Local Partnership Forum Meeting

Wed 08 February 2023, 10:00 - 12:00

Agenda

10:00 - 10:01
1 min

1. Welcome and Introductions

Rachel Gidman

10:01 - 10:02
1 min

2. Apologies for Absence

Rachel Gidman

10:02 - 10:03
1 min

3. Declarations of Interest

Rachel Gidman

10:03 - 10:04
1 min

4. Minutes of the meeting held on 8 December 2022

Rachel Gidman

📄 4. LPF minutes 08.12.22.pdf (8 pages)

10:04 - 10:05
1 min

5. Action Log

📄 5. LPF action log.pdf (1 pages)

10:05 - 10:15
10 min

6. Chief Executives Report

Suzanne Rankin

Verbal

10:15 - 10:30
15 min

7. Rehabilitation Programme

Emma Cooke

📄 7 Rehab Programme - LPF Feb 23.pdf (14 pages)

10:30 - 10:50
20 min

8. Shaping Our Future Wellbeing Refresh

Victoria Le Grys

📄 8 SOFW Engagement Pack LPF 08.02.23.pdf (18 pages)

10:50 - 11:10
20 min

9. The Cardiff and Vale approach to learning from Covid-19 that encompasses learning from Covid-19 investigations and the enquiry.

Alex Scott

11:10 - 11:30
20 min

10. People and Culture Plan – end of year 1

Rachel Gidman

📄 10 P&CPlan review of year 1.pdf (8 pages)
📄 10.1 appendix 1 People and Culture Plan Flash Reports 2022.pdf (12 pages)
📄 10.2 appendix 2 P&C Plan Indicators 2022-23.pdf (1 pages)

11:30 - 11:40
10 min

11. Integrated Medium Term Plan

Marie Davies

Verbal

11:40 - 11:55
15 min

12. Integrated Performance Report

Fiona Kinghorn / Jason Roberts / Rachel Gidman / Paul Bostock / Catherine Phillips

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

📄 12 C&V Integrated Performance Report January 2023.pdf (32 pages)
📄 12.1 WOD KPI Report Dec-22.pdf (2 pages)

11:55 - 12:00
5 min

13. Employment Policy Sub Group minutes from 20 January 2023

📄 13 EPSG minutes 20 Jan 2023.pdf (5 pages)

12:00 - 12:00
0 min

14. Review of meeting

Rachel Gidman

12:00 - 12:00
0 min

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

Rachel Gidman

12:00 - 12:00
0 min

16. Future Meeting Arrangements:

- Thursday 13 April 2023 at 10am via Teams, with a staff rep pre-meet at 8.45am

LOCAL PARTNERSHIP FORUM MEETING
Thursday 8th December 2022 at 10am, via Teams

Present

Abigail Harris	Executive Director of Planning
Ceri Dolan	RCN
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Fiona Kinghorn	Executive Director of Public Health
Janice Aspinall	RCN
Jason Roberts	Executive Director of Nursing
Joanne Brandon	Director of Communications and Engagement
Jonathan Pritchard	Assistant Director of People Resourcing
Karina Mackay	BDA
Katherine Davies	RCN
Katrina Griffiths	Head of People Services
Lianne Morse	Deputy Director of People and Culture
Meriel Jenney	Medical Director
Paul Bostock	Chief Operating Officer
Pauline Williams	RCN
Peter Hewin	BAOT/UNISON (Deputy Chair)
Peter Welsh	General Manager, UHL and Barry
Rachel Gidman	Executive Director of People and Culture (Co-Chair)
Rachel Pressley	Deputy Head of People Assurance and Experience
Suzanne Rankin	Chief Executive
Timothy Davies	Head of Corporate Business

In attendance

Alex Congreve	Co-Production Lead
Hannah Morland-Jones	Head of Lived Experience

Apologies

Andrew Crook	Head of People Assurance and Experience
Bill Salter	UNISON
Catherine Philips	Executive Director of Finance
Chandra Almeida	People and Culture Coordinator
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON
Emma Cooke	Head of Physiotherapy Services
Joe Monks	UNISON
Jonathan Strachan-Taylor	GMB
Mathew Thomas	UNISON
Mike Jones	Independent Member – Trade Union
Nicola Foreman	Director of Governance
Rhian Wright	RCN
Steve Gauci	UNISON

LPF 22/062   WELCOME AND APOLOGIES

Peter Hewin (PH) is deputising today for Dawn Ward (DW), who was due to chair the meeting but is unable to attend.

It was noted that the Rehabilitation Model presentation due to be given by Emma Cooke (EC) has been postponed until the next meeting.

PH also noted that when the agenda was drawn up, we didn't yet have the result of the RCN ballot or dates for industrial action. This is therefore not on the agenda, however colleagues in attendance have been involved in planning and discussions around derogations. PH highlighted that while this dispute is around pay, it also relates to staffing and working conditions. It was noted that the dispute is not with the health board and that the organisation respects the right to strike.

LPF 22/063   DECLARATIONS OF INTEREST

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

LPF 22/064   MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meeting held on 22nd October 2022 were agreed to be an accurate record of the meeting.

LPF 22/065   CO-PRODUCTION: MHCB LIVED EXPERIENCE TEAM

Alex Congreve (AC) and Hannah Morland-Jones (HM-J) delivered a presentation on Co-production. Key points included:

- Co-production seeks to transform the power imbalance within health services by actively listening to the service users and carers we work alongside. Involving service uses from the beginning means the service is more likely to meet the needs of its end users and leads to better patient satisfaction.

- Co-production is a good example of making a service sustainable and appropriate for service users, however this requires groundwork and a lot of planning.

- At the heart of co-production is collaboration and working in partnership to create equal partnerships between those with lived experience and those with clinical expertise. This means starting from a blank page together as early on as possible.

- We define lived experience as direct first-hand experience of mental distress, illness, diagnosis and/or mental health services. This can be associated with lived experience of poverty, trauma and other forms of prejudice and discrimination e.g., racism and ableism.

- The Mental Health Clinical Board (MHCB) recognises and values lived experience as a profound source of knowledge to empower our communities and improve the health and wellbeing of people living in Wales. Professionals with clinical expertise can learn from those with lived experience to enhance their practice.

- It's important that lived experience initiatives are led by people with lived experience and this concept is already well embedded within the MHCB. We're now looking to expand this across the health board by standardising processes and putting pathways in place for teams looking to embed lived experience in practices.

PH praised the presentation and agreed that lived experience is an untapped resource which can result in not only greater patient user satisfaction and reduced complaints, but also increased staff satisfaction.

Fiona Jenkins (FJ) highlighted that EC has been working closely with the MHCB and that had the Rehabilitation Model presentation followed as planned, this would have shown synergy with some slight variation.

Rachel Gidman (RG) praised the enthusiasm for this agenda and scope for using this throughout the health board to engage with different topics, noting that she is keen to explore this aspect of it. Janice Aspinall (JA) queried what plans are in place to expand this across other Clinical Boards. HM-J confirmed that there is interest nationally in the recovery college model, co-production and peer support. We are the first recovery college and peer led service in Wales, however in England there are around 70 recovery colleges that have been well established for over a decade.

PH added that the NHS Wales Mental Health Workforce Plan mentions developing peer support roles and the hope would be that this is reflected in the wider Workforce Plan. FK agreed that there are several areas where this would be especially beneficial, an example being Older People and Frailty.

FK informed the group that she and Paul Bostock (PB) are involved in inclusion work with prison leavers, asylum seekers and refugees as well as our sex worker, gypsy Roma and homeless populations who are often very marginalised. FK raised that introducing an element of co-production here could also be beneficial.

LPF 22/066   CHIEF EXECUTIVE'S REPORT

Suzanne Rankin (SR) advised the group that we are heading into a particularly challenging time, with winter pressures further exacerbated by the level of demand and current Strep A situation. We're also heading into a period of industrial action, not only within healthcare but across several different sectors. SR reiterated that the health board respects the right to strike but acknowledged the pressure this creates within the organisation and on the wider team. We will need to focus on being well led, managing our workload and supporting our colleagues to get through the next few months. SR asked everybody to be kind to themselves, to each other and to our patients as this will help to drive a compassionate culture.

Financial Position
SR informed the group that the health board had set a deficit position of around 17.7 million for the next financial year, however, haven't succeeded in achieving this and this forecast has now been altered to just under 27 million. We're already in enhanced monitoring as a result of not being able

to deliver a balanced plan and while our focus now is controlling the use of resources effectively, this is challenging due to the current cost-of-living crisis and cost of energy. We will be required to deliver an annual plan for 2023-24 and last week received the planning priorities for this. The minister has recognised the challenging position we are in and, as a result, has significantly reduced the number of priorities.

Operational Pressure
We are continuing to see very high levels of demand in Primary Care, NHS 111 and the Urgent Emergency Care pathway, particularly in Paediatrics. However, demand is heavy right across the board at the moment with Mental Health and Community Care similarly affected.

Vaccine Program
Although delivery of the COVID booster and flu vaccine to our local population is going well, uptake from our healthcare professionals is not what we would have hoped. Staff are taking advantage of the COVID booster but uptake of the flu vaccine is not as high. SR asked colleagues to encourage their teams to engage with the vaccine program when offered, as this is the single biggest line of defence we have against these respiratory viruses.

Industrial Action
Detailed contingency planning is taking place for the confirmed RCN action on 15th and 20th of December and GMB (WAST) on 21st and 28th December. RCN have been notified of our planned derogations and negotiations are taking place around the implementation of these. SR thanked Trade Unions for their collaborative working as well as the Clinical Boards for the time spent preparing their responses to industrial action.

HIW Report
A lot of work has taken place within the Clinical Boards around submitting action plans to provide assurance following the HIW visit and we're now in the process of finalising these. We've since had a subsequent inspection to our maternity services during which several concerns were raised, predominantly around staffing, wellbeing and support provided to staff. We recently onboarded a lot of newly qualified midwives and prior to that had been very short of midwives. As these new midwives integrate into the team and develop their confidence things will improve, however this is an annual cycle which we need to look at as it impacts on service delivery as well as the experience of staff.

Ceri Dolan (CD) advised that we are receiving complaints regarding managers asking staff whether they plan to strike. Lianne Morse (LM) advised that we have made it clear in our communication to managers that they cannot ask staff if they plan to strike but can ask if they intend to be in work on strike days. LM advised she would go back to the Clinical Boards and clarify this.
ACTION: LM

LPF 22/067   OPERATIONAL UPDATE

PB was not in attendance at the last meeting at which Mike Bond (MB) presented the Winter Plan. Since the last meeting, 30 roadshows have taken place which have been well attended by staff and we aim to continue regular briefing sessions throughout the winter. There has been some discussion and feedback around the Winter Plan and we now have an updated timeline, as it's clear we will not be able to open all the capacity we were planning to.

The Winter Plan had suggested that we are aiming to open around 140 beds, this has now been reduced to 128. We've already opened around 43 beds, predominantly around Lakeside Wing, and are starting to see an improvement in patient flow in this area. We had plans to open an additional 59 beds but following a conversation with the Directors of Nursing this week it has been agreed that further expanding Lakeside Wing will be the focus.

The Frailty Unit in the Assessment Unit is becoming established, preventing patients from being admitted unnecessarily and instead transferring them to a more appropriate place or starting their treatment earlier. We have also had some success in understanding the reasons patients find themselves in our hospitals, particularly the non-medically fit. We also have some reset weeks planned to try and get ourselves in the best possible position ahead of the Christmas and New Year period and PB will share more detail once these plans are confirmed.

We have already made significant improvement in our ambulance handover times and this has been recognised at ministerial level. PB noted, however, that 4 hours in the back of an ambulance is still a very long wait and we need to continue to improve on this. We've made some improvement with regards long waiting Cancer patients; we've still got some very long waiting patients, but that number is coming down quickly with support from our clinical teams.

The volumes of patients presenting to NHS 111 are currently very high, with reported 4.5 hour waits for the phone to be answered. 111 reported a 66% increase in calls last week, with GP practices and Out Of Hours services also experiencing very high demand. Over the past week, Paediatric EU, has seen the number of children they see each day rise from 100 to 160. The Children's Assessment Unit similar have seen the number of presenting patients rise from 30-40 to 70. Meetings have been taking place daily around this in order to try and reassure the public; we've cancelled some elective clinics to free up more staff and Primary Care have cancelled some general slots to make space for Paediatrics. Advice has been issued to our clinical teams around alternatives to prescribing antibiotics. Intensive care is also under huge pressure, due in part to the Strep A situation. PB noted that despite this, our staff are continuing to respond brilliantly.

Pauline Williams (PW) noted that while 30 Winter Plan roadshow sessions were planned some were cancelled at short notice. PB apologised and said this would not happen again. PB also agreed to meet regularly with DW to provide regular updates to Trade Unions around the Winter Plan.
ACTION: PB/DW

LPF 22/068   INTEGRATED MEDIUM-TERM PLAN

Abigail Harris (AH) reiterated that we are building on a position of an annual plan this year, following failure to deliver the financial balance required for an approvable IMTP. Welsh Government have been understanding of our position and supportive in terms of expectations in this year's plan. A lot of the elements included in the last annual plan, which was completed and taken through Board in June, remain relevant going into 2023-24.

We anticipate that our financial allocation will be extremely challenging but won't receive this information until the week before Christmas. Welsh Government have advised that many health boards will likely be in a similar position in having an annual plan rather than a three-year formal IMTP.

In terms of the wider context, the Regional Partnership Board Area plan is currently being refreshed. The two Public Service Board Wellbeing plans have also finished their first 5-year cycle, and the

updated plans are now out for consultation. We're currently updating and refreshing our Shaping Our Future Wellbeing strategy and although this won't be complete by the time we finalise next year's plan, we will have a strong sense from the engagement process about the things that need changing and/or strengthening.

The annual plan will reflect these wider contextual plans, bringing together our plans at cluster level as well as the Corporate and Clinical Board teams, to develop a plan that is easy to digest for staff across the organisation whilst also meeting Welsh Government requirements. With regards the planning guidance, the minister has advised that it is difficult to make comparison between organisations when different approaches are used. There are therefore broader headings and more templates within a standardised format.

The planning guidance advises that the focus on population health and reducing health inequities should remain at the forefront. We also need to consider the cost-of-living crisis and impact we have on the economy through employment, job experience and apprenticeship schemes. We also have a responsibility to ensure that we have considered the climate emergency, and that inclusion and diversity are embedded in the plan. We will have a draft ready in early January and will then bring the final plan to Board for approval at the end of March.

LPF 22/069   INTEGRATED PERFORMANCE REPORT

Population Health
FK left early to an urgent meeting regarding the Strep A situation, and was therefore unable to comment on the report.

Quality and Safety
Jason Roberts (JR) noted that the report highlights some improvement in our performance, in particular regarding our concerns responses. There has been a reduction in the number of concerns we have been able to respond to face-to-face, but this is likely due to the complexity and volume of complaints we are receiving which is in excess of 400 every month. Another area of concern is our C-Diff and Klebsiella rates which are not in line with our targets for this time of year. JR and the Medical Director will be launching a C-Diff RCA review group in January, at which consultants will be brought in to review their RCA so that we can learn lessons from this and disseminate throughout the organisation to improve.

People
RG confirmed that several People and Culture roadshows have also taken place with a focus on the cost-of-living crisis which have been well attended. The team are now looking at extending these to include discussions around staff wellbeing. People Services are continuing to focus on our main effort, focussing on Wellbeing, Recruitment and Retention. The Widening Access Team are continuing to work with our communities and engage the future workforce through visiting schools, cadets and Prince's Trusts in the Cardiff area.

The Heads of People and Culture have been focusing on the Workforce Plan and Retention, initially focussing on EU. Terrie Waites (TW) has pulled together a report around actions and next steps and has met with the senior team to look at developing an action plan. The next planned focus area is C&W; we want to ensure the work we're doing is impacting rather than spread ourselves too thin.

The report shows that our fixed term contracts are coming down. PB and RG have been working collaboratively to request that Clinical Board look at their fixed term contracts and ensure staff are

on permanent contracts where possible, rather than on fixed term contracts which don't give financial stability.

The Fire and the Statutory and Mandatory Training requirements are also coming down. we've been putting on face-to-face Fire sessions which have been attended by over 2000 people; the team have to manually update this data so we will see an increase once this is complete. We've asked Clinical Boards to give a trajectory of their VBA and Statutory and Mandatory Training compliance, so we also hope to see this increase.

RG confirmed that 55.6% of our staff have had the latest COVID booster, while only 35.6% have accessed the flu vaccination. In Capital Estates and Facilities (CEF) in particular, only 23% of staff have had the flu vaccination. RG has had discussions with Occupational Health and the Vaccination Centres around doing some pop ups in certain areas to make it easier for staff to attend.

Operational Performance
The report shows that our Stroke performance is currently poor and PB is working with the clinical teams to understand what we can do to improve this. While we understand that we won't be able to do as much work as we were hoping to due to industrial action, we are committed to doing everything possible to reduce the numbers of long waiting patients on the Stroke pathway. The group agreed that it would be good to be kept abreast of these action plans, since this is not just patient experience but a potentially life-threatening issue. Meriel Jenney (MJ) assured the group that scrutinising the Stroke pathway is a very high on our agenda.

Finance
KP sent her apologies and there was no deputy present. PB confirmed that agreed levels of overspend and underspend have now been agreed with each of the Clinical Boards. We're trying to be realistic and pragmatic around not continuing to spend money that we don't have; trying to improve our productivity is not about working staff harder but ensuring we use our resources wisely. Staff are frustrated and feel that they could do more if systems and processes were improved. We know what we could treat more patients if we organised ourselves better, for instance in relation to theatre start and finish times.

PH noted that the report mentions £20 million worth of savings and queried how this would be achieved. JA raised that while we're trying to save money, we already don't have enough nursing staff. SR assured the group that what is likely to happen is that we increase our substantive nursing staff in order to avoid high-cost agency nurses, as this is not only costly but doesn't allow us to create the right team dynamic. We're planning to reduce the temporary workforce and instead focus on substantive teams which we can develop and support. A discussion also took place around terminology and the relevance of phrases like 'cutbacks' and 'axes falling'. These savings should be around efficiencies, things that add value and allow patients to be treated more quickly.

SR agreed that we should talking about cost avoidance rather than pay cuts. MJ gave an example of how this might work; within Medicine we know that every year we need to employ a certain number of locum doctors to provide support. We've now invested in 20 locums a year, which provides continuity of care as well as a better experience for doctors and the MDTs working alongside them.

LPF 22/070   STAFF BENEFITS GROUP REPORT

Joanne Brandon (JB) confirmed that a huge amount of work has taken place across all digital platforms to circulate seasonal offers; a print run has also been signed off to accommodate staff who

may not have access to these. JB asked that if anybody knows about a deal or offer they think could benefit their colleagues, to let her team know so that this can be added to the SharePoint page and Staff Connect app. JB confirmed that the Staff Benefits SharePoint page is getting the most views which is indicative of how helpful this is to our colleagues.

LPF 22/071   ANY OTHER BUSINESS

JR confirmed that an SOP for Professional Standards, around moving staff across the organisation, has been drafted. This was originally written around nursing staff but has been reframed to include all staff. This has been agreed by JR from an Executive point of view and by DW as Chair of Staff Side. JR noted that whilst other professional leads for the organisation haven't yet signed this off, we've got some difficult weeks ahead of us and need to ensure this is embedded as quickly as possible. LM agreed there is an urgency to communicate this for our nurses in the first instance and asked for permission from the group to circulate this whilst a further conversation around making this relevant for all staff takes place. JR agreed he was comfortable with this and advised that he would link in with FJ to ensure it was suitable for other staff groups.

RG noted that the statement references not moving staff more than once in a week 'unless willing to do so' and PW confirmed that some staff have raised concerns around this. JR advised that he understood these concerns but is happy with the content of the statement. FJ confirmed that we recognise, appreciate and support the rights of individuals to take industrial action and that we all need to work together to not only ensure patient safety but support staff in their decision to strike.

LPF 22/072   FUTURE MEETING ARRANGEMENTS

The next meeting will be held on 8th February 2023 at 10am with a staff representatives pre-meeting at 8.45am. The meeting will be held remotely.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 22/066	08 December 2022	Chief Executive's Report	In response to concerns that staff were feeling intimidated LM advised that she would go back out to the Clinical Boards to remind managers that they cannot ask staff if they plan to strike but can ask if they intend to be in work on strike days	LM	complete Managers Guidance issued 15 December
LPF 22/067	08 December 2022	Operational Update	COO agreed to liaise with DW and meet regularly with Trade Unions around the Winter Plan	PB/DW	complete Regular communication in place

CARING FOR PEOPLE
KEEPING PEOPLE WELL

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

Rehabilitation Programme
Cardiff and Vale

Local Partnershiop Forum
Emma Cooke
Deputy Director of Therapies and Healthcare Sciences
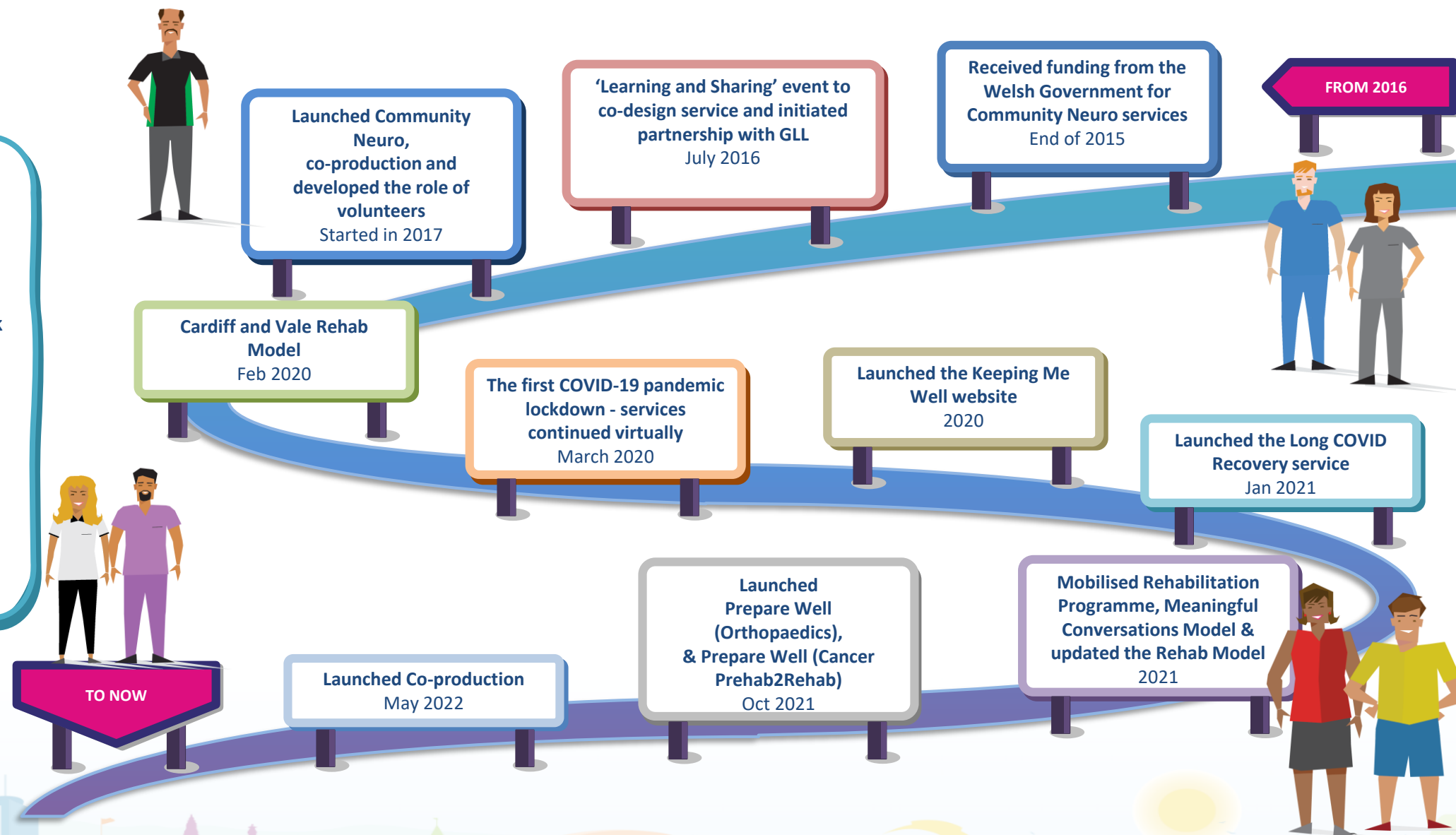8th December 2022

Saunders Nathan
01/02/2023 09:45:54

Key milestones in the development of our programme, taking us to where we are now

These policies underpin our programme:

- ❖ **Healthier Wales**
- ❖ **National Clinical Framework**
- ❖ **Strategic Programme for Primary Care**
- ❖ **Urgent and Emergency Care**
- ❖ **Planned Care**

FROM 2016

Received funding from the Welsh Government for Community Neuro services
End of 2015

'Learning and Sharing' event to co-design service and initiated partnership with GLL
July 2016

Launched Community Neuro, co-production and developed the role of volunteers
Started in 2017

Cardiff and Vale Rehab Model
Feb 2020

The first COVID-19 pandemic lockdown - services continued virtually
March 2020

Launched the Keeping Me Well website
2020

Launched the Long COVID Recovery service
Jan 2021

Mobilised Rehabilitation Programme, Meaningful Conversations Model & updated the Rehab Model
2021

Launched Prepare Well (Orthopaedics), & Prepare Well (Cancer Prehab2Rehab)
Oct 2021

Launched Co-production
May 2022

TO NOW

Saunders Nathan
01/02/2023 09:45:54

2

Our Rehabilitation Model of Care

Level 1: Keeping Me… Well
Supporting people with **self-management** guidance in the **community**.

Level 2: Enabling Me… To Live Well
Individual or group consultations including **what matters conversations**, **education** and **shared decision making** to build self-care and health. This is the level in which **Meaningful Conversations** are maximised.
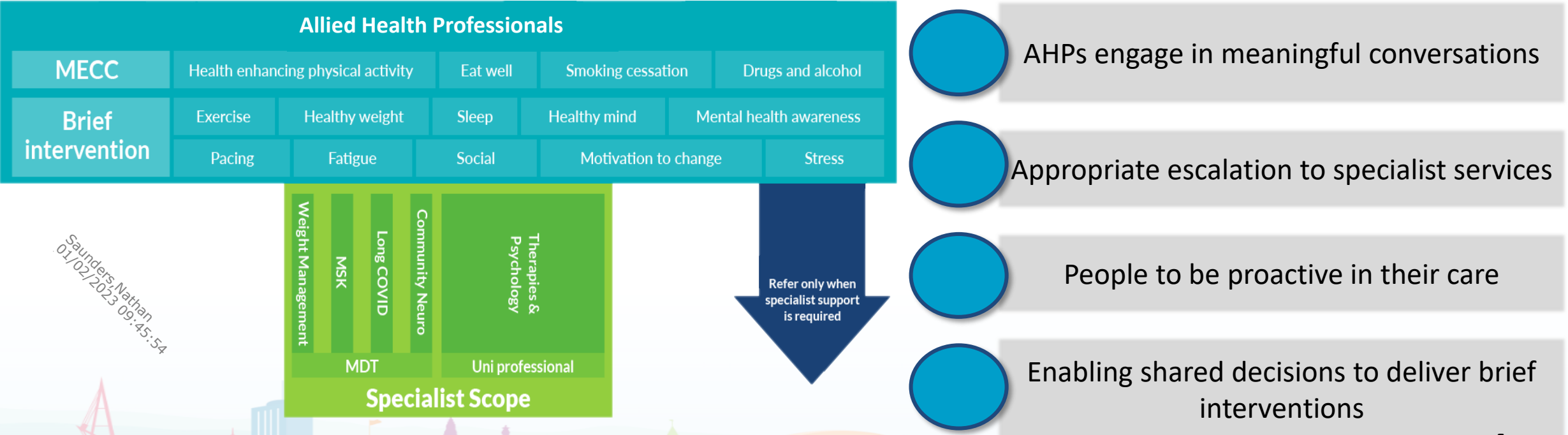
Level 3: Supporting Me… To Live Well
Providing people with the **educational group-based** interventions by **peers, coaches and professionals**.

