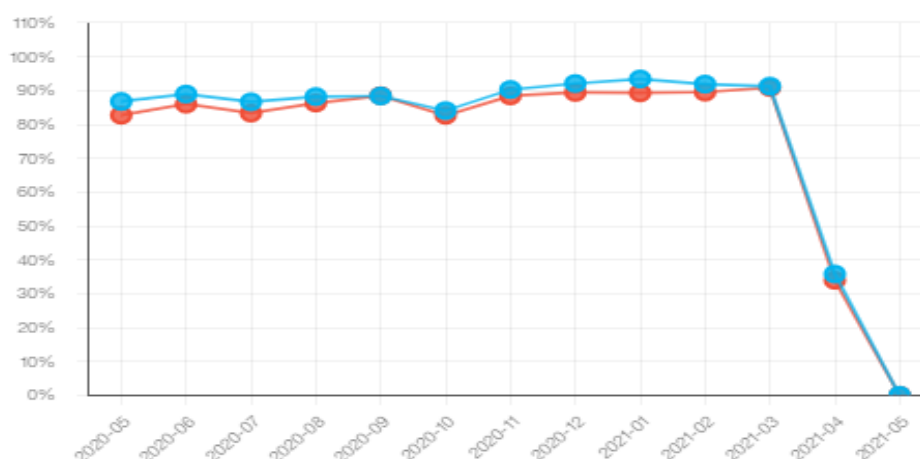
COVID-19 notwithstanding the number of deaths/the amount of joint work with the ME office is fairly predictable – as per the chart below.

Number of COVID/Non Covid Deaths



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.

% Stage 1 Completed

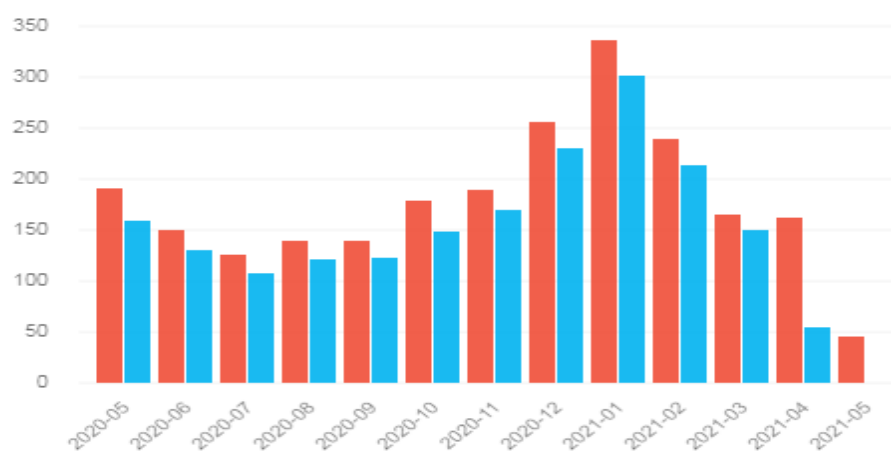


Measures

- % All Deaths - Stage 1 Complete
- Reported % UMR Completed (Monthly Submission)

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

Number of Deaths and Death Certs



Measures

- Count Deaths
- Death Cert

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Recommendation:

- The Local Partnership Forum is asked to **NOTE** the contents of the Integrated Quality, Safety and Experience (QSE) Report.

Shaping our Future Wellbeing Strategic Objectives

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

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

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 <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								

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Appendix 1 – Clinical Effectiveness Committee activity and output.

Perinatal Mortality Review Tool (PMRT)

Following publication of the PMRT report two questions were posed to the Directorates:

1. Position on implementation of NICE guidance for diabetes in pregnancy.
2. How objectivity/impartiality is ensured when reviewing neonatal deaths and RCA investigations in the absence of an external member were highlighted. The Committee received responses from both the Neonatal Unit and Obstetrics that confirmed that NICE guidance NG3 had been fully implemented, and work is underway with the Welsh Neonatal and Maternity Network to establish external member to support Welsh Health Boards.

