Qualification: CIPD Level 5 Diploma in Applied Human Resources

Module Name: Clare Louise Berner

Contributing to Resourcing and Talent Planning in the Organisation 5ARTP

LO1 Be able to review and evaluate an organisation's approach to talent planning

LO2 Be able to recommend ways to improve an organisation's approach to talent planning

LO3 Be able to contribute to people resourcing activities

Student Name: Clare Louise Berner

Student Number: 1810268

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By signing below, I confirm that the work/evidence presented is my own, unaided work. I understand the regulations pertaining to candidate malpractice and the action that may be taken as a result.

Signed: Clare Louise Berner

Date: 26/05/2020

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CIPD Candidate evidence matrix 5ARTP Contributing to Resourcing and Talent Planning in the Organisation (CEM1)

Candidate name: Louise Berner				CIPD Membership/registration No.: **53280348**		
Qualification title: CIPD Level 5 Diploma in Applied Human Resources Apprenticeship				**Unique Learner No. (ULN): 1810268**		
Unit code	**Unit title**	**Assessment criteria no.**	**Evidence description**	**Evidence reference number**	**Assessor initials**	**I/V initials if sampled**
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Candidate declaration:

- I confirm that the work/evidence presented for assessment is my own unaided work.
- I have read the assessment regulations and understand that if I am found to have 'copied' from published work without acknowledgement, or from other candidate's work, this may be regarded as plagiarism which is an offence against the assessment regulations and leads to failure in the relevant unit and formal disciplinary action.
- I agree to this work being subjected to scrutiny by textual analysis software if required.
- I understand that my work may be used for future academic/quality assurance purposes in accordance with the provisions of the Data Protection Act 1998.
- I understand that the work/evidence submitted for assessment may not be returned to me and that I have retained a copy for my records.
- I understand that until such time as the assessment grade has been ratified through internal and external quality assurance processes it is not final.

Signature:	**Louise Berner**	**Date:**	**27/05/2020**

Organisational Approach During Covid-19 Pandemic

LO1 Be able to review and evaluate an organisation's approach to talent planning

1.1 Assess how and to what extent the organisation undertakes workforce and talent planning.

CIPD (2010a) defined workforce planning as:

> *'Workforce planning is a core process of human resource management that is shaped by the organizational strategy and ensures the right number of people with the right skills, in the right place at the right time to deliver short- and long-term organizational objectives.'*

Having had a discussion with the Senior Workforce Manager around Workforce Planning over messenger; due to the covid-19 pandemic and workload pressures in all departments, it is impossible to source information from department managers. I wanted to gain clarity in regard to how workforce planning in Hywel Dda University Health Board (HDdUHB) is carried out, please see interview notes dated 27th April 2020 attached hereto as **(EV01)**. There is a dedicated Workforce Planning team within HDdUHB that deals with Workforce/Talent Planning. Recruitment teams are separate to this and shared services are also utilised within the recruitment process.

Workforce Planners have been engulfed by day to day HR activities which have hindered the progress of true workforce planning. Senior service leads work collaboratively with Workforce to identify key areas, a piece of work, for example; the development of a modernised community resource team; service leads would identify that the needs of the service are changing and will enter into discussion with workforce regarding the detail. This work may be put out to tender, if it was a big piece of work; this would involve mapping of current practice (level of independent enquiry) before then drafting a proposal on how to transform the workforce i.e. competency mapping, upskilling and re-writing Job Descriptions, re-banding posts creating new roles etc. such as generic community posts (do some social care, therapy tasks and nursing tasks all in one). Any change is driven by the service leads and supported by either workforce or external consultancies specialising in this.

During the pandemic there has been time pressures on the whole of the Workforce and Organisational Development Teams in that covid-19 guidance has had to be developed to guide managers.

Due to the limitations and time constraints and pressures of others and myself I examined the organisational information via the intranet. HDdUHB has high-performance work systems in place defined as large bundles of policies and procedures known as best practice (Taylor, 2016). Whilst there is no specific Workforce and Talent Planning Policy, there are policies in relation to some of the processes that link with Workforce and Talent Planning:

- Redeployment Policy 2018 **(EV02)**
- Learning and Development Policy 2018 **(EV03)**
- Volunteers Policy 2018 **(EV04)**

- Flexible Deployment of Staff Procedure 2018 **(EV05)**
- Psychological and Wellbeing Policy 2018 **(EV06)**
- Performance Appraisal and Personal Development Plan Policy (PADR) 2018 **(EV07)**
- All Wales Organisational Change Policy 2018 **(EV08)**
- Organisational Induction Policy 2018 **(EV09)**

The Health Board has written control documentation, standardised policies which are in the Approved Employment Written Control Document section of the staff intranet attached hereto as **(EV10)** (HDdUHB, 2019j). The Values and Behaviours Framework, which is part of the HDdUHB's DNA, which employees are expected to adhere to is attached hereto as **(EV11)**, (HDdUHB, 2019g).

At the recruitment stage when an employee enters the organisation, they go through a Corporate Induction process, information can be found on the staff intranet, screenshot attached hereto **(EV12)**, the Organisational Induction Policy sets out the framework for new employees (HDdUHB, 2019h and HDdUHB, 2019i). Attached hereto are copies of the Covid-19 Induction documentation attached as **(EV13)**.

During the changing times due to covid-19, HDdUHB have set up a section of the intranet for Covid 19 Guidance, screenshot of the Workforce Information on HDdUHB attached hereto as **(EV14)**. Workforce Guidance and protocols are available to support management and staff managing in the pandemic, which consists of the following:

- Deployment Process FAQs **(EV15)**
- Internal Deployment Implementation Process for Covid 19 **(EV16)**
- Internal Deployment Overview – Covid 19 **(EV17)**
- Internal Deployment Procedure Manager's Deployment Guide **(EV18)**
- How Workforce Matches Supply and Demand – Guide for Managers **(EV19)**
- Staff Category Document **(EV20)**
- Risk Assessment for Vulnerable and Pregnant Staff with potential work-related exposure to Covid 19 **(EV21)**
- NHS Wales Covid 19 Home Working Advice and Guidance for Managers and Staff **(EV22)**
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All NHS Wales Covid 19 Guidance applies to all Health Boards in Wales. There is also a HDdUHB Covid Command Centre Enquiry Line for staff.

At the commencement of the pandemic HDdUHB put out a recruitment drive, advertising for various posts within the three counties, this is still ongoing and I have attached various job advertisements from the Swyddi Hywel Dda Job Facebook page as **(EV25)**, the temporary posts have also been advertised via the NHS Jobs site. This has involved various managers carrying out telephone interviews and job offers in the way of zero hours, 3 month and 6 months fixed term temporary contracts. Some job offers have been put on hold until a time when required.

The new members of staff for Ceredigion have gone through pre-employment and DBS checks, bypassing the normal route of shared services, whom have had no involvement in the process due to the time constraints. Inductions and training have been fast-tracked to ensure that staff are ready to commence as soon as possible.

According to Wilkinson and Taylor (2016) the 4 stages that should be followed during Talent Planning are:

- Forecasting the organisations future demand for skills
- Forecasting the skills of the organisation in the future
- Identifying gaps between future demand and supply of skills
- Plans to fill gaps

Forecasting demand during covid has been via managerial judgement and based on the experience of senior managers of how current ratios of staff to patients are required. This encompasses the whole workforce service areas; such as catering, cleaners, porters, administrative staff, health care support workers, therapists, registered nursing staff and clinical nurse leads. The numbers of workforce required have been added to a detailed spreadsheet that has been sent to the Director of Workforce & OD and the Workforce Planning Team. There is a specific finance business partner covering each county who works alongside senior managers. Various returns are collated for Welsh Government in connection with budget, a Covid 19 budget has been set up to budget resources/equipment etc against.

Looking at the skills of the current workforce and deploying some to other service areas in need, staff during quiet time have been upskilling in areas like CPAP, DNR, verification of death etc, the information is collated and logged by the Head of Nursing. Some staff have had a risk assessment **(EV21)** in order to work from home due to being in the vulnerable category, others in certain staff groups have been furloughed, see attached **(EV20)** Staff Category Document. There were high sickness levels when the covid pandemic commenced, due to colds and flu still being around in March. Arrangements with the University has enabled staff treating patients with covid stay in accommodation halls; keeping families safe.

Talent planning carried out during this pandemic has involved the central workforce planning team delegating tasks out to local teams; this has involved the collation of skills the workforce currently has; namely a skills audit, which has been done manually by the local team. This information is then fed back to the workforce intelligence team to run reports from the Electronic Staff Record (ESR) which can show gaps in skills.

This information is fed back centrally, all decisions come from the top, this is where the Executives sit in gold command, there are also silver and bronze teams within service areas whom make the decisions. Any documentation coming from Government is fed down from gold command and tactical. Any documentation needs to be discussed at local bronze groups within their service area. If there are any service changes, an SBAR (Situation, Background, Assessment, Recommendation) Report attached **(EV26)** needs to be completed and put through to bronze who will consider and make the decision or send up the chain of command.

The recruitment drive undertaken was for Hospitals as well as Field Hospitals; this is to ensure all service areas within the Health Board are covered; in acute there are green areas of non-covid and red areas which are covid+ areas. Some wards have been closed to ensure that there is amicable space between the two areas. This links in with community teams playing a

massive part in keeping people at home; to ensure this happens, staffing levels need to be monitored. Our County Community Team has a Community Daily Status Update Touch Point Meeting daily to ensure there are no operational or staffing issues, calendar invite, Agenda and Notes attached hereto as **(EV27)**. This meeting feeds into the bronze meeting and Ceredigion Workforce Capacity Meetings, calendar invite, and Notes attached as **(EV28).**

Bronglais General Hospital have a Partnership Nursing Contract whereby some agency staff have been taken on to help with the influx. Aberystwyth University have sourced students that have lab work skills who have volunteered. Due to press coverage and the community wanting to help, free meals have been delivered for staff. Fundraising for hand creams, toiletries and Pjs for patients due to relatives being unable to visit. Employer branding has been driven by Government for the NHS, but locally using social media in job advertisements and keeping applicants up to date via social media **(EV25)**. It is important during this time to treat employees well, having a negative impact could damage the reputation of the organisation, staff are kept updated via Global Emails and video updates from the Chief Executive attached hereto as **(EV29).**

1.2 Analyse internal and external information relating to the organisation's future people and skills needs and the availability of talent

As previously mentioned HDdUHB have high-performance work systems consisting of HR policies, procedures and practices. There is a culture of extensive learning and development, each member of the workforce has the opportunity to learn and develop, which links in with the Performance Appraisal and Personal Development Plan, whereby objectives are set annually and reviewed at 6 monthly intervals (HDdUHB, 2018a). Workforce Intelligence distribute a Workforce Business Partner Report monthly which compiles the following, please see copy of an older report as an example, attached as **(EV30)**, this report details the below:

Demographics: such as age profile of the workforce, length of service in current employment, male and female split, full and part time by gender and headcount of staff groups.

Health and Wellbeing: Absence rates per staff groups, long/short term sick and trends in sick absence.

Recruitment and Retention: Hires by staff group, starters and leavers by month as well as staff groups and summary of where leavers have gone e.g. death in services etc.

Monthly Staff in Post Report: This shows how many staff in post per service area.

The Director and senior management team along with Aberystwyth University have developed a School of Nursing, this will encourage local students to stay local, give more opportunity to young parents wanting to train and gain a nursing degree and have Bronglais General Hospital to train in close proximity. Apprenticeships have also been developed for Health Care Support Workers (HCSWs) and anyone undertaking an apprenticeship is guaranteed full time employment on completion of their apprenticeship. The Health Board also have 'Grow Your Own', which encourages existing HCSWs to take up the opportunity of a nursing degree.

According to Wilson et al (2020) March to April saw a small drop in healthcare vacancies but an increase in social work and cleaning. North West Wales has seen a 31% drop in vacancies

with South West Wales having a 35% drop. HDdUHB has been over recruiting to vacancies as and where they can, any gaps within qualified nursing staff are being addresses by rotating them around service areas, this has helped where ward closures have happened in addressing red and green areas for covid and non-covid. Field hospitals may be utilised in a different way, at present are not operational. There are issues within the three counties whereby there are not enough staff recruited, but this has always been an issue and an issue throughout the UK (NHS Support Federation, 2020).

Future modelling of services is being looked at; what services can be reinstated, planning around the Field Hospitals and covid planning over the next 12 months. The pandemic planning is a process which will be ongoing over the next 18 months. This will also link in with the CIPDs scenario planning (CIPD, 2018a).

Best practice guidance is always followed accordingly, any further guidance from the Government is always made available to all staff members via the covid-19 page on the staff intranet (Gov.UK, 2020).

1.3. Assess the extent to which the current organisational planning activities are addressing potential needs

The organisation has been upskilling its workforce over the last month at pace whilst the acute hospital has been quieter. This has involved most staff groups such as Physiotherapy, Occupational Therapy, HCSWs, and nursing and medical staff. This will enable deployment of staff into different areas when the need arises. Within Ceredigion everyone is working collaboratively and in an integrated way; the Health Board, Local Authority and Aberystwyth University. This has enabled the planning, building and delivery of 3 Field Hospitals, GP Red Centre and a central recruitment drive to staff Field Hospitals and Bronglais General Hospital, which has been successful in HCSWs, porters, cleaners etc. Qualified nursing staff are hard to come by. There have been offers from student nurses and staff returning from retirement. Partnership agency nurses that are already working within Bronglais General Hospital are upping their hours to help where needed along with bank staff. The recruitment drive has delivered on three different type contracts; zero hours, 3 months and 6-month fixed term contracts.

From evaluating the recruitment process, this has not been addressed well; recruitment is carried out centrally and delegating individuals who are inexperienced in certain services and interviewing process; individuals may not have the received the Manager's Passport Training to enable them in effective interviewing techniques.

There have also been issues whereby people that have been successful in gaining a job are on the vulnerable list so need to self-isolate, there are some that cannot drive and do not have access to transport. The recruitment process has not been completely thought through; although the Equality Act (2010) and discrimination comes into the recruitment process, there are 'occupational requirements' during this pandemic. As long as no direct discrimination occurs and there is a justifiable reason; obviously care needs to be taken with regards to recruitment and any potential candidates, the recruitment and interview process should have been handled by experienced trained professionals (Taylor and Wilkinson, 2016).

Some staff have little or no experience, which then requires a rotation of staff to address this. Also, some staff which have progressed to induction, have been asked realistic questions around death and how they would feel or handle death, which is an important factor within a health care setting; this has put many new recruits off. Ceredigion have planned ahead, so are in a position whereby new staff are able to gain some experience and training at the acute Hospital.

With the new employees, there is unsurety as to whether these new recruits have other jobs to go back to when lockdown ends. Interviewing was via the telephone and carried out by various individuals, so this information has not have been collated.

On looking at the demographic age profile; clinical staff can retire at 55 years; a large headcount can be seen in this age bracket in the Workforce Business Partner Report; the need for a succession plan is imperative. There will be a great amount of expertise lost which is extremely hard to replace, some staff do retire and return, some part time and some full time, but it is vital succession planning is carried out. Due to the shortage of nursing staff within the health sector and the rurality of the Hospital, it has been imperative to think of ways in which to encourage the population of the local area to become qualified nurses, as there is a nationwide shortage (Gilroy, 2019).

LO2 Be able to recommend ways to improve an organisation's approach to talent planning

2.1 Make reasoned recommendations for how the organisation can maintain an appropriate number of people with the skills required by the organisation

The organisation has high-performance work systems of policies, practices and procedures and follows best practice (Taylor, 2016). There is a significant ethos around training and development of the workforce. Everyone has the opportunity to learn and develop and objectives can be discussed at appraisals (HDdUHB, 2018a). Following on from the above review and evaluation of the organisation and its integration of its bundles of best practice, I conclude with the following recommendations:

1. Workforce Planning/Talent Planning and Succession Planning Policies should be put in place, this will enable the workforce to see how this planning is carried out and to ensure a fair process for anyone wanting to progress. This also links in with the 'best practice' bundles of High-Performance Work Systems (Taylor, 2016).

2. Training for managers in the recruitment process, understanding the need of utilising a detailed job description, following 'best practice' guidance, not generic in a pandemic; thus ensures targeting the correct talent by asking the right questions at interview around the profile required for the job; explaining what the job will entail – ensuring that the Equality Act 2010 is abided by. Not rushing the recruitment process – thus ensures that managers follow 'best practice' in the recruitment and selection process (Wilkinson and Taylor, 2016).

3. Succession Planning is vital in any organisation, but especially in a rural area where the population density is low; I recommend this is planned locally and fed into the central team. This has been highlighted in my review of the demographic age profile for

Bronglais General Hospital, in that there is a large headcount in the 55 years age profile for retirement. This will lead to loss of expertise and experience which is hard to replace; succession planning needs to be imminent to maintain people with the skills required for the future (CIPD, 2020).

4. The overall Workforce Planning process is carried out centrally in Carmarthen; this process should be carried out with the departments/services involvement in this process to ensure all areas are covered with local involvement (CIPD, 2020).

LO3 Be able to contribute to people resourcing activities

3.1 Identify and explain the rationale for a specific resourcing activity within the organisation

Why there was a business need: Due to the covid-19 pandemic there has been a need to set up Field Hospitals in each county, due to a shortage of beds. In Ceredigion this was to give extra bed capacity to Bronglais General Hospital, which covers Ceredigion parts of Powys and Gwynedd. Bronglais General Hospital is split into two areas a green area for non-covid patients and a red area for covid+ patients. Due to historical over capacity of flow in the Hospital it is vital that an extra capacity of beds could be delivered; this has come down via the Gold chain of command to source another 1,000-1,500 beds within the Hywel Dda Region. The Working Groups objectives were to deliver the three Ceredigion Field Hospitals, ready for use, giving the extra bed capacity with a fully staffed workforce establishment in readiness for the covid demand.

Role in the resourcing activity: On completion of the build there has been an overall need for workforce planning due to the setting up of the three Field Hospitals. A Ceredigion Field Hospital Whole System Workforce Meeting took place with the Workforce Planning Team Manager, attached hereto calendar invite dated the 27th April 2020 as **(EV31)** along with Daily Dashboard Tracker Supply -v- Demand for Key Posts attached as **(EV32)** and Notes and Actions attached hereto as **(EV33)**. During the meeting discussions took place to work through a spreadsheet of Supply -v- Demand compiled by the Workforce Planning Team for Ceredigion, this spreadsheet was outdated, supply figures were based on the acute site – and allocated from there. There were not enough staff recruited, also posing a risk were staff that had been deployed elsewhere, these staff members could be pulled back into services which might be reinstated. Two more pieces of work are still ongoing with regards to the deployment of staff and newly appointed staff – they both need to be joined up. There are currently 3 cohorts of staff that have been given zero hours, 3 and 6 monthly fixed terms contracts, along with student nurses and some retirees being reinstated. Work is ongoing with these cohorts to see which part of the County they would be most suited to, depending on where they live in the county, due to rurality. Some of the cohort of HCSWs who have been recruited have posed an issue due to a large number not being able to drive, and some having health issues so cannot be deployed into Field Hospitals or red covid areas.

This followed on to a Ceredigion Workforce Planning and Capacity Meeting to discuss the staffing requirement for the Field Hospitals, Bronglais General Hospital, Community and Tregaron Community Hospital, please find attached an email from the County Director with Exam Questions to be answered at the meeting dated the 27th April 2020 as **(EV34)**, also attached **(EV35)** is the calendar invite dated the 30th April 2020, along with an notes attached

as **(EV36)** dated the 30th April 2020. During the meeting the Senior Workforce Manager discussed a spreadsheet of staff that were available from the recruitment drive which had been updated by the Workforce Planning team and the Hospital Head of Nursing, I am unable to attach this as I would need to redact all names and personal information, which would leave no information on the spreadsheet. Discussions around some staff having no experience, this led the Hospital Head of Nursing to look at the workforce establishment for the Bronglais site, to work through a plan with the Head of Community Nursing to see what staff could be rotated to enable deployment of the more experienced nursing staff and HCSWs to Tregaron Community Hospital and forming a rota.

A second meeting was scheduled, calendar invite dated the 7th May 2020 attached hereto as **(EV37)** along with excerpt of notes as **(EV38)** to discuss a way forward. This is still ongoing at present and an SBAR paper is going to Bronze on the 27th May to open up more beds in Tregaron Community Hospital to help with flow from Bronglais General Hospital in the interim. The workforce establishment for the Field Hospitals in Aberystwyth are still ongoing. Once the workforce establishment has been drawn up on the Community Hospital, the workforce establishment for the Field Hospital staff can be planned with the flexible workforce remaining. Due to current low levels of covid within the community, Plascrug Field Hospital in Aberystwyth will support pressures in community and acute, with the discharge flows and care homes.

My role: My role within the Field Hospital Project Group involved supporting the Project Team in the setting up of the Field Hospital Project Meetings on a daily basis; taking minutes and actions note and distribution thereof **(EV39)**. Any actions to be sent up to Bronze, would go via the County Director/Commissioner. At different stages of the project required an adjustment of attendees to ensure the right people were invited onto the skype meeting at a particular stage of the build and up to handover. On hand over the next stage was the workforce element; supporting the Ceredigion Field Hospital Whole System Workforce Meeting and Ceredigion Workforce Planning and Capacity Meetings, which are currently ongoing. This has involved setting up the meetings as mentioned above, taking minute and actions notes and distribution thereof. I have also collated a profile of staff for the workforce planning team which is attached hereto as **(EV40)** which is the title bars of the spreadsheet sent out as information has been redacted, email attached as **(EV41)** requesting information to be completed. My support has been to the Project Group for Field Hospital and Workforce and to the Workforce Planning Team which is still ongoing. Linking in with the Field Hospitals is Community Services, Acute Hospital, Local Authority and GP Primary Care Services – a whole system approach in how to maintain the workforce in all areas and deploying health staff when required into Local Authority Homes.

The Plan and Preparation: Collation of profiling for the Workforce Planning Team along with the planning and setting up of various Ceredigion workforce meetings with the Workforce Planning Team; circulating any information to the group as an when required. Liaising with the two workforce meeting groups to arrange further meetings around the whole Ceredigion flexible workforce. Ensuring that action logs are updated. Some of the workforce that have been appointed as the flexible workforce have completed inductions at the Field Hospitals, copy of the master Covid-19 Induction documentation as **(EV13)**. A lot of the workforce at present who will be supporting, such as therapies and HCSWs have been undertaking upskilling and enhanced training e.g. venepuncture and cannulations, CPAP delivery and management and Clinical Nurse Specialists (CNSs) have been supporting the delivery of CPAP CNS working within covid teams enhancing their skills and confidence. This all interlinks in with supporting patients with covid or who have had covid on discharge.

How it was Undertaken: A whole workforce planning approach was required for the county to ensure there are no gaps. The Dashboard supplied by the Workforce Planning team was outdated and under recruited which led to a further meeting with the Hospital Head of Nursing and Head of Community Nursing to discuss a roster of staff that could rotate down to Tregaron Hospital to open up extra bed capacity to help with discharges and flows from Bronglais Hospital until the Field Hospitals operationalise; at present workforce planning is still in progress for said Field Hospitals. Please see Covid-19 Field Hospital Planning **(EV43)**.

The Outcomes: A whole Ceredigion Workforce Plan is being drawn up for Bronglais General Hospital Acute, Tregaron Community Hospital, Community Team and Field Hospitals. This is a whole Ceredigion flexible workforce planning approach due to the recruitment issues. An SBAR is going to Bronze for decision on extra bed capacity in Tregaron and the workforce required to staff it, which will help with flow as Bronglais is currently running at 96% capacity and will overflow shortly. Patients are also being admitted from parts of Powys and Gwynedd. This will help enable delays in discharges to Care Homes; as patients require covid testing before discharge, which causes patient delays. A whole county workforce plan is in progress and still being worked up.

Effectiveness of the Activity: Due to the recruitment drive being centralised with no local manager input or engagement, staff have been recruited by managers who are inexperienced in the service areas such as nursing and HCSWs, or who may not have received interview training. There has been no planning or discussion with local line managers in regard to contracted hours that would have been required for these posts, they have been employed on a variety of contracted hours, causing issues when trying to plan rotas. There hasn't been enough staff recruited and no qualified nurses. Issues have evolved around employing staff who cannot drive, do not have access to transport and staff taken on that have health issues, although adverts stipulated working with covid patients, please see attached bank nurse advert and job description as **(EV42)**. There is a need to train managers to enable effective recruitment and to ensure best practice in recruitment is adhered to; this could pose problems with the psychological contract and negativity in social media if taken further (CIPD, 2019b). Recruitment of HCSWs and clinical staff requires experienced clinical management being involved in the recruitment and interviewing process, which hasn't transpired in this case. A learning from events will be required on this process going forward.

3.2 Agree roles and responsibilities with the other contributors to the activity

My role and responsibilities were to set up a series of meetings leading on from the Field Hospital handover. This involved creating a distribution list of individuals invited to various meetings. Firstly, we held a Ceredigion Field Hospital Whole System Workforce Meeting which involved the Ceredigion County Director and Commissioner, Senior Managers from Ceredigion and the Workforce Planning team. Copy of calendar Invite to attendees attached hereto as **(E31)** along with email circulating the Notes and Actions from the meeting as **(EV33)**. Distribution List for the meeting attached hereto as **(EV44)** also stating their job titles.

