LOCAL PARTNERSHIP FORUM – AGENDA
Thursday 18 June 2020 at 10.00am, remotely and in Nant Fawr 1, Woodland House

1 10am	Welcome and Introductions	*Chair*
2	Apologies for Absence	*Chair*
3	Declarations of Interest	*Chair*
4	Minutes of the meetings held on 12 February and 21 May 2020	*Chair*
5	Action Log	*Chair*
6 **10.10**	Transforming Urgent Care	*Clinical Director for Urgent Primary Care*
7 **10.20**	Shielding the Workforce	*Deputy Director of WOD*
8 **10.30**	Remote Working	Verbal - *Head of Workforce and OD*
9 **10.40**	Recovery Planning	*Exec Director of Strategy and Planning*
10 **10.50**	Annual Leave	*Chair of Staff Representatives*
11	Items to be brought to the attention of the Board	*Chair*
12	Any other business previously agreed with the Co-Chairs	*Chair*
13 **Close at 12pm**	Future Meeting Arrangements: Monday 3 August 2020 at 10am (venue to be confirmed nearer the time)	

Minutes from the Local Partnership Forum meeting held on 12 February 2020 at 11am in Coed y Bwl, Woodland House

Present	
Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Ceri Dolan	RCN
Rhian Wright	RCN
Nicola Foreman	Director of Corporate Governance
Chris Lewis	Deputy Director of Finance
Andrew Crook	Head of Workforce Governance
Rachel Gidman	Assistant Director of OD
Caroline Bird	Deputy COO
Fiona Kinghorn	Exec Director of Public Health
Pauline Williams	RCN
Dawn Ward	Independent Member – Trade Union
Peter Hewin	BAOT/UNISON
Steve Gaucci	UNISON
Ruth Walker	Exec Director of Nursing
In Attendance	
Keithley Wilkinson	Equality Manager
Nicola Bevan	Head of Employee Health and Wellbeing
Michelle Fowler	Volunteer Services Manager
Helen Palmer	Workforce Governance Advisor (observing)
Apologies	
Stuart Walker	Medical Director
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Len Richards	CEO
Lianne Morse	Head of HR Operations
Julie Cassley	Deputy Director of WOD
Stuart Egan	UNISON
Mathew Thomas	UNISON
Fiona Salter	RCN
Janice Aspinal	RCN
Bob Chadwick	Exec Director of Finance
Peter Welsh	Hospital Manager, UHL and Barry
Secretariat	
Rachel Pressley	Workforce Governance Manager

LPF 20/001 Welcome and Introductions

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

LPF 20/002 Apologies for Absence

Apologies for absence were noted.

LPF 20/003 Declarations of Interest

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

LPF 20/004 Minutes of Previous Meeting

The minutes of the meeting held on the 4th of December were noted and approved subject to the following amendment:

- Page 2, Clinical Services Plan: the minutes referred to 'Prosperity for All', but Mr Hewin had actually been asking for the timescale for the Rehabilitation Strategy.

In reference to the Move More, Eat Well Strategy, Mr Jones stated that there were notices appearing in canteen area asking staff to not use that area without purchasing food. Mr Driscoll stated that he would follow this up with Mr Lewis and gave assurances once more that these notices would be removed.
Action: Mr Driscoll

(Ms Brandon entered the meeting)

LPF 20/005 Action Log

The Local Partnership Forum noted the action log.

LPF 20/006 Volunteers Framework

Ms Fowler was in attendance to present the Volunteers Framework 2020-23. She advised that this was the 4th iteration of framework. Ms Fowler noted:

- The good working relationship that she had with staff side, and the high levels of trust that had been built up over the years, especially around considering new volunteer roles.
- There is good governance around volunteering, including recruitment checks and training and bespoke safeguarding training has been developed.
- Important work has taken place to engage with younger people and the community. In addition mental health volunteering were recently been taken on by the Volunteer Services team.

Mrs Walker stated that the framework ensures safety of patients and volunteers and that it was important it was used consistently across the UHB.

Mrs Gidman stated that there was an overlap between this work and the work taking place around inclusion and the Apprentice Academy and suggested that it would be good to align them.

Mrs Kinghorn welcomed the efforts to engage more with the community. She stated that there was a need to build stronger links between health and the community, and suggested that existing links with community groups could be built on to draw volunteers from these areas. Mrs Walker

suggested that it would be useful to add a list to the framework of the areas that we currently work in to see where gaps existed and where there could be greater alignment.

Mr Hewin stated that as an Occupational Therapist he saw the value of volunteering and agreed that there was a long-standing relationship and scrutiny with staff side. He was glad that mental health volunteering has been brought into the team. He stated that he was happy to endorse the framework though he was concerned about the phrase peer support as this was also used to recruit staff with lived in experience. Ms Fowler agreed that this role title could be changed.

Miss Ward also endorsed the work, describing it as valuable and saying that it could be transformational. She said that staff side could see the social and ethical benefits of volunteering and if anything she felt that the framework could be bolder because of the good trusting relationship between them. There were a few small points she would like to make about the framework but she suggested that these could be picked up outside of the meeting.

The Local Partnership Forum supported the Volunteers Framework subject to the agreed change around peer support. The Framework would now be taken to the Quality Safety and Experience Committee for final sign off.

LPF 20/007 Local Partnership Forum Work Plan

Mr Driscoll presented the work plan proposed for 2020/21 and asked the Forum if anything had been missed.

