

Local Partnership Forum

Thu 06 April 2023, 10:00 - 12:00

MS Teams

Agenda

10:00 - 10:01 1. Welcome and Introductions
1 min
Dawn Ward

10:01 - 10:02 2. Apologies for Absence
1 min
Dawn Ward

10:02 - 10:03 3. Declarations of Interest
1 min
Dawn Ward

10:03 - 10:04 4. Minutes of the meeting held on 8 February 2023
1 min
Dawn Ward

4. LPF minutes 08.02.23.pdf (8 pages)

10:04 - 10:05 5. Action Log
1 min
Dawn Ward

5. LPF action log 08.02.23.pdf (1 pages)

10:05 - 10:25 6. Chief Executives Report (Verbal)
20 min
Suzanne Rankin

10:25 - 10:55 7. Integrated Performance Report
30 min
Fiona Kinghorn / Jason Roberts / Rachel Gidman / Paul Bostock / Catherine Phillips

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

7. Integrated Performance Report March 2023.pdf (35 pages)

7.1 WOD KPI Report Feb-23.pdf (2 pages)

Saunders Nathan
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10:55 - 11:15
20 min

8. People and Culture Plan: draft Employee Wellbeing Framework



Claire Whiles

 8. Wellbeing model consultation - Nov 2022 1.4.pdf (29 pages)

11:15 - 11:35
20 min

9. Cardiff and Vale UHB Anti Racist Wales Action Plan


Mitchell Jones

 9. Anti-racist Action Plan Paper - April 2023 (001).pdf (3 pages)
 9.1 Appendix CAVUHB Anti-Racist Action Plan DRAFT.pdf (3 pages)

11:35 - 11:45
10 min

10. Local Partnership Forum Workplan 2023-24

Dawn Ward

 10 LPF workplan cover paper.pdf (2 pages)
 10.1 LPF workplan.pdf (2 pages)

11:45 - 11:50
5 min

11. Items for Information (Noting Only)


11.1. Local Partnership Forum Annual Report

 11. LPF Annual Report 22-23.pdf (16 pages)

11.2. Workforce Partnership Group Annual Report

 12. WPG Annual Update.pdf (2 pages)

11.3. Clinical Board Local Partnership Forums Annual Report

 13. Clinical Board LPF Annual Report 2023.pdf (14 pages)

11.4. Staff Benefits Group Report

 14. Staff Benefits Group Report.pdf (5 pages)

11:50 - 11:50
0 min

12. Review of meeting (items to be brought to the attention of the Board)

Dawn Ward

11:50 - 11:50
0 min

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

Dawn Ward

11:50 - 11:50
0 min

14. Future Meeting Arrangements:

Thursday 8 June 2023 at 10am via Teams, with a staff rep pre-meet at 8.45 am

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LOCAL PARTNERSHIP FORUM MEETING
Wednesday 8th February 2023 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Co-chair)
Andrew Crook	Head of People Assurance and Experience
Catherine Phillips	Executive Director of Finance
Ceri Dolan	RCN
Fiona Kinghorn	Executive Director of Public Health
James Quance	Interim Director of Corporate Governance
Janice Aspinall	RCN
Jonathan Pritchard	Assistant Director of People Resourcing
Julia Davies	UNISON
Katrina Griffiths	Head of People Services
Lianne Morse	Deputy Director of People and Culture
Marie Davies	Deputy Director of Strategic Planning
Mathew Thomas	UNISON
Meriel Jenney	Medical Director
Mike Jones	Independent Member – Trade Union
Paul Bostock	Chief Operating Officer
Pauline Williams	RCN
Peter Hewin	BAOT/UNISON
Peter Welsh	General Manager, UHL and Barry
Rachel Pressley	Deputy Head of People Assurance and Experience
Robert Mahoney	Deputy Director of Finance
Timothy Davies	Head of Corporate Business

In Attendance

Aaron Fowler	Head of Risk and Regulation
Alexandra Scott	Assistant Director of Quality, Safety and Improvement
Emma Cooke	Deputy Director of Therapies and Health Sciences

Apologies

Abigail Harris	Executive Director of Strategic Planning
Bill Salter	UNISON
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Fiona Jenkins	Executive Director of Therapies and Health Science
Jason Roberts	Executive Director of Nursing
Joanne Brandon	Director of Communications and Engagement
Joe Monks	UNISON
Jonathan Strachan-Taylor	UNISON
Karina McKay	BDA
Katherine Davies	RCN
Lorna McCourt	UNISON
Nicola Foreman	Director of Governance
Rhian Wright	RCN
Steve Gauci	UNISON
Suzanne Rankin	Chief Executive

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Secretariat

Chandra Almeida

People and Culture Coordinator (Minutes)

LPF 23/001 WELCOME AND APOLOGIES

Rachel Gidman (RG) welcomed James Quance, Interim Director of Corporate Governance to the meeting and encouraged him to link in with staff side representatives outside of the meeting. Apologies for absence were noted.

LPF 23/002 DECLARATIONS OF INTEREST

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

LPF 23/003 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meeting held on 8th December 2022 were agreed to be an accurate record of the meeting.

LPF 23/004 CHIEF EXECUTIVE'S REPORT

Catherine Phillips (CP) gave an update in Suzanne Rankin's absence. Key points included:

- Winter pressures – the organisation experienced tough times in the autumn quarter and though these difficulties remain, we are starting to see some signs of better flow within our urgent care system and our ability to maintain planned care.
- Industrial action – this is ongoing around securing a pay award for 2023-24 that meets the needs of our staff. The operational implications are being handled in a systematic way though this in turn creates pressure on our services, staff and patients.
- COVID - the funding for this has largely stopped or been baselined into our position. As an organisation we spent more money during the pandemic, the vast majority on pay and as a consequence not only have more people on the ground but also more absence and turnover.
- Strategy refresh – Abigail Harris is leading on renewing our strategy to address the long-term effects the pandemic has had on our services and population.

Dawn Ward (DW) noted that people have been able to drop in for their COVID booster if unable to make their scheduled appointment; she queried how we are doing with the flu vaccine in comparison since we didn't have a flu campaign this year.

Fiona Kinghorn (FK) confirmed that people can walk in to receive their COVID booster at present but soon this offer will stop. Our operational data shows an 82.7% uptake, while nationally uptake among healthcare staff is 63.9%. We haven't done as well with flu and have particularly struggled with some of our at-risk groups and 50-64-year olds; this could be because Cardiff has a large population of ethnic minority communities and more work to do around understanding this.

Peter Hewin (PH) queried the spring COVID booster; FK confirmed that this would not be offered to staff but that the autumn booster would be. FK also advised that we will need to change the model of provision as we no longer have the funding to maintain large MVCs.

Matthew Thomas (MT) asked whether uptake of the flu vaccine had declined compared to the previous year. FK confirmed that it has and that analysis will be carried out to understand this. FK

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felt it was likely that staff had gone to get their COVID booster but hadn't gotten the flu vaccine because they didn't want both at the same time. We also rely heavily on flu champions in our clinical areas but haven't been able to release them in the same way this year.

LPF 23/005 SHAPING OUR FUTURE WELLBEING REFRESH

Marie Davies (MD) advised that Shaping Our Future Wellbeing has been our strategy for nearly 10 years and that this is our opportunity to pause, reflect and create a refreshed strategy that is fit for the future. Our partners are also updating their plans so this is an opportunity to ensure we align with them. There are some big issues changing how we provide health services and it's important that we work together to achieve this.

Phase 1 launched mid-January and the engagement pack circulated to all staff, stakeholders, partners and the public to give everyone an opportunity to contribute towards a co-produced plan. Staff engagement sessions are running at the Hive and UHL, as well as online sessions and a website where people can complete the questionnaire. The questionnaire asks whether 'caring for people, keeping people well' is still fit for purpose and invites feedback on people's experiences of patient care. Other themes include values, quality, working in partnership and acting for the future.

Phase 1 is running until mid-March; the feedback will then be reviewed and used to develop a draft strategy by the end of April. MD acknowledged that operational pressure is high and said that if the feedback from teams is that they don't have capacity she is prepared to go back to board and ask for more time. However, through the cascade approach and online access we are hopeful that we will get decent input and MD encouraged colleagues to cascade the engagement pack far and wide.

RG advised that People and Culture have met to discuss the strategy refresh already but are meeting again in a couple of weeks as there is a lot to go over. PH suggested an extraordinary WPG meeting to discuss the strategy refresh in more detail.

MT raised the issue of the climate emergency, observing that as an organisation we don't do enough recycling. MT also spoke about equitable access to health services and asked what we are doing to address this. FK advised that while there is a lot of work in place around preventative services, there is still more to do around equitable access to services amongst our ethnic minority communities. FK advised that work has begun around developing a framework that looks at the overlaps between equality, equity of access and patient safety led by the Public Health team.

DW noted that a lot of research has taken place both internationally and in the UK around social determinants and health inequalities. She noted that Gwent is the first area in Wales to commit to becoming a Marmot region and queried why Cardiff isn't doing the same. FK re-iterated the work we are doing across our local authorities around economic development, transport and housing as well as the 'move more, eat well' campaign and work around smoking. FK felt that though becoming a Marmot region is an accolade it doesn't necessarily help us to deliver on the ground.

LPF 23/006 INTEGRATED MEDIUM-TERM PLAN

MD advised that we need to make clear in our plan for next year how we will deliver against the 16 priorities set out by the minister, as well as addressing areas that aren't cover areas in these priorities. The IMTP will need to be a fairly short, focused document outlining how our operational plan will be delivered against key strategic pillars like access to care and improving health inequalities.

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A group of assistant directors are pulling together an integrated plan and hope to take a first draft to senior leadership board next week; this can then be circulated to this group to provide oversight of the progress. We need to submit the final version to board by the end of March but so far engagement hasn't been good due to operational pressure.

The planning cycle will be reviewed for next year with a view to moving to a continuous planning process. This will be a good opportunity for us to reflect on our corporate planning process and ensure that we have a robust and inclusive approach to how we plan collaboratively.

LPF 23/007 REHABILITATION PROGRAMME

Emma Cooke (EC) advised that work on the rehabilitation program began in 2015 but due to discrepancy around how this should be delivered planning was paused and time taken to consult service users and the 3rd sector around co-designing this. A co-production event took place at Cardiff City Stadium which focussed on delivering services in community settings to enable people to live healthier lifestyles and live well with their condition.

In February 2020 a rehabilitation model was launched which then developed into a COVID rehab program; over the last few years that model has been refreshed using digital resources to make virtual delivery more accessible and the 'Keeping Me Well' website formally launched as a single point of information.

This model is a four-tiered approach; Level 1 is around keeping people well using self-management community guidance. Level 2 focusses on enabling people to live well, using brief interventions to allow them to move back quickly to Level 1. Level 3 supports people to live well through complex group-based interventions, delivered by people with lived experience to support behavioural changes. Level 4 is professionally led holistic support delivered on a one-to-one basis.

The 'meaningful conversation' model has been developed and all AHPs trained in having conversations that might traditionally be outside of their scope of practice, but that allow patients to discuss things they may have problems or need help with; in some cases, this will mean they don't need referring on to another healthcare professional. A training program and cards have been developed to support the rollout of this initiative.

The long COVID service was launched in 2021 supported by therapists, psychologists and support workers. There are also programs of work around recovering well from surgery and a pilot service within Orthopaedics which supports people to better understand their condition as well as things they can do while waiting for surgery.

There are also programs like 'food wise' and 'escape pain' designed to support people with long term conditions to live healthier lifestyles; we have trained leisure and nursing staff on these to ensure they are co-delivered. Service users can complete a self-referral form followed by a triage conversation or otherwise book themselves straight onto a session. A 'green book' has also been co-produced by people with lived experience and healthcare professionals to help people plan their recovery journey.

We have seen significant improvements in people's health and wellbeing from running these programs, with 83.7% of service users reporting a clinically significant positive change. Over 12,000 visits that would traditionally have taken place in a hospital setting have instead been delivered in the community and unnecessary travel reduced by 130,000 miles. We have received an AHP award for the rehabilitation model and were amongst the digital finalists for the 'Keeping Me Well' website.

RG praised the presentation and acknowledged that we can take some learning from this around how we approach our wellbeing agenda.

DW thanked EC for meeting with her and PH prior to the meeting. She noted that the digitalisation agenda could be stronger moving forward to allow patients more control. EC acknowledged that not having patient held records in Wales presents a challenge but that all groups are offered on a virtual and face-to-face basis to allow flexibility, while people can continue to engage with many of the programs after discharge which is creating sustainable change.

FK praised this strategic approach to self-care in the secondary prevention space and highlighted that the public health arena of primary prevention wraps around this; our 'move more, eat well plan' and physical activity strategy are all part of this and address inequities by supporting those in less affluent areas.

Mike Jones (MJ) observed that some of this work will have enabled our staff to return to work sooner and queried the impact on the staff delivering those programs. EC confirmed there has been great engagement in moving to this different model, noting that therapists are innovative people that are open to change and willing to do things differently.

LPF 23/008 LEARNING FROM COVID-19

Alexandra Scott (AS) informed the group that in 2021 a national framework was co-produced by the Delivery Unit and all health organisations across Wales to ensure consistency in the review of healthcare associated infections, how these cases are identified and how we investigate them under the Putting Things Right regulations. Patients who were diagnosed with COVID following a hospital admission are assessed against the surveillance definitions developed by the Four Nations health care associated infections surveillance group. Anybody who tested positive for COVID 3 or more days following admission, or within 14 days of discharge, will be subject to a proportionate investigation.

The first step is to identify the level of harm using the all Wales harm framework. Any patient subject to moderate harm as a result of their COVID infection will be entitled to a full case review and discussion to establish if there has been a breach in the care provided. The investigation will consider the treatment and care provided in the context of the pandemic at the time. Our knowledge, evidence and guidance has changed significantly over time and in the early months guidance was often changing on a daily basis. We consider investigations in the context of that evidence, recognising that how we used PPE, guidance around testing for COVID and the vaccination rollout are all factors.

We also think about learning from the programme, for instance when we had restricted visiting many patients reported a poor experience in relation to communication. Our patient experience team supported people in using technology, bringing in iPads to allow patients to speak to their families virtually and developing alternative processes for contacting the health board and wards.

One thing we have identified is that the movement of patients across our sites has been associated with increased COVID outbreaks. One of the things we implemented early on was a 'safe to move' framework which risk assessed each patient before moving them to another ward. Pauline Williams (PW) queried whether the number of times a patient was moved would be considered; AS confirmed that every patient experience will be investigated individually.

Aaron Fowler (AF) advised that the inquiry launched last year involves 3 different modules. Module 1 looks at the UK's pandemic preparedness. Module 2 is split into parts with the first looking at

political administrative governance and decision making for the UK; once this has been considered it will branch into sub modules for Scotland, Wales and Northern Ireland. Module 3 considers the impact of the COVID-19 pandemic on healthcare systems in England, Wales and Scotland.

Our involvement in the inquiry is focussed on the Module 3 preliminary hearing scheduled for 20th February. The organisation is prepared to participate with support from an internal team of archivists, COVID-19 steering group and solicitors. Our archivists have set up a detailed repository of information which will allow us to establish whether the care provided was proportionate and reasonable in the context of the time. AF advised that due to the complexity of the issues and evidence we may be asked for, legal support is on hand to support us in delivering these in the appropriate format rather than to protect us in a litigious sense. The steering group is as prepared as they can be, however at the moment we don't know the direction the inquiry will take; we are awaiting further instructions and a regular update will be given to provide assurance.

DW acknowledged that an extraordinary WPG meeting attended by AS had taken place where the impact of the pandemic on our workforce was discussed. DW asked for a commitment to continue these extraordinary meetings and more in-depth conversations as the learning continues.

LPF 23/009 PEOPLE & CULTURE PLAN 1 YEAR ON

Lianne Morse (LM) advised that despite the challenging workforce position a lot has been achieved in year 1; in year 2 we need to continue to embed the People and Culture plan across the organisation to ensure these actions and responsibilities are shared across the clinical boards and other departments.

From April onwards, the People and Culture team will be focusing on strategic priorities with operational issues dealt with by the People Services team. We will continue to focus on the 7 themes with an added emphasis on improving how we attract, recruit and retain staff. We will also look at our workforce models, considering new and extended roles and reducing our reliance on temporary work force.

Though sickness and turnover remain high, we have seen some improvement in VBAs and statutory and mandatory training across the health board. With such a large organisation progress is often hidden by the overall position and from next month onwards we will look at breaking down this data to show the variance between our clinical boards.

Turnover has remained at 13% for the past 6 months but we do have 4-5 areas showing improvement in terms of retention. We will highlight this progress going forward and provide additional support to areas that are struggling, using our strategic business partners to look at different initiatives and interventions.

DW agreed that exploring the narrative behind this data would help with understanding the impact of our improvement work. DW also noted that lead reps are allocated to work in partnership on the 7 themes however this has not progressed. LM apologised for this lack of engagement and said that this would be put right going forward. RG added that this is a two-way process and asked that the lead reps also reach out to the theme leads within People and Culture.

Ceri Dolan raised on behalf of Rhian Wright that long term sickness, training opportunities and working email addresses are all in a worse position compared to last year. RG advised that this would be discussed in more detail at WPG but confirmed that Karen Vaughan has been working with the digital team around email addresses though unfortunately this is not a quick win.

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It was requested that this be brought up the agenda to allow a more in-depth conversation to take place.

Population Health

FK advised that things have moved on since the report was published with most indicators either declining or stable. COVID, flu and respiratory infections statistics are all decreasing which is positive. The Public Health team are working with partners in local government on a regional health protection service approach to include how we provide immunisation, testing and contact tracing in 2023-24. There is also an expectation for a blood borne virus plan and a clear approach to managing TB. A commitment has been made that money will be provided for this however it is likely this budget will be further reduced going into 2024-25. FK also noted the letter received yesterday from Judith Paget around the 'Every Child' scheme moving into a wider space beyond the pandemic.

Quality and Safety

Nobody was present to provide an update.

People

This was covered under the previous agenda item.

Operational Performance

Paul Bostock (PB) advised that we're doing okay this winter and seeing some improvements around patient experience, for example in EU. Though still very tough in some of our emergency areas, the Winter Plan has stood up and everyone has worked well to get behind it. We're doing well on Cancer and have reduced the number of patients waiting over 62 days considerably. PB observed that it's hard to track progress using the performance report because we're so far away from where we need to be. We talk about the 1400 patients in hospital beds but there are also 3500 patients being cared for at home by our district nursing team; PB is committed to improving the visibility of these things in the report going forward.

RG thanked PB and said that it's encouraging to hear we're working in this way. DW also thanked PB for his commitment and said that he has the buy-in from staff side because they believe in his vision.

Finance

Robert Mahoney (RM) advised that the clinical boards are working to set control totals and we are on track to deliver the planned £26.9 million deficit. We have had some good settlement news which has eased the pressure on achieving this, however our underlying deficit has deteriorated from 20 to 40 million. This reflects all the brought forward underlying deficit and additional pressures which we think will be recurrent, but does not include cost pressures relating to the new year of inflation, drugs demand and so on.

DW queried what level of enhanced monitoring we anticipate being in next year. RM said this was difficult to answer but that at present the plans from all health boards are similar, and though this isn't positive it does show a consistency of financial difficulty across Wales. DW agreed that this is both assuring and worrying, given that our biggest expense is staff and the ongoing industrial action around a suitable pay award. RM advised that the funding for 2023-24 does not include the pay rise. PB reiterated that we're not talking about cutting services but that we know there's more we can do to recruit the right models of care and reduce our dependency on bank and agency.

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LPF 23/011 EMPLOYMENT POLICY SUB GROUP MINUTES

The minutes from the Employment Policy Sub Group held on 20th January 2023 were noted.

LPF 23/012 REVIEW OF MEETING

RG noted that there were some good discussions and several requests for topics to be pushed up the agenda.

LPF 23/013 ANY OTHER BUSINESS

DW advised that a request was made at the pre-meet for items to bring to the attention of the board to be added to the rolling agenda.

LPF 23/014 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on 13th April 2023 at 10am with a staff representatives pre-meeting at 8.45am. The meeting will be held remotely.

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Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 23/005	08.02.23	SOFW Refresh	Arrange extraordinary WPG meeting to discuss strategy refresh	Rachel Pressley	agreed outside the meeting that a full WPG meeting was not required and that this would be picked up through the staff side meeting
LPF 23/006	08.02.23	IMTP	Circulate draft IMTP to group	Marie Davies	complete – draft annual plan sent by email 24 March prior to being considered by Board on 30 March.
LPF 23/008	08.02.23	Learning from COVID-19	Provide regular updates re COVID-19 inquiry and investigation at LPF	Alex Scott/Aaron Fowler	on LPF workplan for June, October 2023 and February 2024
LPF 23/008	08.02.23	Learning from COVID-19	Continue extraordinary meetings with staff side re impact of pandemic on staff	Rachel Gidman	to be arranged as required
LPF 23/010	08.02.23	Integrated Performance Report	Bring Integrated Performance Report up the agenda to allow more in-depth discussion	Rachel Pressley	complete
LPF 23/013	08.02.23	Any Other Business	Add Items to bring to the attention of Board to rolling agenda	Rachel Pressley	complete

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Report Title:	C&V Integrated Performance Report			Agenda Item no.	7
Meeting:	Local Partnership Forum	Public	X	Meeting Date:	13/04/2023
Status (please tick one only):	Assurance	x	Approval	Information	X
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report

Background and current situation:

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

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

Population Health					
Immunisation	Standard	Trend	2022 / 23 Qtr 3		
% of children up to date with scheduled vaccines by 4 years of age	95%	na	81.8%	**	
	Standard		Feb-23		
% of adults aged 50 years and over who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	73%	*	
% of people aged 5-49 years in a clinical risk group who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	39%	*	
Tobacco	Standard	Trend	2022 / 23 Qtr 2		
% of smokers who become treated smokers	5%	na	0.5%	**	
% of treated smokers who quit at 4 weeks	40%	na	80%	**	
Quality & Safety					
Patient Satisfaction	Standard	Trend	Feb-23		
30 day complaints response compliance %	75%		81%		
Patient Experience			Jan-23		
Patient Experience	na		77%		
Falls			Feb-23		
Slips Trips and Falls (30 day moving total)	na		268		
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		37		
Serious Incidents	Standard	Trend	Feb-23		
Nationally Reportable Incident (SI)**	na		13		
Number of Never Events	0	na	0		
Mortality	Standard	Trend	Sep-22		
Myocardial Infraction within 30 days of admission, age 35-74 (Rolling 12 Months)	na		4.8%		
Stroke within 30 days of admission (Rolling 12 Months)	na		15.0%		
Hip Fracture within 30 days of admission, age 65 and over (Rolling 12 Months)	na		2.6%		
Crude Mortality (Last Week of the month)	0		41		
Still births (Rolling 12 Months)	na	na	32		
Infection Control			Jan-23		
All Reported Infections (Rolling 12 Months)	743		771		
Workforce					
Sickness Absence Rate (in-Month)	Standard	Trend	Jan-23		
Sickness Absence Rate (in-Month)	6%		6.8%		
Sickness Absence Rate (12-Month Cumulative)	6%		7.1%		
Values-Based Appraisal Compliance	85%		51.4%		
Medical Based Appraisal Compliance	85%		80.3%		
Turnover Rate	Standard	Trend	Jan-23		
Turnover Rate	7% - 9%		13.3%		
Mandatory Training Compliance	85%		76.1%		
Fire Training Compliance	85%		68.4%		
Operational Performance					
A&E 12 hour waiting times	Standard	Trend	Feb-23		
A&E 12 hour waiting times	0		715		
A&E 4 hour waiting %	95%		70.9%		
Ambulance Handover Times >1 hour	0		548		
Ambulance Handover Times >4 hour	0		0		
Number of 12 hour trolley waits	0		109		
Number of Patients over 24 hours in EU	0		1107		
RTT Waiting less than 26 weeks %	Standard	Trend	Jan-23		
RTT Waiting less than 26 weeks %	95%		56.1%		
RTT Waiting Over 36 Weeks	0		39599		
RTT Waiting Over 52 Weeks	0		23950		
RTT Waiting Over 104 Weeks	0		4587		
RTT Waiting Over 156 Weeks	0		995		
Diagnosits >8 weeks Wait	0		5247		
GP OOH 'emergency' patients requiring an attendance at a primary care centre within 1 hour	Standard	Trend	Jan-23		
GP OOH 'emergency' patients requiring an attendance at a primary care centre within 1 hour	90%		100%		
GP OOH 'emergency' patients requiring a home visit within one hour	Standard	Trend	Jan-23		
GP OOH 'emergency' patients requiring a home visit within one hour	90%		100%		
#NOF: Time to ward performance (4 hours)	na		1.8%		
#NOF: Time to theatre (36 hours)	na		63.2%		
Mental Health Part 1a - Assessments within 28 days	Standard	Trend	Jan-23		
Mental Health Part 1a - Assessments within 28 days	80%		98.0%		
Mental Health Part 1b - Therapy Commencing within 28 Days	Standard	Trend	Feb-23		
Mental Health Part 1b - Therapy Commencing within 28 Days	80%		92.0%		
Total number of medically fit for discharge patients	na	na	363		
Total number of bed days lost	na	na	11510		
Average number of bed days lost per patient	na	na	32		
Number of Patients Delayed over 100% for follow-up Appt	0		51374		
Single Cancer Pathway	75%		55.1%		
Total number of patients on Single Cancer Pathway	na		2029		
Total number of patients on Single Cancer Pathway over 62 days	0		317		
Total number of patients on Single Cancer Pathway over 104 days	0		83		
Stroke: thrombolysed patients door to needle performance <=45 mins	100%		0%		
Stroke: CT scan performance 1 hour	100%		61.3%		
Stroke: 4 hours to ward	100%		15.4%		
Finance					
Deliver 2022/23 Draft Financial Plan	Standard	Trend	Feb-23		
Deliver 2022/23 Draft Financial Plan	£17.1m planned deficit	na	£24.658m deficit		
Remain within capital resource limits.	Within planned expenditure £51.675	na	£27.282m		
Remain within Underlying deficit (Forecast)	Under discussion with WG and private finance committee	na	-		
Delivery of recurrent £15.400m 1.5% devolved target (Forecast)	£15.4m	na	£12.721m		
Delivery of £4m non recurrent target	£4m	na	£6.622m		
Creditor payments compliance 30 day Non NHS (Cumulative)	95%		94.3%		
Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit		
Maintain Positive Cash Balance	Positive Cash Bal.	na	£2.025m		

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

** No new data available

No patients recorded within this measure during this time period

POPULATION HEALTH

Covid-19 and respiratory infections epidemiology update:

- In the second week of March 2023, most Covid indicators were stable or falling, following a small rise during February 2023.
- This included stable care home clusters and declining incidence recorded by LFD and PCR in Cardiff and the Vale
- Of note, there was a slight increase in hospital clusters in early March, along with hospital admissions, though it is not clear if this is the start of a wider trend.
- The XBB.1.5 variant of Omicron increased in prevalence during February to overtake CH1.1.
- Prevalence of seasonal flu infection remains at a low level.

Test, trace and protect (TTP):

- Testing and contact tracing services continue to operate as previously reported through to the end of March 2023.
- UHB and partnership teams have developed a business case to respond to the 2023/24 funding letters received from Welsh Government (which were reported in the last update).
- The UHB testing and vaccination teams have agreed a delivery model for 2023/24.
- Partner organisations have agreed interim arrangement whilst work takes place both regionally and nationally to develop a sustainable and integrated health protection system for the future, which is able to respond to an all hazards remit

Covid-19 2022/23 booster and flu vaccination:

- We are now coming towards the end of the Covid-19 autumn 2022 booster and flu vaccination programmes for the current Autumn/Winter season.
- As of 1st March 2023, uptake for Covid-19 autumn 2022 booster vaccines amongst people aged 65 years and over is 82.9%. C&V UHB has also achieved the national ambition of 75% for flu vaccination amongst people aged 65 years and over with 75.6% vaccinated. However, we have not yet met the 75% ambition for flu vaccine for other eligible groups including those in clinical risk groups, school-aged children and healthcare workers. We are therefore continuing to offer walk-in appointments at Woodland House MVC to all eligible groups (including children) yet to receive their Covid-19 vaccines (1st dose, 2nd dose, 2021 booster, 2022 booster) or flu vaccinations.
- Planning has commenced for the Spring 2023 and Autumn 2023 Covid-19 booster vaccination programmes following Joint Committee for Vaccination and Immunisation (JCVI) interim recommendations published on 25 January. The JCVI has indicated that for a small group of people (e.g., those in older age groups and those who are immunosuppressed) an extra booster vaccine dose may be offered in Spring 2023 whilst for Autumn 2023 persons at higher risk of severe Covid-19 would be offered a booster vaccine dose. Surge responses may also be required should a novel variant emerge.
- Holm View MVC site is now closed. Planning underway for a new Vale provision for Spring and Autumn 2023 programmes.
An announcement is expected from the JCVI for a new infant vaccination programme (infants aged 6m to 4y in a clinical risk group – to be defined).

Tobacco Control update:

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- **Smoking Cessation**

Tier 1 Smoking Cessation:

Currently awaiting updates to national performance indicators, there is no updated data since Quarter 2, 2022-2023 - 0.5% of smokers set a firm quit date ('Treated Smokers') and of those, 80% quit smoking at 4 weeks (the highest cumulative quit rate in any quarter since Tier 1 reporting commenced). For all 3 Smoking Cessation Providers, 4 week quit rates exceeded 78%.

Community Pharmacies delivering the Level 3 (L3) Enhanced Smoking Cessation Service achieved a 90% 4 week quit rate (Quarter 2, 2022-2023) – the highest quarterly rate for L3 since 2018.

- **Model for Access to Maternal Smoking Cessation Support (MAMSS)**

The most recent data is for Quarter 3, 2022-2023, 51% of pregnant women were referred to MAMSS for stop smoking advice, reflecting a slight decrease from 66%, reported in Quarter 2, and 65% for Quarter 1.

As part of on-going performance monitoring, and reflecting changes being implemented across all MAMSS programmes in Wales, a revised pilot pathway was introduced in November 2022 to increase engagement levels to quit smoking beyond initial support and advice. 27% of those referred to MAMSS received an initial intervention, but less than a third accepted on-going support to quit smoking (Quarters 1 and 2 combined, 2022-2023). In Quarter 3, 2022-2023, 75% of all pregnant women who received an initial intervention with MAMSS, accepted on-going support – reflecting a significant increase – suggesting the changes implemented are having a positive impact. However, recognising the many varied health and social needs of those within this target group, smoking quit rates remain low. Working with the Midwifery team, recommendations for future delivery following the one-year pilot, may include a generic support worker role, with stop smoking support included within this, as part of a wider patient centred approach.

MAMSS programmes across Wales contribute to the NHS Performance Ministerial priorities, to reduce smoking in pregnancy rates in Wales. 15% of pregnant women were recorded as smoking at initial assessment in Wales 2021-2022, (9.3%, Cardiff and Vale University Health Board), with 12% smoking at birth (10.8%, Cardiff and Vale University Health Board). Smoking rates both at booking and on delivery are higher in younger women in Wales - 33%, 16-19 years, (initial assessment), compared to 10.6%, 30-34 years. On delivery 29%, 16-19 years are recorded as smokers, compared to 9.5%, 30-34 years (Maternity and Birth Statistics, 2021-2022, Welsh Government).

A review of all MAMSS programmes in Wales is currently being undertaken by Public Health Wales on behalf of Welsh Government. As part of a consultation process, local and national meetings have taken place, noting our revised delivery model with improved delivery outcomes noted.

- **Smoking Prevalence**

National Survey for Wales, annual data. Previously reported on (July 2022). Cardiff and Vale UHB 12% smoking prevalence; 26% smoking rates reported in the most deprived and 11% in the least deprived areas. Next release, July 2023.

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QUALITY AND SAFETY

Concerns

During January and February 23, it is pleasing to note that, despite the current demand on the service, we have achieved a slight improvement in our overall 30 working day response time for all concerns. We closed 77% of concerns in January within 30 working days and 81 % in February.

30-day performance

October 85%

November 77%

December 80%

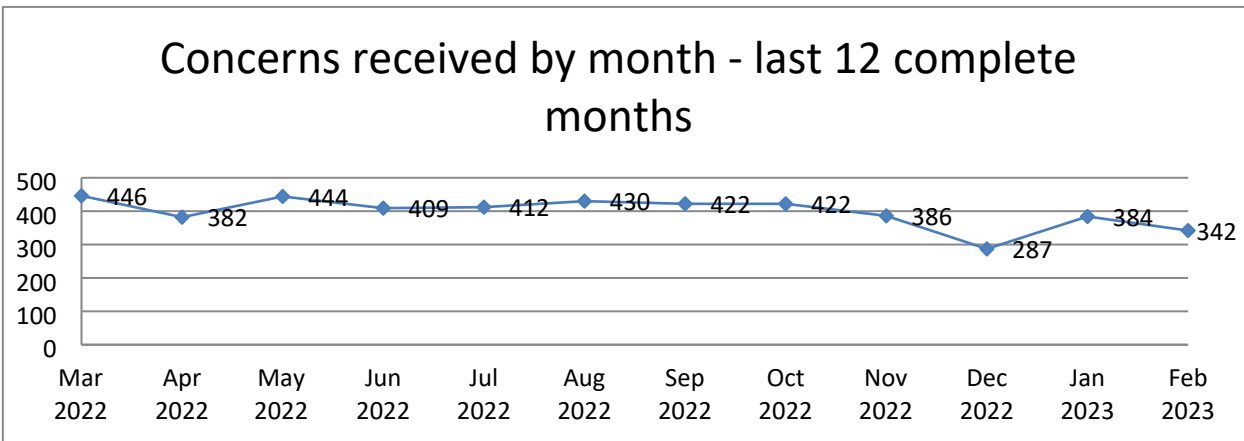
January 77%

February 81%

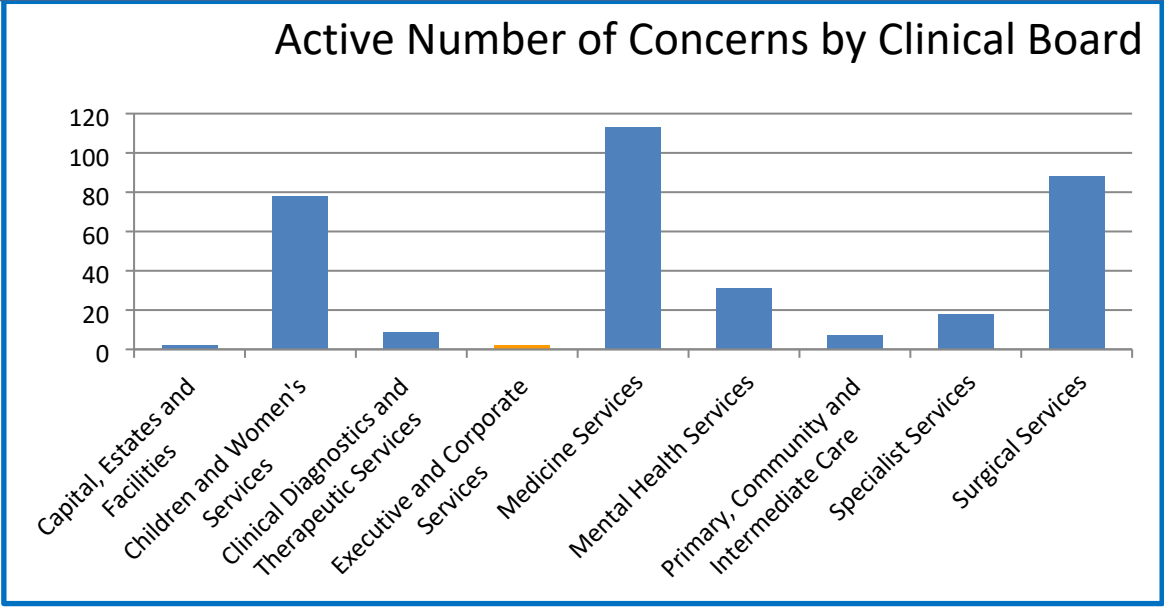
In January and February, we noted a slight increase in the number of concerns processed in line with Early Resolution (ER) (*this process can be utilised dependent upon the nature of the concern*). We managed 65 % of concerns under ER which is an increase of 2% in comparison to December and January. Early Resolution aims to ensure a response is received within 2 working days, if however, we cannot issue a satisfactory response to a concern then the formal process must be used.