This was then followed by a series of Ceredigion Workforce Planning and Capacity Group Meetings diary invites **(EV35)** and **(EV37)** attached hereto. Minutes from the meetings are attached hereto as **(EV36)** and **(EV38)**. These meetings are still ongoing, and the overall

workforce planning is still in progress. Ceredigion Whole Workforce Planning and Capacity Group Meetings Distribution List attached hereto as **(EV45)** stating their job titles.

Ceredigion County Director and Commissioner (Chair): overall responsibility to take any actions or concerns from the Group meetings up through community bronze group for any decision.

I, PA to the Ceredigion County Director and Commissioner: scheduling of meetings, minutes and actions and circulation of any documentation required for meetings and keeping everyone updated on progress thereof and along with any governance documentation and new/amended covid guidelines.

Hospital General Manager: overall responsibility of the acute site and financial budgets, planning and addressing of any issues within workforce establishment for Bronglais.

Service Manager: working closely with the General Manager on the day to day running of the acute site and workforce issues.

Hospital Head of Nursing: addressing any issues within the nursing staff and HCSWs on acute site; working to address issues with staff that have been taken on due to covid. Working collaboratively with other service leads in addressing gaps in workforce of Tregaron Community Hospital, Community and Field Hospital and linking in therapies, creation of a flexible workforce rota for Community Hospital and acute site and staff rotations to ensure each site has experienced staff.

Lead of Therapies: working collaboratively with other Service Leads on the creation of a Bronglais and Tregaron Hospital rotational rota. Therapies have a significant integrative role in helping patients discharges into the community and work closely with Occupational Therapy. Therapies are a big part of the covid pandemic due to support patients require on a daily basis when patients are receiving treatment. Therapy services have been upskilling to provide cover across sites.

Senior Workforce Manager: acting as a support in any onboarding or performance issues with the workforce that have been taken on, advisor on any deployment and redeployment of staff or actions that need to be taken up through workforce bronze group.

Head of Community Nursing: overall responsibility of Communities and Tregaron Community Hospital, working collaboratively with Hospital Head of Nursing in addressing flexible rotational rotas and any gaps in the workforce establishment.

Lead Occupational Therapies: ensuring that patients that are discharged are supported and able to continue within the community; providing any support or equipment required.

As a group we were all focussed in ensuring all services leads including the General Manager and Hospital Head of Nursing worked collaboratively to ensure all service areas had a flexible workforce, which were joined as one to address any gaps. Workforce Planning for Field Hospitals is still ongoing.

3.3 Identify organisational procedures and legislative requirements which underpin the activity

On completion of the Field Hospitals and ongoing whole system workforce planning for Tregaron Community Hospital, Bronglais Hospital and Community; it was important to follow the policies, procedures and process set out for the Health Board accordingly. Deployment of staff can be into core work areas to covers vacancies, shortages or long-term sickness and to ensure the safety of patients and their care is maintained. Please see Internal Deployment Procedures Manager's Deployment Guide **(EV18)** attached hereto. The Deployment Process FAQs (**EV15)** can be used in conjunction with the Guide and on deployment of staff into different areas, any movement of staff needs to be recorded with the Central Internal Deployment Team and a record kept on sites. The Internal Deployment Implementation Process for Covid 19 **(EV16)** stipulates there are 2 sets of circumstances which deployment can be applied, where there is a need to change the way of working; hours, days and location and the deployment of staff temporarily in another role, duty or task. A flow chart is also considered as part of this process along with the Staff Category Sheet **(EV20)**; whereby categories 1 and 2 are deemed essential and category 3 are likely to be deployed.

When deploying or redeploying any of the workforce it is vital that managers ensure the workforce involved are fully consulted throughout the process, it would also be fair to give all employees a choice of deployment opportunities (Wilkinson and Taylor, 2016).

There are also lots of 'best practice' to follow on the UK Government and ACAS websites in regard to covid-19. ACAS (2020) guidance on furlough, self-isolation and vulnerable categories and social distancing are available to all individuals; internal Health Board 'best practice' guidance has also been developed which is available on the Covid-19 page of the intranet **(EV14)**.

Please also see Covid-19 Field Hospital Planning Governance for Field Hospitals **(EV43).**

3.4 Plan and prepare for agreed role, ensuring the availability of any materials or resources required

There has been a special budget in place for covid-19, this has been for technology to enable the workforce to work from home, building and setting up of Field Hospitals, equipment for Field Hospitals and PPE, employing workforce, training and upskilling of staff etc. During covid-19 it has been necessary for me to work from home and in order that I can support the Ceredigion County Director, I have had to request and order a VPN token and a mobile phone to ensure that I have the right equipment. I have also ordered a mobile phone for the Project Manager of the Ceredigion Field Hospitals, to ensure that he is contactable during the build, design and set up. A special covid-19 order request was sent up to the Bronze Group for authorisation, into specific cohorts, due to the number of requests received, please see emails attached hereto as **(EV46)**.

I have supported and advised the Manager of the Field Hospitals in the process to follow for the successful redeployment of a member of the Community Health Council (CHC), who is currently employed by Powys Teaching Health Board (PTHB) into Plascrug Field Hospital to enable her to work as a receptionist/administrator. There were long delays and issues in this process due to central HR wanting her to do volunteering work, although she was employed

by another Health Board and a clear process to follow. The redeployment request was eventually taken to Workforce Bronze for a decision, which the Ceredigion County Director got involved and after discussions with the Assistant Director of Workforce, this was approved. Please see attached email trails **(EV47)** and along with How Workforce Matches Supply and Demand – Guidance for Mangers **(EV19)** and NHS Wales Covid-19 (Coronavirus) Temporary Deployment Alternative duties principles guidance **(EV24)**.

The **(EV24)** guidance stipulated that "If organisations do not have any roles for temporary redeployment or if there are more employees requiring temporary redeployment then consideration will be given to temporary redeployment to another NHS Wales organisation".

Also attached is the draft of the Field Hospital Staffing Model which is still being worked on as **(EV48)** along with an update for CEO meeting with IMs of staff that have been take on through the recruitment drive **(EV49)** in readiness for the Ceredigion Workforce Capacity Meeting on the 4th June 2020.

3.5 Undertake agreed role in a timely and accurate manner, in line with the organisational procedures and legislative requirements

The Ceredigion Field Hospitals Project Group delivered on 3 Field Hospitals for Ceredigion. These have been handed over to the County Director for Ceredigion and are still awaiting operationalisation. The official date is yet to be established, but according the HDdUHB Coronavirus (Covid-19) NHS Wales Operating Framework for Quarter 1 2020/21 Report for the Board Meeting on the 28th May 2020 stipulates sometime in June 2020, which may be put back (HDdUHB, 2020). The Field Hospitals are designated and assigned as one red covid+ and one green non-covid Field Hospital. The overall workforce planning and assignment of staff is still ongoing for the Field Hospitals. Plans are being put in place in readiness to open more beds in Tregaron Community Hospital as previously mentioned an SBAR paper is going to Bronze, copy attached herewith in relation to the establishment **(EV50)**. Please see personal thank you letter from the Ceredigion County Director and Commissioner along with thanks you emails attached hereto as **(EV51)**.

I also attach an email of thanks as **(EV51)** for my supporting role in the successful redeployment of a member of staff from Powys Teaching Health Board to HDdUHB to carry out administrative and reception work within the Plascrug Field Hospital.

3.6 Reflect on the effectiveness of the resourcing activity in meeting required objectives and report back to stakeholders

The delivering of the Field Hospitals in Ceredigion was completed rapidly in under a 3-week period and has been very effective. The main stakeholder was the Ceredigion County Director for HDdUHB. The Ceredigion County Director wanted to keep the Field Hospitals out of the social media as much as possible due to what these will be utilised for. Please see some photos and some social media posts that the Local Authority have posted on social media and one which I have shared, see attached **(EV52)**. The Ceredigion County Director sent personal thank you letters to all involved in the Ceredigion Project Group for the Field Hospitals, copy of which can be seen in **(EV51).** The community of Ceredigion would be proud of what has been achieved for when the time comes. The overall workforce planning for the Field Hospitals is

still in progress; this is due to shortages within recruitment for Bronglais and the Field Hospitals. The Ceredigion Team have worked tirelessly and have started creating a Ceredigion Whole flexible workforce to work across all sites. An SBAR paper to open up extra beds within Tregaron Community Hospital is in the process of being taken up to Community Bronze Group for a decision, please see attached as **(EV50)**. The workforce planning for the Field Hospitals is still in the process of being developed and staff will be utilised from the current resource.

The recruitment drive by HDdUHB recruited a number of HCSWs, porters, catering assistants, domestic assistants, laundry and semi-skilled, student nurses and medical student; which were via social media and NHS Job website. Responses to adverts were positive and interviews took place over the telephone; thus, not aligning to the recruitment process pathway usually undertaken through shared services. Nearly 1200 staff were recruited on zero, 3 and 6 monthly fixed term contracts; part-time and full-time as well as bank, throughout the Hywel Dda three counties. The recruitment process into different service areas was rushed, interviews carried out by telephone and in just a week, not following 'best practice'; issues with staff having been employed in the vulnerable category and staff unable to drive or have access to transport. It has been reported that around 36 members of staff are currently being paid due to having a contract, but not having been placed into a working role. Please see email attached hereto as **(EV53)**. Questions are now being raised because of this.

The CIPD (2019a) state that those involved in recruitment activities should be equipped with the appropriate knowledge and skills required to make effective and fair recruitment decisions.

The vacancy adverts did stipulate on the NHS Jobs website that the roles would involve covid and that any applicants be mindful of their own safety. Anyone self-isolating or social distancing for health reasons should not apply whilst in this pandemic (NHS Jobs, 2020). Please see attached job advert **(EV42)**. Although the adverts for the vacancies included a piece about covid, the Job Descriptions were Generic, please find attached as **(EV42)** if 'best practice' was taken into account, a piece about covid should have been incorporated within the Job Description. The CIPD (2019a) stipulate a job analysis should be carried out to determine the purpose of the role, the duties and responsibilities; it is clear to me that this hasn't transpired.

CIPD (2019a) emphasise that good recruitment is vital, "finding the right people for the right roles at the right time. Ensuring that the workforce have the relevant skills and abilities for the current and future needs of the organisation". This is important because covid will be around in the next 12-18 months or if not longer, it is vital that the right workforce is chosen to combat this pandemic. The recruitment process has not been done effectively.

There has also been issues in trying to redeploy a member of PTHB into HDdUHB although there is redeployment guidance which stipulates that members of staff within NHS Wales can redeploy into neighbouring Health Boards, this process was ignored. Redeployment teams are centralised and if they had taken note of the guidance available and followed the correct process, then a lot of time may not have been wasted. This has now been done successfully, but with delays in the central redeployment team not seeking guidance and trying to go down the volunteer route. The whole process did not give the PTHB staff member a good experience. The central team failed to follow the 'best practice' guidance as documented in the covid policies. The CHC are a link to working with the Executives in delivering NHS services, the inspectors and regulators and the voice of the people who use the services (CHC, 2020).

To conclude, Ceredigion as a whole have responded to the pandemic effectively, there was a very short timeframe with which to respond due to ever increasing numbers of covid patients in Wales. Field Hospitals are on standby at present due to the first peak of the pandemic which has now passed; as previously mentioned the Field Hospitals will remain available and will now support both Bronglais General Hospital and the Community – overall workforce planning is still ongoing at present but is progressing well. Going into the next phase there is likely to be a lesson learnt from the overall covid pandemic process.

Statutes

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APPENDICIES FOR LO1

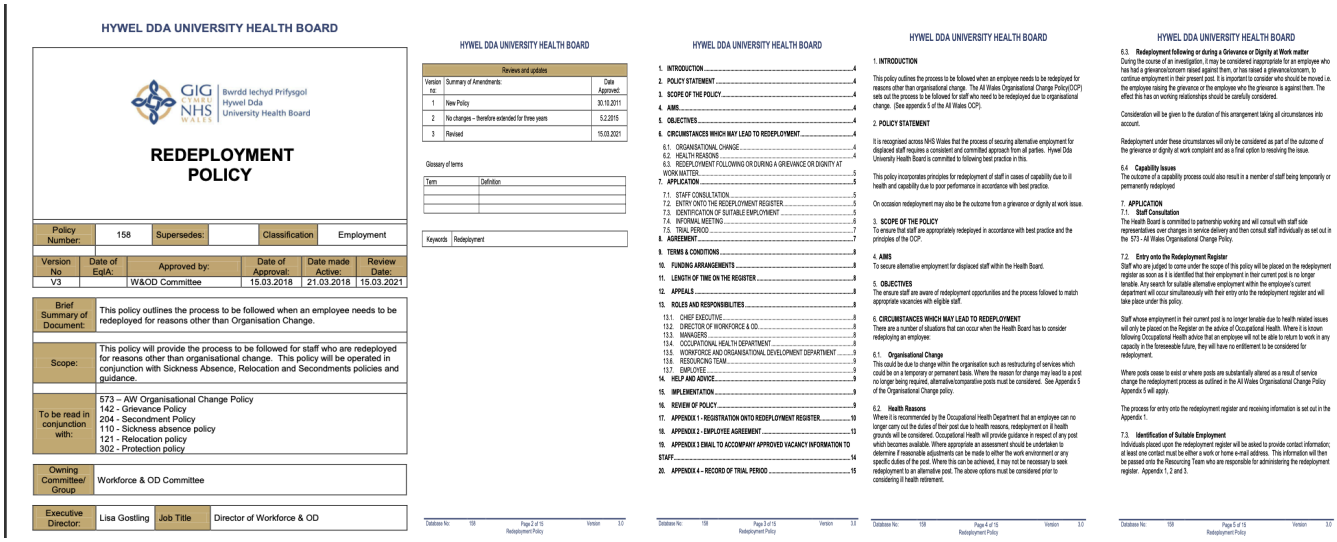
EV01

Discussion with Senior Workforce Manager - GC on the 27th April 2020 via Messenger

Discussion via messenger with the Senior Workforce Manager in Bronglais General Hospital to gather some information and understand how workforce and talent planning is carried out within the organisation. There is a specific team within Hywel Dda University Hospital that deals with Workforce Planning for all four sites. The Workforce Planning Team and Workforce Planners work collaboratively with the Heads of Service, Senior Service Managers to identify key areas and needs, this may be that the needs of the organisation are changing and transforming and whether a key piece of work is required going forward. They would deal with manpower planning/succession planning and have key pieces of project work ongoing, working alongside workforce intelligence who have information on age profile demographics etc, which they can supply workforce trends to the team. The organisation is so big that the Workforce Planning team also get pulled into day to day HR activities as well.

Skills Audits – during covid-19 these have been carried out manually by local HR teams in gathering information from each service department to enable a bigger picture, this is then fed into the workforce intelligence team who are doing a key piece of work for the Gold Command/Silver and Bronze covid teams. Information is also taken off the Electronic Staff Record (ESR) where information with regards to any other training skills or courses have been input, training needs analysis information should have been inputted on to ESR. The workforce intelligence team can download information off ESR which can identify any gaps in skills.

EV02



HYWEL DDA UNIVERSITY HEALTH BOARD

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

REDEPLOYMENT POLICY

Policy Number:	158	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V3		W&OD Committee	15.03.2018	21.03.2018	15.03.2021

Brief Summary of Document:	This policy outlines the process to be followed when an employee needs to be redeployed for reasons other than Organisation Change.
Scope:	This policy will provide the process to be followed for staff who are redeployed for reasons other than organisational change. This policy will be operated in conjunction with Sickness Absence, Relocation and Secondments policies and guidance.
To be read in conjunction with:	573 – AW Organisational Change Policy 142 - Grievance Policy 204 - Secondment Policy 110 - Sickness absence policy 121 - Relocation policy 302 - Protection policy
Owning Committee/ Group	Workforce & OD Committee

Executive Director:	Lisa Gostling	Job Title	Director of Workforce & OD

HYWEL DDA UNIVERSITY HEALTH BOARD

Version no:	Summary of Amendments:	Date Approved:
1.	New Policy	30.10.2011
2.	No changes – therefore extended for three years	5.2.2015
3	Revised	15.03.2021

Glossary of terms

Term	Definition

Keywords	Redeployment

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13.4. OCCUPATIONAL HEALTH DEPARTMENT 8
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13.6. RESOURCING TEAM 9
13.7. EMPLOYEE 9
14. HELP AND ADVICE 9
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HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

This policy outlines the process to be followed when an employee needs to be redeployed for reasons other than organisational change. The All Wales Organisational Change Policy(OCP) sets out the process to be followed for staff who need to be redeployed due to organisational change. (See appendix 5 of the All Wales OCP).

2. POLICY STATEMENT

It is recognised across NHS Wales that the process of securing alternative employment for displaced staff requires a consistent and committed approach from all parties. Hywel Dda University Health Board is committed to following best practice in this.

This policy incorporates principles for redeployment of staff in cases of capability due to ill health and capability due to poor performance in accordance with best practice.

On occasion redeployment may also be the outcome from a grievance or dignity at work issue.

3. SCOPE OF THE POLICY

To ensure that staff are appropriately redeployed in accordance with best practice and the principles of the OCP.

4. AIMS

To secure alternative employment for displaced staff within the Health Board.

5. OBJECTIVES

The ensure staff are aware of redeployment opportunities and the process followed to match appropriate vacancies with eligible staff.

6. CIRCUMSTANCES WHICH MAY LEAD TO REDEPLOYMENT

There are a number of situations that can occur when the Health Board has to consider redeploying an employee:

6.1. Organisational Change

This could be due to change within the organisation such as restructuring of services which could be on a temporary or permanent basis. Where the reason for change may lead to a post no longer being required, alternative/comparative posts must be considered. See Appendix 5 of the Organisational Change policy.

6.2. Health Reasons

Where it is recommended by the Occupational Health Department that an employee can no longer carry out the duties of their post due to health reasons, redeployment on ill health grounds will be considered. Occupational Health will provide guidance in respect of any post which becomes available. Where appropriate an assessment should be undertaken to determine if reasonable adjustments can be made to either the work environment or any specific duties of the post. Where this can be achieved, it may not be necessary to seek redeployment to an alternative post. The above options must be considered prior to considering ill health retirement.

HYWEL DDA UNIVERSITY HEALTH BOARD

6.3. Redeployment following or during a Grievance or Dignity at Work matter

During the course of an investigation, it may be considered inappropriate for an employee who has had a grievance/concern raised against them, or has raised a grievance/concern, to continue employment in their present post. It is important to consider who should be moved i.e. the employee raising the grievance or the employee who the grievance is against them. The effect this has on working relationships should be carefully considered.

Consideration will be given to the duration of this arrangement taking all circumstances into account.

Redeployment under these circumstances will only be considered as part of the outcome of the grievance or dignity at work complaint and as a final option to resolving the issue.

6.4 Capability Issues

The outcome of a capability process could also result in a member of staff being temporarily or permanently redeployed

7. APPLICATION

7.1. Staff Consultation

The Health Board is committed to partnership working and will consult with staff side representatives over changes in service delivery and then consult staff individually as set out in the 573 - All Wales Organisational Change Policy.

7.2. Entry onto the Redeployment Register

Staff who are judged to come under the scope of this policy will be placed on the redeployment register as soon as it is identified that their employment in their current post is no longer tenable. Any search for suitable alternative employment within the employee's current department will occur simultaneously with their entry onto the redeployment register and will take place under this policy.

Staff whose employment in their current post is no longer tenable due to health related issues will only be placed on the Register on the advice of Occupational Health. Where it is known following Occupational Health advice that an employee will not be able to return to work in any capacity in the foreseeable future, they will have no entitlement to be considered for redeployment.

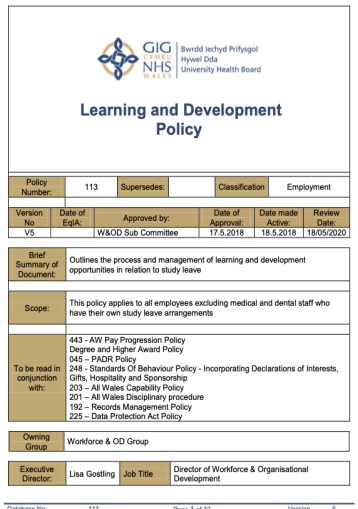
Where posts cease to exist or where posts are substantially altered as a result of service change the redeployment process as outlined in the All Wales Organisational Change Policy Appendix 5 will apply.

The process for entry onto the redeployment register and receiving information is set out in the Appendix 1.

7.3. Identification of Suitable Employment

Individuals placed upon the redeployment register will be asked to provide contact information; at least one contact must be either a work or home e-mail address. This information will then be passed onto the Resourcing Team who are responsible for administering the redeployment register. Appendix 1, 2 and 3.

EV03



Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Learning and Development Policy

Policy Number:	113	Supersedes:		Classification	Employment

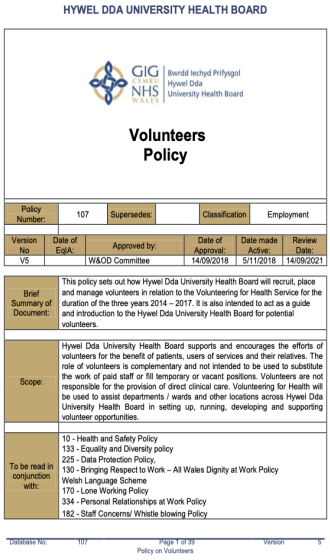
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V5		W&OD Sub Committee	17.5.2018	18.5.2018	18/05/2020

Brief Summary of Document:	Outlines the process and management of learning and development opportunities in relation to study leave
Scope:	This policy applies to all employees excluding medical and dental staff who have their own study leave arrangements
To be read in conjunction with:	443 - AW Pay Progression Policy Degree and Higher Award Policy 045 – PADR Policy 248 - Standards Of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship 203 – All Wales Capability Policy 201 – All Wales Disciplinary procedure 192 – Records Management Policy 225 – Data Protection Act Policy
Owning Group	Workforce & OD Group

Executive Director:	Lisa Gostling	Job Title	Director of Workforce & Organisational Development

Database No: 113 Page 1 of 32 Version 5
Learning and Development Policy

EV04



HYWEL DDA UNIVERSITY HEALTH BOARD

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Volunteers Policy

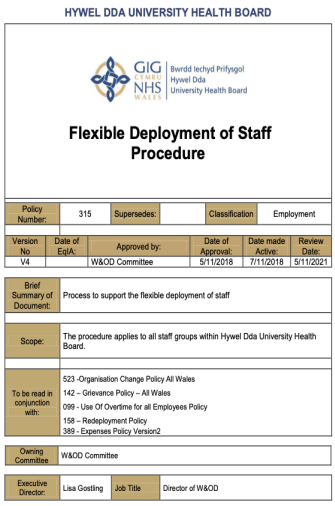
Policy Number:	107	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V5		W&OD Committee	14/09/2018	5/11/2018	14/09/2021

Brief Summary of Document:	This policy sets out how Hywel Dda University Health Board will recruit, place and manage volunteers in relation to the Volunteering for Health Service for the duration of the three years 2014 – 2017. It is also intended to act as a guide and introduction to the Hywel Dda University Health Board for potential volunteers.
Scope:	Hywel Dda University Health Board supports and encourages the efforts of volunteers for the benefit of patients, users of services and their relatives. The role of volunteers is complementary and not intended to be used to substitute the work of paid staff or fill temporary or vacant positions. Volunteers are not responsible for the provision of direct clinical care. Volunteering for Health will be used to assist departments / wards and other locations across Hywel Dda University Health Board in setting up, running, developing and supporting volunteer opportunities.
To be read in conjunction with:	10 - Health and Safety Policy 133 - Equality and Diversity policy 225 - Data Protection Policy, 130 - Bringing Respect to Work – All Wales Dignity at Work Policy Welsh Language Scheme 170 - Lone Working Policy 334 - Personal Relationships at Work Policy 182 - Staff Concerns/ Whistle blowing Policy

Database No: 107 Page 1 of 39 Version 5
Policy on Volunteers

EV05



HYWEL DDA UNIVERSITY HEALTH BOARD

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Flexible Deployment of Staff Procedure

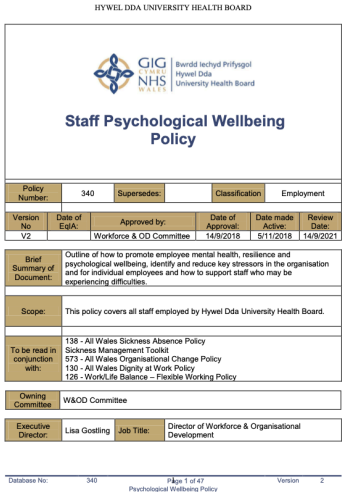
Policy Number:	315	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4		W&OD Committee	5/11/2018	7/11/2018	5/11/2021