Level 4: Helping Me… To Live Well
Supporting individuals on a **one-to-one** basis.

CENTRED AROUND PEOPLE

Community

Peers, coaches & professionals

Peers, coaches & professionals

Professionals

PROMOTING WELLBEING

Level 1: Keeping Me… Well

Level 2: Enabling Me… To Live Well

Level 3: Supporting Me… To Live Well

Level 4: Helping Me… To Live Well

EMPOWERING PEOPLE THROUGH SELF-MANAGEMENT

CONNECTED SERVICES, CLOSER TO HOME

Sustained Support

Education & brief inputs

Complex group-based support

Individual Support

Our 'Meaningful Conversations Model'

- Reflects the importance of all **AHPs** - **support people to self-manage**
- Our vision is for staff to be **empowered and enabled** with the skills and resources
- Includes understanding of **when referral to specialist** services is required.

- **All AHPs** will offer **'Making Every Contact Count'** and a **'Brief intervention',** where appropriate, only **referring when specialist input is required.**

Allied Health Professionals

MECC	Health enhancing physical activity	Eat well	Smoking cessation	Drugs and alcohol
Brief intervention	Exercise	Healthy weight	Sleep	Healthy mind	Mental health awareness
	Pacing	Fatigue	Social	Motivation to change	Stress

Weight Management
MSK
Long COVID
Community Neuro
Therapies & Psychology
MDT
Uni professional
Specialist Scope

Refer only when specialist support is required

AHPs engage in meaningful conversations

Appropriate escalation to specialist services

People to be proactive in their care

Enabling shared decisions to deliver brief interventions

Saunders Nathan
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4

How our services support different population groups

Our programme focuses on the following population groups:

Long COVID Recovery

Long COVID Recovery
- Live well and recover from Long COVID.
- Set of group-based interventions
- Multi-disciplinary team
- provides education and supportive self-management strategies.

Preparing Well and Recovering Well

Prepare Well (Cancer Prehab2Rehab)
- Fit, strong and psychologically resilient as possible before treatment
- Nutrition, activity and exercise, and wellbeing interventions

Prepare Well (Orthopaedics)
- Multi-disciplinary team
- Pre- and re-habilitation to people undergoing knee replacement
- Provide lived experience and peer support

Supporting Healthy Lifestyles and Long-Term Conditions

ESCAPE Follow on Activities
- Following on from ESCAPE pain programme
- Activity groups supporting people to sustain healthy lifestyles

Keeping Me Well website
- Provides useful information to access services and support self-care

Waiting Well

- Co-delivered sessions utilise group education, peer support & exercise
- Delivered either in local leisure centres or virtually.

Foodwise for Life
- Improve their dietary habits and maintain a healthy weight.

ESCAPE Pain
- Enable individuals to manage their knee, hip and back conditions and maintain a healthy weight
- Participants have sine formed open access, peer led community groups which support each other to sustain healthy change.

Digital transformation in Therapies and the Rehabilitation Programme

Our transformation of Digital Capability is helping to enhance:

1. The **experience and journey for service users**
2. The **information** we can **share with service users** and the ways in which can **educate** them
3. The level of **flexibility** for service users and our teams in how they **interact**
4. Our ability to **understand our service users**, their needs and their expectations
5. Our understanding of the value our services have on service users

We established the following workstreams:

PARIS & PARIS interoperability	Office 365	Digital futures	Patient engagement	Business intelligence	Digital capabilities
Purpose: • Improve PARIS roll-out prioritisation across Therapies • Improve join up between key systems & PARIS to create a seamless user experience.	**Purpose:** • Single SharePoint site • Standard digital operating procedures • Improved engagement across Therapies to increase adoption of O365.	**Purpose:** • Identify and unlock digital opportunities across Therapies • Visibility of direction of travel	**Purpose:** • Drive digital patient communications • Incorporate peer and patient perspectives into key digital decisions.	**Purpose:** • Enable data-led decision-making • Enable relevant data to be accessible • Drive adoption of self-serve.	**Purpose:** • Digital Therapies Maturity model • Provide the equipment needed • Support digital L&D

Steering Group members:
Clinical Director for AHPs
Physio Consultant for MSK
Head of Physiotherapy
Principal AHP lead for Long COVID

Recovery
Principal AHP lead for Living Well and Keeping Me Well
Principal AHP lead for Prepare Well (Orthopaedics)

Principal AHP lead for Prepare Well (Cancer Prehab2Rehab)

Additional members for Extended Steering Group:
Executive Director of Therapies and Health Science
Head of Podiatry

Head of People and Culture
Communications and Engagement Manager
Specialist SLT
Deputy Director of Operations

Head of Dietetics
Professional Lead for SLT
Head of Service at GLL

Shaping Our Future Clinical Services @ Home Recovery Move More, Eat Well

Executive Lead
F.J

Rehabilitation Steering Group

Rehabilitation Model Re-Work

E.C

H.D | H.D | R.W | Ge.H | E.T

£

WF

Benefits
R.L

Keeping Me Well Website

Living Well

Long COVID Recovery

Prepare Well (Orthopaedics)

Prepare Well (Cancer Prehab2Rehab)

Reports to the **Shaping our Future Clinical Services** team as well as CaV UHB Executive team

Consists of the **five workstream leads,** to**:**
- ensure that work stays on track
- decisions are made in a timely manner and
- risks are identified at an early stage.

Work stream leads submit weekly flash reports and present them at the RSG.

Extended Rehabilitation Steering Group every four weeks, ensuring UHB-wide **alignment** and that **interdependencies** are identified.

Workstreams are made up of individuals from **multiple professions**
Included professions: SLT, PT, OT, DT, Podiatry, Psychology, Nurse (when needed), GP (when needed)

'Benefits' **sit across all work streams** to understand the value from services as these are scaled.

Co-production forum

The forum's purpose and aim is **'Working Together: Supporting People with Long-term Conditions'.**

Our meeting Cadence:
Fortnightly Thursday meeting for 2.5 hours

How we've adapted:
- 'Interest groups'
- Adapting our communicative style
- More of a Community feel.

Our progress so far:
1) Regular check ins with the partnership board
2) Changed the way the audiology communicates with service users on arrival to clinics
3) Engaged with Minority communities' ethnic healthcare fair in Cardiff

Our partners:
- ImROC works in partnerships with communities to develop systems, services and cultures that support Recovery and Wellbeing for all.
- In this project they have provided training and guidance relating peer support and co-production.
- ImRoC been instrumental in developing our co-production forum and the early stages of our exploration of a peer workforce.

50+

Service users engaged

25+

Organisations engaged

Our next steps:
- Co-production lead in post
- Continue outreach into the community
- Integrate our programme more closely with the co-production forum
- Development of a peer workforce

151

People on our mailing list

8

The Benefits 'wheel'

- The inner orange circle represents what **matters most to participants** in our programmes.
- **Health, Wellbeing, and Experience** form the core data set for all in the programme.
- The second layer is a suite of measures selected based on importance by services, including **condition specific measures, activation, lifestyle, understanding and change**.
- The outer rim is **system level measures** which enable understanding of **prudence, value, equity and sustainability**.
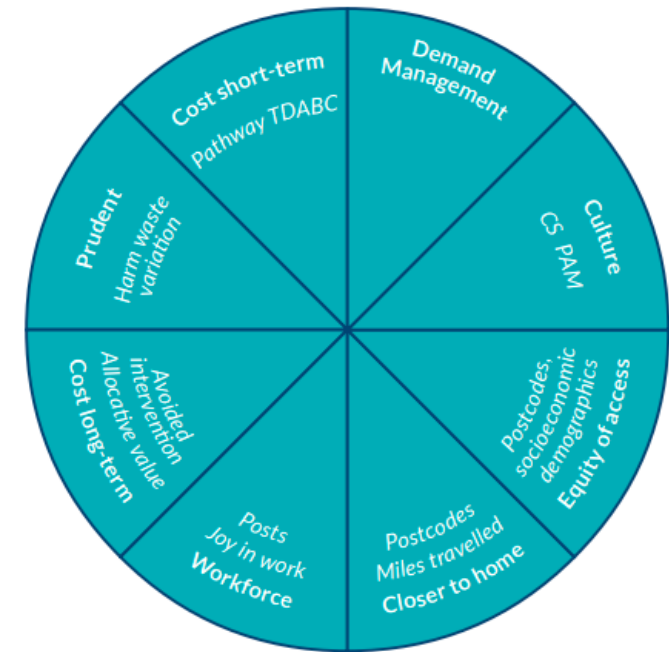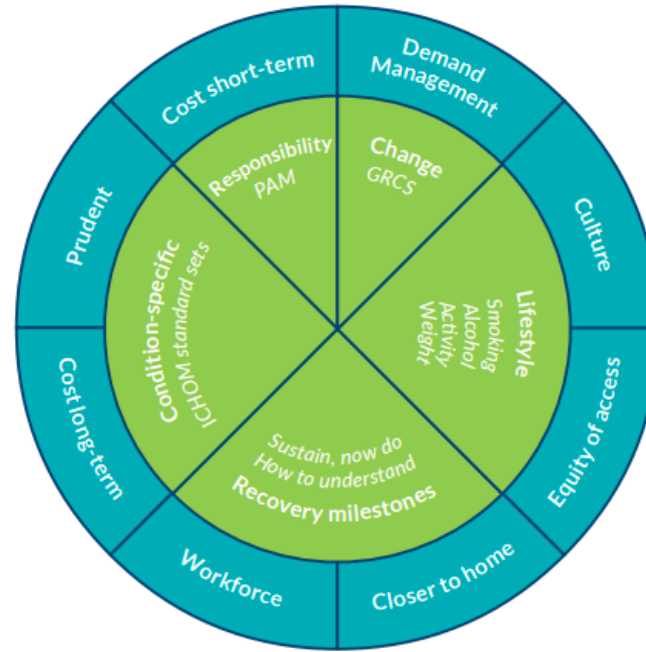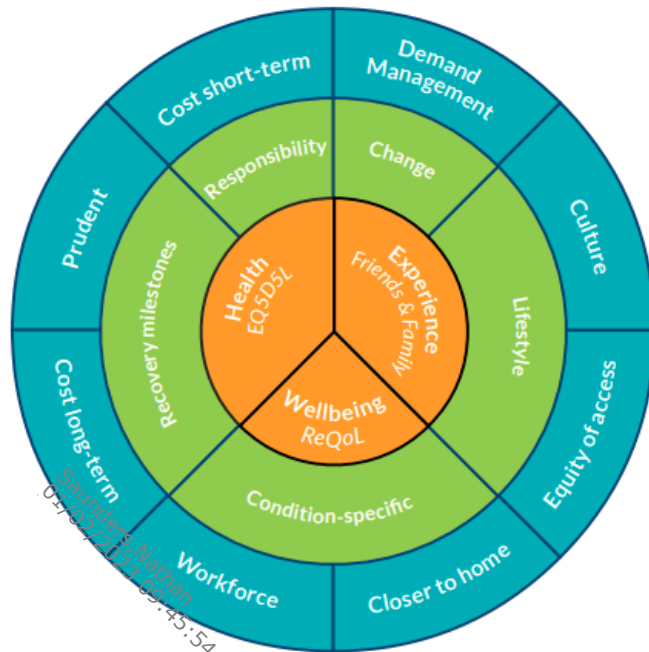
| Measured by all workstreams (not incl. KMW) | Selectively measured (based on relevance) | Captured from existing systems |

Examples of our benefits monitoring, centred around "The Quadruple Aim"

Live Well | Byw'n Iach

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

% Improvements (EQ5D5L)

- Mobility: 11%
- Self Care: 4%
- Usual...: 7%
- Pain: 10%
- Anxierty / ...: 3%
- VAS Change: 37%
- EQ5D5L: 7%
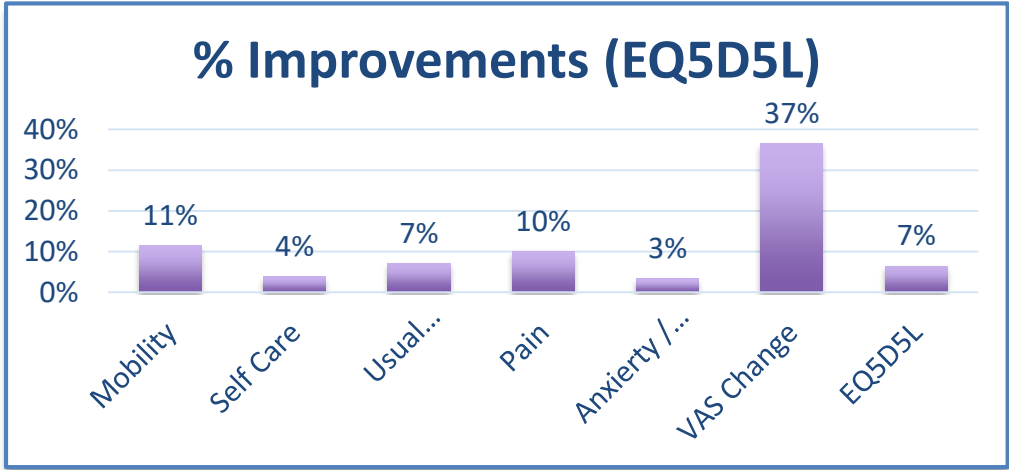
Clinically optimum wellbeing before and after our interventions in the ReQoL.

78%	79%	80%	100%
Prepare Well (Orthopaedics)	ESCAPE Pain	Long COVID Recovery	Prepare Well (Cancer Prehab2Rehab)
52%	56%	34%	36%
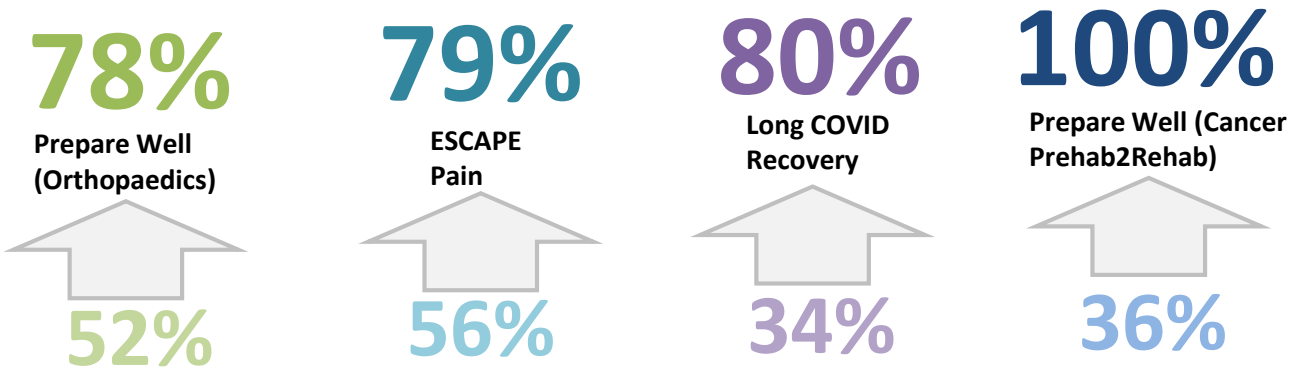
Clinically significant positive change in their health through the GRCS

90% Prepare Well (Orthopaedics)

85% Prepare Well (Cancer Prehab2Rehab)

79% ESCAPE Pain

Baseline PAM Score Mean: 57.0

Selected PAM Score Mean: 66.6

20% Mean improvement pain, function, and quality of life (HOOS and KOOS)

86 Leisure Memberships have been taken on through our programmes
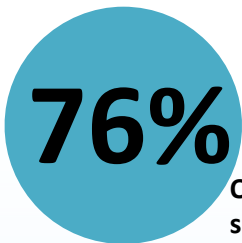
76% Of people who initially signed up are still active members

Percentage of people who would recommend us to friends or family.

100%	97%	79%	92%
Prepare Well (Orthopaedics)	ESCAPE Pain	Long COVID Recovery	Prepare Well (Cancer)

Saunders... ...01/02/2023 ...5:54

Enabling CO2 savings

37% Reduction CO2

Total saving over the last 10 months of......

24,940 kg of CO2

This is equivalent to carbon sequestered by...

412 Fully-grown trees

(according to EPA Greenhouse Gas Equivalencies Calculator)

Over the next 5 years the programme will remove the carbon equivalent of 2,472 fully grown trees, or 10km² of woodland.

We are delivering our care closer to home, in community venues, leisure centres and virtually.

Our partners

12

Some of our obstacles in establishing the programme

The benefits and constraints of **co-production and peer support** were not deeply understood within our workforce.

Cultural change in clinicians - An integrated model of care, shared decision making and supporting people to take responsibility for their own health was a **new way of working** for some clinicians.

Project management support was needed to give clinicians time to set up their services and also bring the structure, pace and cadence needed. Established programme support helped reporting, governance and decision making.

There was **no benefits collection platform**, which we had to develop independently - working with PROMs license owners.

Short-term funding, without secure programme future has caused issues in setting up this programme - particularly for developing **partnerships**, **recruitment** of staff, being able to **communicate with the public** about our services and our ability to **scale to meet demand**.

The pace of establishing **effective digital systems and maturity** to support the programme has been challenging.

There remains a **hesitance** of some patients to attend **face to face** classes and forums, due to the **risk of COVID**.

The "Secret" ingredients

Refreshing Our Strategy Together

Shaping our
Future Wellbeing

Cardiff and Vale University Health Board
Shaping Our Future Wellbeing Strategy
2015 - 2025

Thank you

For helping us deliver on the actions set out in the *Shaping Our Future Wellbeing* strategy

For taking part in this session today, recognising the important role our citizens and partners have to play in the refresh

For your continued commitment to the strength of our partnership during challenging times

Saunders Nathan
01/02/2023 09:45:54

Why are we developing the next iteration of our strategy now?

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

It will help us address problems now and in the future

A lot has changed since our existing strategy, notably the pandemic

The climate crisis is worsening and healthcare is a contributor

The need to align our work with our partners has never been greater

Saunders Nathan
01/02/2023 09:45:54

What shapes our health?

We can only improve the health and wellbeing of the population by working as a partnership

Health care contributes only around 20% to our health

The other 80% of factors are lifestyles, societal and environmental elements
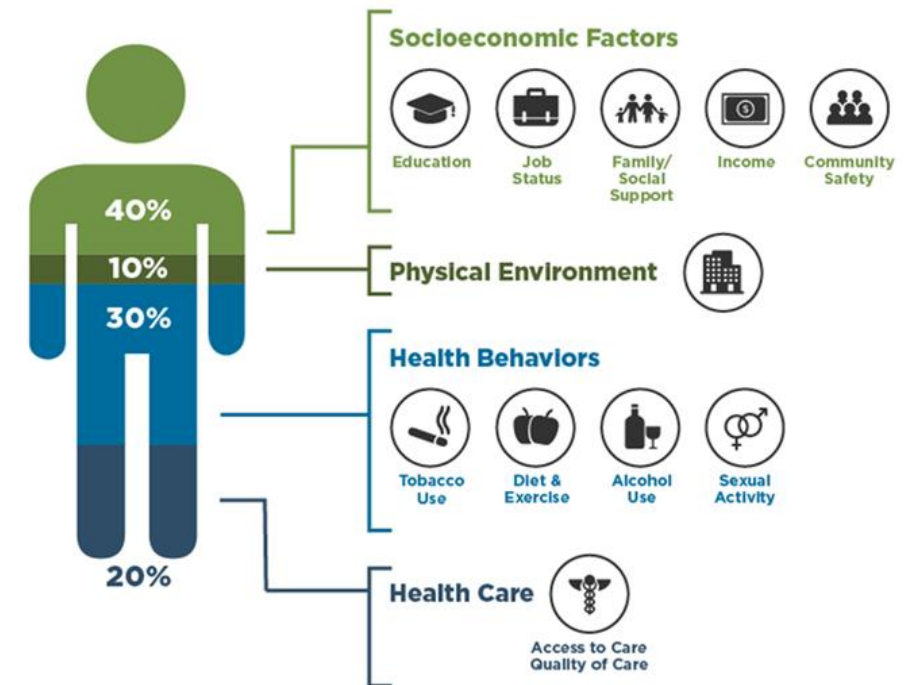
Where are we starting from?

How well are we doing helping people to <u>keep people well?</u>

12 year life expectancy gap between of most deprived and least deprived communities	22 year gap in healthy life years lived	Health inequity gap has remained unchanged in the last 8 years despite all our efforts	Impact of pandemic and cost of living crisis likely to worsen inequalities
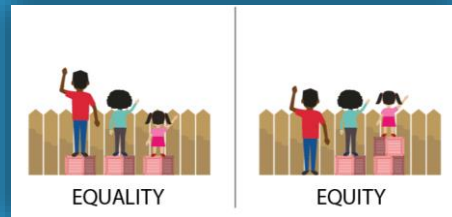
EQUALITY   EQUITY

The 'inverse care law' means that those with greatest need often experience poorer access to services - access isn't equitable across the population groups we serve

Caring for our patients
Delivering excellent quality care

Patient feedback remains positive overall and our services benchmark well in many areas, but:

Patients don't always get timely access to the right care

Sometimes our patients come to harm (care that falls below our standards)

Some of our care environments are substandard, affecting patient experience and outcomes

Sometimes people experience fragmented services that aren't joined up and are confusing to navigate. There are gaps between organisations involved in a person's care

What is your experience of patient care?

Our vision
Building on our current strategy

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

GIG
CYMRU
NHS
WALES

How do this relate to you, in your role?

Our existing vision…
"A person's chance of leading a healthy life is the same wherever they live and whoever they are."

Our proposed vision, option one…
"Working together to improve health and reduce health inequalities across our communities, delivering outstanding quality of care for our patients every time."

Our proposed vision, option two…
"By 2030, deliver excellence in all that we do so that staff, patients and our populations have the best experience and outcomes."

Do you agree with either of the proposed visions?

Is there anything you would change?

Saunders, Nathan
01/01/2023 09:49:54

Our Purpose

GIG
CYMRU
NHS
WALES

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

Our purpose
"Caring for people, keeping people well."

Do you agree with our existing purpose?

Is there anything you would change?

Developing our strategic themes building on the principles in our current strategy

Proposed theme: **People**

Developing our strategic themes building on the principles in our current strategy

Proposed theme: **Quality**

| Deliver outstanding quality of care every time | Achieve the best outcomes for patients in line with what matters most to them | Care is timely, safe, accessible and effective | Working with our partners and population to improve health, wellbeing and to prevent ill-health |

Saunders, Nathan
01/02/2023 09:45:54

Developing our strategic themes building on the principles in our current strategy

Proposed theme: **Sustainable services**

Focus on improving population health and reducing risk of ill health

In the right place

In the right care setting for the care required, closer to home or at home where possible.

By the right team

Professionals with the right skills, training and expertise.

Supported by the right infrastructure
Flexible and fit for purpose community and hospital facilities, that harness digital technology and eliminate waste and unwarranted variation in services, to get the best value from resources available.

Saunders Nathan 01/02/2023 09.45.54

Developing our strategic themes building on the principles in our current strategy

Proposed themes: **Working in partnership**

Planning, commissioning and delivering integrated care with:

Health Board colleagues	**Local communities**

Local statutory partners

Third Sector partners

NHS commissioners	**Partner Health Boards**

Research and education partners

Saunders, Nathan
01/02/2023 09:45:54

Developing our strategic themes building on the principles in our current strategy

Proposed theme: **Acting for the future**

Advancing health care through research, clinical innovation and continuous improvement

Maximising our contribution to the local economy

Responding to the climate emergency

Saunders Nathan
01/02/2023 09:45:54

Proposed strategic themes:

People

Quality

Sustainable Services

Working in partnership

Acting for the Future

Do you agree these are the areas we should focus on?

Is there anything we have missed or should change?

What happens next?

Planned Timeline

Staff and key stakeholder engagement

January, February & March 2023

Review feedback and develop strategy

March to April 2023

Formal engagement on refreshed strategy

May to June 2023
(To be confirmed)

Launch of refreshed strategy

Autumn 2023

Saunders, Nathan
01/02/2023 09:45:54

Influence our strategy and help us be a good partner

Visit
www.shapingourfuturewellbeing.com
to complete our surveys and find other ways to get involved.
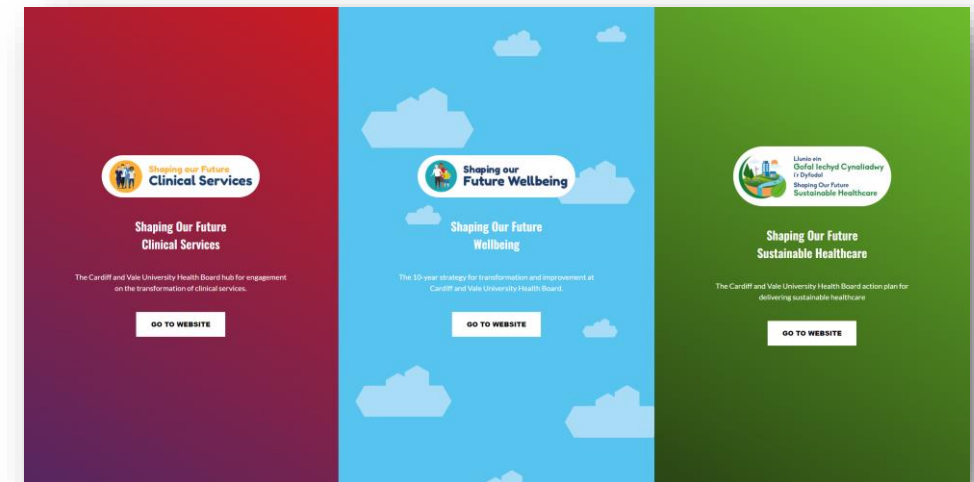
NOTE: The website and communications materials have not yet been developed while we test this engagement pack and gather initial feedback.

Report Title:	Progress against the People and Culture Plan (Year 1 Review)			Agenda Item no.	9
Meeting:	Local Partnership Forum	Public	x	Meeting Date:	8 Feb 2023
		Private			
Status *(please tick one only):*	Assurance	x	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:

At Cardiff and Vale UHB (the UHB) we pride ourselves on being a great place to train, work and live; with inclusion, wellbeing and development at the heart of everything we do.   We know that in order to meet our population's health and care needs effectively we are completely dependent on our workforce. However, we cannot achieve this by things remaining the way they are. We need to transform the way we attract, train, develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core.

In January 2022 the People and Culture Plan 2022-25 was approved by Board. This is our opportunity to improve the experience of staff, to ensure the improvements we have made over recent years continue, and to confront the challenges which have arisen as a result of the pandemic and subsequent recovery period. By achieving this we know that we will also improve the experience and outcomes of the people we care for. As we now approach 12 months since the Plan was adopted, this report will provide for the Strategy and Delivery Committee a summary of progress made, and how we have responded to the challenges faced.   It includes a case study on the work currently taking place within the Emergency Unit, and looks at what we are doing to stay on track and to evaluate whether the aims of the Plan are being met.

ABOUT THE PLAN

The People and Culture Plan sets out the actions we said we would take over the three-year period 2022-2025, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. Detailed objectives were developed to accompany the Plan which describe how we intended to achieve these ambitions and milestones were put in place to progress the agenda.

The Plan is built around 7 themes which are based on the those set out in the Workforce Strategy for Health and Social Care, with an added emphasis on retention in theme 3 to recognise the importance of retaining our workforce as well as recruiting new people:

1. **Seamless workforce models** - to support the integration of Health and Social Care services, to deliver a seamless, coordinated approach from different providers, based on outcomes that matter to the person
2. **Engaged, motivated and healthy workforce** - to have a workforce that feels valued and supported wherever they work
3. **Attract, recruit and retain** - to recruit and retain the right people with the right skills
4. **Building a digitally ready workforce** - to have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively and enhance their ways of working
5. **Excellent education and learning** - to ensure that education and development of the workforce remains a key priority, with an equitable approach to education provision and support for those who have additional learning need
6. **Leadership and succession** – to help our leaders embody collective, compassionate and inclusive leadership
7. **Workforce supply and shape** - to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

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Each theme has a People and Culture lead and a named staff (Trade Union) representative.