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

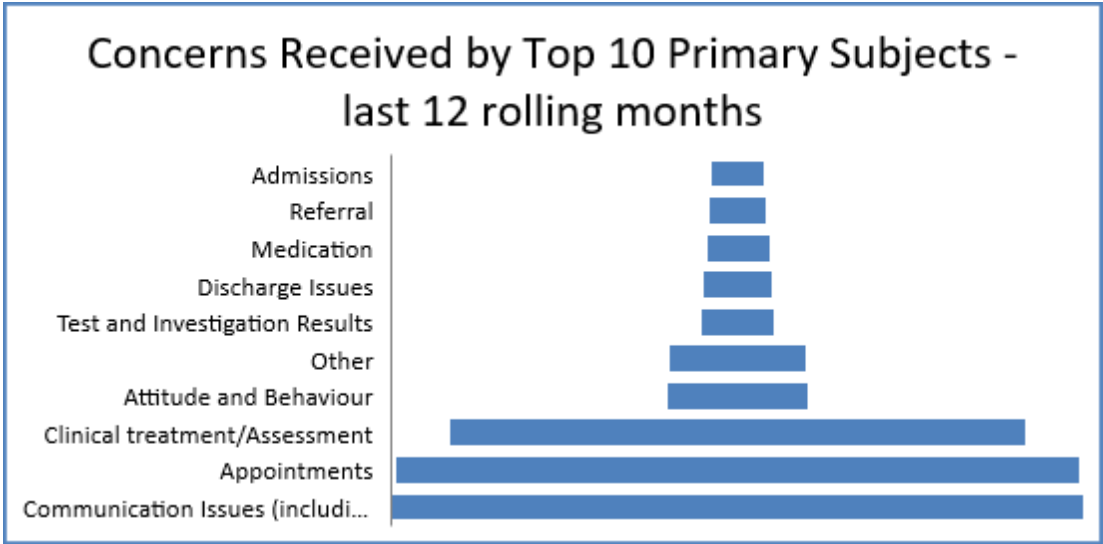
As anticipated, we have noted an increase in concerns since the previously reported decrease during the Christmas holiday period. Whilst the Health Board continues to feel the pressure due to the current demands on the service we continue to be focused upon responding to concerns and improving the response times whenever possible. We continue to feedback to Clinical Boards the themes identified in the concerns (complaints, claims and redress process) aligned with the patient feedback and compliments data.



We currently have 348 active concerns. Surgery and Medicine Clinical Boards consistently receive the highest number of concerns, the high volumes of concerns received in Medicine and Surgery Clinical Board is in line with the number of patient contacts and complex care both Clinical Board's provide. The number of cancellations and delays due to Covid or Industrial action and the significant increase and demand on services like EU are reflected in the numbers and nature of concerns received.



The graph below demonstrates the 10 main themes noted in Concerns.



Communication and Clinical treatment have historically been noted as the primary subject in concerns, however, concerns regarding cancellations of appointments have increased and follows closely behind Communication. We continue to see an increase in concerns regarding environment, facilities and attitudes and behaviours.

Compliments

It is pleasing to note that we are seeing an increase in the number of compliments being shared. We have received 85 compliments during January and February

Every Friday on Social Media we publish some feedback from our Kiosks which receive positive comments on twitter. The feedback from staff and patients to these tweets is very positive

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This lovely comment was left on our Happy or Not feedback machines at University Hospital Llandough.

"I saw my consultant today and the appointment was really good, he explained everything clearly, and all the staff in the department were polite and helpful."

Patient Experience
Profiad y Gŵl

HAPPY or NOT

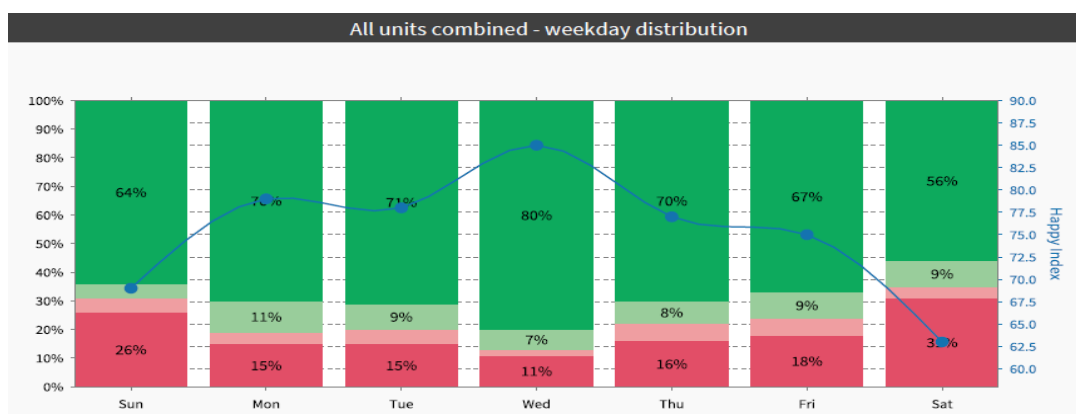
Patient Experience Feedback HappyOrNot feedback (All locations)

In relation to the 'HappyOrNot' feedback, those reported as being satisfied are respondents who when asked: ***How would you rate the care you have received?***

A breakdown of the feedback for December and January is:

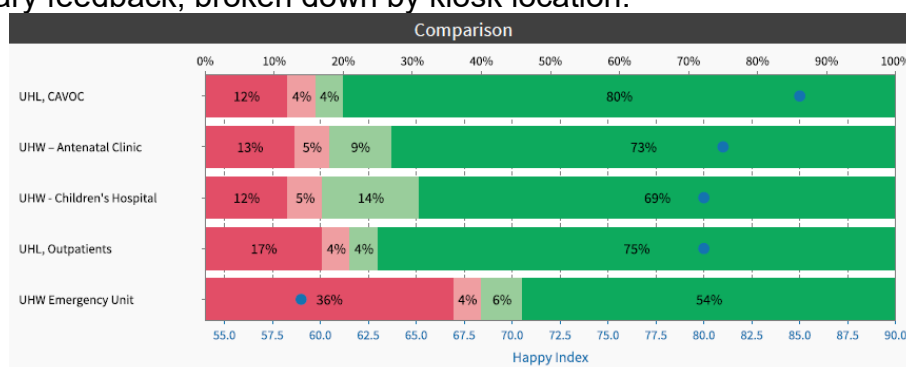
Summary values	December	January
Surveys completed	1669	1232
Response: Very happy button (Excellent/Very	65%	69%
Response: Happy button (Good/Positive)	7%	8%
Response: Unhappy button (Fair/Negative)	4%	5%
Response: Very unhappy button (Poor/Very	24%	18%
Respondents satisfied	72%	77%

Below Gives the January feedback, broken down by which day of the week the feedback was received:



There is a theme of satisfaction being lowest on a weekend across the UHB

Gives the January feedback, broken down by kiosk location:



HappyOrNot feedback (EU areas only)

The table below is a basic summary of the information received from the HappyOrNot EU feedback:

Summary values	December	January
Surveys completed	803	277
Respondents satisfied	60%	60%

Civica 'Once for Wales' platform

Our system went live on Friday 28th October and we are currently surveying up to 600 patients daily via SMS. At the time of reporting we have contacted some 37.227 people for feedback via text messaging we are seeing a return rate of 18%. It is our understanding this is higher than many organisations but will be a focus for improvement with more targeted experience data collection over the next year with an aim for a minimum return of 25%.

The table and figures below give some of the summary information received during December and January.

Summary values	December	January
Surveys completed	1148	1599
Respondents satisfied	88%	89%

For the above, the ‘Respondents satisfied’ figure is based on those who answered the rating scale question: *Using a scale of 0 to 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?* and gave a score of 7 or more.

Table below. Gives a detailed breakdown of January’s rating question feedback.

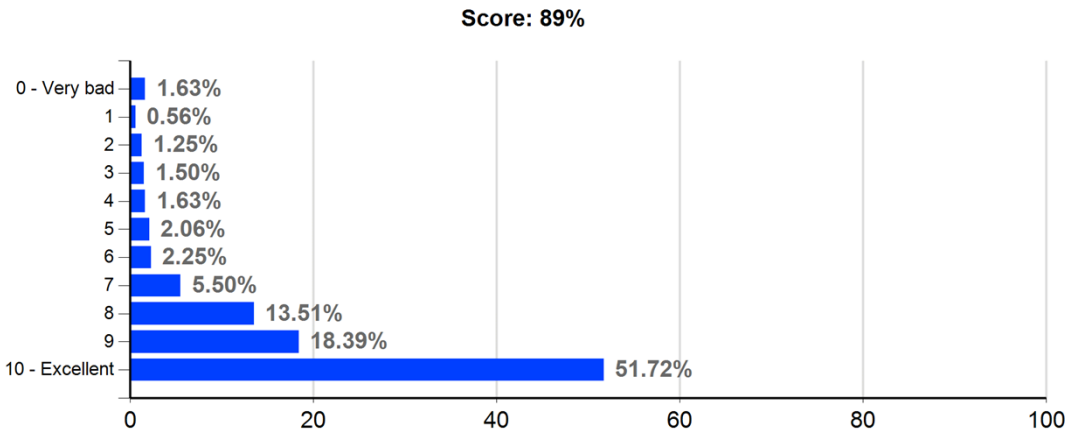
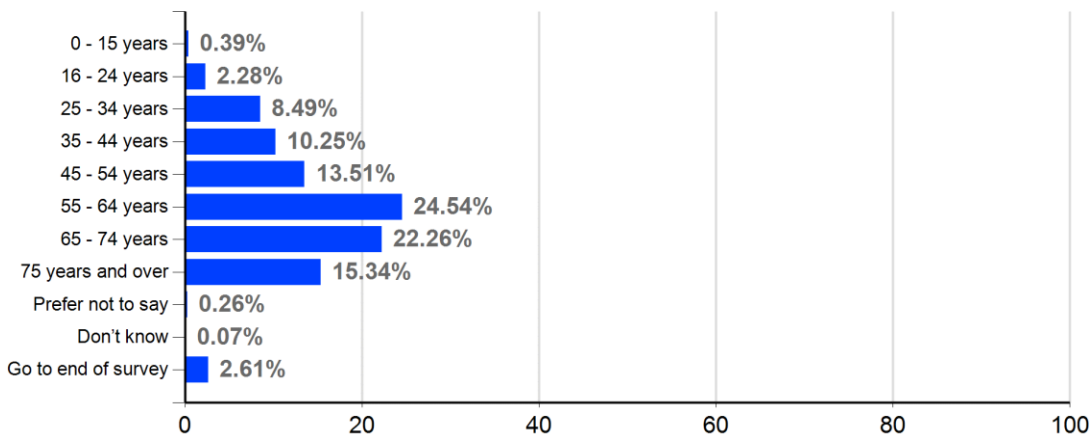


Table below. Gives January’s feedback, broken down by age group of respondents.



The reports available via the Civica platform are quite detailed and include:

- Survey summary
- Heat map
- Comment report
- Custom reports

It is hoped that in coming months the platform will act as our main 'hub' to collect and collate feedback from various sources e.g. SMS, paper, other links, tablets and kiosks. The system will also enable users to create and deploy their own survey designs and analyse their feedback.

In order to improve the services, we provide, the Patient Experience Team are looking to increase the ways we receive feedback from patients relating to the care they receive. Throughout the month of February, the team including volunteers will be visiting all ward and clinic areas to install the attached stickers/posters.

The Feedback poster will be in A5 size and is a washable adhesive backed sheet which we will place on bedside cabinets, along with this we will place the Feedback Poster at the entrances of all ward areas. Finally, the sticker will be used in communal areas. Embedded within the poster/sticker is a QR code to the survey, along with a contact number and email address for patients who are not able to access the survey digitally. We will monitor the calls to the mobile Patient Experience number and redirect or address queries where appropriate.

The Patient Experience team will review results from the survey which will then be shared with Clinical Boards

We are developing the poster in other languages and will target the areas where we currently know there is a high demand for interpretation services in the specific languages -as the process develops we will also have the BSL survey established

The roll out will be coordinated through our Patient Experience staff and volunteers.

We anticipate this will provide us with more meaningful real time data for ward and clinical areas



GIG
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WALES

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

**Dywedwch wrthym am
eich profiad diweddar**

**Please tell us about your
recent experience**

Mae eich adborth yn bwysig i ni

**I gwblhau arolwg byr ar eich profiad diweddaraf
sganiwch y cod QR isod**

Your feedback matters to us

**To complete a short survey please scan
the QR Code below**



Am fwy o wybodaeth, ffoniwch
07980 732555
(mae'r llinellau ffôn ar agor o ddydd
Llun i ddydd Gwener 10am - 1pm)
neu e-bostiwch: Pe.cav@wales.nhs.uk

For more information, please call
07980 732555
(phone lines are open Monday - Friday
10am - 1pm)
or email: Pe.cav@wales.nhs.uk

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PATIENT SAFETY – Incident reporting

The chart below illustrates patient safety incidents reported during February 2023 by incident type. A total of 1490 incidents were reported affecting patients/service users, during this period. As is usual, accident/injury (falls) and pressure damage, are the most commonly reported incidents.

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

Falls investigations are subject to a scrutiny panel, a new UHB Falls Lead is being appointed within the Corporate Team to lead on this crucial improvement work.

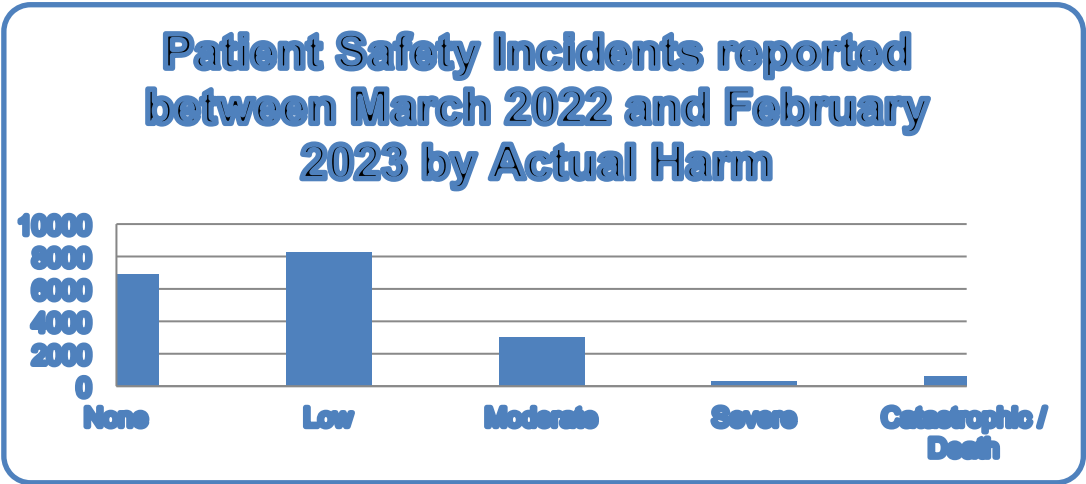
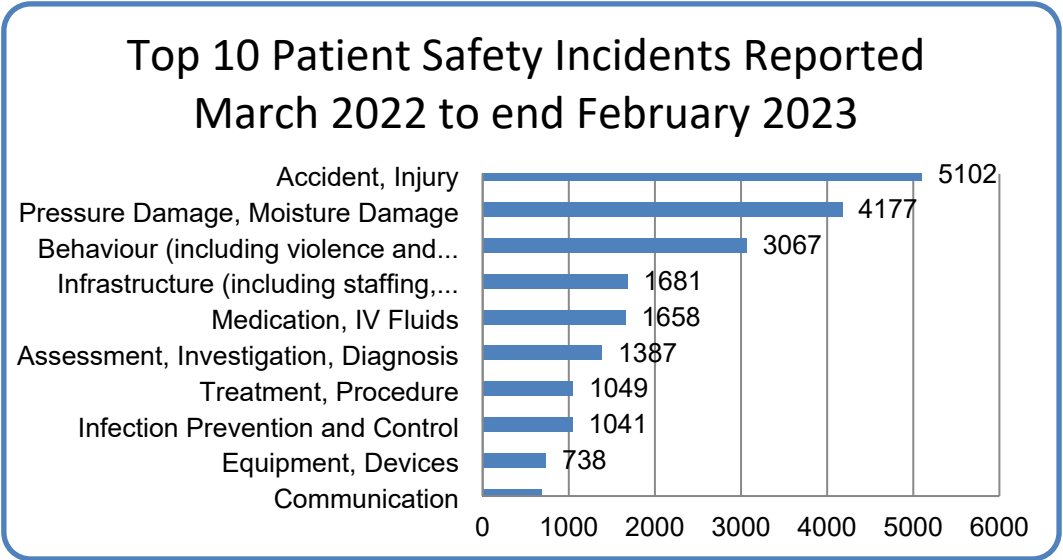


Figure above shows the breakdown of patient safety incidents reported between March 2022 and February 2023 by harm – this is the initial harm grading assigned by the incident reporter. None and low are the highest reported category which is reassuring and demonstrates an open reporting culture that recognises the importance of ‘near miss monitoring’.

We now have a full years’ worth of data entered into the new RL Datix OfWCMS system. Between 1st March 2022 and 28th February 2023, C&V reported 19,184 patient safety incidents, 20% (3,913) of these would have met the criteria for triggering DoC (reported as moderate harm and above), an important consideration when planning for Duty of Candour. We are aware that there will be a significant amount of review required in relation to the grading to ensure that the Duty of Candour is implemented in line with the regulations. The Patient Experience Team have been

working with the Clinical Boards and Primary Care contractors to raise awareness and agree the processes from 1 April 23 .

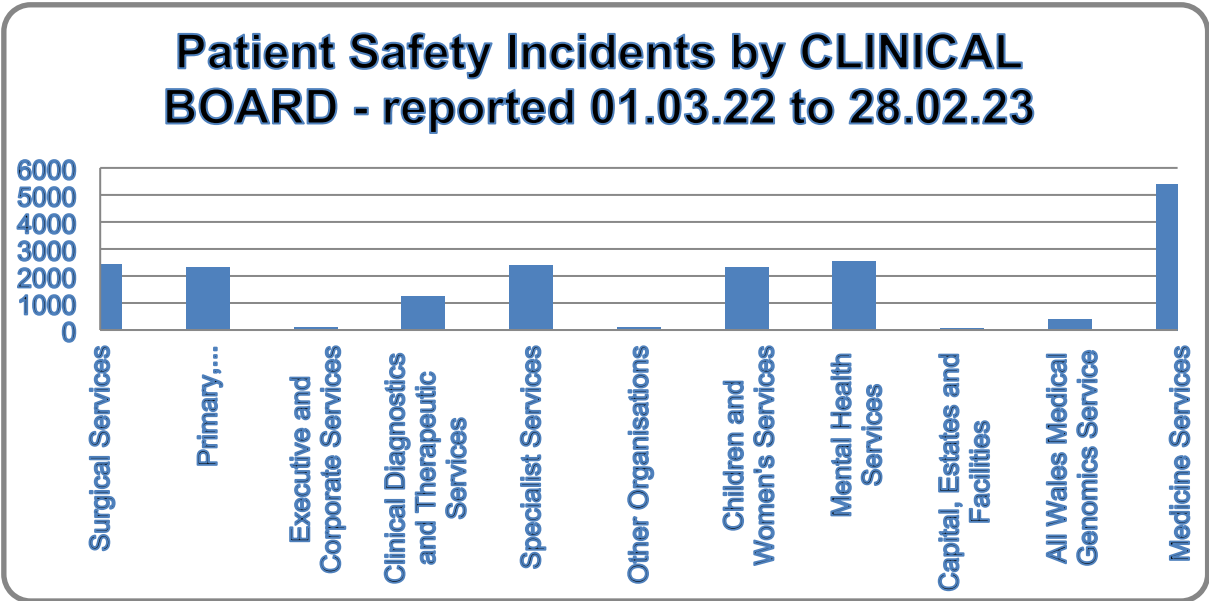
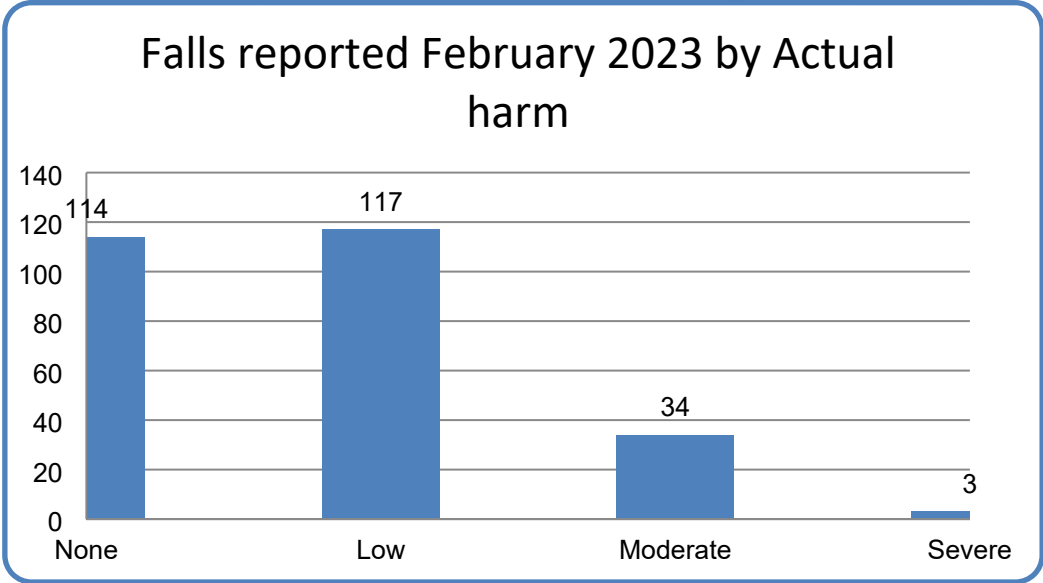


Figure above shows that Medicine Clinical Board is the highest reporter of patient safety incidents reporting 28% of the total for that year, as already highlighted, a significant proportion (21%) of these are reporting falls.

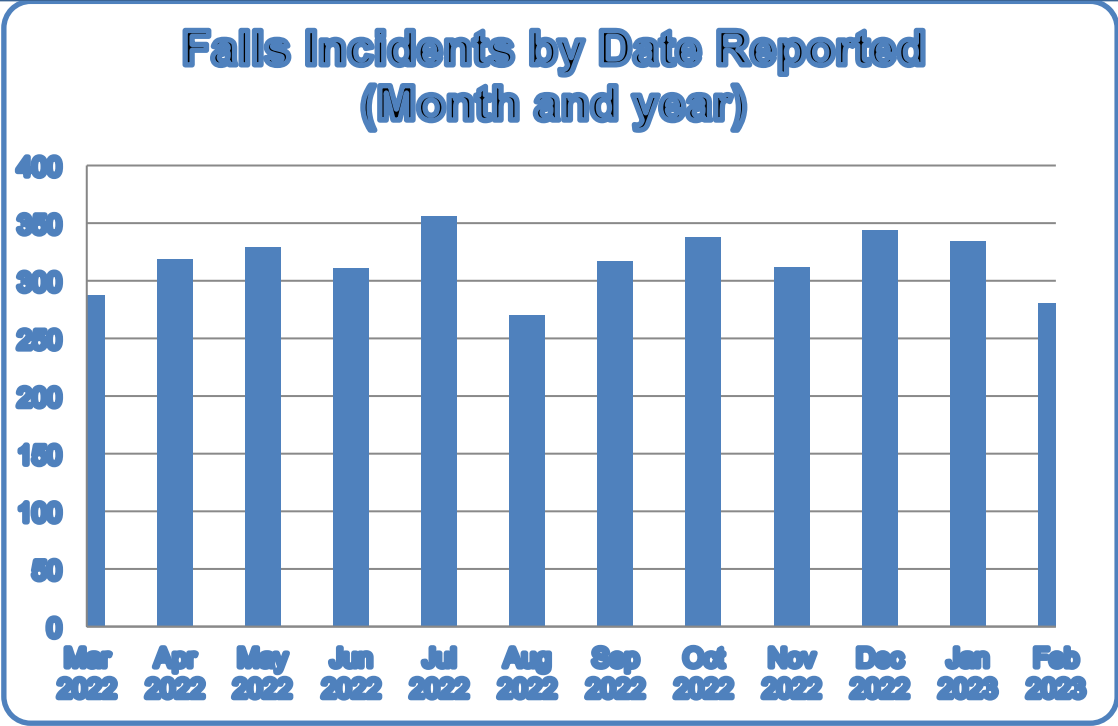
Falls

Looking in more detail at falls, Medicine Clinical Board is the highest reporter of patient falls.



As can be seen above, the majority of falls reported are associated with no or low harm.

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The table shows the reporting trend for patient falls between March 2022 and February 2023.

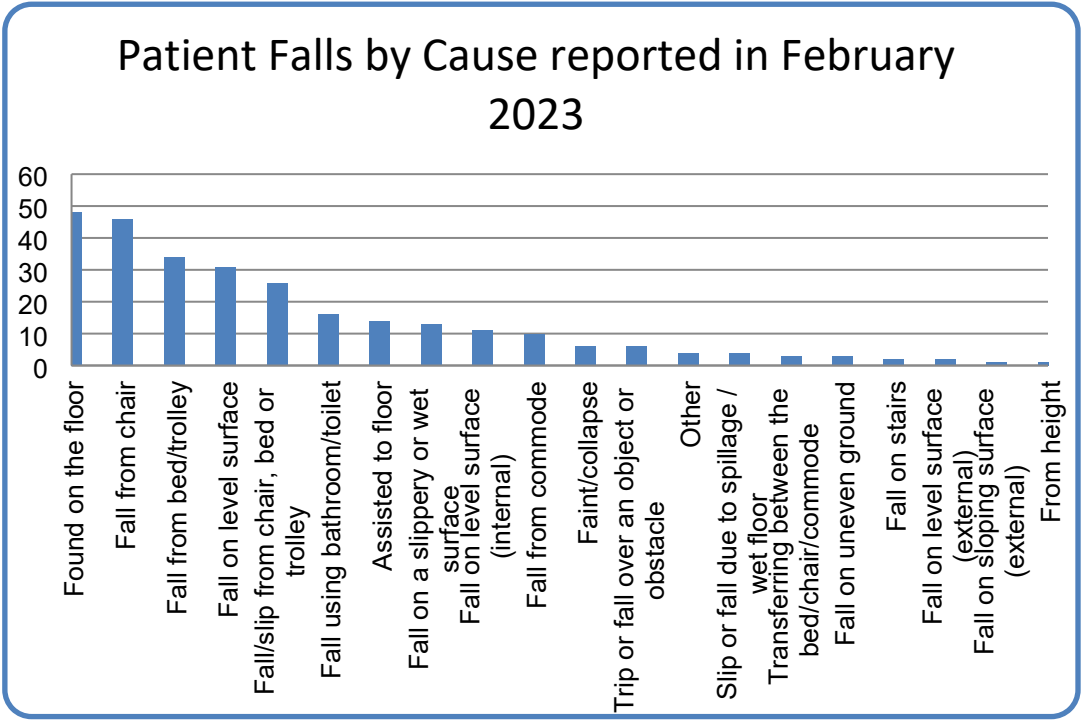
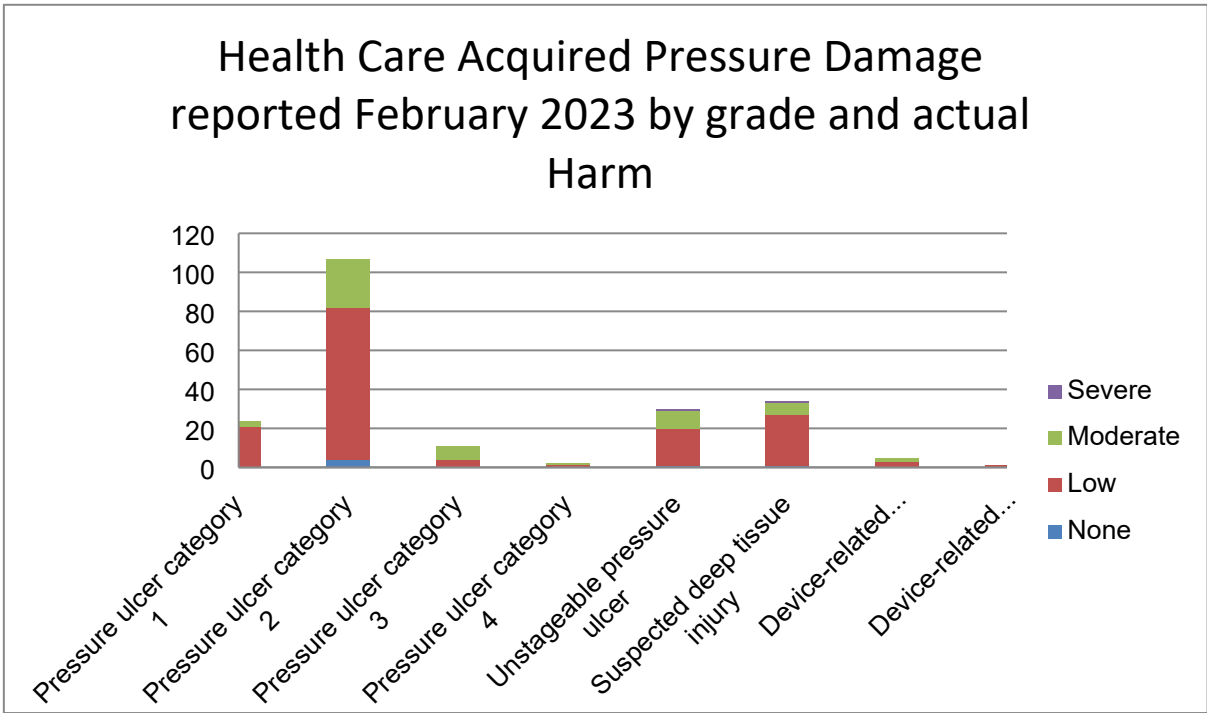


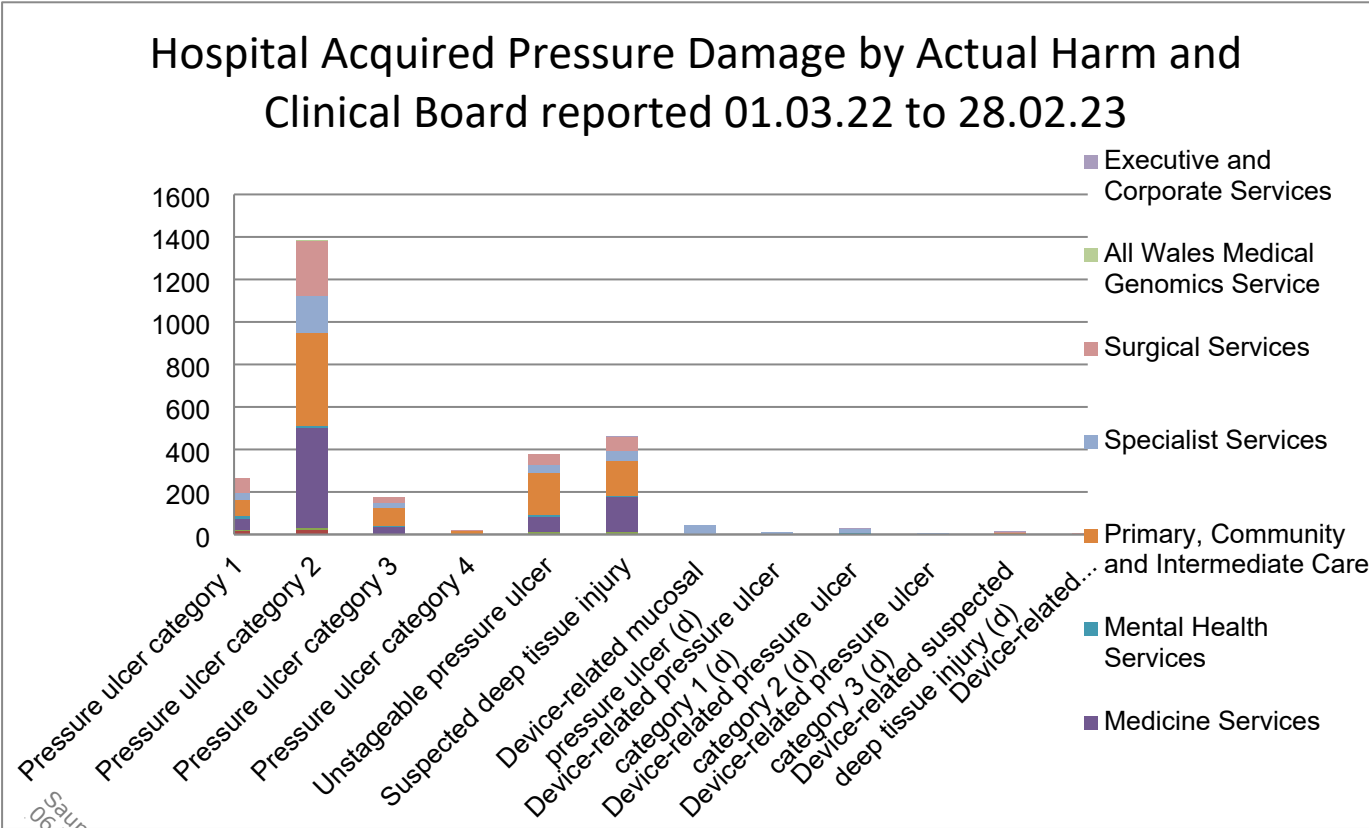
Fig. 7 shows that ‘found on floor’ is the highest reported patient fall cause.