Paediatric Intensive Care Audit Network for the UK (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. Following further discussion with the relevant teams to ensure the data was understood in context, the Clinical Lead together with the Audit Lead has been invited to present their data to the Clinical Effectiveness Committee meeting in August.

National Hip Fracture Database – May 2021

The National Hip Fracture Database Audit was presented by the Clinical Audit Lead, the Lead Nurse for Surgery was also in attendance. A demonstration was given on various aspects of the NHFD website, including an assessment benchmark summary that contains real time data. It was explained that using the website as a benchmarking tool with hospitals in England can be problematic due to the best practice tariff incentives in England. Below is the data and the expected standards developed by WG and presented to the Delivery Unit on a quarterly basis

Overview of Wales	AB		BCU			CTM			CV	HD			SB	Benchmarks				
	GWE	NEV	CLW	GWY	WRX	PCH	POW	RGH	UHW	BRG	WWG	WYB	MOR	NHFD	Wales	Eng	NI	Expectation
Prompt orthogeriatric review % (k1 annual)	95%	93%	94%	39%	33%	0%	0%	8%	78%	95%	29%	64%	86%	87%	60%	89%	82%	75%
Prompt surgery % (k2 annual)	62%	79%	67%	81%	69%	65%	57%	75%	70%	44%	80%	74%	54%	69%	67%	69%	21%	75%
NICE compliant surgery % (k3 annual)	87%	79%	62%	64%	75%	46%	82%	83%	71%	95%	68%	76%	68%	71%	72%	71%	75%	75%
Prompt mobilisation % (k4 annual)	72%	71%	74%	85%	77%	76%	90%	61%	79%	78%	70%	61%	74%	80%	74%	81%	84%	75%
Not delirious post-op % (k5 annual)	58%	60%	78%	54%	18%	0%	73%	8%	51%	96%	63%	67%	74%	58%	54%	58%	36%	75%
Return to original residence % (k6 annual)	75%	82%	77%	75%	67%	68%	64%	72%	77%	80%	76%	79%	76%	71%	75%	71%	79%	75%

Kind and caring Caredig a gofalgol
Respectful Dangos parch
Trust and integrity Ymddiriedaeth ac uniondeb
Personal responsibility Cyfrifoldeb personol

*NEV data only up to April 2020

*NI data only up to Oct 2019. NHFD beyond Oct 2019 is only England and Wales.

Highlighted in red for CAV (KPI) , 'not- delirious post-operatively' is 51% and is an issue nationally, demonstrating the value of using real time data it was possible to see an improvement in this area, and audit data showing improvement on previous years. However, it was recognised that there is significant room for improvement. Current improvement plans are focused on the pre and perioperative period as well as the post-operative period. Inpatient falls as a result of post-operative delirium was also discussed and the need to develop a structured way of learning and sharing the learning across the Health Board. Learning from all inpatient falls is being picked up by the Falls Lead who was also present at the meeting.

Pressure area care was also identified as a concern, the Committee was informed of various work in process, including re-establishing the Pressure Damage Group, and working with bed suppliers to change Duo Two mattresses. Addressing post-delirium will also have an impact on safe post-operative mobilisation rates.

The National Early Laparotomy Audit (NELA) – May 2021

The National Early Laparotomy Audit was presented by the Clinical Audit Lead.

Positives from the presentation were: Improvement seen in mortality rates year on year, Cat 1 decision to theatre time, lactate and Surgical Consultant presence.

Areas for improvement were: In relation to timely administration of antibiotics in suspected sepsis, documentation of risk, clinical fragility score, Anaesthetics Consultant presence and access to ITU.

Work currently underway included a review of PTSD post emergency laparotomy, increase in frailty sessions, participation in UK-wide QI project, improving sepsis management and pathway documentation, working with Surgical Trainees and Nurse Practitioners.