Brief Summary of Document:	Process to support the flexible deployment of staff
Scope:	The procedure applies to all staff groups within Hywel Dda University Health Board.
To be read in conjunction with:	523 -Organisation Change Policy All Wales 142 – Grievance Policy – All Wales 099 - Use Of Overtime for all Employees Policy 158 – Redeployment Policy 389 - Expenses Policy Version2
Owning Committee	W&OD Committee

Executive Director:	Lisa Gostling	Job Title	Director of W&OD

EV06



HYWEL DDA UNIVERSITY HEALTH BOARD

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Staff Psychological Wellbeing Policy

Policy Number:	340	Supersedes:		Classification	Employment

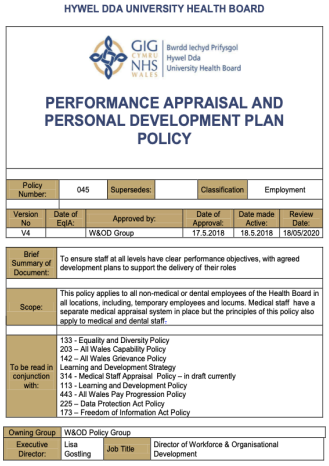
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V2		Workforce & OD Committee	14/9/2018	5/11/2018	14/9/2021

Brief Summary of Document:	Outline of how to promote employee mental health, resilience and psychological wellbeing, identify and reduce key stressors in the organisation and for individual employees and how to support staff who may be experiencing difficulties.
Scope:	This policy covers all staff employed by Hywel Dda University Health Board.
To be read in conjunction with:	138 - All Wales Sickness Absence Policy Sickness Management Toolkit 573 - All Wales Organisational Change Policy 130 - All Wales Dignity at Work Policy 126 - Work/Life Balance – Flexible Working Policy
Owning Committee	W&OD Committee

Executive Director:	Lisa Gostling	Job Title:	Director of Workforce & Organisational Development

Database No: 340 Page 1 of 47 Version 2
Psychological Wellbeing Policy

EV07



HYWEL DDA UNIVERSITY HEALTH BOARD

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PERFORMANCE APPRAISAL AND PERSONAL DEVELOPMENT PLAN POLICY

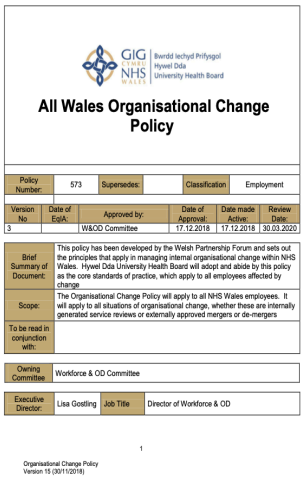
Policy Number:	045	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4		W&OD Group	17.5.2018	18.5.2018	18/05/2020

Brief Summary of Document:	To ensure staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles
Scope:	This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. Medical staff have a separate medical appraisal system in place but the principles of this policy also apply to medical and dental staff.
To be read in conjunction with:	133 - Equality and Diversity Policy 203 – All Wales Capability Policy 142 – All Wales Grievance Policy Learning and Development Strategy 314 - Medical Staff Appraisal Policy – in draft currently 113 - Learning and Development Policy 443 - All Wales Pay Progression Policy 225 – Data Protection Act Policy 173 – Freedom of Information Act Policy
Owning Group	W&OD Policy Group

Executive Director:	Lisa Gostling	Job Title	Director of Workforce & Organisational Development

EV08



Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

All Wales Organisational Change Policy

Policy Number:	573	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
3		W&OD Committee	17.12.2018	17.12.2018	30.03.2020

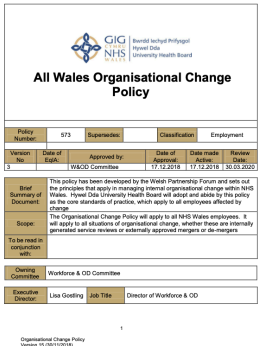
Brief Summary of Document:	This policy has been developed by the Welsh Partnership Forum and sets out the principles that apply in managing internal organisational change within NHS Wales. Hywel Dda University Health Board will adopt and abide by this policy as the core standards of practice, which apply to all employees affected by change.
Scope:	The Organisational Change Policy will apply to all NHS Wales employees. It will apply to all situations of organisational change, whether these are internally generated service reviews or externally approved mergers or de-mergers
To be read in conjunction with:	
Owning Committee	Workforce & OD Committee

Executive Director:	Lisa Gostling	Job Title	Director of Workforce & OD

1

Organisational Change Policy
Version 15 (30/11/2018)

EV09



Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

All Wales Organisational Change Policy

Policy Number:	573	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
3		W&OD Committee	17.12.2018	17.12.2018	30.03.2020

Brief Summary of Document:	This policy has been developed by the Welsh Partnership Forum and sets out the principles that apply in managing internal organisational change within NHS Wales. Hywel Dda University Health Board will adopt and abide by this policy as the core standards of practice, which apply to all employees affected by change.
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To be read in conjunction with:	
Owning Committee	Workforce & OD Committee

Executive Director:	Lisa Gostling	Job Title	Director of Workforce & OD

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Organisational Change Policy
Version 15 (30/11/2018)

EV10

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Approved Employment Written Control Documents

Approved Employment Written Control Documentation

Below is a table of all Approved Employment Written Control Documentation that apply across the Hywel Dda University Health Board.

Click on the document title to open the document, click on the Equality Impact Assessment number (if available) to open it or Click on the title of the Downloadable Content to open each document.

If you cannot find what you are searching for please enter a key word in the search box at the top right hand corner of your screen. This will bring up a list of everything that contains the word you are searching for.

Tip: To search quickly for a document on the page - use the keyboard shortcut 'Control and F' which will bring up a search box at the top of the page. Type in the key word and press return and it will automatically highlight that word/number throughout the page.

If you are still unable to find the document you are searching for please email policies.hdd@wales.nhs.uk with the details of the document you are unable to find.

or if this is not what you were looking for please click to Return to the main written control documentation page.

For corporate policies please click link to Corporate Written Control Documentation Page

Appearance and Behaviour	**Conduct and Capability**	**Grievance**	**Leave – All Aspects**
Pay and Expenses	**Raising Concerns**	**Recruitment**	**Sickness Absence Management and Well-being**
Staff Development	**Work/Life Balance**	**Other**	

Appearance and Behaviour

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
130	All Wales Dignity At Work Policy	30/09/2015	30/09/2018		130 - What is bullying

	Currently Under Review		extended to 28/11/2019		and harrassment 130 - Dignity at Work Process - Flowchart
202	All Wales Dress Code **Currently Under Review**	05/02/2015	05/02/2018 extended to 28/11/2019		202 - Guidance for healthcare staff laundering uniforms workwear in the home 202 - supporting information
311	Violence Against Women, Domestic Abuse and Sexual Violence Workplace Policy	31/07/2017	31/07/2020	311 - EqIA	311-App1- Sources of Help 311-App2-Definitions 311-App3-Possible Signs of Violence Against Women Domestic Abuse & Sexual Violence
139	Uniform and Dress Code Policy For All Health Board Staff	22/05/2018	15/03/2021	139-EqIA	139-Guidance for healthcare staff laundering uniforms

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Conduct and Capability

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
203	All Wales Capability Policy	05/07/2018	27/06/2021	203-EqIA 203-EqIA (All Wales)	203 - App1 - Capability Hearings Flowchart
201	All Wales Disciplinary Policy & Procedure	19/05/2017	19/05/2020	201-EqIA	201 - Disciplinary Rules 201 - Disciplinary and Appeals Process Flowchart 201 - Equality Act 2010 201-Guide for External Witnesses Involved in Internal Hearings 201-Guide for Witnesses Involved in Internal Hearings
349	Referral of Staff to the Disclosure and Barring Service (DBS) formerly Independent Safeguarding Authority (ISA) Policy & Guidance	28/11/2016	28/11/2019		349-Restriction of Scope of Regulated Activities- Vulnerable Adults 349 - Disclosure & Barring Service Referral Form
558	Management of Nursing Midwifery Medication Errors/Near Misses Policy	18/05/2017	18/05/2020	558-EqIA	558-Risk Categorisation of Error 558-Drug Error Decision Tree 558 - Link to Incident Review Form 558 - Reflection & Learning Template 558-Template To

					Record Decision Following Review of Initial Facts 558 - Link to 268 - Medicines Policy 558 - Drug Administration Assessment.
158	Redeployment Policy	15/03/2018	15/03/2021	158-EqIA	158-App1 - Registration onto Deployment Register 158-App2 - Employment Register 158-App3 - Email to Accompany Approved Vacancy Information To Staff 158-App4-Record of Trial Period
488	All Wales Upholding Professional Standards in Wales (Medical and Dental Staff) Upholding Professional Standards in Wales document	01/02/2016	01/08/2019		

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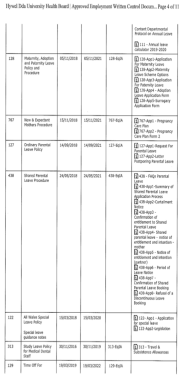
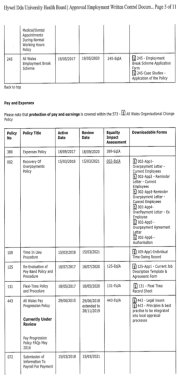
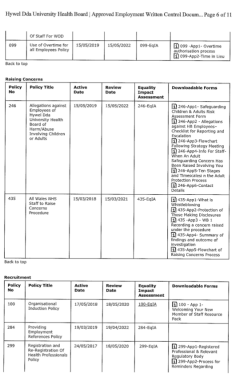
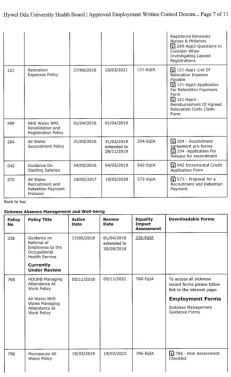
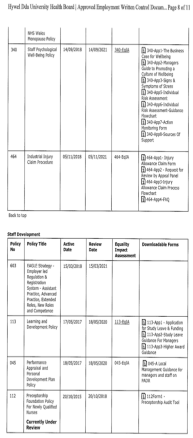
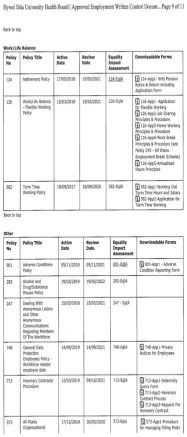
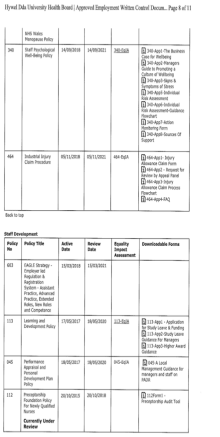
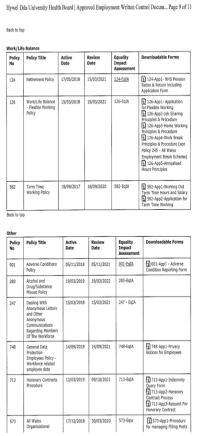
Grievance

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
142	All Wales Grievance Policy	31/03/2016	31/03/2019 extended to 28/11/2019	142-EqIA	142- Suggested Note Of Initial Informal Grievance 142- Individual and Collective Grievance Registration Form 142 - Grevivance Hearing 142 - Grevivance Hearing 142 - Request For Appeal Hearing for individual/collective grievance 142- Appeal 142 - Equality Act 2010

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Leave – All Aspects

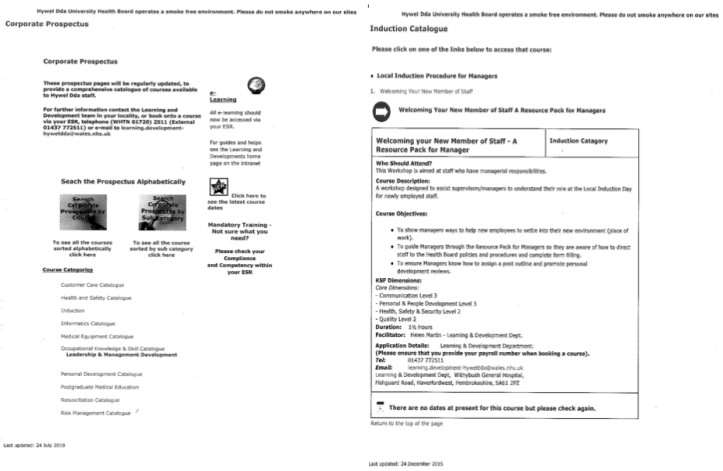
Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
111	Annual Leave Policy	17/05/2018	28/11/2019		111-App1-AAC- Annual Leave Entitlement Complete Years Excluding Statutory Bank Holiday 111-App2-AAC-Calculation Statutory Bank Holiday Entitlements 111- App3 - Leave Record Sheet 111-App4-Guidance

EV11


Hywel Dda University Health Board
Values and Behaviours Framework
Staff Information Booklet
Help transform the lives of others and
What do Hywel Dda employees truly value in their lives?
"I value my bike, I like to travel to different parts of the country and just get away from it all..."
Sister Ann Robins
"I value my caravan; I like to just hitch it up and travel somewhere to get quality time with the people I love..."
Sister Louise Davies
"I value my new house it's my first. I am really excited in making it somewhere I can call my own..."
Katy Jane – Health Care Support Worker
"I value my new job on Ward 9 and working alongside some wonderful colleagues..."
Martin Pickett – Student Nurse
What as an organisation would we value?
What are Organisational Values?
Why do we need a Values and Behaviours Framework?
Amplified by behaviours of leaders
Embedded in a network of organisational practices
Shared beliefs, values and assumptions held by members of the organisation
Visible in the 'way that work gets done' on a day-to-day basis
Evident in behaviours of individuals and groups
Organisational Culture
Our Board members are committed to our Values and Behaviours Framework
Steve Moore – Chief Executive
Bernardine Rees OBE – Chair
Personal Values
Organisational Values
Working together to be the best we can be
Striving to develop and deliver excellent services
Putting people at the heart of everything we do
Dignity, Respect and Fairness
What Hywel Dda will look like with these values embedded?
When the values are not demonstrated
Integrity, Openness and Honesty
What Hywel Dda will look like with these values embedded?
Caring, Kindness and Compassion
What Hywel Dda will look like with these values embedded?
When the values are not demonstrated
SUCCESS
How will the values be measured?
What is the cost of getting it wrong?
Our values cannot just be words on a page; they need to be in our DNA. They need to underpin everything that we do and should reflect the day to day behaviour of everyone in Hywel Dda.
Help transform the lives of others and we'll help transform yours
They Are In Our DNA
www.hyweldadhb.wales.nhs.uk/itsInOurDNA
https://twitter.com/HywelDda_values

EV12



Hywel Dda University Health Board operates a smoke free environment. Please do not smoke anywhere on our sites

Corporate Prospectus

Corporate Prospectus

These prospectus pages will be regularly updated, to provide a comprehensive catalogue of courses available to Hywel Dda staff.

For further information contact the Learning and Development team in your locality, or book onto a course via your ESR, telephone (WHTN 01720) 2511 (External 01437 772511) or e-mail to learning.development-hyweldda@wales.nhs.uk

E-Learning

All e-learning should now be accessed via your ESR.

For guides and helps see the Learning and Developments home page on the intranet

Click here to see the latest course dates

Mandatory Training - Not sure what you need?

Please check your Compliance and Competency within your ESR

Seach the Prospectus Alphabetically

To see all the courses sorted alphabetically click here

To see all the course sorted by sub category click here

Course Categories

Customer Care Catalogue
Health and Safety Catalogue
Induction
Informatics Catalogue
Medical Equipment Catalogue
Occupational Knowledge & Skill Catalogue
Leadership & Management Development
Personal Development Catalogue
Postgraduate Medical Education
Resuscitation Catalogue
Risk Management Catalogue

Last updated: 24 July 2019

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Induction Catalogue

Please click on one of the links below to access that course:

- Local Induction Procedure for Managers

1. Welcoming Your New Member of Staff

Welcoming Your New Member of Staff A Resource Pack for Managers

Welcoming your New Member of Staff - A Resource Pack for Manager	Induction Catagory

Who Should Attend?
This Workshop is aimed at staff who have managerial responsibilities.

Course Description:
A workshop designed to assist supervisors/managers to understand their role at the Local Induction Day for newly employed staff.

Course Objectives:

- To show managers ways to help new employees to settle into their new environment (place of work).
- To guide Managers through the Resource Pack for Managers so they are aware of how to direct staff to the Health Board policies and procedures and complete form filling.
- To ensure Managers know how to assign a post outline and promote personal development reviews.

KSF Dimensions:
Core Dimensions:
- Communication Level 3
- Personal & People Development Level 3
- Health, Safety & Security Level 2
- Quality Level 2

Duration: 1½ hours
Facilitator: Helen Martin - Learning & Development Dept.

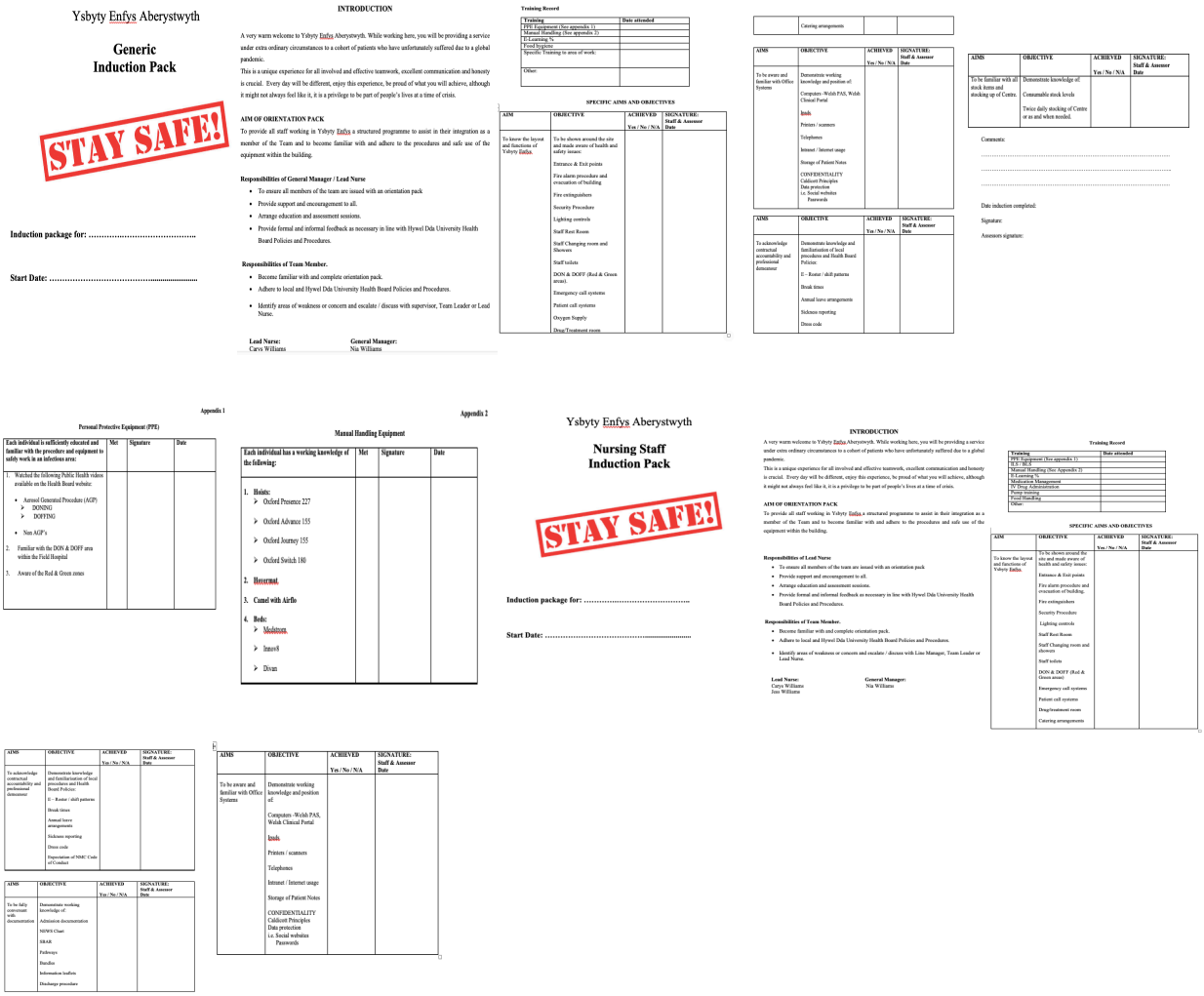
Application Details: Learning & Development Department:
(Please ensure that you provide your payroll number when booking a course).
Tel: 01437 772511
Email: learning.development-hyweldda@wales.nhs.uk
Learning & Development Dept, Withybush General Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

There are no dates at present for this course but please check again.

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Last updated: 24 December 2015

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Ysbyty Enfys Aberystwyth

Generic Induction Pack

STAY SAFE!

Induction package for: .....

Start Date: .....

INTRODUCTION

A very warm welcome to Ysbyty Enfys Aberystwyth. While working here, you will be providing a service under extra ordinary circumstances to a cohort of patients who have unfortunately suffered due to a global pandemic.
This is a unique experience for all involved and effective teamwork, excellent communication and honesty is crucial. Every day will be different, enjoy this experience, be proud of what you will achieve, although it might not always feel like it, it is a privilege to be part of people's lives at a time of crisis.

AIM OF ORIENTATION PACK

To provide all staff working in Ysbyty Enfys a structured programme to assist in their integration as a member of the Team and to become familiar with and adhere to the procedures and safe use of the equipment within the building.

Responsibilities of General Manager / Lead Nurse

- To ensure all members of the team are issued with an orientation pack
- Provide support and encouragement to all.
- Arrange education and assessment sessions.
- Provide formal and informal feedback as necessary in line with Hywel Dda University Health Board Policies and Procedures.

Responsibilities of Team Member.

- Become familiar with and complete orientation pack.
- Adhere to local and Hywel Dda University Health Board Policies and Procedures.
- Identify areas of weakness or concern and escalate / discuss with supervisor, Team Leader or Lead Nurse.

Lead Nurse: Carys Williams
General Manager: Nia Williams

Training Record

Training	Date attended
PPE Equipment (See appendix 1)	
Manual Handling (See appendix 2)	
E-Learning Ts	
Fluid hygiene	
Specific Training in area of work:	
Other:	

SPECIFIC AIMS AND OBJECTIVES

AIM	OBJECTIVE	ACHIEVED Yes / No / N/A	SIGNATURE: Staff & Assessor Date
To know the layout and functions of Ysbyty Enfys.	To be shown around the site and made aware of health and safety issues: Entrance & Exit points Fire alarm procedure and evacuation of building Fire extinguishers Security Procedure Lighting controls Staff Rest Room Staff Changing room and Showers Staff toilets DON & DOFF (Red & Green areas). Emergency call systems Patient call systems Oxygen Supply Drug/Treatment room Catering arrangements		

AIMS	OBJECTIVE	ACHIEVED Yes / No / N/A	SIGNATURE: Staff & Assessor Date
To be aware and familiar with Office Systems	Demonstrate working knowledge and position of: Computers -Welsh PAS, Welsh Clinical Portal Inodu Printers / scanners Telephones Intranet / Internet usage Storage of Patient Notes CONFIDENTIALITY Caldicott Principles Data protection i.e. Social websites Passwords		
To acknowledge contractual accountability and professional demeanor	Demonstrate knowledge and familiarisation of local procedures and Health Board Policies: E – Roster / shift patterns Break times Annual leave arrangements Sickness reporting Dress code		

AIMS	OBJECTIVE	ACHIEVED Yes / No / N/A	SIGNATURE: Staff & Assessor Date
To be familiar with all stock items and stocking up of Centre.	Demonstrate knowledge of: Consumable stock levels Twice daily stocking of Centre or as and when needed.		

Comments:
.....
.....
.....

Date induction completed:

Signature:

Assessors signature:

Appendix 1

Personal Protective Equipment (PPE)

Each individual is sufficiently educated and familiar with the procedure and equipment to safely work in an infectious area:	Met	Signature	Date
1. Watched the following Public Health videos available on the Health Board website: • Aureol Generated Procedure (AGP) ➢ DONNING ➢ DOFFING • Non AGP's			
2. Familiar with the DON & DOFF area within the Field Hospital			
3. Aware of the Red & Green zones			

Appendix 2

Manual Handling Equipment

Each individual has a working knowledge of the following:	Met	Signature	Date
1. Hoists: ➢ Oxford Presence 227 ➢ Oxford Advance 155 ➢ Oxford Journey 155 ➢ Oxford Switch 180			
2. Hovermat			
3. Camel with Airflo			
4. Beds: ➢ Modulyte ➢ Innov8 ➢ Divan			

Ysbyty Enfys Aberystwyth

Nursing Staff Induction Pack

STAY SAFE!

Induction package for: .....

Start Date: .....

INTRODUCTION

A very warm welcome to Ysbyty Enfys Aberystwyth. While working here, you will be providing a service under extra ordinary circumstances to a cohort of patients who have unfortunately suffered due to a global pandemic.
This is a unique experience for all involved and effective teamwork, excellent communication and honesty is crucial. Every day will be different, enjoy this experience, be proud of what you will achieve, although it might not always feel like it, it is a privilege to be part of people's lives at a time of crisis.