Mr Hewin stated that the Forum was particularly interested in the implications for staff in terms of service change etc and that he would expect this kind of thing to be discussed on a meeting by meeting basis. Mr Driscoll reminded him that the work plan was an annual document and that these types of discussions could not be scheduled in advance, however if there were proposed changes to the workforce it would be brought here for discussion as, for example, had happened when the future of Sam Davies Ward was under consideration. However, he emphasised that these conversations needed to take place at a local level first. Mr Hewin wondered whether there should be a mechanism for escalation from the Workforce Partnership Group or from Clinical Board Local Partnership Forums. Dr Pressley reminded him that this was a live document which could be changed in response to issues and that items would be scheduled as needed. Mr Driscoll agreed, but reiterated that local discussions were key - the Local Partnership Forum meets for two hours, six times a year so if there is a need for detailed escalation it may be that a separate meeting would have to be scheduled.

Ms Ward questioned whether or not the workplan reflected the issues that were discussed by staff side when they meet and whether it allowed staff side to share the issues raised with them constructively and collectively. She suggested that perhaps it was timely to have another time out or away day to manage and share the intelligence that the staff representatives received from members. Mr Driscoll referred to the workshops that happened after the last staff survey and stated that this would happen again after the next survey to enable conversations with staff about key issues. He agreed that maybe it was time for the Forum to have another time out and agreed to arrange this with Mr Jones.
Action: Mr Driscoll/Mr Jones

LPF 20/008 Strategic Equality Plan – Themes and Objectives

Mr Wilkinson was in attendance to discuss the draft Strategic Equality Plan and Objectives 2020-24. He explained that the objectives included in the paper were those for all public bodies. The consultation process for the UHB plan had now finished and local objectives would be developed using this feedback. The strategic equality plan would be published by 31 March and the final version would be shared with the Forum.

Mr Wilkinson advised that from the 1st of April 2020 a new socio-economic duty would come into force and that it was necessary to be mindful of this.

Miss Ward acknowledged that the timing of this meeting was not quite right as the final draft was not ready to be shared and suggested that they could meet outside the meeting. She said that it would be good to see more data and noted that there was some difficult reading in the material they were directed to. With regards to socio- economic and ethical direction of the organisation, she wanted to see what we could potentially and realistically achieve. She acknowledged that it was a big piece of work to draw all of this together but she felt that the workforce plan should be based on the projections of this plan.

Mr Hewin said that the values throughout the plan were fundamental to trade unionism but that there was a need to ensure that it flowed through all of the organisation.

Mr Wilkinson noted that that the themes which had emerged from the consultation resonated with some of the conversation already held at this meeting, particularly in relation to reaching out to the community.

(Mr Wilkinson left the meeting)

LPF 20/009 Patient Safety Quality and Experience Report

Mrs Walker presented highlights of the Patient Safety, Quality and Experience Report to the Forum:

- With regards to ophthalmology she advised that a detailed paper was going to the Quality Safety and Experience committee and that the UHB was in communication with the families affected. She advised that a considerable number of lessons have been learnt.
- There was good news around falls and fractures.
- The assessment unit remains an area for concern though there have been improvement, especially for surgical patients

Mrs Williams noted that adolescent mental health patients were regularly included in the report and asked if the UHB was acting on this. Mrs Walker explained that although it was part of the pathway for under 18s to sometimes be treated in adult wards it had to be reported as a serious incident even though measures such as having additional staff on duty were in place.

(Mrs Walker left the meeting)

Mrs Kinghorn provided an update on coronavirus. She reminded the forum that IP&C practices are essential for any infectious disease and that handwashing is key. As of 10 February there had been 43,000 cases internationally 99% of which were in China, and there were eight confirmed cases in the UK (none of which were in Wales). Public Health Wales was working closely with Public Health England and modelling was being used to develop plans if it was necessary to scale up the response.

Mrs Bevan asked for guidance from an Occupational Health and staff perspective. It was agreed that this would be picked up outside the meeting with the Public Health team.

Ms Brandon advised that the communication team were working closely with Public Health Wales and that separate guidance would be issued for staff and the public.

LPF 20/010 Chief Executive Update

Mr Driscoll advised that we have now had sight of the month 10 financial report. Steps have been taken over the last couple of months and they were cautiously optimistic that the UHB would meet its plan by the end of the year. This was important to maintain the good relationship which had been built with Welsh Government. He thanked the Clinical Boards and staff for responding to the request to reduce spending and asked for this to continue.

Conversations were starting to take place with Welsh Government around the finance necessary for a core team to develop the Clinical Services Plan. He said there was a lot of work which needed to take place before we could really start to develop workforce plans etc.

LPF 20/011 Performance Update

The Local Partnership Form received a presentation from Ms Bird on performance in the context of winter and unscheduled care. She advised that this was really a stock take position as we are still in the middle of winter. It was important to note that the starting point going into winter this year had been difficult as the situation had not really improved during summer and this impacts on the resilience of staff.

She noted that every year winter is different. A number of unscheduled care initiatives such as 'keep me home', 'right place, right time', 'every day counts' and 'get me home' had been used this year. However it was a challenge every year in terms of the workforce, with recruitment needed to enable the additional schemes.

The data showed that activity had increased and performance had gone down, however, Ms Bird emphasised that we were doing comparatively well compared with the rest of the UK.

Ms Bird noted that each year at the end of the winter period there is a debrief and she asked staff representatives to be involved this year. A further update would be provided to Local Partnership Forum again in October and would include the debrief lessons and plans for next year. She emphasised that there was a real need to make sure that staff are supported formally and informally, and thanked staff for all the work that they are doing, but noted that the real aim was for resilience within the system through new ways of working etc.