NELA simulation is to commence when COVID-19 pressures ease. A national piece of work will be undertaken focusing on the patient's experience.

National Lung Cancer Audit

Crude Cardiff data was discussed and some questions were raised around the following:

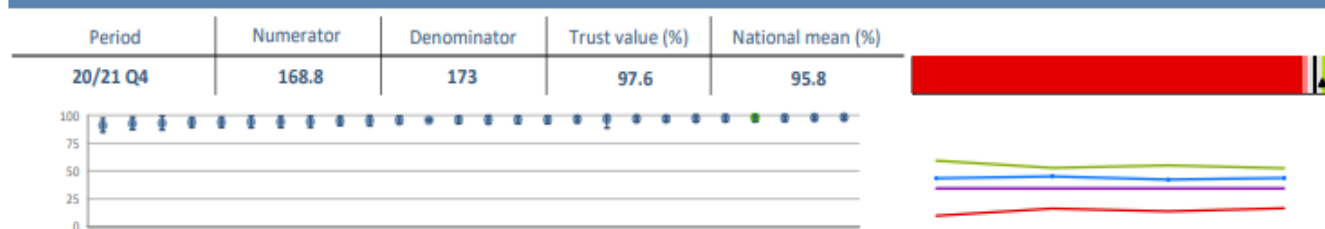
- Reduction in the rate of surgical resections
- Reduction in the number of pathological diagnosis

Following further discussion with the Clinical Audit Lead, they have been invited to present the audit data at the August CEC meeting, following their internal MDT review and Quality Session.

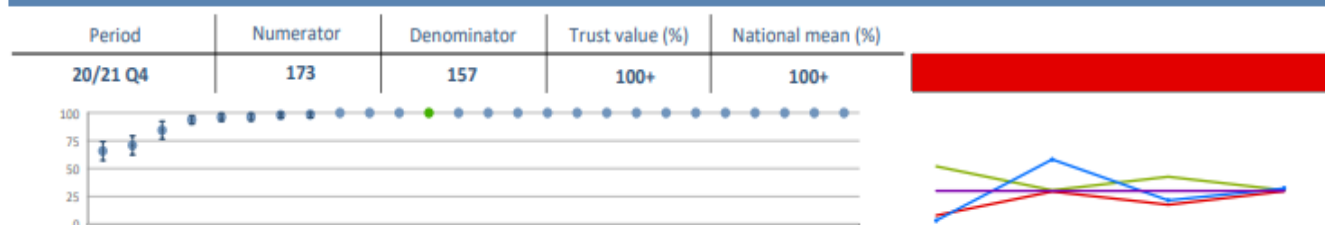
The Trauma Audit and Research Network (TARN) – May 2021 (Update)

A reduction was seen in the case ascertainment figures for March – December 2020. Issues were as a result of a member of staff shielding during COVID-19, training needs and retention due to banding issues and funding which, whilst during the last three months no TARN coordinators have been in post. The shortfall has been absorbed by the Clinical Audit Team through working overtime and allocated time from other commitments, which has had an impact on other national clinical audits. Case ascertainment is 100% and data accreditation is 97.6% which has been consistently the best in Wales. From 6th July 2023, two new TARN coordinators will commence their training. This will impact on case ascertainment during this period due to training requirements, and will be reflected in future reports. The complexity of the cases that are now seen in Cardiff and Vale UHB will also have an impact. Discussions have taken place with the MTC regarding the sustainability of the TARN audit and the need for additional funding to ensure future proofing. The Clinical Audit Lead for TARN will be invited to the CEC meeting in November to present the data and the work that has taken place during the first year of the MTC.