AIM OF ORIENTATION PACK

To provide all staff working in Ysbyty Enfys a structured programme to assist in their integration as a member of the Team and to become familiar with and adhere to the procedures and safe use of the equipment within the building.

Responsibilities of Lead Nurse

- To ensure all members of the team are issued with an orientation pack
- Provide support and encouragement to all.
- Arrange education and assessment sessions.
- Provide formal and informal feedback as necessary in line with Hywel Dda University Health Board Policies and Procedures.

Responsibilities of Team Member.

- Become familiar with and complete orientation pack.
- Adhere to local and Hywel Dda University Health Board Policies and Procedures.
- Identify areas of weakness or concern and escalate / discuss with Line Manager, Team Leader or Lead Nurse.

Lead Nurse: Carys Williams, Jane Williams
General Manager: Nia Williams

Training Record

Training	Date attended
PPE Equipment (See appendix 1)	
H.A.V.RO.S	
Manual Handling (See Appendix 2)	
E-Learning Ts	
Medication Management	
IV/ Drug Administration	
Pump training	
Fluid Handling	
Other:	

SPECIFIC AIMS AND OBJECTIVES

AIM	OBJECTIVE	ACHIEVED Yes / No / N/A	SIGNATURE: Staff & Assessor Date
To know the layout and functions of Ysbyty Enfys.	To be shown around the site and made aware of health and safety issues: Entrance & Exit points Fire alarm procedure and evacuation of building Fire extinguishers Security Procedure Lighting controls Staff Rest Room Staff Changing room and showers Staff toilets DON & DOFF (Red & Green areas) Emergency call systems Patient call systems Drug/treatment room Catering arrangements		

AIMS	OBJECTIVE	ACHIEVED Yes / No / N/A	SIGNATURE: Staff & Assessor Date
To acknowledge contractual accountability and professional demeanor	Demonstrate knowledge and familiarisation of local procedures and Health Board Policies: E – Roster / shift patterns Break times Annual leave arrangements Sickness reporting Dress code Deprivation of NMC Code of Conduct		

AIMS	OBJECTIVE	ACHIEVED Yes / No / N/A	SIGNATURE: Staff & Assessor Date
To be fully conversant with documentation	Demonstrate working knowledge of: Admission documentation NEWS Chart SBAR Pathways Bundles Information leaflets Discharge procedure		

AIMS	OBJECTIVE	ACHIEVED Yes / No / N/A	SIGNATURE: Staff & Assessor Date
To be aware and familiar with Office Systems	Demonstrate working knowledge and position of: Computers -Welsh PAS, Welsh Clinical Portal Inodu Printers / scanners Telephones Intranet / Internet usage Storage of Patient Notes CONFIDENTIALITY Caldicott Principles Data protection i.e. Social websites Passwords		

EV14

Workforce

Quick access to:

[Workforce Documentation]	[Information for staff carers]
[Staff FAQ's]	[Risk Assessments]
[Flowcharts]	[Discounts and Offers]
[Forms]	

Working for Us Homepage

Workforce documentation outlining the processes for the deployment of staff during the Covid pandemic

Deployment process for COVID

Deployment overview

Deployment process FAQ's

Guide for managers - How workforce matches Supply and Demand

Home working advice and guidance

Staff categories

Are you juggling work whilst looking after a family member or friend?

Read this document to find out about help and support available to you in Hywel Dda.

Information for staff who are carers - English

Information for staff who are carers - Welsh

Please note: This fact sheet was developed before the COVID-19 outbreak. Please be aware that some services internally and externally may be delivered differently in line with current guidelines and resources. If you have specific queries in relation to your caring role and COVID-19 please phone 0300 303 8322 or email covidenquiries.hdd@wales.nhs.uk

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Staff FAQ's

- Bank Holidays 2020 - dated 6th April 2020
- Anomaly Log for managers with staff who do not normally work a Bank Holiday or unsocial hours and are not recorded on the e-rostering system
- COVID – 19 (Coronavirus) Frequently Asked Questions for Staff - Version 7 dated 15th April 2020

Risk Assessments

- Risk Assessment For staff working in business critical functions who may be at risk/vulnerable - Version 3 dated 17th April 2020

Flowcharts

- Flowchart procedure for Testing Hywel Dda UHB Staff for COVID-19 (Coronavirus) - Dated 20th March 2020
- Flowchart to assist with advice - Dated 26th March 2020

COVID-19 Staff Discounts and Support

- http://www.working4us-hduhb.wales.nhs.uk/covid-19-resources

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Forms/Letter Templates

Bereavement letter template and guidance

- Bereavement letter template
- Bereavement support - managers guidance

Request for ID badge – Key Workers

It is the policy of the Hywel Dda University Health Board that all employees should wear identification badges whilst on Health Board premises/business.

Whilst this is primarily a security requirement, it is also in keeping with the spirit of the Patients' Charter which states that name badges should be worn by all staff who are in direct contact with patients.

The Police may ask also ask staff for identification as part of their enforcement of COVID-19 lockdown.

All Managers must ensure that employees are issued with identification badges. Please complete the COVD-19 ID badge request form and return to IDBadgeRequests.HDD@wales.nhs.uk as soon as possible. Priority will be given to Key Workers.

Job titles and departments will be translated centrally.

- COVID-19 ID Badge Request Form
- ID Badge Receipt Form

If you have any specific concerns please telephone

0300 303 8322 or email COVIDenquiries.hdd@wales.nhs.uk

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Last updated: 27 April 2020

Useful Links

- Patient management

inc Algorithms, national guidance, CMO updates

- PPE & Infection Control

inc donning & doffing video, national guidance

- Clinical Videos

Instructional videos - NEW blood transfusion

- Self Isolation Information for our Staff

Information accurate as at 19 March 2020

- Workforce

inc Staff FAQs, flowcharts & risk assessments

- Digital

inc RSA tokens, IT equipment

- Resources

inc posters staff & public, Staff Q&As, videos

- Local news

inc NEW facebook group, leadership videos, staff bulletins, press releases, staff Q&As

- Staff returning to work

Returning to work following travel & Travel advice

- Mental Health & Wellbeing

Accessing Support, Wellbeing Apps & Resources

- Accessibility |
- Terms of Use |
- Back to top |
- Designed by NHS Wales Informatics Service for NHS Wales

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Deployment Process FAQ's

Movement of staff- Is it possible that I may be moved to work in another job within the Health Board?

In order to respond to this outbreak it will be necessary for some staff to be moved to other areas of work within Hywel Dda University Health Board in order to support key services. It is possible that as the situation progresses that many staff may well be required to do this, although those in the following categories are more likely to be asked to do so:

- Those whose work has reduced or diminished because of Covid 19;
- Those roles where your Line Manager has identified that in order to best support the Covid 19 programme that your skills would be better used elsewhere in the Health Board.
- Some staff who are currently working from home for a variety of reasons who are not undertaking work linked to Covid 19;
  Those who are unable to be in work in their current role due to an underlying health condition or pregnancy but are able, following risk assessment, to undertake alternative duties to support.

It is recognised that this is a challenging time for everyone and that many staff are anxious and afraid. Line Managers are therefore encouraged to be mindful that requests are reasonable and within the skill set and capabilities (with some training) of the individuals concerned. However, it is likely to mean that many staff will be required to undertake different tasks to their usual roles.

We are also aware that staff are naturally very concerned about the provision and availability of PPE. We will therefore ensure that PPE will be provided where appropriate to do so. You will not be expected to undertake any duties for which PPE is required without the appropriate PPE being available to you.

Any member of staff who is deployed into a different role/department will not suffer a financial detriment and will receive as a minimum their normal rate of pay.

How much notice will staff be given?

In these exceptional circumstances, it is acknowledged that it may not be possible to provide the usual contractual notice to implement the deployment. Staff are therefore likely to be required to undertake different roles at short notice.

Concerns re being expected to work in areas where there are known cases of COVID-19 – Am I able to refuse to undertake such a task/move to alternative areas?

It is perfectly understandable that staff may have genuine concerns, therefore we ask that managers take a sensitive approach and discuss the issue with individuals. Managers should reassure staff over safety concerns, this may include discussions around how they can remain well, PPE or specific training. However, it therefore possible that providing appropriate PPE is made available and appropriate training is provided then Managers may require staff to work in such areas.

Managers should then use their discretion and make the appropriate decision.

Please note that where adjustments have already been put in place to safeguard individuals with underlying health conditions, the over 70's and pregnant staff in line with government guidance, there will be no expectation of such staff would need to work in direct patient contact areas. Any alternative roles will be subject to risk assessments being undertaken.

Where are the key areas which staff will be required to be deployed into?

The departments which have been categorised as essential by WG and the Medical Director have been identified as key areas whereby deployment of staff is likely to be important at this time. Staff that are deployed to these areas are likely to already have the relevant skills to meet the demands of the services:

- Intensive Care Unit
- Critical Care Unit
- Theatres
- Emergency Departments
- Primary Care
- Admissions Units/Assessment Units
- Maternity
- Paediatrics
- Mental Health
- Medical roles

However, there are many other vitally important supporting roles where staff could be deployed in order to help bolster establishments and provide much needed support. These could range from supporting the Recruitment team to appoint additional staff to helping with Driver duties or undertaking roles as HCSW's or a variety of Hotel Services roles. Additional support has also been required in Procurement and in the Enquiry help lines in the Command Centre. All these roles are vital in supporting the fight against Covid 19.

How will the deployment of staff be recorded?

The movement of staff should be recorded with the Internal Deployment team. Details should also be retained by the Ward/Department Manager that the individual member of staff is being deployed and details of this. The following people in the Deployment team should also be notified:

Susan Jarvis, Senior Workforce Manager: Susan.Jarvis4@wales.nhs.uk

Julie Bassett, Senior Workforce Advisor: Julie.Bassett@wales.nhs.uk

What is the difference between deployment and redeployment?

Redeployment is where a service changes significantly or a ward closes entirely and the staff, as a result, need to be permanently redeployed to an alternative area within Hywel Dda Health Board (HDHB). In this situation, the All Wales Organisational Change Policy will be used for implementation of the change in conjunction with the Health Boards Redeployment Policy.

Deployment is where a selected employee(s) from one service are actively moved to another area or service in order to fill a vacant post urgently or where there is additional demand. Such deployment is likely to be on a short term or temporary basis only in order to deal with the urgent nature of the role. The pay of the individual will remain the same throughout this period of time and at the end of the temporary change the member of staff will then return to their substantive role.

The aim of deployment under these circumstances is to support the service demands as a result of the Covid-19 pandemic. The aim of this guidance is to support the movement of staff so that their skills are utilised in the right way to support the clinical areas. The substantive post of all staff members will remain in place during this time of change. The member of staff will simply revert back to their usual substantive position once the period of deployment ends.

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Internal Deployment Implementation Process for Covid 19

This process is designed to consider changes or temporary deployment in broadly two sets of circumstances:

1. Where there is a need to make changes to staff existing ways of working, including but not limited to hours or work, days of work, location etc. to ensure appropriate support for Covid 19 across the Health Board; and
2. Where there is a need to deploy a staff member temporarily to conduct another role, task or duty, to support for Covid 19 across the Health Board.

This flowchart should be considered alongside the Staff Categorisation document recently agreed by the Tactical Command Group. Line Managers should use the Categorisation document to determine which of their staff are essential and which are currently not deemed to be essential in terms of the Covid 19 arrangements. It should be noted that those staff designated as 'essential' in categories 1 and 2 will be working on matters deemed crucial towards the planning arrangements. Staff in category 3 are those most likely to be subject to this deployment process.

Line Managers should use the document at Appendix A to scope a better understanding of all staff who could fall into category 3 and others within their team who are available for deployment. They should then submit them to Susan Jarvis, Senior Workforce Manager in the Internal Deployment team. Line Managers are encouraged to update in respect of any deployment arrangements already actioned and provide details to Susan Jarvis: Susan.Jarvis4@wales.nhs.uk . This will allow for a central database of all internal deployment to be recorded.

1. Communication - Why is this important

Whilst some staff are likely to come forward and ask to help elsewhere it is likely that many staff will be anxious or at least have some reservations about moving roles especially if in doing so the new role may bring them into contact with Covid 19 patients. Managers therefore need to consider any concerns carefully and compassionately. Managers should seek to reassure staff as best they can and emphasise that any staff who are requested to undertake roles in infected areas will be provided with appropriate PPE and training in its proper use. Whatever role staff might be deployed into, Line Managers should ensure that appropriate training has been identified and provided. It is vitally important that Managers take time to fully explain the reason for the need to transfer individuals and that it is in the interests of providing safe and effective patient care or maintaining services. Line Managers should link with Susan Jarvis in the Deployment team in order to assist with discussions with staff and also in respect of advice and support throughout this process. They can also secure advice from their local Workforce Teams.

2. Ask staff to agree with the change

Try and encourage staff to consider the request and seek agreement to the deployment. Line Managers should also seek volunteers to deploy and agreement to change.

3. Managers decision

If there are insufficient numbers of staff who agree to be deployed then Line Managers will have to decide, based on the information available to them, to determine which staff to transfer. Line Managers are again advised to link to the Deployment Team where they will be able to access appropriate support from an Operational Workforce practitioner. Line Managers will be asked to gather appropriate information about their staff to ensure this selection is undertaken fairly and reasonably. This can be undertaken by matching those with the appropriate knowledge, skills and experience for the new role, taking into account where possible individual circumstances.

4. Review the information to help make a decision

The Line Manager will need to review all of the information gathered and determine which staff are able to be deployed to another area.

5. Talk to your staff about the consequences

Line Managers will be expected to talk to their staff who are able to be potentially deployed. The following issues should be discussed so that they understand: - Reiterate the need to deploy staff to a core or supporting area to ensure safe and effective patient care and maintenance of services; Encourage staff to volunteer and seek agreement wherever possible; If need be, emphasise that the Health Board requires staff to work flexibly in the interests of patient care and maintaining services; - Emphasise the potential to increase skills by working in another area - Emphasise that the deployment will be temporary - Consider whether the deployment can be arranged on a rotational basis i.e. with other team members. In circumstances where a change to the way existing responsibilities are delivered is needed, Managers should consider individual impact at this stage and seek advice as appropriate.

6. Implementing the change

In these exceptional circumstances, it is acknowledged that it may not be possible to provide appropriate contractual notice to implement the deployment and would encourage managers to agree short notice periods with staff taking account of any difficulties raised by the staff. Work with the member of staff to be reasonable, particularly if they have personal circumstances that may require adjustment. If necessary and as a last resort, you may require a staff member to be deployed provided the request is reasonable and in line with essential service needs. We would hope that staff understand and agree to the requests being made to support services. Managers should also keep a record if possible of what was agreed and discussed. Appropriate advice should be sought from the Operational Workforce link in the Deployment team in relation to any employee relations issues arising from this process.

Links to the relevant policies are below.
http://www.wales.nhs.uk/sitesplus/documents/862/315-DeploymentofStaffProcedureV4.pdf
http://www.wales.nhs.uk/sitesplus/documents/862/315-InternalDeploymentProcedure-Managers%27DeploymentGuide-v2.pdf

Appendix A - Individual Staff Information Form

Internal Deployment – Covid 19

Name			
Employee no:			
Band			
Ward/Dept			
Contracted Hours p.w.		**Shift Pattern**	
Address			

Please state any work life balance issues:

Are you able to travel to <state new location>?	

Summary of key skills, knowledge and experience:
Employees Signature

Line Manager's Comments: (eg suitability for redeployment – skills, shift patterns etc.)
Manager's Signature

EV17

INTERNAL DEPLOYMENT Overview – Covid 19

1. INTRODUCTION

In order to respond to the unprecedented demands of the Covid 19 outbreak, it is inevitable that staff will be asked to be deployed to other roles and departments which will mean a variation to usual day to day work. This could mean minor variations to current roles or may be to a completely different role elsewhere in the organisation. It may also require changes to usual duties such as hours/days of work, changes of location etc.

It is fully appreciated that this is an anxious time for many staff in terms of their own health and safety and also their family members. However, we are already aware that many staff whose roles have been stood down or at least significantly reduced at the moment have volunteered to become involved in supporting other roles which are more directly linked to the Covid 19 arrangements. This is typical of our workforce and as a Board, we wish to thank all our staff for coming together to support this enormous task. We have embarked on a gargantuan recruitment exercise which aims to recruit an additional 2000 staff to help us cope with demand and be able to treat our patients. However, with staff sickness and self-isolation, this is unlikely to be sufficient. We therefore need to also ensure that any staff who ordinarily are employed in roles which are not involved are utilised more meaningfully towards the outbreak arrangements. We are therefore requesting all staff who are able to help to agree to be deployed where the need arises.

We will of course do our best to ensure a good match with current skills and experience and we won't expect any staff to undertake roles beyond their level of competence and we will ensure that training is provided where appropriate. We also know that staff are very concerned and anxious about the provision of appropriate Personal Protective Equipment (PPE) and in this respect we will ensure that if staff need PPE then it will be provided.

This approach has been drafted in order to ensure that safe and effective patient care is maintained and services are maintained.

WG and the Health Board's Medical Director has determined that the following services are considered to be essential. These include the following:

Intensive Care Unit
Critical Care Unit
Theatres
Emergency Departments
Primary Care
Admissions Units/Assessment Units
Maternity
Paediatrics
Community
Mental Health
Medical

However, there will be numerous other supporting roles which are directly or indirectly also essential to these front line services. Examples of these roles are set out in the Staff Categorisation document and should be read in conjunction with this document.

A Table has been developed in order to assist Line Managers in addressing Internal Deployment discussions with staff (see Appendix A on Flowchart). In addition, Managers who require additional support to either fill gaps created through self-isolation, sickness or due to the need to create additional capacity should complete the attached documentation relating to the assistance required. The completed documents should be sent to COVID19enquiriesHDD@wales.co.uk

2. DEPLOYMENT OR REDEPLOYMENT?

It is important to distinguish the difference between 'Deployment' and 'Redeployment' for the purposes of this guide:

Redeployment is where a service changes significantly or a ward closes entirely and the staff, as a result, need to be **permanently** redeployed to an alternative area within Hywel Dda Health Board (HDHB). In this situation, the All Wales Organisational Change Policy will be used for implementation of the change in conjunction with the Health Board's Redeployment Policy.

Deployment is where a selected employee(s) from one service is actively moved to another area or service in order to fill a vacant post urgently or to meet additional demand. Or where temporary changes are made to the way staff work. Such deployment is likely to be on a short term or temporary basis only. However, if the temporary change looks as though it needs to become a more permanent arrangement then an appropriate consultation exercise should be undertaken in accordance with the Organisational Change Policy. This guide should be used for implementing a deployment in these circumstances. **These interim arrangements are fully expected to be temporary only.**

EV18

INTERNAL DEPLOYMENT PROCEDURE

MANAGERS' DEPLOYMENT GUIDE

1. INTRODUCTION

On occasion, the need has been identified to "deploy" staff to those services which have been determined to be "core services" where a vacancy arises or a shortage of existing staff arises eg through long term sickness. This approach is being undertaken to ensure that safe and effective patient care is maintained and services continue to run.

Discussions have been held at Corporate Directors Group (CDG) level to identify those services which are considered to be core. These are deemed to include the following: 'Urgent cases'; Unscheduled Care (including the Emergency Unit); Cancer and 'Referral to Treatment Time' cases. This list may be amended as service needs change. **(ANY OTHERS WHICH ARE IDENTIFIED AND WOULD NEED TO BE CONFIRMED BY CDG)**

This guide provides managers with a framework and advice to enable them to deploy staff in a fair and consistent manner taking account of any equality and work-life balance issues with the aim of minimising employee relations issues which could potentially have an adverse impact on sickness absence.

2. DEPLOYMENT OR REDEPLOYMENT?

It is important to distinguish the difference between 'Deployment' and 'Redeployment' for the purposes of this guide:

Redeployment is where a service changes significantly or a ward closes entirely and the staff, as a result, need to be permanently redeployed to an alternative area within Hywel Dda Health Board (HDHB). In this situation, the 'All Wales Organisational Change Policy' will be used for implementation of the change in conjunction with the Health Board's Redeployment Policy.

Deployment is where a selected employee(s) from one service is actively moved to another area or service in order to fill a vacant post urgently. Such deployment is likely to be on a short term or temporary basis only. However, if intended to be on a permanent basis eventually, then an appropriate consultation exercise should be undertaken in accordance with the Organisational Change Policy. This guide should be used for implementing a deployment in these circumstances. #

3. THE DEPLOYMENT PROCEDURE

When a decision has been made regarding the need to deploy an employee to a post in another area, there are a number of considerations and stages that managers will need to undertake:

a) Determine how the message is communicated to the staff affected. It is important to explain the reason for the need to transfer posts and that it is in the interests of providing safe and effective patient care or maintaining services;

b) In the first instance, there may be some staff who would be willing to consider a transfer to another area voluntarily. If this is the case, managers will need to determine whether there are enough volunteers to deploy into the identified vacant posts. If there are more volunteers than there are posts then a selection process will need to be used to determine which staff would transfer. This can be undertaken by matching who has the appropriate knowledge, skills and experience for the new role. Alternatively, an interview can be arranged internally within the ward or department using the standard recruitment documentation;

c) If there are insufficient volunteers to transfer to another area then a selection process will need to be implemented. In the first instance the line manager will need to meet with the staff on an individual basis to ascertain their skills, knowledge, experience and any work-life balance issues and whether they are able to travel to other sites within the HB if required. This information can be recorded on the pro-forma in Appendix 2;

d) The line manager will need to review all of the information gathered and determine which staff are able to be deployed to another area;

e) A meeting should then be arranged with all of the staff who are able to be potentially redeployed and the following issues can be discussed:
- Reiterate the need to deploy staff to a core area to ensure safe and effective patient care and maintenance of services;
- That the Health Board requires staff to work flexibly in the interests of patient care and maintaining services;
- The potential to increase skills by working in another area;
- That the deployment would be temporary;
- Whether the deployment can be done on a rotational basis.

f) Following discussion of the above issues, managers should ask the staff whether they are now willing to consider volunteering to be deployed;

g) If there are still insufficient volunteers then the line manager will need to select the staff based on their suitability for the deployed role. This decision will be based on the information gathered from the staff at the individual meetings; Contractual notice periods will be adhered to unless the members of staff agree to a shorter period of notice as this would assist in ensuring patient care and services are maintained.

h) Consideration should be given to rotating all of the staff where possible as this will ensure fairness and consistency in approach;

i) The line manager should confirm the terms of the deployment in writing to the individual (A model letter is attached in Appendix 3);

j) In circumstances where staff are dissatisfied with the decision to deploy them to another area, the Health Board Grievance Procedure may be invoked.

EV19

Guide for Managers – Deployment Matching Process

How Workforce can help match supply and demand of staff across the Health Board during Covid 19

To help services understand who to seek support from and know the flow for deployment of staff/new starters/volunteers across the Health Board we have created this guide which highlights the process and who to go to, to seek help on particular matters:

How do I confirm my "demand" requirements?

I have identified I need some more support. This might be due to sickness gaps, new roles required for field sites, new duties identified due to Covid 19. How do I ensure this demand is centrally logged so that my request can be considered appropriately?

Demand

Any requests for Demand should be sent to:

Leanne Slaymaker, OD Project Support Officer
All requests should be made via COVID19Deployment.HDD@Wales.nhs.uk

What sources of supply of staff are available to me?

There will be 3 sources of supply which have been identified to help fill any demand need across sites:

1. Internal Deployment (existing staff) – this is coordinated by Sarah Jenkins, Head of Workforce East
2. Volunteers – this is coordinated by Christine Davies, Assistant Director of Organisational Development
3. Recruitment – this is coordinated by Annmarie Thomas, Head of Workforce: Resourcing and Utilisation

3. Recruitment

All recruitment should be signposted to the Hywel Dda employment website:

Swyddi Hywel Dda Jobs

How will my request for demand be matched to ensure I have the requirement filled?

This process will be managed by the Workforce and OD Team as set out below:

Matching

All sources of Supply and Demand will then be passed by the relevant lead highlighted above be considered as follows to ensure an appropriate matching process is undertaken:

1. Meeting of the Senior Workforce Team which sits Monday, Wednesday and Friday at 9am.
2. This will allow consideration of all requests across the Health Board, allows us to record centrally and monitor to ensure appropriate skills are matched etc..

The Workforce team will assess which is the best source of supply open to you in addressing your demand. Contact details for whom you should raise all queries regarding each source of supply are highlighted below:

1. Internal Deployment of Existing Staff

All enquiries should be passed to:
Susan Jarvis, Senior Workforce Manager
Susan.Jarvis4@wales.nhs.uk
Julie Bassett, Senior Workforce Advisor
Julie.Bassett@wales.nhs.uk

Both will coordinate this source of supply. They will hold a central database showing details of all staff available for supply. Please link in with them to ensure all details of existing deployment are centrally recorded and seek advice from them regarding offers of supply.

2. Volunteering

Offers to join the volunteering bank should be sent to:

David Fretwell, Volunteer Manager
David.Fretwell@wales.nhs.uk

A new process has been developed to on-board volunteers to help with Covid 19. This should facilitate supply quickly.