Monitoring of the Plan takes place through a number of channels:
- In depth progress updates are provided for each theme on a monthly basis, using flash reports to identify focus to date, next steps and any potential barriers/risks to delivery which require Executive intervention
- Period (approx. quarterly) workshops for the theme leads to get together and discuss what has gone well, what the challenges faced and ensure the different themes remain aligned
- High level progress updates to the Strategic Programme Portfolio Steering Group in the form of flash report **(attached as Appendix 1)**
- Quarterly monitoring of workforce indicators **(attached as Appendix 2)** (n.b Quarter 3 data will not be available in time to include in this report but a verbal update will be provided at the Strategy and Delivery Committee meeting.   The Committee is also asked to note that some of these measures take time to achieve

YEAR 1 PROGRESS

Progress has been made against each of the 7 themes, though by their very nature some of them will take longer to achieve than others. Summarised below are a few examples of the successes achieved over the past 12 months.

Seamless workforce models

- People and Culture leads for all SOFW Strategic Programme Portfolio projects identified
- Focussed People and Culture support to the development and delivery of the National Accelerated Cluster Development Programme including Pan Cluster Planning Groups (PCPG) and to the roll out of the local MDT cluster across CAV aligned to the @ Home Programme
- Co-production of innovative workforce model for 111P2
- Profiling of Peer Support Worker role in response to WG MH workforce consultation
- Continue to identify workforce priorities with LA colleagues. Opportunities within the Vale Alliance to be explored.
- Refine and develop the co-production/engagement model to inform decision making around service and workforce models
- Continue to embed the Physician Associate role by reinforcing the infrastructure

Engaged, motivated and healthy workforce

- A coaching network has been established and a coaching platform has been procured to support the process and relationship management; this also allows the coach to receive regular feedback from the coachee.
- Development of Peer Support, including Schwartz Rounds and MedTRiM
- Analysis of the engagement tool Winning Temp, Wellbeing Survey and the Senior Medical Staff Committee Survey to triangulate the findings, identify themes and make recommendations. Individual analysis of the different engagement mechanisms is also being used to inform key pieces of work around retention and wellbeing.
- Inner Wellness webinars - attendance at the three sessions was excellent, 470 people in total.
- Five Wellbeing retreats, initially accessed by individuals from the medical workforce feedback received has been very positive: "We had the chance to strengthen our relationships, reflect on what has been an intense past three years…and look to the future together as a team and a service…Just like all teams, the quality of care we provide to our patients and their families depends on how cohesively we work together. We already have great team spirit and unity but we can never take this for granted…Our away day…made the team feel truly valued by the Health Board and allowed us to consciously lock-in or "codify" some of the culture and values which make the [team] such a unique and wonderful place to work.
- Enhancement of Employee Wellbeing Service online and on-site support
- Establishment of a Cost of Living Task and Finish Group to support staff with their financial wellbeing. This Group has led a number of People and Culture Roadshows to listen to, support and signpost staff

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around the cost of living, wellbeing, HR queries etc.   During 'Talk Money Week' (7-11th November 2022) over 300 connections and discussions held with staff through these roadshows.

- Continue to listen to, support and grow lived experience staff networks, including the LGBTQ+, One Voice (for Black, Asian, or Ethnic Minority groups) and AccessAbility Networks
- Anti-Racist Wales Action Plan for Welsh Government received, Board Development planning in progress
- Improvements have been made to the environments many of our colleagues work in.   For example, 28 staff rooms have been refurbished, water fountains have been introduced, and art work has been installed in the Paediatric Emergency Unit in collaboration with the Health Charity which has had positive impact on the staff and patients.

Attract, recruit and retain

- Engaging in a significant rolling programme of Recruitment Events/Careers Fairs which is proving to be very successful. This has included running 3 of our own recruitment fairs in the Hilton Hotel, outreach activities to more than 3000 school children, and engaging with ex-military personnel and refugees.
- Attending a variety of events such to provide access to individuals who may not normally consider the NHS as a potential employer e.g. refugees, the long term unemployed, schools, and Black, Asian and Minority Ethnic Groups within the local community
- Increasing the number of Registered Nurses and HCSW's who are registered to work on our Bank.
- work has been undertaken with the Temporary Staffing Department to support and streamline recruitment, invoicing and governance issues
- 6 of the 7 Project Search Interns from Cohort one obtained permanent roles following completion of their course and more than 50 individuals who had been part of the Kickstart scheme secured permanent employment
- An additional 120 substantive HCSWs have been appointed since August as part of the ongoing Nursing Hub's Mass recruitment campaign. In addition, almost 400 HCSWs have been recruited to the Staff Bank since May 2022.
- The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional winter capacity. Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly.

Building a digitally ready workforce

- Agile working framework published
- Development of a training library to support staff in the use of Microsoft 365 applications. Initial data gathered to build up a library of short, top tip videos.
- Initial groundwork underway to promote the use of Viva Insights, a tool available from Microsoft to enhance digital wellbeing, across a directorate. This has also raised questions about other digital wellbeing initiatives which could be explored to support staff.
- Microsoft 365 tools, in particular SharePoint, are being used even more widely to circulate key details to staff
- A link has been established with Centre for Digital Public Services, with the aim of promoting their training offerings to further broaden the options for development that are available.
- Work is currently underway to allocate Microsoft 365 and NADEX accounts for staff who do not currently have them.

Excellent education and learning

- More than 215 overseas nurses achieved registration in 2022 which takes us to a total of 429 since programme inception.
- Enhanced 3-week long HCSW induction programme launched which includes 2 simulation days to allow the sign off of clinical competencies, reducing the assessment need in clinical areas and increasing the HCSWs' readiness for practice.

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- Extensive Improvement work has been undertaken with student representatives to improve the student experience
- Scoping work aligned to 'only do what only you can do principle' within Mental Health. This provides clarity re: band 2, 3 and 4 unregistered roles and identifies what only a registered nurse can do.
- Senior Nurse for Education representing Education Culture and Organisational Development on a multi-professional Non-Medical Prescribing Governance Group which is currently updating the UHB Non-Medical Prescribing Governance Framework
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- First cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and moved into the Band 4 Assistant Practitioner role
- The first cohort of the RCN cadets' scheme commenced in July 2022, with further cohorts planned for early 2023.

Leadership and succession

- Culture and Leadership Programme focussing 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 Leadership and Management Development opportunities, including programmes and development sessions, has been enhanced.
- Collaboration with the Innovation team and Change Hub continues to ensure pathways between programmes (Climb; Acceler8; Collabor8), and to support co-design and delivery.
- Manager as Coach Training taking place for Clinical Directors
- Equity and inclusion now form part of Collabor8 and Management Development Programmes to support the organisation in building an inclusive culture
- VBA process, documentation and training reviewed and adapted to enable and support managers and their teams to easily upload date of completion onto ESR.
- Development of bespoke OD interventions to support effective team performance and create healthy high performing teams

Workforce supply and shape

- Healthroster has been rolled out in the Temporary Staffing Department and more than 90 ward areas. The system is also being used by the Mass Vaccination/Immunisation team. The system has been implemented for Capital, Estates and Facilities bank workers and will be rolled out to the wider team over the next few months.
- ESRGO has been implemented. This is a live interface between ESR and Healthroster which means that staff changes will only need to be updated once and that budget establishments and daily staffing levels will be correct.
- Nurse establishments have been agreed and updated in ESR to ensure that our workforce data is accurate.
- Safe Care will be live from December 2022 in four pilot areas across the UHB. This allows rosters to be updated on the basis of patient acuity levels (ie clinical need) and will be implemented in all nursing areas The e-rostering team is working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- A programme of work has and will continue to be undertaken to improve the capture of equality and welsh language data in ESR.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories. This is in part due to the development of a Workforce Data SharePoint site to ensure data is accessible
- Baseline workforce plans are completed for C&W and Medicine Clinical Boards and have started for PCIC, MH, Surgery and Specialist.
- We are continuing to communicate with local authority colleagues to ensure that we work collaboratively. A scoping exercise looking at the different terms and conditions across NHS, Local Authority and Private Providers was conducted as part of the 1,000-bed initiative

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However, alongside the successes, there are a number of challenges which we continue to face such as:
- Cultural norms which get in the way of embracing new ways of working
- Providing a climate for innovation & creativity to enable solutions for real, lasting change
- Building a digital ready workforce so that access and geography are not a barrier
- Collaboration between health and social care is necessary
- Breaking down organisational barriers
- Staff are feeling exhausted and experiencing burnout
- ensuring our communication channels are enabling our staff to be involved, informed and have a voice
- Large scale vacancies and high turnover in a number of professions
- High competition from neighbouring Health Boards and other Health /Care employers
- High reliance on Bank and Agency
- Unprecedented workforce pressures are significantly compromising ability to release staff for training and development
- Leadership, management and clinical education is well established, however, there are limited development opportunities for many other staff groups which need to be addressed.

THE MAIN EFFORT - A CASE STUDY

Over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team have aligned the 7 themes to the following UHB priorities:
- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

By doing so we are able to ensure that our impact is maximised and makes a real difference where it is needed.   Following an inspection in EU/AU by HIW in June 2022 and a high number of staff leaving the department, it was decided to prioritise this area and support the leadership team through focused leadership development and retention activities.

The key headlines relating to the quality of management and leadership in the HIW report were:
- The workforce identified lack of equipment, inadequate staffing levels and skill mix, a poor relationship with senior management (including lack of visibility and support) and reduced access to education as issues. Rotation was reported to be a challenge as no supernumerary period was offered or provided and there was no additional training for several months (if at all); this had an overall impact on health & wellbeing
- Poor compliance with mandatory resuscitation training and other mandatory training
- A need to respond to and address the less favourable staff comments highlighted within the Quality of Management and Leadership section of the report

Workforce information for September 2022 showed high vacancies, high turnover, low VBA rate and high agency spend (year to date). The high number of staff leaving the department pointed to staff potentially feeling demotivated, burned out, stressed and disengaged.

	WTE	Stat & Mand	VBA	3-Month Cumulative Sickness	Turnover	Vacancies
Sept 2022	220.45	68.11%	18.95%	10.36%	16.83%	12.95%
Nov 2022	228.41	69.43%	34.51%	10.54%	17.64%	9.37%

A 6-month programme of focused work is currently taking place which involves the Head of People and Culture working closely with the leadership team, trade unions and staff.   Interventions include:

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- Development of a specific exit questionnaire based on the finding of the HIW report and assessment of the responses;
- An OD programme of work, supported by Clinical Psychology. This includes enabling reflection, encouraging future focus, developing relationships, improving wellbeing, communication skills, and a toolkit to support staff;
- A wellbeing programme with specific focus on supporting managers to have effective wellbeing conversations, develop tools for check-ins and check-outs; and also includes weekly on-site wellbeing support;
- Drop in sessions for staff held in partnership with TU representatives;
- Increased senior leadership visibility, including Executive visits;
- Development of an education plan to address compliance against resuscitation and other mandatory training and a robust induction programme for new starters
- Development of workforce recruitment and retention plan
- Recommencement of study leave and management days
- Development of a leadership training and development plan for EU/AU sisters
- Increasing VBA's
- Monthly meetings with team leaders
- Refurbishment of the Education Room in EU for staff to have some breathing space in a nice environment
- Photo board in the Department to show who is who

A number of additional recommendations were made to the Senior Leadership Board in December 2022 and will be followed up with the Medicine Clinical Board. This includes the development of an action plan to be owned and taken forward by the senior leadership team e.g. continue to engage with the OD programme, embed compassionate leadership, celebrate success/recognition, and the development of communication plan.

A strong baseline has been established through the KPIs, the HIW report and significant sources of feedback from staff and Sisters. At the time of writing, there had been little improvement in the KPI data available (November data) due to the time it takes for implementation of the improvements to result in improved outcomes, but it is hoped that there will be a positive change in January.

NEXT STEPS

The senior team within the People and Culture Directorate recently took part in an away day to enable time for reflection and planning around the People and Culture Plan. The team were asked to consider what has gone well over the last 12 months, how priorities may have changed, and what actions were needed after Winter to ensure that we are on track by the end of year 2.

This is due to be followed by a workshop for the Theme Leads to review the existing objectives in some detail, ensuring they remain fit for purpose, 'SMART' and are aligned to enable collaborative working across the themes.

A benchmark has been established in year 1 through the development of and reporting against KPIs as well as a number of 'softer' measures of successes such as staff engagement initiatives. We now need to determine a plan for monitoring and evaluation going forward so that we can highlight specific success and areas for improvement and be less dependent on 'macro' KPIs which can be influenced by many factors. This will be supported by reviewing the objectives to determine the outcome, rather than output, we are seeking to achieve. More regular, focused reports will be provided once the People and Culture Committee has been established and the Terms of Reference agreed.

In 2023 we will build on what has been achieved in Year 1, focusing on the Health Board priorities, ensuring that quality, improvement and efficiencies are at the forefront. We know that we are not providing the quality of services we could or should, so patients and staff don't have the best experience or outcomes. Over the next 12 months we will develop strategic workforce planning capabilities to enable us to move toward a more patient

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centred approach built around the skills needed to care for our patients.   We will also develop alternative workforce models by gaining a fuller understanding of our current and future workforce needs to release capacity, address gaps and build action plans.   The number of staff in non-traditional roles will increase, to reflect the skills required to care for our population, e.g. peer support workers, apprentices, Physician Associates, Assistant Practitioners, and multi-skilled support workers.   Strategic decision making will be supported by ensuring our workforce data is accurate, meaningful and accessible and by a move away from workforce reporting to people analytics. To enable this, in 2023 we will implement systems that provide the organisation with real time data for our workforce, including the roll out of Health Roster across all nursing areas by September 2023 and implementation of Safe Care.

As an organisation we will aim to deliver excellence in all that we do so that staff, patients and our populations have the best experience and outcomes. Our People and Culture Plan will help us achieve this aim.

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

The People and Culture Plan sets out the actions we said we would take over the three-year period 2022-2025 and was approved by Board in January 2022.   Progress has been made against each of the 7 themes though we continue to face a number of challenges.   Over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team have aligned the 7 themes to the UHB priorities of Wellbeing, Recruitment, Retention and Workforce Planning.   The existing objectives are due to be reviewed to ensure they remain fit for purpose, 'SMART' and are aligned to support collaborative working across the themes. We now need to determine a plan for monitoring and evaluation going forward so that we can highlight specific success and areas for improvement needed to keep the Plan on track for the next 2 years and ensure that the outcomes are achieved.

Recommendation:

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

7

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration	8	Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: Yes
Workforce risks and mitigating actions taken are described throughout this report
Legal: /No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy and Delivery Committee	24.01.22
Local Partnership Forum	08.02.22

Saunders Nathan
01/02/2023 09:45:54

8

Flash Report: People and Culture Plan
Date: January 2022

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Programme Lead	Lianne Morse	Project Status	⬤	Next Major Milestone:	Launch of the Plan at January Board

Focus to Date:

- Workforce support to the Community and Wellbeing Centres and Hubs
- Rehabilitation Programme including six workstreams: Keeping me Well, Living Well, Recovery and Wellbeing College, Long Covid Rehab, Prepare Well Orthopaedics and Prepare Well Cancer
- Nominations are being received electronically for the Staff Recognition Awards and shortlisting panels are being arranged
- Values and engagement sessions to be incorporated into the Management Skills programmes
- Four Band 4 Workforce Resourcing Officers commenced in December but are predominantly working on recruitment fast tracking to assist with service pressures.
- During Dec/Jan 351 vaccinators were appointed to the Bank and 52 Admin/Booking centre staff were appointed to support the expanded vaccination programme
- Attended meetings to review Digital ILA's. The UHB has been granted fully funded places, with applications accepted until 31st Mar. 2022.
- Proposal to support the development of CAV-CEHE website submitted to comms team and slippage funded posts to support website development currently being recruited to. Aim to launch website by 31/03/22.
- Inter-professional student placement project (IPSPP) commenced in partnership with Cardiff University and Cardiff Metropolitan University.
- The management development programmes have re-started with content adapted to ensure a focus on wellbeing.
- Phase one of coaching has commenced and currently identifying Senior Nurses who would benefit
- Held follow-up meeting with Workforce colleagues in LA and agreed what we collaborate on in the short, medium & long term.
- Attended Regional Workforce Partnership Board, provided feedback to AH & RG regarding future opportunities for integrated working with LA.

Next Step Priorities:

- Workforce meetings continue with LA colleagues to build relationships and shared plans
- Further develop the Hywel Dda workforce model for carers
- Set up coaching peer supervision for those joining the coaching network
- Phased implementation of the engagement tool
- Implement initiative for Starter questionnaires for newly appointed graduate nurses (to improve retention)
- Develop specific career promotion videos
- Continue to feed into the Digital Capability Framework, which is currently in development, with the aim of being ready for Q2 2022.
- Forming a working group spanning clinical, digital, workforce and wellbeing to develop guidance to develop guidance to support staff to utilise technology, without having a negative impact on wellbeing.
- Academy leads to instigate scoping work and identify key stakeholders to support academy development
- Progression of development workstream of nurse retention plan
- Finalise leadership development offering and launch March 2022
- Creation and sharing of leadership and management development opportunities in the form of 'bite-size' on-line learning
- Mapping exercise with DHI to ensure alignment and consistency in leadership offerings and messages
- Secure recurrent funding for the e-rostering team.
- Recruit B3 Support Workers in Feb/Mar.

⬤ Not started ⬤ On Track ⬤ At Risk ⬤ Off Track ⬤ Complete

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
- Collaboration and engagement across Health, Social Care and partners - Whole system pressures and COVID uncertainty - Investment to support schemes	- Monthly progress meetings to identify any delays and identify contingency plans.	- None at present other than to note the risk in relation to WOD team capacity to deliver during current operational pressures.

Flash Report: People and Culture Plan

Date: February 2022

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce.   We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.   This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

Programme Lead	Lianne Morse	Project Status	🟢	Next Major Milestone:	Official launch of plan and embedding it into sustainable position

Focus to Date:

- Staff Recognition Awards shortlisting panels taken place
- 39 coachees confirmed from Ward Managers and Deputies for the coaching network,
- Winning temp procurement completed
- Employment Satisfaction Survey for newly qualified nurses sent out by text
- 7 Interns with learning disabilities commenced placements via Project Search.
- National Apprenticeship week held w/c 7/2/22
- Finalising details of Digital Capability Framework (DCF) with HEIW working group. Evaluating capability statements and adding working examples, ready for publication of the framework
- CAV-CEHE website now approved comms team and slippage funded post to support website development has been filled. Content being mapped for March launch
- 231 overseas nurses have now achieved registration
- current cohorts of UHB management development programmes will end over the next 2 months. This will be followed by an evaluation to shape future provision.
- Medical Workforce Efficiency – e-job planning compliance over 80% Managed Locum Bank fill rate increased to 83%.
- People Analytics – ESR workforce Data for Nursing workforce now easily accessible through Sharepoint.
- Workforce Shape – Theatres have recruited 6x Band 4 Assistant Practitioners in training. District Nursing have secured funding to recruit & train 14x band 4 Assistant Practitioners in April 22. C&V are leading All Wales on the development of B4 AP roles in Mental Health services.

Next Step Priorities:

- Set up coaching peer supervision for those joining the coaching network
- Implement actions identified from HIT research e.g. pilot of schwartz rounds and medTRiM; staff room refurbishments, hydration stations
- Workshop for Temporary Staffing Department to be held in March
- Nurse recruitment events in Bristol and Birmingham
- Change of focus from transactional to inclusive recruitment
- Identify pilot group to engage with the DCF, focusing on engaging with a diverse range of users both in terms of digital capabilities and areas of the workforce.
- Establish Interprofessional Clinical Education Group and agree TOR
- Academy leads to instigate scoping work and identify key stakeholders to support academy development
- Launch Senior Leadership Programme comms 28th Feb 2022 for nominations
- Identification of key-speakers and bite-size learning / masterclasses
- Review CLIMB programme to ensure alignment and consistency in leadership offerings and messages. Also LIPS
- B4 AP – agree starting salary , e.g. Annex 21.
- Secure recurrent funding for the e-rostering team from May 2022.
- Recommence roll-out of HealthRoster for Nursing in March 2022.
- Remodel wards in 2022 – focusing on patient needs, skills required and opportunities for new/extended roles.

⚪ Not started 🟢 On Track 🟡 At Risk 🔴 Off Track 🔵 Complete

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
- Staff 'burnout' leading to increase sickness, decreased engagement, more conflict - Whole system pressures and COVID uncertainty - Collaboration and engagement across Health, Social Care and partners	Monthly progress meetings to identify any delays and identify contingency plans.	- None at present other than to note the risk in relation to WOD team capacity to deliver during current operational pressures.

Flash Report: People and Culture Plan Date: March 2022

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

Programme Lead	Lianne Morse	Project Status	🟢	Next Major Milestone:	embedding the Plan into sustainable position

Focus to Date:

- Staff Recognition Awards invites and final preparations being made for the 8th April
- Procurement for coaching platform in progress
- Medical staff identified as pilot group for safespace stress survey
- Revised application form for Facilities roles developed.
- Meetings held with Bank to restart and improve recruitment process – new advert going out within week. Also poster campaign to attract more Cardiff Students.
- 98 of the 135 overseas nurses have been appointed (73%) six weeks into the 10 weeks of interviews.
- Contact made with Wallich, an organisation supporting the homeless and Shelter Cymru to support their clients into employment.
- Promoted MSc in Digital Transformation: approx. 8 direct enquiries via email/Teams. Awaiting confirmation of places awarded from USW.
- Promoted MSc in Digital Transformation: approx. 8 direct enquiries via email/Teams. Awaiting confirmation of places awarded from USW.
- Urgent improvement plan and safety notice put place in response to concerns raised by Cardiff University Student Nurses
- Nurse education funding priorities being reviewed, particularly re: leadership and management provision in order to release funding to support the development of the nursing career development programme, Completion of Management Essentials and First Steps to Management Programmes
- E-Rostering - roll-out recommenced on 28/02/22, 12.5hr wards will be completed by Sept 22. Self billing has gone live. ESRGO still problematic but will not stop roll-out.
- Accessible Data – Sharepoint site under development, go live April 22.

Next Step Priorities:

- Communications to be arranged for implementation of the engagement tool – winning temp
- Reviewing the approach to Team Development
- Contact appropriate agencies to assist with employment of Ukrainians who have recently had to flee their country
- Workshop for Temporary Staffing Department arranged for 7 April to focus on customer service
- Phase in HCSW recruitment to TSD from Nursing Hub
- Meet with digital leads to assess training needs and co-ordinate expansion of training group.
- Develop training materials to support staff with enhancing their digital capabilities.
- Launch of shift management programme by 31/05/21
- Relaunch of Practice Development Nurse Forum 4/04/22 and Nursing and Midwifery Education Subgroup by 15/05/22
- Cascade Leadership Programme information through Staff Networks and support applications from under-represented groups
- Succession planning and talent management information received – review of materials in April 2022
- Secure recurrent funding for the e-rostering team from May 2022.
- Draft proposal in April to procure & implement an e-rostering system for Medical & Dental staff.
- Produce training guides, online learning to build capability of managers using ESR.

Not started ⚪ | On Track 🟢 | At Risk 🟡 | Off Track 🔴 | Complete 🔵

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
- Staff 'burnout' leading to increase sickness, decreased engagement, more conflict - Whole system pressures and COVID uncertainty - Securing funding for Overseas Nurse's programme facilitators and Healthroster	- Monthly progress meetings to identify any delays and identify contingency plans.	- Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. - Prioritise the decision on e-rostering business case that was presented to BCAG in November 2021.

Flash Report: People and Culture Plan
Date: April 2022

GIG | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

Programme Lead	Lianne Morse	Project Status	🟢		Next Major Milestone:	embedding the Plan into sustainable position

Focus to Date:

- Staff Recognition Awards invites and final preparations being made for the 8th April
- Procurement for coaching platform in progress
- Medical staff identified as pilot group for safespace stress survey
- Revised application form for Facilities roles developed.
- Meetings held with Bank to restart and improve recruitment process – new advert going out within week. Also poster campaign to attract more Cardiff Students.
- 98 of the 135 overseas nurses have been appointed (73%) six weeks into the 10 weeks of interviews.
- Contact made with Wallich, an organisation supporting the homeless and Shelter Cymru to support their clients into employment.
- Promoted MSc in Digital Transformation: approx. 8 direct enquiries via email/Teams. Awaiting confirmation of places awarded from USW.
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- Urgent improvement plan and safety notice put place in response to concerns raised by Cardiff University Student Nurses
- Nurse education funding priorities being reviewed, particularly re: leadership and management provision in order to release funding to support the development of the nursing career development programme, Completion of Management Essentials and First Steps to Management Programmes
- E-Rostering - roll-out recommenced on 28/02/22, 12.5hr wards will be completed by Sept 22. Self billing has gone live. ESRGO still problematic but will not stop roll-out.
- Accessible Data – Sharepoint site under development, go live April 22.

Next Step Priorities:

- Communications to be arranged for implementation of the engagement tool – winning temp
- Reviewing the approach to Team Development
- Contact appropriate agencies to assist with employment of Ukrainians who have recently had to flee their country
- Workshop for Temporary Staffing Department arranged for 7 April to focus on customer service
- Phase in HCSW recruitment to TSD from Nursing Hub
- Meet with digital leads to assess training needs and co-ordinate expansion of training group.
- Develop training materials to support staff with enhancing their digital capabilities.
- Launch of shift management programme by 31/05/21
- Relaunch of Practice Development Nurse Forum 4/04/22 and Nursing and Midwifery Education Subgroup by 15/05/22
- Cascade Leadership Programme information through Staff Networks and support applications from under-represented groups
- Succession planning and talent management information received – review of materials in April 2022
- Secure recurrent funding for the e-rostering team from May 2022.
- Draft proposal in April to procure & implement an e-rostering system for Medical & Dental staff.
- Produce training guides, online learning to build capability of managers using ESR.

⚪ Not started 🟢 On Track 🟡 At Risk 🔴 Off Track 🔵 Complete

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
- Staff 'burnout' leading to increase sickness, decreased engagement, more conflict - Whole system pressures and COVID uncertainty - Securing funding for Overseas Nurse's programme facilitators and Healthroster	- Monthly progress meetings to identify any delays and identify contingency plans.	- Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. - Prioritise the decision on e-rostering business case that was presented to BCAG in November 2021.

Flash Report: People and Culture Plan
Date: May 2022

GIG | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

Programme Lead	Lianne Morse	Project Status	🟢	Next Major Milestone:	embedding the Plan into sustainable position

Focus to Date:

- PushFar awarded contract for the coaching/ mentoring platform
- Winning temp – planned launch 10th May – engagement and communications are planned
- Appointed 10 of the 12 applicants with learning disabilities or autism via Project Search. These will start their placements in September 22.
- Attended a very successful careers event at the Capitol Shopping Centre Cardiff. In excess of 100 people provided with advice.
- Development session held with Staff Bank team to focus on customer service and reinforce their impact on patient care.
- 91 job offers made and 59 of these have already started work with Facilities following our social media adverts and inter work events since February 22.
- MSc in Digital Transformation: 4 places awarded to CAV UHB staff for March 2022 start (1x Senior Nurse, 1x AHP, 1x DH&I and 1x I&I). Started promotion for September 2022 (part-funded) cohort.
- Met with digital leads to assess training needs of workforce, to inform the Office 365 Training Group sessions. So far, 4 sessions have been held and both attendance and feedback has been encouraging.
- Recurrent funding for the e-rostering team secured.
- HWODs aligned to Strategic Programmes.
- Contributed to the National Nursing Workforce Plan, work to continue for Nursing.
- Head of Strategic Workforce Planning job description written, to be advertised in May.
- Accessible data – SharePoint site to go live by the end of April.
- The Acceler8 Senior Leadership Programme launched in April 2022, after more than 200 enquiries, 12 people were successful in starting the programme.
- Following interest in the Acceler8 Senior Leadership Programme, the Collabor8 programme is now in development and will be launched Autumn 2022.
- A talent management organisational diagnostic has been undertaken with HEIW and WOD leads have embarked on a series of workshops to shape talent management at an All Wales level.