MTC 01a - Data Accreditation



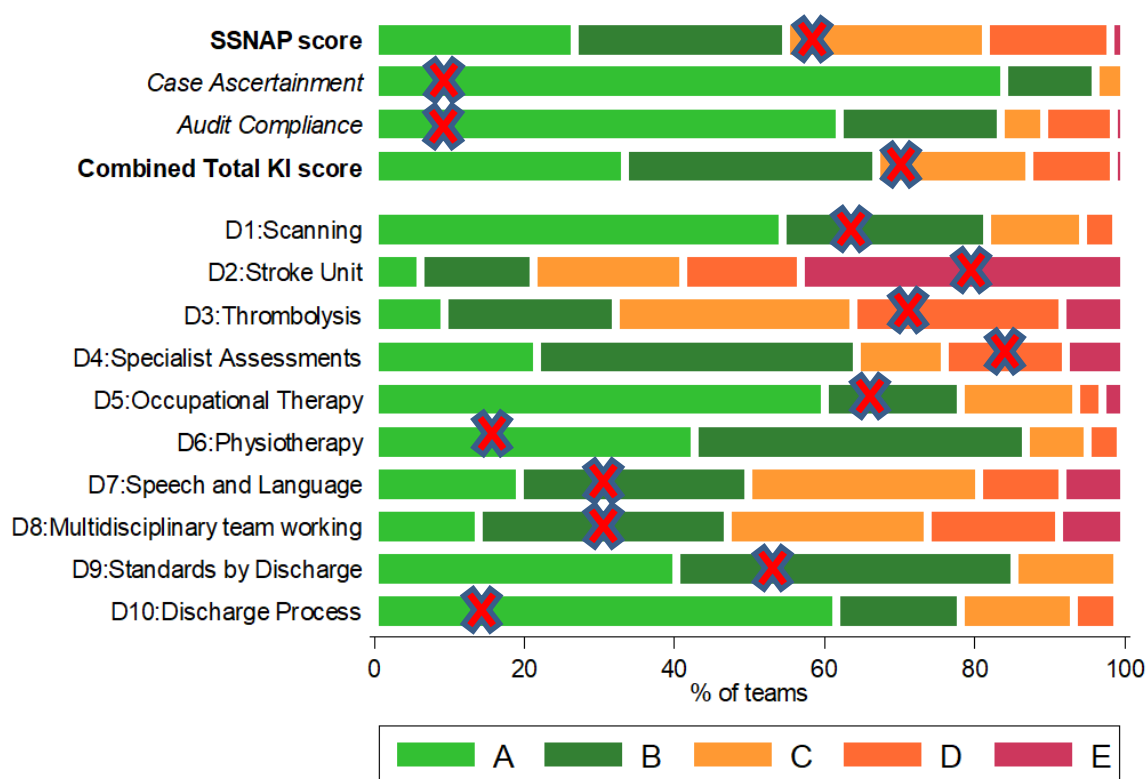
MTC 01b - Case Ascertainment Overall case ascertainment (quantity of cases submitted to TARN)



Sentinel Stroke National Audit Programme (SSNAP) – June 2021

Currently there is no Clinical Audit Lead appointed for this audit and plans for recruitment are underway. The SSNAP audit was presented by other lead members of the Stroke Team.

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A system is in place to monitor the SSNAP data and initiatives such as ‘door to ward’ where the Stroke Team work closely and meet with the Emergency Department, Radiology and Patient Access. Over recent years SSNAP data has been used in several service developments and improvements, including time interval from admission to thrombolysis, HASU workforce gap analysis undertaken, thrombectomy pathway and referral procedures, and Stroke Response Nurse project.

The SSNAP data has consistently showed Cardiff and Vale UHB to be performing poorly in relation to:

- Admission to Stroke unit
- Time interval to thrombolysis
- Specialist assessments

An Introduction of a HASU Unit consistent with the rest of the UK would significantly improve outcomes for patient admitted with stroke. The issues have previously been recognised as a priority, and will be escalated to the next QSE Committee meeting.