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Pressure Damage



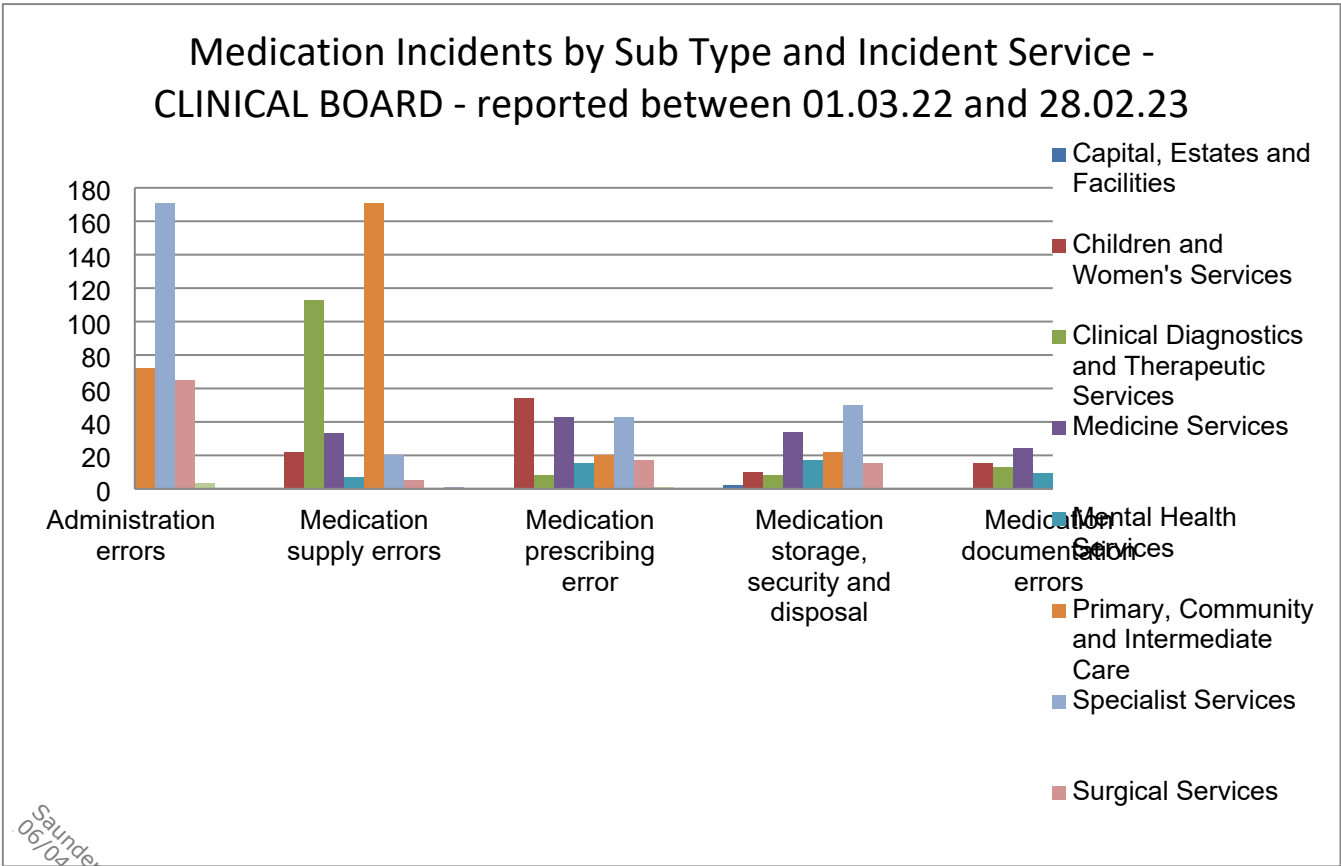
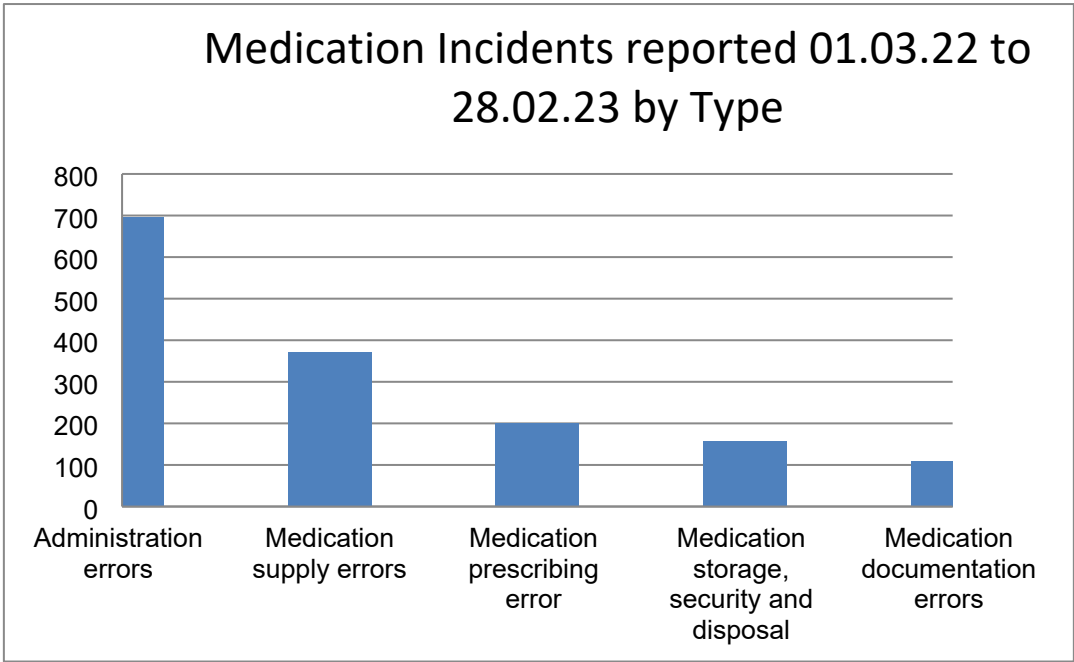
The table shows a breakdown of hospital acquired pressure damage reported in February. Category 2 is the usually the highest reported occurrence.



The graph above shows that Medicine and Primary care are the highest reporters of care acquired pressure damage.

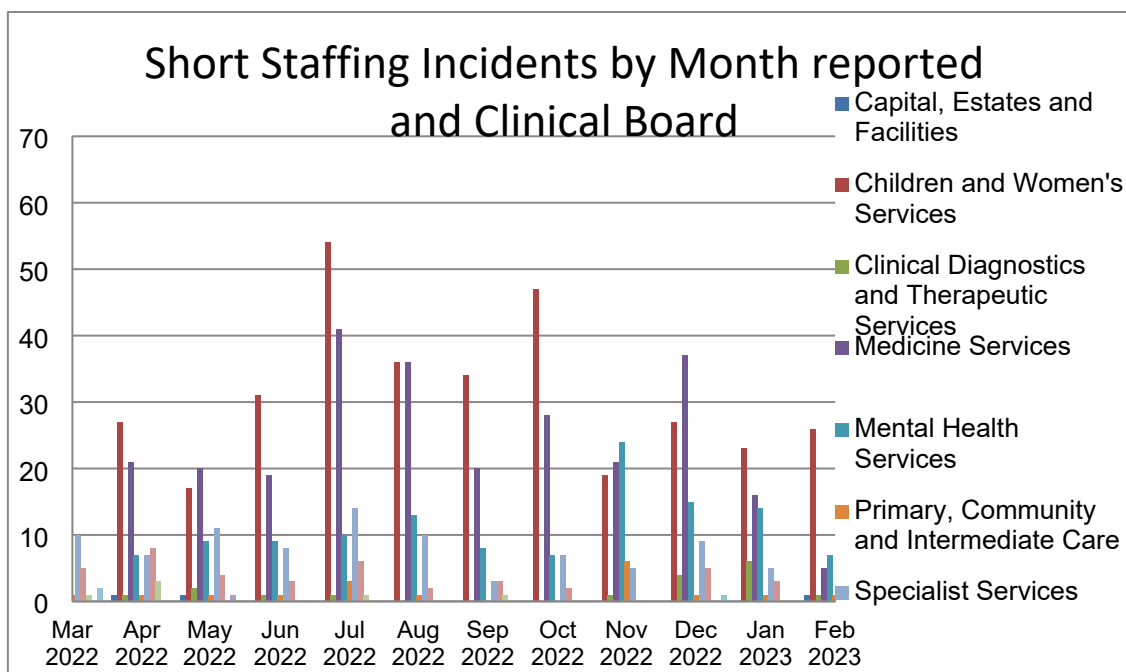
Medication Errors

Looking at medication errors for the period of March 2022 to February 2023, administration errors are the most commonly reported medication incident (Fig.9); Medication Safety was the topic of the last World Patient Safety Day.



The table shows that Primary Care and CD&T more commonly report medication supply incidents, whereas Medicine, Specialist and Children and Women more commonly report medication administration incidents.

Staffing



Children and Women and Medicine are the Clinical Boards who report the higher levels of short staffing incidents.

Nationally Reportable Incidents (NRIs)

The table illustrates performance of Nationally Reportable Incidents until 28th February 2023. It is an improving position and reflects the focus and hard work of the Clinical Boards and Patient Safety Team. However, the number of open and overdue NRIs increased in February.

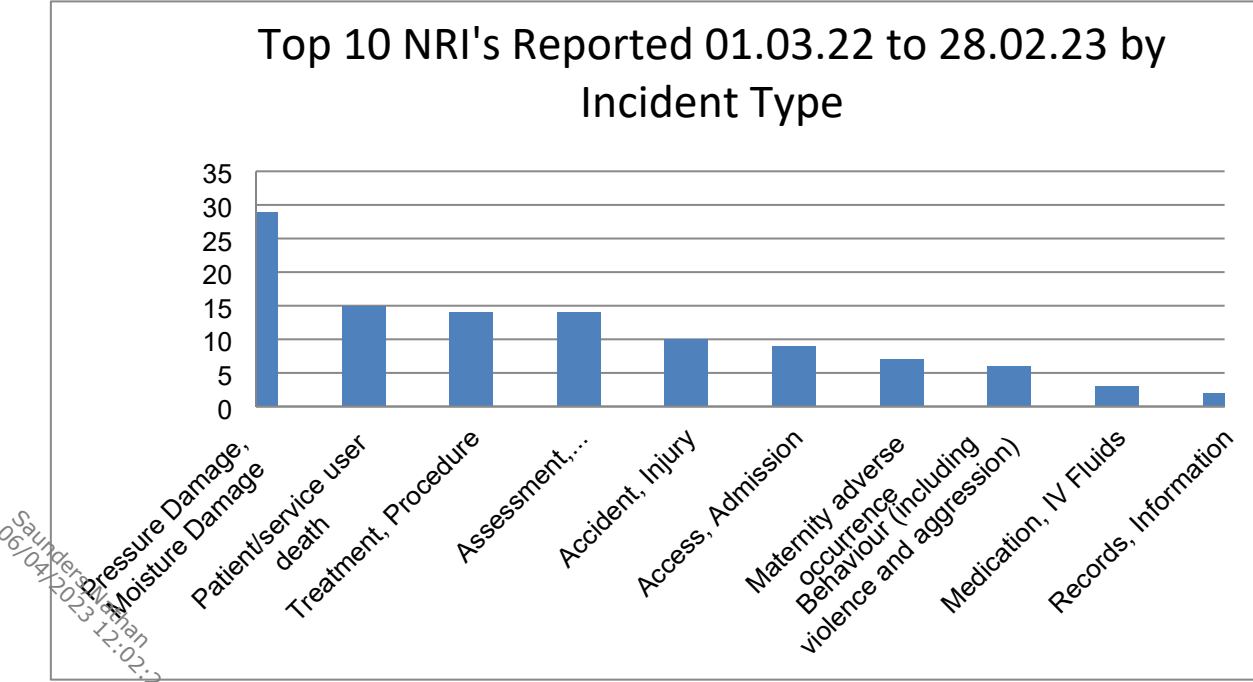
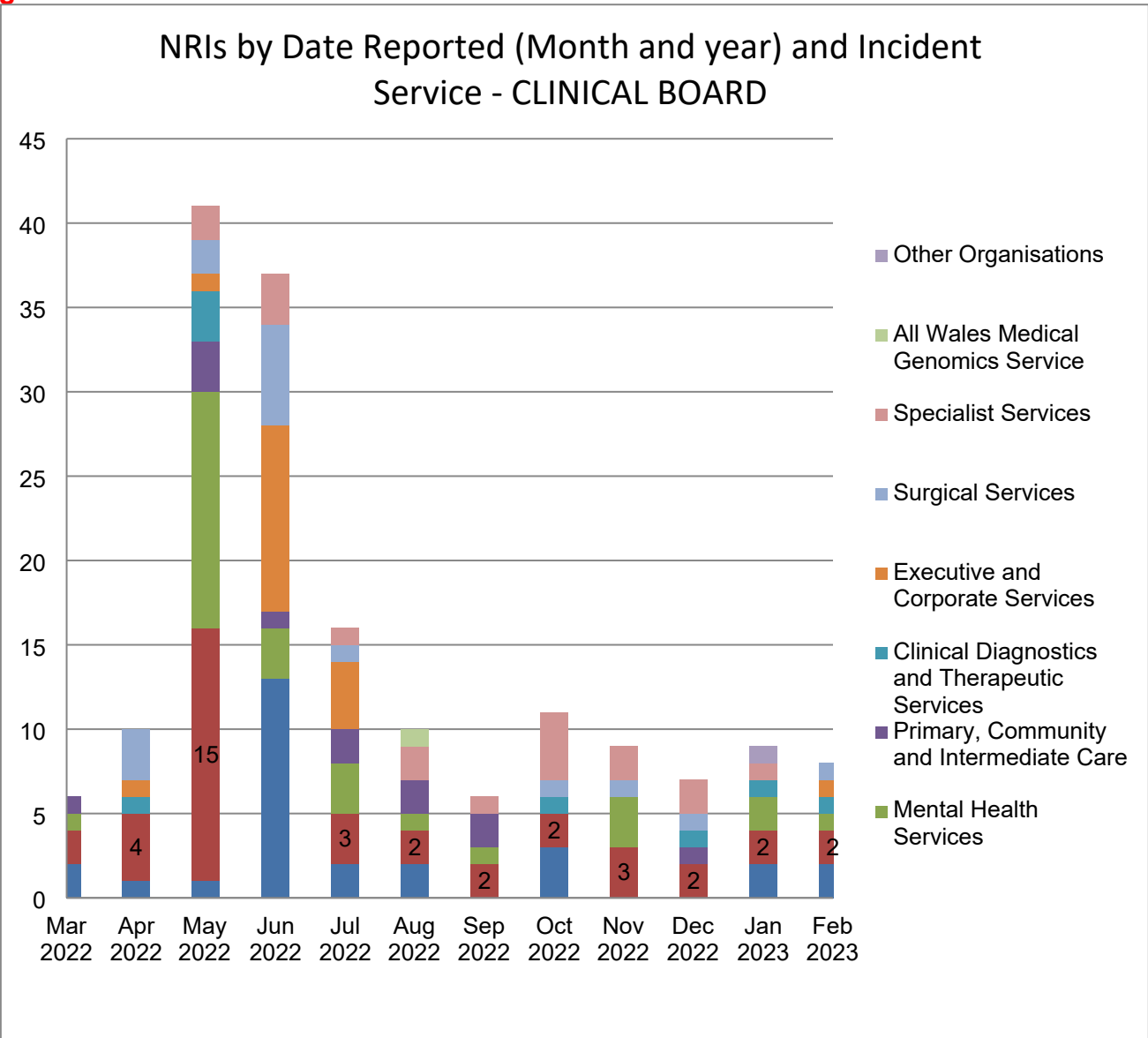
	Open	Overdue
September 2022	53	34
October 2022	48	29
November 2022	51	26
December 2022	43	19
January 2023	46	20
February 2023	57	26

Clinical Board	Open NRIs as of 03.03.23	Overdue NRIs as of 03.03.23
Children and Women	10 ↑	5 ↓
CD&T	4 ↑	0 ↔
Executive	3 ↑	2 ↔
Medicine	7 ↑	3 ↓
Mental Health	12 ↑	6 ↑
Surgery	6 ↓	3 ↔
PCIC	3 ↔	2 ↔
Specialist	10 ↔	5 ↑
Total	57 ↑	26 ↑

The above shows that most Clinical Boards have seen an increase in open NRIs over the last month.

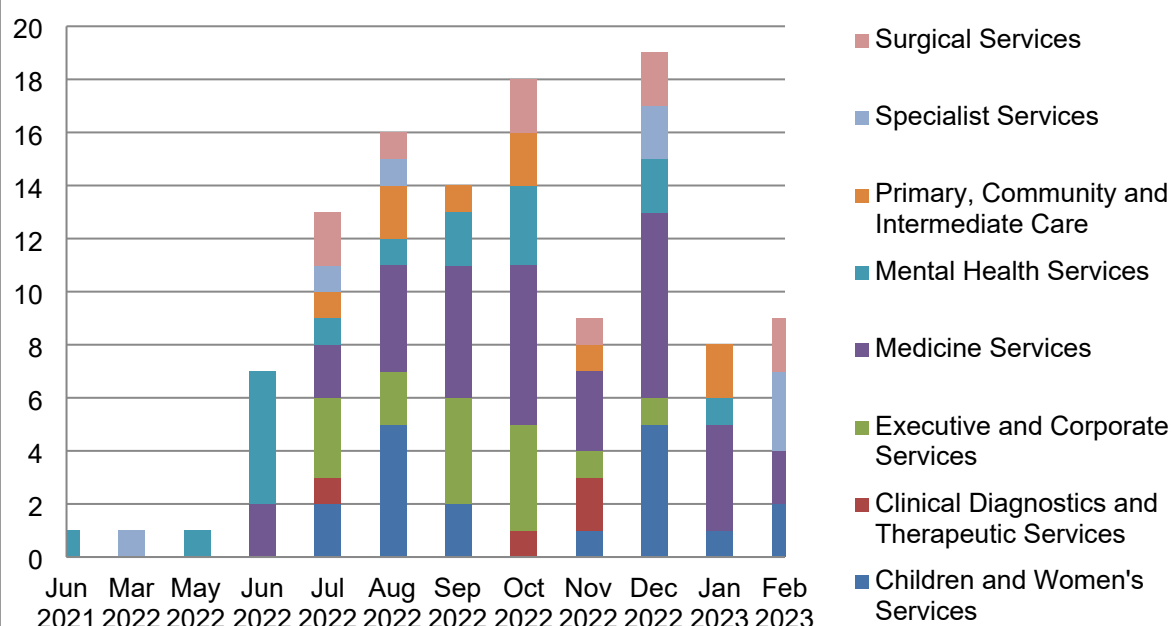
The following chart shows the trend over the last year for NRIs reported by Month and by Clinical Board. The high reporting figures in May and June reflect the requirement for Clinical Boards to migrate their ongoing open NRIs from the old datix system to the new RL Datix OfWCMS. -Once for Wales System

Fig.12



Pressure damage continues to be the highest reported NRI to NHS Wales Delivery Unit.

NRIs Closed between 01.02.22 and 28.02.23 by month and Clinical Board



A significant number of the closure forms submitted by Medicine Clinical Board relates to hospital acquired avoidable pressure damage.

Mortality

The November 2022 Quality Safety and experience committee agreed a three-tier model for reporting and monitoring mortality data across the Health Board.

Tier 1 Health Board wide mortality measures which will be reported including All-Cause Mortality and Crude inpatient mortality.

Tier 2 - Clinical Board level mortality indicators which includes some condition specific mortality indicators.

Tier 3 – speciality level mortality indicators to include condition and intervention specific mortality data.

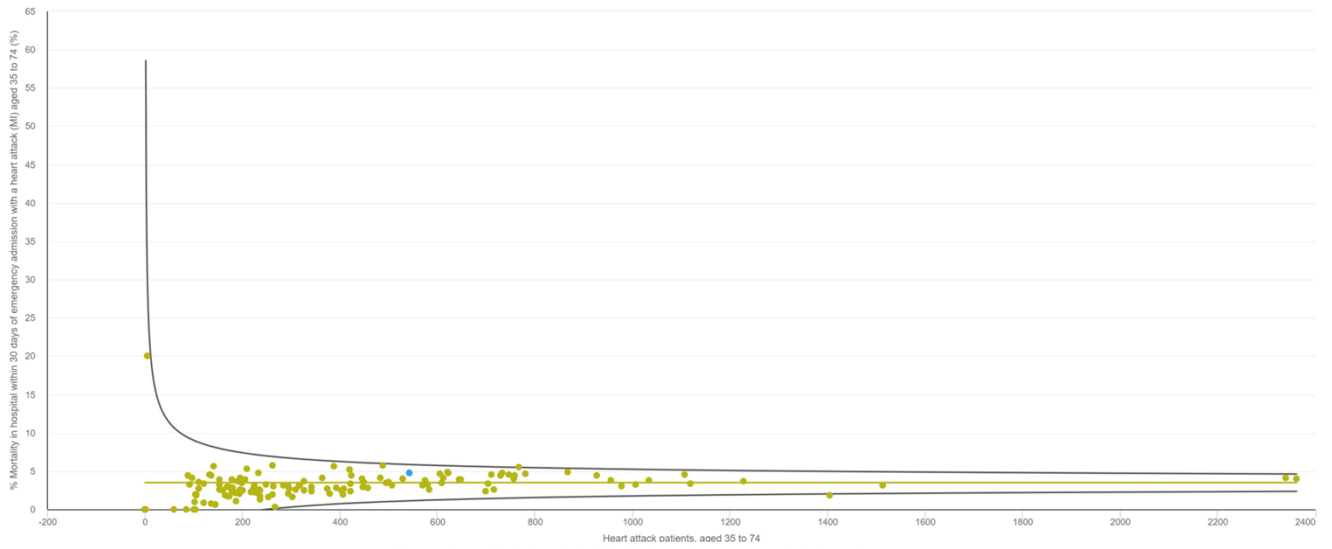
Tier 1 mortality data will be included as part of the quality indicators report on a regular basis and Tier 2 indicators will be reported to board a six-monthly.

Tier 1 Mortality

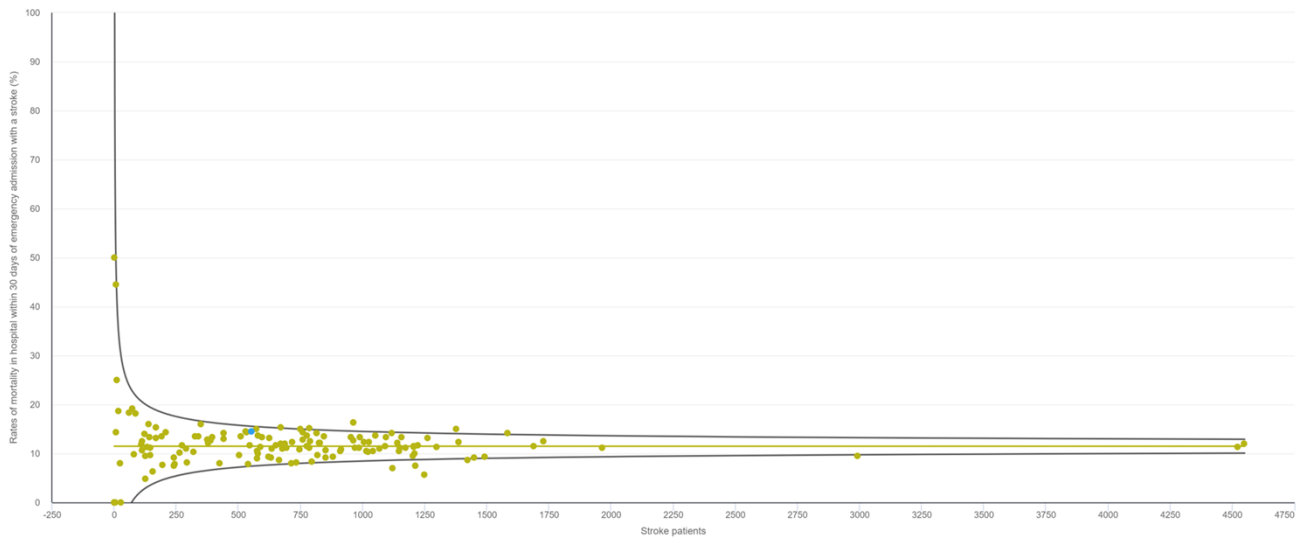
Measuring the actual number of deaths over time (crude mortality) supports the monitoring of trends in mortality rates. The Crude inpatient Mortality chart demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the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

Crude all-cause mortality demonstrates the weekly number of deaths registered in Cardiff and the Vale of Glamorgan regardless of where they occurred. COVID – 19 deaths the pink line illustrates the number of deaths where COVID-19 features anywhere on the death certificate. There is a correlation between increases above the five-year average and deaths where the patient had Covid on their death certificate during the first two waves of the pandemic (Spring 2020 and Winter 2020/21).

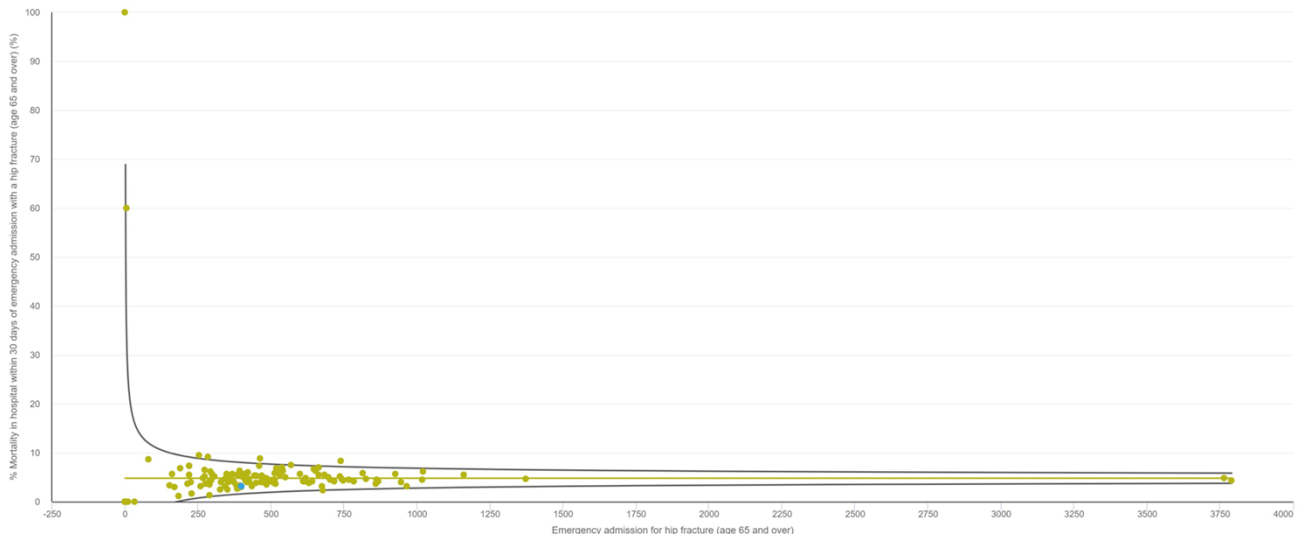
% Mortality in hospital within 30 days of emergency admission with a heart attack (MI) aged 35 to 74



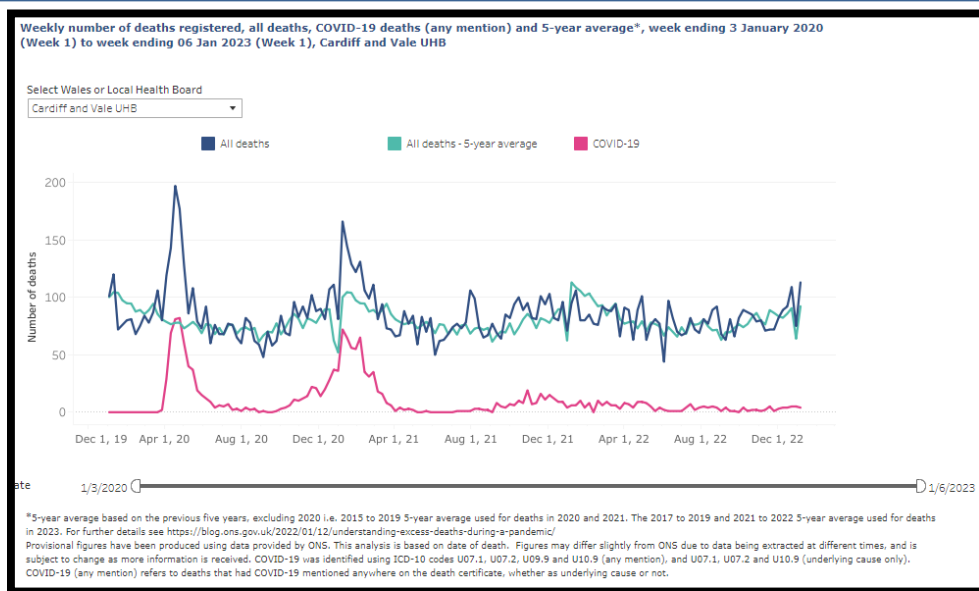
Rates of mortality in hospital within 30 days of emergency admission with a stroke



% Mortality in hospital within 30 days of emergency admission with a hip fracture (age 65 and over)

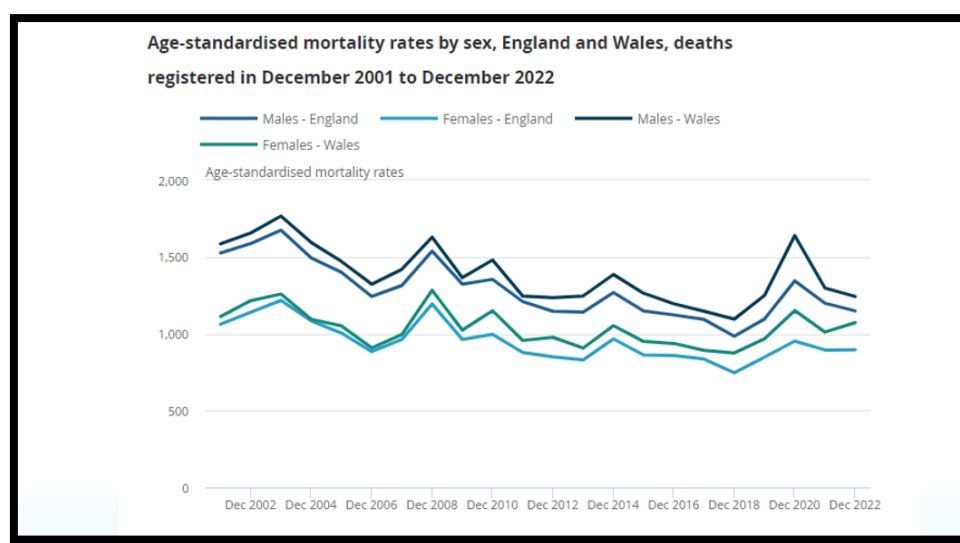


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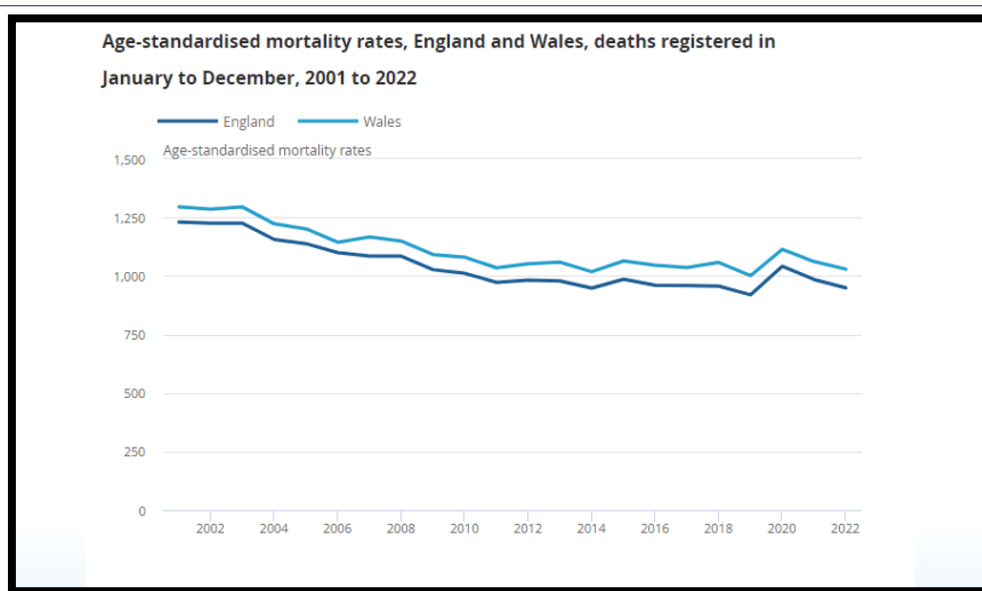
Source: Public Health Wales Covid Dashboard, ONS Mortality ([CovidDashboard_ONSmortality | Tableau Public](#))

Age standardised mortality by sex is shown to be lower in December 2022 (figure 3) when compared to the same period in 2021, although this reduction is not statistically significant in Wales. The age-standardised mortality rates in 2022 were significantly lower than most other years since 2001 in Wales and England (figure 4), although it remains above the rate observed in 2019.