Next Step Priorities:

- Winning temp – working closely with the comms team to deliver key messages
- Burnout survey – preparing the system and comms for launch
- Change of focus from transactional to strategic recruitment
- Work with Careers Wales to re-start work experience for students.
- Write Overseas Nurse Accommodation paper for management Exec
- Mapping external and internal training offerings to meet the needs of staff with identified needs, to establish developmental pathways to enhance their digital skills.
- Advertise Head of Strategic Workforce Planning role.
- Advertise and appoint to permanent e-rostering roles.
- Draft proposal in May to procure & implement an e-rostering system for Medical & Dental staff.
- Delivery of Acceler8, Cohort 1 and open expressions of interest for Cohort 2
- Design of Collabor8 Leadership Programme
- Improvement programme to reinvigorate VBAs

⚪ Not started 🟢 On Track 🟠 At Risk 🔴 Off Track 🔵 Complete

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
- Staff 'burnout' leading to increase sickness, decreased engagement, more conflict - Whole system pressures and COVID uncertainty - The quality of patient care/service provision will be compromised	- Monthly progress meetings to identify any delays and identify contingency plans.	- Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised.

Flash Report: People and Culture Plan
Date: June 2022

GIG | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

| Programme Lead | Lianne Morse | Project Status | 🟡 | | Next Major Milestone: | embedding the Plan into sustainable position |

Focus to Date:

- Wellbeing survey distributed to the wider medical workforce – closing date – 31st July 2022
- 30 Staff room refurbishments progressing with Estates colleagues
- Schwartz Round meetings held with interested areas
- 200 people participated at CAVUHB Careers Fair at Hilton Hotel, Cardiff on 04/05/22. 130 applications were received in total and 99 candidates successfully appointed. 2 more events planned for later in 2022
- TSD have recommenced advertising HCSW vacancies. 132 applications were received in their most recent recruitment. 98 applications have been short listed and invited for interview
- Retention Plan has been finalised and will now be implemented across UHB.
- Flexible part-time undergraduate programmes are now available for Physiotherapy and Occupational therapy and HEIW funding has been provided to support one member of C&V staff for each programme.
- First cohort of the RCN cadets scheme will commence on 25/07/22
- Involved in CD&T digital transformation programme – this will support roll out of UHB wide framework
- Acceler8 Cohort 1; Module 4 completed at 4PI with support from Executive Director of Planning and Performance. Positive feedback to date from participants.
- Collabor8 programme is now in development, including engagement with interested individuals who did not get onto Acceler8. Programme will be launched in September 2022.
- VBA training continuing, focused and targeted support being offered to areas / managers requiring VBA to enable pay progression to ensure completed effectively
- E-Rostering – HealthRoster implemented in approx. 50 ward areas
- E-Rostering for Medics – initial procurement process complete, lots of providers expressing an interest
- Strategic Workforce Plan for Nursing – refreshed & re-submitted

Next Step Priorities:

- Final preparation for the staff recognition awards
- Develop guides and implement the coaching/ mentoring platform for existing relationships
- Inclusive inner wellness seminars to be delivered July; August; September
- Customer survey to be developed and implemented for TSD
- Present Overseas Nurse Accommodation paper at management Exec.
- Submit bid to Charitable Funds to develop careers videos.
- Work plan for multi-professional clinical education group
- Engaging in phase 2 of digital capability framework development with HEIW, to be rolled out across the UHB.
- Funding for overseas nurses programme team
- Improvement programme to reinvigorate VBAs
- Revisit Talent Management process / details with Executive Team, cascade.
- Engagement with identified areas to develop mentor network
- Coaching for Performance focused work with Aspiring Clinical Directors and Estates Team
- Complete HealthRoster roll out of 12.5hr wards by 30/09/22.
- Agree a rate card for M&D locums, ideally nationally but if not achievable locally.
- Extend Medacs contract for 24months – run M&D Staff Bank.
- Implement Recruitment Optimisation Process(RPO) to recruit permanently to difficult to fill roles, therefore reducing agency spend.

⚪ Not started 🟢 On Track 🟡 At Risk 🔴 Off Track 🔵 Complete

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
- Medacs contract expires in Aug 22. - Increased requests across CBs re leadership capability - Risk to successful completion of Overseas Nurse's programme as funding for necessary facilitators required. - Poor engagement caused by exhaustion / burnout	- Regular reporting to ED of P&C to identify any delays and identify contingency plans.	- Decision to extend the Medcas contract for the M&D Staff Bank – 24 months. - Decision to implement the Recruitment Optimisation Process (RPO) via Medacs. - Funding for International Nurse Recruitment Campaign. - Decision on procuring an e-rostering system for M&D workforce.

Flash Report: People and Culture Plan Date: July 2022

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

Programme Lead	Lianne Morse	Project Status	🟡		Next Major Milestone:	embedding the Plan into sustainable position

Focus to Date:

- Inner Wellness Webinar (1 of 3) delivered, positive feedback and high attendance
- Anti-Racist Wales Action Plan for Welsh Government received, UHB plan development underway with support from One Voice Network
- Winning temp engagement app launched 18th July (initially for the Nursing workforce, inc. ODPs)
- Successful bid to UHB's Charitable Fund for almost £10k to develop career promotion videos
- Full funding has been provided to support 15 work experience placements with the Prince's Trust. These will commence in the Autumn.
- The recent recruitment campaign for HCSWs by the Temporary Staffing Department resulted in 98 being interviewed and 64 being appointed
- Developed a training library to support staff in the use of Microsoft 365 applications
- Phase 2 steering group for All Wales DCF is now underway to refine and shape the implementation and development of Digital Capabilities Framework
- Band 6 HEIW funded HCSW development post to support therapies and support services advertised
- Procurement issues related to the CAV Centre of Excellence for Health Education Website now resolved and phase 1 development underway
- VBA process and training has been adapted to enable and support managers and their teams easily upload date of completion. Shortened VBA form provided, designed with input from TUs.
- Manager as Coach Training to be provided for CDs and discussions taking place re positioning for CEF.
- Agreement secured to progress with procurement tendering process for an e-rostering system for M&D workforce.
- Agreement in principle to continue with Medacs contract for M&D Staff Bank (BCAG approval required)
- Recruitment Optimisation Process (RPO) agreed in principle for 'hard to fill' M&D vacancies. (BCAG approval required for completeness)

Next Step Priorities:

- Arrange coaching peer supervision training
- Establish schwartz rounds steering group
- Winning temp – monitor uptake and communicate results
- Nurse Recruitment events in Bristol and Birmingham
- Work with Careers Wales to re-start work experience for students.
- Employment Satisfaction Survey for newly qualified staff has concluded with 22% response rate. Findings are now being reviewed and discussed at Nurse Retention Group
- Collate resources into learning pathways aligned to the DCF.
- Launch of multi-professional clinical education group
- Funding for overseas nurses programme team
- Finalise Collabor8 Leadership Programme
- Delivery of Coaching for Performance focused work with Aspiring Clinical Directors and Estates Team
- HealthRoster for CEF project plan, timescales, etc.
- Programme Board & workstreams to be established to accelerate P&C plan – reduce high cost agency workers
- Accelerate review workforce models/skill mix changes – ward areas.

⚪ Not started 🟢 On Track 🟡 At Risk 🔴 Off Track 🔵 Complete

Major Programme Risk:

- Medacs contract expires in Aug 22.
- Increased requests across CBs re leadership capability
- Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required.
- Poor engagement caused by exhaustion / burnout

Mitigating Action:

- Regular reporting to ED of P&C to identify any delays and identify contingency plans.

Decision / Intervention required from Execs:

- BCAG approval extend the Medacs contract for the M&D Staff Bank – 24 months & RPO.
- Funding for International Nurse Recruitment Campaign.
- Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability

Flash Report: People and Culture Plan
Date: August 2022

GIG CYMRU NHS | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

Programme Lead	Lianne Morse	Project Status	🟡		Next Major Milestone:	embedding the Plan into sustainable position

Focus to Date:

- Medical Workforce Wellbeing survey closed, analysis in progress (378 responses received)
- Winning temp – currently 11% participation, index of 6.4 (7.5 overall desired index)
- Financial Wellbeing task and finish group established.
- Phlebotomy, ODP, HR, Apprenticeships, Dietetic Assistant, Catering & Housekeeping Promotional videos agreed
- Monthly adverts for bank in place (first week of month)
- 6 out of 7 Project Search Interns have now been offered employment at CAVUHB
- Second development phases underway on All Wales DCF (Digital Capabilities Framework), focusing on engagement with Nursing and Mental Health workforces.
- review of ILA MSc Digital Transformation offering based on CAV participant feedback.
- First cohort of RCN cadet's have joined the UHB.
- UHB led collaborative review of the All Wales Practice Learning framework underway 6 months post implementation. Significant challenges around agreeing national approach to some skills
- UHB led Assistant Practitioner (Nursing) Governance Framework now going through approval processes via national groups.
- Acceler8 Cohort 1; Module 6 completed. Delegates preparing for final Module 7, includes presentation.
- Draft programme for Collabor8 complete, working with key stakeholders (I&I; Change Hub). Programme will be launched, including seeking nominations, in September 2022.
- Shortened VBA form cascaded, includes ESR upload instructions.
- M&D Staff Bank contract extended for 12 months.
- HealthRoster for CEF project plan, timescales, etc.
- Increase Community Capacity - T&Cs mapping exercise for Care Workers commenced to include Health, LA and independent providers.

Next Step Priorities:

- Wellbeing Retreats evaluation and MDT developments
- Establish schwartz rounds steering group and identify clinical leads
- Winning temp – analysis and communication of initial themes / messages
- Afghan & Ukrainian Refugees Recruitment Event
- Present Overseas Nurse Accommodation paper at management Exec.
- Find suitable placements for Prince's Trust work experience placements
- Continue to populate the Microsoft 365 training library based on questions raised by staff, feedback from a questionnaire to assess digital skills and the release of new support resources.
- Develop resources pathways that take staff through the different levels of the DCF
- Launch of multi-professional clinical education group
- Funding for overseas nurses programme team
- Academy of learning (Support Services) workstream
- Evaluation of Acceler8, Cohort 1
- Delivery of Coaching for Performance focused work with Aspiring Clinical Directors and Estates Team
- Number of team development days scheduled for Sept 22, e.g. finance; health charity; people services; PCIC
- Develop programme board for improving quality through workforce efficiencies.
- Accelerate review workforce models/skill mix changes – ward areas.
- Accelerate new roles, e.g. B4 Assistant Practitioner for ward areas

🔘 Not started 🟢 On Track 🟡 At Risk 🔴 Off Track 🔵 Complete

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
- Central Funding for e-job planning and e-rostering systems - Increased requests across CBs re leadership capability - Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required. - Poor engagement caused by exhaustion / burnout	- Regular reporting to ED of P&C to identify any delays and identify contingency plans.	- Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. - Funding for International Nurse Recruitment Campaign. - Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability

Flash Report: People and Culture Plan
Date: September 2022

GIG | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

| Programme Lead | Lianne Morse | Project Status | 🟡 | | Next Major Milestone: | embedding the Plan into sustainable position |

Focus to Date:

- identifying workforce and OD priorities with LA colleagues. Opportunities within Vale Alliance to be explored
- Increased requests re Team Development; Cultural Survey Work; Support with MES follow-up engagement; Coaching for Senior Leaders
- Anti-Racist Wales Action Plan for Welsh Government received, Board Development planning in progress
- 9 Exit Interviews conducted in EU following an increase in turnover. Information currently being collated for CB
- The Temporary Staffing Department continue to diversify the professions employed on the bank and have recently appointed 7 Dental Nurses and recent advert have generated 67 applications for a variety of Lab support posts and 1 pharmacist.
- 10 new apprentices started in September including 5 Building Service Engineers taking the overall total to 34 Apprenticeships across the UHB.
- Conducting and documenting a department level digital transformation project to act as a model for wider roll out
- Working with Therapies and the Microsoft 365 Centre of Excellence, to identify and develop ways to automate processes. - anticipated that it will be possible to create a library of automations that can be adopted across the UHB
- Multi-professional Clinical Education Group (MCEG) has launched and Nursing and Midwifery Education Subgroup (NMES) has re-launched, both will support the development of the Academy of Clinical Education.
- New enhanced 3 week long HCSW induction programme to support recruitment for winter pressures.
- First cohort of ACCELER8 participants have now completed the programme. The second cohort will begin next week, featuring 18 senior leaders from across the UHB.
- Final Inner Wellness Webinars taking place this week. Feedback to date has been positive, with a number of participants enquiring about what's next.

Next Step Priorities:

- Establish the infrastructure to support and develop Peer Support Worker (with lived experience) role
- Continue to embed the Physician Associate role while reinforcing the infrastructure
- Arrange coaching peer supervision training – dates being finalised
- MedTRiM training and implementation
- Wellbeing Strategy and Framework development
- Work with Careers Wales to re-start work experience for students.
- Employment Satisfaction Survey for newly qualified staff has concluded with 22% response rate. Findings are now being reviewed and discussed at Nurse Retention Group.
- Continue to populate the Microsoft 365 training library based on questions raised by staff, feedback from a questionnaire to assess digital skills and the release of new support resources.
- Funding for overseas nurses programme team
- Academy of learning (Support Services) workstream
- Roll out of Compassionate Leadership module, designed in conjunction with Prof. M. West is underway. Involved in the initial group reviewing their resources prior to launch. Anticipating that these can be integrated into L&M programmes either directly or through signposting
- COLLABOR8 programme will commence October 2022.
- Manager as Coach training for CD's dates have been finalised, with 2 cohorts due to run during October and November.

⚪ Not started 🟢 On Track 🟡 At Risk 🔴 Off Track 🔵 Complete

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
- Increased requests across CBs re leadership capability - Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required. - Poor engagement caused by exhaustion / burnout	- Regular reporting to ED of P&C to identify any delays and identify contingency plans.	- Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. - Funding for International Nurse Recruitment Campaign. - Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability - Recognition of the risks and to take into consideration capacity to deliver due to limited resource

Flash Report: People and Culture Plan
Date: October 2022

GIG | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

| Programme Lead | Lianne Morse | Project Status | 🟡 | | Next Major Milestone: | embedding the Plan into sustainable position |

Focus to Date:

- Financial Wellbeing and Cost of Living Support-task & finish group established. Bespoke financial wellbeing webpages developed for staff on the Sharepoint site.
- Inner Wellness webinars concluded in September (470 attendees) and 5 wellbeing retreats have taken place since July 2022 with 47 individuals from medical workforce.
- Winning Temp Platform has had 887 responding users, giving a participation rate of 13% over the past 3 months. Highest scoring areas of engagement include Team Spirit, Self-Leadership and Commitment; lowest scoring areas include Work Situation, Job Satisfaction and Sustainability.
- Further 4 Widening Access events with schools held to promote NHS careers. This takes the total to 43 since Feb 22.
- During September to November, the UHB will have 44 Overseas Nurses and around 190 newly qualified nurses start employment with the UHB.
- 6 Project Search Interns obtained permanent roles following completion of their course. 51 Kickstarter have now secured permanent employment since the launch of the scheme.
- Implemented the new recruitment modernisation process and digital ID checks to facilitate shorter times to recruit new staff
- initial engagement with Centre for Digital Public Services to scope out training offerings for staff aligned to the DCF.
- Funding secured from HEIW for a six-month 8a Practice Learning Lead. This role will help improve the nursing and midwifery student experience and enhance placement learning.
- First cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and will now move into the Band 4 Assistant Practitioner role.
- Acceler8 Cohort 1 was completed and evaluated positively - members have now joined the Leadership Alumni with Climb Delegates. Cohort 2 commenced.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories.

Next Step Priorities:

- Analysis of the Winning Temp data, Wellbeing Survey and the SMSC Survey is taking place in October 2022 to triangulate the findings, identify themes and make recommendations. Individual analysis of the different engagement mechanisms being used to work around retention and wellbeing.
- MedTRiM Practitioner Training to start with over 70 people signed up to develop their peer support skills.
- Two clinical leads for Schwartz Rounds have been nominated, the final lead will be confirmed in October followed by establishing training dates for the Leads and Steering Group.
- The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional winter capacity.
- Major focus on Recruitment and retention initiatives to support the 'Main Effort.
- Liaising with IM&T to work with stakeholders to develop training approaches to enable the workforce to utilise digital technology: shifting the focus from learning the tool, focusing on ways to develop skills that will enable the workforce to be more adaptable when new technology is adopted.
- Collabor8 leadership programme will commence in October 2022. This provides a stepped approach to leadership development by providing the step before the Acceler8 Senior Leadership Programme.
- Series of leadership and management masterclasses / bite size sessions being developed to support the need identified over Winter.
- The People Analytics team are working with managers to improve the accuracy of data in ESR, next month ESRGO will be added to the HealthRoster system which will drive the accuracy of data in ESR.
- Safe Care will be live from December 2022 in four pilot areas across the UHB. The e-rostering team will be working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- Programme of work to improve the capture of equality and welsh language data in ESR.

Major Programme Risk:

- Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required.
- Poor engagement caused by exhaustion / burnout.

Mitigating Action:

- Regular reporting to ED of P&C to identify any delays and identify contingency plans.

Decision / Intervention required from Execs:

- Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised.
- Funding for International Nurse Recruitment Campaign.
- Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability
- Recognition of the risks and to take into consideration capacity to deliver due to limited resource compared to ask. Prioritisation will have to take place.

⚪ Not started 🟢 On Track 🟡 At Risk 🔴 Off Track 🔵 Complete

Flash Report: People and Culture Plan
Date: November 2022

GIG CYMRU WALES / NHS — Bwrdd Iechyd Prifysgol Caerdydd a'r Fro / Cardiff and Vale University Health Board

> **Exec Summary:** To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

Programme Lead	Lianne Morse	Project Status	🟡		Next Major Milestone:	embedding the Plan into sustainable position

Focus to Date:

- Cost of living web-pages for staff have been developed which includes signposting to MoneyHelper, an advice and guidance provider recommended by Welsh Government. Cost of Living Roadshows held across sites during November 2022.
- Staff Wellbeing Framework development has commenced with a benchmarking exercise and collaboration with TU Partners. Options will be considered by the Strategic Wellbeing Group in December 2022.
- positions were fast tracked by People Resourcing to enable faster recruitment to departments such as Facilities, Catering, Finance, and Temporary Staffing
- A revised Exit Questionnaire and new process for submissions has been developed.
- Skill mix for additional winter capacity has been identified and posts are being advertised.
- Undertaking Open Your Eyes Week in collaboration with Cardiff Commitment by delivering presentation to 103 school classes (3000 pupils) virtually to increase NHS awareness to school ages
- Further development of a training library to support staff in the use of Microsoft 365 applications. Groundwork has been set up to facilitate the ability for people to contribute short videos, showcasing some of the ways they're using Microsoft 365 tools to overcome issues they're facing in the work place.
- Extended HCSW induction programme launched which will support mass recruitment
- Series of leadership and management masterclasses / bite size sessions being developed to support the need identified over Winter
- Safe Care will be live from December 2022 in four pilot areas across the UHB. The e-rostering team will be working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories.
- The People Analytics team are working with managers to improve the accuracy of data in ESR, this month ESRGO is being added to the HealthRoster system which will drive the accuracy of data in ESR.

Next Step Priorities:

Over the winter months focus will be focusing on the 'Main Effort' and the P&C team aligned to 4 key priorities: Wellbeing (including cost of living support); Recruitment; Retention; and Workforce Planning

Microsoft 365 accounts for staff – more and more services are being rolled out that require this, but progress is still (seemingly) slow. This is becoming even more vital, considering the volume of communications that are sent out to staff that is reliant on them having access to a Microsoft 365 account.

⚪ Not started 🟢 On Track 🟡 At Risk 🔴 Off Track 🔵 Complete

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Poor engagement caused by exhaustion / burnout.	• Regular reporting to ED of P&C to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability

Flash Report: People and Culture Plan Date December 2022

GIG CYMRU NHS | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale

Exec Summary: To meet our populations health and care needs effectively we are completely dependant on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. This plan is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

Overall Programme Report

Programme Lead	Lianne Morse	Project Status	🟡		Next Major Milestone:	embedding the Plan into sustainable position

Focus to Date:

- A series of People and Culture Roadshows were held across the UHB during Talk Money Week' and a number of training sessions/presentations around financial wellbeing have been held
- Continuation and enhancement of Employee Wellbeing Service online and on-site support
- Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly at Workforce Hub meeting
- Trac modernisation has been implemented successfully which will reduce the appointment to start times.
- Occupational Health are continuing to process all Pre-employment Health Declarations as a priority and are processing 600-700 forms per month
- Focussed work is currently taking place within EU/AU to maximise impact. Interventions include: exit questionnaire development and analysis, OD programme of work, continuation of the wellbeing programme for EU staff, drop in sessions for staff held in partnership wit TU representatives, increased senior leadership visibility including Executive visits, and support for the Clinical Board to create an action plan.
- Anti-Racist Wales Action Plan for Welsh Government received, Board Development planning in progress
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- Culture and Leadership Programme focussing 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.
- Enhancement of Leadership and Management Development offer and continuation of programmes and development sessions
- Engaging with the Clinical Boards to develop a baseline summary of nursing workforce data with a view to understanding the current nursing position and the challenges and opportunities for change
- E-Rostering Team appointed and are accelerating Nursing roll-out
- 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

Next Step Priorities:

Over the winter months focus is on the 'Main Effort' and the P&C team aligned to 4 key priorities: Wellbeing; including cost of living support); Recruitment; Retention and Workforce Planning

Review key deliverables and milestones to help evidence progress towards overarching objectives
Winning temp – analysing and sharing results
Development of a work and wellbeing passport to work in collaboration with the managing attendance at work policy.
Two new programmes are under development to support the 'grow our own' approach. These focus on 'Return to Registration' to support nurses to regain NMC registration via the NMC Test of Competence rather than a HEI return to practice programme and 'Novice to Nurse' to develop HCSW to Registered Nurse
Development of Leadership and Management Masterclasses to support retention and wellbeing priorities
Establish coaching capacity and process for requesting coaching / signposting to coaching providers.
Plans to accelerate training for Safe Care, aim to complete by March

⚪ Not started 🟢 On Track 🟡 At Risk 🔴 Off Track 🔵 Complete

Major Programme Risk:

- Poor engagement caused by exhaustion / burnout.
- Capacity and dedicated skills/resource to support workforce planning and dev. Of new roles
- Limited focus on long term workforce planning to build sustainable workforce models
- Central Funding for e-job planning system and e-rostering

Mitigating Action:

- Regular reporting to ED of P&C to identify any delays and identify contingency plans.
- Workforce planning training to be developed in 2023 to improve knowledge and capability

Decision / Intervention required from Execs:

- Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised.
- Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability.

People & Culture Plan - Performance Indicators 2022-2023

Indicators	Target	Baseline as at Jan 2022	QTR 1	QTR 2	QTR 3	QTR 4	RAG
				2022-23			
Reduce Turnover across all staff groups	7-9% by 22-23	12.58%	13.58%	13.37%	13.40%		
Reduce vacancies across all staff groups	5% or below by 23-24	7.95%	9.60%	8.46%	8.16%		
Reduce % of sickness absence to a more sustainable position (cumulative)	to 6% in 22-23 and 5.5% in 23-24.	6.68%	7.16%	7.12%	7.12%		
Reduce the % of staff on long term sick leave suffering with stress, anxiety, depression	by 10% in 22-23 and a further 10% in 23-24.	26.67%	26.44%	27.35%	25.66%		
Streamline recruitment processes, reduction in time to hire - T14 Time Taken Vacancy Creation to Unconditional Offer	12 month reduction - National target 71.00 days	90.20	85.30	89.60	84.40		
Raise awareness of the importance of undertaking appraisals with staff and increase compliance	50% in 22-23 and 85% in 23-24.	33.70%	32.49%	41.81%	49.25%		
Increase the number of staff who access learning, development and training opportunities, including e-learning, virtual learning, etc.	By 50% by 23-24		5,689	4,308			
Increase number of staff undertaking the Senior Leadership Programme	36 by end 22-23	0	10	10			
Improve Staff Engagement Score %	Annual Improvement	3.7	N/A	N/A			
Improve Statutory & Mandatory Training compliance % across all subjects	85%	72.43%	72.43%	73.51%	75.30%		
Increase % of Job plans approved in the e-job planning system	85%	18.56%	29.38%	42.43%	39.88%		
Increase the capture of EDI data in ESR %	85%	21.52%	22.69%	23.08%	24.70%		
% of staff identified as BAME	TBC - Release of Census data Oct-22	10.82%	11.14%	11.24%	11.87%		
% of staff identified as having a disability	TBC - Release of Census data Oct-22	4.42%	4.94%	5.06%	5.46%		
% of staff identified as female	TBC - Release of Census data Oct-22	76.38%	76.51%	76.58%	76.47%		
% of staff identified as male	TBC - Release of Census data Oct-22	23.62%	23.49%	23.42%	23.53%		
% of staff identified as LGBTQ+	TBC - Release of Census data Oct-22	3.09%	3.35%	3.81%	3.95%		
% of staff identified as being on maternity leave	TBC - Release of Census data Oct-22	2.48%	2.41%	2.32%	2.30%		
% of staff identified as being married/in a civil partnership	TBC - Release of Census data Oct-22	48.14%	47.30%	47.12%	47.41%		
% of staff identified as minority religion	TBC - Release of Census data Oct-22	3.17%	3.29%	3.46%	3.70%		
Increase the capture of Welsh Language capability data in ESR %	85%	36.27%	36.18%	36.32%	36.10%		
Staff learning Welsh language: -							
Welsh language skills (entry to foundation)	Annual Improvement	5.99%	6.27%	6.37%	6.58%		
Welsh language skills (intermediate)	Annual Improvement	0.83%	0.81%	0.87%	0.91%		
Welsh language skills (higher to proficient)	Annual Improvement	2.77%	2.82%	2.88%	2.83%		
No of Apprentices employed within the UHB	50	21	4	7	9		
No of Apprentices offered permanent positions following their apprenticeship	5	16	2	2	0		
Increase % of existing staff utilising the apprenticeship training framework to develop, upskill, etc	240	1508	81	46	43		
Reduction in variable pay bill	12 month reduction	10.64%	10.46%	10.77%	10.77%		
Reduction in monthly agency spend as a % of the total pay bill	12 month Reduction	3.21%	3.14%	2.99%	3.22%		
Increase % of Medical & Dental staff accessing ESR in previous 3 months	No target - increasing %	65.70%	76.42%	84.57%	81.48%		
Increase % of staff with work email addresses (measure as recorded in ESR)	No target - increasing %	60.46%	59.03%	59.13%	59.45%		
Increase no of active, qualified coaches at level 5 & 7	increase from 0 to 50 by 2024	0	0	0			
Increase no of active, qualified mentors	increase from 0 to 30 by 2024	0	0	0			
E-Rostering - No of areas trained	Set as per rollout plan	0	58 Migrated - 23%	90 Migrated - 43%	90 Migrated - 43%		
E-Rostering - No of areas live to Payroll		0	6 Live to Payroll	90 Live to Payroll	90 Live to Payroll		
Workforce Shape - increase % of new/extended roles, e.g.:							
Physician Associates (Pas)	increase from 10-26 by 2024	13.00	16.20	16.20	19.20		
Nursing Assistant Practitioner, Band 4		0.00	0.00	0.00	0.00		
Assistant Practitioners, B4 - Theatres		0.00	0.00	0.00	0.00		
Advanced Nurse Practitioners		27.60	26.44	27.60	34.47		
Surgical Care Practitioners		2.59	2.00	2.00	2.00		

Report Title:	C&V Integrated Performance Report		Agenda Item no.	12	
Meeting:	Local Partnership Forum	Public	X	Meeting Date:	8 February 2023
		Private			
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 the Board with 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 2		Tobacco	Standard	Trend	2022 / 23 Qtr 2
% of children up to date with scheduled vaccines by 4 years of age	95%	na	80.2%	**	% of smokers who become treated smokers	5%	na	0.5% **
			Standard	Nov-22	% of treated smokers who quit at 4 weeks	40%	na	80% **
% of adults aged 50 years and over who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	71%	*				
% of people aged 5-49 years in a clinical risk group who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	37%	*				