3. Leanne Slaymaker will communicate the outcome of the matching process to any Service/Manager who has made a Demand request and advise how the demand will be met. Please be aware this may be from more than one source of supply above.
4. Should any arrangements for supply indicated fall down (for example a volunteer does not turn up, or an internal member of staff refuses to undertake the duties allocated), then it is necessary for you to update the relevant supply contact so that we can keep a track of any such issues and the continuing need to fill demand.

Any general enquiries should be made via COVID19Deployment.HDD@Wales.nhs.uk

Should any advice be required regarding the Internal Deployment Implementation process – please direct to your Operational Workforce Teams

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Category 1 - Patient Facing Clinical Essential Healthcare in work	Category 2 – Indirect Essential Care in work (most staff)	Category 3 – Requirement to be in HB premises but where home working can be accommodated it must be. Staff in this category are likely to be in deployed into essential areas as required
• Medical including GP's • Nursing & Midwifery • Pharmacists • HCSW • District Nursing • Technical staff • Health Visitors • Therapists • Mental Health Teams • Porters and Domestics • Radiography • Screening staff	• IT • Health Records/Clinical Coders • Switchboard • Procurement • 111 • Pathology • Estates staff • Laundry Staff • Catering • Ward Clerks • Security • Infection Control • Bed Management / Flow Team • Command Centre staff including senior officers and Command group leads and Emergency Planners • Occupational Health • Workforce – Operational, E-systems teams, Workforce Information, Medical Workforce, Recruitment, Deployment team, Training team • Staff Well-Being Team • General Management teams • Secretarial staff supporting category 1 and 2 staff • Communications team • Putting things right • Corporate Nursing Directorate	• Audit • Finance • Planning Teams working on non-COVID related work' • Information Governance • R&D • Other Admin support staff not required to support category 1 or 2 functions.

- The above is a **guide only** to assist Managers in determining who needs to be in work and who could work from home or does not need to be in work.
- It is recognised that some staff in category 2 above will not necessarily need to be on site/in work all of the time. Managers will be expected to use their discretion in determining which and how many of their staff are required to be physically in work.
- It is also recognised that some staff in category 3 may be needed to be in work – managers need to determine where this is the case.
- It is also recognised that not all staff in category 1 will be automatically involved in caring for or contributing to the care of Covid 19 patients and therefore it is likely that some of these clinical staff will be deployed elsewhere to assist.
- Categories will be reviewed on an on-going basis and will be updated as necessary based on the clinical/service need.
- Teams or individuals not categorised as essential to the COVID-19 response or daily running of services are likely to be deployed to areas of need. The names of those staff will be communicated to the deployment team. Staff/teams outlined in Category 2 and 3 may need to develop rotation systems of in work and home working rotas. Where staff in category 2 can work from home this should also be encouraged.

EV21

Risk Assessment for Vulnerable and Pregnant Staff with potential work related exposure to COVID-19

This document should be read in conjunction with other advice regarding COVID-19 on the Health Board intranet site along with the Workforce FAQs which can be found here.
http://howis.wales.nhs.uk/sitesplus/862/opendoc/512561
It is imperative to strictly adhere to infection control advice including hand hygiene and use of PPE.

The main aim is to avoid unprotected coronavirus exposure

Completing the risk assessment:

This should be completed for all vulnerable staff or pregnant staff.

1. This can be undertaken by line manager, supervisor, who can be supported by, designated senior manager or Health and Safety representative
2. Involve the member of staff
3. Identify risks using risk matrix
4. Consider actions to minimise risk
5. **Staff in the extremely vulnerable groups and pregnant women >28 weeks gestation should not attend work and if available they can work from home**
6. Record the risk assessment and review if needed

Key considerations:

1. Limit duration of close interaction with patient (e.g. prepare everything in advance away from patient)
2. If possible maintain >2m distance from the patient
3. Consider whether public transport /rush hour can be avoided through adjustments to work hours
4. Consider asking patients to wear mask for staff member interactions
5. Provide surgical mask for staff member for all interactions with patients or specimens
6. Consider moving to non-patient facing role
7. Consider remote working if the staff member is enabled including access to equipment and Wi-Fi

High Risk Aerosol Generating Procedures (AGPs):

Coronavirus is infectious through respiratory aerosol only.

- Check the AGP agreed list
- For dentistry and post mortem specific advice should have been provided to managers
- Aerosolisation of blood and bone e.g. surgical drilling is not a risk for coronavirus exposure
- Nebulisers are not AGPs
- The 2m safe distance does not apply when performing AGP on respiratory system and anyone in the room can be exposed
- Further information may be available in accordance with local Trust communication systems

Area of Work

No/Low likelihood of COVID encounters

Areas where patients with coronavirus are unlikely to be assessed or admitted e.g. non-respiratory area of ED, wards not designated for suspect or confirmed COVID patients and non-clinical areas

LOW RISK

No need to restrict.

Consider Key Considerations

Even in low risk areas there is a risk of coronavirus exposure e.g. infected patients being mis-triaged. If this is a likely scenario in this area then consider the area as moderate risk.

High likelihood of COVID encounters

Area where patients with coronavirus are expected to be assessed or admitted e.g. ITU, designated wards, respiratory area of ED

MODERATE RISK

Consider redeployment to lower risk area if possible.

Consider Key Considerations

Aerosol Generating Procedures on patients that are suspected / confirmed COVID

HIGH RISK

- The staff member should not perform the AGP
- They should leave the area where AGP is performed until 20 minutes after the AGP is finished
- If not possible to leave, they should wear a FFP3 mask whilst AGP is happening and 20 minutes after the AGP is finished
- If the above is not possible staff member should be temporarily redeployed to a lower risk area.

Staff Member Name:	Staff Role:	Date of Assessment:
Manager Name:	Location:	Date of Review (if applicable:

Vulnerability Group		Risk assessment outcome based on the matrix overleaf
☐	Vulnerable/ pregnant staff without severe risk	☐ LOW RISK
☐	Staff in the extremely vulnerable group and pregnant women >28 weeks gestation should not attend work and if work available and practicable they can work from home.	☐ MODERATE RISK
		☐ HIGH RISK

PPE/ RPE – This section only applies where PPE/ RPE are recommended

☐	Staff member is trained to use appropriate PPE.	Where PPE/ RPE is applicable but not all boxes are ticked the staff member should move to low risk, non-patient facing or work from home role.
☐	Staff member is confident and competent in using appropriate PPE.	
☐	Staff member is fit tested if required.	
☐	Appropriate PPE is available at all times	

Agreed Action Plan, Please tick those that have been agreed

☐	1. Limit duration of close interaction with patient (e.g. prepare everything in advance away from patient)
☐	2. If possible maintain >2m distance from the patient
☐	3. Whether public transport / rush hour can be avoided through adjustments to work hours.
☐	4. Asking patients to wear mask for staff member interactions.
☐	5. Provide surgical mask for staff member for all interactions with patients or specimens
☐	6. Redeployment to lower risk area
☐	7. The staff member will wear FFP3 in the area for 20 minutes where AGP is undertaken on suspected/ confirmed COVID patient
☐	8. The staff member will leave the area for 20 minutes when AGP is undertaken on suspected/ confirmed COVID patient
☐	9. Remote working if the staff member is enabled (staff member does have access to equipment and Wi-Fi or access has been requested from IT)
☐	10. Others, please specify.

Occupational Health Support	**If you need advice from OH please contact/email (*via agreed local arrangements*), attaching the completed risk assessment, your relevant query and contact details for you and the relevant member of staff in subject.**

EV22

NHS Wales

COVID19 Home Working Advice and Guidance for Managers and Staff

1. Introduction

The Covid-19 outbreak has necessitated a rapid switch for a number of NHS Wales employees to home working so as to support the government's strategy to delay the spread of the virus. The move to home working and in some cases remote working from another location is enabling business continuity across a significant number of functions where such working arrangements can be accommodated.

For home working to be effective there are a number of approaches which both employers and employees can follow to ensure that individuals continue to be effectively supported whilst undertaking their roles from a different location and that vital work continues through to be undertaken.

2. What is Home Working?

During the ongoing COVID19 outbreak, employers and individuals have been advised by the Government, to implement social distancing measures, to reduce social interaction between people, to reduce the transmission of the virus and to work from home where they can. NHS Wales organisations are therefore extending the use of home working arrangements to an increased number of staff (where it is a viable option for the employee's role / circumstances) to enable and assist with the home working advice from the government and to ensure social distancing measures are adhered to.

3. Preparing for Homeworking

ACAS have produced a comprehensive schedule of advice and guidance *Working from Home for employers and employees*. The advice covers areas which need to be considered and addressed such as Health & Safety, Equipment and Technology, setting clear expectations and wider employment matters such as terms and conditions.

The Chartered Institute of Personnel and Development (CIPD) have also published a series of tips (*Getting the most from remote working*) to help individuals and organisations make the most of remote working. The tips cover; Online meetings, Managing remote teams and Working remotely.

HEIW have developed a NHS Wales Staff Wellbeing Covid-19 Resource of wellbeing resources and tools in partnership with staff health and wellbeing leads across NHS Wales and Trade Union partners. The resource is intended to be organic and the content will be adapted as the situation changes and all staff are encouraged to visit the site and explore its content.

4. Which employees should be considered for home working?

In line with the government's announcement, individuals who can work from home must be supported to do so. More specifically, home working, where viable, must be considered for the following employees;

- Those that work in a non-critical role and they cannot at that time be deployed to another department / role, to ensure the continued provision of essential services.
- Those that work in either a critical or non-critical role but in accordance with the current Government Guidance and medical advice are advised to work from home or to be 'shielded' for a period of at least 12 weeks. In addition, and where appropriate, those employees who live in a household with vulnerable others who need to be "shielded" whose life might be put at risk if they were to transmit the virus.
- Employees that work in a critical role but they are required to self-isolate because a member of their household has suspected COVID19 symptoms.

In addition to the above, all employees in critical roles must consider whether there are aspects of their role and working week, which can be undertaken from home. In such circumstances the normal pattern of the working week could be adjusted to consolidate such activity so as to reduce the number of days which they are required on an NHS site.

All managers must identify their critical and non-critical roles, within their department / function. In respect of the identified non-critical roles, managers will need to consider whether the role(s) are suitable for home working and if so what equipment and technology etc. is required and available to support it.

Employees who are identified as working in non-critical roles and home working is a viable option, will not automatically be permitted to work from home on a continuous basis. These employees may be required to provide skeleton staff cover in their workplace and / or be deployed by the Health Board/Trust to work outside their normal role and / or in an unfamiliar department / workplace at another NHS Wales site in order to maintain essential services.

5. What are the potential home working options for employees?

Managers will decide on the most appropriate home working model and arrangements for their employees working in non-critical roles and yet to be deployed to assist the Health Board/Trust to continue to provide essential services to our patients, donors and service users.

Managers must wherever possible enable and ensure that employees can continue to maximise their contributions, to meet the needs of the service and ensure, as far as is reasonably possible and practicable, that the NHS Wales network can support robust workplace and home working arrangements during the COVID19 outbreak.

6. Business Continuity

For business continuity, some employees may be required to work split shifts (days, weeks on a rotational basis - same time and different places). This model will reduce to the minimum the number of non-critical employees required in the workplace, at any one time and support the government's aim to maximise working from home and social distancing measures.

Managers should ensure that, where it is essential for the support and delivery of core NHS services during the Covid-19 outbreak, that support departments / functions are required on NHS sites, that they have the minimum number of employees required to maintain a service on-site who are absolutely essential and who are providing services which cannot be delivered through off-site working. In these circumstances limited skeleton staff cover arrangements should be put in place.

The model will ensure that where it is essential for a department to remain open there will always be the smallest number of employees required to be working on a rostered basis in the department / function (skeleton workforce). This could, if required, enable staff from the wider team be deployed at short notice, to support other essential services across the Health Board/Trust.

The model may help to reduce the feeling of social isolation that many employees may already be experiencing, at this time. It will also promote team working and the feeling of continuing to be part of a team at what is and will continue to be a very challenging time for our employees.

7. Logging onto the network when home working

The following process should be adhered to, when logging onto the NHS Wales network to work from home, during the COVID19 outbreak;

- Where an employee already has Microsoft Office365, they should access Microsoft products like email, calendar and skype through logging on at WWW.Office.com. Employees do not need a VPN token to access Microsoft Office365, only access to home broadband.
- Where an employee does not have Microsoft Office365 but has a VPN token, they must not stay logged on throughout the day. Instead they should log on, update their emails and transfer any relevant documentations etc. to their desktop and log back out when finished.
- Employees may find it easier to log on using a VPN token outside of normal office hours.
- Where an employee is required to use Skype, they should avoid using the video option, as this uses up a lot of NHS Wales network capacity.

8. The manager's responsibilities

Managers have the following responsibilities where their employees are working from home during the COVID19 outbreak:

- Ensure the employee understands the agreed home working arrangement and whether they will be working split shifts or home working at different times of day;
- Ensure that the workload of employees is fair and equitable;
- Ensure so far as is possible that employees are provided with appropriate, safe and fit for purpose equipment and technology, to enable them to work productively from home e.g. a laptop (Microsoft Office365 and / or VPN);
- Ensure home working employees are allocated on a regular basis, appropriate work to undertake;
- Ensure that they monitor and review the performance and outputs of home working employees, against work plans on a regular basis, to ensure that the process is working effectively. The manager must be aware that there may be periods when an employee may not be able to work at home e.g. the NHS Wales network goes down for a period of time etc;
- Ensure that all employees who are working from home, complete a COVID19 Home Working Employee Risk Self-Assessment Form and where possible, address any identified issues. If the issue(s) cannot be resolved the employee should raise and discuss this with their manager;
- Inform the Health Board/Trust's Workforce & OD/HR Department when an identified home working employee has recovered from a COVID19 related period of sickness.

9. The home working employee's responsibilities

Employee's will have the following responsibilities should they be working from home during the COVID19 outbreak:

- Inform their manager, if they do not have access to home Broadband or their Broadband is not sufficient enough to work from home effectively. Prior to working from home, the manager should consider what other types of work might be available, if IT systems are not accessible;
- Undertake their own COVID19 Home Working Employee Risk Assessment (*Appendix 1*) as the Health Board/Trust does not have the staff capacity, to ensure all new ad hoc home working employees have such an assessment ,conducted by a trained Health Board/Trust assessor;
- Take care of their own health and safety and that of other people in their home environment, during agreed home working shifts, days etc. (*Appendix 1, 2 and 3*);
- It is appreciated that working from home may lead to feelings of isolation and loneliness. Employees should keep in contact with their line manager and work colleagues daily and individuals are encouraged to access online assistance (Mind materials), organisational Employee Assistance Programmes and on-line resources etc.
- Take responsibility for their health and wellbeing by utilising the Health Board/Trust support services as outlined in *Appendix 2 and 3* of this document and the organisation's/NHS Wales Health and Wellbeing pages, as well as the specific NHS Wales Staff Wellbeing Covid-19 Resource
- Ensure that they adhere to Health Board/Trust IM&T, Data Protection and Information Governance policies and procedures;
  - Ensure that all Health Board/Trust equipment / technology and documents are used correctly and appropriately at all times;
  - Ensure that equipment / technology and documents are properly secured in their home, so that access to it, loss and damage, **N.B.** The employee will not be liable for the theft, loss or damage of Health Board/Trust equipment / technology, where they have taken all reasonable steps;
  - Ensure when transporting equipment / technology and documents from work to home or home to work that those items are not left unattended and / or and unsecured at any time;
  - Ensure that any paper based data / information that is no longer required is appropriately destroyed e.g. using a cross-cut shredder or confidential waste facilities. If the employee is not able to shred the documents must be appropriately stored and brought into the workplace to be shredded or destroyed as confidential waste at a future date.
- Employees should be aware that the Health Board/Trust regularly monitors computer usage, to ensure that it is not being misused;
- To maintain regular two way communication with their manager and team colleagues.
- To be contactable and available by telephone and / or email to their manager and colleagues, during the agreed home working hours, as per agreed home working hours.
- To utilise their personal home Broad Band to access the NHS Wales network.

10. Health and Wellbeing Tips for Home Working

- ✓ Break up long spells of Display Screen Equipment work with rest breaks (at least five minutes every hour) or changes in activity
- ✓ Avoid awkward, static postures by regularly changing position
- ✓ Try to get up regularly and move
- ✓ Avoid eye fatigue by changing focus or blinking from time to time
- ✓ Telephone your colleagues instead of emailing them or use video calls for social interaction
- ✓ Leave your desk or working area at lunchtime
- ✓ Drink water regularly

COVID19 HOME WORKING EMPLOYEE RISK SELF-ASSESSMENT

APPENDIX 1

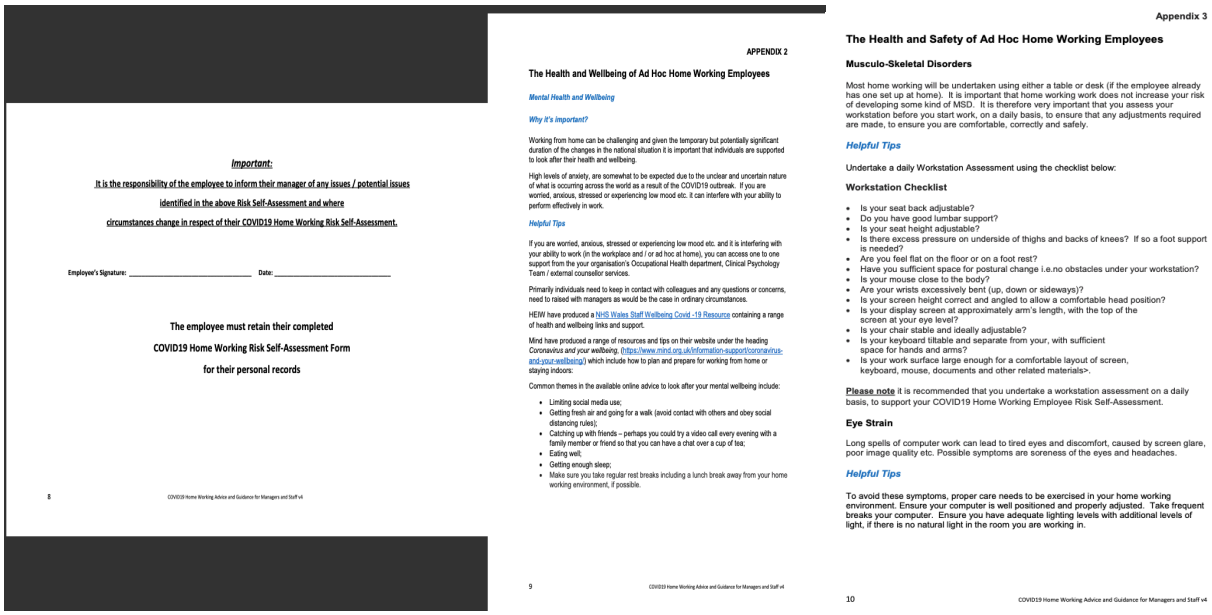
Employee's Name and Employee Number:	Department and Division:	Date of the Self-Assessment:

Key: Level of Risk
- Of concern, early action needed
- Acceptable but clear need for further action
- Good but may need further action

HAZARD	REGULATIONS		WHO MAY BE AFFECTED	CONTROL MEASURES IN PLACE	RECOMMENDATIONS	
Display Screen Equipment	The Health and Safety (DSE) Regulations 1992.	Upper limb strain from seating position or repetitive movement.	Home worker;	Machines provided are suitable for their intended purpose maintenance of machines is restricted to designated persons who have received adequate training		
Work Equipment	The Provision and Use of Work Equipment (PUWER) Regulations 1998.	Tripping, entanglement, electrical risks, & musculoskeletal problems.	Home worker; family members; visitors;	Ensure work equipment is suitable for intended use; Ensure work equipment is safe for use, and maintained in a safe condition;		
Electricity	Electricity at Work Regulations 1989.	Electric shock or fire.	Home worker; family members; visitors;	Plugs are correctly wired and maintained; Plugs, leads, wires and cables are checked regularly and kept		

				In a condition that does not cause harm.	
Manual Handling of Equipment e.g. monitors	The Manual Handling Operations Regulations 1992.	Musculoskeletal strain or injury, particularly to the back.	Home worker; family members; visitors;	Avoid lifting heavy, bulky loads or materials; Avoid stoops and steep ramp when lifting is necessary;	
Fire	The Regulatory Reform (Fire Safety) Order 2005 (The Order) Site Health Board/Trust Fire Safety Policy for further legislation	Electric shock or fire.	Home worker; family members; visitors;	Smoke detectors fitted Exit is easily accessible from designated home working area	
SECURITY	REGULATIONS		WHO MAY BE AFFECTED	CONTROL MEASURES IN PLACE	RECOMMENDATIONS
Equipment	General Data Protection Regulation, Data Protection Act 2018 and associated legislation		Your Health Board/ Trust NHS Wales Informatics Services WASP	Individual can store equipment in a secure environment when not in use for business purposes	
Documentation	The Computer Misuse Act 1990; The EC Directive on Legal Protection of Databases 1996. Electronics Communications Act 2000 Not exhaustive			Individual can store documentation in a locked unit or similar when not in use Ensure passwords are not disclosed to others	

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Important:

It is the responsibility of the employee to inform their manager of any issues / potential issues identified in the above Risk Self-Assessment and where circumstances change in respect of their COVID19 Home Working Risk Self-Assessment.

Employee's Signature: _____ Date: _____

The employee must retain their completed COVID19 Home Working Risk Self-Assessment Form for their personal records

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APPENDIX 2

The Health and Wellbeing of Ad Hoc Home Working Employees

Mental Health and Wellbeing

Why it's important?

Working from home can be challenging and given the temporary but potentially significant duration of the changes in the national situation it is important that individuals are supported to look after their health and wellbeing.

High levels of anxiety, are somewhat to be expected due to the unclear and uncertain nature of what is occurring across the world as a result of the COVID19 outbreak. If you are worried, anxious, stressed or experiencing low mood etc. it can interfere with your ability to perform effectively in work.

Helpful Tips

If you are worried, anxious, stressed or experiencing low mood etc. and it is interfering with your ability to work (in the workplace and / or ad hoc at home), you can access one to one support from the your organisation's Occupational Health department, Clinical Psychology Team / external counsellor services.

Primarily individuals need to keep in contact with colleagues and any questions or concerns, need to raised with managers as would be the case in ordinary circumstances.

HEIW have produced a NHS Wales Staff Wellbeing Covid -19 Resource containing a range of health and wellbeing links and support.

Mind have produced a range of resources and tips on their website under the heading *Coronavirus and your wellbeing*, (https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/) which include how to plan and prepare for working from home or staying indoors:

Common themes in the available online advice to look after your mental wellbeing include:

- Limiting social media use;
- Getting fresh air and going for a walk (avoid contact with others and obey social distancing rules);
- Catching up with friends – perhaps you could try a video call every evening with a family member or friend so that you can have a chat over a cup of tea;
- Eating well;
- Getting enough sleep;
- Make sure you take regular rest breaks including a lunch break away from your home working environment, if possible.

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Appendix 3

The Health and Safety of Ad Hoc Home Working Employees

Musculo-Skeletal Disorders

Most home working will be undertaken using either a table or desk (if the employee already has one set up at home). It is important that home working work does not increase your risk of developing some kind of MSD. It is therefore very important that you assess your workstation before you start work, on a daily basis, to ensure that any adjustments required are made, to ensure you are comfortable, correctly and safely.

Helpful Tips

Undertake a daily Workstation Assessment using the checklist below:

Workstation Checklist

- Is your seat back adjustable?
- Do you have good lumbar support?
- Is your seat height adjustable?
- Is there excess pressure on underside of thighs and backs of knees? If so a foot support is needed?
- Are you feel flat on the floor or on a foot rest?
- Have you sufficient space for postural change i.e.no obstacles under your workstation?
- Is your mouse close to the body?
- Are your wrists excessively bent (up, down or sideways)?
- Is your screen height correct and angled to allow a comfortable head position?
- Is your display screen at approximately arm's length, with the top of the screen at your eye level?
- Is your chair stable and ideally adjustable?
- Is your keyboard tiltable and separate from your, with sufficient space for hands and arms?
- Is your work surface large enough for a comfortable layout of screen, keyboard, mouse, documents and other related materials>.

Please note it is recommended that you undertake a workstation assessment on a daily basis, to support your COVID19 Home Working Employee Risk Self-Assessment.

Eye Strain

Long spells of computer work can lead to tired eyes and discomfort, caused by screen glare, poor image quality etc. Possible symptoms are soreness of the eyes and headaches.

Helpful Tips

To avoid these symptoms, proper care needs to be exercised in your home working environment. Ensure your computer is well positioned and properly adjusted. Take frequent breaks your computer. Ensure you have adequate lighting levels with additional levels of light, if there is no natural light in the room you are working in.

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EV23

NHS Wales

COVID – 19 (Coronavirus)

Mutual Aid – Supporting Information

1 The Aim of the Mutual Aid

The aim is to ensure that where possible NHS Wales staff can remain in their substantive employment and contribute to the national efforts in ensuring service delivery across organisations during the COVID19 outbreak.