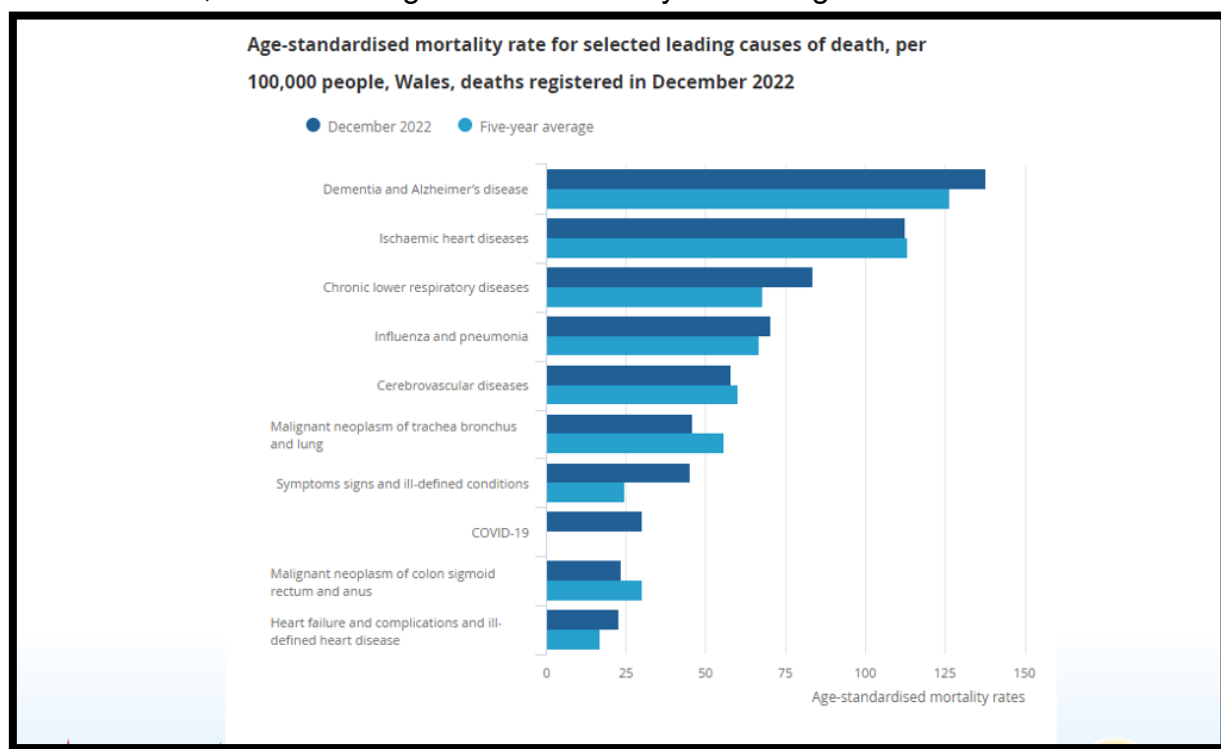
Source: Monthly mortality analysis, England and Wales - Office for National Statistics (ons.gov.uk)

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Source: [Monthly mortality analysis, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

Figure 5 illustrates that Alzheimer's and dementia remains the leading cause of death in Wales in December 2022, with a rate higher than the five-year average.

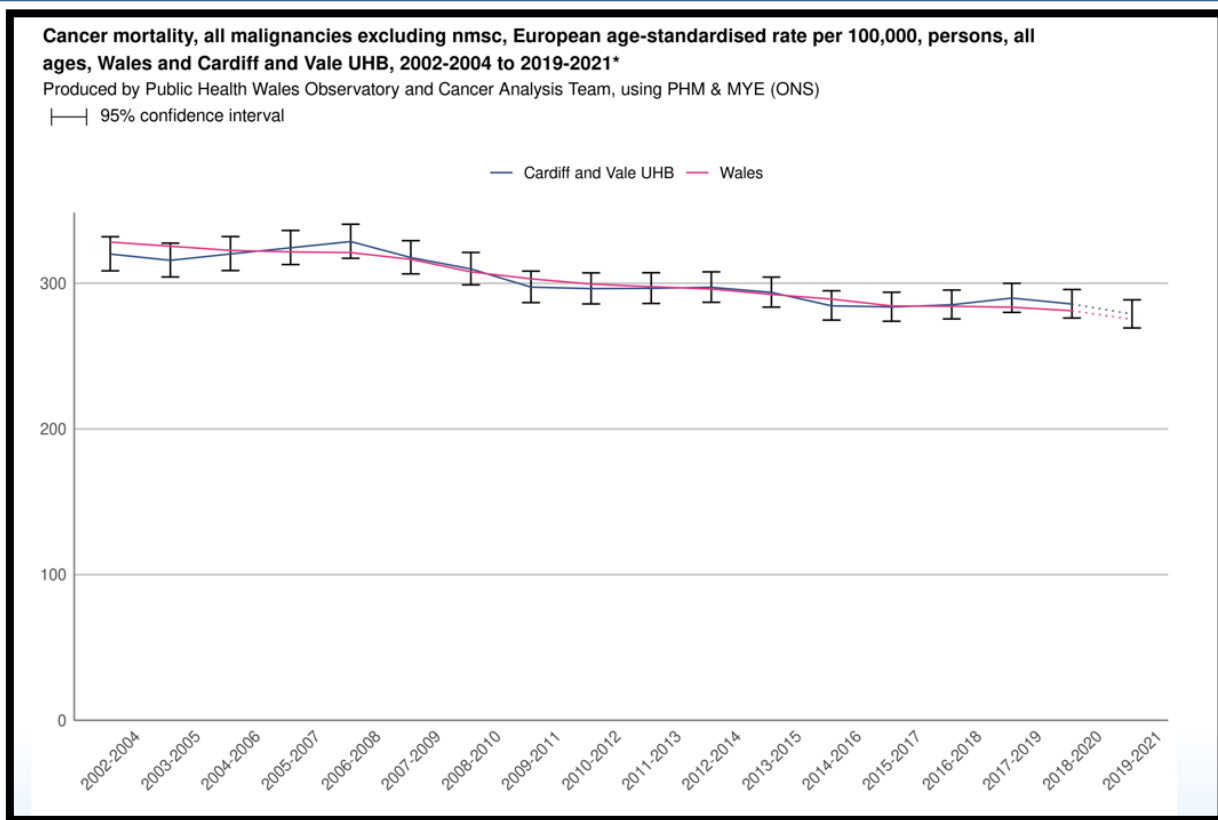


Source: [Monthly mortality analysis, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

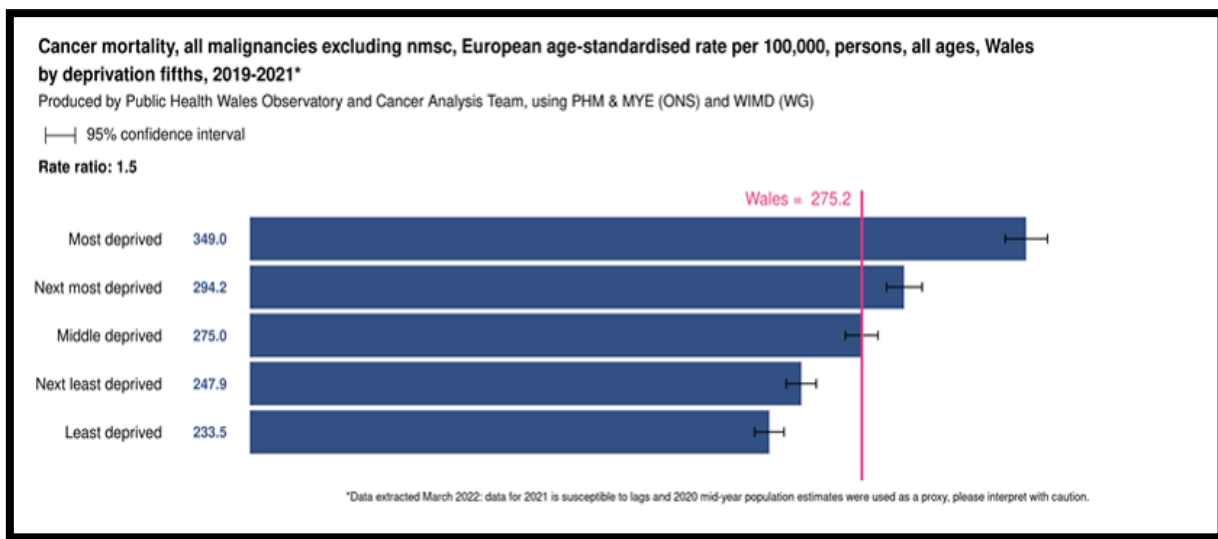
Figure 6 illustrates cancer mortality rates per 100,000 population (excluding non-melanoma malignant neoplasm) and demonstrated a reducing trend in population rates in Wales and in Cardiff and Vale UHB area.

Figure 6

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The age standardised cancer mortality, reported as mortality per 100,000 population, demonstrates significant variation in relation to deprivation. Mortality rates in those living in the most deprived fifths in Wales are around 50% higher than those living in the least deprived areas. The pandemic has impacted on this for some diagnoses, particularly marked in colorectal cancer mortality, where inequalities in cancer mortality increased rapidly from a 30% relative difference between the most and least deprived areas of Wales in 2019 to 80% by 2021.

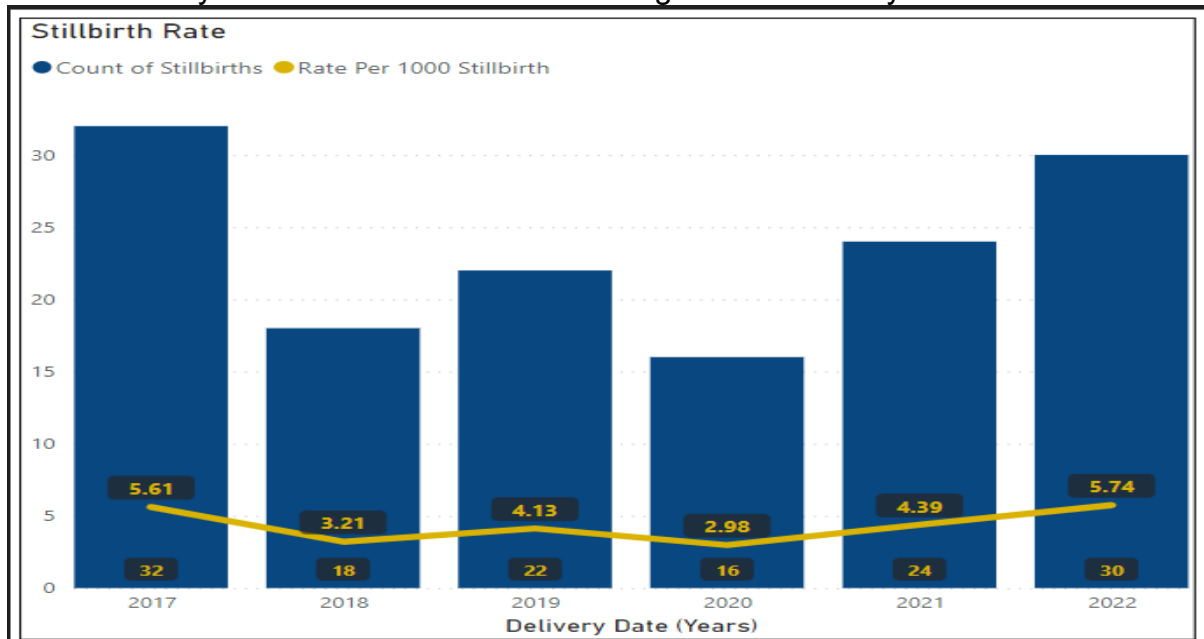


Maternity Outcome

Still birth rates in the UK fell to 3.9 per 1000 births in 2019 and 2020 with increased rates associated with ethnicity in several populations, in particular, Bangladeshi, Pakistani, Black African and Black Caribbean. Provisional figures from the office of National Statistics suggest that still birth rates increased in 2021 to 4.2 per 1000 births with a particular increase noted in the second half of 2021, national rates for 2022 are not yet reported. Still Birth Rates in Cardiff and Vale UHB increased from 2.98 in 2020 to 4.39 in 2021 and to 5.74 in 2022. The presence of

a Fetal Medicine unit means that the Health Board provide specialist diagnosis and treatment of complications which might arise in unborn babies.

All still births and perinatal deaths are reported through the Perinatal Mortality Review Tool (PMRT) and are reviewed at the Health Board Perinatal Mortality Review Meeting, where all aspects of maternity and neonatal care from booking to birth and beyond are discussed.



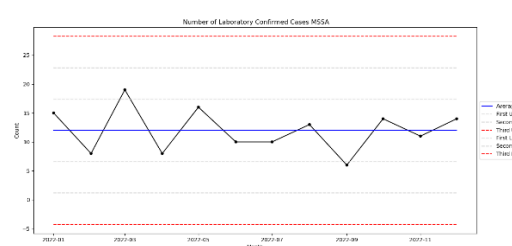
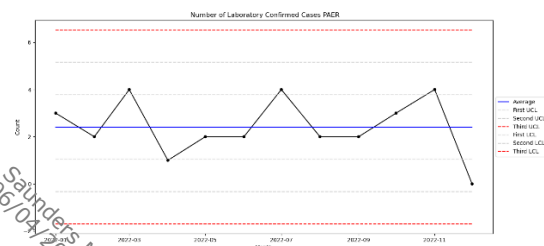
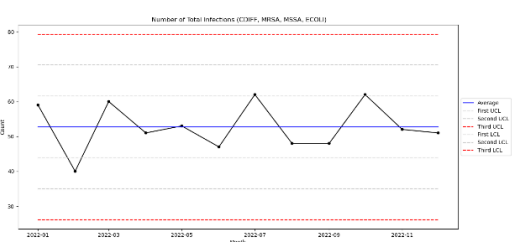
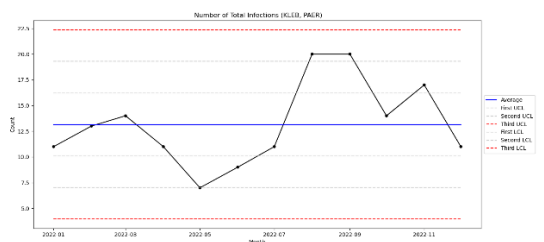
The national still birth rate in 2021 was 4.2 stillbirths per 1000 births (provisional ONS data) and C&V rate was 4.39.

The aim is by 2030 to be at 2.5 still births per 1000 births or less *in line with the aim embedded in Saving Babies Lives –the care bundle for reducing perinatal mortality*

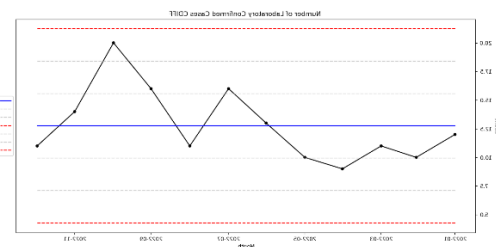
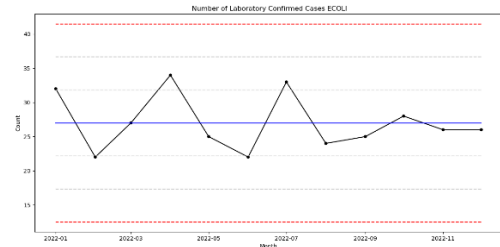
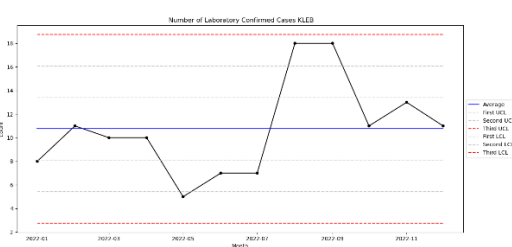
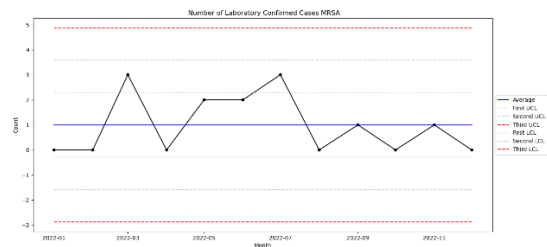
Infection control

Hospital Infections – the total infection rates are falling. MRSA and E coli have slightly reduced.

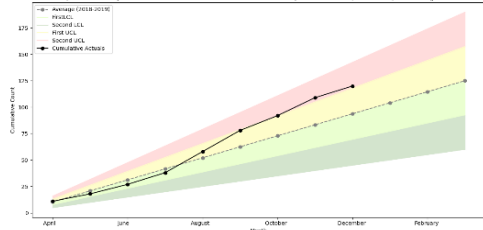
There has been significant investment in the IP&C team in the past 2 years, which has enabled increased audit and review of infections and supports a bespoke approach to supporting wards and primary care reviews.



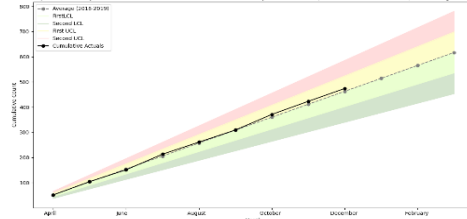
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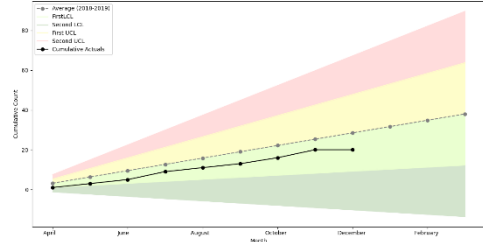
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Total Infections (KLEB+MRSA) 2022-23 against baseline 2018-2019



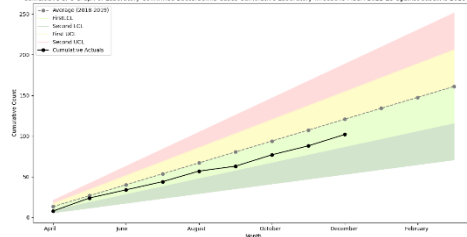
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Total Infections (XTIFF+MRSA+ECOLI) 2022-23 against baseline 2018-2019



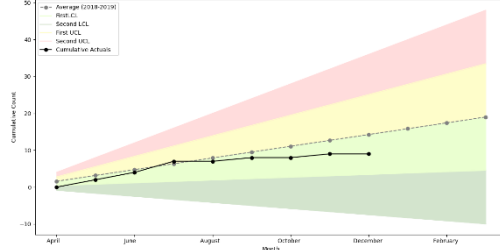
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections PNEP 2022-23 against baseline 2018-2019



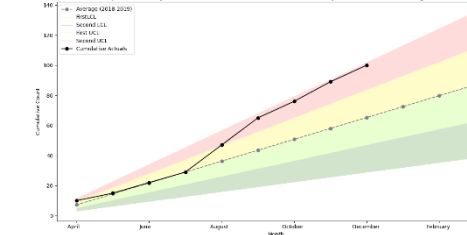
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections MRSA 2022-23 against baseline 2018-2019



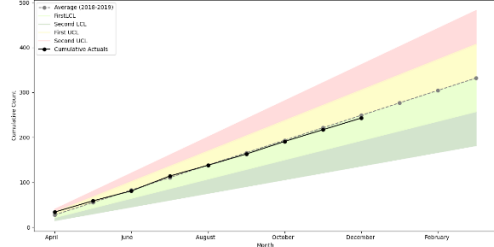
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections MRSA 2022-23 against baseline 2018-2019



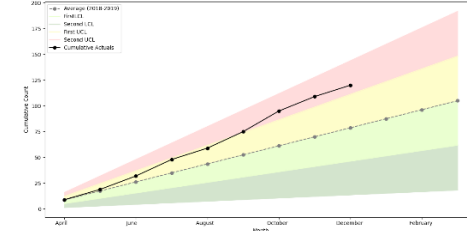
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections KLEB 2022-23 against baseline 2018-2019



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



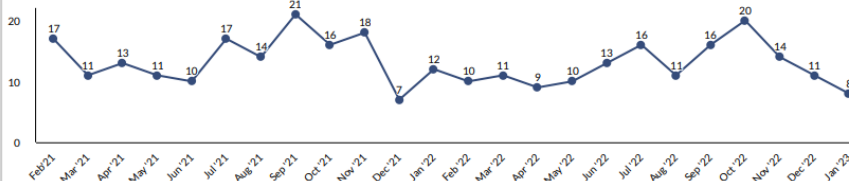
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections Cdiff 2022-23 against baseline 2018-2019



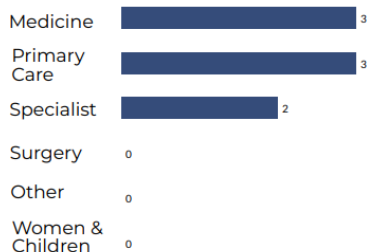
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Counts

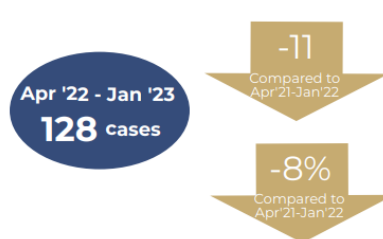
8 patients diagnosed this month



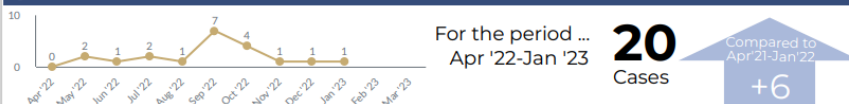
Clinical Board



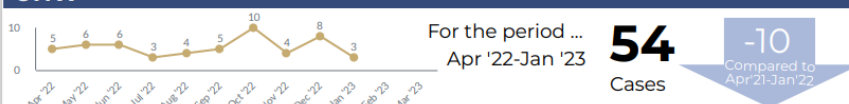
Counts



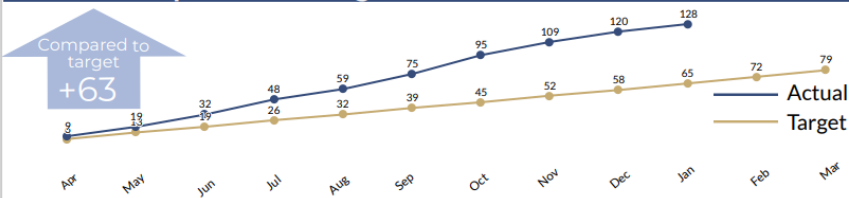
UHL



UHW



Reduction Expectation - Target <= 7/month



- CAV UHB cannot achieve the expected reduction for 2022/23 however we have 8% fewer cases than the equivalent period 2021/22.
- We are performing 2nd best in Wales (behind Cwm Taff HB).
- The *C'diff* oversight group meetings have commenced with the 1st meeting held in January. The meetings are led by the EDON and Deputy Medical Director supported by the IP+C Consultants and the HOV for IP&C and Clinical teams, are invited to discuss individual cases to identify learning and drive improvement.
- IP&C hold weekly *C'diff* review meetings which are attended by the IP&C nurses and Drs, Clinical Scientists in PHW, Antimicrobial Pharmacists and Microbiology registrars, in person review of new cases are also held.
- Since October 22 we have an IP&C nurse specifically to support PCIC CB. The work will include reviewing community *C'diff* cases and gathering themes from RCA's completed for each case to support learning.
- The IP&C Team are developing new education materials to support clinical teams.

Actions to progress the improvement trajectory

- Weekly Cdiff/SAUR meeting with IP&C, Micro, AMR specialist pharmacists ongoing.
- Plan to reinstate MDT review rounds with the above.

- MRSA RCA review meetings with the EMD, EDON, IP&C and clinical teams.
- IP&C audit plan for 2022/23 includes increased audits of PCV/CVC bundle compliance and insertion pack usage.
- ICNET SSI surveillance to begin within the next month.
- Working with clinical teams to further standardize products/procedures including IV access teams.
- Regular audits of clinical environments and equipment.
- Working with Capital/Estate/Facilities teams to improve clinical environments.
- Build on the existing Education programme to widen staff groups included.

PEOPLE/WORKFORCE

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

- **Turnover** rate trend is upwards since Jan-22; the rates have risen in the past 12 months from 12.57% to 13.33% in Jan-23 UHB wide. This is a net 0.76% increase, which equates roughly to an additional 102 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Promotion' and 'Voluntary Resignation – Work Life Balance'
- **Sickness Absence** rates remain high; the monthly sickness rate for January 2023 was 6.82% The revised rate for December 2023 was 8.37%, which is the highest ever monthly absence rate (higher even than the first month of the COVID-19 pandemic). There is a rising trend since Apr-22 and the current rates are significantly higher than for previous years. The cumulative rate has risen over the past 3 months to 7.05%. This figure is derived from absence since April.

The top 5 reasons for absence for the past 12 months are;
'Anxiety/stress/depression/other psychiatric illnesses', 'Cold, Cough, Flu – Influenza', 'Chest & respiratory problems', 'Other musculoskeletal problems' and 'Gastrointestinal Problems'

The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 31/01/23 there were 220 (a reduction of 64 – 22.53%). There are 78 staff on long term absence where Covid-19 has been identified as a Related Reason.

- The **Statutory and Mandatory** training compliance rate has risen, to 76.06% for January, 8.94% below the overall target.
- Compliance with **Fire** training has risen during January, to 68.38%.
- The trend of the rate of compliance with **Values Based Appraisal** has risen over the last 6 months; the compliance at January 2023 was 51.44%. Clinical Boards have been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023. Capital, Estates & Facilities (74.28%) and Clinical Diagnostics & Therapeutics (64.69%) have exceeded the 60% transitory target, and PCIC are presently at 59%.

Appendix 1 – Workforce Key Performance metrics dashboard for January 2022.

As noted in the last report, over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team are aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team will be supporting managers with operational matters, e.g. Employee Relations, Managing Attendance, Change Management, Terms & Conditions, etc.

The remainder of this report focuses on progress against the above:

Wellbeing

- Activity continues to take place to support staff with their financial wellbeing/cost of living.
- EWS continue to deliver bespoke support and development in areas of need.
- An Employee Health and Wellbeing Strategy and Framework proposal has been developed in collaboration with TU partners and is due to be presentation to the Strategic Wellbeing Group, Clinical and Service Boards senior leadership teams.
- Sustaining Resilience at Work Practitioner (StRaW) training has taken place within Children and Women Clinical Board to support the development of a peer support network. Further development of the network, including the training of four StRaW Managers will follow in March 2023.
- The pilot collaboration between the Occupational Health Department in CAVUHB and CTMUHB continues, with benefits being realised after 12 months. A review will take place in March 2023.
- Analysis of engagement results and feedback from wellbeing surveys has indicated low levels of staff morale, engagement and wellbeing. A dashboard of results is being produced for sharing with CBs.
- Communications also being developed to thank staff for participation in surveys / platforms; to communicate key themes and to outline actions being taken / planned (March 2023).

Recruitment

- 84% of the required skill mix for IACU has been recruited/deployed to support the winter capacity plan.
- The Nursing Hub are continuing to recruit high numbers of HCSW's as part of the ongoing recruitment campaign. The supply of HCSW's onto the internal Staff Bank continues to improve.
- Approval to proceed with further International Recruitment is currently on hold, whilst further workforce redesign takes place. It is likely that a blended approach will be required.
- A communications plan has been implemented to stop use of HCSW agency workers by 1 April 2023. Agency HCSWs are being encouraged to join the internal Staff Bank.
- An open evening was held in January to investigate the recruitment pool for Assistant Practitioner posts and the 'Return to Registration' programme. An accelerated development programme is being developed to support the rapid recruitment of these individuals.

- A Business case and implementation plan has been developed to implement the modernisation of the Ward skill mix with the introduction of Assistant Practitioners (Band 4).

Retention

- The focused work which was taking place within EU/AU has largely been completed, though support will continue and a bespoke coaching framework is to be developed.
- A retention toolkit is being developed and will be made available for managers throughout the UHB to adapt to their own areas. This will include cultural surveys, engagement self-assessment tools, and examples of good practice.
- The team are involved in the All-Wales Retention Group looking at a toolkit as part of the National Workforce Implementation Plan.
- The first Career Clinic for nurses will take place on 1st March with the intention of giving staff advice and support on career pathways, development, education and opportunities to develop careers in UHB without the need to move to neighbouring HBs.
- The 'New Starter' survey is about to be distributed to all newly qualified nurses who started last Autumn. Its aim is to identify how their experience as a new employee of the UHB has gone and to identify any actions need to be taken to improve their experience.
- A Culture and Leadership Programme focusing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit. The survey element has been completed with a response rate of over 50%, and focus groups will commence in Feb/March 2023 facilitated by the Assistant Director of OD and the Head of ECOD.
- The CAVUHB Anti-Racist Plan draft has been outlined through a co-production approach with colleagues from across the UHB and the One Voice Network. The progress made with the plan will be presented to S&D Committee in March 2022.
- The Welsh Language Commissioner is undertaking an investigation into our compliance with the Welsh Language Standards around registration of the staff with Welsh Language skills. A campaign to improve our workforce data around Equality and Welsh language skills is underway to enable us to we understand the diversity of representation at all levels and our organisational Welsh language skills.
- The amount of formal Disciplinary Investigations has continued to reduce by embedding and promoting Just Culture and Disruptive HR principles and we are currently reporting at just 8 cases (non-medical staff). The People Services Team are continuing to develop a new on demand training course for investigating officers to try and further reduce the length of time that investigations take.
- We have seen an increase in the amount of appeals received for flexible working requests. A trend analysis is being undertaken to identify any actions required.

Workforce Planning

- Engagement with all Clinical Boards to develop a baseline summary of nursing workforce data continues and aims to be completed by 1 March 2023. This will be rolled out to other staff groups at a later date.
- Strategic Workforce Planning training to develop knowledge and capability in longer term planning of our workforce is scheduled for March 2023.
- Activity is taking place to support the introduction and roll out of the Assistant Practitioner role to release the professional expertise of the nurse using prudent healthcare principles ensuring clear communication, engagement and supervision for the benefits to be realised.
- The Physician Associate role continues to increase (20wte) but funding to support recruitment and CPD budgets remain challenging.

Future updates

Work is currently taking place to re-focus the information provided to the Strategy and Delivery Committee and future People & Culture Committee. Rather than providing high level, UHB wide data we will examine the KPIs at a Clinical Board level. Areas performing well or improving will be noted, and we will set out what actions we are taking to provide focused support to directorates/teams who are struggling. As this new style of reporting takes shape we will also change the focus of the People section of the Integrated Performance Report to provide assurance to the Board.

OPERATIONAL PERFORMANCE

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

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

Emergency & Urgent Care

Performance against the 4-hour standard, 24-hour EU waits, 12-hour trolley waits and ambulance handover times are shown in the balanced scorecard.

There continues to be a challenging position across the urgent & emergency care system, largely driven by high levels of adult bed occupancy, as a result of the high number of patients who are delayed transfers of care (DTOC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit. However, the Winter Plan, that was approved at the public board meeting in September, continues to deliver improvements and through this plan over 130 additional beds, or bed equivalents, have been added to the system to help mitigate pressure.

There has been significant improvement in ambulance handover times which has led to an improvement in total number of lost hours and the volume of crews waiting greater than 4 hours to handover. The Health Board continues to be a positive outlier in this regard nationally.

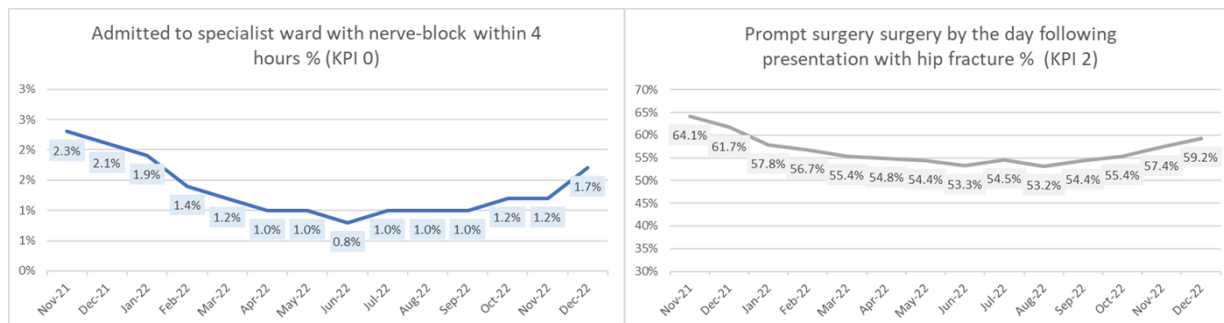
The number of ambulance handovers >4 hours has reduced from 230 in September to 33 in December, 12 in January and 0 reported in February. We have also seen a reduction in the number of ambulance handovers >3 hours, with the 228 reported in December 2022 falling to 17 reported in February 2023. February 2023 represents the first month in which the Health Board has met its ambulance handover improvement commitment, made in February 2022, to reduce average lost time per ambulance arrival to 25% less than the October 2021 baseline.

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Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has been poor. In January 2023, 1.8% of patients were admitted to a specialist ward with a nerve block within 4 hours.

In January, 63.2% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a slight reduction when compared to October 2021 performance (64.6%). Our performance is above the national average of 56% over the last 12 months.