LPF 20/012 Tackling Stress in the Workplace

Mrs Bevan was in attendance to present a paper on tackling stress in the workplace. She noted that it involved was a tiered approach, looking not just at individuals and building their resilience but rather:

- Primary/preventative – prevention within the UHB
- Secondary/proactive – building individuals ability to cope
- Tertiary/reactive – recovery support for individuals

Examples of the various tiers were noted.

Miss Ward said that she was disappointed to only see that only 3 Clinical Boards were included in the report. She suggested that the message at the top might be right, but it was not getting through all levels of the organisation. She also suggested that more data would be useful (including how many people were accessing services) and she would like to see more of the preventative agenda included. She stated that the organisation is trying to be transformational and demand was not matched by the resilience of individuals and departments. Mrs Bevan agreed that more data would be useful and advised that they were working on this. She also advised that what was not included was the work going on around nurse retention, and the strategic and leadership work taking place.

Mr Driscoll noted that there was excellent work taking place, but agreed that it was now necessary to add the physical metrics to the narrative in future reports.

(Mrs Williams and Mrs Bevan left the meeting)

LPF 20/013 Workforce and OD Key Performance Indicators

Mr Driscoll advised that sickness was climbing and that we need to ensure we are doing all we can in this area. He indicated that we now have clarity on the unsocial hour's payments, which will not be paid for the first six weeks of sickness but then will be paid after that. Mr Crook would contact NHS employers to follow up communications around this.
Action: Mr Crook

In terms of recruitment, there had been event the previous week which was well supported with over 120 expressions of interest. The UHB had also recruited nine Consultants in the last couple of weeks.

A #CAVYourSay newsletter had been developed to share the work that taken place since the last Staff Survey. The 'A Day in the Life...' initiative was being implemented to enable departments to invite an Executive to spend time with them. 16 departments had responded to the call for invitations and the visits would take place over the next three months or so.

There have been lots of difficulties in getting the right location for the showcase but we now have a likely building which is near to Woodland house and it will be launched in the late spring.

LPF 20/014 Finance Report

The Local Partnership Forum received the report for the period ending 31 December 2019.

Mr Lewis reminded the forum that we had pledged to reach a balanced position by the end of the year. Month nine had been particularly good, though part of that had been seasonal, and this trend had continued through January. However, Mr Lewis emphasised the need to maintain financial discipline over the next couple of months, because while the financial position was improving and the risks were lowering, the margins remained narrow.

LPF 20/015 Items to be brought to the attention of the Board.

There were no items to be specifically brought to the attention of the Board.

LPF 20/016 Any Other Business

There was no other business for consideration by the Forum.

LPF 20/017 Future Meeting Arrangements

The next meeting would take place on Thursday 16th April 2020 at 10 am in room Nant Fawr 1, Woodland House (with a staff representative pre-meeting at 9 am)

Minutes of an extraordinary Local Partnership Forum meeting held on 21 May 2020 at 10am, remotely and in Cwm George, Woodland House

Present	
Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Lorna McCourt	UNISON
Julie Cassley	Deputy Director of WOD
Jo Brandon	Director of Communication and Engagement
Stave Gaucci	UNISON
Nicola Foreman	Director of Corporate Governance
Peter Hewin	BAOT/UNISON
Dawn Ward	Independent Member – Trade Union
Andrew Crook	Head of Workforce Governance
Julia Davies	UNISON
Abigail Harris	Exec Director of Strategy and Planning
Ruth Walker	Exec Director of Nursing
Fiona Salter	RCN
Ceri Dolan	RCN
Zoe Morgan	CSP
Chris Lewis	Deputy Director of Finance
Mat Thomas	UNISON
Peter Welsh	General Manager UHL and Barry
Apologies	
Stuart Walker	Medical Director
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Len Richards	CEO
Lianne Morse	Head of HR Operations
Stuart Egan	UNISON
Bob Chadwick	Exec Director of Finance
Pauline Williams	RCN
Rachel Gidman	Assistant Director of OD
Joe Monks	UNISON
Rhian Wright	RCN
Secretariat	
Rachel Pressley	Workforce Governance Manager

LPF 20/018 WELCOME AND INTRODUCTIONS

Mr Driscoll welcomed everyone to this extraordinary meeting of the Local Partnership Forum which had been convened to discuss issues relating to COVID-19. He thanked the Forum for being supportive by allowing the organisation to move so fast in workforce matters over the last few weeks. He stated that the workforce's response to COVID had been phenomenal and that the leadership shown by LPF along with the capacity, capability and desire of our staff had made everything that had happened over the last few weeks possible.

LPF 20/019 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

LPF 20/020 DECLARATIONS OF INTEREST

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

LPF 20/021 Review of the last few weeks

Mr Driscoll summarised the work that had taken place over the last few weeks in response to COVID-19. In particular he referred to the building of the Dragon's Heart Hospital (DHH) in just 5 weeks. He noted that DHH had not been needed on the scale that had been expected, which was good news, and there were currently 23 patients. The next lockdown announcement would be in two weeks time and the levels of infection were relatively low, but there was no vaccine. The future of DHH would need to be reviewed in this context.

Mr Jones emphasised that full engagement with the Trade Unions was needed and that partnership working needed to get back on track. Mrs Harris agreed. She reminded the Forum that the Executive team had overlaid the CB structure with new operating arrangements and she felt that some things had fallen between the two. Mr Hewin noted that the Joint Partnership Forum had published some partnership principles the previous week and suggested that this might be a good starting point. He would forward these to Dr Pressley so that they could be shared with the Forum
Action Mr Hewin

Mrs Harris advised that Welsh Government had issued a planning framework for transitioning back to business as usual. A quarter 1 plan had been produced and submitted to WG and would be shared with the Forum.
Action: Dr Pressley
The plan included:

- Maintaining activity for essential treatment (e.g. cardiac, cancer)
- Working with Primary Care to develop an alternative model to deal with the non-emergencies which have traditionally presented at EU
- A complex operational plan including 'green' zones which were as covid free as possible

Other transformational opportunities had also been achieved in very short time including digital GP appointments. Mrs Harris explained that there would be some changes which we would not want to keep, but others would need to be embedded and aligned with SOFW.