Quality & Safety

Patient Satisfaction	Standard	Trend	Nov-22	Mortality	Standard	Trend	Sep-22
30 day complaints response compliance %	75%		77%	Myocardial Infraction within 30 days of admission, age 35-74 (Rolling 12 Months)	na		4.8%
Patient Experience			Nov-22	Stroke within 30 days of admission (Rolling 12 Months)	na		15.0%
Patient Experience	na		73%	Hip Fracture within 30 days of admission, age 65 and over (Rolling 12 Months)	na		2.6%
Falls			Nov-22	Crude Mortality (Last Week of the month)	0		26
Slips Trips and Falls (30 day moving total)	na		313				Sep-22
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		51	Still births (Rolling 12 Months)	na	na	23
Serious Incidents	Standard	Trend	Nov-22	**Infection Control**			Oct-22
Nationally Reportable Incident (SI)**	na		13	All Reported Infections (Rolling 12 Months)	743		771
Number of Never Events	0	na	0				

Workforce

	Standard	Trend	Nov-22		Standard	Trend	Nov-22
Sickness Absence Rate (in-Month)	6%		6.9%	Turnover Rate	7% - 9%		13.7%
Sickness Absence Rate (12-Month Cumulative)	6%		6.7%	Mandatory Training Compliance	85%		75.4%
Values-Based Appraisal Compliance	85%		47.6%	Fire Training Compliance	85%		66.3%
Medical Based Appraisal Compliance	85%		76.7%				

Operational Performance

	Standard	Trend	Dec-22		Standard	Trend	Oct-22
A&E 12 hour waiting times	0		1177	Mental Health Part 1a - Assessments within 28 days	80%		100.0%
A&E 4 hour waiting %	95%		61.0%	Mental Health Part 1b - Therapy Commencing within 28 Days	80%		95.0%
Ambulance Handover Times >1 hour	0		715				Dec-22
Ambulance Handover Times >4 hour	0		33	Total number of medically fit for discharge patients	na	na	285
Number of 12 hour trolley waits	0		144	Total number of bed days lost	na	na	12157
Number of Patients over 24 hours in EU	0		1359	Average number of bed days lost per patient	na	na	43
			Nov-22				Nov-22
RTT Waiting less than 26 weeks %	95%		56.6%	Number of Patients Delayed over 100% for follow-up Appt	0		46583
RTT Waiting Over 36 Weeks	0		40775				Oct-22
RTT Waiting Over 52 Weeks	0		26391	Single Cancer Pathway	75%		54.8%
RTT Waiting Over 104 Weeks	0		5553	Total number of patients on Single Cancer Pathway	na		2655
RTT Waiting Over 156 Weeks	0		885	Total number of patients on Single Cancer Pathway over 62 days	0		331
Diagnositcs >8 weeks Wait	0		3654	Total number of patients on Single Cancer Pathway over 104 days	0		141
			Nov-22				Nov-22
GP OOH 'emergency' patients requiring an attendance at a primary care centre within 1 hour	90%		100% #	Stroke: thrombolysed patients door to needle performance <=45 mins	100%		27%
GP OOH 'emergency' patients requiring a home visit within one hour	90%		83%	Stroke: CT scan performance 1 hour	100%		40.3%
			Oct-22	Stroke: 4 hours to ward	100%		17.2%
#NOF: Time to ward performance (4 hours)	na		1.2%				
#NOF: Time to theatre (36 hours)	na		54.5%				

Finance

	Standard	Trend	Nov-22		Standard	Trend	Nov-22
Deliver 2022/23 Draft Financial Plan	£17.1m planned deficit	na	£18.147m deficit	Delivery of £4m non recurrent target	£4m	na	£6.867m
Remain within capital resource limits.	Within planned expenditure £19.995	na	£17.872m	Creditor payments compliance 30 day Non NHS (Cumulative)	95%		94.5%
Reduction in Underlying deficit (Forecast)	Reduce from £29.7m to £20.0m	na	Forecast Year End ULD £29.7m	Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit
Delivery of recurrent £15.400m 1.5% devolved target (Forecast)	£15.4m	na	£12.477m	Maintain Positive Cash Balance	Positive Cash Bal.	na	£5.716m

* 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 illness update:

- **Epidemiology**
  - In early December 2022 there were mixed signals from Covid surveillance indicators
  - There had been a rise in clusters of cases in care homes and hospitals, and a small rise in the wastewater signal
  - Infections across Wales identified through the ONS infection survey stabilised after a period of decline; adjusted lateral flow rates for Cardiff and Vale declined
  - A new sub-variant of Omicron BA.5, BQ.1 is now the dominant variant across Wales. At present, high BQ.1 prevalence does not appear to be associated with a deterioration in the epidemiological situation
  - With Covid vaccination, including autumn boosters, serious impacts should continue to be limited
  - However, we are still likely to see waves of hospital admissions due to increases in mixing indoors over winter, and waning immunity among those not recently vaccinated. A Covid variant showing significant vaccine escape remains a possibility
  - Influenza has begun to circulate in Wales. Levels were still low in early December but increasing

- **Test, trace and protect (TTP)**
  - No change since the last report

- Covid-19 vaccination
  - An autumn Covid-19 booster vaccination has been offered to 99.6% of eligible citizens (data as at 24/11/22)
  - 154,000 autumn boosters have been delivered to date
  - Based on national PHW Surveillance data (extracted 24 Nov 2022) uptake is as follows for eligible priority groups:
    - Care Home residents - 82.8% (*however local operational data shows that 92.1% care home residents are now vaccinated)*
    - Care Home Staff – 36.8% (*however local operational data shows that 47.8% care home staff are now vaccinated)*
    - Health Care Workers – 59.9%
    - Social care workers – 53.4% (based on local data as no national % available).
    - People aged 65 years and over – 80.5%
    - People aged 50-64 years – 58.4%
    - People aged 5-49 years in a clinical risk group – 33.5%
  - Walk-in appointments for autumn booster for eligible individuals yet to obtain a vaccine are now available at both MVC sites (Woodland House and Holm View).
  - 'Pop-up' and outreach clinics are being arranged to address vaccine inequity and accessibility issues.

Monkeypox update- note new name mpox
  - Incidence remains low.
  - Up to 28 November 2022, there were 3,575 confirmed and 150 highly probable monkeypox cases detected in the UK; 3,725 in total. Of these, 47 were in Wales.
  - It is likely that multiple factors, including but not limited to vaccination, are contributing to the decline in transmission. Reduction in some other sexually transmitted infections, as well as modelling, suggests behavioural modification may also have been a factor.

- o There are no reported deaths in the UK and a small number of deaths reported globally linked to the outbreak.
- o The initial cohort of high-risk individuals identified for pre-prophylaxis vaccination have now received 3 invitations for vaccination. Newly identified individuals are being identified on a rolling basis. Second doses to those who have received a first dose of vaccine will be offered over the coming weeks.
- o Up to 25 November we had vaccinated 571 (out of 1,308) high-risk individuals and 11 staff members with pre-exposure prophylaxis.

Tobacco Control update

- **Smoking Cessation**
  Tier 1 Smoking Cessation:

  In Quarter 2, 2022-2023, 0.5% of smokers set a firm quit date ('Treated Smokers') and of those, 80% quit smoking at 4 weeks.

  Quit rates for all 3 Smoking Cessation Providers for Quarter 2, exceeded 78% and the overall rate represents the highest ever cumulative quit rate in any quarter since Tier 1 reporting commenced. Community Pharmacies delivering the Level 3 (L3) Enhanced Smoking Cessation Service achieved a 90% 4 week quit rate – the highest quarterly rate for L3 since 2018.

  The reduction in smoking prevalence rates reported in the National Survey for Wales, 2021-2022 has led to an adjusted Quarter1, 2022-2023 Tier 1 'Treated Smoker' outcome. As such, 0.6% of smokers set a firm quit date (previously reported as 0.5%).

- **Model for Access to Maternal Smoking Cessation Support (MAMSS)**
  There is no new data for this quarter. Last reported data was Quarter 2, 2022-2023 which showed 66% of pregnant women were referred to MAMSS for stop smoking advice, reflecting a slight increase from Quarter 1, 2022-2023, 65%.

  Following a review of current engagement levels (25% of pregnant women had an interaction with the MAMSS Support Worker with less than 1% setting a firm quit date, Quarter 1, 2022-2023), a revised pilot pathway has been implemented from 10 November 2022 for one year. Reflecting changes being implemented across all MAMSS programmes in Wales, a Band 5 Smoking Cessation Advisor - instead of a Band 3, Health Care Support Worker post, (embedded within the Midwifery team) - will now provide initial advice and longer-term support to quit smoking – enabling smokers to remain with the same smoking cessation lead throughout their quit journey.

  Led by Welsh Government, and part of NHS Performance Ministerial priorities, work is on-going 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 has been undertaken by Public Health Wales and a draft document produced. Local and national meetings are planned to take place as part of this process.

- **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.

QUALITY AND SAFETY

Concerns –Patient Experience

During October and November, we have maintained an overall 30 working day response time for all concerns, of 80%. However, we are concerned at the 8% decrease in November which is due to the operational pressures being experienced by the clinical teams to undertake the investigations.

August 30 day performance 80%
September 84 %
October 85%
November 77%

In October and November, we processed **60%** of concerns in line with Early Resolution (*this process can be utilised dependent upon the nature of the concern*) 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.

Due to the current demands on the service the volume of concerns is increasingly challenging and it is appreciated that failure to answer concerns in a timely way is not acceptable and we continue to be focused upon improving the response times whenever possible and addressing the underlying themes.

Concerns received by month
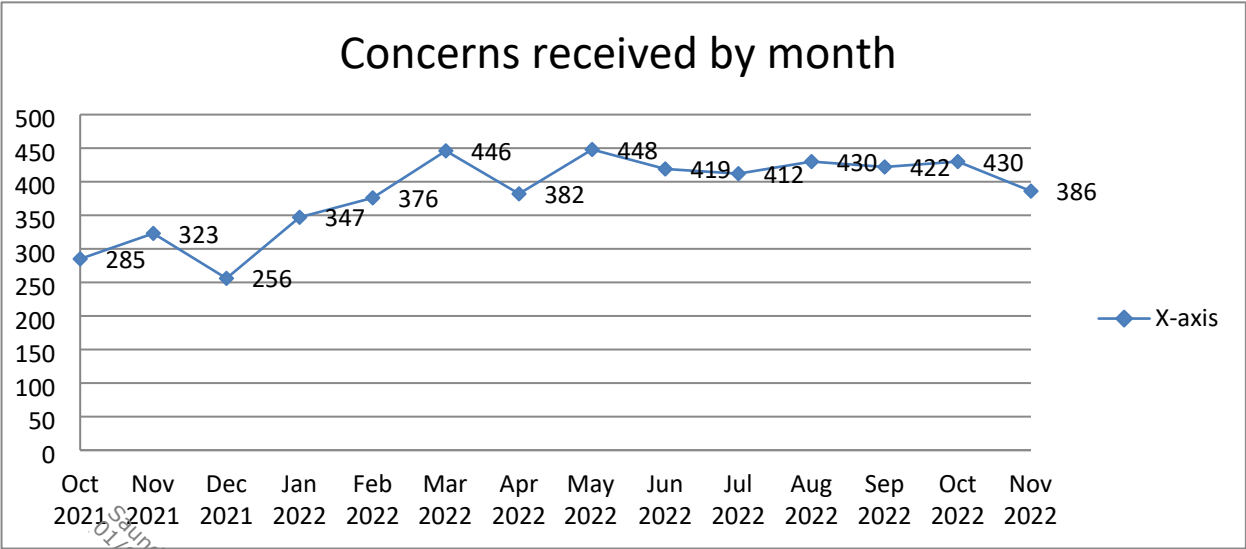
We currently have 369 active concerns. Surgery and Medicine Clinical Boards consistently receive the highest number of concerns. The high volumes of concerns received in Medicine and Surgery Clinical Boards is in line with the number of patient contacts and complex care both Clinical Boards provide. The number of necessary cancellations and delays due to Covid and the significant increase and demand on services like EU.

Active Concerns by Clinical Board

Clinical Board	Value
Capital, Estates and Facilities	~3
Children and Women's Services	~77
Clinical Diagnostics and Therapeutic Services	~5
Executive and Corporate Services	~1
Medicine Services	~107
Mental Health Services	~41
Primary, Community and Intermediate Care	~8
Specialist Services	~38
Surgical Services	~87
All Wales Medical Genomics Service	~1
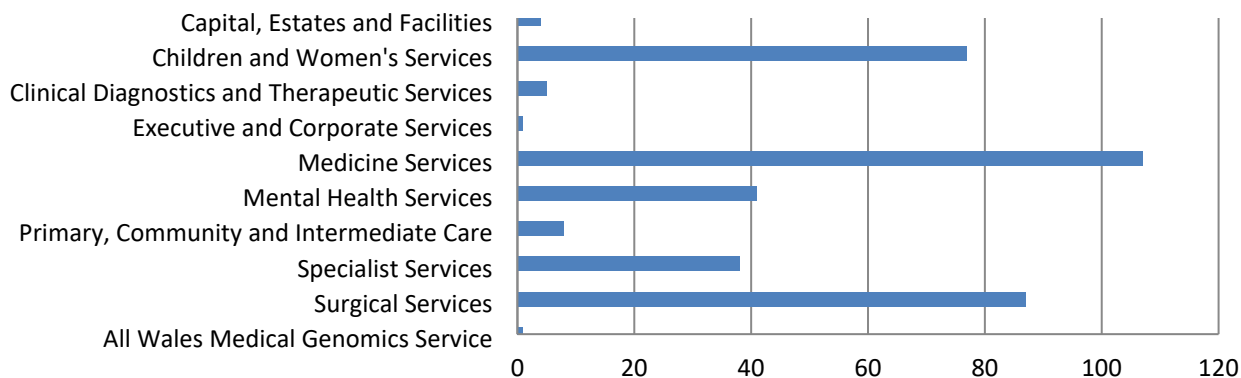
The graph below demonstrates the 10 main themes noted in Concerns.

Communication and Clinical treatment continue to be the primary subject noted in concerns. However, it should be noted that the number of concerns that also highlight the environment, facilities and attitudes and behaviours are emerging as a theme and increasingly statistically significant in number.

Concerns Received by Top 10 Primary Subjects from 1st October 2021

Subject	Value
Referral	~15
Medication	~16
Admissions	~17
Discharge Issues	~17
Test and Investigation...	~17
Attitude and Behaviour	~22
Other	~33
Appointments	~50
Clinical treatment...	~54
Communication Issues...	~62
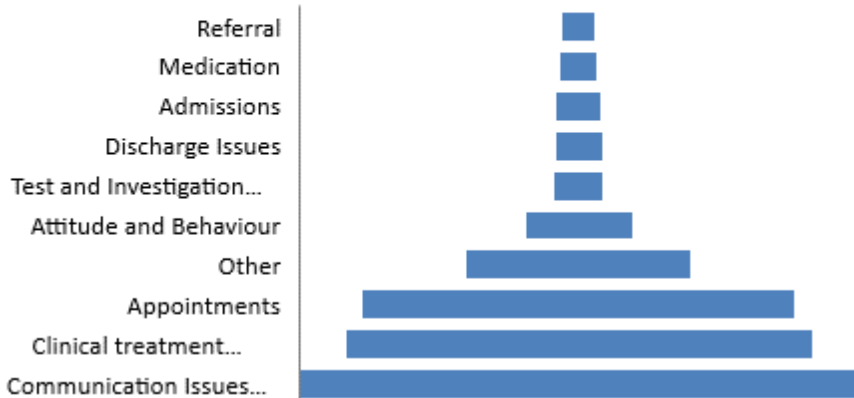
Whilst performance is important as a quantitative measurement another quality metric is the number of cases referred to the Public Service Ombudsman for Wales and the number that they investigate.

The Welsh Risk Pool, at the request of Welsh Government, have undertaken a validation exercise of the 2022-23 Q2 quarterly complaints data prepared for submission by each health body.

The validation exercise was intended to provide support to each health body in relation to the assurance of local processes for the application of the requirements of the Putting Thing Right regulations, published definitions and guidance and the maintenance of accurate and consistent information within the Datix Cymru system

The validation exercise consisted of verifying source data provided by the health body and comparing this to the prepared proforma, addressing variances or queries through liaison with staff within the organisation.

The validation report is presented using the standard approach to audit assurance ratings and contains recommendations to enhance local processes

Validation Report – Complaints Data

V1: 31st October 2022

Health Body	Cardiff and Vale University Health Board

Assurance Report

This assurance report is provided following analysis of a draft Proforma and the provision of source data which has been used to complete the proforma.
The assurance rating is **not** based on analysis of live data within Datix Cymru systems.

Substantial Assurance		All data provided on the proforma is validated following analysis and enquiries made. Few matters require attention and are minor in nature. The organisation can take substantial assurance in relation to local complaints data processes.
Reasonable Assurance		The majority of data provided on the proforma is validated following analysis and enquiries made. Some matters require management attention and are minor in nature.
Limited Assurance		Some of the data provided on the proforma is validated following analysis and enquiries made. More significant matters require attention.
No Assurance		None of the data provided on the proforma is validated following analysis and enquiries made. Action is required to address the whole complaints data framework / process.
Assurance Not Applicable		The health body is not required to submit complaints data or has no complaints data to submit. Validation has not bee possible or appropriate.

Based on the information provided, the health body can take **substantial assurance** regarding the preparation, scrutiny and submission of data for the Welsh Government Complaints Proforma.

Assurance Rating	SUBSTANTIAL ASSURANCE

Proforma suitable for submission to Welsh Government?	YES – Submitted to WG by Welsh Risk Pool

As an organisation it was pleasing to receive substantial assurance regarding our data collation and performance information.

Information from each organisation was shared with the Public Service Ombudsman for Wales to provide a national picture

The national data shows that between April and September 2022 Welsh Health Boards and Trusts received over 10,500 complaints. This is the equivalent of 6.84 complaints for every 1,000 residents of Wales

The data collected by us shows that 28% of complaints recorded by Health Boards and Trusts were about clinical treatment or assessment, 18% were about appointments, and 17% were about communication issues.

Welsh Health Boards and Trusts closed just over 9,700 complaints within the relevant period – 76% within the target of 30 working days.

	Population	Complaints Received	Complaints Received per 1000 residents (adjusted)	Complaints Closed	Within 30 days %	Referred to Public Services Ombudsman for	Referred %	PSOW Cases Closed	PSOW Intervened %	Early resolution %	PSOW Upheld%
Aneurin Bevan University Health Board	591,225	1,656	5.60	1,568	80.29%	83	5.29%	70	22.86%	10.00%	10.00%
Betsi Cadwaladr University Health Board	698,369	1,786	5.11	1,473	61.98%	114	7.74%	102	35.29%	23.53%	9.80%
Cardiff and Vale University Health Board	496,413	2,509	10.11	2,357	83.03%	65	2.76%	61	19.67%	14.75%	4.92%
Cwm Taf Morgannwg University Health Board	445,190	1,676	7.53	1,558	87.61%	77	4.94%	65	16.92%	9.23%	7.69%
Hywel Dda University Health Board	385,615	1,269	6.58	1,164	75.00%	43	3.69%	45	51.11%	37.78%	13.33%
Powys Teaching Health Board	132,447	76	1.15	82	40.24%	15	18.29%	13	23.08%	15.38%	0.00%
Swansea Bay University Health Board	389,372	1,066	5.48	986	65.82%	68	6.90%	57	26.32%	15.79%	8.77%
Velindre University NHS Trust	-	84	-	73	98.63%	3	4.11%	3	100.00%	33.33%	33.33%
Welsh Ambulance Services NHS Trust	-	619	-	289	57.79%	22	7.61%	26	15.38%	3.85%	3.85%
										.	
Wales	3,138,631	10,741	6.84	9,704	75.89%	490	5.05%	413	28.09%	17.92%	8.72%

It is pleasing to note that the percentage of concerns referred to the Ombudsman is the lowest across all Health Boards We feel that direct engagement with complainants and the offer of a meeting to discuss their response is a factor.

The total number of concerns raised is high which does demonstrate a healthy culture where people feel able to raise issues but we must interrogate the data for themes and trends to ensure that we are not receiving concerns due to a lack of learning or mitigation being put in place.

Incident reporting

The chart below illustrates patient safety incidents reported in November 2022 by incident type. A total of 2321 incidents were reported in November 2022, again, the most commonly reported incident relating to the development of pressure or moisture damage.

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.

Accident/Injury (falls) is the second most commonly reported incident; these 2 categories often alternate in terms of most prevalent.

Patient Safety Incidents reported in November 2022 by Incident Type (Top 10)
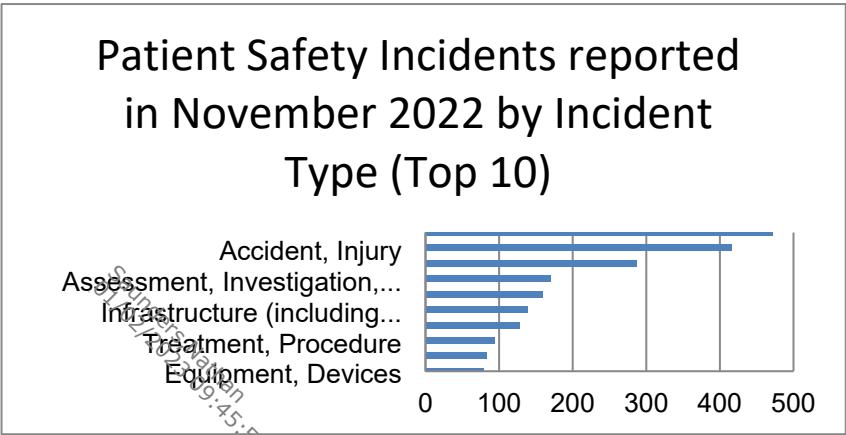
Pressure Damage

All Pressure Damage reported by Month March - November 2022

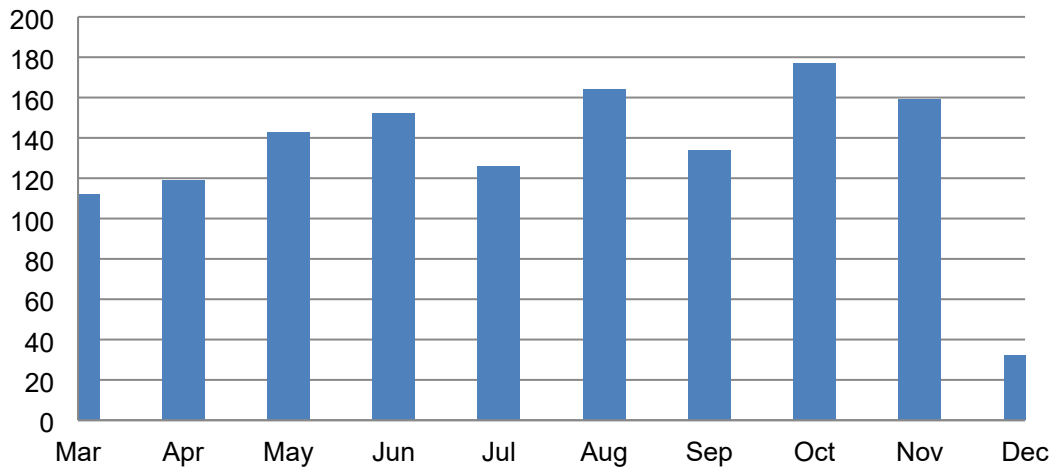| Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
398	462	477	519	540	513	472	506	472
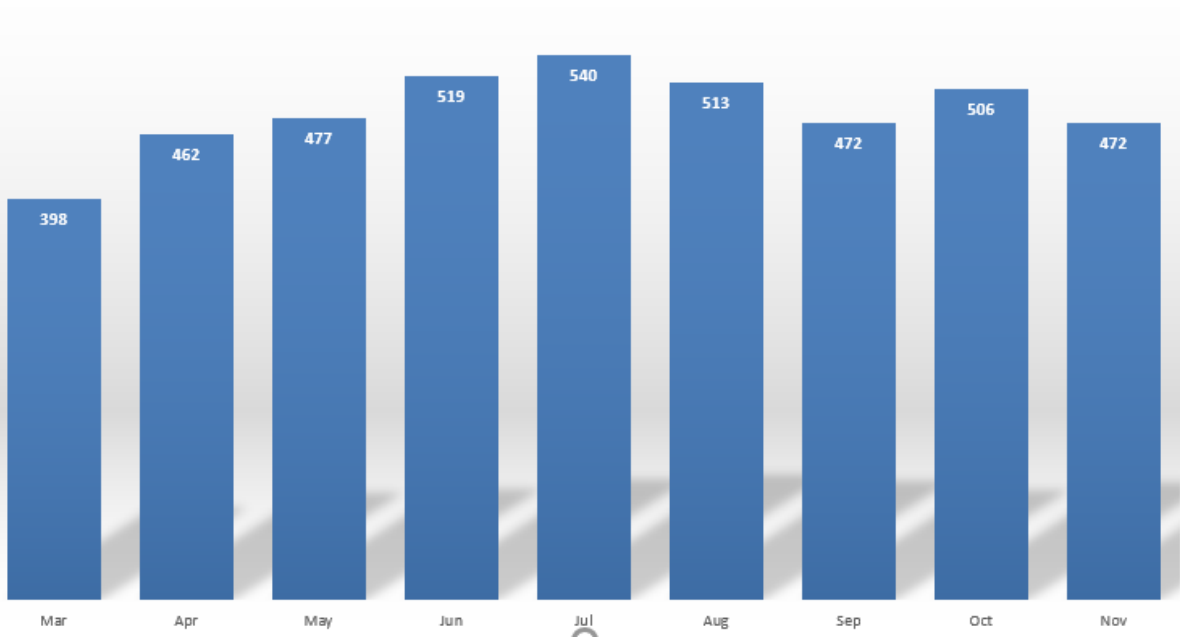
The above shows the reporting trend for ALL pressure damage entered onto Datix between 1st March 2022 and 30th November 2022. The level has remained fairly constant.

Slips/Trips and Falls by Date Reported (Month - from 1st March 2022)

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
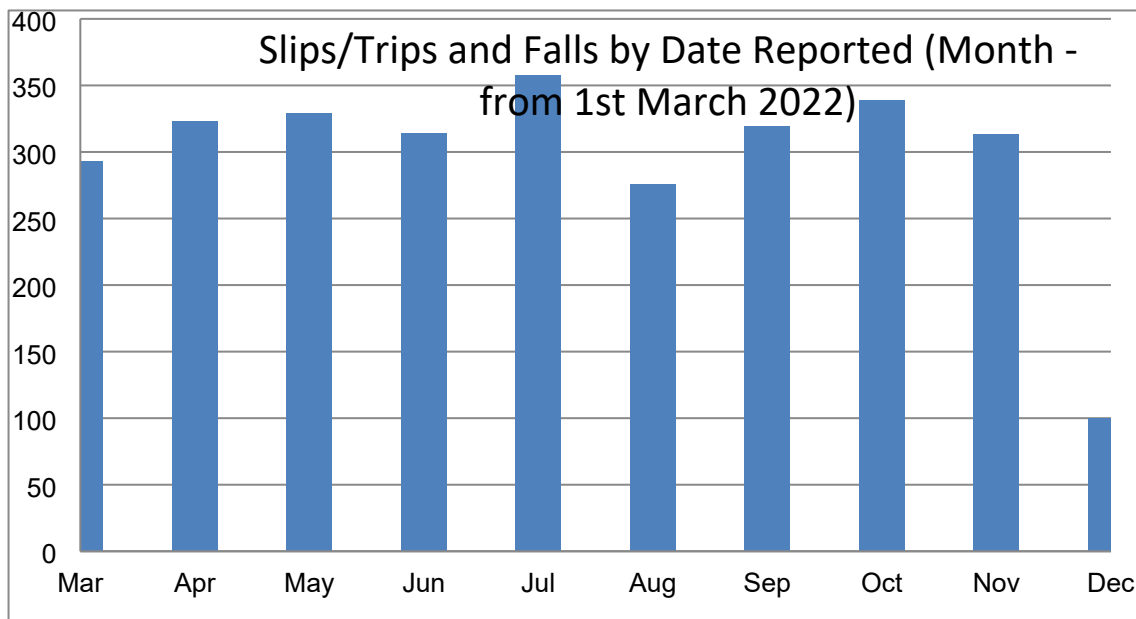
All Medication Incidents by Date Reported (by Month - March 2022 onwards)

The above shows all medication incidents reported during this timeframe.