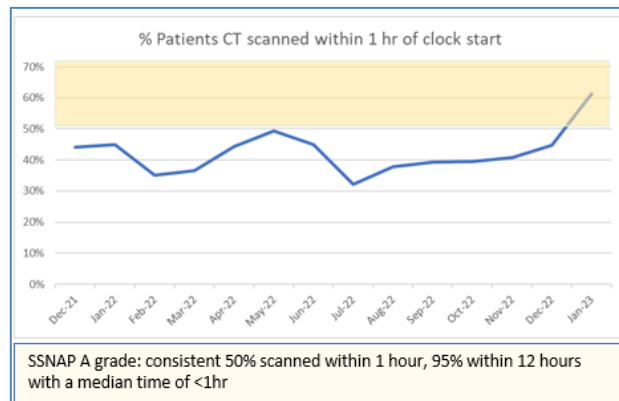
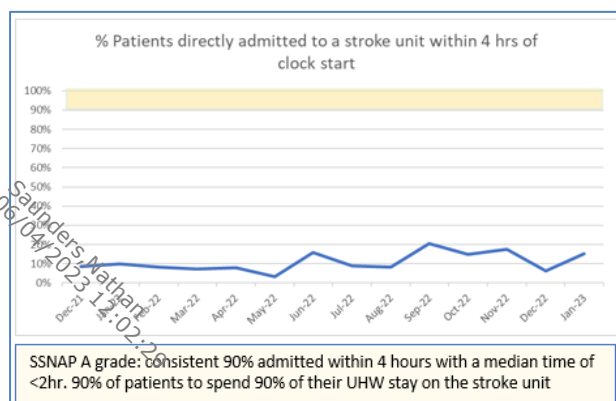
A summit with key stakeholders took place in late February with the ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers.

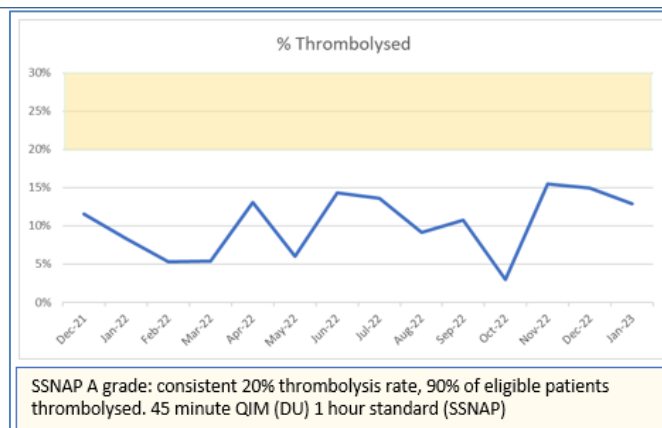
Stroke

Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP). In January:

- 0% of patients were thrombolysed within 45 minutes of arrival, the All Wales average was 16.2%
- The percentage of CT scans that were started within 1 hour in January was 61.3%, the All Wales average was 54.9%
- The percentage of patients who were admitted directly to a stroke unit within 4 hours was 15.4% in January, the All Wales average was 15.9%

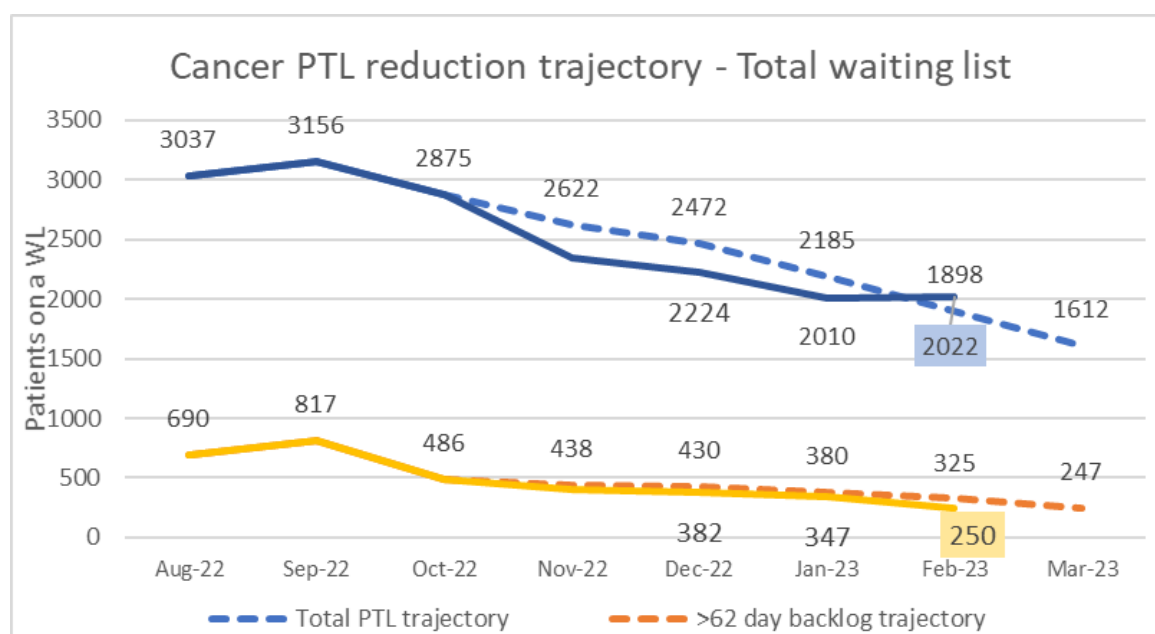
The UHB has held two internal Stroke summits and a number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP and the gaps for some of the indicators are shown below:





Cancer

January 2023 saw a 3% drop in compliance with the Single Cancer Pathway standard, with 55.1% of patients receiving their first definitive treatment within 62 days. While we reported an increased number of treatments in month, this includes a higher proportion of long waiting patients being treated which has caused the small drop in SCP performance.



At the time of writing there are a total of 2101 suspected cancer patients on a single cancer pathway. 227 have waited over 62 days, of which 73 have waited over 104 days.

Of these, there are 2033 Cardiff and Vale patients (excluding tertiary patients) of which 182 have waited over 62 days.

There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. In addition to internal Cancer summits and the demand and capacity exercise discussed at the last meeting, there is a current focus on minimising the number of patients waiting over 104 days to start their definitive treatment to less than 45 by the end of March 2023.

Planned Care

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 121,687 as at January 2023. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – January – 955
- Patients over 104 weeks - January – 4,587
- Patients over 52 weeks – January – 23,950

The most recent delivery assessment has determined there will be approximately 3617 patients waiting over 104w of which 810 waiting over 156w by the end of March 2023. Work continues to reduce the number of these long waiting patients.

The number of patients waiting for planned care and treatment **over 36 weeks** has decreased to 39,599 at the end of January 2023. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of February 2023 was 193,548. 98.6% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 51,374. This is of concern and requires additional focus and support to improve the position over the next few months.

Ministerial Measures

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG Ambition	IMTP commitment	Trajectory shared with DU	April	May	June	July	August	September	October	November	December	January
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291	14,697	13,311	11,775	10,951
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038	6,309	5,553	5,099	4,587

Where we are not able to deliver against the 104-week ambition, we are working to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties, it is estimated that there are 810 patients in this cohort requiring a plan across ENT, Ophthalmology, Spines, General Surgery and Urology. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	Aug	Sept	Oct	Nov	Dec	Jan
Number of patients who will have waited more than 156 weeks for treatment (all stages) by end of March 2023	4,995	4,108	3,491	2,704	2,152	1,611

Diagnostics

The volume of greater than eight-week **Diagnostic** waits has increased to 5,247 at the end of January 2023 from 3,654 in November 2022, largely driven by increased waits in Radiology (MRI). The number patients waiting over 14 weeks for **Therapy** has slightly increased to 1,220 from 1,209 in November 2022, as reported at the December Board Meeting.

Mental Health

Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1219 referrals in February 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioural needs.

Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. Part 1a: The overall percentage of Mental Health assessments undertaken within 28 days increased to 99.6% in February 2023, Adult and Older persons performance was 100%, CAMHS performance was 97.9%. Part 1b: 91.1% of therapeutic treatments started within 28 days following assessment at the end of February 2023.

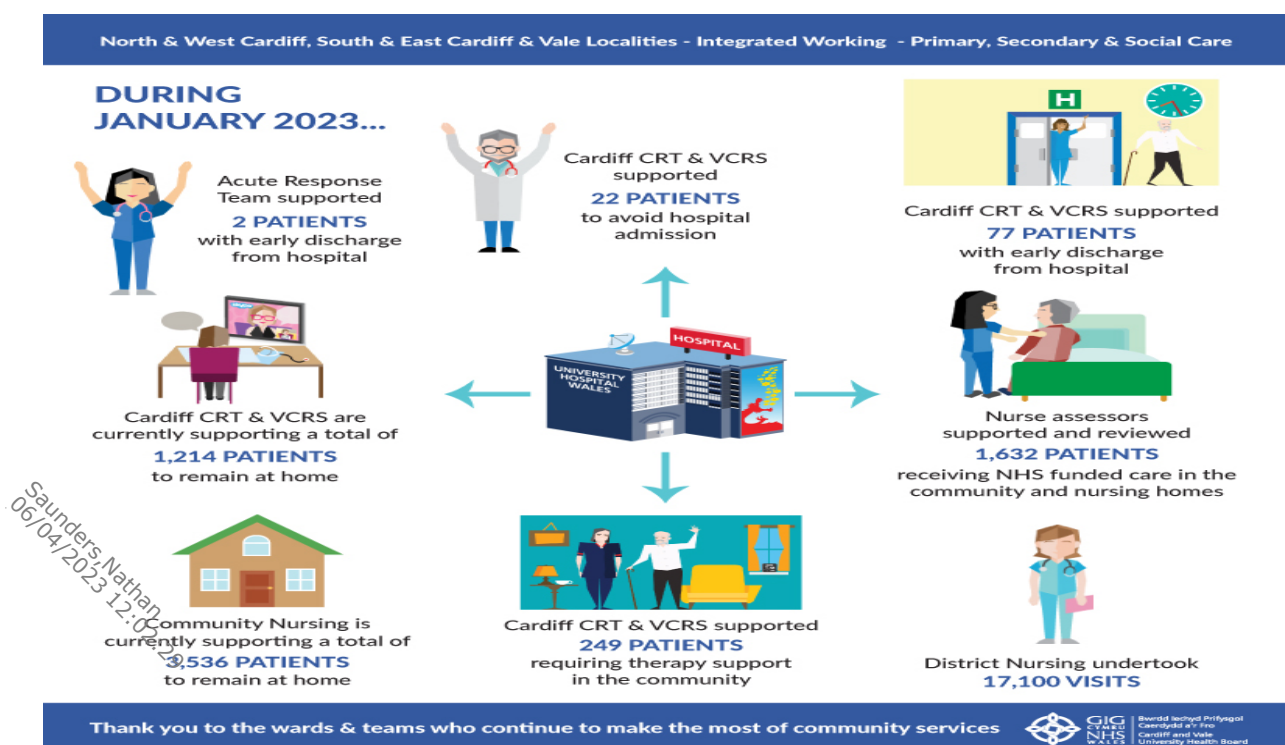
Primary Care

The Health Board was 100% compliant in January 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour. For patients that required an 'Emergency' appointment at a primary care centre in January the Health Board was 100% compliant, with 6 of 6 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 8 practices reporting either level 3 or 4 escalation at the time of writing the report. General Dental services are estimated to achieve 90-95% of their contract value by the end of March. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

Integrated working

Our community teams continue to provide valuable services to the residents of Cardiff and the Vale. Our teams work to care for patients in the community and also provide timely and supportive discharges from secondary care. In December the community nursing team supported over 3,500 patients to remain at home and the District Nursing team undertook 17,100 visits – seeing over 25% more patients than attend the EU each month. A breakdown of our teams' activity across primary, secondary and social care can be seen below:



FINANCE

How are we doing?

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

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

The UHB's core plan incorporated: -

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

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

Following discussions with Welsh Government, the Finance Committee and Board, the forecast deficit increased to £26.900m at month 8 in recognition of the cumulative year to date position and additional unforeseen cost pressures that had emerged in 2022-23.

Reported month 11 position

The Welsh Government monthly financial monitoring returns capture and monitor costs due to COVID 19 and exceptional cost pressures that are over and above LHB core plans. The financial position reported to Welsh Government for month 11 is a deficit of £24.658m and this is summarised in Table 1.

Table 1 : Month 11 Financial Position

	Cumulative to Month 11 £m	Forecast Year-End Position £m
Planned deficit	15.675	17.100
Operational position (Surplus) / Deficit	8.983	9.800
Financial Position £m (Surplus) / Deficit £m	24.658	26.900

The month 11 deficit of £24.658m comprised of the following:

- £15.675m planned deficit (11/12th of £17.100m);
- £8.983m adverse variance against plan.

In line with assumptions in the financial plan, Welsh Government has now confirmed funding to cover the additional costs of the management of COVID and exceptional cost pressures. At month 11, the UHB is projecting additional expenditure due to COVID-19 including local

response and national programmes, to be £56.712m. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £20.223m.

Savings Programme

The UHB expects to broadly deliver the revised £19.400m savings target

Creditor payment compliance

The UHB's public sector payment compliance performance was 94.3% at the end of February, which is just below the target of 95%.

Remain within capital resource limit

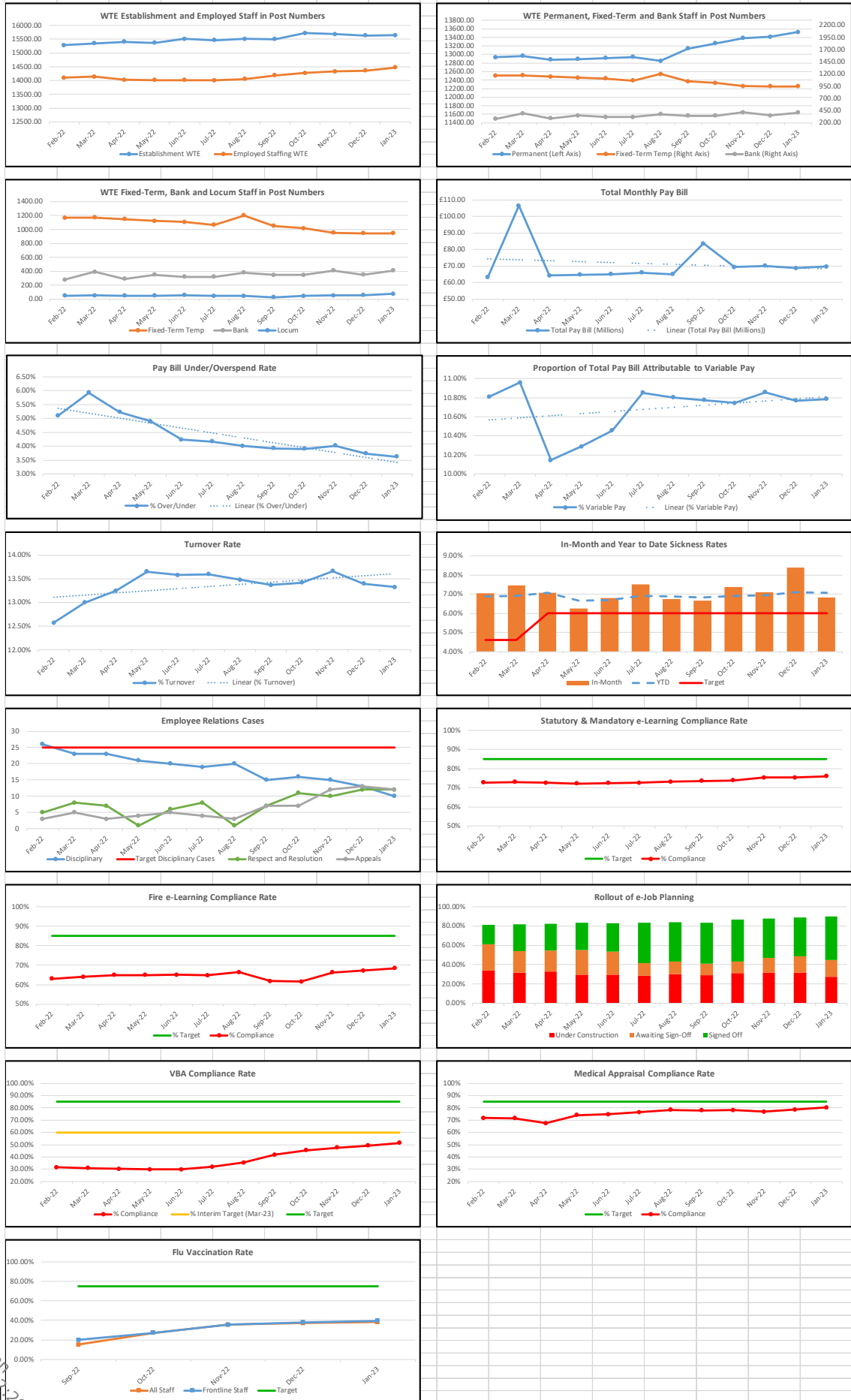
The UHB's approved annual capital resource limit was £51.535m at the end of February 2023. Net expenditure to the end of February was 63% of the UHB's approved Capital Resource Limit.

What are the UHB's key areas of risk?

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23 year end with a current planned deficit of £17.1m and forecast deficit of £26.900m

Saunders, Nathan
06/04/2023 12:02:29

Workforce Key Performance Indicators Trends January 2023



Saunders Nathan
06/04/2023 12:02

Appendix 1

Recommendation:

The Local Partnership Fourm is requested to:

- **NOTE** the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes/No

N.A

Safety: Yes/No

N.A

Financial: Yes/No

N.A

Workforce: Yes/No

N.A

Legal: Yes/No

N.A

Reputational: Yes/No

N.A

Socio Economic: Yes/No

N.A

Equality and Health: Yes/No

N.A

Decarbonisation: Yes/No

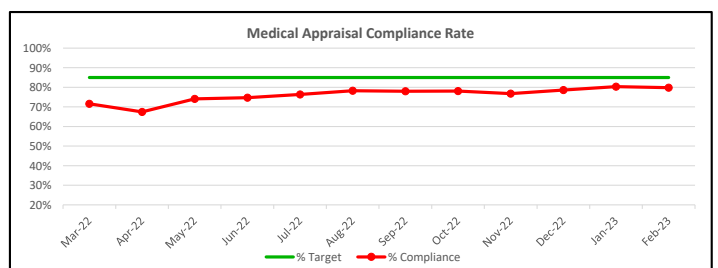
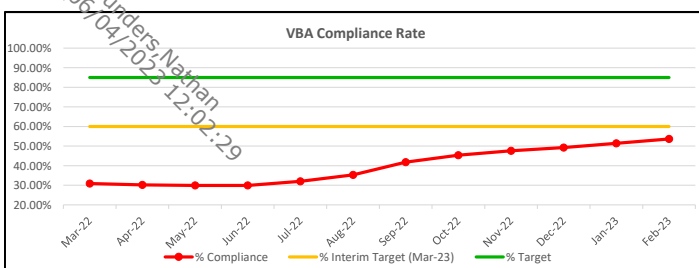
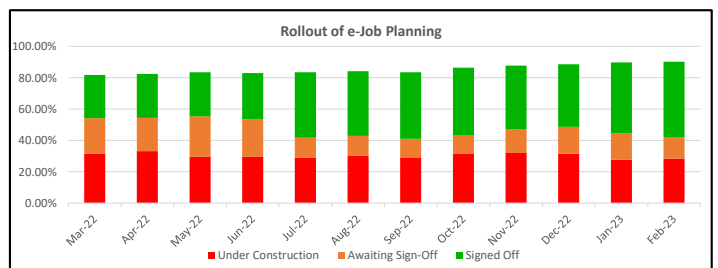
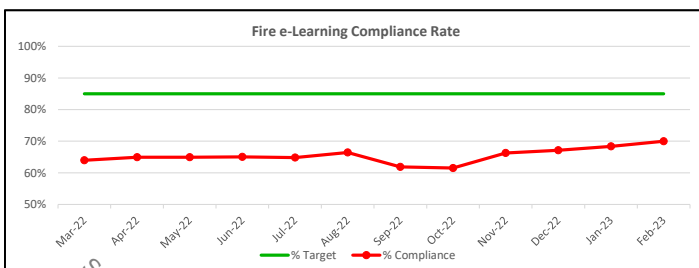
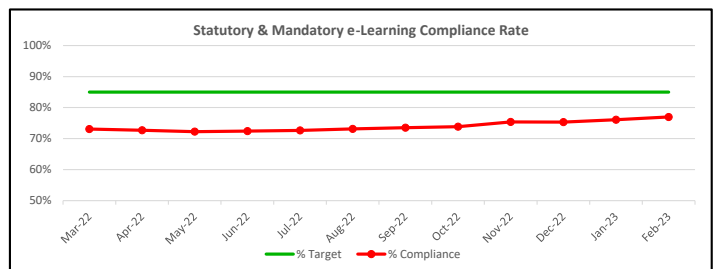
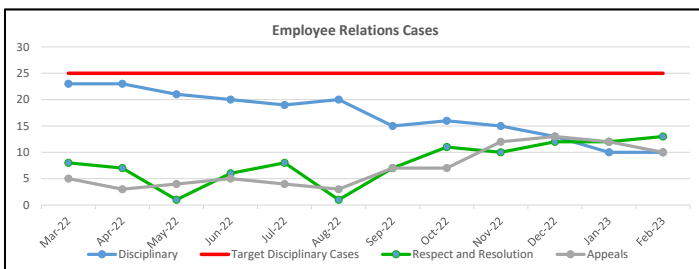
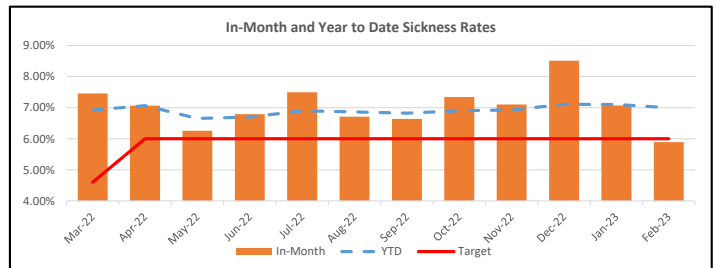
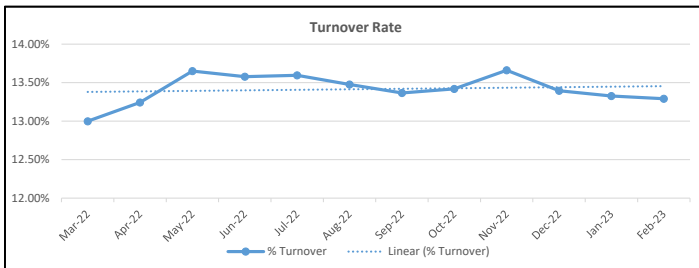
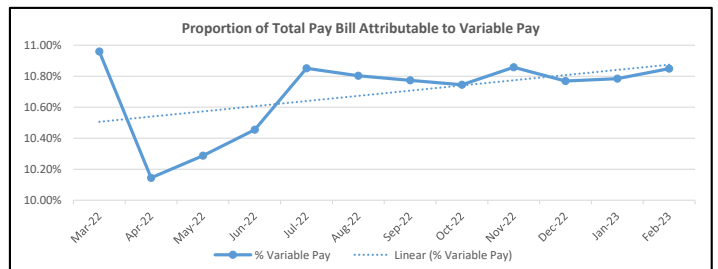
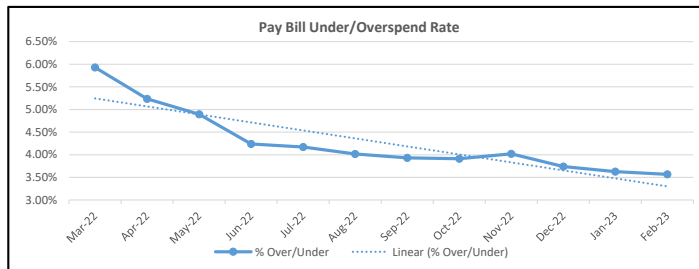
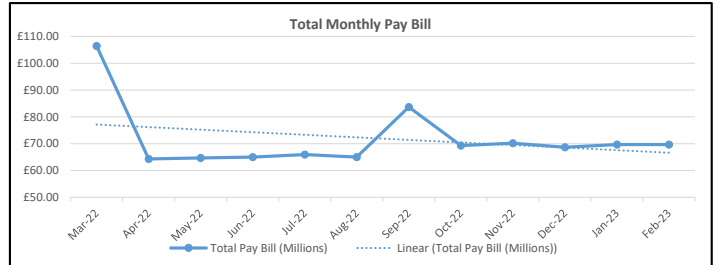
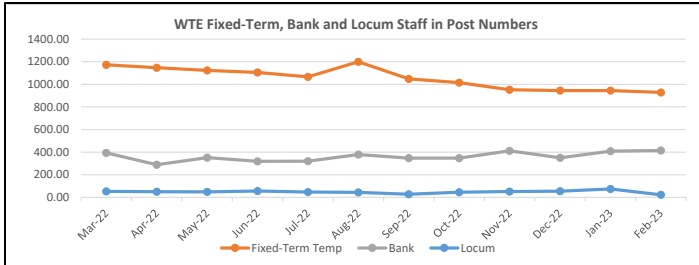
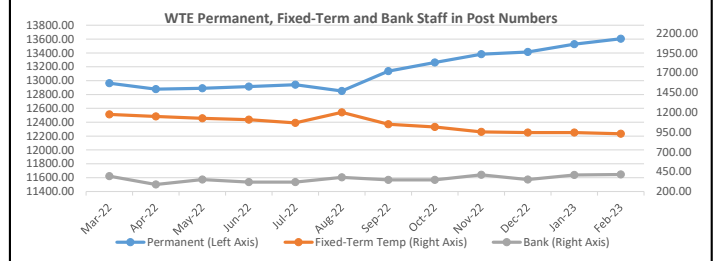
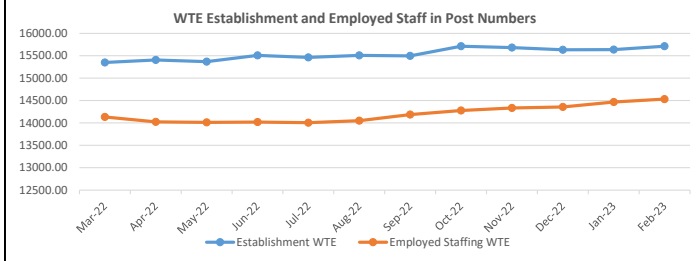
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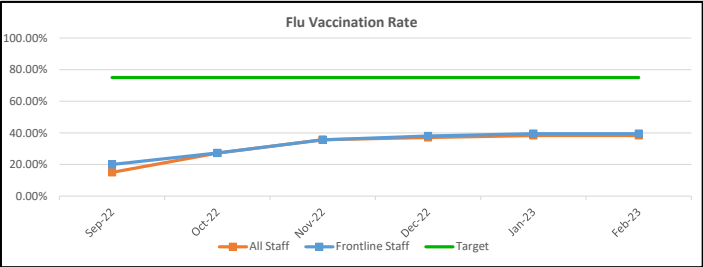
Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Workforce Key Performance Indicators Trends February 2023





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06/04/2023 12:02:29



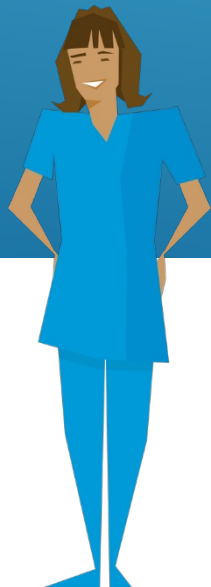
**PEOPLE HEALTH &
WELLBEING SERVICE**

Occupational Health
Occupational Physiotherapy
Employee Wellbeing
Health Intervention

Consultation for a Wellbeing Strategy

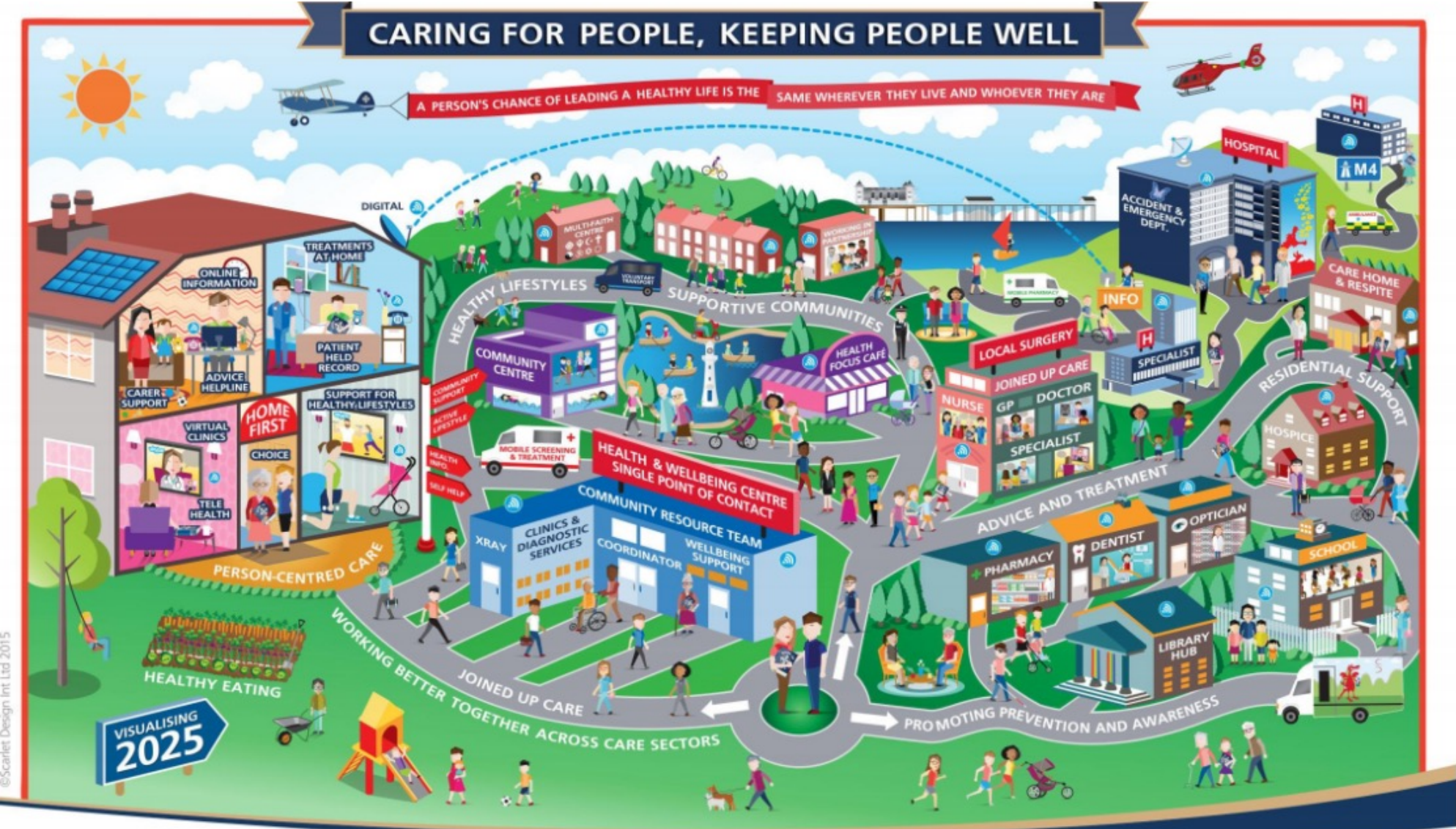
Health Intervention Team

November 2022



Saunders, Nathan
06/04/2023 12:02:29

Organisational Aims



Saunders Nathan
06/04/2023 12:02:29

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Strategy – Shaping our Future Wellbeing Strategy 2015 - 2025

Our Strategy is:	Our Strategic Objectives are:
<p>Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.</p> <p>Empower the Person</p> <ul style="list-style-type: none">Support people in choosing healthy behavioursEncourage self-management of conditions <p>Home First</p> <ul style="list-style-type: none">Enable people to maintain or recover their health in or as close to home as possible <p>Outcomes that matter to People</p> <ul style="list-style-type: none">Create value by achieving the outcomes and experience that matter to people at an appropriate cost <p>Avoid harm, waste and variation</p> <ul style="list-style-type: none">Adopt evidence based practice, standardising as appropriateFully use the limited resources available, living within the totalMinimise avoidable harmAchieve outcomes through minimum appropriate intervention	<p>For Our Population - we will:</p> <ul style="list-style-type: none">reduce health inequalities;deliver outcomes that matter to people; andall take responsibility for improving our health and wellbeing. <p>Our Service Priorities - we will:</p> <ul style="list-style-type: none">offer services that deliver the population health our citizens are entitled to expect. <p>Sustainability - we will:</p> <ul style="list-style-type: none">have an unplanned (emergency) care system that provides the right care, in the right place, first time;have a planned care system where demand and capacity are in balance; andreduce harm, waste and variation sustainably making best use of the resources available to us. <p>Culture - we will:</p> <ul style="list-style-type: none">be a great place to work and learn;work better together with partners to deliver care and support across care sectors, making best use of our people and technology; andexcel at teaching, research, innovation and improvement and provide an environment where innovation thrives.

For Our Population - we will:

- reduce health inequalities;
- deliver outcomes that matter to people; and
- all take responsibility for improving our health and wellbeing.

Culture - we will:

- be a great place to work and learn;
- work better together with partners to deliver care and support across care sectors, making best use of our people and technology; and
- excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.