Time Matters – National Confidential Enquiry into Patient Outcomes (NCEPOD)

The TIME matters NCEPOD was discussed in the RADAR meeting and discussed at CEC by Aled Roberts, Clinical Board Director, Medicine and Angela Jones, Head of Resuscitation Services.

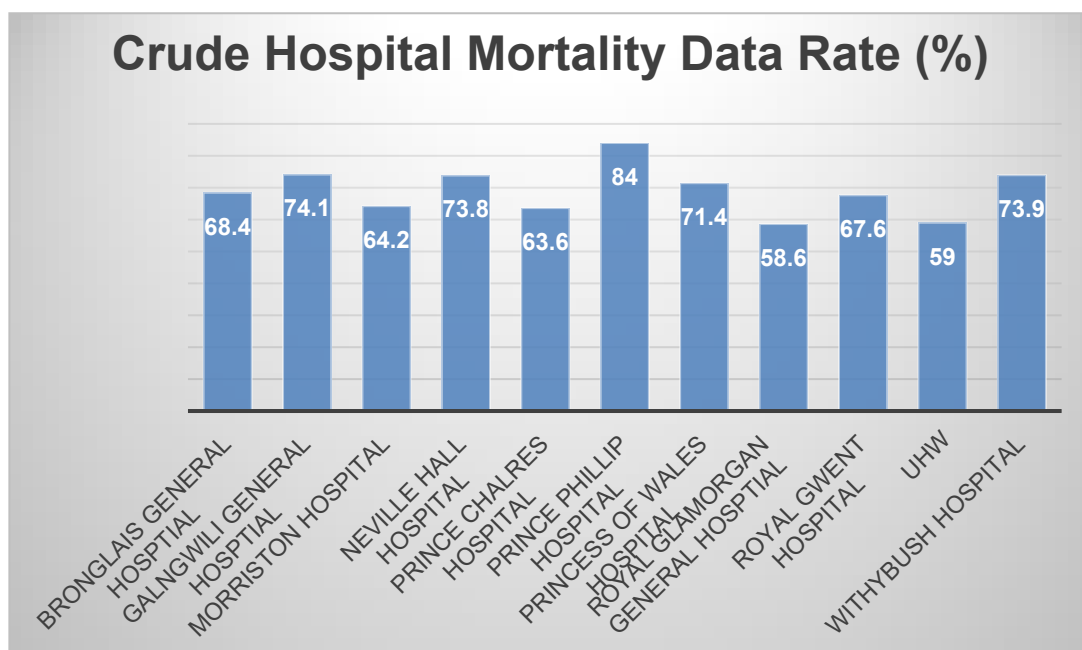
There were five key messages in the report:

1. Bystander cardiopulmonary resuscitation, including use of public access defibrillators improves outcomes.
2. Standardising advanced treatment plans helps patients receive realistic treatment based on their wishes, e.g. 'Do Not Attempt Cardiopulmonary Resuscitation'.
3. Delaying the assessment of neurological prognosis by at least 73 hours after the return of spontaneous circulation aids decision-making.
4. Ensure good temperature control is used following an OHCA as uncontrolled temperature is associated with a worse outcome.
5. Provide ongoing physical, neurological, cardiac and emotional support to ensure good quality of life for survivors on an OHCA.

From a resuscitation perspective, RADAR try to ensure that temperature control is discussed along with oxygen and DNR orders. However the RADAR Committee recognises that the process of sharing the learning from the meetings across the Health Board is difficult and needs to be strengthened.

The Resuscitation Service is currently under resourced. They currently have 2.8wte; the quality standard states it should be 14wte. The gap analysis will be presented at the QSE Committee.

ICU Admissions and Hospital Mortality Rates for Wales are over the page.



Conclusions from report

- Mortality rates are higher in Wales than in other parts of the UK.
- Approximately one third of OOHCA's are cared for DGH's that have poor access to the

neuro-prognostication tools required, with minimal local cardiology support 24/7 and struggle to engage tertiary services when they feel it is appropriate.