As highlighted in the last report, July saw a peak in short staffing incidents and was also associated with a peak in falls and pressure damage, however there was a reduction in medication incidents during the same month.

Medication Incidents by Sub Type reported between March and November 2022
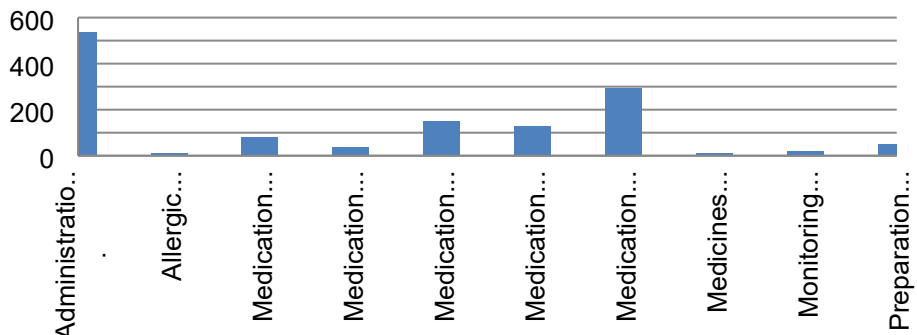
Looking into mediation errors in more detail, administration errors are the highest reported.

Medication safety was the focus for November's World Health Organisation's World Patient Safety Day (rearranged from September) – entitled Medication without Harm. Cardiff and Vale had themed days over the week focussing on different topics related to medication safety. Numerous sources of staff and patient information and education tools were circulated on our staff intranet site and across Social Media. This was a great example of cross collaboration between the corporate Patient Safety Team and Pharmacy.

Medication Incidents (reported March to November 2022) by Actual Harm
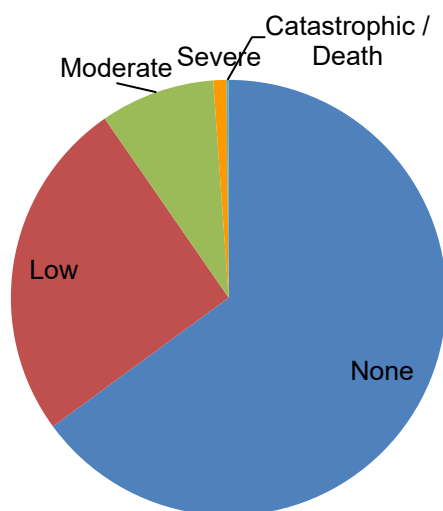
The above chart shows that two thirds of all incidents are 'no harm'. The 2 catastrophic/death incidents were both reported as NRIs, one relates to omission of thromboprophylaxis and the second to omission of hydrocortisone in a patient with Addison's.

Nationally Reportable Incidents (NRIs)

The table illustrates performance of Nationally Reportable Incidents until 30th November 2022. The position has improved over the last month, the open NRIs have increased however the number of overdue NRIs has reduced; reducing overdue NRIs each month has been a trend over the last few months and reflects the focus and hard work of the Clinical Boards and Patient Safety Team. This progress is reflected in the table below. Recognising the number of open NRIs has increased, it is important to maintain focus so that these are investigated and closed within time.

	Open	Overdue
September 2022	53	34
October 2022	48	29
November 2022	51	26

This demonstrates a reduction of overdue NRIs by **24%** since September 2022.

The Exec and Corporate incidents relate to delays in ambulance conveyance (Appendix Bs). A new process has now been developed building on the Joint Investigation Framework making the process more robust and ensuring wider learning across Health Boards.

Clinical Board	Open NRIs as of 31.10.22	Overdue NRIs as of 31.10.22
Children and Women	12	5 ⬌
CD&T	0	0 ⬇
Executive	3	2 ⬇
Medicine	7	5 ⬇
Mental Health	10	6 ⬆
Surgery	8	5 ⬌
PCIC	2	2 ⬌
Specialist	8	1 ⬆

Total	51 ↑	26 ↓

CD&T, Exec and Medicine have all seen a reduction in their overdue NRIs, Specialist (who had no overdues last month) and Mental Health have had an increase in their overdue closures.

NRIs reported to DU in November 2022 by Incident Service - CLINICAL BOARD
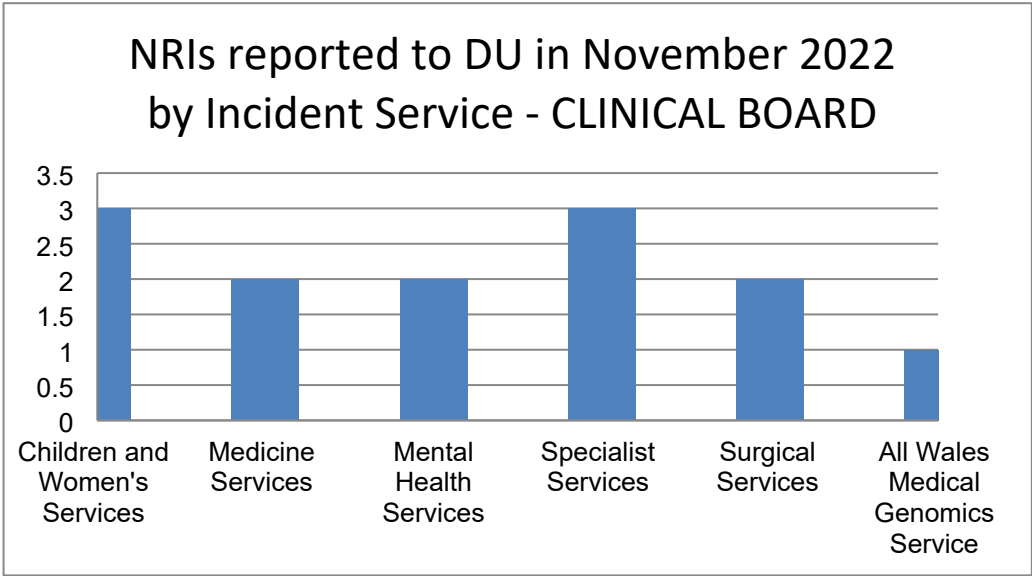
Thirteen NRIs were reported in November by C&V, twelve were reported in October. Of these 13, the breakdown of type of incident can be seen in the chart below.

NRIs reported in November 2022 by Incident Type

Early Warning Notifications submitted in November 2022 by Incident Type (n=5)
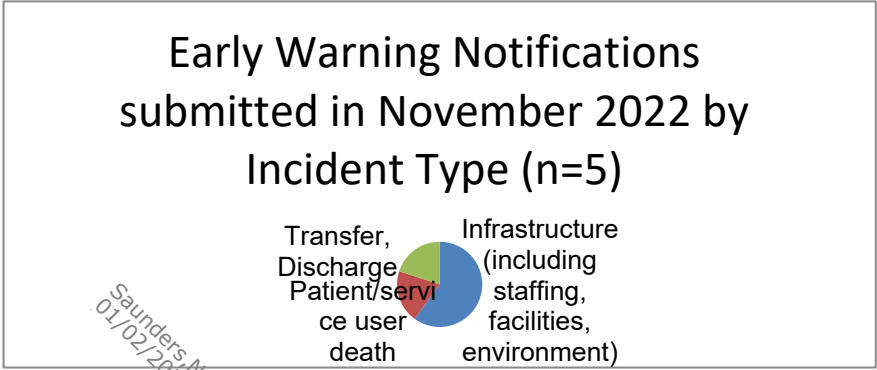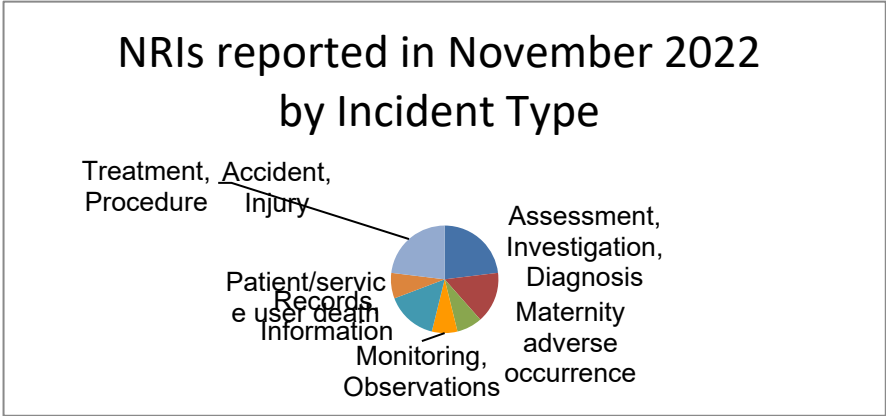
The above illustrates the Early Warning Notifications reported to Welsh Government in November 2022 by incident type; 5 were reported in September, October and November.

No Never Events were submitted during November 2022.

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? chose the 'Very happy' or 'Happy' button options i.e. gave a positive response.

A breakdown of the feedback for October and November is:

Summary values	October	November
Surveys completed	**1810**	**1975**
Response: Very happy button (Excellent/Very positive)	64%	66%
Response: Happy button (Good/Positive)	9%	8%
Response: Unhappy button (Fair/Negative)	5%	5%
Response: Very unhappy button (Poor/Very negative)	22%	22%
Respondents satisfied	**73%**	**73%**

Below Gives the November feedback, broken down by which day of the week the feedback was received:
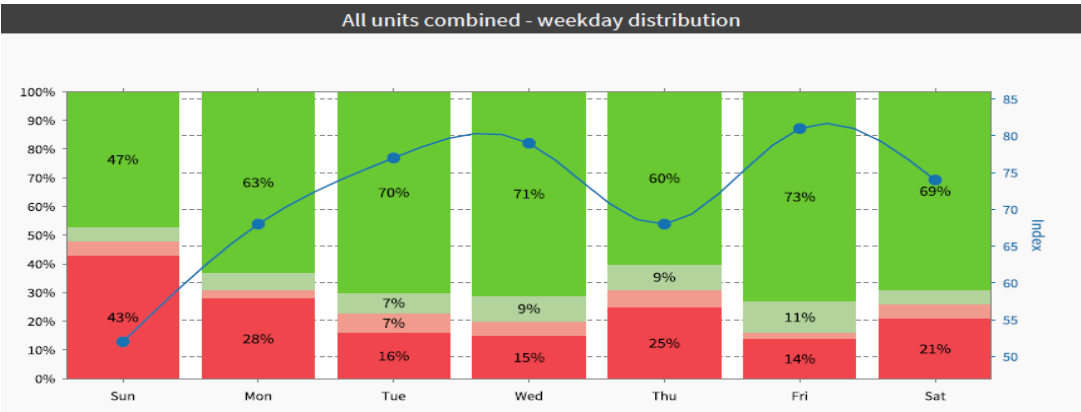
Fig 5. Gives the November feedback, broken down by kiosk location:
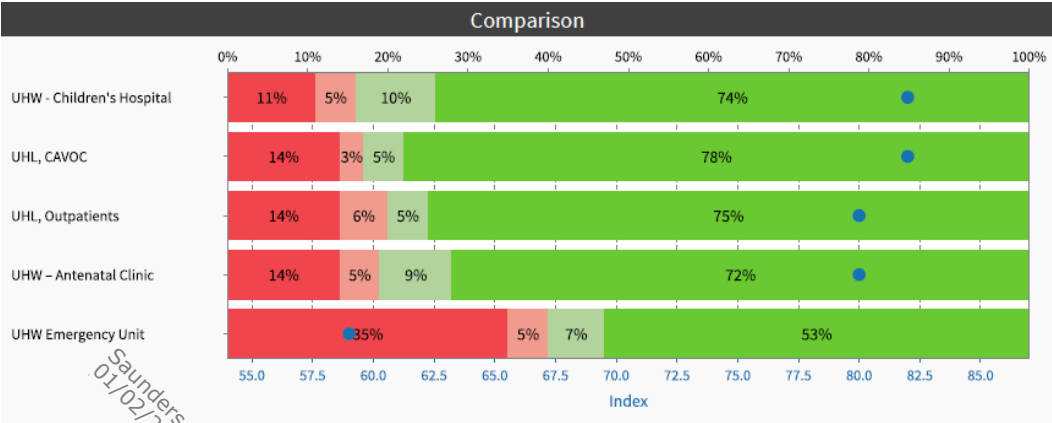
The table below is a basic summary of the information received from the HappyOrNot EU feedback:

Summary values	October	November
Surveys completed	515	789

Respondents satisfied	57%	60%

Civica 'Once for Wales' platform

The CIVICA 'Once for Wales' software platform enables Health Boards to collect and report on feedback. This could be feedback from patients, staff or the wider public. This initiative is currently being implemented across all Welsh Health Boards.

Our system went live on Friday 28th October and we are currently surveying up to 600 patients daily via SMS,

The table and figures below give some of the summary information received so far:

Summary values	Oct / Nov	Dec (to 14/12)
Surveys completed	1722	422
Respondents satisfied	88%	88%

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 December's rating question feedback.

Question 5: Using a scale of 0 to 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?

Available Answers	Responses	Score (%)
0 - Very bad	6	1.48%
1	3	0.74%
2	4	0.99%
3	5	1.23%
4	6	1.48%
5	13	3.20%
6	11	2.71%
7	18	4.43%
8	47	11.58%
9	68	16.75%
10 - Excellent	225	55.42%
Total	406	100%
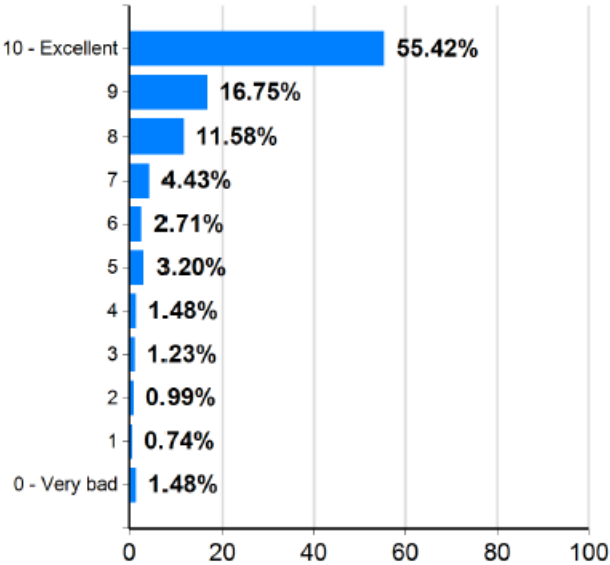
Create new action

. Gives December's feedback, broken down by age group of respondents.

Question 9: What is your age? Please give the patient's age, if completing this questionnaire on their behalf.

Available Answers	Responses	Score (%)
0 - 15 years	2	0.52%
16 - 24 years	12	3.09%
25 - 34 years	23	5.93%
35 - 44 years	32	8.25%
45 - 54 years	69	17.78%
55 - 64 years	91	23.45%
65 - 74 years	100	25.77%
75 years and over	48	12.37%
Prefer not to say	2	0.52%
Don't know	0	0.00%
Go to end of survey	9	2.32%
Total	388	100%
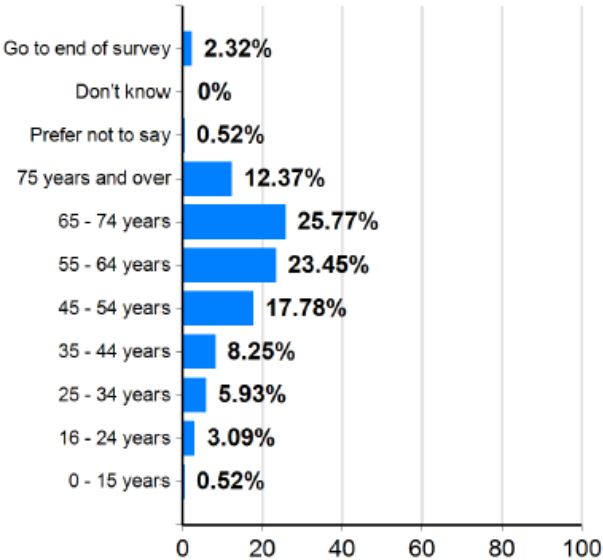
Create new action

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

- Survey response breakdown
- Heat map
- Comment report
- Custom reports

The plan is not only to give staff access to their own data and reports, but to also set up regular push reports to users.

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.

Bespoke project examples

We are also currently involved in numerous bespoke projects, for example:

- BSL survey
- National health visiting questionnaire
- Radiology questionnaire

Mortality

To support an approach of systematic ward to Board reporting and monitoring of mortality, robust and accurate mortality data needs to be made readily available to allow the identification of trends and the subsequent triangulation of condition specific mortality data with information from the Medical Examiner. A stratified model of mortality data sub-divided into three tiers will allow oversight at:
- Tier 1 - Health Board level
- Tier 2 - Clinical Board level
- Tier 3 - Speciality level
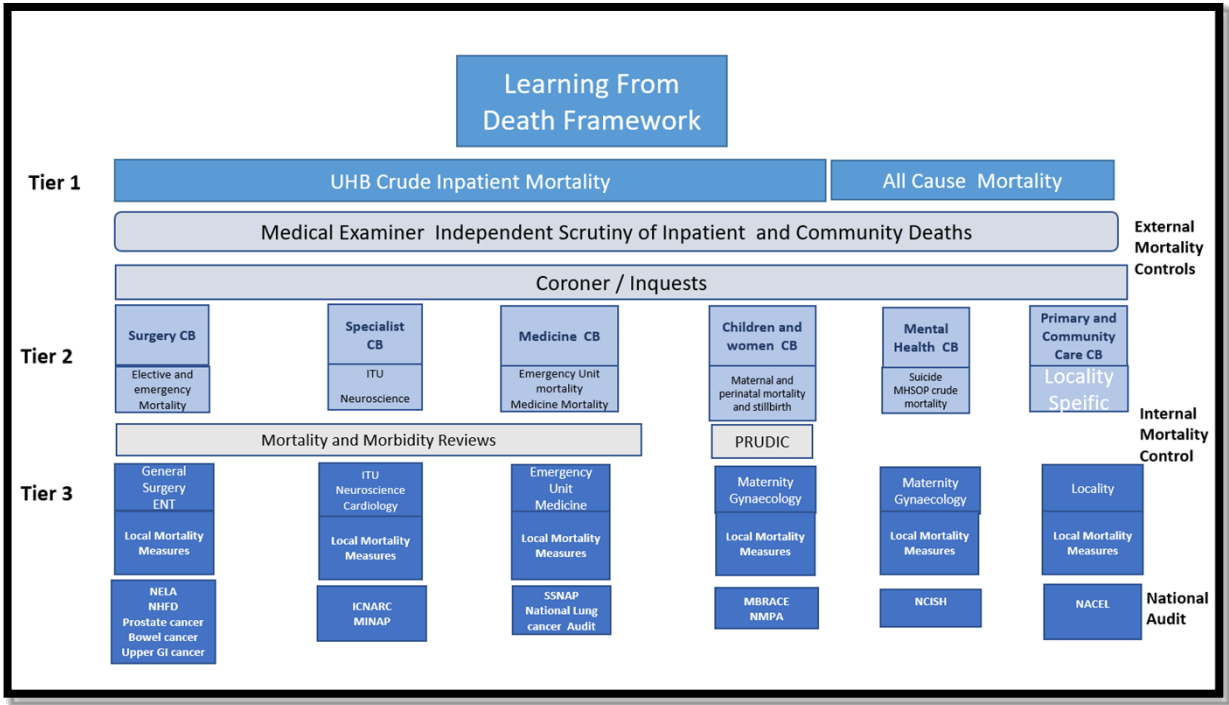
Tier 1 Mortality

Measuring the actual number of deaths over time (crude mortality) supports the monitoring of trends in mortality rates. The Crude inpatient Mortality chart below 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 Inpatient Mortality
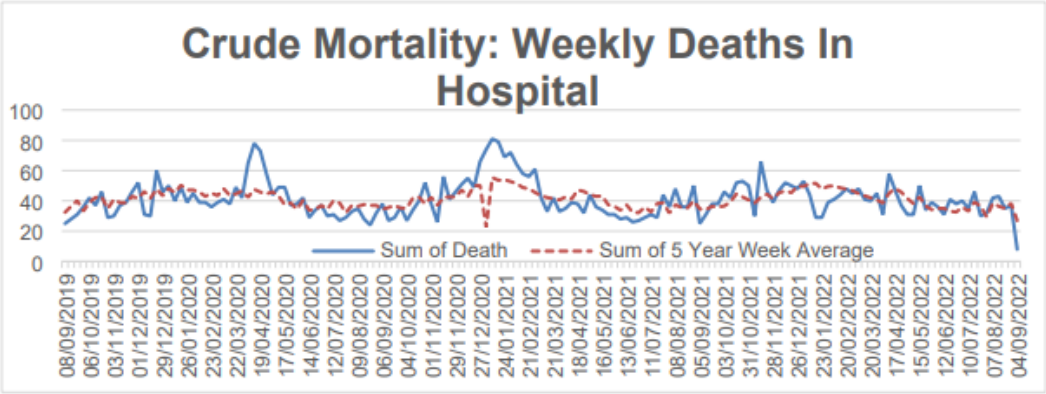
Crude all-cause mortality demonstrates the weekly number of deaths registered in Cardiff and the Vale of Glamorgan regardless of where they occurred. COVID – 19 deaths the pink line illustrates the number of deaths where covid features on the death certificate. There is a correlation between increases above the five-year average and   deaths where the patient had Covid on their death certificate.

Crude All Cause Mortality

Weekly number of deaths registered, all deaths, COVID-19 deaths (any mention) and 5-year average*, week ending 3 January 2020 (Week 1) to week ending 25 Nov 2022 (Week 47), Cardiff and Vale UHB

Select Wales or Local Health Board
Cardiff and Vale UHB ▼

Legend: All deaths — All deaths - 5-year average — COVID-19

Date: 1/3/2020 — 11/25/2022

*5-year average based on the previous five years, excluding 2020 i.e. 2015 to 2019 5-year average used for deaths in 2020 and 2021. The 2016 to 2019 and 2021 5-year average used for deaths in 2022.
For further details see https://blog.ons.gov.uk/2022/01/12/understanding-excess-deaths-during-a-pandemic/
Provisional figures have been produced using data provided by ONS. This analysis is based on date of death. Figures may differ slightly from ONS due to data being extracted at different times, and is subject to change as more information is received. COVID-19 was identified using ICD-10 codes U07.1, U07.2, U09.9 and U10.9 (any mention), and U07.1, U07.2 and U10.9 (underlying cause only). COVID-19 (any mention) refers to deaths that had COVID-19 mentioned anywhere on the death certificate, whether as underlying cause or not.

Tier 2 Mortality Indicators

The identification of Clinical Board mortality indicators will further support the proposed approach to mortality oversight. Learning from death can be achieved by identifying trends in mortality data that supports additional actions and scrutiny. These measures will include:

- Systematic reporting of mortality at Clinical Board Quality and Safety meetings or a similar forum.
- Triangulation of information from the Medical Examiner where increases in mortality rates are noted, e.g. if stroke deaths are observed to increase, thematic reviews of Medical Examiner referrals relating to this specific patient group should be undertaken to identify any contributory factors.
- Case note reviews will be considered to provide assurance in the absence of other patient specific clinical reviews.
- Presentation of mortality themes and trends at the Health Board Mortality Review Group to support organisational learning.

Work is underway to support the ongoing and systematic reporting of all Tier 2 mortality indicators but some have been included in body of the report.

For the purpose of this report condition specific mortality is reported as funnel charts. All funnel charts demonstrate the Health Board's mortality rate for September 2021 to September 2022 and compares our performance with the 2021 Acute Trust Peer group, which includes:
- Manchester University NHS Foundation Trust
- University Hospital Bristol and Western NHS Foundation Trust
- Royal Free London NHS Foundation trust
- University Hospital Southampton NHS Foundation Trust
- Sheffield Teaching Hospital NHS Foundation Trust
- Guys and Thomas' NHS Foundation Trust
- University Hospital of North Midlands NHS trust
- Homerton health Care NHS Foundation Trust
- University Hospital Birmingham NHS Foundation Trust
- The Newcastle Upon Tyne NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- North Bristol NHS Trust
- University Hospital of Leicester NHS Trust
- Nottingham University Hospitals NHS Trust
- Imperial College Health Care NHS Trust

Funnel plots demonstrate distribution of performance per organisation within the Acute Trust peer Group. C&V UHB is illustrated in each as a blue dot. The X axis (bottom line) on each chart is the number of cases seen by the organisation and the Y axis (vertical line) is the % mortality.

The completion of clinical coding is vital to support the generation of accurate mortality data. The % of uncoded primary diagnosis was 11.58 % in April 2022 and has increased to 32.89% in September 2022. The prioritisation of coding of mortality cases can lead to an over representation of mortality across the case mix and increase the reported mortality rates.

% Uncoded FCEs (Finished Consultant Episodes) - Blank Primary Diagnosis
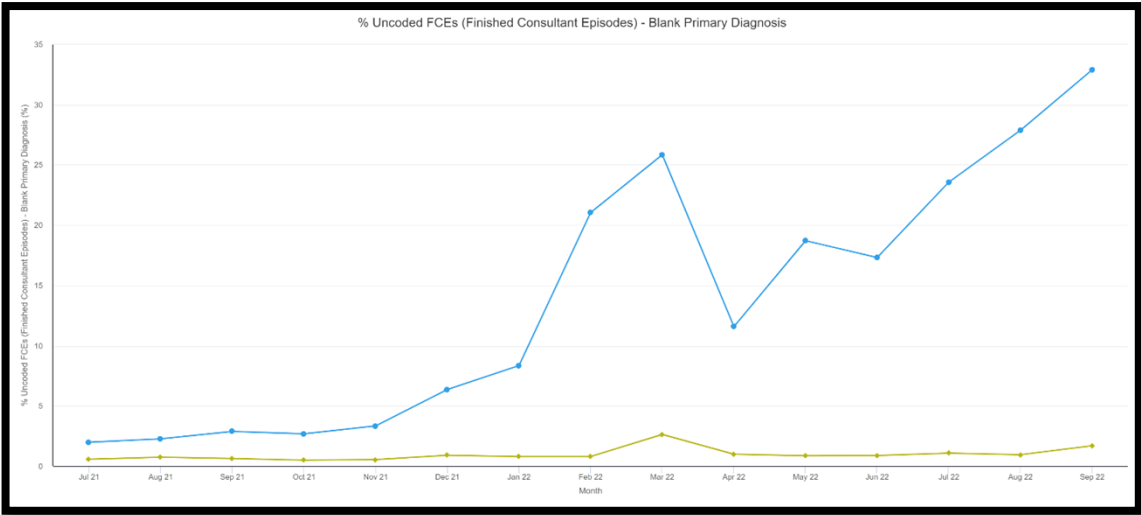
Fractured neck of femur

The Funnel Plot illustrates 2.62% in hospital following an emergency admission with a hip fracture compared with a mean rate of 5% on the 2021 Acute Trust Peer Group and is within the 95% confidence interval. This data does not include patients who die within 30 days of the hip fracture but following discharge or those patients who were transferred back to mental Health wards following hip fracture and subsequently die on these wards within 30 days of the hip fracture. The National Hip Fracture Database has previously provided case adjusted mortality benchmarked against UK organisations. The mandate to submit data to the NHFD was relaxed in 2020 and as a result this data is not available from December 2020 onwards.