1. Ensures our emphasis is driving quality and value and the plans must

- Preserve or improve patient safety or quality
- Preserve or improve access times to healthcare for patients waiting for services
- Preserve or improve staff wellbeing



Scoping



Saunders Nathan
06/04/2023 12:02:29



Themes from wellbeing Strategy scoping

Data	Leadership	Preventative	Governance	Links to a higher strategy
Retention	Line managers	Communication	Culture	Physical health
Mental health	Occupational health	Social wellbeing	Families	Staff engagement

Saunders, Hannah
06/04/2023 11:02:29

National policy

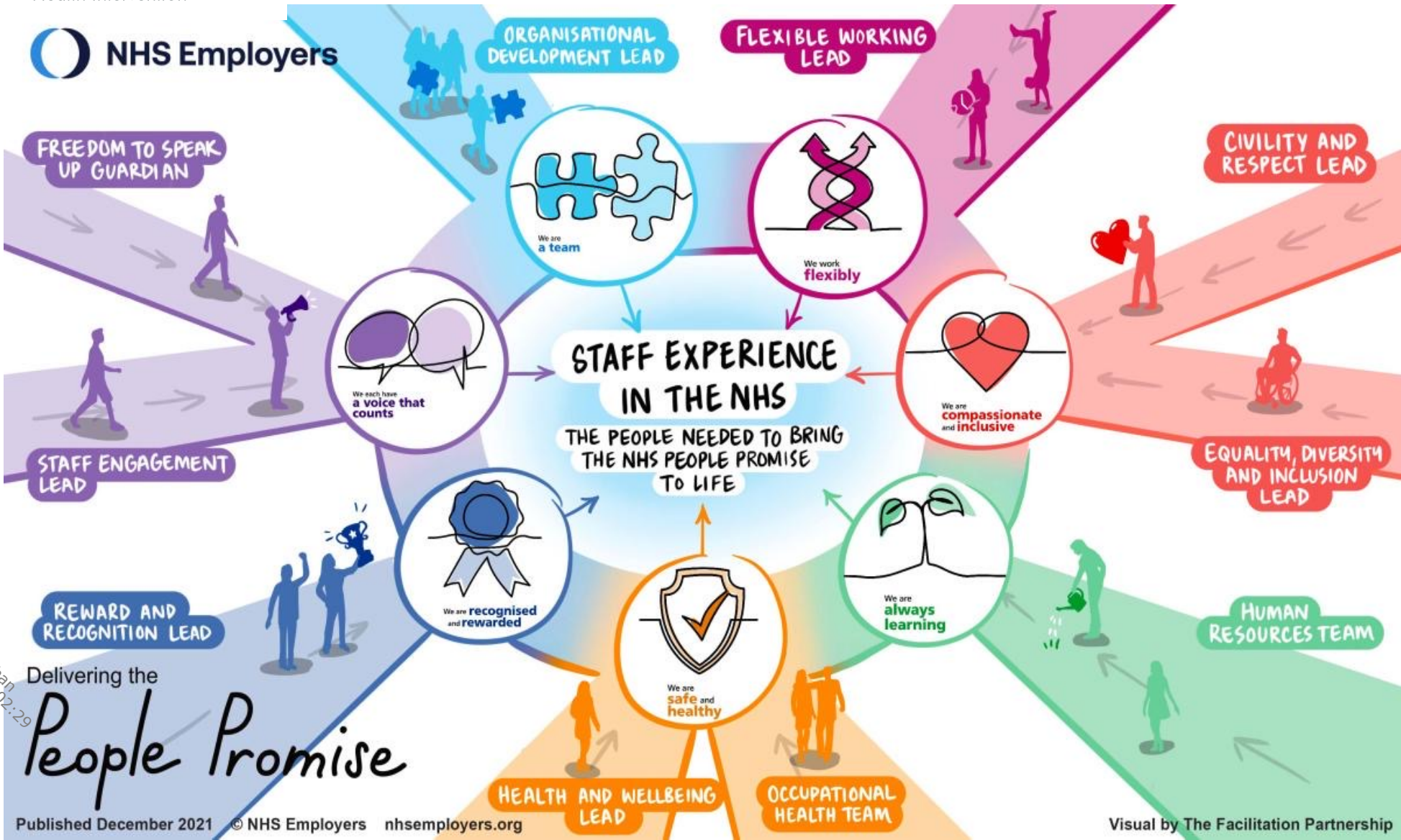


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PEOPLE HEALTH & WELLBEING SERVICE
Occupational Health
Occupational Physiotherapy
Employee Wellbeing
Health Intervention

Higher Policy – NHS England



Saunders, Nathan
06/04/2023 12:02:29

Higher Policy – NHS Wales

A Healthier Wales: Our Workforce Strategy for Health & Social Care



Actions

- Health & Wellbeing Framework
- Staff governance framework
- Fair reward & recognition
- Consistency in monitoring employee experience
- Incorporate workforce wellbeing & engagement measures in the UHB performance framework
- National careers service
- Targeted recruitment
- Modern values based recruitment
- Develop compassionate leadership
- Centre of excellence for workforce intelligence



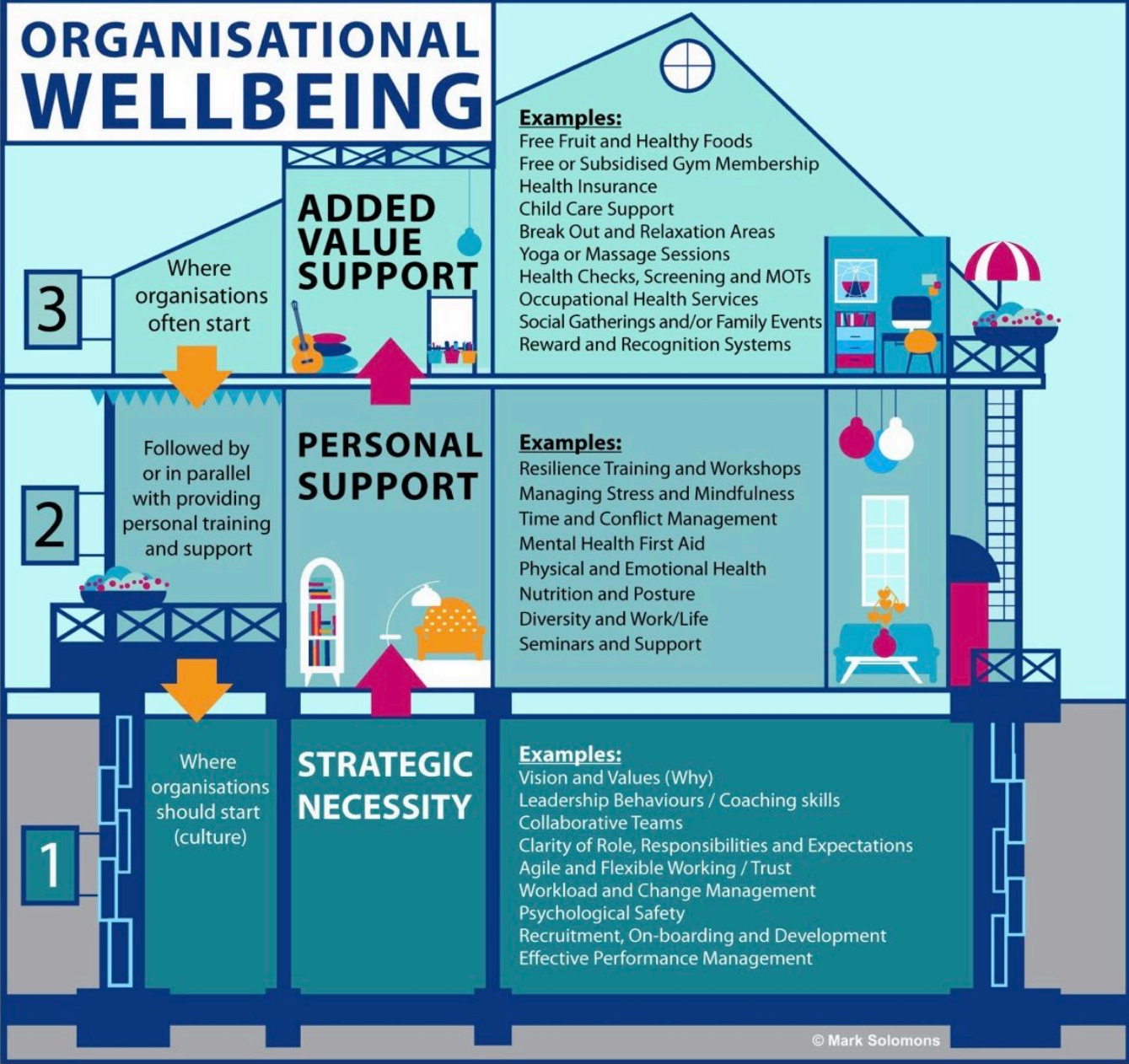
Wellbeing Models



Saunders Nathan
06/04/2023 12:02:29



Wellbeing House



Saunders, Nathan
06/04/2023 12:02:29



Maslow

NHS staff wellbeing needs

Staff wellbeing is a top priority for all NHS organisations. This resource highlights the importance of the basic needs all staff need to help our NHS people feel healthy at work.

3. SELF-FULFILMENT NEEDS

I am achieving my full potential

I am thriving and love where I work

- Inspire and support others
- Deliver excellent patient care
- Able to develop in my role/career

2. PSYCHOLOGICAL NEEDS

I can freely voice my concerns and I am heard

I feel respected and supported by my colleagues including my superiors

- Regular wellbeing conversations/team check ins
- Voice is heard and counts
- Sense of belonging
- Rewarded and recognised for my hard work
- Freedom to speak up
- Compassionate leadership
- I have a comprehensive PDP

1. BASIC NEEDS

It's the little things that make the biggest difference

I can regularly take my break and have space away from where I work to rest

- Nutrition
- Hydration
- PPE/comfortable clothes and shoes
- Sleep
- Healthy work-life balance
- Safe working conditions
- Toilet/shower facilities
- Regular breaks and rest areas

Source: NHS Employers, 06/04/2023 12:22:29

NHS Employers

www.nhsemployers.org
enquiries@nhsemployers.org
[@nhsemployers](https://twitter.com/nhsemployers)

Back to basics for a healthy working environment

HYDRATION

Keeping hydrated is essential, particularly for those in safety critical areas. Dehydration can lead to decreased cognitive function and heat stress.¹

Being dehydrated impairs attention, psychomotor and memory skills by 2%.²

0.8% - 2% dehydration affects mental function by 10%.³

NUTRITION

Digestive problems are common in shift workers, due to disruption of the internal body clock and poor diet.⁴

2 out of 3 of core medical trainees worked at least one shift without eating a meal.⁵

SLEEP

207,000 working days are lost in UK every year to insufficient sleep.⁶

Power naps at work improve performance by 34% and alertness by 54%.⁷

Putting in boundaries at specific times of the day that are free of social media can reduce anxiety and aid better sleep.⁸

BREAKS

59% of survey respondents said they did not get to take sufficient breaks on their last shift.⁹

65% of all respondents said they worked additional time, on average almost one hour extra.¹⁰

69% of nursing staff do not take breaks, compared to 56% of hospital staff.¹¹

NHS staff are entitled to a minimum break of 20 minutes if working longer than 6 hours.¹²

8+ shifts carry an increased risk of accidents with twice the risk of accidents at around 12 hours compared to 8 hours.¹³

Breaks should be uninterrupted, away from the workstation, not taken at the start or end of the working day.¹⁴

FACILITIES

Junior doctors report a shortage of rest breaks, and a lack of facilities for resting, learning and engaging with their team.¹⁵

Suitable and sufficient sanitary conveniences and washing facilities should be provided at readily accessible places and workers should be able to use them without unreasonable delay.¹⁶

1. Wellbeing facilities for healthcare staff

2. Hydration Best Practice Making a difference NHS National Patient Safety Agency

3. Hydration Best Practice Making a difference NHS National Patient Safety Agency

4. Shift workers more likely to report poor health NHS

5. Being a junior doctor Royal College of Physicians

6. Why sleep matters - the economic costs of insufficient sleep Rand Corporation

7. The importance of sleep NHS Employers

8. Sleep in The Time of COVID-19 Advice for NHS Staff

9. HSE, Managing shift work

10. Safe and Effective Staffing Nursing Against the Odds

11. Safe and Effective Staffing Nursing Against the Odds

12. Safe and Effective Staffing Nursing Against the Odds

13. Working time and breaks

14. Safe and Effective Staffing Nursing Against the Odds

15. Working time and breaks

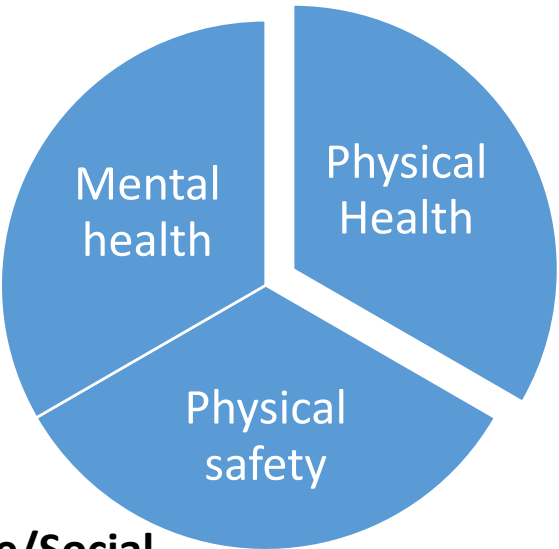
16. Fatigue and sleep deprivation - the impact of different working patterns on doctors (2018)

17. Wellbeing facilities for healthcare staff



Domains of Wellbeing

Health



Good Work



Values/Principles



Collective/Social



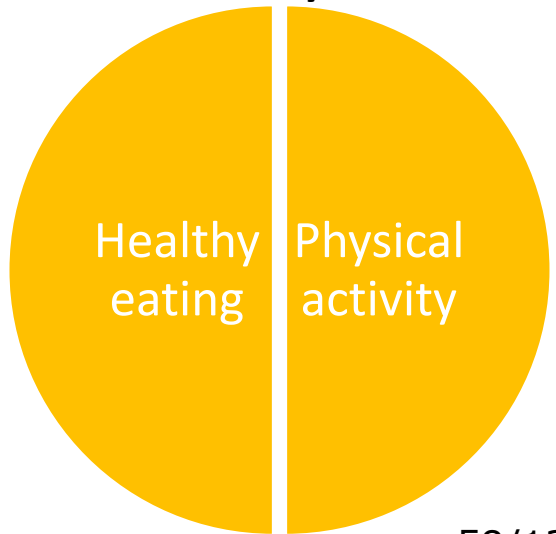
Personal Growth



Financial Wellbeing



Good Lifestyle Choices



Disrupt HR 'EACH model'



Saunders, Nathan
06/04/2023 12:02:29

Evaluating Wellbeing Data



Saunders Nathan
06/04/2023 12:02:29

Data?

- What are you going to do with the data?
- Focus on the environment, not the individual
- Treatment effects are an average – with confidence intervals
- RCTs may not be appropriate for workplace health
- Immaturity of evidence should not cease intervention
- “Effect only evaluation data masks intervention effects that are sensitive to variations in interventions processes” Lipsey 1996



Saunders Nathan
06/04/2023 12:02:29



NHS Staff Survey 2020 – Wellbeing Q's

- My line manager takes a positive interest in my health and wellbeing
- My organisation takes effective action if staff are bullied, harassed or abuse by other members of staff
- In the last 12 months have you personally experienced harassment, bullying or abuse at work from another colleague
- In the last 12 months, have you personally experienced bullying, harassment or abuse at work from your manager?
- I am involved in discussions/decisions on change introduced in my work/Department/Team
- I look forward to going to work

St Andrews Nathan
09/04/2023 12:02:29



Wellbeing Evaluation Sources?

- Sickness levels
- Musculoskeletal disorders
- Aggression & Violence
- Slips, trips & falls
- Occupational health data
- Staff surveys – local & national
- Appraisals and Personal Development Plans
- Stress risk assessments
- Exit feedback
- Wellbeing/Canopi/Silver Cloud service usage
- Corporate health standard
- Staff side data / feedback
- Mediation/Disciplinary usage
- High staff turnover – failure to keep staff for 2 years
- Flexible working requests
- Successful value based recruitments
- Freedom to speak up usage
- Vaccination uptake
- RIDDOR
- COSHH assessments
- Health & Safety inspections
- Health Intervention Team findings



HSE - Wellbeing Evaluation Sources

- Biomarkers
- Self reported physical and mental health
- Blood pressure
- Workplace absence
- Work-life conflict
- Reported physical activity

Psychological theories

- Individual motivation
- Self determination
- Self esteem
- Job demands-resources
- Coping style
- Felt responsibility

Gaunders, Nathan
06/04/2023 12:02:29

Ideas?



Saunders, Nathan
06/04/2023 12:02:29



A Cardiff and Vale Strategy?

Data	Leadership	Preventative	Governance	Links to a higher strategy
Retention	Line managers	Communication	Culture	Physical health
Mental health	Occupational health	Social wellbeing	Families	Staff engagement
5(+) ways to wellbeing	Maslow's Hierarchy of Needs	Disrupt HR Principles	HIT findings	7 Domains of wellbeing

Saunders Niamh
06/04/2025 12:15:05

Our Wellbeing House



Saunders, Nathan
06/04/2023 12:02:29



Kind

Respectful

Trust

Personal
Responsibility

Integrity

Caring

Saunders Nathan
06/04/2023 12:02:29



GIG
CYMRU
NHS
WALES

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

Environmental Wellbeing

Physical environment to thrive in

Flexible, dynamic career routes and development

Ethical, moral and spiritual eminence

Access to complementary fringe benefits

Social cohesion

Active travel provisions for all

Wellbeing Strategy Phase 2

Wellbeing Foundations of Teams

Values Based Recruitment

Flexible Working

Psychological Safety

Compassionate, Just and Learning teams

Adequate Rest, hydration and Nutrition

Sufficient Staffing Levels

Equity

Wellbeing Strategy Phase 3

Individual Wellbeing

Employee voice is heard and acknowledged

Reduced MSK injuries

Increased control over role & work change

Reduced demand on role

Inclusive & diverse workplace

Positive relationships inside & outside work

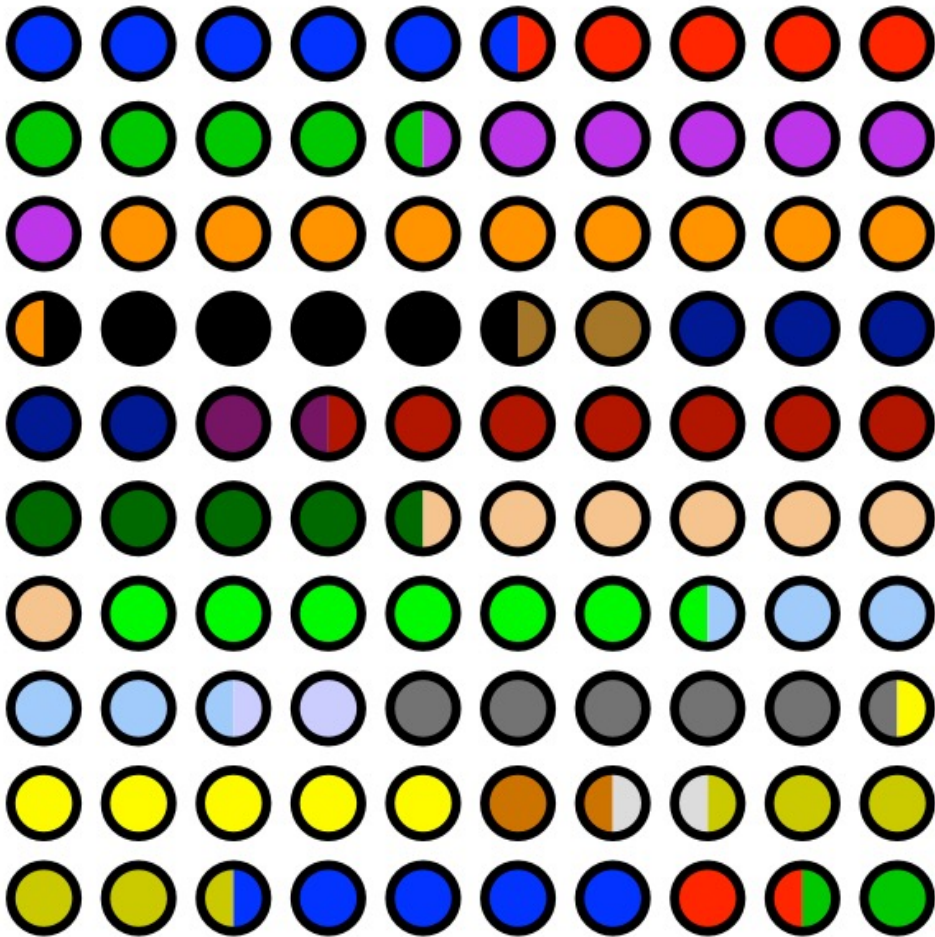
Individualised career paths

Wellbeing Strategy Phase 1

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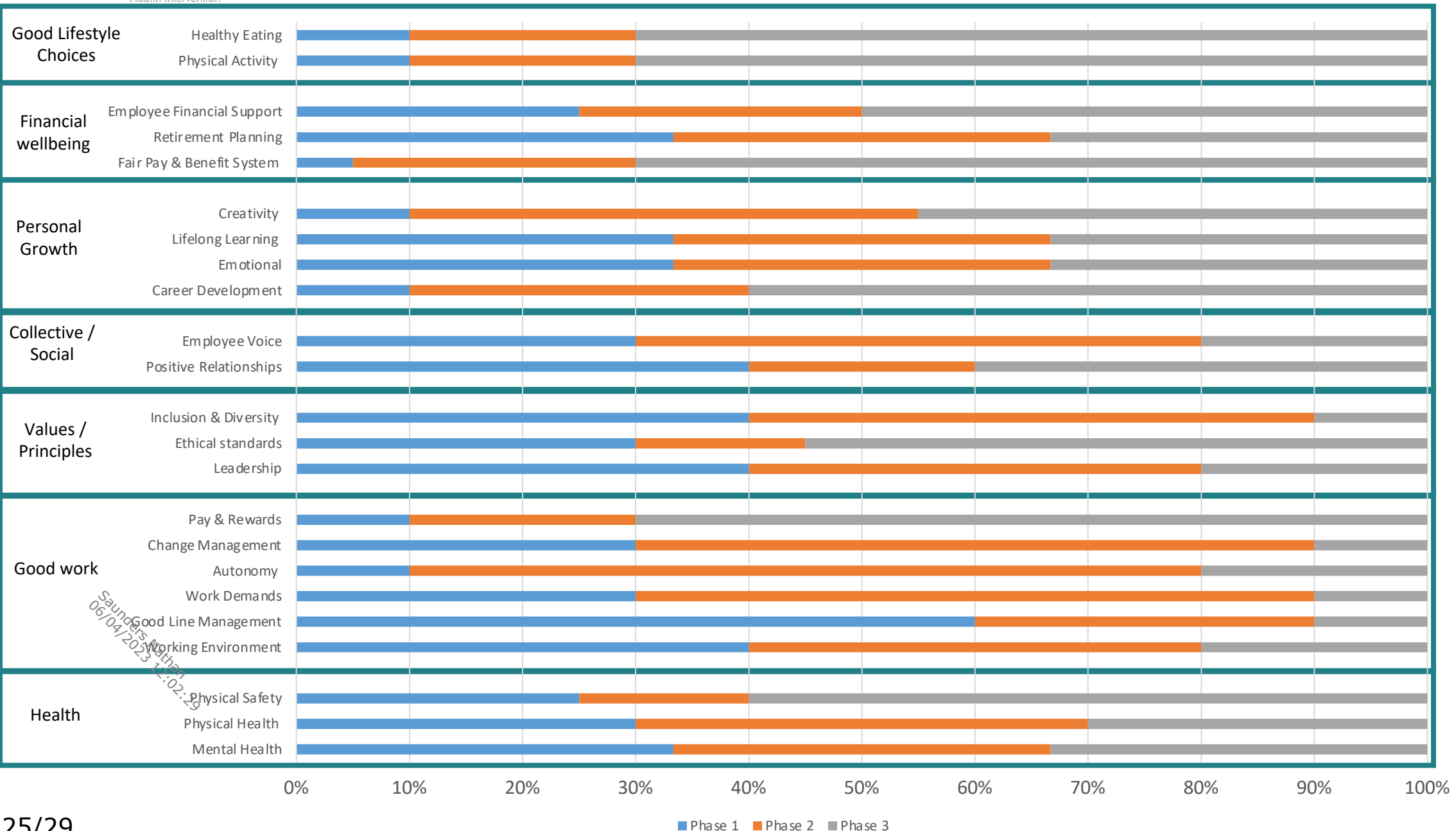
Wellbeing Domains within Phase 1



- Good Line Management (9.7)
- Positive Relationships (6.5)
- Working Environment (6.5)
- Inclusion & Diversity (6.5)
- Leadership (6.5)
- Emotional (5.4)
- Lifelong Learning (5.4)
- Mental Health (5.4)
- Retirement Planning (5.3)
- Ethical standards (4.9)
- Change Management (4.9)
- Employee Voice (4.9)
- Physical Health (4.9)
- Work Demands (4.9)
- Physical Safety (4)
- Employee Financial Support (4)
- Healthy Eating (1.6)
- Autonomy (1.6)
- Pay & Rewards (1.6)
- Career Development (1.6)
- Physical Activity (1.6)
- Creativity (1.6)
- Fair Pay & Benefit System (0.8)

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Focus of Wellbeing Phases by CIPD Domains

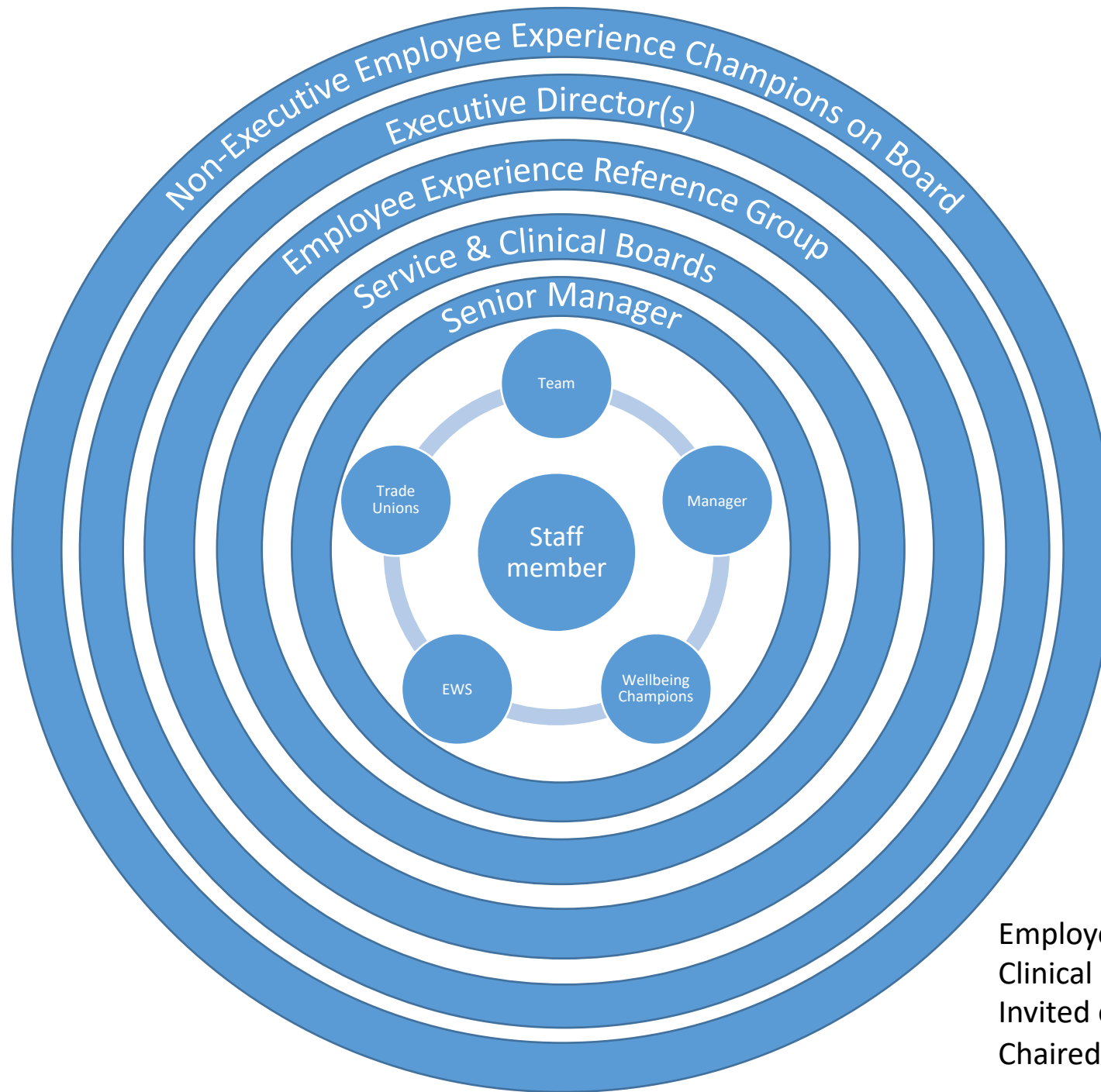


Wellbeing Reporting/Monitoring



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06/04/2023 12:02:29

Saunders, Nathan
06/04/2023 12:02:29



Employee Experience Reference Group:-
Clinical Board representatives for wellbeing
Invited experts (inc COO)
Chaired by Exec Director



**PEOPLE HEALTH &
WELLBEING SERVICE**

Occupational Health
Occupational Physiotherapy
Employee Wellbeing
Health Intervention

HIT – Impact Report



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Saunders Nathan
06/04/2023 12:02:29

Diolch



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06/04/2023 12:02:29

Report Title:	Anti-racist Wales Action Plan Update			Agenda Item no.	9
Meeting:	Local Partnership Forum	Public	X	Meeting Date:	13 April 2023
Status (please tick one only):	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Equity & Inclusion Senior Manager				

Main Report

Background and current situation:

The Anti-racist Wales Action Plan was published in June 2022 outlining the vision to create and Anti-racist Wales by 2030. Included in the plan are specific actions for 'Health' which are set out under five headings:

- Goal 1: Leadership & Accountability
- Goal 2: Workforce
- Goal 3: Data
- Goal 4: Access to Services
- Goal 5: Tackling Health Inequalities

As an action, the UHB is required to develop an organisational anti-racist action plan. The CAVUHB Action Plan will align closely with the all Wales version and will set out how the UHB will go about building an anti-racist organisation.

In line with advice from experts in race equality, including Prof. Uzo Iwobi and Race Equality First, the UHB has co-designed a draft version of its action plan (Appendix 1) alongside colleagues from the One Voice Staff Network and trade union partners.

The draft CAVUHB Anti-racist Action Plan has been pulled together taking account of the actions set under the Anti-Racist Wales Action Plan, recommendations from reports including the Race Equality Taskforce led by Cardiff Council, and feedback from One Voice Staff Network members.

Discussions are currently ongoing regarding feasibility and delivery with the identified action leads and key stakeholders.

The Equity & Inclusion Senior Manager and Assistant Director of OD, Wellbeing and Culture presented CAVUHB's approach to the Welsh Government's steering group responsible for the delivery of health actions under the Anti-racist Wales Action Plan. The group were pleased with CAVUHB's proactive approach.

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

It is intended that the action plan will go to Senior Leadership Board for approval on 19th April 2023 and potentially Board approval at the end of May 2023.

In the meantime, work has already begun to take forward some of the key actions with plans in place to progress others. Some of the key areas of focus over the coming months will be:

- Improving data collection
- Continuing to develop the Inclusion Ambassador programme
- Continuing to deliver anti-racist sessions for Board through Race Equality First
- Supporting the One Voice Staff Network
- Undertaking an organisational listening exercise to better understand the experiences of our colleagues from ethnic minority communities
- Developing a Health Equality, Equity, Safety and Experience Framework

The success of the action plan will be measured using the Workforce Race Equality Standards, currently being scoped by Welsh Government.

Recommendation:

The Local Partnership Forum is requested to:

- **Discuss** and **endorse** the contents of the report and action plan

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
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	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes

Safety: Yes

Risk to the safety of patients and staff who do not trust the organisation will treat them fairly.

Financial: Yes

Potentially through claims for discrimination.