- There general trend is better survival rates in higher volume, well-resourced centres (although there is a selection bias with lower APACHE II scores).

NAIF (National Audit for Inpatient Falls)

The NAIF data was presented by the Falls Lead. The audit report found the Health Board to be compliant in the majority of the standards. It had been identified that there had been data collection issues due to long term sickness and capacity within the Clinical Audit Team which resulted in some cases not being submitted by the deadline. This is being addressed through submission of a business case to supplement the resource within the Clinical Audit Team.

The reporting of hip fractures should be as 'severe harm' in national reporting and learning systems, it was agreed at the CEC meeting that this would be graded as 'severe harm' going forward.

The Falls Review Panel meets monthly to review falls tools completed to ensure robustness and that correct actions are being taken and learning can be shared. The Falls Delivery Group meets on a bi-monthly occurrence. Part A and B Welsh Government National Clinical Audit proformas have been submitted in advance of the deadlines.

Fracture Liaison Service Database (FLS)

There appeared to be some data collection issues which may have resulted from redeployment of staff during COVID-19. The Head of Patient Safety will meet with audit leads and report findings back to the next CEC meeting.

National Clinical Audit of Psychosis (NCAP)

Issues with data collection are ongoing due to long term sickness within the Clinical Audit Team which has significantly affected case ascertainment. Meetings have been arranged with the Clinical Audit Leads to address the issues moving forward. Due to the current situation of staffing and capacity within the Clinical Audit Team, this will take some time to address, and is likely to impact on case ascertainment.

National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

The suicide rate for Cardiff and Vale UHB area was 11%. The estimated number of patients who had been in contact with Mental Health Services across Wales in the twelve months before their death, in 2018, is estimated to be 73%. The number of patient suicides in Wales who died within three months of in-patient discharge was ten.

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Rates of suicide per 100,000 population, by Health Board of residence (average rate 2016-2018)

Area	Rate
Aneurin Bevan	9.4
Cardiff and Vale University	11.0
Swansea Bay	12.4
Betsi Cadwaladr University	13.2
Powys Teaching	13.7
Hywel Dda	14.6
Cwm Taf Morgannwg	14.7

Service characteristics of patients who died by suicide in Wales (2008-2018)

Characteristic	Total=813	
	Number	%
In-patient [†]	53	6
Recent (<3 months) discharge [†]	122	16
Under crisis resolution/home treatment services [†]	89	12
Missed last contact in previous month	157	22
Non-adherence with medication in previous month	87	12
Contact with services		
Last contact within 7 days of death	354	46
Short-term risk: low or none	641	89 ▲
Long-term risk: low or none	445	64 ▲

Tier 2 patient safety Priority Audits

The following Tier 2 audits were noted:

- UTI audit (2 parts)
- Venous Thromboembolism Risk in Lower Limb Immobilisation.
- Audit of Major Trauma Patients with Spinal Injuries on PTU and Spinal ward (closing loop)
- Perioperative Management of patients with Diabetes mellitus (DM) in UHW
- Compliance with ED Clerking Proforma

- Eosinophilic Oesophagitis Audit

NICE & Health Technology Wales

Nice and HTW guidance response rate is shared on a quarterly basis and will be discussed in more detail at the next CEC meeting. The level of responses remains poor for April and May at 22%. Implementation was reported at 8.3%. Where clinical areas had responded, there was no evidence to support implementation with the current system. 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 in an audit management system such as AMaT software and the resource to manage and administer the system is required. With the required resource a more robust process will be implemented to ensure that evidence is provided of implementation of NICE and appropriate actions taken where NICE has not been implemented.