With regards to partnership working, Mr Driscoll stated that mature relationships had meant that we had been able to do what needed to be done to care for our patients. Mr Jones said that there have been some good practices but there were concerns in some areas, hence the interest in becoming more involved.

Miss Salter congratulated the organisation on what had been achieved, but said that as a senior staff representative it did not feel like partnership working had taken place. She believed that a huge opportunity had been missed and the staff representatives had not has the information they needed

to support members. She emphasised the need for staff representatives to be involved from the outset for future peaks.

Mr Driscoll advised that on reflection he felt that a weekly online-call would have been helpful. The decision to not have one was not intentional and we could learn from this for next time. He appreciated the feedback and knew that it was well meant.

LPF 20/022 SHIELDING OUR WORKFORCE

Mr Driscoll advised that approximately 650 people are currently not attending work because they are 'shielding'. Some of these have received a CMO letter and others are shielding on the advice of their GP/Consultant or with local agreement with their line manager. A group is being established under the leadership of Julie Cassley to determine who these people are, why they are shielding and what we can do to support them. He asked for staff representative volunteers to join this group.
Action: Mr Jones

Mr Jones indicated that to support this piece of work and other matters it was important that they met more regularly as a staff side. Dr Pressley was asked to support him with co-ordinating this. Mr Driscoll stated that he was happy to join them whenever they felt this would be beneficial.
Action: Dr Pressley

It was noted that the group would seek to balance health and wellbeing with ensuring there was a productive role for the individuals, but it was also about engaging with them and ensuring they did not feel excluded.

Mr Hewin stated that the Trade Unions would be able to help more if they had a clearer understanding of the structures we are working in now and whether their roles as Clinical Board lead reps remained the right ones. Mr Driscoll advised against altering the staff representative structure. Although the Hubs had overlain the formal structure during COVID, the Clinical Board structure remains in place and continues to be the pathway for consultation and discussion.

Miss Ward noted that there were opportunities for new and improved ways of working and she welcomed the regular staff side meetings. With regards to staff who are shielding, she suggested that it was necessary to determine the level of tolerance for health and safety and risk. She believed that a shared view or position would help when dealing with staff.

LPF 20/023 REMOTE WORKING AND SOCIAL DISTANCING

Mr Driscoll presented the paper developed by Nicola Robinson, Head of Workforce and OD, on achieving greater homeworking. He explained that this paper set out the initial considerations and that a task and finish group would be established to determine how to do this. He noted that homeworking had gone from an occasional and informal arrangement to being undertaken by a significant proportion of our workforce very quickly. This was seen as a real win-win opportunity, but there are technical and IT issues to be resolved. He asked for staff representative volunteers to join this group.
Action: Mr Jones

Mr Hewin stated that the ability to facilitate social distancing is key, and this work is fundamental to achieving staff safety and the ability to work. However, hot desking is not social distancing. He reminded the Forum that an All-Wales risk assessment was due to be published the following week.

Mrs Cassley reminded the group that Microsoft 365 would be rolled out across the UHB and this would be a huge enabler. Mr Jones pointed out that quite a few staff representatives, including senior reps, were not IT enabled. Mr Driscoll asked Dr Pressley to support Mr Jones in sorting this out.
Action: Dr Pressley

Mr Hewin also noted that homeworking is only a part of social distancing and that consideration needed to be given to staff in work as well. Mr Driscoll agreed and noted that the real challenge was getting people to change their behaviours. Ms Brandon reminded the Forum that there had been a huge communications programme around this and hand washing etc. She said that there was going to be a move towards enabling colleagues to challenge each other constructively, but noted that close working proximity in ward areas and clinics meant that some people were not making the transition to social distancing when outside the work areas. She welcomed any ideas the Forum may have on how to continue to promote this in new ways. Mr Thomas stated that the social distancing message needs to come from the top. He reported that he had seen Consultants and surgeons sitting a table together and felt that this was not leading by example. Miss Ward suggested that principles and case examples of when social distancing can and cannot be reduced (eg when wearing PPE) might be helpful.

LPF 20/24 PPE

Miss Salter advised the Forum that she was a member of the PPE Group. She believed the situation was healthy and that she was reassured about the procurement department's ability to obtain PPE.

She advised that a new mask had had to be used recently and that there was a high failure rate at the fit test. However, there was a process in place so that individuals who failed were re-tested on a different model until they passed the fit test. If they ran out of options the individual would be re-deployed but she advised that this had only happened in very small numbers. In areas where they could not be redeployed e.g. theatres, a reusable respiratory mask was used.

Miss Salter re-iterated that the work undertaken was commendable and that she felt very re-assured. She asked Forum members to let her know if they were aware of any issues around specific areas.

LPF 20/025 ITEMS FOR THE ATTENTION OF THE BOARD

The Board should be made aware that the Forum had met and that there would be a weekly staff side meeting which Mr Driscoll would attend if the staff side felt that this was beneficial.

LPF 20/026 FUTURE MEETING ARRANGEMENTS

The next meeting is scheduled to take place remotely on Thursday 18 June (time to be confirmed).