Workforce: Yes

Attracting and retaining a diverse workforce	
Legal: Yes	
There is a legal requirement as part of the Public Sector Equality Duty under the Equality Act 2010, with race being a protected characteristic.	
Reputational: Yes	
CAVUHB viewed as an organisation that is not inclusive of our communities.	
Socio Economic: Yes	
Linked to demographics served / represented.	
Equality and Health: Yes	
Health inequalities and inequities within our communities are exacerbated.	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Local Partnership Forum	

Saunders, Nathan
06/04/2023 12:02:29

Cardiff & Vale UHB Anti-racist Action Plan

Leadership & Accountability

Action	Outputs	Impact	By when	Lead and partners
Establish a dedicated Race Equality Steering Group to have oversight over the Anti-racist Action Plan, creating accountability for implementation and delivery.	Steering group established with clear governance frameworks agreed; Monitor progress of action plan.	The Anti-racist Action Plan will maintain momentum and deliver on the actions set out in the plan. Clear governance structures in place to create organisational accountability for the plan.	0 - 6 months	LEAD: CAV Anti-racist Action Plan Steering Group People Assurance and Experience One Voice Staff Network Trade Union Partners ESWLSG
Design and implement anti-racist education programmes for Board members and senior leaders to improve understanding of anti-racism, including session delivery and pilot mentoring scheme. Board members to report progress against personal objectives (for all Board members), in line with requirements of ArWAP.	Anti-racist education programmes to be co-designed and co-delivered to Board members and senior leaders, including sessions as part of Board development; Pilot mentoring scheme to take place with nominations from Board members and the One Voice Staff Network, following the delivery of mentoring training; Feedback from the pilot to be used in shaping any future cohorts.	Senior leaders will be aware of what anti-racist behaviours look like within the leadership framework for Cardiff and Vale UHB. Visible change, where required, in decision-making, evidencing that anti-racism, equality, diversity, and inclusion have been considered and acted upon. Visible and transparent allyship and leadership provide confidence to the workforce and service users that racism is being proactively addressed.	6 - 12 months	LEAD: Education, Culture and OD Equity and Inclusion Team One Voice Staff Network Board Members Communication and Engagement
Inclusion Ambassadors for the protected characteristic of race to be recruited at Board level and in each of the Clinical and Service Boards.	Nominations from each of the Clinical and Service Boards and Board to be put forward; Development of a network for Inclusion Ambassadors for race; Platform created for shared learning to take place.	Increased awareness of the lived experience of colleagues from ethnic minority communities. Visible change, where required, in decision-making, evidencing that anti-racism, equality, diversity, and inclusion have been considered and acted upon. Visible and transparent allyship and leadership provide confidence to the workforce and service users that racism is being proactively addressed.	0 - 6 months	LEAD: Equity and Inclusion Team ESWLSG Board Members Clinical and Service Board

People & Culture (Workforce)

Action	Outputs	Impact	By when	Lead and partners
Win hearts and minds throughout CAVUHB through raising awareness, capturing and sharing stories, and focussing on the 'why' we need to become an anti-racist UHB.	Organisation-wide listening exercise to take place to capture the lived experience of our workforce and share stories to highlight the 'why' and necessity of an anti-racist approach; Creation of a resource to support the work and capture the stories; Organisational Ted Talks and sharing personal stories events; Awareness dates throughout the year to be commemorated or celebrated, as appropriate.	Increased awareness of the lived experience of colleagues from ethnic minority communities. Greater understanding of what an anti-racist approach entails and the impact of racism. Organisational buy-in for taking forward the anti-racist approach.	0- 24 months	LEAD: Equity and Inclusion Team One Voice Staff Network Trade Union Partners Communication and Engagement Education, Culture and OD Patient Experience Inclusion Ambassadors Clinical and Service Boards
One Voice staff network to be appropriately developed and resourced in order to support the organisation in becoming anti-racist.	Scoping exercise to understand how One Voice can be resourced, which could include financial support and/or allocated time.	Effective and sustainable One Voice Staff Network. Support the organisation through co-design and co-delivery of the the anti-racist approach.	6 - 12 months	LEAD: Assistant Director of Organisational Development

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Implement the recommended changes of the all Wales audit of policies, procedures and processes through an anti-racist lens.	Following the all Wales audit CAVUHB to commit to and implement the recommendations put forward by the all Wales group.	Independent assurance, workforce policies address systemic and instructional racism. Confidence in the workforce that anti-racist principles are threaded through policies and scrutinised. Colleagues from ethnic minority communities have increased confidence that they will work in a safe and inclusive workplace that recognises and promotes their performance and progression. This will also address ethnic diversity at all levels of the CAVUHB workforce.	12 - 24 months	LEAD: People Assurance and Experience People Services Trade Union Partners Clinical and Service Boards
CAVUHB anti-racism training sessions to be scoped, designed and implemented throughout organisation.	Scoping exercise as to how the organisation can deliver in person/virtual training on anti-racism with view to co-delivery with members of the One Voice staff network and/or external providers; Once suitable option agreed, training to be implemented throughout organisation; Training to include what is meant by a 'Zero tolerance' approach to racism.	Organisational awareness of anti-racism and what part colleagues can play in eliminating racism. Greater understanding of what an anti-racist approach entails and the impact of racism.	12 - 24 months	LEADS: Education, Culture and OD Equity and Inclusion Team One Voice Staff Network Clinical and Service Boards
Implement the NHS Wales anti-racist mandatory elearning module once designed and launched by HEIW.	Following the launch of the anti-racist mandatory learning module, CAVUHB to commit to promote and measure compliance alongside other statutory and mandatory training.	Organisational awareness of anti-racism and what part colleagues can play in eliminating racism. Greater understanding of what an anti-racist approach entails and the impact of racism.	12 - 24 months	LEAD: Education, Culture and OD Equity and Inclusion Team Clinical and Service Boards
Review recruitment and retention practices and processes ensuring they are as inclusive as possible and support staff from ethnic minority communities to stay, grow and develop with CAVUHB.	Analyse current recruitment and retention practices to ensure they are as inclusive as possible; Recruitment training to be implemented to support recruiting managers.	Improved and robust HR policies, procedures and practices which are anti-racist and ethnic minority staff experience better outcomes in recruitment, progression and exit practises measured through the Workforce Race Equality Standards (WRES) and NHS Wales Staff Survey.	12 - 24 months	LEADS: People Services People Assurance and Experience People Resourcing NWSSP Education, Culture and OD Clinical and Service Boards
Representation at all levels and professions throughout the organisation to reflect the communities that we serve, including greater representation of ethnic minority staff in senior leadership roles.	Engage with our ethnic minority communities within Cardiff and the Vale to promote career opportunities with the organisation; Implementing a leadership and progression pipeline for ethnic minority staff, as per ArWAP.	A workforce that is more representative of the communities we serve at all levels of the organisation. Measured through the WRES.	12 - 24 months	People Resourcing One Voice Staff Network Clinical and Service Boards Chaplaincy People & Culture Communication and Engagement Equity and Inclusion Team Trade Union Partners Nursing Education Team Corporate Nursing Medical Resourcing and Systems
Clear communication plans to create transparency around the journey to an anti-racist CAVUHB to engage with and gain the confidence of our workforce in the steps we are taking.	Draft a communication and engagement plan for the action plan with regular organisational updates.	Confidence in the workforce that anti-racist principles are being taken forward by the organisation.	0 - 6 months	LEAD: Communication and Engagement Equity and Inclusion Team CAVUHB Anti-racist Steering Group
Third party organisations, including Race Equality First and Diverse Cymru, have been instrumental in improving organisational understanding of anti-racism. CAVUHB should continue to work with these organisations, using their expertise, to build an anti-racist CAVUHB for all its people.	Scope and agree future relationships with third party organisations who can support CAVUHB in becoming anti-racist; Establish a working relationship and/or contract, so Clinical and Service Boards throughout the organisation are able to have direct access to support.	Organisational awareness of anti-racism and what part colleagues can play in eliminating racism. Greater understanding of what an anti-racist approach entails and the impact of racism.	6 - 12 months	LEAD: Equity and Inclusion Team Race Equality First Diverse Cymru Clinical and Service Boards
Data				
Action			By when	Lead and partners
Raising awareness of the importance of capturing data whilst aiming to improve the data held in ESR in relation to ethnicity of staff, so we can better understand the composition of and representation within our workforce.	Promote and implement the Equality Data Campaign. Remove any barriers that may exist to the capture of data. Provide assurance for how the data is going to be used.	High quality workforce data, underpinned by a culture where staff can be safe, and confident to provide ethnicity data and speak up against racist discrimination and practice.	0 - 24 months	LEAD: People Analytics Equity and Inclusion Team Trade Union Partners Clinical & Service Boards

Capture and monitor equality data in relation to HR processes, such as grievances, disciplinarys and Freedom to Speak Up, eDatix Reports, so any themes and disproportionate impact on those from ethnic minority communities can be identified and addressed.	Development of appropriate processes for capturing, reporting and monitoring of equality information.	High quality workforce data, underpinned by a culture where staff can be safe, and confident to provide ethnicity data and speak up against racist discrimination and practice.	6 - 12 months	LEAD: People Services Information Governance Corporate Governance Health & Safety Equity and Inclusion Team Trade Union Partners
Implement and report on the Workforce Race Equality Standards, once scoped and agreed by Welsh Government.	Once agreed, CAVUHB to commit and implement the Welsh WRES in line with Welsh government requirements; Scope any additional data not captured currently that will be required under the WRES; Raise organisational awareness of WRES.	High quality workforce data, underpinned by a culture where staff can be safe, and confident to provide ethnicity data and speak up against racist discrimination and practice.	12 - 24 months	LEAD: Equity and Inclusion Team People Services People Analytics Clinical and Service Boards
Improve the capture of data in relation to the ethnicity of our patients and service users held in our patient administration systems so we can better understand any issues with access to our services and patient outcomes.	Scope how the organisation can capture the ethnicity data of our patients and service users; Support the implementation of a new patient administration system, if and when appropriate; Training for staff in relation to capturing the data and inputting into system.	Transparency and accountability levels raised increasing confidence by population, and providing the organisation with data they can be confident to act against.	12 - 24 months	LEAD: Health Records Patient Experience Clinical and Service Boards Digital and Health Intelligence Local Authorities
Tackling Health Inequalities				
Action			By when	Lead and partners
Establish a framework for Equality, Health Inequity, and Patient Experience in Cardiff and the Vale aligned to our <i>Shaping our Future Wellbeing</i> strategy and IMTP with the aim of tackling health inequalities within our communities, ensuring that 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'.	Establish a working group to scope a framework; Draft framework and gain approval; Implement framework.	The voices and lived experience of people and communities are effectively heard and their concerns acted upon, with improvements made to service delivery for those communities.	6 - 12 months	LEAD: Public Health Equity and Inclusion Team Corporate Nursing Strategy & Planning Clinical and Service Boards Patient Experience

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Report Title:	LPF Workplan 2023/4			Agenda Item no.	10
Meeting:	Local Partnership Forum	Public	x	Meeting Date:	13 April 2023
Status (please tick one only):	Assurance	Approval		Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Head of People Assurance and Experience				
Main Report					
Background and current situation:					
<p>The Local Partnership Forum (LPF) is a Board Advisory Group and is the formal mechanism for the UHB and staff organisations to work together to improve health services for citizens served by the UHB.</p> <p>Each year a programme of work is developed to help inform LPF agendas and to ensure that the items discussed are relevant and appropriate to the purpose of the meeting as set out in the Terms of Reference. The programme should be considered indicative as the Forum will require flexibility throughout the year to ensure any matter that warrants attention is considered in a timely manner.</p> <p>In response to feedback that recently the agendas have often been too long to enable adequate discussion, it is proposed that in addition to the main meeting, a one hour 'LPF development session' is held in the alternative months. The intention is that this session will consist of one or two presentations of 30 or 60 minutes, and will include items that either require more in-depth discussion (e.g. items for consultation) or topics which are educational and important, but not necessarily the core business of the Forum. The first of these sessions will be held in May 2023.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
Recommendation: <p>The Local Partnership Forum is asked to approve the Work Plan for 2023/4, noting that it should be considered indicative and needs to be flexible.</p>					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
Please tick as relevant					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people	x	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					

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Impact Assessment: Please state yes or no for each category. If yes please provide further details.									
Risk: No									
Safety: Yes									
Patient safety and People safety included as standard agenda item (integrated performance report)									
Financial: Yes									
Finance included as standard agenda item (integrated performance report)									
Workforce: Yes									
People dashboard included as standard agenda item (integrated performance report). People and culture plan included incorporated as standard agenda item									
Legal: No									
Reputational: No									
Socio Economic: No									
Equality and Health: Yes									
anti racist Wales, LGBTQ+ action plan, SEP and More Than Just Words included in workplan for 23/4									
Decarbonisation: Yes									
Decarbonisation is scheduled to be one of the items discussed at the first LPF Development Session in May 2023									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				
LPF					13.04.23				

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LOCAL PARTNERSHIP FORUM WORKPLAN 2023/24

	13 April	8 June	10 August	12 October	14 Dec	8 Feb
Chair	Chair of Staff Representatives	ED of People & Culture	Chair of Staff Representatives	ED of People & Culture	Chair of Staff Representatives	ED of People & Culture
Preliminaries						
Minutes of Previous Meeting	X	X	X	X	X	X
Action Log Review	X	X	X	X	X	X
CEO Update	X	X	X	X	X	X
For Consideration:						
People and Culture Plan	X (wellbeing framework)	X (workforce sustainability)	X	X	X	X
Equality and Inclusion	X (CAV anti racist action plan)	X (SEP)		X (More Than Just Words)	X (LGBTQ+ action plan)	
Operational Update		X		X		X
IMTP				X		
Estates Plan			X			
Health and Safety Culture Plan			X			
Amplifying Prevention (Public Health)			X			
For Consultation/Negotiation:						
Items which require formal engagement e.g. major changes to services (as required)	X	X	X	X	X	X
For Communication:						
IMTP Update	X				X	X
LPF Work Plan	X					
Nurse Staffing Act		X				

Covid learning / Inquiry		X		X		X
For Appraisal:						
Integrated Performance Report	X	X	X	X	X	X
Items for information (for noting only)						
EPSG Minutes		X	X	X	X	X
LPF Annual Report	X					
Staff Benefits Group Report	X		X		X	
WPG Annual Report	X					
CB LPF Annual Reports	X					

LPF Development Session					
23 May	July	Sept	Nov	Jan	Mar
Decarbonisation Plan	'How to be anti racist' (tbc)	tbc	tbc	tbc	tbc
SOFW Refresh					

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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Annual Report of the Local Partnership Forum 2021/22

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1.0 INTRODUCTION

In accordance with best practice and good governance, this Annual Report sets out how the Local Partnership Forum (LPF) has met its Terms of Reference during the financial year 2022-23.

2.0 MEMBERSHIP

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members are Staff Representatives from accredited Trade Unions recognised as part of the Partnership and Recognition Agreement, the Executive Team and Chief Executive, senior members of the People and Culture team, and the General Manager for UHL and Barry. The Independent Member for Trade Unions has a standing invitation to attend, as does the Chair of the Board.

3.0 MEETINGS AND ATTENDANCE

The Local Partnership Forum met six times during the period 1 April 2022 to 31 March 2023. This is in line with its Terms of Reference.

Attendance is fluid compared to Board and Committees as it is often dependant on the release of staff representatives from their substantive roles and while there are regular attendees from the staff side there is a degree of variation from meeting to meeting. Quoracy is determined by the number of management and staff representatives present, not specific individuals, as set out in the Terms of Reference.

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

Current Executive / Management attendance is as follows (n.b.* denotes that a deputy attended in their place):

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	13/04	16/06	10/08	20/10	08/12	08/02
Director of People and Culture (co-Chair)	Y	Y	Y	Y	Y	Y
Chief Executive	*	Y	Y	Y	Y	*
ED of Finance	*	*				*
ED Nurse Director	Y			Y	Y	
Medical Director					Y	Y
ED of Strategy and Planning	*				Y	*
ED of Therapies and Health Science		*			Y	
Chief Operating Officer	Y	*	*	*	Y	Y
ED of Public Health	Y	Y	Y	Y	Y	Y
Director of Corporate Governance	Y					Y
Director of Communications and Engagement	Y		Y	Y	Y	Y
Deputy Director of People and Culture (previously AD of Workforce)	Y	Y		Y	Y	Y

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AD of OD, Wellbeing and Culture (previously AD of Organisational Development)					Y	
AD of People Resourcing	Y		Y	Y	Y	Y
Head of People Assurance and Experience (previously Head of Workforce Governance)			*	*	*	Y
Head of People Services		Y		Y	Y	Y
General Manager, UHL and Barry		Y	Y	Y	Y	Y
Head of Corporate Business		Y	Y	Y	Y	Y

Note:

Executive Nurse Director: Ruth Walker April 2022, Jason Roberts June 2022 – February 2023
(interim June 2022)

Chief Operating Officer: Caroline Bird (Interim) April – June 2022, Paul Bostock August 2022
– February 2023

Head of Corporate Business – Timothy Davies, new post from June 2022

Director of Corporate Governance: Nicola Foreman April – December, James Quance
(interim) February 2023

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4.0 TERMS OF REFERENCE

The Terms of Reference are incorporated into the Partnership and Recognition Agreement. This was reviewed by the Local Partnership Forum on 17 June 2021 and was approved by the Board on 29th July 2021.

5.0 WORK UNDERTAKEN

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

Key topics considered during the period April 2022 – March 2023 are set out below.

5.1 13 April 2022

The Deputy Director of Planning advised the Forum that a draft IMTP had been presented to the Board and submitted to Welsh Government. While it was acknowledged as robust in many areas, there was a financial deficit. Opportunities to address this were being worked up and a revised and final plan would be submitted at the end of quarter one.

The Interim COO delivered a presentation on the recovery delivery commitments for 2022/23, highlighting key points for each of the 5 programmes.

The Local Partnership Forum received the annual report from the Clinical Board Partnership Forums. The purpose of these Forums is to establish ongoing dialogue, communication and consultation on service and operational management issues specific to the Clinical Board areas.

5.2 16 June 2022

The Forum received a presentation describing the current operational position. This was supplemented by information about some of the work taking place within Therapies to support the operational position. Staff representatives raised the issue of the operational footprint and getting back to business as usual while transforming

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services, and in the context of another possible covid wave. They asked if principles could be agreed in partnership in readiness for the future.

The Equality, Diversity and Inclusion Manager described the actions being taken around the Race Equality Action Plan (REAP) (now referred to as the Anti Racist Wales Action Plan). The Plan includes 5 goals for health (leadership, accountability, workforce data, access to services and tackling health inequalities) and the Forum was advised that a working group would be established to develop a local action plan. At the beginning of the year the UHB launched the One Voice Network to support our diverse communities, help shape our organisation through collaboration and really help us become an anti racist Health Board.

The Forum received a presentation on progress of the Move More, Eat Well (MMEW) plan and was asked to consider four questions on how to support and enable staff to move more as part of the working day: How do we best engage staff to gain insight into their experiences? How can we support and enable staff to move more? How can we embed moving more into the working day? What opportunities are there already for staff, and what is working well? It was noted that one of the real challenges is maintaining weight loss and addressing behavioural patterns and that staff should be encouraged to come forward with their own ideas and commitments rather than have them set by the leadership team.

The Forum was introduced the concept of the TrAMs (Transforming Access to Medicines) Programme which is being developed on an all Wales basis with a proposal to create three hubs across Wales and which will be hosted by Shared Services. The creation of the hubs would mean approx. 240 wte staff in Wales transferring to Shared Services under a TUPE arrangement, however, more staff could be affected if part of their role was in scope. A consultation was taking place around these proposals.

Staff representative members requested further conversation around three topics: staff with long covid, staff retention and turnover, and queries being raised around shift patterns through the implementation of the new e-rostering system. These matters were referred to the Workforce Partnership Group (a sub Group of LPF) for more detailed discussions.

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5.3 10 August 2022

The Head of Equity and Inclusion was in attendance to present the Strategic Equality Plan. We were just over half way through the plan, and some of the work that was taking place, as well as future planned work, was highlighted. This included the OneVoice network, Inclusion Ambassadors, and a campaign to improve our staff equality data. Forum members were asked for their support in taking these initiatives forward and for their feedback.

It was agreed that a discussion between the Executive Nurse Director and staff representatives would take place outside the meeting around safe staffing and the Nursing Staff Act Annual Assurance Report previously received by Board.

5.4 20 October 2022

The Managing Director/Deputy COO (Acute Services) was in attendance to discuss the Winter Plan. Key points noted included:

- There would be a series of staff roadshows, with 30 sessions planned around UHB over the next few weeks – the aim of the roadshows was to engage staff and allow conversations as well as generally raising awareness and understanding of the winter plan
- LPF were advised that modelling had taken place to determine that the worst case scenario was that we would be 152 beds short. The plans being put into place to create additional capacity were described
- The importance of the winter vaccine strategy was re-iterated
- The Executive Director of People and Culture noted that there had been an improved position in terms of nursing vacancy rates, but acknowledged that the workforce picture was not great. The People and Culture team were focussing on wellbeing, recruitment, retention as their 3 main priorities as part of the Main Effort. She also emphasised the importance of keeping our values and behaviours at the forefront of everything we do

The importance of engaging with staff representatives and working in partnership to deliver the Winter Plan was noted.

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The Lead Staff Representative for Mental Health queried the planning and consultation processes for the deployment of staff, pointing out that many staff found the idea of being moved at short notice distressing and re-triggering in the context of the pandemic. The Chief Executive and Executive Nurse Director said that while it was likely staff would need to be moved around the organisation over the winter to cope with patient flow, the intent would always be that this is done with respect and consideration.

5.5 8 December 2022

The Chief Operating Officer gave an update on the Operational position. He committed to continuing to hold roadshows for staff over the winter and agreed to meet with Trade Union representatives every month/six weeks. He emphasized that staff were responding to the challenges brilliantly but he would not underplay how difficult it was and was going to continue to be. He noted that it was important to have hope that would get through it.

The Executive Director for Strategy and Planning provided an update on the IMTP process and priorities for this year. The draft plan would be shared with LPF members. It was noted that Lead Clinical Board Representatives from the Trade Unions had been invited to an engagement session on the Strategy refresh the previous day.

Concerns were raised by a Trade Union representative about the way managers were approaching staff to find out their intentions for the RCN strike days on 15 and 20 December. It was reported that staff in some areas felt harassed and vulnerable and that managers were demanding to know if they intended to strike or not. The Deputy Director for People and Culture, who is a co-Chair of the Industrial Action task and finish group, said she was sorry to hear these reports and that the communications issued had been clear that managers should not ask individuals if they would be striking but should ask if they intended to be in work on those days. The Chief Operating Officer stated that he was disappointed as the Health Board

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respected individuals right to strike and was deliberately not asking for large numbers of derogations. He said that the message had been clear but he would raise it again with the Clinical Boards.

5.6 8 February 2023

The Deputy Director of Strategy and Planning shared the Shaping Our Future Wellbeing Refresh engagement presentation and asked the Forum to provide feedback on the proposals. Staff representatives raised concerns about equitable access to health services and asked what we were doing to address this. The Executive Director of Public Health advised that while there is a lot of work in place around preventative services, there is still more to do around equitable access to services particularly amongst our ethnic minority communities. She advised that work has begun around developing a framework that looks at the overlaps between equality, equity of access and patient safety led by the Public Health team

The Deputy Director of Strategy and Planning also provided an update on the Integrated MediumTerm Plan. She advised that it would be a fairly short, focused document outlining how our operational plan will be delivered against key strategic pillars like access to care and improving health inequalities. It will also set out how we will deliver against the 16 priorities set out by the Minister.

The Deputy Director of Therapies and Health Sciences delivered a presentation on the Rehabilitation Programme. The presentation showed how the Programme had developed to incorporate Covid rehabilitation and has been refreshed using digital resources to make virtual delivery more accessible. It consists of a four-tiered approach:

- Level 1 is around keeping people well using self-management community guidance
- Level 2 focusses on enabling people to live well, using brief interventions to allow them to move back quickly to Level 1.

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- Level 3 supports people to live well through complex group-based interventions, delivered by people with lived experience to support behavioural changes.
- Level 4 is professionally led holistic support delivered on a one-to-one basis.

We have seen significant improvements in people's health and wellbeing from running these programmes, with 83.7% of service users reporting a clinically significant positive change.

The Assistant Director of Quality, Safety and Improvement and Head of Risk and Regulation were in attendance to give a presentation on the learning from Covid-19 and the UHB response to the Covid inquiry. Key points included:

- the process followed for hospital acquired Covid-19 and when it is subject to a proportionate investigation
- the significant changes over time in our knowledge, evidence and guidance, and an acknowledgement that in the early months, guidance was often changing on a daily basis
- a recognition that the movement of patients across our sites has been associated with increased COVID outbreaks
- The inquiry which launched last year involves 3 different modules – our involvement is with module 3 which is looking at the impact of the COVID-19 pandemic on healthcare systems in England, Wales and Scotland.

The Deputy Director for People and Culture provided a review of year one of the People and Culture Plan. Despite the challenging workforce position a lot has been achieved in year 1; in year 2 we need to continue to embed the People and Culture Plan across the organisation to ensure these actions and responsibilities are shared across the clinical boards and other departments. Though sickness and turnover remain high, we have seen some improvement in VBAs and statutory and mandatory training across the health board. With such a large organisation, progress is often hidden by the overall position and future reports will aim to break down this data to show the variance between our clinical boards. The Chair of Staff Representatives agreed that exploring the narrative behind this data would help with understanding

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the impact of our improvement work, but re-iterated previous requests for staff representatives to be more involved in progressing the work set out in the Plan.

6.0 STANDARD AGENDA ITEMS

6.1 Chief Executives Report

At each meeting the Chief Executive, or a deputy, provides a verbal update to the LPF on key topics. Highlights noted at each meeting are described below.

6.1.1 13 April 2022

The Executive Director of People and Culture provided an update report on behalf of the Chief Executive, key points included:

- Staff were thanked for their efforts in light of the continuous pressure across the whole system. The Executive Director of People and Culture noted that they were being courageous and escalating concerns rather than accepting them as the norm
- The operational position remained challenging, predominantly because of staff attendance being impacted by the high Covid levels
- The end of year finance position was being accounted for, all the indications were that it would be in line with the UHB's forecast, which has been that the UHB will breakeven (third year in a row) and make full use of the capital funding provided to it. The financial outlook going into 2022/23 was challenging, as we dealt with the ongoing challenges and legacy of the pandemic. The draft IMTP submitted at the end of March had a £20.8m deficit.
- Phase one of Same Day Emergency Care (SDEC) assessment unit was now open to patients - The new assessment unit at UHW had been created to allow rapid access to surgical treatment through ambulatory care.
- The All-Wales Dementia Charter was launched on 6 April 2022 which aimed to enable hospitals to create the right environment for people with dementia, their families and carers in Wales. It focused on improvement and offered a short, accessible and visible statement of principles that contribute to a dementia-friendly hospital.

• Cardiff and Vale of Glamorgan Population Needs Assessment 2022-27 had been published by the Cardiff and Vale Regional Partnership Board

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6.1.2 16 June 2022:

In June 2022 the key points discussed included:

- Thanking staff for continuing to work in such challenging circumstances;
- The forthcoming IHI (Institute for Health Improvement) visit;
- A recent visit by Health Minister Eluned Morgan to the Emergency Unit and to learn more about the Shaping Our Future Hospitals programme and our ambitions for transforming care in Wales;
- A piece of work taking place with CEOs across Wales around the impact of the social care crises and the need to create additional capacity; and
- The importance of taking up the offered flu and Covid-19 boosters later in the year, especially in light of rising Covid-19 numbers

6.1.3 10 August 2022:

In August 2022 the Chief Executive noted:

- The submission of a revised IMTP to Welsh Government, current pressure across our acute hospitals, as well as within mental health and primary care, and the impact this was having on our staff and patients;
- The rapid response domiciliary care framework issued by Cardiff Council and some of their current priorities;
- The submission of a business case for UHW2 to cabinet; and
- Initial feedback from the IHI (Institute for Health Improvement) visit.

Staff were thanked for continuing to work in such challenging circumstances, including the recent heat waves.

The Chief Executive also referred to the proposed industrial action by Trade Unions and she was offered assurances by the Chair of Staff Representatives that the approach adopted would be to work with the organisation with full transparency and sight around any planned activity.

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6.1.4 20 October 2022:

Key points to note in October 2022 included:

- That the UHB had moved to enhanced monitoring as the IMTP was not balanced and regular meetings with WG had been arranged;
- An action plan had been submitted and approved following the HIW report into urgent and emergency care. The Minister had made a surprise visit to EU and had provided some useful feedback. The feedback from patients at the time had been largely positive and no ambulances had been waiting
- Operational pressures – the winter plan outlined how we intended to secure additional capacity. Staff were thanked for their continuing efforts to care for our patients;
- Staff were encouraged to get vaccinated as this is the best way of protecting ourselves and each other from Covid-19 and the flu;
- It was noted that several unions are balloting staff with a view to taking industrial action;
- The cost of living crisis and the impact of staff was acknowledged; and
- The Chief Executive described her '3 Ws' which set out the best way to look after our staff, they are: wellbeing, well led and helping to reduce workload.

6.1.5 8 December 2022:

The Chief Executive began her update by acknowledging the importance of a compassionate culture and requesting that staff were kind to themselves, each other and our patients especially during these challenging times. She advised that:

- We have not succeeded in holding the £17.7m deficit position. This has been reviewed and moved to a £27m deficit position for this year;

Planning for the Annual Plan and IMTP is in progress. The ministerial priorities have been received and the Plan will be aligned to them;

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- We were seeing some improvements in our ability to respond to demand, including Ambulance handover times but there was high seasonal demand as well as high demand for mental health and community care. Strep-A was having a big impact in paediatrics. The Chief Executive thanked staff for continuing to respond with compassion;
- The Covid vaccination programme was going well, though staff flu vaccine uptake was concerning;
- There had been detailed contingency planning for the forthcoming industrial action and negotiations around derogations had taken place. The Chief Executive stated our gratitude to the Trade Unions for working with us to ensure patient safety;
- The action plan developed in response to the HIW report in EU continued to be worked on. There had also been an unannounced inspection in Maternity Services and concerns were raised around staffing and wellbeing. Lots of work was taking place in the Clinical Boards to respond and develop action plans. It was also hoped that the situation would improve now that a number of newly qualified midwives had joined us.

6.1.6 8 February 2023

The Executive Director of Finance, deputising for the Chief Executive, provided an update report to the Forum. Key points included:

- Winter pressures – the organisation had experienced tough times in the autumn quarter and though these difficulties remained, we were starting to see some signs of better flow within our urgent care system and our ability to maintain planned care;
- Industrial action – this was ongoing around securing a pay award for 2023-24 that meets the needs of our staff. The operational implications were being handled in a systematic way though this in turn creates pressure on our services, staff and patients.
- Strategy refresh – we are renewing our strategy to address the long-term effects the pandemic has had on our services and population.

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6.2 Integrated Performance Report

The Local Partnership Forum receives a copy of the Integrated Performance Report prepared for Board at each meeting. This report includes a summary position for the following areas:

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

6.3 Reports from Sub Groups

The Local Partnership Forum has 3 sub-groups - the Workforce Partnership Group, the Employment Policies Sub Group and the Staff Benefits Group.

The Workforce Partnership Group (WPG) is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture, who also chair LPF. The WPG generally meets 6 times a year and the items discussed tend to be more operational or detailed than those brought to the LPF. The LPF regularly refers matters to the WPG for follow up and further consideration. The Workforce Partnership Group reports to LPF annually, though matters can be escalated as required.

At a more local level, each Clinical Board also has monthly or bi-monthly Local Partnership Forums which enable the Clinical Board leadership team to engage with trade union representatives on local matters. The Clinical Board Partnership Forums also report annually to the UHB LPF.

The Employment Policy Sub Group (EPSG) is made up of representatives from People and Culture and Trade Unions and is co-chaired by the Deputy Head of People Assurance and Experience and a TU representative. EPSG is the primary forum for the development and review of employment policies, procedures and

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guidelines. It usually meets 6 times a year and a copy of the minutes of each meeting are submitted to the Local Partnership Forum for noting.

The Staff Benefits Group explores and co-ordinates discounts and benefits offered by external organisations for UHB employees. The Staff Benefits Group meets quarterly and discusses and agrees 'best deals' for staff. Their work is reported to the Charitable Funds Committee and the Local Partnership Forum.

6.0 REPORTING RESPONSIBILITIES

The Local Partnership Forum has reported to the Board after each meeting by presenting a summary report of the key discussion items. Copies of the approved minutes are also provided.

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Report Title:	Workforce Partnership Group Annual Update			Agenda Item no.	12
Meeting:	Local Partnership Forum	Public	<input checked="" type="checkbox"/>	Meeting Date:	13 April 2023
Status (please tick one only):	Assurance	Approval	<input type="checkbox"/>	Information	<input type="checkbox"/>
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Head of People Assurance and Experience				
Main Report					
Background and current situation:					

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

The Workforce Partnership Group (WPG) is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members are senior representatives of the People and Culture team, Lead Clinical Board Staff Representatives, the Lead Staff Representative for Health and Safety and the Staff Side Secretary. The Independent Member – Trade Union also has a standing invitation to attend, as do Clinical Board and senior Nursing representatives.

The WPG generally meets 6 times a year, alternating with the LPF. In addition, in 2022/23 a number of extraordinary meetings have been held to enable timely and detailed discussion. These extraordinary meetings have dealt with topics such as management of long Covid cases, retention and the deployment of staff.

WPG provides a forum for the Health Board and Trade Unions (including Professional Organisations and Staff Associations) to work together on issues of service development, engagement and communication specifically as they affect the workforce. Its purpose, as set out in the Terms of Reference, fall into three overarching themes: to communicate, to consider and to discuss matters which affect the workforce. The items discussed tend to be more operational or detailed than those brought to the LPF, and the LPF regularly refers matters to the WPG for follow up and further consideration.

Significant issues which the WPG has considered during 2022/23 include:

- Employee Relations Activity – this is reported at every meeting as a standard agenda item. The number of disciplinary cases is considered and the data broken down by: staff group, Clinical Board, stage of the process, type of allegation and work status. Additional information e.g. fast track data has been provided on request. Numbers of Employment Tribunals, Appeals and Grievances/Respect and Resolution Cases are also reported at each meeting.
- People and Culture Plan – all agenda items are aligned to the themes of the People and Culture Plan to ensure it is embedded in all WPG activity. Progress against the Plan in general has been reported and discussions/presentations have been held against several of the 7 themes. In particular, a separate task and finish group was established to look at retention (theme 3). Staff representatives have requested that their involvement in the delivery of the Plan be strengthened.
- Annual Leave Implementation was discussed, particularly the messaging around fair implementation of local arrangements etc without slipping back into the old practice of lists of

rules. Following this discussion the annual leave frequently asked questions were reviewed and additional guidance for managers developed.

- Estates Plan – Stephen Gardiner, Head of Capital Planning, Estates and Facilities, attended in July 2022 and shared details of the estates plan for the year.
- Pay Progression, specifically implementation issues and the importance of managers reporting the outcome of the discussion on ESR. There was also a discussion about the support being provided to managers to ensure that no-one was missed.
- Staff Engagement and Retention – a presentation was received in November 2022 on measuring employee experience and the key themes identified from feedback and engagement exercises between October 2021-Nov 2022
- Staff Welfare Project – a joint response was developed and submitted to Welsh Government to in order to inform the Wales level partnership work on the staff welfare project (a commitment made as part of the 2021/22 pay deal).
- Strategy Refresh – WPG was used as a ‘test’ group for the engagement presentation for the Shaping Our Future Wellbeing refresh. Comments on the style, format and content of the presentation were invited.
- Deployment Principles – a task and finish group was set up to meet with the Executive Nurse Director and agree a joint statement around the principles to move staff in exceptional circumstances to maintain patient safety. This statement was signed by the Executive Nurse Director, Executive Director of Therapies and Health Sciences, and the Chair of Staff Representatives and was issued in December 2022.

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

Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the contents of this report and the high level summary of items considered by WPG in 2022-23

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Report Title:	Clinical Board Local Partnership Forums Annual Report			Agenda Item no.	13
Meeting:	Local Partnership Forum	Public	x	Meeting Date:	13 April 2023
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Lead Clinical Board Staff Representatives / Directors of Operations				
Main Report					
Background and current situation:					

INTRODUCTION

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

In addition, the UHB has established Clinical Board (CB) LPFs to establish ongoing dialogue, communication and consultation on service and operational management issues specific to CB areas. Each CB has a Lead Staff Representative who jointly chairs the CB LPF. Each CB LPF is required to report to the UHB LPF on at least an annual basis, but can escalate issues through the WPG if required.

PRINCIPLES

The CB LPFs provide a forum where key stakeholders can engage with each other to inform, debate and seek to agree local priorities on workforce and service issues. Each CB LPF aims to meet bi-monthly.

General principles:

- Trade Unions (TUs) and Management show joint commitment to the success of the organisation with a positive and constructive approach.
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to security for workers and flexible ways of working.
- They share success – rewards must be felt to be fair.
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency.
- They must demonstrate a commitment to work with and learn from each other.

All members of the CB LPF must:

- Be prepared to engage with and contribute fully to the CB LPF activities and in a manner that upholds the standards of good governance set for the NHS in Wales.
- Comply with their terms and conditions of appointment.
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes.
- Promote the work of the CB LPF within the professional discipline they represent.