By taking this approach, we can ensure that the deployment of the NHS workforce across Wales is prioritised wherever possible to the areas of greatest need.

This document focusses on the potential deployment of staff employed on 'Agenda for Change' Terms and Conditions. The same principles could apply for Medical and Dental staff. However, these principles do not supersede the 2008 Welsh Health Circular which indicates that when Consultants work in other NHS Wales organisations outside the organisation in which they are employed, there should be a Service Level Agreement and the Consultants should be issued with an Honorary Contract by the receiving organisation.

This supporting information uses two terms to describe the parties:

Receiving Organisation: The health body in which the member of staff is undertaking duties as part of the mutual aid process;

Employing Organisation: The health body that has a contract of employment with the member of staff who is being redeployed.

2 Key Principles

- All Health Boards and Trusts in Wales are responsible for providing indemnity in relation to the activities of their workers. The principles of NHS indemnity apply to the deployment of staff between health bodies for mutual aid. All Trusts and Health Boards are members of the Welsh Risk Pool Scheme.
- A member of NHS staff will be covered, from an indemnity and insurance perspective, by the **receiving organisation** as they will be responsible for day to day instruction and direction of the individual member of staff.
- Any excess payment (usually the first £25,000) in relation to a request for reimbursement of any compensation or payment in respect of claims for negligence will be borne by the **receiving organisation.**
- The Welsh Risk Pool Reimbursement Procedures and Welsh Risk Pooling Arrangements will continue to apply to all parties in the normal way.

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- All NHS employing organisations in Wales comply with the NHS standards on recruitment. Accordingly, those NHS employees who would be deployed in accordance with this process have already been subject to such checks. Receiving organisations will work on the basis that such checks have been completed satisfactorily. Employees will be required to continue to wear NHS ID badges when working in receiving organisations. Depending on the type of role, it may be necessary to undertake additional Occupational Health checks.
- From a corporate governance perspective, it would be usual practice to complete a Memorandum of Understanding (MoU) to cover the period of the mutual aid provision. A clear understanding between both employers and the individual is important. A template MoU has been prepared to assist this.
- Each member of staff will remain on the payroll of the employing organisation and there will be no transfer of cost to the receiving organisation.
- An NHS staff member deployed to another area or organisation will continue to be paid on their Agenda for Change Pay Band and Incremental point, during the temporary deployment period (unless the member of staff is being asked to operate at a higher pay band).
- Where possible staff will be assigned to roles on their substantive pay band. However, depending on business need, staff may be deployed into roles which are on a lower pay band than that of their substantive post, although efforts will be made to appropriately match skills and experience. In such circumstances they will continue to be paid on their substantive pay band.
- If an NHS staff member is deployed to another area or organisation on a higher pay band, the difference in pay will be the responsibility of the receiving organisation.
- If additional expenses are incurred as a result of a change in base location, 'business' mileage (not 'excess' mileage) should be claimed.

Criteria and considerations when deploying staff

he following criteria will be used to identify staff to be deployed into temporary roles:

Nature of the job, including job content (including similarity to existing role);

Does the staff member have the skills, qualifications and competency to fulfil the role / undertake the work on a temporary basis?

Would the staff member need on the job training prior to being deployed? How much training would be required and is training available?

Hours of Work and Days of work;

Workplace (Base) (including potential travel distance / time / modes of transport etc.);

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- Staff members' personal and/or domestic circumstances will be taken into consideration when matching staff to temporary deployment roles.
- Any Occupational Health advice or health issues that would make the member of staff unsuitable for the temporary role.

4 Local contacts

The contacts below are to be used in respect of matching roles to individuals and for placing requests for support of our operations:

Organisation	Contact name(s)	Contact information
Aneurin Bevan UHB	Sarah Simmonds	Sarah.simmonds@wales.nhs.uk 01633 623971
Cardiff and Vale UHB	Lianne Morse	Lianne.morse@wales.nhs.uk 02921836288
Swansea Bay UHB	Guy Holt Kim Clee	Guy.holt@wales.nhs.uk Kim.clee@wales.nhs.uk
Hywel Dda UHB	Tracy Walmsley	Tracy.walmsley@wales.nhs.uk 01267239744
Powys THB	Mark McIntyre	Mark.mcintyre@wales.nhs.uk 01874 712579
Cwm Taf Morgannwg UHB	Donna Hill	Donna.hill2@wales.nhs.uk 01443 443443 x 5371
Betsi Cadwaladr UHB	Lawrence Osgood	Lawrence.osgood@wales.nhs.uk 01745 448586 x5796
WAST	Julie Stokes Anna Stein	Julie.stokes@wales.nhs.uk Anna.stein@wales.nhs.uk 01792 562940
Velindre	Karen Wright Ceri Ann Lawless Jane Williams	Karen.wright2@wales.nhs.uk Ceri-ann.lawless@wales.nhs.uk Jane.williams16@wales.nhs.uk
NWSSP	Zoe Grainger Sarah Evans	Zoe.grainger@wales.nhs.uk SarahM.Evans@wales.nhs.uk
HEIW	Foula Evans	Foula.evans@wales.nhs.uk
Public Health Wales	Rupinder Dogra	Rupinder.dogra@wales.nhs.uk

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EV23 CONTINUED



APPENDIX 1

Memorandum of Understanding

COVID-19 Staff Deployment Collaboration

1. The Parties

a. Aneurin Bevan University Local Health Board ("a party");
b. Cardiff & Vale University Local Health Board ("a party");
c. Cwm Taf Morgannwg University Local Health Board ("a party");
d. Hywel Dda University Local Health Board ("a party");
e. Swansea Bay University Local Health Board ("a party");
f. Public Health Wales NHS Trust ("a party");
g. Betsi Cadwaladr University Local Health Board ("a party");
h. Powys Teaching Local Health Board ("a party");
i. Welsh Ambulance Service NHS Trust ("a party");
j. Velindre University NHS Trust ("a party");
k. Health Education and Improvement Wales ("a party");

Collectively referred to as "the parties".

2. Background

2.1 The parties have agreed to work together to establish an operational collaboration to facilitate the most effective use of their workforce, to promote the maintenance of services and to best maximise the attendance of staff employed by the parties during the COVID-19 pandemic ("the collaboration").

2.2 Accordingly, the parties recognise that the collaboration will be of mutual benefit and support in order to enable each of the parties to best utilise the available workforce across the parties' combined areas of operation.

2.3 The parties wish to enter into the Memorandum of Understanding ("the MoU") in order to record the basis upon which they will collaborate and the basic principles that they have agreed to.

2.4 The parties are entering into the MoU pursuant to their general powers set out under clause 13(1) of Schedule 2 or clause 14(1) of Schedule 3 of the National Health Services (Wales) Act 2006 and all existing powers.

3 Principles of Collaboration

3.1 The parties agree to adopt the following principles when carrying out the collaboration:

a) collaborate and co-operate. Establish and adhere to the governance structure set out in this MoU to ensure that activities are delivered and actions taken as required;

Page 4 of 11

b) be accountable. Take on, manage and account to each other for performance of the respective roles and responsibilities set out in this MoU;

c) be open. Communicate openly about major concerns, issues or opportunities relating to the collaboration;

d) learn, develop and seek to achieve full potential. Share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;

e) adopt a positive outlook. Behave in a positive, proactive manner;

f) adhere to statutory requirements and best practice. Comply with applicable laws and standards including data protection and freedom of information legislation, and equalities legislation;

g) act in a timely manner. Recognise the time-critical nature of the collaboration and respond accordingly to requests for support;

h) manage stakeholders effectively;

i) deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU;

j) act in good faith to support achievement of the objectives (as set out under clause 2 above) and compliance with these principles.

4 Roles and Responsibilities

4.1

a) The parties agree to each undertake the roles and responsibilities as detailed in this clause 4;

b) Subject to compliance with the provisions of this clause 4, a party to this MoU may use members of staff from one of the other parties with a view to ensuring the continued provision of a service to patients in accordance with its statutory duties.

4.2 The provisions of this clause shall only apply where the employing party has approved the release of the employee from their usual duties and the employee is willing to be redeployed.

4.3 Each party shall establish procedures to ensure that only a member of staff who:

Page 5 of 11

i) is able to work within the area in which they are to be redeployed is utilised within the context of this collaboration;
ii) has received approval from the employing party that he/she may be deployed;
iii) has undergone the requisite identity and competence checks to the satisfaction of the other party;
iv) is not otherwise prevented from undertaking work for the other party due to current government and/or public health restrictions (e.g. is symptomatic of COVID-19 and should self isolate)

4.4

(a) Each party shall maintain records of staff deployment during the COVID19 pandemic for audit and governance purposes.

(b) The employing party shall pay their employees in the usual way. The employing party will bear all costs associated with redeployment of their staff and there will be no recharge to the host party. Where employee pay varies depending on the timing and type of duties undertaken (e.g. weekend premium rates), arrangements will be made between the employer and the host to ensure that employees are paid appropriately.

(c) The employing party shall make payment to the relevant member of staff in respect of any expenses reasonably incurred, in accordance with the employee's contract.

5 Indemnity arrangements

5.1 It will remain the responsibility of the employing party to carry out all checks in relation to the employment of appropriately qualified staff. This includes visa and work permit verification Occupational Health approvals, vaccinations and DBS checks. The extent and format of these checks may differ from standard processes where mutual aid is not in place.

5.2 Control and direction of the duties of the redeployed member of staff will be exercised by the host party whilst that member of staff is performing duties on its behalf pursuant to this collaboration.

5.3 Disciplinary and grievance processes arising from any duties undertaken by a member of staff in accordance with this collaboration will be carried out by the employing party. The host party must give such reasonable assistance (by way of enabling the employing party to investigate) as the employing party may require. Any costs, claims, damages, losses and expenses in relation to managing any grievance, disciplinary and employment tribunal claims will remain the responsibility of the employing party.

5.4 Investigations in relation to service delivery or patient care will be led by the host party (where the service has been delivered), with support from employing party as required,

Page 6 of 11

5.5 Each party to this MoU is responsible for providing indemnity in relation to the activities of their workers. The Parties are able to apply NHS Indemnity to the activities covered by this MOU. The Parties are also members of the Welsh Risk Pool Scheme.

5.6 A member of NHS staff will be covered, from an indemnity and insurance perspective, by the receiving organisation as they will be responsible for day to day instruction and direction of the individual member of staff.

5.7 Any excess payment (usually the first £25,000) in relation to a request for reimbursement from the Welsh Risk Pool of any compensation or payment in respect of claims for negligence will be borne by the receiving organisation.

5.8 In the event of any confusion or disagreement between the parties in relation to the liability arrangements of a claim arising from the redeployment of NHS staff as part of this collaboration, the matter must be referred to NHS Wales Shared Services Partnership Legal and Risk Services who will liaise with the Welsh Risk Pool as appropriate and make a determination on liability or apportionment of liability on a case-by-case basis.

6 Dispute Resolution

6.1 The parties will attempt in good faith to resolve any dispute or claim arising out of or relating to the collaboration promptly through negotiation. Where possible, dispute resolution will be managed across the relevant service leads involved in the arrangement.

6.2 In the event that the dispute remains unresolved having followed the procedure in clause 6.1, the matter shall be escalated in writing by either/any of those parties to the respective Chief Executives of the parties to resolve the dispute between them.

6.3 If the discussion(s) referred to in clause 6.2 does not resolve the matter in question then the parties will attempt to settle it by mediation in accordance with the Centre for Effective Dispute Resolution ("CEDR") Model Mediation Procedure or any other model mediation procedure as agreed by the parties. To initiate a mediation the parties may give notice in writing (a "Mediation Notice") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the parties asking them to nominate a mediator. The mediation shall commence within 28 days of the Mediation Notice being served. Neither party will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one hour. Thereafter paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the parties). The parties will co-operate with any person appointed as mediator providing him with such information and other assistance as he shall require and will pay his costs, as he shall determine or in the absence of such determination such costs will be shared equally.

Page 7 of 11

7 Equality, Freedom of Information, Data Protection

The parties will discharge their duties with regard to their equality, freedom of information and data protection obligations in respect of any member of staff employed by another party undertaking duties on behalf of that party in accordance with this collaboration, as if that member of staff was employed by them and all parties shall provide all necessary assistance and cooperation as reasonably requested by the employing party to enable that party to comply with its obligations in this regard.

The General Data Protection Regulation (GDPR) requires that staff who are included in any workforce sharing agreement model which requires the transfer of their personal data from an employing party to a host party must be told the way in which their data will be processed and the legal basis for processing this data. The employing party will share the personal data of staff in accordance with its Privacy Notice for staff. The host party will process any data received in accordance with its Privacy Notice for staff. The parties acknowledge that they are obliged to comply with the GDPR.

8 Costs and Expenses

Except as otherwise provided, the parties shall each bear their own costs and expenses incurred in complying with their responsibilities under this MoU.

9 Status

9.1 The purpose of this document is to establish an agreed position as to the roles and responsibilities of those involved in the collaboration and to give clarity to all parties involved therein.

9.2 This MoU is not intended to be legally binding and no legal obligations or rights shall arise between the parties from this MoU. However, the parties enter into the MoU intending to honour all their obligations thereunder.

9.3 Nothing in this MoU is intended to, or shall be deemed to establish any partnership or joint venture between the parties, establish either party as the agent of another party nor authorise any of the parties to make or enter into any commitments for or on behalf of another party (save as may otherwise be set out in this MoU).

10 Review and Reporting

10.1 The arrangements under this MoU shall be subject to review on 6 April 2021 by the Directors of Workforce and OD or nominated representative of the parties and thereafter every 12 months.

10.2 Each party should provide all reasonable assistance and co-operation as reasonably requested by another party to maintain the operation of this MoU.

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11 Term and Termination

11.1 This MOU shall commence on the date of signature of all parties and shall expire on 6 May 2021 unless terminated earlier in accordance with clause 11.2 below.

11.2 Any party may terminate this MoU by giving three months' notice in writing to the other party or parties at any time, such notice to be given by the Chief Executive of that party.

12 Governing Law and Jurisdiction

This MoU shall be governed by and construed in accordance with English and Welsh law and, without affecting the escalation procedure set out in clause 6 and the status of this MoU as indicated in clause 9 each party agrees to submit to the exclusive jurisdiction of the courts of England and Wales.

13 Signatories

The signatories to this MoU are:

On behalf of Aneurin Bevan University Local Health Board:

Name: .....
Role: .....
Signature: .....
Date: .....

On behalf of the Cardiff & Vale University Local Health Board:

Name: .....
Role: .....
Signature: .....
Date: .....

On behalf of Cwm Taf Morgannwg University Local Health Board:

Name: .....
Role: .....
Signature: .....
Date: .....

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On behalf of Hwyel Dda University Local Health Board:

Name: .....
Role: .....
Signature: .....
Date: .....

On behalf of Swansea Bay University Local Health Board:

Name: .....
Role: .....
Signature: .....
Date: .....

On behalf of Public Health Wales NHS Trust:

Name: .....
Role: .....
Signature: .....
Date: .....

On behalf of Betsi Cadwaladr University Local Health Board:

Name: .....
Role: .....
Signature: .....
Date: .....

On behalf of Powys Teaching Local Health Board:

Name: .....
Role: .....
Signature: .....

Page 10 of 11

Date: .....

On behalf of Welsh Ambulance Service NHS Trust:

Name: .....
Role: .....
Signature: .....
Date: .....

On behalf of Velindre University NHS Trust:

Name: .....
Role: .....
Signature: .....
Date: .....

On behalf of Health Education and Improvement Wales:

Name: .....
Role: .....
Signature: .....
Date: .....

On behalf of NHS Shared Services Partnership:

Name: .....
Role: .....
Signature: .....
Date: .....

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EV24

NHS Wales

COVID-19 (Coronavirus)

Temporary redeployment / alternative duties principles

Context

The Covid-19 pandemic is placing unprecedented challenges on NHS Wales. Services have had to be reconfigured to respond to the increase in the demand and therefore the way in which many of our services are provided has had to change and adapt to fit in with this response. These rapid changes have led to significant changes to many roles and there are areas where normal NHS services have been reduced or which have been suspended for the duration of the pandemic. Accordingly, there are staff whose roles have or will temporarily diminish during the period of the response to the pandemic and who have skills and or the ability to take up a different role on a temporary basis in NHS Wales to help with the unprecedented challenges facing the service.

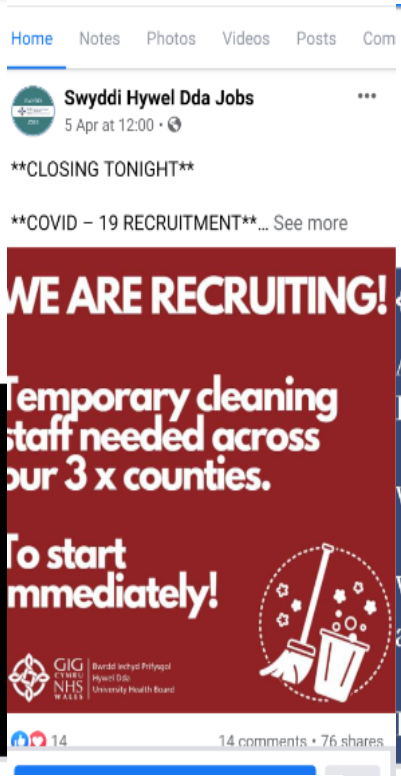
To respond to this challenge, NHS Wales staff may therefore be required to work differently or outside of their usual job description for a temporary period. Health Boards and Trusts will coordinate such temporary redeployments either internal to the organisation or between organisations through processes which will be guided by a common set of principles.

Principles

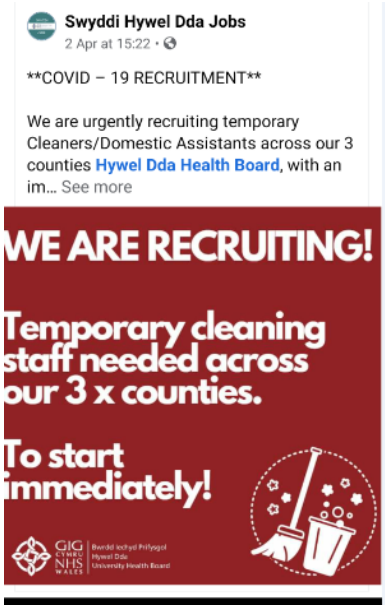
1. It is the expectation that during the Covid-19 crisis that any NHS Wales employees who are no longer required to perform their current roles will be open to redeployment to an alternative role on a temporary basis, until such time as the Covid-19 crisis has concluded.
2. Individuals will have the opportunity to consider the role(s) being proposed and organisations should ensure that there is partnership involvement in the strategy and approach which the organisation is using to temporarily redeploy staff.
3. Staff will either self-identify or will be identified by managers/service leads if their current role has temporarily diminished or may not be required, during the response to the pandemic.
4. Organisations will identify the roles where additional capacity is required and put in place a process to align individuals to those needs.
5. If organisations do not have any roles for temporary redeployment or if there are more employees requiring temporary redeployment then consideration will be given to temporary redeployment to another NHS Wales organisation.
6. It is essential that staff are flexible when responding to redeployment requests, even if they only have the basic abilities required.
7. Organisations will ensure that staff have the necessary induction and introductory training in their new department/service, they will be clear on what is expected of the member of staff being redeployed and inform them of what additional on-the-job training and support will be provided. This will include any necessary health and safety requirements for the role.
8. Organisations will consider and mitigate (e.g. a non-shift worker being required to work shifts,) any changes to working patterns and travel which may affect the employee's ability to effectively commit to the role. Individual risk assessments should be carried out where requested or required and any reasonable adjustments made in accordance with the Equality Act.
9. Pay (including any enhanced elements of pay) in all instances will be protected, even where staff are fulfilling a lower banded post.
10. It is recognised that some staff will be worried about putting their own and their family's health at risk if particular roles and the location of those roles are proposed for them whilst Covid-19 prevalent. In respect of these redeployment principles there are no circumstances where employees who do not usually provide direct patient care will be expected to do so, or will be expected to undertake roles in patient care areas if they do not wish to. Such roles may be offered and it will be for individuals to determine for themselves whether they wish to take up such roles on a temporary basis. Similarly, staff working in patient care areas may be offered work in another patient care area and the same principles apply.
11. Where an employee considers that the temporary alternative employment is not suitable, the reasons will be explored with them and where possible, alternative roles will continue to be sought.
12. If an employee declines to undertake all available suitable alternative roles presented to them, then the matter will be discussed with the employee, in partnership with their trade union representatives if requested, and other avenues and opportunities explored e.g. home working on different tasks and duties or re-deployment to another Health Board/Trust.
13. At the end of the response to the Covid-19 pandemic, in all circumstances the employee will be guaranteed a return to their substantive job with their employing Health Board or Trust. Any necessary support will be provided to ensure a smooth return to their substantive job.
14. Throughout this process all staff will be treated with dignity and respect in accordance with the Core Principles of NHS Wales.

EV25


Swyddi Hywel Dda Jobs
6 Apr at 09:16 ·
CLOSING TONIGHT
Swyddi Hywel Dda Jobs
3 Apr at 10:21 ·
COVID – 19 RECRUITMENT
We are urgently recruiting Radiographers across our 3 counties at Hywel Dda Health Board with an immediate start!... See more
WE ARE RECRUITING RADIOGRAPHERS!
Band 6 Radiographers needed across our 3 x counties.
To start

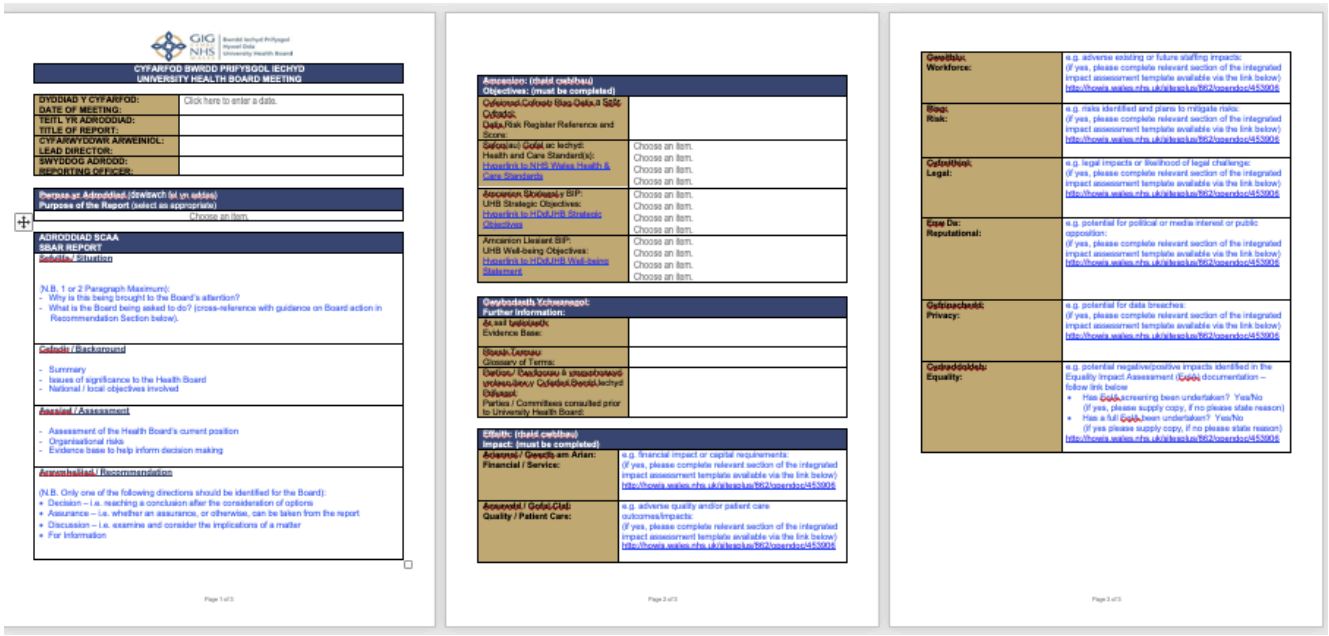

Home
Notes
Photos
Videos
Posts
Com
Swyddi Hywel Dda Jobs
5 Apr at 12:00 ·
CLOSING TONIGHT
COVID – 19 RECRUITMENT... See more
WE ARE RECRUITING!
emporary cleaning
taff needed across
ur 3 x counties.
o start
mmediately!
14
14 comments • 76 shares


Swyddi Hywel Dda Jobs
28 Apr at 11:59 ·
COVID19 RECRUITMENT
We are urgently recruiting Registered Nurses across our 3 counties at Hywel Dda Health Board... See more
Are you a Registered Nurse?
We need you!
We are recruiting RN's across our 3 counties.
Help us, help our


Swyddi Hywel Dda Jobs
2 Apr at 15:22 ·
COVID – 19 RECRUITMENT
We are urgently recruiting temporary Cleaners/Domestic Assistants across our 3 counties Hywel Dda Health Board, with an im... See more
WE ARE RECRUITING!
Temporary cleaning staff needed across our 3 x counties.
To start immediately!