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 20/021	21 May 2020	Review of the last few weeks	Partnership principles published by the Joint Partnership Forum to be shared with the Forum	Mr Hewin/ Dr Pressley	COMPLETE – sent by email 10.06.20
LPF 20/023	21 May 2020	Review of the last few weeks	Quarter 1 Planning Framework to be shared with the Forum	Mrs Harris/Dr Pressley	COMPLETE – sent by email 22.05.20
LPF 20/023	21 May 2020	Shielding our Workforce	Staff representative volunteers to join this group	Mr Jones	COMPLETE – Ceri Dolan and Steve Gauci are members. Update to be provided at the meeting on 18 June 2020
LPF 20/023	21 May 2020	Shielding our Workforce	Regular 'covid' staff side meetings to be arranged	Dr Pressley	COMPLETE – the first meeting took place on 10.06.20
LPF 20/023	21 May 2020	Remote working and social distancing	Staff representative volunteers to join the task and finish group on remote working	Mr Jones	COMPLETE – Peter Hewin and Zoe Morgan are members. Update to be providing at the meeting on 18 June 2020
LPF 20/023	21 May 2020	Remote working and social distancing	Senior staff representatives to be supported in becoming IT enabled	Dr Pressley	Laptops/ipads on order as appropriate

Staff Shielding due to COVID-19

SITUATION
The Director of Workforce & OD through the Local Partnership Forum (LPF) has asked that a piece of work be undertaken, in partnership, to better understand the situation of our Staff who are Shielding due to COVID-19. The purpose of this paper outlines the work to date.

BACKGROUND
Definition: People who are clinically extremely vulnerable are at high risk of getting seriously ill from coronavirus (COVID-19). They should have received a letter advising them to shield or have been told by their GP or hospital clinician. *(source: UK Government Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19).*

Clinically extremely vulnerable groups

Those staff who fall into the group of clinically vulnerable will have received a letter from Dr Frank Atherton, Chief Medical Office in Wales. The first wave of letters were sent on 24 March and covered a 12 week period up to 15 June. **It has since been announced that this has been extended to 16 August.**

"***You are receiving this letter because you have an existing health issue – or you care for some who does*"**

It should be noted that Shielding does not necessarily mean the individual is currently off sick or unwell, but they are vulnerable to the virus. It could be that the person has been identified within the clinical categories below from a recent illness or treatment, or indeed, it could be that they are currently off sick due to these illnesses. The purpose of the Shielding is to ensure they remain protected in their home.

Clinically extremely vulnerable people may include:

1. Solid organ transplant recipients.
2. People with specific cancers:
    - people with cancer who are undergoing active chemotherapy
    - people with lung cancer who are undergoing radical radiotherapy
    - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    - people having immunotherapy or other continuing antibody treatments for cancer
    - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
    - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.
7. Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

ASSESSMENT

Within the UHB, work is underway to establish:

- Who is off
- Where they are in the organisation
- Why they are off

Integral to this work is the importance of ensuring we support our staff and **look after their well-being.**

Clinical Boards have been gathering the above information, as this is individual based. A Template was provided by the Workforce Information Manager who has been supporting this data gathering exercise. To date, a high level summary shows the following:

We have 614 staff (499.36 wte) who are Shielding *[it is estimated this may be approximately 650, once all data is received]*.

There appear to be 4 broad categories/reasons why people are shielding:

- 224 of these staff have received a letter from CMO
- 160 have received a GP/Specialist recommendation
- 86 are shielding for a family member
- 144 have entered into an "agreement" with their line manager to shield.

		Shielding Reason				If Applicable, CMO Letter Seen by Manager			Has An Agreed Risk Assessment Been Undertaken			Working From Home			
Clinical Board	Headcount	Agreement with Line Manager	GP/Specialist Recommendation	Shielding for Family Member	Receipt of CMO Letter	Yes	No	Not Applicable	Yes	No	Not Applicable	Yes - Own Job	Yes - Alternative Work	Track & Trace	No
All Wales Genomics Service	6		3		3	4		2		6		4			2
Capital, Estates & Facilities	92	12	26	19	35	34	24	34	5	13	74	2		6	84
Children & Women	82	27	11	10	34	39	21	22	68	10	4	19	4	14	45
Clinical Diagnostics & Therapeutics	61	5	33	5	18	27	10	24	45	14	2	15	7	8	31
Corporate Executives	53	23	8	14	8	10	4	39	14	15	24	45	2	2	4
Medicine	112	37	15	11	49	54	47	11	73	19	20	28	3	5	76
Mental Health	54	12	20	10	12	14	3	37	22	8	24	14		8	32
Primary, Community Intermediate Care	44	12	5	3	24	21	4	19	12	4	28	19	4	2	19
Specialist Services	66	10	13	9	34	31	10	25	40	26		13	4	10	39
Surgical Services	44	6	26	5	7	8	30	6	16	26	2		1	6	37
Grand Total	**614**	**144**	**160**	**86**	**224**	**242**	**153**	**219**	**295**	**141**	**178**	**159**	**25**	**61**	**369**

		Shielding Reason				If Applicable, CMO Letter Seen by Manager			Has An Agreed Risk Assessment Been Undertaken			Working From Home			
Staff Group	Headcount	Agreement with Line Manager	GP/Specialist Recommendation	Shielding for Family Member	Receipt of CMO Letter	Yes	No	Not Applicable	Yes	No	Not Applicable	Yes - Own Job	Yes - Alternative Work	Track & Trace	No
Add Prof Scientific and Technic	25	5	9	6	5	5	10	10	13	6	6	19	1	4	1
Additional Clinical Services	141	34	47	18	42	55	41	45	93	31	17	5	4	4	128
Administrative and Clerical	140	42	28	19	51	45	33	62	51	48	41	68	2	12	58
Allied Health Professionals	31	9	7	4	11	8	5	18	22	7	2	15	6	1	9
Estates and Ancillary	97	14	28	16	39	34	25	38	7	12	78	2		6	89
Healthcare Scientists	16	1	7	1	7	10	1	5	10	6		1		2	13
Medical and Dental	24	9	4	1	10	7	11	6	9	10	5	17	3		4
Nursing and Midwifery Registered	140	30	30	21	59	78	27	35	90	21	29	32	9	32	67
Grand Total	**614**	**144**	**160**	**86**	**224**	**242**	**153**	**219**	**295**	**141**	**178**	**159**	**25**	**61**	**369**