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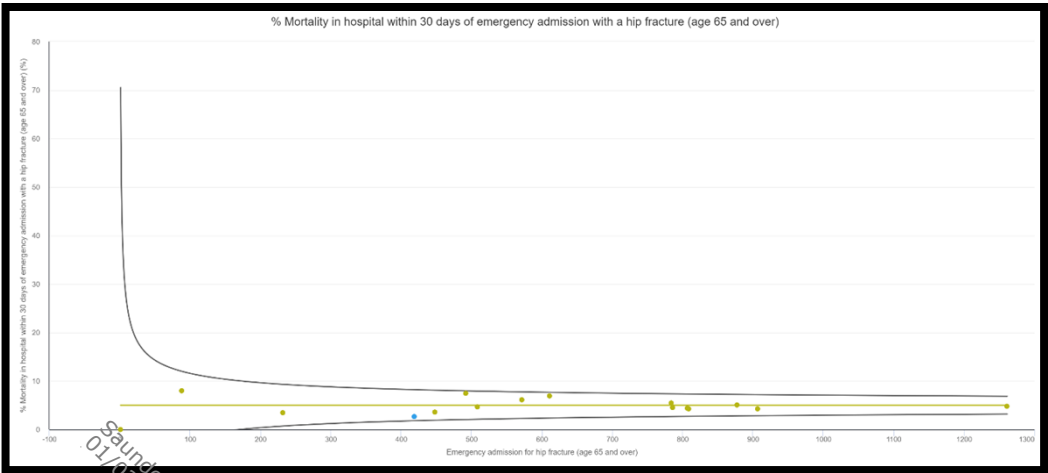
Myocardial Infarction

The funnel plot below illustrates Cardiff and Vale % in hospital within 30 days of an emergency admission with an MI (age 35-74). Performance is compared to the 2021 Acute Trust Peer Group for the period of

September 2021-September 2022. Cardiff and Vale mortality rate is 4.478% which is within the 95% confidence interval and just above the national mean of 3.9%.
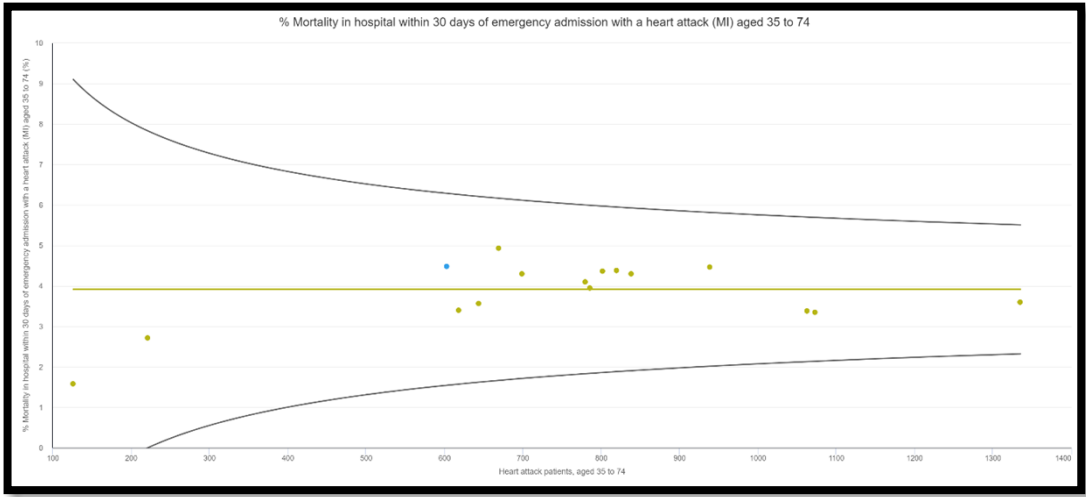
Stroke

The funnel plot below shows mortality within 30 days of emergency admission for stroke between September 2021 and September 2022 compared with peers. The % mortality is higher that the peer average but remains just within the 95% confidence interval. Cardiff and Vale mortality rate is 14.89% compared to the top hospital peers at 11.73%.
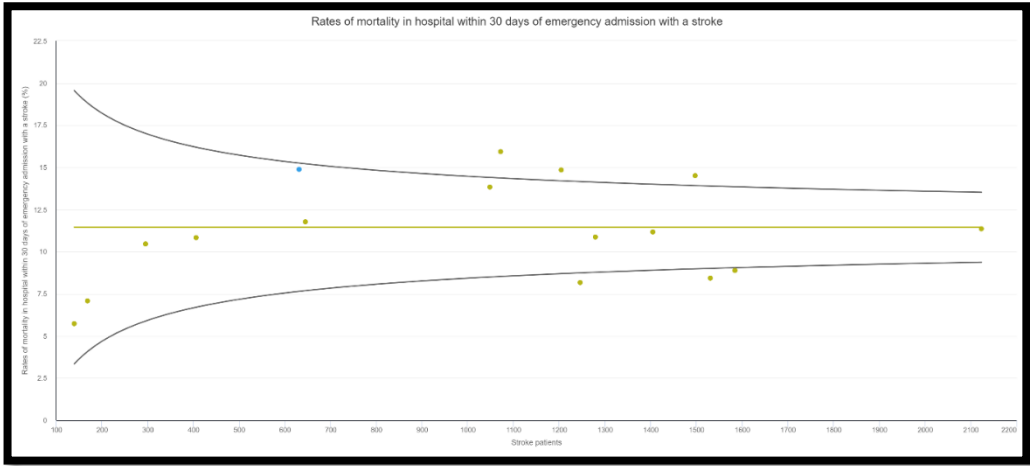
Surgery

The two charts below illustrate % mortality within 30 days of elective and non-elective surgery. Both remain within the 95% confidence interval, and close to the peer group mean.

Rate of Mortality in hospital within 30 days of elective surgery

Rate of Mortality in hospital within 30 days of Non elective surgery
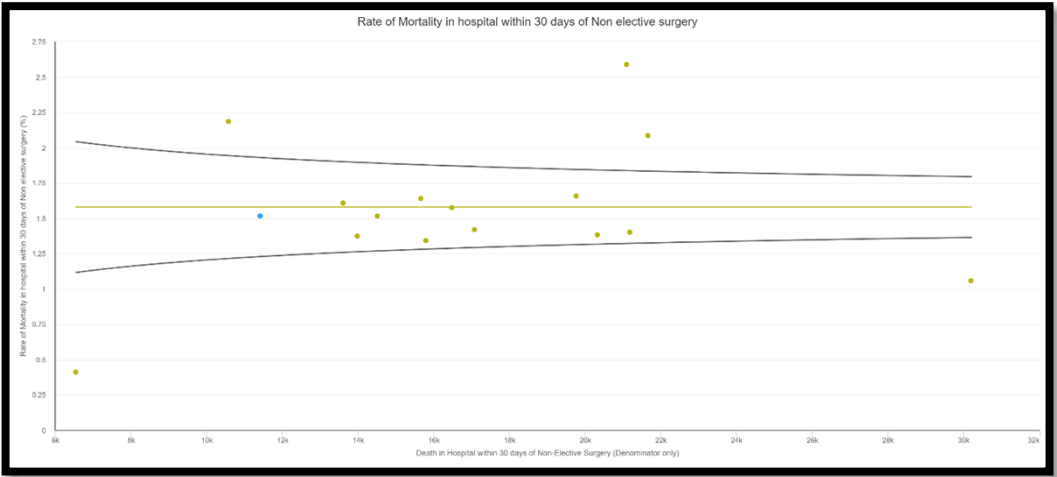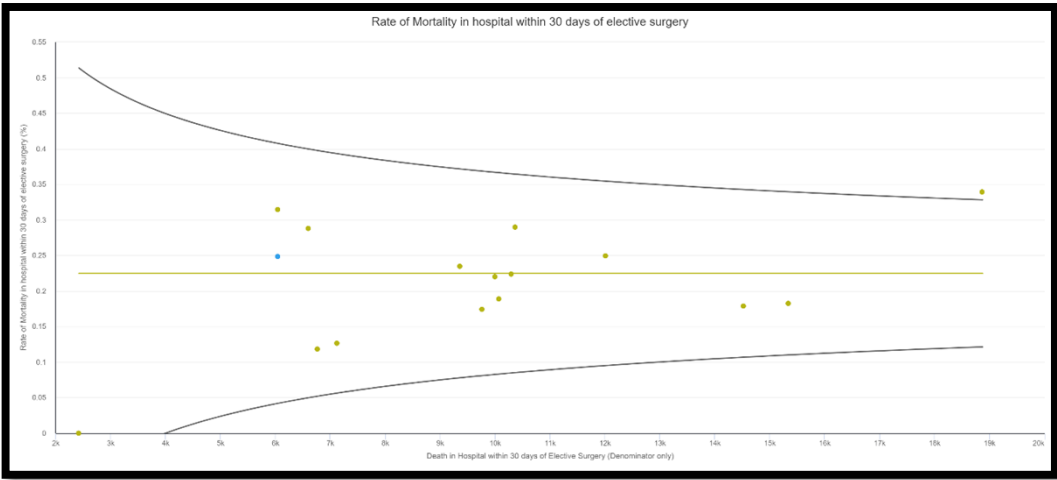
Maternity-Still birth data

Stillbirth data for 1st Jan 2017 - to 30th Nov 2022 is presented. We use a 5-year range within the dashboard but in 2016 we had 43 stillbirth which demonstrates the reduction over the subsequent 5 years following the Gap and Grow and Safer Pregnancy initiatives.
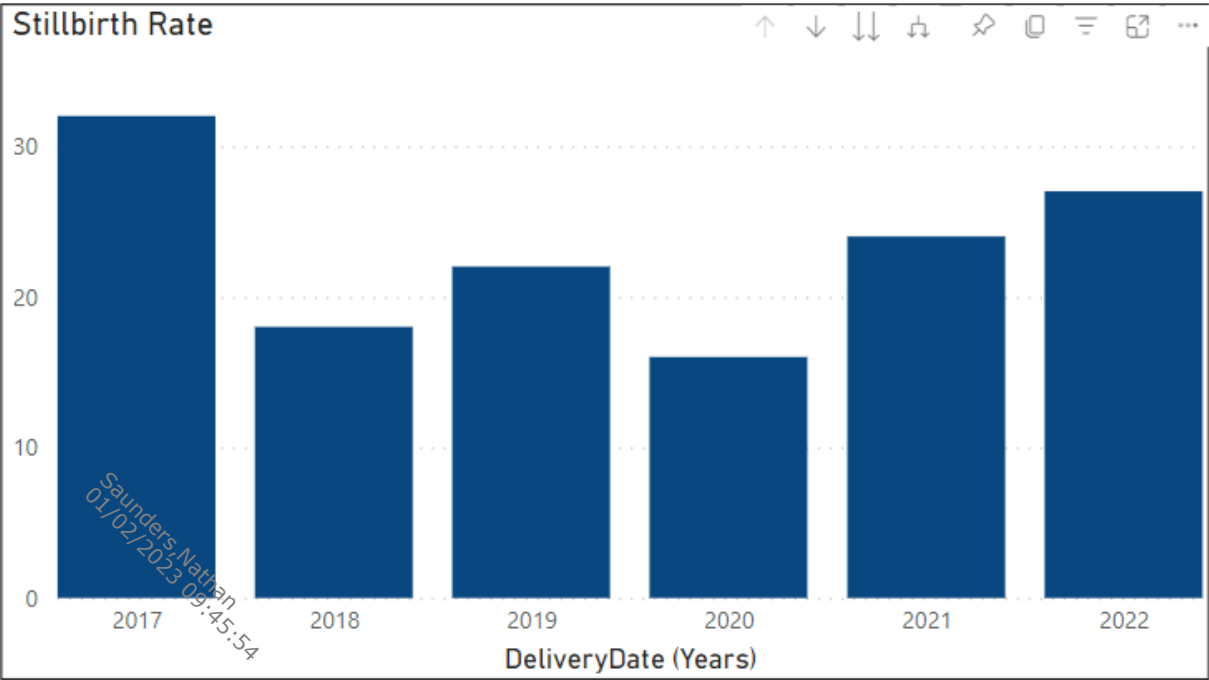
The rate per 1,000 births is as follows:

2017	5.61
2018	3.21
2019	4.13
2020	2.98
2021	4.39
2022	5.58

Over the last 5 years in total - our stillbirth rate has been 4.30 per 1,000 registerable births.

Further data regarding ethnicity and smoking data will be available shortly and will be included in subsequent reports.

Falls

The charts below show inpatient falls per 1000 occupied bed days (blue line) with the rolling annual falls per 1000 bed days (green line) continuing to show a sustained reduction. Falls per thousand bed days reported by clinical boards show normal variation but Mental Health Clinical Board shows statistically significant reduction. The improvements in Mental Health attributed to the delivery of falls management training and increased scrutiny from the Senior Nurse for Physical Health Care.
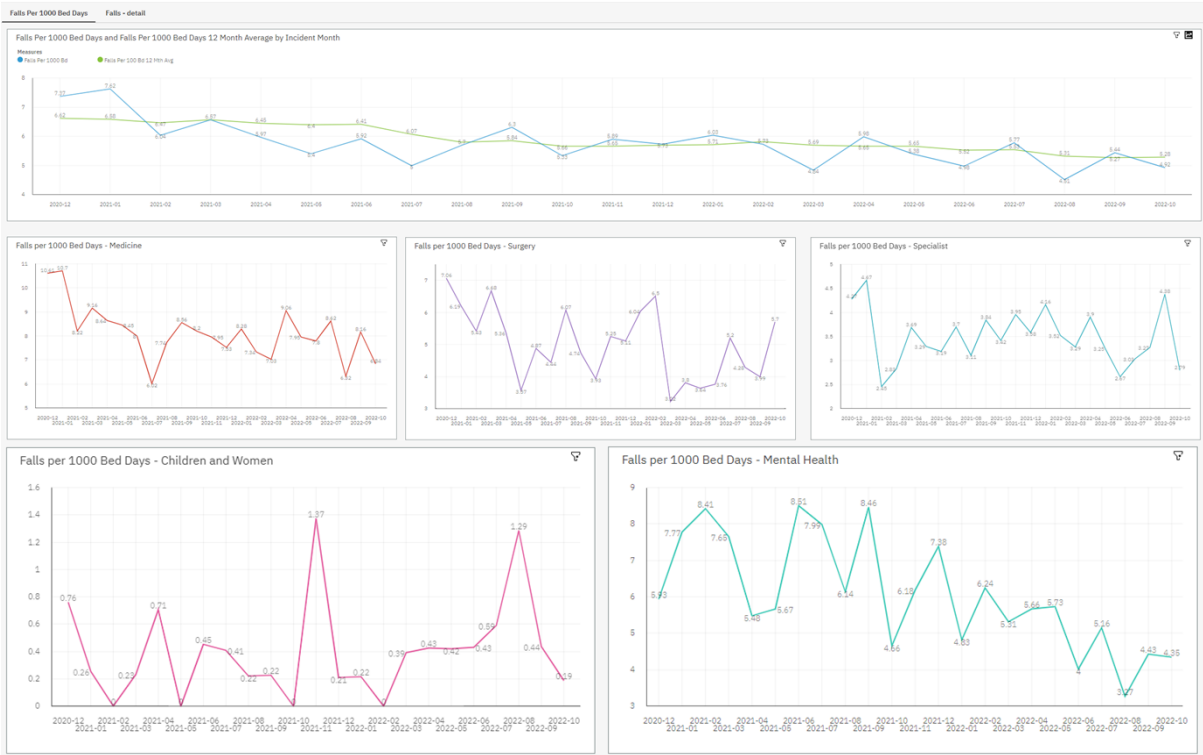
All serious and catastrophic injurious hospital falls are reviewed by a multi-professional panel to identify modifiable factors that could have prevented the fall. Learning, including good practice, is fed back to the individual reporting teams and high-level lessons learnt are shared in an infographic.

A multi professional and multi-agency Falls Delivery Group oversees the implementation and monitoring of the Cardiff and Vale UHB Falls Framework which is based on the NICE Guidelines for Falls and other key documents. A new falls lead has recently been appointed to take this work forward.

Infection control

Hospital Infections – the grouped total Cdiff, Ecoli, MRSA and MSSA infections, is showing no in-year improvement against the 2018/2019 baseline. However, Ecoli, MRSA and MSSA are demonstrating an in-year improvement, whereas Cdiff in-year has increased, compared to baseline of December 2018.

Cdiff rates were observed to be high across the UK after the first and subsequent waves of Covid, all community cases are now subject to investigation to understand the cause of the infection.

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.
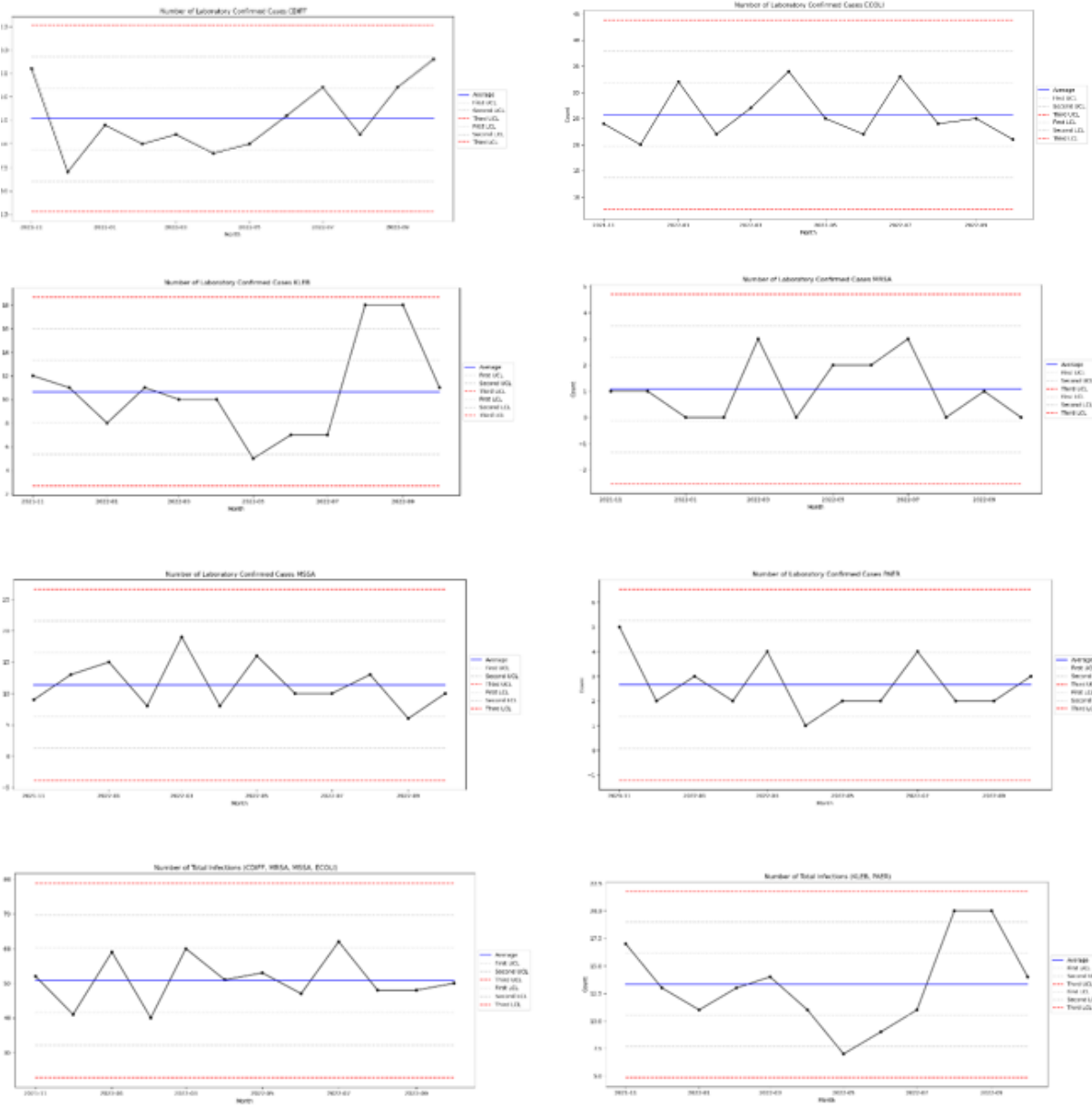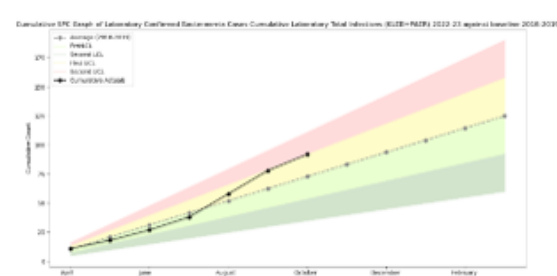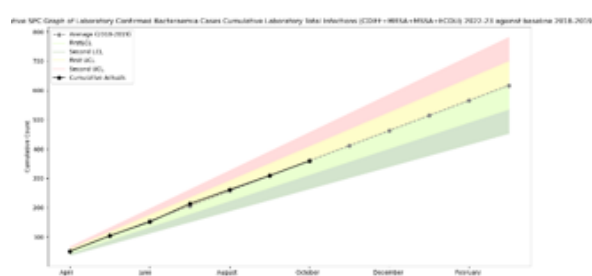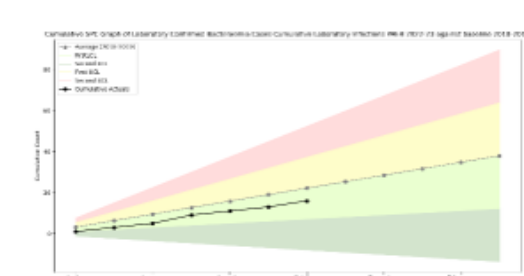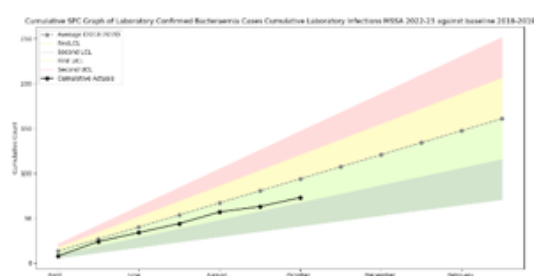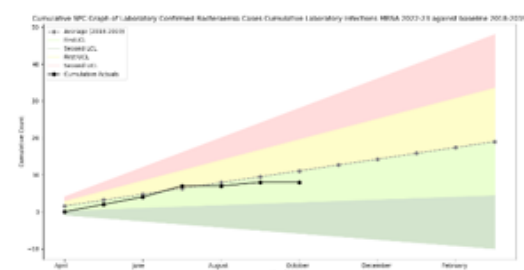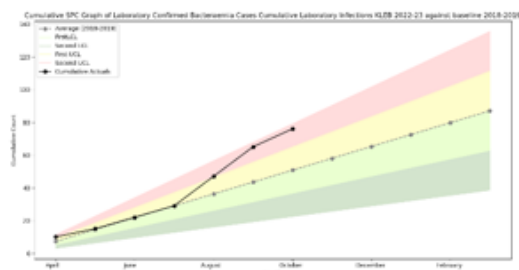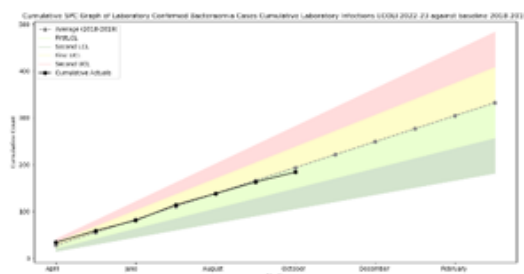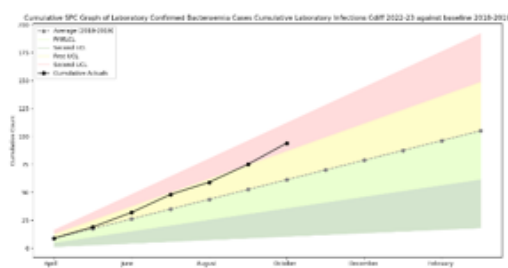
Actions to progress the improvement trajectory

- 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 standardise 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 Dec-21; the rates have risen in the past 12 months from 12.44% to 13.66% in Nov-22 UHB wide.   This is a net 1.22% increase, which equates roughly to an additional 161 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 November is 6.73%. There is a slight upward trend since Apr-22 and whilst the rates are lower than for the same period last year the current rates are significantly higher than for previous years. The cumulative rate has been fairly constant for the past 5 months at approximately 6.90%. 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', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', '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 30/11/22 there were 226 (a reduction of 58 – 20.42%). There are 79 staff on long term absence where Covid-19 has been identified as a Related Reason.

- The Statutory and Mandatory training compliance rate has risen slightly, to 75.36% for November, 9.64% below the overall target.

- Compliance with Fire training has risen during November, to 66.28%.

- The trend of the rate of compliance with Values Based Appraisal has risen over the last five months; the compliance at November 2022 was 47.58%. Clinical Boards have been challenged to improve the compliance with VBA to 60% by the end of March 23, then achieve the target of 85% by the end of June 2023. Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics have achieved the 60% transitory target.

Appendix 1 - Workforce Key Performance metrics dashboard for November 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

- A series of People and Culture Roadshows were held across the UHB during Talk Money Week' (7-11th Nov). These focused on sharing information, signposting and advising around financial wellbeing,

- pensions, debt management and the cost of living. Over 300 connections and discussions held with staff and it has subsequently been decided to continue to hold the roadshows on a fortnightly basis.
- A number of training sessions/presentations around financial wellbeing have been held including sessions on pensions (MaPS) and illegal borrowing (Stop Loan Sharks Wales). MaPS also provided the first round of training for line managers to provide them with the skills and confidence to support and signpost employees.
- Continuation and enhancement of Employee Wellbeing Service online and on-site support. This includes the delivery of workshops throughout November and December and has involved dietetic input for the first time. Bespoke, targeted Wellbeing sessions have also been arranged where requested or following the identification of wellbeing concerns. This includes weekly support within EU; fortnightly support in Pharmacy; and a number of drop in sessions
- A number of reports/documents are currently under development including a Financial Wellbeing pathway, the Health Intervention Team Impact Report and Recommendations, and an Employee Health and Wellbeing Strategy and Framework proposal.
- A business case has been submitted for maintaining current establishment within Employee Wellbeing Services.

Recruitment

- Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly at Workforce Hub meeting.
- An additional 120 substantive HCSWs have been appointed since August as part of the ongoing Nursing Hub's Mass recruitment campaign. In addition, almost 400 HCSWs have been recruited to the Staff Bank since May 2022.
- Occupational Health are continuing to process all Pre-employment Health Declarations as a priority and are processing 600-700 forms per month.
- 422 internationally trained nurses have now achieved NMC registration through the UHB's OSCE programme. Approval is due to be given to proceeding with International Recruitment for a further 147 overseas nurses. These are estimated to arrive between April and October 2023.
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- Two new programmes are under development to support the 'grow our own' approach. These focus on 'Return to Registration' to support nurses to regain NMC registration via the NMC Test of Competence rather than a HEI return to practice programme and 'Novice to Nurse' to develop HCSW to Registered Nurse.
- Trac modernisation has been implemented successfully which will reduce the appointment to start times.

Retention

- Review of the current Retention Plan is currently taking place along with targeted intervention in areas with the highest turnover rate using a retention toolkit to help us move to a more sustainable position.
- Focussed work is currently taking place within EU/AU to maximise impact. Interventions include: exit questionnaire development and analysis, OD programme of work, continuation of the wellbeing programme for EU staff, drop in sessions for staff held in partnership with TU representatives, increased senior leadership visibility including Executive visits, and support for the Clinical Board to create an action plan.
- Culture and Leadership Programme focussing 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.
- A co-production steering group is currently producing draft CAV Anti-Racist plan
- A draft report of findings and recommendations following analysis of engagement feedback has been developed to support actions within nursing and midwifery. Sessions are being planned with Directors

of Nursing to discuss findings and a communication plan. A meeting is also scheduled with the LNC (Local Negotiating Meeting) to discuss the Medical Workforce Wellbeing Survey results.

- Enhancement of Leadership and Management Development offer and continuation of programmes and development sessions. These support aspiring, new and senior managers and leaders to develop compassionate leadership principles to support retention, wellbeing, innovation, performance and patient experience. Equity and inclusion form part of the programmes to support the organisation in building an inclusive culture.

Workforce Planning

- Engaging with the Clinical Boards to develop a baseline summary of nursing workforce data with a view to understanding the current nursing position and the challenges and opportunities for change. Initial focus is within Medicine and C&W prior to the work being rolled out in all other areas.
- Review of nursing data across a number of criteria over the last 5 years (staff in post, vacancies, turnover, age profile, average retirement age, sickness, maternity and bank and agency spend) to identify any themes and trends.
- 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.
- Using workforce data to engage stakeholders to ensure buy in for workforce plans to be developed locally and change to happen to create a new mind set and culture.

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

Attendances at the Emergency Unit have increased since the first Covid wave but remain lower than previous years. Performance against the 4-hour standard, 24-hour EU waits, 12-hour trolley waits and ambulance handover times are shown in the balanced scorecard.