13:29
Swyddi Hywel Dda Jobs
Home
Notes
Photos
Videos
Posts
Swyddi Hywel Dda Jobs
4 Apr at 16:19 ·
Message from the Learning & Development Team:
If you have been offered a position with Hywel Dda UHB and are awaiting a start date, please bear with us. We will be in touch as soon as possible.
If you have been given Monday as a start date and awaiting further details - if you have not been contacted by 8 pm this evening (Saturday 4 April), please text 07971 480755 with your name, site and role applied. We will then be in touch with you as soon as possible.
Many thanks
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board
Send Message

EV26



CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	Click here to enter a date.
TEITL YR ADRODDIAD: TITLE OF REPORT:	
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	
SWYDDOG ADRODD: REPORTING OFFICER:	

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)
Choose an item.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

(N.B. 1 or 2 Paragraph Maximum):
- Why is this being brought to the Board's attention?
- What is the Board being asked to do? (cross-reference with guidance on Board action in Recommendation Section below).

Cefndir / Background

- Summary
- Issues of significance to the Health Board
- National / local objectives involved

Asesiad / Assessment

- Assessment of the Health Board's current position
- Organisational risks
- Evidence base to help inform decision making

Argymhelliad / Recommendation

(N.B. Only one of the following directions should be identified for the Board):
- Decision – i.e. reaching a conclusion after the consideration of options
- Assurance – i.e. whether an assurance, or otherwise, can be taken from the report
- Discussion – i.e. examine and consider the implications of a matter
- For Information

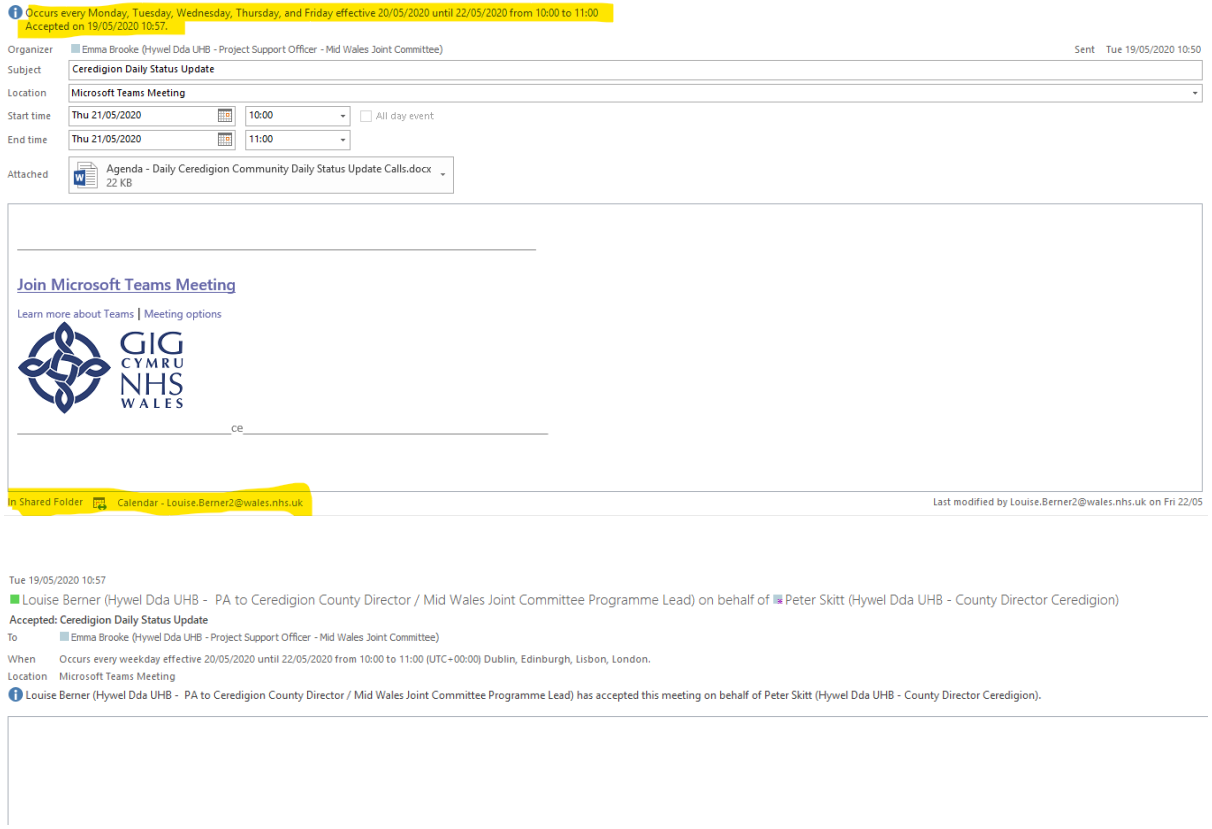
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfarwyddyd Cyfredol: Rhestr Data a Sefydlwyd: Current Directive: Data List Established: Data Risk Register Reference and Score:	
Safonau Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Tystiolaeth Seiliol: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau sydd wedi'u hymgynghori cyn hyn gan Fwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitepages/862/userdocs/4539006
Ansawdd / Gofal Claf: Quality / Patient Care:	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitepages/862/userdocs/4539006

Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitepages/862/userdocs/4539006
Risg: Risk:	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitepages/862/userdocs/4539006
Cyfreithiol: Legal:	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitepages/862/userdocs/4539006
Enw Da: Reputational:	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitepages/862/userdocs/4539006
Cyfrinachedd: Privacy:	e.g. potential for data breaches: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitepages/862/userdocs/4539006
Cydraddoldeb: Equality:	e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy; if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) http://howis.wales.nhs.uk/sitepages/862/userdocs/4539006

EV27



Occurs every Monday, Tuesday, Wednesday, Thursday, and Friday effective 20/05/2020 until 22/05/2020 from 10:00 to 11:00
Accepted on 19/05/2020 10:57.

Organizer: Emma Brooke (Hywel Dda UHB - Project Support Officer - Mid Wales Joint Committee) Sent: Tue 19/05/2020 10:50
Subject: Ceredigion Daily Status Update
Location: Microsoft Teams Meeting
Start time: Thu 21/05/2020 10:00 All day event
End time: Thu 21/05/2020 11:00
Attached: Agenda - Daily Ceredigion Community Daily Status Update Calls.docx 22 KB

Join Microsoft Teams Meeting

Learn more about Teams | Meeting options

GIG CYMRU NHS WALES

In Shared Folder: Calendar - Louise.Berner2@wales.nhs.uk

Last modified by Louise.Berner2@wales.nhs.uk on Fri 22/05

Tue 19/05/2020 10:57

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) on behalf of Peter Skitt (Hywel Dda UHB - County Director Ceredigion)

Accepted: Ceredigion Daily Status Update

To: Emma Brooke (Hywel Dda UHB - Project Support Officer - Mid Wales Joint Committee)

When: Occurs every weekday effective 20/05/2020 until 22/05/2020 from 10:00 to 11:00 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.

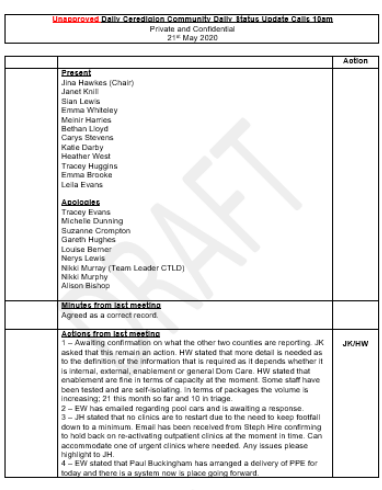
Location: Microsoft Teams Meeting

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) has accepted this meeting on behalf of Peter Skitt (Hywel Dda UHB - County Director Ceredigion).

EV27 CONTINUED

Daily Ceredigion Community Daily Status Update Calls 10am

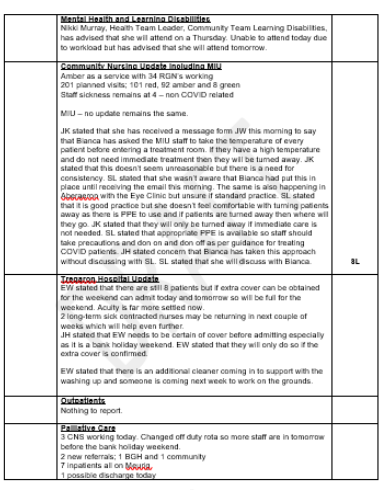
1) Introductions
2) Minutes and Actions from last meeting
3) Mental Health
4) Community Nursing Update including MIU
5) Tregaron Hospital
6) Outpatients
7) Palliative Care
8) Therapies
9) Acute
10) Local Authority
11) Enfys Fach, Llandysul
12) Primary Care
13) Field Hospitals
14) PPE
15) Bronze Feedback
16) Any Other Business



Unapproved Daily Ceredigion Community Daily Status Update Calls 10am
Private and Confidential
21st May 2020

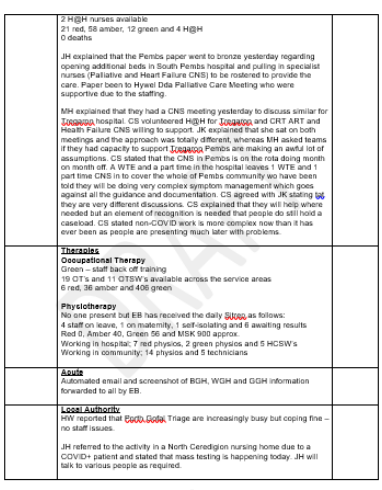
		Action
	Present Jina Hawkes (Chair) Janet Knill Sian Lewis Emma Whiteley Meinir Harries Bethan Lloyd Carys Stevens Katie Darby Heather West Tracey Huggins Emma Brooke Leila Evans **Apologies** Tracey Evans Michelle Dunning Suzanne Crompton Gareth Hughes Louise Berner Nerys Lewis Nikki Murray (Team Leader CTLD) Nikki Murphy Alison Bishop	
	Minutes from last meeting Agreed as a correct record.	
	Actions from last meeting 1 – Awaiting confirmation on what the other two counties are reporting. JK asked that this remain an action. HW stated that more detail is needed as to the definition of the information that is required as it depends whether it is internal, external, enablement or general Dom Care. HW stated that enablement are fine in terms of capacity at the moment. Some staff have been tested and are self-isolating. In terms of packages the volume is increasing; 21 this month so far and 10 in triage. 2 – EW has emailed regarding pool cars and is awaiting a response. 3 – JK stated that no clinics are to restart due to the need to keep footfall down to a minimum. Email has been received from Steph Hire confirming to hold back on re-activating outpatient clinics at the moment in time. Can accommodate one of urgent clinics where needed. Any issues please highlight to JH. 4 – EW stated that Paul Buckingham has arranged a delivery of PPE for today and there is a system now is place going forward.	JK/HW

1



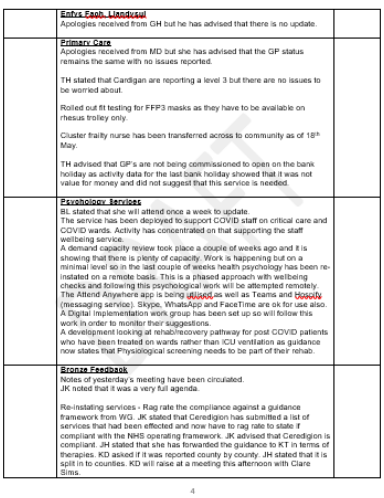
	Mental Health and Learning Disabilities Nikki Murray, Health Team Leader, Community Team Learning Disabilities, has advised that she will attend on a Thursday. Unable to attend today due to workload but has advised that she will attend tomorrow.	
	Community Nursing Update including MIU Amber as a service with 34 RGN's working 201 planned visits; 101 red, 92 amber and 8 green Staff sickness remains at 4 – non COVID related MIU – no update remains the same. JK stated that she has received a message form JW this morning to say that Bianca has asked the MIU staff to take the temperature of every patient before entering a treatment room. If they have a high temperature and do not need immediate treatment then they will be turned away. JK stated that this doesn't seem unreasonable but there is a need for consistency. SL stated that she wasn't aware that Bianca had put this in place until receiving the email this morning. The same is also happening in Aberaeron with the Eye Clinic but unsure if standard practice. SL stated that it is good practice but she doesn't feel comfortable with turning patients away as there is PPE to use and if patients are turned away then where will they go. JK stated that they will only be turned away if immediate care is not needed. SL stated that appropriate PPE is available so staff should take precautions and don on and don off as per guidance for treating COVID patients. JH stated concern that Bianca has taken this approach without discussing with SL. SL stated that she will discuss with Bianca.	SL
	Tregaron Hospital Update EW stated that there are still 8 patients but if extra cover can be obtained for the weekend can admit today and tomorrow so will be full for the weekend. Acuity is far more settled now. 2 long-term sick contracted nurses may be returning in next couple of weeks which will help even further. JH stated that EW needs to be certain of cover before admitting especially as it is a bank holiday weekend. EW stated that they will only do so if the extra cover is confirmed. EW stated that there is an additional cleaner coming in to support with the washing up and someone is coming next week to work on the grounds.	
	Outpatients Nothing to report.	
	Palliative Care 3 CNS working today. Changed off duty rota so more staff are in tomorrow before the bank holiday weekend. 2 new referrals; 1 BGH and 1 community 7 inpatients all on Neuro. 1 possible discharge today	

2



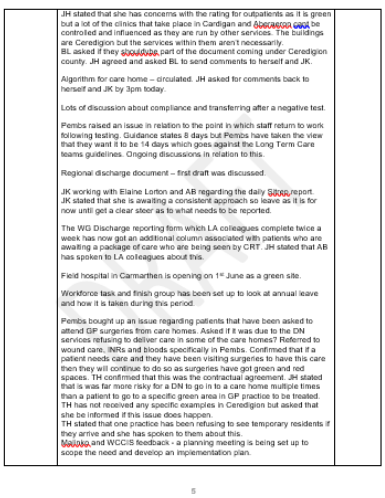
	2 H@H nurses available 21 red, 58 amber, 12 green and 4 H@H 0 deaths JH explained that the Pembs paper went to bronze yesterday regarding opening additional beds in South Pembs hospital and pulling in specialist nurses (Palliative and Heart Failure CNS) to be rostered to provide the care. Paper been to Hywel Dda Palliative Care Meeting who were supportive due to the staffing. MH explained that they had a CNS meeting yesterday to discuss similar for Tregaron hospital. CS volunteered H@H for Tregaron and CRT ART and Health Failure CNS willing to support. JK explained that she sat on both meetings and the approach was totally different, whereas MH asked teams if they had capacity to support Tregaron Pembs are making an awful lot of assumptions. CS stated that the CNS in Pembs is on the rota doing month on month off. A WTE and a part time in the hospital leaves 1 WTE and 1 part time CNS in to cover the whole of Pembs community wo have been told they will be doing very complex symptom management which goes against all the guidance and documentation. CS agreed with JK stating bc they are very different discussions. CS explained that they will help where needed but an element of recognition is needed that people do still hold a caseload. CS stated non-COVID work is more complex now than it has ever been as people are presenting much later with problems.	
	Therapies **Occupational Therapy** Green – staff back off training 19 OT's and 11 OTSW's available across the service areas 6 red, 36 amber and 406 green **Physiotherapy** No one present but EB has received the daily Sitrep as follows: 4 staff on leave, 1 on maternity, 1 self-isolating and 6 awaiting results Red 0, Amber 40, Green 56 and MSK 900 approx. Working in hospital; 7 red physios, 2 green physios and 5 HCSW's Working in community; 14 physios and 5 technicians	
	Acute Automated email and screenshot of BGH, WGH and GGH information forwarded to all by EB.	
	Local Authority HW reported that Penrhos Triage are increasingly busy but coping fine – no staff issues. JH referred to the activity in a North Ceredigion nursing home due to a COVID+ patient and stated that mass testing is happening today. JH will talk to various people as required.	

3



	Enfys Fach, Llandysul Apologies received from GH but he has advised that there is no update.	
	Primary Care Apologies received from MD but she has advised that the GP status remains the same with no issues reported. TH stated that Cardigan are reporting a level 3 but there are no issues to be worried about. Rolled out fit testing for FFP3 masks as they have to be available on rhesus trolley only. Cluster frailty nurse has been transferred across to community as of 18th May. TH advised that GP's are not being commissioned to open on the bank holiday as activity data for the last bank holiday showed that it was not value for money and did not suggest that this service is needed.	
	Psychology Services BL stated that she will attend once a week to update. The service has been deployed to support COVID staff on critical care and COVID wards. Activity has concentrated on that supporting the staff wellbeing service. A demand capacity review took place a couple of weeks ago and it is showing that there is plenty of capacity. Work is happening but on a minimal level so in the last couple of weeks health psychology has been re-instated on a remote basis. This is a phased approach with wellbeing checks and following this psychological work will be attempted remotely. The Attend Anywhere app is being utilised as well as Teams and Hoscity (messaging service). Skype, WhatsApp and FaceTime are ok for use also. A Digital Implementation work group has been set up so will follow this work in order to monitor their suggestions. A development looking at rehab/recovery pathway for post COVID patients who have been treated on wards rather than ICU ventilation as guidance now states that Physiological screening needs to be part of their rehab.	
	Bronze Feedback Notes of yesterday's meeting have been circulated. JK noted that it was a very full agenda. Re-instating services - Rag rate the compliance against a guidance framework from WG. JK stated that Ceredigion has submitted a list of services that had been effected and now have to rag rate to state if compliant with the NHS operating framework. JK advised that Ceredigion is compliant. JH stated that she has forwarded the guidance to KT in terms of therapies. KD asked if it was reported county by county. JH stated that it is split in to counties. KD will raise at a meeting this afternoon with Clare Sims.	

4



	JH stated that she has concerns with the rating for outpatients as it is green but a lot of the clinics that take place in Cardigan and Aberaeron cant be controlled and influenced as they are run by other services. The buildings are Ceredigion but the services within them aren't necessarily. BL asked if they should be part of the document coming under Ceredigion county. JH agreed and asked BL to send comments to herself and JK. Algorithm for care home – circulated. JH asked for comments back to herself and JK by 3pm today. Lots of discussion about compliance and transferring after a negative test. Pembs raised an issue in relation to the point in which staff return to work following testing. Guidance states 8 days but Pembs have taken the view that they want it to be 14 days which goes against the Long Term Care teams guidelines. Ongoing discussions in relation to this. Regional discharge document – first draft was discussed. JK working with Elaine Lorton and AB regarding the daily Sitrep report. JK stated that she is awaiting a consistent approach so leave as it is for now until get a clear steer as to what needs to be reported. The WG Discharge reporting form which LA colleagues complete twice a week has now got an additional column associated with patients who are awaiting a package of care who are being seen by CRT. JH stated that AB has spoken to LA colleagues about this. Field hospital in Carmarthen is opening on 1st June as a green site. Workforce task and finish group has been set up to look at annual leave and how it is taken during this period. Pembs bought up an issue regarding patients that have been asked to attend GP surgeries from care homes. Asked if it was due to the DN services refusing to deliver care in some of the care homes? Referred to wound care, INRs and bloods specifically in Pembs. Confirmed that if a patient needs care and they have been visiting surgeries to have this care then they will continue to do so as surgeries have got green and red spaces. TH confirmed that this was the contractual agreement. JH stated that is was far more risky for a DN to go in to a care home multiple times than a patient to go to a specific green area in GP practice to be treated. TH has not received any specific examples in Ceredigion but asked that she be informed if this issue does happen. TH stated that one practice has been refusing to see temporary residents if they arrive and she has spoken to them about this. Malaka and WCCIS feedback - a planning meeting is being set up to scope the need and develop an implementation plan.	

5



	Task and finish group by Mandy Rayani to be set up regarding staff and clinic accommodation.	
	Any other Business Nothing discussed.	

6

EV28

Mon 27/04/2020 12:19

Peter Skitt (Hywel Dda UHB - County Director Ceredigion)

Workforce planning and capacity

To [redacted] (Hywel Dda UHB - Head of Community Nursing - Ceredigion); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda Health Board - General Manager Community Primary Care); [redacted] (Hywel Dda UHB - General Manager); [redacted] (Hywel Dda UHB - Service Delivery Manager); [redacted] (Hywel Dda UHB - Senior Workforce Manager); Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead); [redacted] (Hywel Dda UHB - General Manager COVID-19 Operations); [redacted] (Hywel Dda UHB - Interim Head of Nursing COVID 19 Operations); [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); [redacted] (Hywel Dda UHB - Physiotherapy);

Cc Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 28/04/2027

Follow up. Start by 27 April 2020. Due by 27 April 2020.

Suggested Meetings + Get more ap

Dear all,

Following this morning's meeting, I feel somewhat at a loss re the answers to the following for Ceredigion as a whole

I realise that lots of work has been done re modelling and expected staffing requirements in the various silos however as we all know the staffing will have to be flexible and have to change to suit the various scenarios in which we may well find ourselves.

The exam question has to be

Are we as a Health Economy assured that our workforce requirements in Ceredigion for the next 12 Months known and how will they be delivered?

There are some immediate concerns re

The Contracted 3/6 month Clinical Staff that we have recruited and trained where are they and who are they reporting to? How many of every Band?

What is our answer re Registered staff for provision across Ceredigion including BGH/Community/Field Hospitals? And how are we going to facilitate and progress this?

These are just a few of the questions arising from our meeting and which we will need to be answering as a team

I will by way of this email ask Louise to get a meeting in the Diary post Wed this week for us all to spend 2 hours to get the answers to the above

I hope we will all see this as a necessary piece of work to enable both our service provision and the safety of our users for the foreseeable future

Thanks again for all you are doing to keep the "train on the tracks"

Peter

[redacted]
Cyfarwyddwr Sirol Ceredigion/*County Director Ceredigion*
Arweinydd Rhaglen Cyd-Bwyllgor Iechyd a Gofal y Canolbarth/*Programme Director Mid Wales Joint Committee for Health and Care*
Cadeirydd Pwllgor Rhoi Organau/ Organ Donation Committee Chair

Mon 27/04/2020 13:03

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

Workforce Planning and Capacity

Required [redacted] (Hywel Dda UHB - Interim Head of Nursing COVID 19 Operations); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda UHB - Senior Workforce Manager); [redacted] (Hywel Dda UHB - General Manager); [redacted] (Hywel Dda Health Board - General Manager Community Primary Care); [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); [redacted] (Hywel Dda UHB - Occupational Therapy Service Lead); [redacted] (Hywel Dda UHB - Service Delivery Manager); [redacted] (Hywel Dda UHB - County Director Ceredigion); [redacted] (Hywel Dda UHB - General Manager COVID-19 Operations); [redacted] (Hywel Dda UHB - Physiotherapy); [redacted] (Hywel Dda UHB - Head of Community Nursing - Ceredigion)

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 28/04/2027

Attached Workforce planning and capacity
Outlook item

When 30 April 2020 11:00-13:00 Location Skype Meeting

Join Skype Meeting

Trouble Joining? Try Skype Web App

Join by phone

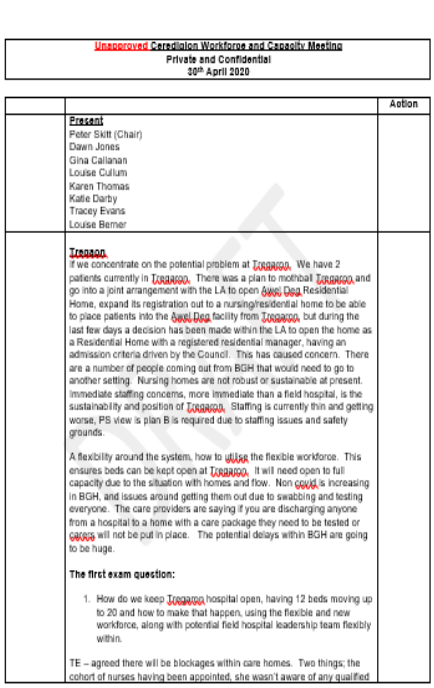
PSTN:01495 793600 WHTN:01891 3600 (UK) English (United Kingdom)

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EV28



Unapproved Ceredigion Workforce and Capacity Meeting
Private and Confidential
30th April 2020

		Action
	Present Peter Skitt (Chair) Dawn Jones Gina Callanan Louise Cullum Karen Thomas Katie Darby Tracey Evans Louise Berner	
	Tregaron If we concentrate on the potential problem at Tregaron. We have 2 patients currently in Tregaron. There was a plan to mothball Tregaron and go into a joint arrangement with the LA to open Awel Deg Residential Home, expand its registration out to a nursing/residential home to be able to place patients into the Awel Deg facility from Tregaron, but during the last few days a decision has been made within the LA to open the home as a Residential Home with a registered residential manager, having an admission criteria driven by the Council. This has caused concern. There are a number of people coming out from BGH that would need to go to another setting. Nursing homes are not robust or sustainable at present. Immediate staffing concerns, more immediate than a field hospital, is the sustainability and position of Tregaron. Staffing is currently thin and getting worse, PS view is plan B is required due to staffing issues and safety grounds. A flexibility around the system, how to utilise the flexible workforce. This ensures beds can be kept open at Tregaron. It will need open to full capacity due to the situation with homes and flow. Non covid is increasing in BGH, and issues around getting them out due to swabbing and testing everyone. The care providers are saying if you are discharging anyone from a hospital to a home with a care package they need to be tested or cares will not be put in place. The potential delays within BGH are going to be huge. **The first exam question:** 1. How do we keep Tregaron hospital open, having 12 beds moving up to 20 and how to make that happen, using the flexible and new workforce, along with potential field hospital leadership team flexibly within. TE – agreed there will be blockages within care homes. Two things; the cohort of nurses having been appointed, she wasn't aware of any qualified	

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nurses but there are 3 on the spreadsheet, not sure if they will be able to cover Tregaron or BGH.