The largest proportion staff group Shielding are Additional Clinical Services (141), followed by Registered Nursing and Midwifery (140), Administrative and Clerical (140). Additional Clinical Services are primarily Healthcare Support Workers, but also includes other supporting roles such as Technicians and Laboratory Assistants.

Of the 614, 295 state a risk assessment has been undertaken, 141 have answered no to a risk assessment being undertaken and 178 not applicable. Further risk assessment work needs to be undertaken to gain a better understanding (conversational and written).

Of the 614, 245 are undertaking work from home, whether that be their own job or alternative work. 61 of these are working on the **Track and Trace**. **However 369 appear not to be undertaking any work from home**. Further in depth work needs to be undertaken to better understand this group of staff to try to ensure they are provided with meaningful work.

Group Work

A small group has been established to work in partnership, to consider Shielding and provide insight from different perspectives. From this discussion, the following issues/themes have been highlighted and has provided a starting point for some broader Principles.

Group Membership:

Julie Cassley, Alicia Christopher (line management), Ceri Dolan, Steve Gauci (trade union), Judith Harrhy, Mike Mullan, Rachel Pressley (WOD)

- There is a lack of understanding of Shielding
- There is some miscommunication with managers and some inconsistency
- This should all be about helping staff to continue to undertake meaningful work
- Some individuals have been advised in our UHB that if there is no CMO letter then they are not shielding; whilst others are being supported through discussion and a "risk assessment" conversation to understand their underlying health conditions and genuine concerns
- Staff want to work
- Shielding can be very isolating and we need to help staff with their mental health well-being
- Thinking of alternative work is a new concept and hard – sometimes the barriers get in the way of being creative
- More support is needed for Managers/Supervisors to help them manage this situation as we understand their competing priorities and capacity

Emerging Principles:

- People Shielding are not off sick

- Managers/Supervisors should fully understand the circumstances of each **individual** in order to establish why they are off and how they can be best supported to undertake work.

    - This is best achieved by completing a risk assessment with the individual
    - This is about helping staff undertake work remotely and to support their well-being
    - Managers and individuals should have regular conversations and keep in touch
    - The risk assessment and/or outcomes should be reviewed regularly

- Don't assume people can't work or do things when seeking alternative opportunities– ask individuals for their ideas. Be open minded – it may be they can help in other departments and important functions e.g., Track and Trace. On the other hand don't assume everyone has access to IT or a permanent base they can work from

- Both parties should understand any "blockers" to undertaking work and try to get support to work them through – e.g., IT, role not able to be undertaken at home, confidence around performing different duties

    - Encourage cross working with Directorates and Clinical Boards to maximise opportunities

- Contact the Workforce Hub for help with alternative work
- When considering alternative work, don't let banding or job titles get in the way. Just have the conversation about meaningful work (the alternative is to do no work and that's not good for anyone)

- Seek trade union support and be open to gaining their support as they will be able to help broker conversations if you need that whether you are a staff member or manager

- Understand everyone's perspective. Very often the individual feels alone, whilst the Manager may well be juggling a lot of issues and shielding will be only one element of what's going on. Their capacity is a real issue at the moment.

- Try to help yourself and take personal responsibility and encourage your staff to do the same

RECOMMENDATION

Next steps should be undertaken at individual level and through line management within the clinical boards and corporate areas.

1. Further guidance and principles should be developed for Managers and staff
2. HR and Well-being resource should be allocated to help operationally support each CB
3. Risk assessments should be undertaken to gain a better understanding and review whether staff still need to shield
4. Those not working from home should be contacted by their line manager to assess whether they can undertake work and consider options
5. Work available across the UHB should continue to be fed into the Workforce Hub so that there is a greater awareness of the need across the UHB and staff can be matched to this
6. Staff who are shielding should be contacted via letter from the Exec Director of WOD to ensure they are sign posted to well-being services and support
7. Clinical Boards should regularly update the Shielding database via Heads of Workforce & OD to ensure accurate information is sent through to Workforce Information

Julie Cassley, Deputy Director of Workforce & OD/11 June 2020

Cardiff and Vale UHB

Moving Beyond the COVID 19 Emergency Response

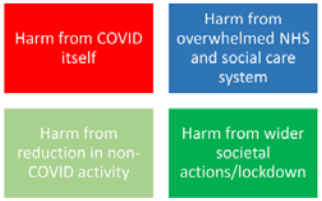
Our Reset Roadmap

Caerdydd a'r Fro
Rhaglen Phoenix Programme
Cardiff & Vale

How the world changed in two months

How the picture unfolded:

- 30th January: Board met and approved IMTP and commitment to stepping up response to Climate Emergency.
- 31st January: WHO declared C-19 outbreak a public health emergency of international concern.
- 11th March: WHO declared the rapidly spreading outbreak a pandemic.
- 13th March: Minister for Health and Social Services announced stepping down of non-essential services.
- By early February our emergency response planning was well underway and our first GOLD capacity plan was submitted to Welsh Government on 20th March. It used reasonable worst case scenario (2.4 model) to indicate potential hospital capacity requirements for ICU and general beds (1500 additional beds required at peak).
- 23rd March: 'lockdown' measures introduced in UK.
- Management Executive became the Strategic COVID-19 Group (GOLD), with a daily Operations Meeting (Silver) and more frequent Co-ordinating Hub Meetings (Bronze).
- 24th April: WG published framework for recovery, 'Leading Wales Out of the Coronavirus Pandemic' – with three pillars (measures and evidence; principles to evaluate changes to restrictions; and the public health response).
- 4th May: PHW publishes the Public Health Response Plan which sets out the national approach to minimising C-19 related harm.
- 15th May: WG set out national framework for 'Unlocking our Society and Economy' with a traffic light approach to the gradual relaxing of 'lockdown' measures.