The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. There are two main factors which continue to combine to cause current difficulties. The first is the very high levels of adult bed occupancy, which is predominantly driven by the 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.

The second is the sustained workforce challenges which is being driven by the high number of escalation beds that are open to support the DTOC levels, the number of trained nurse vacancies and our high sickness absence rate.

Despite the challenging position, there has been a renewed focus on ambulance handover which has led to an improvement in the volume of crews waiting greater than 4 hours to handover, reducing the number from 230 in September to 97 in October and 33 in November.

At the time of writing, the UHB had 145 Covid positive inpatients across its two acute hospital sites.

In order to address the current pressures and improve the operational performance for our patients, a number of plans, in conjunction with its Local Authority and WAST partners, have been brought together into an overall Winter Plan which we are enacting to enable the Health Board to bridge the anticipated gap in capacity this winter.

Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has been poor. In October 2022, 1.2% of patients were admitted to a specialist ward with a nerve block within 4 hours. This is slightly improved from the preceding 3 months but a reduction from 2.2% in October 2021 and below the national average of 6% over the last 12 months. In October, 54.7% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a reduction when compared to October 2021 performance (64.6%) and below the national average of 59% over the last 12 months.
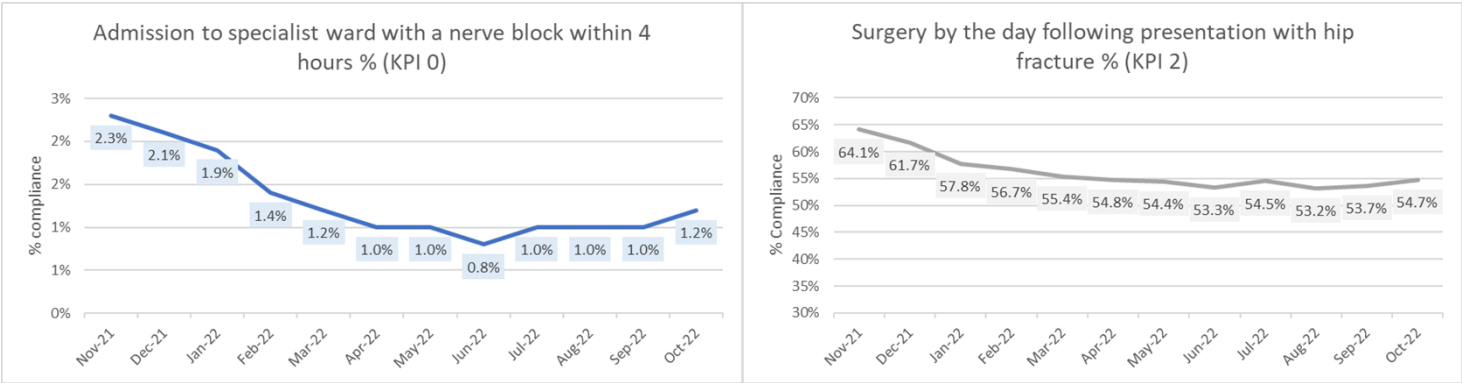
Improvement plans for frailty hip fracture include the implementation of a rapid, straight to ward, fractured neck of femur pathway which was launched on 10th October. Additionally, a pilot of ambulance direct referrals commenced on 1st November.

Stroke

Stroke performance is below the standards in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP). In November 27.3% patients were thrombolysed within 45 minutes of arrival, the All Wales average was 34.7%. The percentage of CT scans that were started within 1 hour in November was 40.3%, the All Wales average was 48.7%. The percentage of patients who were admitted directly to a stroke unit within 4 hours was 17.2% in November, the All Wales average was 22.2%. The standard within the Quality Improvement Measures is that all patients are managed within the given timeframes. 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 ED effectively.

An internal Stroke Summit will be taking place in January in addition to the ongoing Demand and Capacity exercise and analysis of monthly breach reports to inform our management of these pathways going forward.

Cancer

Cancer performance remains significantly below the Single Cancer Pathway (SCP) standard, October saw a significant 12% improvement compared with September with 54.8% of patients receiving treatments within 62 days, however despite the improvement this is still markedly under the 75% standard. At the time of writing there are a total of 2224 suspected cancer patients on a single cancer pathway, of which 382 have waited over 62 days. Of these, there are 2055 Cardiff and Vale patients (excluding tertiary patients) of which 354 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 and a cancer summit has taken place with the tumour group leads and operational teams to understand the demand (referrals for patients with suspected cancer have now exceeded pre-Covid levels), the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients.

The reduction in the total number of patients on a cancer pathway and the number waiting over 62 days for out total waiting list (including tertiary patients) and Cardiff and Vale patients only are in line with our trajectories.

Cancer PTL reduction trajectory - total waiting list

Cancer PTL reduction Trajectory - C&V patients
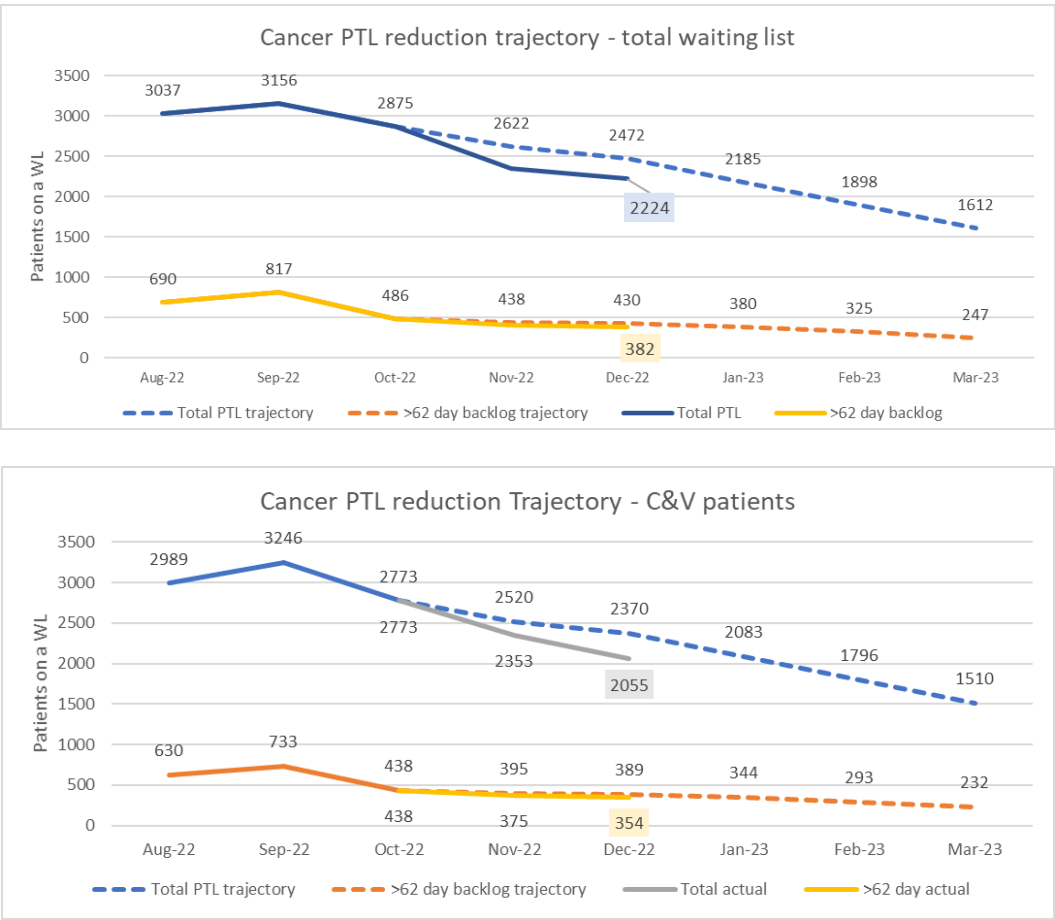
Planned Care

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 125,245 as at November 2022. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – November – 885
- Patients over 104 weeks - November – 5,553
- Patients over 52 weeks – November – 26,391

The number of patients waiting for planned care and treatment ***over 36 weeks*** has decreased to 40,775 at the end of November 2022. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of November 2022 was 188,186. 98.8% 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 46,583.

94.2% of patients waiting for **eye care** had an allocated health risk factor in November 2022. 65.04% of patients categorised as highest risk (R1) are under or within 25% of their target date.

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
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
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

Where we are not able to deliver against the 104-week ambition, we are committed 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. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	June	July	August	Sept	Oct	Nov
Number of patients who will have waited more than 156 weeks for **treatment** (all stages) by end of March 2023	6,898	6,191	4,995	4,108	3,491	2,704

Diagnostics

The volume of greater than eight-week ***Diagnostic*** waits has reduced to 3,654 at the end of November from 4,088 in September 2022. The number patients waiting over 14 weeks for ***Therapy*** reduced to 1,209 from 1,328 in September, as reported at the November 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 1,303 referrals in October 2022. 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 99.7% in October 2022, Adult and Older persons performance was 100%, CAMHS performance was 97.8%. Part 1b: 95% of therapeutic treatments started within 28 days following assessment at the end of October 2022.

Primary Care

The Health Board was 83% compliant in November 2022 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 5 of 6 patients receiving their visit with one

hour. For patients that required an 'Emergency' appointment at a primary care centre in November the Health Board was 100% compliant, with 3 of 3 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 20 practices reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 65% of pre-Covid activity in November. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

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

Reported month 8 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 8 is a deficit of £18.147m and this is summarised in Table 1.

Table 1 : Month 8 Financial Position

	Cumulative to Month 8 £m	Forecast Year-End Position £m
Planned deficit	11.400	17.100
Operational position (Surplus) / Deficit	6.747	9.800
Financial Position £m (Surplus) / Deficit £m	**18.147**	**26.900**

The month 8 deficit of £18.147m comprised of the following:

- £11.400m planned deficit (8/12th of £17.100m);
- £6.747m adverse variance against plan.

The forecast deficit has increased to £26.900m in light of the cumulative year to date position and additional unforeseen cost pressures that have emerged in 2022-23.
In line with the draft financial plan, the UHB expects Welsh Government funding to provide cover for additional costs in relation to the management of COVID and exceptional cost pressures. At month 8, the

UHB is projecting additional expenditure due to COVID-19 including local response and national programmes, to be £59.427m. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £20.174m.

Savings Programme

Delivery of the core financial plan includes a £19.400m savings requirement. At month 8, the UHB had identified £19.343m of green and amber schemes to deliver against the final £19.400m savings target leaving a further £0.057m schemes to identify. £12.477m recurrent schemes were identified against the £15.400m recurrent element of the target leaving a further £2.923m to find.

Underlying deficit position

The UHB's accumulated underlying deficit brought forward into 2022/23 was £29.7m which reflects the £21.3m shortfall against the recurrent 2020/21 savings target due to the pandemic and the £4.4m shortfall against the 2021/22 recurrent savings target. Delivery of the UHB's financial plan which includes a £15.4m recurrent savings target, will ensure that the underlying position does not deteriorate in 2022/23 and reduces to £20.0m.

Creditor payment compliance

The UHB's public sector payment compliance performance was 94.5% at the end of November, which is just below the target of 95%.

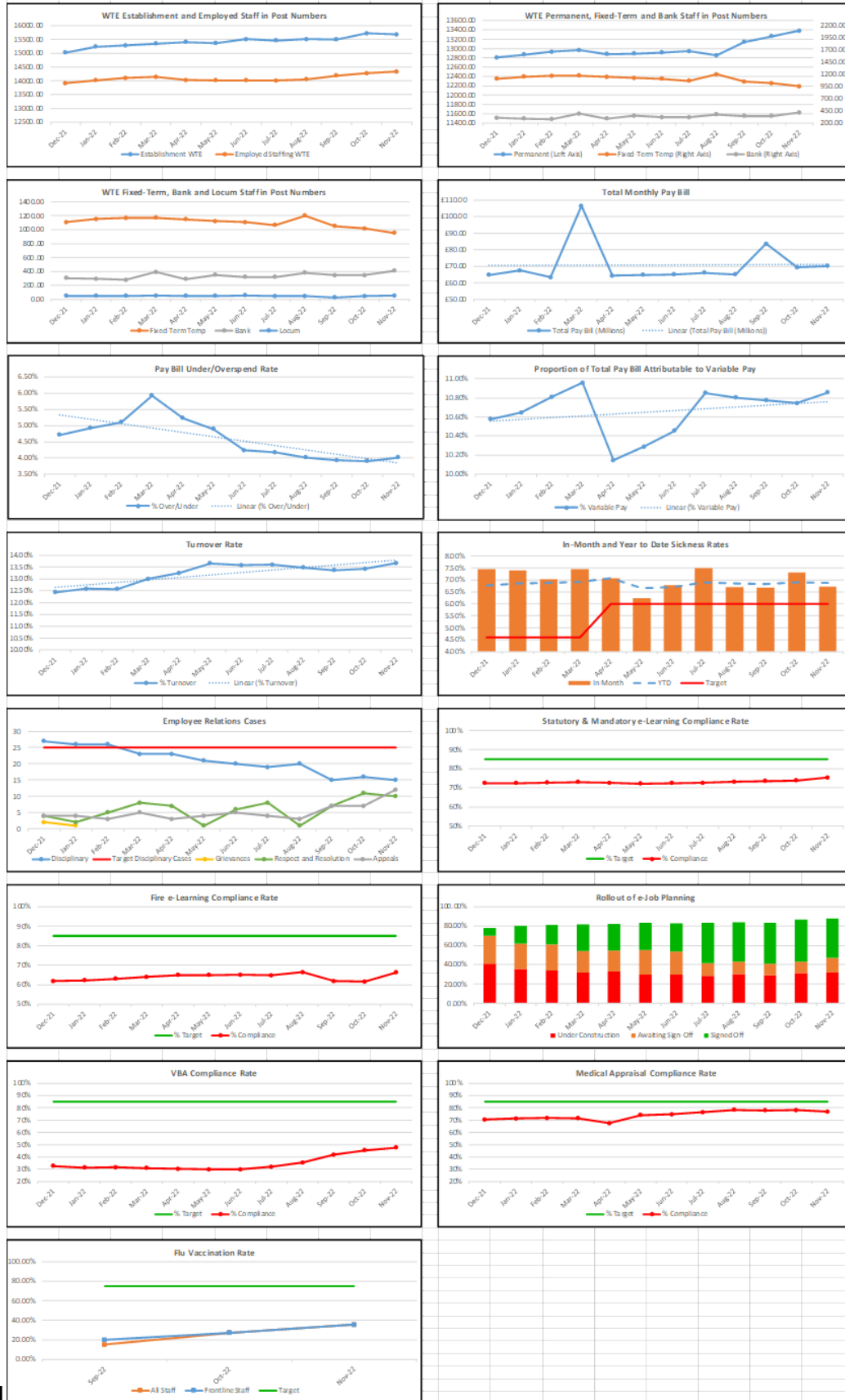**Remain within capital resource limit**

The UHB's approved annual capital resource limit was £46.686m at the end of November 2022. Net expenditure to the end of November was 38% of the UHB's approved Capital Resource Limit and all schemes were classified as low risk.

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

Workforce Key Performance Indicators Trends November 2022

WTE Establishment and Employed Staff in Post Numbers

WTE Permanent, Fixed-Term and Bank Staff in Post Numbers

WTE Fixed-Term, Bank and Locum Staff in Post Numbers

Total Monthly Pay Bill

Pay Bill Under/Overspend Rate

Proportion of Total Pay Bill Attributable to Variable Pay

Turnover Rate

In-Month and Year to Date Sickness Rates

Employee Relations Cases

Statutory & Mandatory e-Learning Compliance Rate

Fire e-Learning Compliance Rate

Rollout of e-Job Planning

VBA Compliance Rate

Medical Appraisal Compliance Rate

Flu Vaccination Rate

Appendix 1

Recommendation:

The Board is requested to:

a) **NOTE** the contents of this report

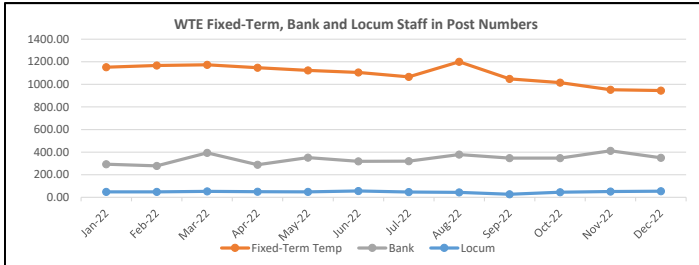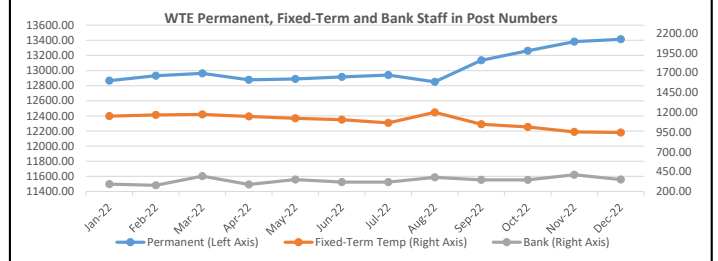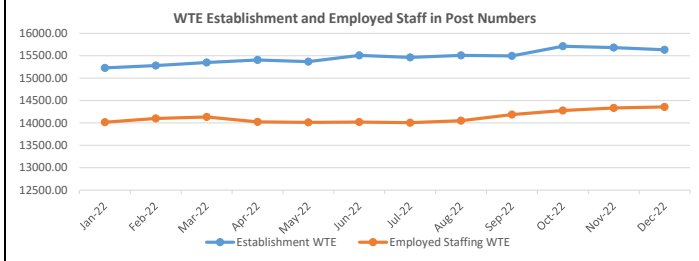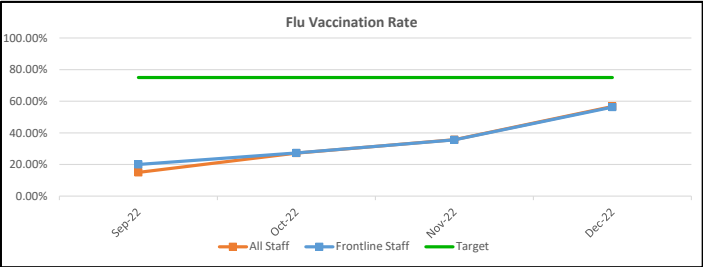| Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*				
1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance		X
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn		
3. All take responsibility 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
N.A

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	24 January 2023
LPF	8 February 2023

Workforce Key Performance Indicators Trends December 2022

WTE Establishment and Employed Staff in Post Numbers

Establishment WTE — Employed Staffing WTE

WTE Permanent, Fixed-Term and Bank Staff in Post Numbers

Permanent (Left Axis) — Fixed-Term Temp (Right Axis) — Bank (Right Axis)

WTE Fixed-Term, Bank and Locum Staff in Post Numbers

Fixed-Term Temp — Bank — Locum

Total Monthly Pay Bill

Total Pay Bill (Millions) — Linear (Total Pay Bill (Millions))

Pay Bill Under/Overspend Rate

% Over/Under — Linear (% Over/Under)

Proportion of Total Pay Bill Attributable to Variable Pay

% Variable Pay — Linear (% Variable Pay)

Turnover Rate

% Turnover — Linear (% Turnover)

In-Month and Year to Date Sickness Rates

In-Month — YTD — Target

Employee Relations Cases

Disciplinary — Target Disciplinary Cases — Grievances — Respect and Resolution — Appeals

Statutory & Mandatory e-Learning Compliance Rate

% Target — % Compliance

Fire e-Learning Compliance Rate

% Target — % Compliance

Rollout of e-Job Planning

Under Construction — Awaiting Sign-Off — Signed Off

VBA Compliance Rate

% Target — % Compliance

Medical Appraisal Compliance Rate

% Target — % Compliance

1/2

Flu Vaccination Rate

Legend: All Staff — Frontline Staff — Target

X-axis: Sep-22, Oct-22, Nov-22, Dec-22

Y-axis: 0.00%, 20.00%, 40.00%, 60.00%, 80.00%, 100.00%

Saunders Nathan
01/02/2023 09:45:54

MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 18 JANUARY 2023 VIA MICROSOFT TEAMS

Present:

Peter Hewin	Unison/BAOT Representative (Co-Chair)
Rachel Pressley	Deputy Head of People Assurance and Experience (Co-Chair)
Bryony Donegan	People Services Manager
Ceri Dolan	RCN Representative
Pauline Williams	RCN Representative
Mathew Thomas	Unison Representative
Nicola Bevan	Head of Occupational Health
Dawn Ward	Unison/BAOT Representative
Rebecca Corbin	ECOD Manager
Helen Palmer	People Assurance and Experience Advisor (minutes)

In attendance:

Roisin Kirby	Unison Representative
Helen Anderson	Inclusion Officer
Lizzie Lewis	People Services Advisor
Rebecca Williams	People Services Manager
Rachel McDonough	Senior People Services Advisor

EPSG 23/001   WELCOME AND INTRODUCTIONS

Rachel Pressley (RP) welcomed the group.

Peter Hewin (PH) raised a concern with the trans and non-binary Employee Support Procedure that was on the agenda. Staff representatives felt that due to current high-profile events that were being debated in the media, a decision on whether to approve this procedure could not be made at this meeting without further guidance. It was agreed that a discussion would take place outside the meeting with the Head of Equity and Inclusion and this agenda item would be deferred to a later date.

EPSG 23/002   APOLOGIES OF ABSENCE

Apologies for absence were received from Mitchell Jones, Lucy Smith, Steve Gauci, Jonathan Strachan-Taylor, Bill Salter, Rhian Wright

EPSG 23/003   MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 23 November 2022.

Page 2, EPSG 22/041 Working Times Procedure – this should be amended to say that Chairs Action will be taken to approve outside of the meeting, after advice had been sought.

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EPSG 23/004 ACTION LOG

The Group noted the Action log.

EPSG 22/044 Professional Registration Procedure – there were actions missing from the Action Log as per the minutes:

- formatting would need to be amended, summary of amendments and contents need to be added.
- Wording for EHIA needs to completed, falls under remit of Recruitment and Selection Policy.
- Section 3.1. it was noted that the word conditional needs to be removed in the first paragraph.
- Reference to Bank needs to be changed to Temporary Staffing
- Section 7, first line reference to Welsh Government Alert letters, KG agreed to check that these still exist and if they were relevant to this Procedure
- Section 7, last sentence needs to be moved to before An Alternative Role could be considered.
- Clarification to be made between profession body and registering body, e.g. RCN would be professional Body, but the registering body is the NMC.

It was confirmed that all of these actions had been completed.

EPSG 22/031 – Employee Health and Wellbeing Policy – it has been agreed that this will be incorporated into the Managing Attendance at Work and Respect and Resolution Training and the item is therefore complete.

EPSG 23/005 CHAIRS ACTION TO RATIFY

Chairs Action had been taken to ratify the following procedures:

- Injury Allowance Claims Procedure
- Working Time Procedure

The EPSG **RATIFIED** the Chairs Action taken on both Procedures.

EPSG 23/006 FIXED TERM CONTRACT PROCEDURE

Rebecca Williams (RW) presented the Fixed term Contract Procedure the changes to this were as listed at the front of the procedure, however RW drew the meetings attention to the following:

- Change of tone in line with People and Culture Plan
- Bullet points added under Line Manager and Employee Responsibilities
- Definition of fixed term contract updated in line with CIPD guidelines

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- Section 4 – removed reference to the contract being for an indeterminate period
- Section 9 – new process added to allow fixed term employee's to be slotted in the a permanent role
- Section 11 – Clarity provided on AFC notice periods
- Section 13 – Reference to Retire and Return added to penultimate paragraph

There was discussion with regard to accountability with regard to recruitment and the linking in with the Recruitment Procedure. RP advised that a Recruitment Toolkit/ Framework is currently being looked at which will be a one stop shop with everything to do with Recruitment with guidance on good practice etc, and advised that this could be picked up through that.

Dawn Ward (DW) asked about having quantifiable methods for measuring how this is implemented and the consequences if it is not.

RW advised that Do's and Don'ts and bitesize training was being looked at to help as well, that would also be on the toolkit. RW to share this with Roisin Kirby (RK)

The EPSG **APPROVED** the Fixed Term Contract Procedure.

EPSG 23/007   NEW PARENT SUPPORT LEAVE AND PAY PROCEDURE

Helen Palmer (HP) presented the New Parent Support Leave and Pay Procedure. The main changes to this procedure were as follows:

- Title Change
- Reference to Paternity Leave changed to New Parent Support Leave
- Reference to HR Operations changed to People Services

The EPSG **APPROVED** the New Parents Support Leave and Pay Procedure.

EPSG 23/008   MANAGEMENT OF ALCOHOL, DRUGS AND SUBSTANCE MISUSE AT WORK PROCEDURE

Lizzie Lewis (LL) presented the Management of Alcohol and Substance Misuse at Work Procedure. LL advised that the changes were as follows:

- Procedure brought in line with Support and Wellbeing of staff.
- Added section including Responsibilities for Employee's, Managers, People Services and Trade Unions
- Specific Guidance on what to do if a member of staff is suspected of being under the influence of alcohol or substances at work.
- Paragraph removed relating to alcohol consumption at Corporate functions on UHB sites.

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There was discussion with regard to the Staff Recognition Awards where alcohol is provided, however this event takes place off site and it was agreed that it was beyond the scope of the Procedure or Group to make a decision about events such as this. The point to note was that the Procedure had been updated to reflect current practice (ie no alcohol at events on-site).

The EPSG **APPROVED** the Management of Alcohol, Drugs and Substance Misuse at Work Procedure.

EPSG 23/009   RECRUITMENT AND SELECTION PROCEDURE

Rachel McDonough (RM) presented the Recruitment and Selection Procedure. This procedure has been updated in line with the recent changes to the recruitment process. Other changes are as follows:

- Brought in line with People and Culture Plan
- Selection process updated with heading and reformatted
- Added that Secondment and Fixed Term Contract vacancies should be advertised as normal via the TRAC recruitment process unless in exceptional circumstances
- Guidance added on not stating specific number of years' experience required for the role as could lead to indirect discrimination
- Reference made to Relationships at Work Guidelines (currently under development) where staff members are known to be a family member, or a similar close relationship to the recruiting/line manager
- Updated that a minimum of two shortlisters are required for best practice.
- Included updated process for offering a proposed start date ahead of employment checks
- Reference made to digital ID software that can be used to verify ID digitally
- Guidance added surrounding confidentiality of trans applicants who don't want to revel previous identity.

DW asked what the definition of exceptional circumstance was, and what happens if it doesn't happen, as there is nothing to stop poor practice. RP referred to section 6.3 of the procedure which lists reasons for exception circumstances.

Mathew Thomas (MT) asked how managers would be made aware of the changes in the procedure, RP advised that email would be sent out to notify managers of the changes to this and the other procedures discussed today
RM advised that recruitment have rolled out training for managers on the current process

PH referred to the vacancy scrutiny process referred to under section 6.2 and asked if this information was correct as it was changing regularly, RP advised that it has recently change

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to only Newly Created posts going to scrutiny, however this was the first change for a while. RP advised that the information was correct and should be left in.

PH referred to market forces and Recruitment and retention premia mentioned in appendix 2 section 2.1. and asked how this would be applied for. RP advised that there is a Recruitment and Retention Premia Procedure and agreed that a link to this procedure should be added to the documents at the beginning.
Action: RM

PH referred to section 2.1. and the reference to the pay deal, it was noted that this was some time ago and that there had been further pay deals following this, therefore it was agreed that reference to the pay deal would be removed.
Action: RM

PH referred to section 6.3 on page 12 that referred to advertising post via NHS Jobs on TRAC and asked if the words 'in addition to' could be added to the refence to social media so that it is clear that this is not instead of using TRAC.
Action: RM

PH referred to Page 9, paragraph 2 and suggested that for Peer Support workers working within Mental Health a feature of the person specification would be that they have a lived experience. He requested that this be incorporated
Action: RM

The EPSG **APPROVED** the Recruitment and Selection Procedure subject to the amendments discussed.

EPSG 23/010   ANY OTHER BUSINESS

There was no other business raised.

EPSG 22/011   DATE AND TIME OF NEXT MEETING

The next meeting of EPSG is scheduled to take place on Tuesday 21 March 2023 at 10am (staff pre-meet 9am).

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