The Wales NICE Health Network met in May 2021, compliance around four specific guidelines was discussed and the following as found (unable to capture information from current system):

- Chronic Heart Failure in Adults: Diagnosis and Management NG106 (2018) – *Not implemented – Business plan has been submitted and discussions are ongoing.*
- Cerebral Palsy in Adults NG119 (2019) – *Partially implemented - Response on position provided to WG.*
- TWIN Triplet Pregnancy (NG137) – *Implemented.*
- Asthma: Diagnosis, Monitoring and chronic Asthma Management NG80 2017 updated March 2021 – *Not complaint - following AWMSG which slightly differs from NICE, further discussions taking place.*

The HTW Adoption Group has commenced and preliminary meetings have taken place with the Cardiff and Vale Associate Medical Director and Head of Patient Safety and Quality Assurance in attendance. Peter Groves has been invited to present implementation of NICE and HTW on the Grand Round to medical staff.

The Falls Lead has put forward the 'sensor devices in falls prevention' for appraisal to HTW and has been accepted by HTW Assessment Group and will be part of the appraisal group.

Peer Review and Accreditation

Following agreements that all peer reviews will be reported through the CEC and the last update for the Board report, three further peer reviews have been highlighted by Clinical Boards and noted at CEC which will be discussed at the next CEC meeting.

- CAHMS – *Review when report available.*
- Orthopaedic Joint replacement – *Invite to next CEC meeting.*
- Dermatology - *Action plan noted, discuss next CEC meeting and to review progress of Action plan in 6 months.*

Service Developments

- Patient Safety Notice – *MRI scanning, to be discussed further with CD&T Clinical Board.*
- Patient Safety Solution – *NG tube training for medical staff. A letter has been sent to Welsh Government and HEIW regarding the development of an All Wales approach.*

Patient Safety Solutions – Non-adherence to inclusion of flushing of lines following anaesthesia on WHO checklist. Recent SI with investigation in progress, Investigating Officer to present findings at next CEC meeting.

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Report Title:	STAFF BENEFITS GROUP REPORT			Agenda Item no.	13
Meeting:	Local Partnership Forum			Meeting Date:	18 August 2021
Status:	For Discussion	For Assurance	For Approval	For Information	√
Lead Executive:	Rachel Gidman, Executive Director of People and Culture				
Report Author (Title):	Barbara John, Operational Business Manager, CAV Health Charity				

Background and current situation:

Cardiff and Vale University Health Board Staff Benefits Group was established in 2017, to explore and co-ordinate discounts and benefits offered by external organisations for UHB employees. The Staff Benefits Group would ensure and agree 'best deals' for staff and in governance terms would report their work to the Charitable Funds Committee and the Local Partnership Forum.

The purpose of this paper is to inform the Charitable Funds Committee of staff benefits discussed and agreed by the Group between March - May '21.

The Staff Benefits Group meets on a bi-monthly basis and has the following membership:

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

Staff benefits are displayed on a dedicated link on the UHB website intranet page.

Businesses and suppliers who wish to provide discounted goods or services to staff are invited to email the Communication, Arts, Health Charity and Engagement Team at News@wales.nhs.uk. New proposals are taken to the Staff Benefits Group for discussion and approval and subsequently advertised on the Staff Benefits website page.

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

REPORT - attached

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

In accordance with best practice and good governance, the Staff Benefits Group provides a quarterly report to the Charitable Funds Committee and Local Partnership Forum, setting out how the Committee has met its Terms of Reference during the preceding period.

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Recommendation:

The Charitable Funds Committee is asked to:

- **APPROVE** the Staff Benefits Group 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	√
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Equality and Health Impact Assessment Completed:

Not Applicable

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STAFF BENEFITS GROUP REPORT

CHARITABLE FUNDS COMMITTEE – 29th June 2021

STAFF BENEFIT MEETINGS

The quarterly Staff Benefits Group (SBG) meeting took place on 11/05/21 with Rachel Gidman, Executive Director of People and Culture taking up the position of Chair following the recent departure of Martin Driscoll.