Moving on from the C-19 emergency response – the planning assumptions

1. We will need to **coexist with C-19** circulating in the population **for between 12 – 18 months** until a vaccine or definitive treatment becomes widely available, or herd immunity is achieved. During this time, we will need to **remain highly adaptable to changing demand** and the phasing in and out of Government measures to reflect the C-19 disease pattern, and this needs to be reflected in our planning and operational delivery.
2. There will **continue to be uncertainty about how the pandemic will progress** over the coming months as the Government responds to the latest lived experience and intelligence from across the globe as countries adopt slightly different measure to manage the pandemic and recover. This uncertainty makes planning difficult. A serious of indicators is being used in addition to the R number to give early warning about increase in infection spread.
3. We have **mobilised rapidly to respond** to the initial threat posed by C-19: we have **transformed how we organise ourselves and delivery our services**, and built a surge hospital with 1500 beds in addition to the 200 additional beds created within our hospital footprint in a matter of weeks.
4. The is an **opportunity to continue with new ways of organising and delivering our services** – many of which are in line with Shaping Our Future Wellbeing and A Healthier Wales, and the Wellbeing of Future Generations Legislation. We have moved many services away from our acute hospital settings onto virtual platforms and have moved more of our non-emergency work to UHL. We have the opportunity to build from the C-19 emergency response to realise a transformed health and care system which is focused on achieving the best outcomes for our citizen in the most effective way, and to retain the cultural shift we have seen over the last four weeks that has led to bottom-up planning service transformation and innovations.
5. It **could take several years to fully 'recover'** considering the backlog in routine activity that will have built up over the three months when this work was significantly curtailed, and there will be hidden levels of morbidity associated with people whose conditions have deteriorated.
6. The pandemic has **affected the lives of everyone** working in the Health Board and everyone living in Cardiff and the Vale of Glamorgan in some way. The impact **economically is likely to be significant, with those most deprived being affected disproportionately**, and it could take a decade or more for the country to recover fully.
7. We will see a significant **rise in demand for mental health and emotional wellbeing services** as a result of the **psychology impact** which will affect people in different ways – both short term and long term. There will be a cohort of children for whom formal education has been interrupted for up to 6 months (and possibly longer), many people will have experienced the loss of a loved one as a result in the rise in mortality (C-19 and non-C-19 related), for those who experienced the most severe C-19 symptoms, the rehabilitation may be long and difficult and many will experience financial hardship.

Impact

Positive impact:

- + Health and care services (and wider public sector services) were able to mobilise quickly to reorganise services to provide the emergency C- 19 response, fantastic response from staff to adapt to new ways of working.
- + Lives have been saved as a result of the quick response both in terms of the changes made within the NHS and as a result of the Government measures.
- + We have developed new ways of working across the system that has enabled rapid transformation and innovation in the way we delivery services and organise ourselves (shifting to on-line service provision and home working etc).
- + Positive initial population response to Government measures in relation to social isolation, social distancing and shielding. Strong community response with high numbers volunteering.
- + National outpouring of support for NHS and care workers – significantly raised profile of social care.
- + Strengthened collaboration between partners. Accelerated programme of research and clinical innovation with Cardiff University on C-19 treatment, testing and vaccination.
- + Trauma has reduced and air quality has improved as a result in a significant reduction in the number of journeys travelled following lockdown.

Negative impact:

- Higher than normal mortality resulting from C-19 and non-C-19 related deaths, higher in BAME community. Approximately 55% of deaths occurred in hospital and 36% in care homes, with the remainder occurring in the community.
- High numbers of individuals requiring ongoing rehabilitation following C-19.
- Anticipated increased demand for mental health support across all age groups – including staff and individuals, as a result of the psychological impact.
- Harm caused by people not access treatment (e.g. suspected cancer referrals down significantly)
- Backlog of ‘normal business’ across partners – routine healthcare which will include hidden demand which will become urgent.
- Long term financial hardship for many people and organisations.
- Domestic violence levels increased during the period of social isolation/social distancing measures.
- Education disrupted for a generation of children and young people.