TERMS OF REFERENCE

The Terms of Reference (ToR) have been reviewed and consulted upon to create a standard set for all CBs. A discussion around this is due to take place at the next WPG meeting on 9th May 2023 and these will then be signed off at the following LPF meeting on 8th June 2023. It is anticipated that the main purpose and principles will not change significantly from those detailed below.

- To establish a CB LPF that links into the main UHB LPF agenda.
- To establish a regular and formal dialogue between the CB Senior Management Teams (SMTs) and TUs on matters relating to workforce and service issues.
- To enable Employers and TUs to put forward issues affecting the workforce.
- To provide opportunities for TUs and Managers to input into service development plans at an early stage.
- To consider the implications on staff of service reviews and identify and seek to agree new ways of working.
- To consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve the mutually successful implementation.
- To appraise and discuss in partnership the financial performance of the Clinical Board on a regular basis.
- To provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
- To communicate to the partners the key decisions taken by the UHB and SMTs.
- To consider national developments in NHS Wales Workforce Strategy and the implications for the CB including matters of service re-profiling.
- To negotiate on matters subject to local determination.
- To ensure Staff Representatives are afforded reasonable paid time off to undertake TU duties.

CLINICAL BOARD LPF ACTIVITY 2022/23

CAPITAL ESTATES & FACILITIES (CEF)

2022/3 has been yet another difficult year as we began to move out of the pandemic. CEF has had to operate under difficult financial constraints impacting on all our operational areas along with staff shortages and cost pressures. Our staff went above and beyond in responding to these difficulties and should be applauded for the work they have put into maintaining the highest of standards.

In addition, 2022/3 saw the conclusion of the CEF Service Board Senior Management OCP process which included a review of the pay bands of our senior managers. Along with the implementation of the service split between Catering and Housekeeping, the CRI Security Team OCP was also completed.

Training in relation to the new Respect and Resolution policy was carried out in partnership with Staff Side Representative Mat Thomas, People Services and our management teams across CEF. The CEF LPF met on a regular basis throughout 2022.

In relation to Partnership Working for 2023/4;

- We will continue the roll out of training to supervisors, team leaders, managers and staff
- regarding respect and resolution, mental health awareness (coping skills), UHB values
- OCP Process – (below Senior Management levels)
- Review of rotas in both Housekeeping and Catering.

- Continued support in resolving Respect and Resolution cases in a timely manner (formal or informal)
- Continued support in dealing with sickness processes in a timely manner.
- Continued support in the delivery of the UHB values.

Joe Monks wished to thank Mat Thomas for stepping in to cover him during sickness absence during 2022/3.

CLINICAL DIAGNOSTICS & THERAPEUTICS (CD&T)

Whilst Ballots for Industrial Action/ Industrial Action days has impacted on the ability for the Partnership Forum to meet bi monthly throughout 2022-23, significant issues were raised and taken forward during 2022/23. These included:

- Supporting the UHB apprenticeship scheme. A presentation was received from the Apprenticeship and Widening Access Coordinator to support increasing the level of apprenticeship placements within the UHB. Medical Records and Medical Illustration have been supportive of the scheme and their departments value participation in the scheme. These areas are good placement opportunities. The departments have also reported positive experiences and the apprentices have had success stories within the NHS.
- The Clinical Board was faced with a significant financial challenge throughout 22/23. Staff Representatives were supportive of the Clinical Board progressing value-based discussions in regards to what services add the most value and what services do not add value to the patients.
- Difficulties relating to high turnover and recruiting to posts resulting in pay underspends within departments were discussed.
- There was recognition for this Clinical Board on the recovery of its waiting list positions. Significant funding was granted to Radiology and Therapies to build in more capacity.
- There were concerns raised by Staff Side in terms of the leadership capacity within CD&T, given that the Director of Operations was also continuing in the role of Managing Director for UHL. Assurance was provided there was strength and depth in the leadership team with a Deputy Director of Operations appointed and the quality and safety function strengthened with the appointment of a Lead Nurse.
- A key focus of discussions was around the equality and diversity agenda. The Clinical Board commenced work on a new initiative to introduce Inclusion Ambassadors, with each member of the Clinical Board aligned to a Protected Characteristic. The key aim is to work towards shifting the culture and the Inclusion Ambassadors whilst not experts, aim to champion, increase their knowledge and understanding of their topic. Staff Side were supportive of this work but suggested that the Clinical Board needs to understand what the Inclusion Ambassadors are offering.
- A powerful staff story was presented to the Clinical Board by the Chair of Staff Side regarding a member of staff that stopped wearing their hijab to work every day after being subjected to unkind comments from a patient. The concerning element of this story was that this went unnoticed by colleagues. The Clinical Board held discussions around why the staff member felt the need to raise the issue with their Trade Union as opposed to their line manager. This story was the catalyst for the Clinical Board to take forward a piece of work in partnership with Staff Side to create a 'Safe Space' where staff can escalate concerns. Whilst staff are encouraged to escalate issues through normal routes within the UHB, this will provide an

alternative route where they can retain their anonymity. This work is at early stages and the governance and principles around this are being considered.

- The Lead Staff Representative, in his role as Ambassador for Disability and UHB Disability Officer, worked with the Chair of the UHB Accessibility Group on implementing a wellbeing passport. Cardiff and Vale UHB were the first Health Board in Wales to implement this and this has been recognised by Assembly Ministers.
- Discussions were held around lapses in professional registration for no specific reason and discussions and staff were asked to be reminded of their responsibilities to ensure their registration did not expire. Staff Representatives requested that the financial impact on the individuals is given consideration where this occurs and they are awaiting their renewal of their registration. The Clinical Board offered to support staff in non-registrant roles to enable their return to work and support as far as possible to progress their registration process quickly.
- The cost of living crisis has been a recent focus of discussions. More and more staff are needing support from food banks. It was noted that staff working in communities have reported to the Staff Representatives that they were having to limit the use of their cars outside of work so that they could afford to purchase fuel to visit their patients. These discussions were taken forward at a higher level in the organization, leading to the UHB revising its fuel expenses to support staff.
- The TRAMS project was presented to the Partnership Forum. The Lead Staff Representative raised serious concerns that the consultation process and staff engagement sessions were progressing without the announcement of a named location for the site.
- There is an ongoing OCP in Cellular Pathology and there is good engagement between Staff Representatives and Management throughout this process.
- Discussions were held around the new Pay Progression system that was implemented in October 2022. Concerns were raised that staff needed to be given time by managers to complete their mandatory training.
- The generic terms of reference for Local Partnership Forum Groups have been circulated for comments to be received by 27th March.

MEDICINE

Previously the Medicine CB LPF was jointly chaired by the then Head of People and Culture and the Lead TU Representative (Pauline Williams). Members of the meeting included representatives from the Clinical Board SMT, Director of Nursing and Trade Union Representatives. Although the intention was that the Partnership Forum would meet monthly for 1 hour the time was reduced to 30 minutes due to the operational / clinical pressures following on from the COVID19 pandemic. That said, communication between the Lead Rep, the Head of Workforce & OD and the Clinical Board Nursing and Non-Nursing teams continued to be effective during this time.

The Head of People and Culture has been working with Pauline Williams and the Clinical Board SMT to ensure that continuous dialogue and sharing of information takes place. Partnership Forums have recommenced within the MCB however, still not in their original format, due to extreme pressures on services right across the Board. Currently, the Lead TU Rep, Chair of staff side Dawn Ward, RCN steward Ceri Dolan and GMB Jonathan Strachen -Taylor attend a monthly meeting with the Medicine SMT to share any relevant information, concerns and/or future plans etc. This form of engagement is currently working very well; however, it has been noted that it would be of benefit if the Trade Unions

were able to recruit more representatives from MCB in order to provide additional support to staff and Managers. Going forward it has been agreed that the Partnership forum will merge into a monthly SMT meeting where all Clinical Directors/General Managers/lead nurses attend.

The Medicine CB and TU colleagues have worked closely together in partnership during 2022/23 on a number of significant issues. These include:

- The OCP for 7 day working within the Endoscopy Unit. TU colleagues have been involved in this OCP from the outset. The consultation is still underway and the Lead TU rep is working closely with People & Culture and Management colleagues to address any concerns raised as part of this process. This was extended and staff received final letters in November 2022
- The closure of C5 and transfer of staff to Heulwen Ward/C7
- Engagement with the lead TU representative to support a smooth transition of wards into a different board (Lakeside to Specialist Service and St David's Hospital to CD&T)
- Identification of staff who had been shielding during the pandemic and had annual leave taken from them without a prior discussion with their respective Managers. All those identified were resolved within a timely manner, with no further concerns being identified. All staff were confirmed and resolved by April 2022. MCB was the first board to do this
- Exploration and development of initial ideas for cultural development, engagement and the creation of an environment where staff feel safe to speak up within the Emergency Unit. This arose as result of concerns being raised about behaviour and an initial assessment being undertaken. This work was to be further progressed in 2022 with the support of colleagues in LED/ HIT team /Head of People and Culture and Lead Rep Pauline Williams with staff engagement sessions. Also, monthly team meeting with Senior Nurse Cath Morris /Lead rep Pauline Williams and representatives from band 2 to band 6 nurses-these are currently ongoing and up for review
- Senior nurse requests for TU 'walk arounds' – feedback from staff (including how things are for them in their clinical areas, as well as concerns etc) have been provided and feedback to lead nurses support can be put in place, where appropriate.
- Unison are supporting the Lead Nurse in Integrated Medicine with re-banding requests for Admin staff
- RCN supporting Nursing teams on a medical ward to support ward improvements and communication/engagement
- Ongoing support being provided by TU Representatives as part of the closure of Gwenwyn Ward pre-covid

Going forward into 2023/4 the LPF will be held monthly and will include all senior leaders across Nursing, Medical and management. The LPF will be co-chaired by Louise Platt, Director of Operations and Pauline Williams.

MENTAL HEALTH (MH)

The Mental Health Clinical Board LPF is co-chaired by Peter Hewin and Dan Crossland. Members include Directorate Managers, Nurse Leads, Innovation, Peer Support and Co-production Leads, and all relevant Trade Unions including RCN, Unison and BAOT. Following a hiatus at the end of 2022 when the Trade Unions were involved in industrial action ballots, the Forum now meets once every two months on a Wednesday afternoon via Teams.

The MHCB LPF provides a Forum to discuss, consult and negotiate on matters affecting the workforce within the sphere of influence of the Mental Health Clinical Board, and in particular organisational change.

Significant issues which the MH LPF has considered during 2022/3 include:

- Equality, diversity and inclusion – successful webinar organised in partnership as a spring-board for the CB EDI Action Plan
- Secondment principles – proposals now routinely brought to SMT to ensure fair recruitment practice is the norm
- Just and learning culture – principles agreed and signed off by the CB.
- New roles and workforce re-design – promotion of peer support work and co-production
- Staff wellbeing and communication – production of newsletter following each Forum to update staff on partnership work, following ELPF template
- Oversight and scrutiny of IMTP and OCPs – resulting in amendments based on staff feedback

PRIMARY COMMUNITY & INTERMEDIATE CARE (PCIC)

The PCIC CBLPF meet bi-monthly and the chair is rotated between the Dir of Ops, PCIC and the lead staff representative. There is good representation at all meetings. Meetings have only not taken place when this was at the request of staff side during the strike period.

The agenda was reviewed and revised during 2022/23. There has been a significant focus on staff wellbeing and workforce matters with the People and Culture lead producing a workforce report for discussion at meetings, other than the most recent meetings when there were changes made and the P&C lead support was withdrawn from Clinical Boards.

A small task and finish group was established to lead work outside the meeting to plan a PCIC Conference and Celebration event. This has had extremely positive feedback and is something we are keen to build on in future years and to look for more opportunities to bring the wider teams together on a face to face basis.

There has not been as much discussion or involvement of staff representative and TU reps on the IMTP planning this year just due to operational pressures and PCIC managing this work differently. These meetings usually flag a number of issues relating to estates that are also escalated through Health and Safety meetings within PCIC and the corporate Health Board meetings.

Leadership visits have been re-introduced during this period with the lead staff representative also undertaking visits to the teams in PCIC. These have been well received and we will continue with them in the coming year.

Significant issues which the PCIC CBLPF has considered during 2022/23 include:

- Updates on PCIC position and operational challenges
- Focus on workforce including VBA improvement plans, vacancies, turnover and retention
- Wellbeing
- Equality, Diversity, Inclusion and Welsh Language plans
- Health and safety -particularly in relation to the community estates
- Staff recognition and leadership visits
- Communication and addressing 'any rumours'
- Service change

SPECIALIST SERVICES

The Specialist Services Clinical Board LPF is co-chaired by Bill Salter, Lead Staff Representative and Sarah Lloyd, Director of Operations.

Members include Director of Nursing, Directorate Managers, Lead Nurses, Service Manager and Senior Nurses, Head of Finance, Workforce Lead and all relevant Trade Unions including RCN, CSP and Unison.

The forum meets bi-monthly via TEAMS.

Whilst ballots for industrial action and strike days have impacted on the Specialist Services LPF's ability to meet bi-monthly, significant issues were raised and taken forward through 2022/3. These include:

- Difficulties relating to high vacancies, turnover and recruiting to posts. Particular issue within the registered nursing workforce group. This has resulted in significant underspends within departments and plans to address workforce gaps have been discussed.
- The cost of living crisis has been a focus of discussions at most LPF meetings during 2022/3. More and more staff are needing support from food banks. Staff side shared resources available to support managers to have financial welfare conversation with their staff.
- It was noted that staff working in communities have reported to the Staff Representatives that they were experiencing difficulties travelling to work. The CB recognise the need for flexibility where possible with agile working options for staff, but acknowledged that most of the services within the CB were acute and involved delivering care at hospital sites.
- Supporting the Medicine CB and Specialist Services CB with a joint endeavour to launch the Integrated Assessment and Care Unit (IACU) in Lakeside Wing. This involved a consultation process with a number of team members.
- Delivering the winter plan – the LPF had constructive discussions regarding the role of the Specialist Services CB in delivery of the organisation winter plan.
- LPF newsletter is in development.
- VBAs. Concerns were raised that managers needed to prioritise time for staff to complete their VBAs. Noting the connection between recognising staff contribution and development needs with staff satisfaction and retention rates.

SURGICAL SERVICES

The flexibility and commitment of the staff working within the Surgical CB has been exceptional in light of the pressures of opening and closing theatres, managing the complexities of the growing waiting lists, and continuing to prioritise the greatest need first and deliver the very best, safe and effective care to the people we serve.

The Surgical Services CB LPF only met once during 2022/3 (22nd June). All other meetings were stood down mainly to operational pressures and industrial action. However, significant issues taken forward include:

- Rising sickness absence has been a regular item for discussion. Shared and aligned intel, data, and resources have enabled information to be cascaded, along with collaborative ideas and plans to support staff before, during and after they are absent from work, enabling them to return to a supportive workplace at the earliest opportunity.
- We have discussed at length the importance of re-starting our local management training programme to disseminate essential information to leaders on both legislative and local policy and procedural updates.
- There is a recognised need to improve the skill sets of new managers, either through secondment or stepping up to fill roles to help them manage staff successfully and effectively in line with the WG standards and the UHB core values and behaviours.

The Surgical Services CB has faced many challenges over the past year. As we began to implement recovery plans, in addition to working towards getting back to business as usual, we were hit by yearly winter pressures causing further demands on our services. Staff were displaced to assist with gaps due to high levels of absence and our ever-growing waiting lists continues to hike up daily. Furthermore, the continuous changes in COVID-19 legislation and guidance has put more demands on our staff to ensure that they are familiarizing themselves with this information, for the safety of themselves and our patients.

We recognise these extra demands and communication has been key. We have also appreciated the support the UHB and Staff Representatives have provided. The year ahead will no doubt present new challenges as we continue to recover from the effects of COVID-19 and the winter pressures however we have a very resilient workforce and SMT. As a CB we will continue to support our staff through:

- Continuing to promoting staff wellbeing events and workshops and signposting to Employee Wellbeing Services.
- Ensure important information is well communicated through both internal and external platforms.
- Continue to recognise and reward our staff for their great work at our Yearly Surgery Star Awards.
- Greater joint working with People Services and Lead Staff Representatives, though regular meetings and LPFs.

CHILDREN & WOMEN'S

The Children & Women's Clinical Board Local Partnership Forum is chaired by Julia Davies, Lead Staff Representative and Catherine Wood, Clinical Board Director of Operations.

Members include the Clinical Board Senior Management Team, Senior Finance Business Partner, Directorate Managers and Heads of Services and the Staff Representatives from the recognised Trade Unions.

The Forum meets bi-monthly.

The Children & Women's Clinical Board LPF provides a Forum to where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and service issues. Its purpose as set out in the Terms of reference is to help the workforce and management work through challenges and to grow and strengthen their relationships. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

Over the past year the Clinical Board has struggled to run partnership meetings for a variety of reasons. Reinstating the partnership forum has been a priority and now meets as per the schedule above. Some of the key discussions of the group have been around workforce availability and wellbeing and some of the initiatives to support that are described below.

The Clinical Board has recognised the efforts of its staff in supporting the emergency stream during an extremely challenging winter and also supporting the UHB to help maintain services during the days of industrial action. Many members of staff have been involved in short notice planning to minimize the impact to services. In addition, there have been and continue to be a number of service reconfigurations in the aftermath of the pandemic, which staff have responded to with professionalism and commitment to making difficult situations work. It is pleasing to note that the Clinical Board has been able to work in Partnership with Trade Union colleagues to coordinate a response to ensure that services and patients were kept safe.

The Clinical Board has set up an inclusion ambassadors' team to positively promote and raise awareness of the protected characteristics through the Equality Act 2010.

Protected Characteristics Inclusion Ambassadors



The aim of the Inclusion Ambassadors is;

- To effectively communicate information to support inclusion and diversity in the workplace, seeking to ensure C&V UHB is a safer, kinder and more inclusive place to receive care and also to work.
- To engage with the wider protected characteristic group for which you are an Inclusion Ambassador, the UHB Equality Team and 3rd sector Networks in order to bring information back into the Clinical Board for sharing and learning.
- To communicate key events linked to the protected characteristic and support these where possible in order to reduce inequalities, promote inclusion and respect diversity.

The team meets Bi-monthly and has a team's channel to communicate key information across the Clinical Board.

The Clinical Board have made significant efforts to support the retention and wellbeing of our staff as outlined below;

- Wellbeing champions
- Wellbeing Packs for Staff
- Psychology support and debriefing for staff
- Staff Recognition Awards
- Staff Voices App - a confidential QKR code that allows staff to anonymously feedback anytime of night or day how it feels to work in our services and what we can do to improve
- Sustaining Resilience at Work Practitioners appointed
- Lunchtime Leadership Sessions, covering Inclusivity, Compassionate Leadership, Civility Saves Lives Initiatives
- Director of Nursing has written personally to over 400 leavers and new starters to understand what could improve their experience of working within Children and Women
- Newsletters developed and shared with directorates
- Partnership working with union colleagues to listen to staff and develop improvements together
- Staff rotations to develop a career pathway and also provide respite from acute areas when needed (tailored to individual plans).

CB LPF CHAIRS OPINION/KEY ISSUES TO BRING TO THE ATTENTION OF THE FORUM:

CD&T

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06/04/2025 12:02:29

- The Clinical Board strives for good engagement and partnership working with Staff Side. Whilst this is not without challenges, it is appreciated how the Clinical Board and Staff Side Representatives have been able to work effectively in partnership.

The Clinical Board has recognised the efforts of its staff in supporting the emergency stream during an extremely challenging winter and also supporting the UHB to help maintain services during the days of industrial action. Many members of staff have been involved in short notice planning to minimize the impact to services. In addition, there have been and continue to be a number of service reconfigurations in the aftermath of the pandemic, which staff have responded to with professionalism and commitment to making difficult situations work. It is pleasing to note that the Clinical Board has been able to work in Partnership with Trade Union colleagues to coordinate a response to ensure that services and patients were kept safe.

- In my role as staff side lead rep, I have been involved in numerous **OCP's** which to date have gone very well. The Transforming Access to Medicines (TrAMs) OCP continues to be a particular challenge. As lead rep I sit on the TrAMs Workforce Subgroup, along with reps and heads of service from Health Boards throughout Wales.
As noted one of the main concerns for staff in our Health Board is that the new hub location hasn't yet been announced. And I'm concerned that the lack of communication re the new site may lead to staff retention issues.

As **disability ambassador** I work closely with the CD&T CB and Abigail Bernard, HB Inclusion Officer. I have been working with Abigail Bernard in producing a Disability (Wellbeing) Passport. My concern is that we were planning a launch date of winter 2023 and we are a long way from a launch as the document has to be presented to staff side for approval before the launch.

In my roles as **UNISON Disabled Members Officer** include:

- Chair of Cardiff and Vale Health Branch Disabled Members Self Organised Group (SOG)
- Co-chair of the UNISON Cymru/Wales Region Disabled Members SOG
- Unison National Disabled Members Committee member.

The Cymru/Wales UNISON SOG held a Disabled Members Seminar. The all-day seminar was held in the Pierhead Building and was followed by an evening event in the Senedd. The seminar was sponsored by Hefin David MS. This was exciting opportunity to showcase the UNISON Year of The Disabled Workers, and the skills experience, and qualities that disabled workers bring to the public sector workforce and to society., and concentrated on speaking out against discrimination, challenging negative stereotypes and highlighted the work that can be done to remove barriers preventing disabled people from achieving their goals. With a focus will be on creating a society where disabled people are valued. It was a spring board for disabled people to become more active in public life, trade unions (through social partnership) and their workplaces. The meeting was also attended by Jane Hutt, Minister for Social Justice who heard me speak on disability lived experience.

I also talked about the good work being done at C&V HB with the disability passport. Jane Hutt was very interested in the disability passport and commented that she would like all Welsh HB's to have said document. She informed me that she would very much like to attend our disability (wellbeing) passport launch event.



As disability officer the majority of my cases are due to the lack of **disability awareness** from both management and colleagues, and in my opinion this lack of awareness often leads to disability discrimination cases. I have identified a need for disability awareness training sessions for staff throughout the HB, and believe Disability Discrimination Awareness should be included in the HB's mandatory training.

The Cost of Living Crisis continues to be an issue amongst our staff. With many staff reporting that they are reliant on the use of foodbanks. This is further exacerbated by fuel poverty etc. I was shocked to hear at a recent meeting that unsold food in our restaurants is thrown away. One field I would like to follow is to discuss the possibility of unsold being donated or sold at reduced prices to our struggling staff.

SPECIALIST SERVICES

- The Clinical Board are pleased that the Local Partnership Forums have been re-established and have a good level of engagement, which demonstrates the intention for Clinical Board and Staff Side Representatives to work collaboratively.

The Clinical Board recognises the scale of the effort required from its staff to support the UHB during an extremely challenging winter, whilst maintaining regional and tertiary specialised services to a wider population across Wales.

In addition, there have been and continue to be a number of service reconfigurations in the aftermath of the pandemic, which staff have responded to with professionalism and commitment to making difficult situations work. These changes have been delivered with the appropriate challenge and support from the local partnership forum.

- Staff Side & the Trade Unions are pleased that the Specialist Clinical Board LPF is back up and running again after a very difficult couple of years of under-staffing, increasing demand and expectation, low morale, the cost-of-living crisis, and industrial unrest. We recognise that the Specialist CB has progressive plans in place to modernise and improve the service, addressing some of the issues contributing to poor retention, but lacks capacity – in terms of respite from intense day-to-day operational pressures, and ongoing direct support from People & Culture, in working together in Partnership we can get through these pressures in implementing a fair way for all staff to come to work without the stress levels that they have now and getting improvements that can be done by the CB in moving forward in getting a strong and happy workforce.

MENTAL HEALTH

- The MHCB is glad to be back working in partnership with Staff Side unions. We have been well supported in implementing changes by our unions where needed, with particular emphasis around management restructuring, immediate actions to address staff and quality concerns and the development of plans to promote equity, inclusion, representation and co-production. We are pleased to have worked with Staff Side to address some of the staff side challenges of releasing members to support our workforce. The discontinuation of partnership board meant some of the necessary engagement work around IMTP have been less involved than on previous iterations.
- Staff Side unions are pleased that the MHCB is back up and running again after a very difficult year of under-staffing, increasing demand and expectation, low morale, the cost-of-living crisis, and industrial unrest. We recognize that the MHCB has progressive plans in place to modernise and improve the service, thereby addressing some of the well-known issues contributing to poor retention, but lacks capacity – in terms of respite from intense day-to-day operational pressures, and ongoing direct support from People & Culture – to implement these comprehensively on a fair and equitable whole-systems basis.

SURGICAL SERVICES

- As outlined above, the CB has faced many challenges over the past year. As the CB began to implement its recovery plans, in addition to working towards getting back to 'business as usual', we were hit by our yearly winter pressures, causing further demands on our services. Staff were displaced to assist with gaps due to high levels of absence and our ever-growing waiting lists continue to hike up daily. Furthermore, the continuous changes in COVID-19 legislation and guidance has put more demands on our staff to ensure that they are familiarizing themselves with this information, for the safety of themselves and our patients.

We recognise these extra demands and communication has been key. We have also appreciated the support the UHB and Staff Representatives have provided. The year ahead will no doubt present new challenges as we continue to recover from the effects of COVID-19 and the winter pressures however we have a very resilient workforce and SMT. As a CB we will continue to support our staff through:

- Continuing to promote staff wellbeing events and workshops and signposting to Employee Wellbeing Services (EWS).
 - Ensure important information is well communicated through both internal and external platforms.
 - Continue to recognise and reward our staff for their great work at our Yearly Surgery Star Awards.
 - Greater joint working with People Services and Lead Staff Representatives, through regular meetings and CBLPFs.
- We had a change of Director of Operations during 2022 so it will take time to build up the working relationship with the new DO and the Trade Union Leads.

Good relationships and partnership working with the Surgical CB are well established but it has been identified that this could be better at board level and with the Directors and SMT but, there is a need to scale up and develop more local methods of engagement and new collaborations in the near future.

We need to engage with the SCB workforce to identify staff who would like to take up a Trade Union Rep within the SCB so that we can meet the required quorate of Reps need to attend our LPF, this will allow us to make and take positive action at the LPF meetings.

The workforce needs some stability and time for reflection, to take a moment to recover and heal after three years of such uncertainty and fear. This is best done back on the wards they miss, with colleagues they trust and respect.

The Surgical CB is looking to further develop its partnership agenda by setting up sessions with Management/Leaders, delivered in partnership between the Director of Operations and Lead Staff Representative, to embed the Board's shared vision to 'know our staff' and be a great place to work; compassionate leadership and promotion of the benefits of working in partnership will drive these events. This will include joint workplace visits to speak to staff within the Surgical CB, find out about their successes to date or hear about the challenges they have faced during the last two years, to see what can be learnt and what can be done to improve the situation.

We have also agreed to arrange some bespoke training sessions for managers within the Surgical CB to support them to adopt and embed the newest ways of working and promote working in partnership with TU colleagues.

CHILDREN AND WOMEN

- The Clinical Board strives for good engagement and partnership working with Staff Side. Whilst this is not without challenges, it is appreciated how the Clinical Board and Staff Side Representatives have been able to work effectively in partnership.
- Firstly I would like to thank Rhian Wright for stepping in to cover my absence.

Good working relations have been re-established with the board and have been included in the updated structure.

Sadly due to our RCM rep leaving there is currently no rep attending LPF or Staff Side.

Vacancy rates are a challenge.

Workforce pressure remains high which has impacted staff morale and focuses attention on retention and recruitment.

I have been involved in OCP's within our board which have been challenging for staff.

The financial situation is expected to bring about more changes in the coming year.

The cost of living crisis has impacted staff taking industrial action for the first time for many.

More reps are needed, as is the case across all CBs.

EXEC LPF CO-CHAIR / CHAIR OF STAFF REPRESENTATIVES OPINION/KEY ISSUES TO BRING TO THE ATTENTION OF THE FORUM:

The Health Board is fully committed to delivering the highest quality services possible and recognises the need to have an engaged and happy workforce in order to achieve this. The People and Culture plan recognises that by giving everyone a voice and allowing staff to contribute and come to work as they truly are, can make them feel empowered to perform at their best and take pride in the work that they do. Cultural change cannot be achieved over night, many have been unable to avoid issues such as work-related stress, burn out, and being subject to some biases. This year has been a year of extreme challenge due to added pressures of the backlog, industrial action, the cost of living crisis, the number of staff vacancies and high turnover rates, and feelings of unrest and moral injury from staff not being able to do the jobs they love and trained to do. The Health

Board is fully committed to supporting their employees development and well-being, and the partnership agenda with the Trade Unions and Professional Organisations. We have seen many examples of the workforce feeling sufficiently skilled, supported, valued and committed to remain working for the NHS but, this work must continue to spread and scale up to be more engaging and inclusive for the many and not just the few. Compassionate leadership within a Just Culture will create a great place to work and learn for our current and future generations. Embedding new ways of working and re-designing workforce models will build and secure other opportunities for a more agile, progressive and broader workforce fit for the future of our population of Wales. We salute the compassion and leadership provided by our Chief Executive and the outstanding work and achievements of our Chief Operating Officer and his team too. We continue to work closely with our Executive for People and Culture and her team and want to thank her for the commitment and dedication she has shown to working with us, given the immense scale and complexity of the challenges faced over the last year. I also want to thank the dedication and personal sacrifice shown by the Staff Representatives for all the work they do, often outside of their normal working day in order to support, advise, and guide our staff through their personal and professional working lives.

Recommendation:

The Local Partnership Forum is asked to note the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	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

Prevention		Long term		Integration		Collaboration		Involvement	
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Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan
06/04/2023 12:02:29

Report Title:	STAFF BENEFITS GROUP REPORT			Agenda Item no.	14
Meeting:	Local Partnership Forum	Public	x	Meeting Date:	13 April 2023
		Private			
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Rachel Gidman, Executive Director of People and Culture				
Report Author (Title):	Barbara John, Business/Operational Manager, Communication, Arts, Health Charity and Engagement				

Main Report

Background and current situation:

Cardiff and Vale University Health Board Staff Benefits Group (SBG) was established in 2017, to explore and co-ordinate discounts and benefits offered by external organisations for UHB employees. The Staff Benefits Group discusses and agrees ‘best deals’ for staff and in governance terms reports their work to the Charitable Funds Committee and the Local Partnership Forum.

The purpose of this paper is to provide information on staff benefits opportunities and progress, discussed and agreed by the SBG between December 2022 - February 2023.

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

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

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

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

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

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

The last Staff Benefits Group meeting was held on 07.02.23 and recorded the following:

Staff Engagement Digital Platforms

Andrew Walker (Personal Group) presented an overview of the HapiApp staff engagement platform and the potential benefits to Cardiff and Vale University Health Board, accompanied by the following comments:

- There are 600,000 employees who currently access the HapiApp forum in other Health Boards.
- HapiApp provides colleagues with access to discount offers for well-known retailers through e-vouchers. The app also provides colleagues with access to employee guidance on a variety of topics, such as Pension information and Employee Health and Wellbeing support, which can be customised to each organisation.
- AW advised the SBG that there will be a cost to the Health Board to use this platform, this was estimated at £4-£5 per user/ per annum.

CavConnects (formerly Staff Connects) - launch update

- Susan Fletcher, Communication and Engagement Team lead on the re-launch of CAVConnects attended the meeting to provide an update to the group and advise on the additional benefits of the revised platform. The refreshed version of the App is scheduled to launch in the week of 13th February 2023 and training has been rolled out to colleagues in each department.
- The group were advised that the contract for Staff Connects is due to expire on 17th March 2023 and discussions re: further funding and contract renewal is ongoing with Corporate Service Finance and Procurement.

Members suggested ongoing time and investment in the CAVConnect platform is appropriate, and due to modular similarities in both Apps, and potential further costs, there is no requirement to engage further with the Hapi App at this stage.

Staff Benefits Partners

Nathaniel's Car Group

Health Charity Fundraising and Promotions

- Nathaniel Cars representatives confirmed their continued commitment to support fundraising for the Health Board via Health Charity events in 2023
- Promotional vehicles will be installed at University Hospital Llandough and University Hospital of Wales in the next few weeks, following recent delays due to vehicle shortages.

Health Board Engagement

- Nathaniel Cars have offered the Health Board one week's free trial of a Fiat Ducato which is being progressed by the Head of Transport and Sustainability at Westpoint.

Staff Benefits

- Exclusive discount on servicing at Cardiff Showroom for Health Board staff is on hold pending appointment of a Servicing Manager at Nathaniel Cars.
- The Health Charity Pod at the Concourse, University Hospital of Wales will be utilised by Nathaniel Cars to promote transport sustainability to colleagues via their range of electric vehicles, i.e. "Electrical Vehicles 'Try Before You Buy' Scheme". Dates to be scheduled in 2023.

Digital Content/ Promotion

- Updated graphics have been requested from Nathaniel Cars to further promote current staff benefits, aligned to the re-launch of the CAVConnect staff engagement platform.
- New graphics will also be used to update the Staff Benefits webpages and for promotion via all internal staff engagement platforms.

Other Staff Benefit providers

Engagement with local and national staff benefit providers continues to develop, and the promotion of existing and new discounts and offers is distributed via the weekly Staff Update, Sharepoint and the Health Board website.

Promotional flyers have also been distributed via the Financial Wellbeing Programme, to reach colleagues without current access to digital staff engagement platforms

Cost of Living Crisis

The Executive Director of People and Culture discussed the ongoing Cost of Living Crisis and advised the group that the Strategic Wellbeing Group are meeting regularly to discuss the issues around this and ways in which to support colleagues.

The next meeting of the Staff Benefits Group is scheduled for 9th May 2023.

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

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

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

Recommendation:

The Local Partnership Forum is requested to:

RECEIVE FOR INFORMATION the Staff Benefits Group Report for the period December 2022 - February 2023.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes/No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes/No

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: Yes/No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: Yes/No

The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

<p>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</p> <p>(If this has been addressed in the main body of the report, please confirm)</p>	
<p>Equality and Health: Yes/No</p>	
<p>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.</p> <p>Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)</p> <p>(If this has been addressed in the main body of the report, please confirm)</p>	
<p>Decarbonisation: Yes/No</p>	
<p>Has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made.</p> <p>(If this has been addressed in the main body of the report, please confirm)</p>	
<p>Approval/Scrutiny Route:</p>	
Committee/Group/Exec	Date:

Saunders, Nathan
06/04/2023 12:02:29