STAFF BENEFITS PARTNERSHIPS

The SBG, via its collaborative working with Cardiff & Vale Health Charity continue to seek opportunities to develop partnership working with businesses and companies who express an interest in supporting Cardiff and Vale University Health Board and the Health Charity.

Nathaniel's Car Dealership –

- **Health Charity/Fundraising:**

Nathaniel's continues to support the Health Charity's fundraising events and is joining in with the 'NHS Big Tea' events by holding cake fundraisers at its showrooms in Bridgend and Cardiff.

We continue to promote staff discounts and deals, including the Silver Privilege Card and discounted vehicle offers provided by Nathaniel's through our staff engagement platforms, i.e web pages, Staff Connects and social media.

- **Car Pool Scheme:**

Nathaniel's are in discussion with the Sustainable Travel department to discuss potential options for supporting CVUHB's sustainable travel plans, in line with Welsh Government initiatives.

- **Promotional Video:**

A promotional video highlighting the staff benefits provided by Nathaniel's and the ways in which it has generously supported CVUHB during the covid-19 pandemic is being produced and will be shared internally and externally.

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New Staff Benefits Providers

During the period 2020/21, the number of direct approaches by businesses offering staff benefits discounts decreased, however this was off-set by the generous support and donation by national organisations and local companies of food, drinks, snacks and other items for staff in CVUHB. The distribution of these was facilitated by the Health Charity and Patient Engagement Team in collaboration with Estates staff and volunteers.

Subsequently, letters of acknowledgment have been sent to all companies with an invitation to either further engage with the Staff Benefits Scheme (advising them of the potential engagement and promotional benefits to their business) and/or support staff via the Health Charity as a sponsor or supporter.

The SBG has recently received the following new staff benefit proposals:

- **The Stock Shop, Concourse, UHW:**
 - C&V employees and Blue Light card holders are eligible for a discount of 20% off all purchases at UHW with C&V health charity merchandise in store.
 - Approved.
- **Gillian Bishop – approach on behalf of a personal trainer**
 - A personal trainer based at Cardiff International Pool has approached staff member Gillian Bishop, offering personal training sessions/health promotion to CVUHB staff.
 - Not approved as the SBG agreed not to proceed or endorse individual proposals.
- **Sarah Hall/Shiatsu Cardiff:**
 - Offering Shiatsu sessions to staff either at her own clinic in Cardiff or on-site (when regulations allow).
 - Not approved as the SBG agreed not to proceed or endorse individual proposals.

Change Account

Joanne Brandon contacted the Change Account in Oct 2020 (following a request from the CFC), however there has been no subsequent engagement from the Change Account which will be reported back to the Charitable Funds Committee meeting in June.

Neyber – this will be discussed at the next SBG meeting and will focus on the educational scope.

Farewill – Free Wills Service

The Health Charity recently commenced a partnership with Farewill which are providing free wills (funded by the Charity) as part of its 'Gift in Wills' fundraising initiatives.

The first phase of this promotion has offered Free Wills to staff members of CVUHB and to date, 33 staff have benefitted from this service with one pledge of £5,000 as a legacy donation to Cardiff and Vale University Health Board.

The Free Wills for staff offer has been promoted alongside a list of trade unions which offer free wills to its members and it is anticipated that the Farewill offer will “fill the gap” for non-union member employees.

Staff Benefits web pages - CAVweb

The SBG is being supported by the Communications and Engagement Team to assist with a review and update of staff benefits pages on CAVweb, to improve the visual scope and range of benefits promoted.

Recruitment Branding

The SBG is currently assisting Human Resources in their development of a Staff Benefits section of a new recruitment pack for prospective staff.

Pension's advice scheme

The SBG is liaising with Payroll and Finance to agree on a process for publicising the pensions advice scheme to employees.

The next meeting of the Staff Benefits Group will take place on 18.08.21

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