RESET: Restart - Recovery - Rebuild - Renew

Planning and Delivery Phases – not a linear process

Emergency response

rapid mobilisation of capacity to meeting anticipate imminent spike in demand

Restart and Recovery

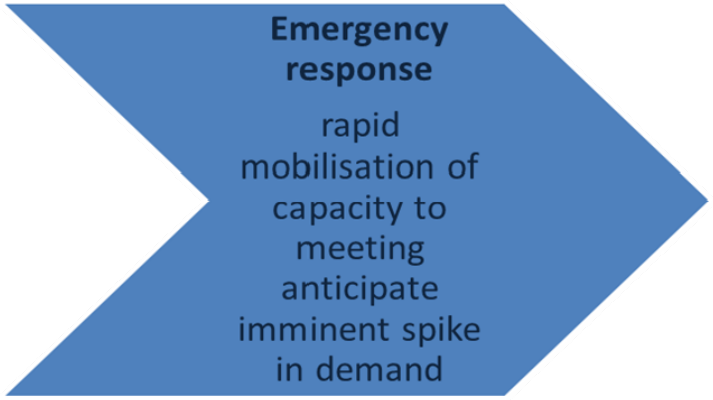
Restarting more urgent and some routine work

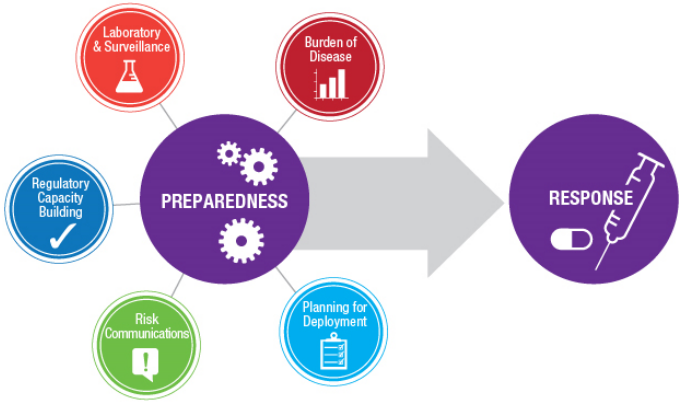
Approach to managing backlog of routine work: adopting new approaches

Rebuilding and Renewal

Embedding change, system redesign to reflect transformation and innovation achieved, and new demand

Review, evaluate and learn





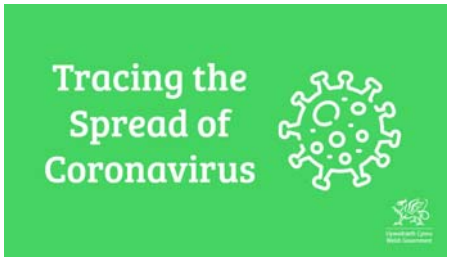
- Emergency Preparedness Governance Established
  - ✓ Internal arrangements
  - ✓ South Wales Local Resilience Forum
  - ✓ Nation PHW/WG Pandemic Response
- Operational planning
  - ✓ Surge bed capacity plan agreed and executed – triples ICU bed capacity, 200 additional beds within footprint, 1500 in DHH
  - ✓ Non-essential activity stepped down: essential services maintained
  - ✓ Primary care delivery model established
  - ✓ Workforce plan: recruitment, redeployment, home/remote working, wellbeing
  - ✓ IPC/PPE plan: keeping staff and patients safe
  - ✓ Digital deployment to support virtual consultations
- Communications
  - ✓ Daily briefings
  - ✓ Advice line for patients/public
  - ✓ Sitrep reporting to WG: operations and LRF
  - ✓ High visibility with strong social media presence
- Testing and contact tracing in containment phase
- Community Testing Service established (PCIC and PH)

Restart and Recovery

Restarting more urgent and some routine work

Approach to managing backlog of routine work: adopting new approaches

- Recognising the enormous achievements in the emergency response – saved lives and reduced harm but also the lives lost.
- A new 4 – 6 week operating model has been established with a set of design principles agreed.
- Creating additional 'green' capacity to increase non-Covid19 essential and urgent activity.
- Clinically driven, collaboration with neighbours
- Test, Trace and Protect Service (TTP) established as key part of Public Health Response Plan
- Learning Programme established
  - ✓ CEDAR – staff feedback
  - ✓ DHH – learning what works and to inform UHW2
  - ✓ Improvement approaches, cultural and behavioural change – locking this in
- Winter planning commenced
  - ✓ Flu vaccination planning and campaign
  - ✓ Surge capacity – hospital and community
- LRF, PSB and RPB recovery planning commenced
- Reset Roadmap



Rebuilding and Renewal

Embedding change, system redesign to reflect transformation and innovation achieved, and new demand

- Embedding service change
  - ✓ Digitally delivered services – outpatients and primary care consultation
  - ✓ Get me home discharge pathways – reduced > 14 day LOS
  - ✓ Non-emergency Unscheduled care – CAV 24/7 phone first
  - ✓ Planned care – prehabilitation, active management, prudent health care, rehabilitation – better outcomes, and outcomes that matter
  - ✓ Diagnostics – simplified pathway, timely access and reduced waste
  - ✓ Relocation of services aware from acute emergency site.
- Doing things differently
  - ✓ New ways of working – digitally flexible/home/agile working
  - ✓ Slicker processes and simplified decision making, through empowered staff
  - ✓ Low bureaucracy with clear assurance and accountability mechanisms
  - ✓ Measuring impact of change and using the evidence to inform scaling up
- Whole system transformation – integrated health and care system seamless to the citizen
  - ✓ Finalise RPB outcome framework
  - ✓ Refresh common purpose and Area Plan – starting well, living well and ageing well
  - ✓ New approaches to engaging local communities
- Long term recovery and growth
  - ✓ With PSB partners help shape the future we want for Cardiff and Vale of Glamorgan post-crisis
  - ✓ Truly embed aspirations of Wellbeing of Future Generations with accelerated Sustainability Action Plan
  - ✓ Help create a greener, kinder, healthier future for generations to come
  - ✓ UHW2 and wider infrastructure programme – refreshed with post-COVID lense

Next steps

- Reset Roadmap to Board in June/July
- Management Executive oversight of programme with sponsorship of key workstreams using ‘alliancing approach’
- Coordinating Group through Strategic Planning and Transformation
- Bottom up ownership through clinical and operational teams