Concerning - no qualified nurses, aware there are a cohort of HCSWs who could be deployed between the two rotated. The qualified elements is concerning. There are specialist nurse that could be deployed; the frailty nurse Helen. It needs to be balanced and numbers gone through. The community side needs to provide the service for people to stay at home due to the massive cohort there. TE does agree that there is half a plan B which needs to be looked at and worked through with Sian and Meinir to understand what can be utilised in Tregaron whilst not impacting on day to day and additional services in community.

PS queried 3 nurses that are on the spreadsheet provided by GC and if they were being used in BGH. GC stated the figures have come from recruitment and HCSWs look high, based on the figures cobbled together they are more like 56 with 26 who had contracted hours. No one was sure about the registered nurse element.

PS knows of one who has been working as a medical secretary, Alvina who was in A&E in BGH and has re-registered. DJ has got three names Alvina, Kristian and Carol Morgan who have given their names to come back. Currently Carol Morgan has been taken on by Feedback, not heard anything from Kristian, thinks he's back on the rig. DJ has contact Alvina but nothing since first contact.

LC mentioned she is certain Carol and Kristian wouldn't be going to the field hospital but believe Alvina is.

PS asked if Alvina and Kristian can be chased to see if they would go and work in Tregaron at this point, DJ to action this and feedback to TE.

Therapies

PS asked about staffing and any potential within therapies which could be provided to Tregaron, whether there is anyone if elective capacity reinstates. Would there be any potential with staffing.

KT - From the overarching therapies deployment plan if this is broader redeployment, therapies may not be needed in Field Hospitals at present but Tregaron is the pressure point, we could identify some therapies to support at present. There is a Ceredigion Therapies meeting today, so could look in detail and feedback what it could look like/made up of. Dependent on other works being switched back on, may be able to do something short to medium term. If this will continue 6 months plus then not sure about sustainability on the ground therapy presence on a daily basis.

PS is concerned about this, field hospital resource could be potentially be utilised clinically into Tregaron for the next few months. Looking at the

2

modelling work from yesterday looks like it will go beyond 12 months. The field hospitals may not come in line until the winter when there is acute pressures.

DJ – mindful if when putting nurses in Tregaron and then utilising them in field hospitals, need to know the sort of patients that will be going into field hospitals'. If they are going to be acute, a need for the CLNs to get experience in acute, DJ can send other nurses to Tregaron. Looking at the skill mix.

The non covid side of BGH will fill up very quickly, GPs seeing an increase and BGH will end up with delayed discharges which is happening with Gwynedd patients and others. There are people that are in BGH that could be in a position, with some flexible criteria, need to be robust Tregaron would be the option, it is seen as a Hospital and no ethical decisions are required. Field hospital usage for non covid patients is a no on the ethics side. To get beds into Tregaron would give options to deal with delays. Red and green split needs to stay for at least 12 months, mentioned by AC yesterday. At a later date thought around the type of patient going into the field hospital; thoughts around palliative care and the potential discharges that are not quite ready, rather than acute medical patients. The right skills mix in the right place, but could be utilised in the short term.

TE – the requirement for qualified nurses to open up beds. If it's the right resource then it wouldn't be an issue. If staff are rotated down as long as there are the numbers.

DJ – needs to do some work to see if she can release staff. Scheduled care are also talking about rescheduling surgeries, meaning opening up wards. DJ need to look through this to give a bigger picture of what potential resource could be used.

TE/PS – looking at 12 beds and working up to 20 covering broad range of acuity from traditional community hospital rehab, palliative care etc. A number of cohorts with minimum staffing levels.

This will need to go back to Bronze team. An SBAR has already gone to Bronze to mothball it. If we go back to say we will expand and take it up in numbers instead of mothballing it, which will release the space to keep the flow in BGH.

DJ – Partnership cohort have got an extra shift a week, which is fine due to a loss of two wards. If we are still running with the 2 wards staying like that then the partnership cohort can be looked at to up the hours to give some shifts in Tregaron.

TE – concerned if there are patients in the beds then staff are required, hasn't worked well in the past with partnership nurses. As long as they would turn up for the shifts, would go to Tregaron, the rotas need to be quite robust.

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PS – this is a covid response, the risk of having to keep half of BGH empty due to red zone, extraordinary measures may be put in place such as transport from Aberystwyth to Tregaron - shift changeover times etc. Responding to real potential issues for BGH in the way of delayed discharges. Delays from Gwynedd at present but will have ones of our own too. Care agencies saying that they won't accept unless covid tested leading longer discharge process. The discharge requirements paper from early April have to be delivered, although a mishmash there.

DJ – just querying the timeline TE and PS so that work can be done around this. PS – tomorrow.

Steph Hire took a paper to Bronze yesterday regarding turning back on cancer electives, more pressure going into the system. Bowel screening Wales may be back up and running to ensure unknown cancers from the last 6 weeks are dealt with.

Tregaron is the answer to relieving the system to ensure acute doesn't get blocked up with potential discharge issues.

PS
Question is how to take forward the staffing and implementation plan to making it happen, driving it forward – TE is happy as long as she has the staff. Getting up and running no models need to be looked at. If staffing is assured which DJ and TE can do work on, admissions can happen.

PS – will await the outcome of the therapies meeting today to give a better picture. HCSWs are in the system, driving issues is less if transport is provided which can be worked into the covid-19 response budget line.

TE and DJ – to discuss options tomorrow ~~, passed~~ back to PS.
If support from field hospital teams is needed to let PS know - conversations with Sarah and Anna etc will be required.

Bigger Picture – Field Hospitals

The activity curve spreads across the months until next year with a huge peak at the end - modelling based on everything staying as it is. In the last 24-48hrs more movement with cars, discussions ongoing with schools etc. which will change the modelling as numbers start to rise.

The model to be put forward is community services. Nursing and care home sectors will be affected. Homes infected not necessarily moving infected patients out to field hospitals, but when people cannot be discharged back from acute. Homes will be locked down, limited resource in Ceredigion.

4

The model to be put forward is from the discharge door from acute. The modelling of people being ventilated is less than expected in the UK. The people coming for oxygen/CPAP then move on. LOS is 8 days on CPAP.

Creating capacity to discharge from DGHs, how they are discharged into the community. Ceredigion issue is where they go. Community model will be put forward rather than acute model for field hospitals.

Staffing ~~, huge~~ problem across the Hywel Dda. The modelling and workforce for field hospitals will be looked at in detail. Resource that have been put into our field hospitals will be pulled down to other field hospitals to work due to demand. Work ongoing through the region around staffing. Opportunity in upskilling staff now intensely before workload increases.

DJ – HCSWs have been upskilling, 3-4 ANPs/CNSs got a date next week to be trained in signing DNR patients, ANPs trained in verification of death, CPAP training etc.

Therapy services – across services a 2 pronged approach, increasing skill base to support critical care - respiratory - CPAP etc. How we support others in rehab skills and still opportunities. Agreed training - rehab support workers was started, some work can be spread, looking at staff modelling on support workers - rehab and recovery skills. Will work for field hospitals and Tregaron.

Issues to raise

KT – discharge to assess/review. Individuals coming from residential settings, testing principles – do these apply before getting someone back out. Welsh Government say respond quickly, turning people around, if they enter the front door are we having to swab and test before a care solution. This will have impact of how the therapy teams are utilised.

PS - Ongoing discussions with Dr Williams around virtual wards/triage systems which may fit in, a pre-hospital triage system to divert them so not to go through the 48 hour testing process. Pre-hospital triage element which PS will feedback on.

KT – Therapies are part of the virtual ward model in the Llanelli and would definitely want to be part of it.

Hotel services/catering shouldn't be a problem in Tregaron as hotel services have been recruited and there are enough people in the system.

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EV29

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hywel Dda

Heddiw | Today

Peidiwch ag ymateb trwy ddewis **'reply to'** ar yr e-bost hwn.
Please do not use the '**reply to'** facility on this email.

Staff reminder to check the intranet regularly for updates regarding COVID-19 and all other important information.

Yn cynnwys / Featuring:

- **Staff briefings from Steve Moore**
- **FREE Nutrition and Hydration information for staff**
- **Survey for people working with perpetrators**
- **Getting into research webinar**
- **NHS staff from across Hywel Dda and Powys have come together to say thank you**
- **Desk based exercises for staff working from home**
- **Latest news**

Mai 22 May 2020

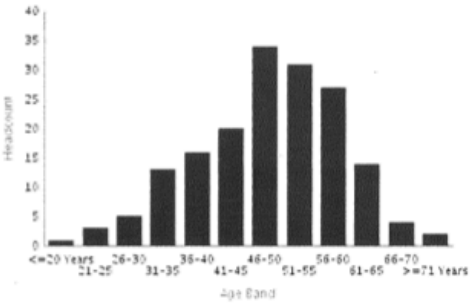
SUBJECT: **PWNC:**	**Staff briefings from Steve Moore**
MESSAGE: **NEGES:**	Our Chief Executive Steve has filmed a few messages for all our staff. On the page linked below you can access the updates given, these are also uploaded to our closed staff Facebook group. Latest video from today: http://howis.wales.nhs.uk/sitesplus/documents/862/video-20200522-112123%20am-8952a634.mp4 Video library: http://howis.wales.nhs.uk/sitesplus/862/page/77859 Please request to join the Facebook Group Here: https://www.facebook.com/groups/HywelDdaStaffCOVID19/ Keep an eye out for more video updates over the next few weeks.
SUBJECT: **PWNC:**	**FREE Nutrition and Hydration information for staff**
MESSAGE: **NEGES:**	Nutrition and hydration of staff is important to support health and wellbeing. The Dietetic Health Improvement team invite you to access FREE posters and information to raise the profile of the value of keeping hydrated, regular balanced meals and taking a break for lunch. These resources can be used in your working area. We would also like to invite staff to tell us what information, resources and support regarding nutrition and hydration you want to support your health and wellbeing. Please contact Laura Thomas with your ideas.

EV30

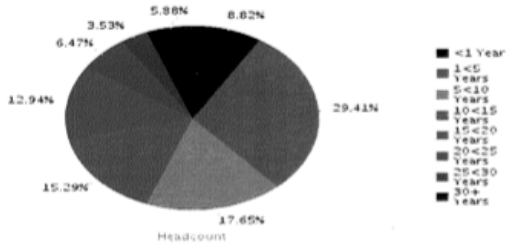
Workforce Business Partner Report - Demographics

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Age Profile



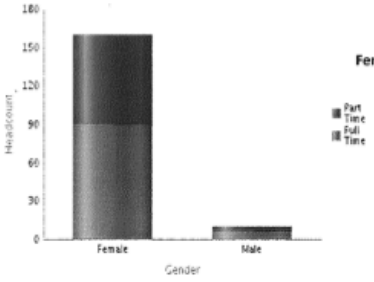
Length of Service in Current Employment



Staff Group	Headcount	FTE
Add Prof Scientific and Technic	6	5.00
Additional Clinical Services	35	28.03
Administrative and Clerical	16	13.87
Allied Health Professionals	1	1.00
Medical and Dental	3	1.91
Nursing and Midwifery Registered	109	94.72
Grand Total	**170**	**144.52**

For the Directorate 5.3% of staff by FTE are aged 30 or under compared to 16.8% within the whole Health Board and 24.9% are over 55 years old; the figure for the

Part Time/Full Time by Gender



Female / Male split - Ceredigion Director (Health Board)



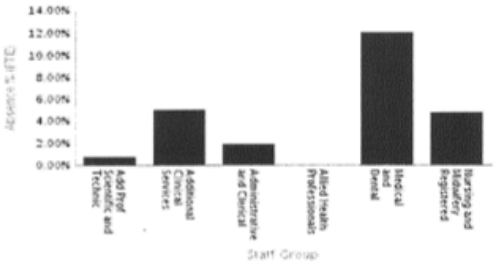
94.1% (77.5%) | 5.9% (22.5%)

Workforce Business Partner Report - Health and Wellbeing

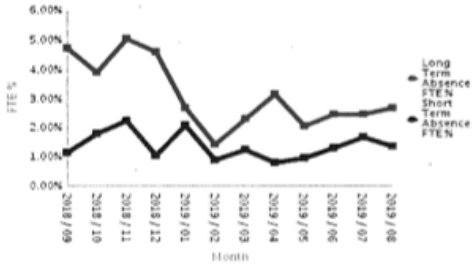
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Data for period September 2018 to August 2019

Absence Rate by Staff Group



Absence Long Term / Short Term



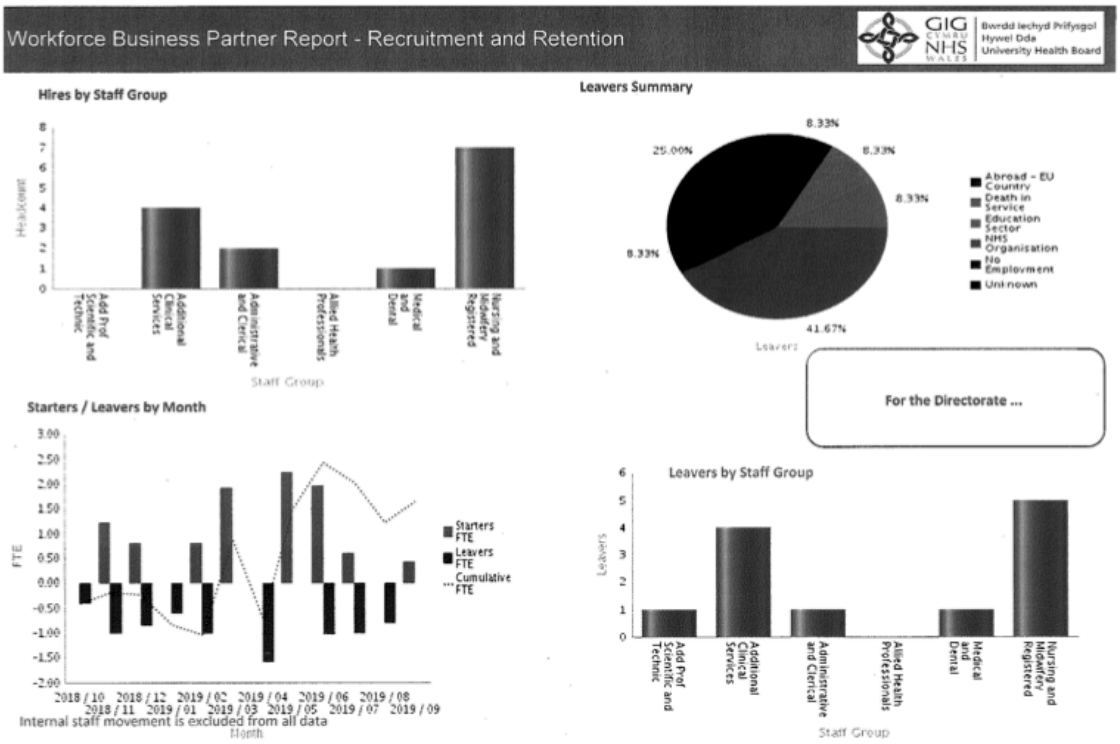
Sickness Absence Trend (Highest and Lowest 30* values highlighted)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
September 2017	7	6	6	8	7	6	7	8	7	7	7	7	8	6	6	6	6	6	8	7	8	8	8	9	8	9	10	11	11		
October 2017	11	13	12	12	11	10	10	10	12	12	11	11	11	11	11	11	11	11	10	10	9	9	11	10	10	11	9	9	9	10	10
November 2017	11	11	10	10	10	10	9	7	7	7	7	8	9	10	11	10	9	7	8	9	10	11	11	12	10	11	9	10	9	8	
December 2017	8	8	8	8	8	8	9	10	9	8	10	10	10	11	11	10	10	12	12	13	13	14	13	13	13	13	15	16	16	12	13
January 2018	13	13	15	15	13	13	12	13	13	14	14	12	13	15	16	15	14	14	11	11	9	9	9	10	9	11	12	11	13	12	
February 2018	12	12	12	12	13	15	17	18	16	11	10	10	10	10	8	9	8	8	8	8	8	8	8	7	7	7	8	8			
March 2018	8	7	7	7	6	7	8	8	7	6	6	7	6	6	7	7	6	6	4	4	4	4	6	6	6	8	8	8	7	7	7
April 2018	7	7	8	7	6	6	7	7	6	8	7	8	6	5	5	8	8	7	6	6	6	5	5	6	6	6	7	6	6	6	
May 2018	6	5	5	5	6	5	5	7	7	6	5	5	5	6	7	7	6	6	6	6	6	6	6	6	6	6	5	5	6	7	8
June 2018	8	7	7	6	5	6	5	5	5	6	6	5	6	6	6	6	6	6	6	6	6	6	5	6	6	6	6	6	6	6	
July 2018	6	7	9	8	7	6	6	5	5	5	5	6	6	6	6	7	6	7	6	5	5	7	7	7	7	7	6	6	6	6	
August 2018	5	5	5	5	8	8	8	7	7	7	6	8	9	11	11	9	8	8	10	11	11	11	11	11	11	11	12	12	12	13	
September 2018	11	11	11	12	12	13	13	12	13	14	13	14	14	12	12	12	11	12	12	11	9	9	9	9	9	9	9	9	9		
October 2018	8	9	9	10	11	11	11	12	11	11	10	10	11	11	10	9	9	9	9	9	10	11	11	11	12	11	11	9	10	9	10
November 2018	10	10	9	9	10	11	13	14	14	14	14	16	16	16	15	15	14	14	15	14	14	13	13	13	14	13	12	13	12		
December 2018	9	8	10	11	11	12	12	11	11	12	11	10	10	10	9	9	9	10	10	11	10	8	8	8	8	8	9	9	9	8	8
January 2019	7	7	7	7	7	7	8	11	10	9	9	9	10	10	10	10	11	12	10	10	9	6	6	6	6	6	6	6	7	7	7
February 2019	2	2	2	3	4	5	5	6	6	6	7	6	7	5	5	5	4	5	5	5	5	5	5	5	5	4	4	6	6		
March 2019	8	6	6	6	7	8	8	8	7	7	8	8	9	8	8	8	8	8	6	6	6	6	6	6	6	6	5	5	6	6	5
April 2019	6	6	8	9	8	8	8	8	8	8	8	8	8	8	9	9	8	7	8	7	7	6	7	7	6	6	6	6	7	7	
May 2019	8	7	7	7	7	7	6	5	5	5	4	4	4	6	5	5	5	5	5	5	5	5	6	8	8	8	8	8	8	9	9
June 2019	7	7	8	7	8	8	8	7	7	6	6	7	7	8	8	8	9	9	8	8	8	7	7	10	7	8	9	6	6	6	
July 2019	6	6	6	6	7	9	8	8	9	9	8	10	8	8	8	8	8	7	6	7	7	8	9	10	10	10	9	9	7	7	7
August 2019	7	7	7	7	6	6	6	6	7	6	6	6	7	8	8	8	7	7	9	8	8	8	8	8	9	9	8	8	8	8	8

*True Figure can be greater than 30 where there are a large number of dates with the same value

For the Directorate ...

EV30 CONTINUED

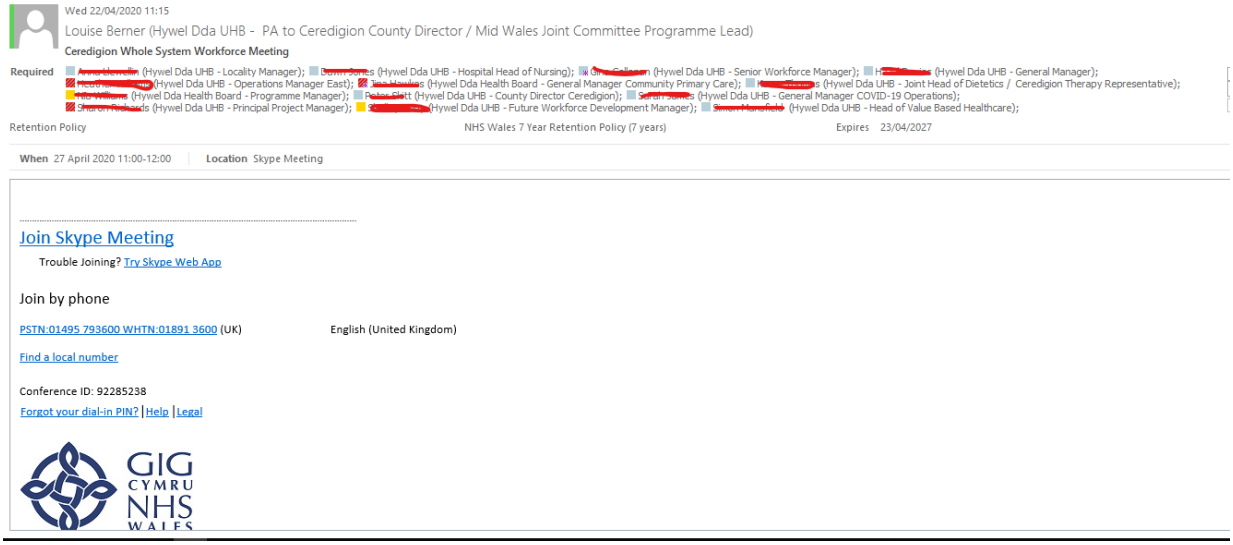




	FTE by Month											
Department/Ward	2018 / 10	2018 / 11	2018 / 12	2019 / 01	2019 / 02	2019 / 03	2019 / 04	2019 / 05	2019 / 06	2019 / 07	2019 / 08	2019 / 09
100 CER ABERN Aberaeron Wards 0434	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	1.72	1.72	1.72	1.72
100 CER BGH Acute Response Team 1214	9.00	9.00	9.00	9.00	9.00	9.80	10.80	10.80	11.80	12.00	10.20	11.00
100 CER BGH Ceredigion CRT North 1620	1.00	1.00	1.00	7.43	7.43	8.03	7.43	7.43	7.43	8.23	8.23	7.43
100 CER BGH County Management Team 1257	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	5.00	5.00	5.00	5.00
100 CER BGH County Primary Care Team 1279	3.00	3.00	3.00	3.00	3.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
100 CER BGH District Nursing North Group 0442	35.75	35.35	34.35	29.72	28.72	27.12	27.12	27.92	27.12	27.12	26.12	25.12
100 CER BGH District Nursing South Group 0444	35.03	36.03	34.43	33.52	34.12	35.03	34.83	34.16	35.16	35.16	35.53	35.53
100 CER BGH Palliative Care 1259	6.40	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60
100 CER BGH Specialist Nurse Community 1296	10.43	10.85	10.68	10.68	10.08	10.08	9.16	8.36	8.36	8.96	8.96	9.96
100 CER CARD Cardigan Wards & OPD 0431	11.37	11.37	12.12	11.12	11.12	11.12	11.12	10.55	9.92	9.92	10.12	11.92
100 CER TRGRN General Office 0429	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
100 CER TRGRN Medical Staff 0427	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.82	0.91	0.91	0.91
100 CER TRGRN Tregaron Wards & OPD 0432	15.08	14.88	15.28	15.28	15.28	16.28	15.88	17.88	18.29	17.29	18.33	17.33
100 PEM WGH Health Psychology 0999	7.60	6.60	6.60	6.60	6.60	6.60	6.00	8.00	8.00	8.00	7.00	7.00
Grand Total	**141.28**	**141.31**	**139.68**	**139.58**	**138.58**	**141.28**	**139.56**	**142.32**	**145.22**	**145.91**	**143.72**	**144.52**

APPENDICIES FOR LO3

EV31



Wed 22/04/2020 11:15

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

Ceredigion Whole System Workforce Meeting

Required (Hywel Dda UHB - Locality Manager); (Hywel Dda UHB - Hospital Head of Nursing); (Hywel Dda UHB - Senior Workforce Manager); (Hywel Dda UHB - General Manager); (Hywel Dda UHB - Operations Manager East); (Hywel Dda Health Board - General Manager Community Primary Care); (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); (Hywel Dda Health Board - Programme Manager); (Hywel Dda UHB - County Director Ceredigion); (Hywel Dda UHB - General Manager COVID-19 Operations); (Hywel Dda UHB - Principal Project Manager); (Hywel Dda UHB - Future Workforce Development Manager); (Hywel Dda UHB - Head of Value Based Healthcare);

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 23/04/2027

When 27 April 2020 11:00-12:00 **Location** Skype Meeting

Join Skype Meeting

Trouble Joining? Try Skype Web App

Join by phone

PSTN:01495 793600 WHTN:01891 3600 (UK) English (United Kingdom)

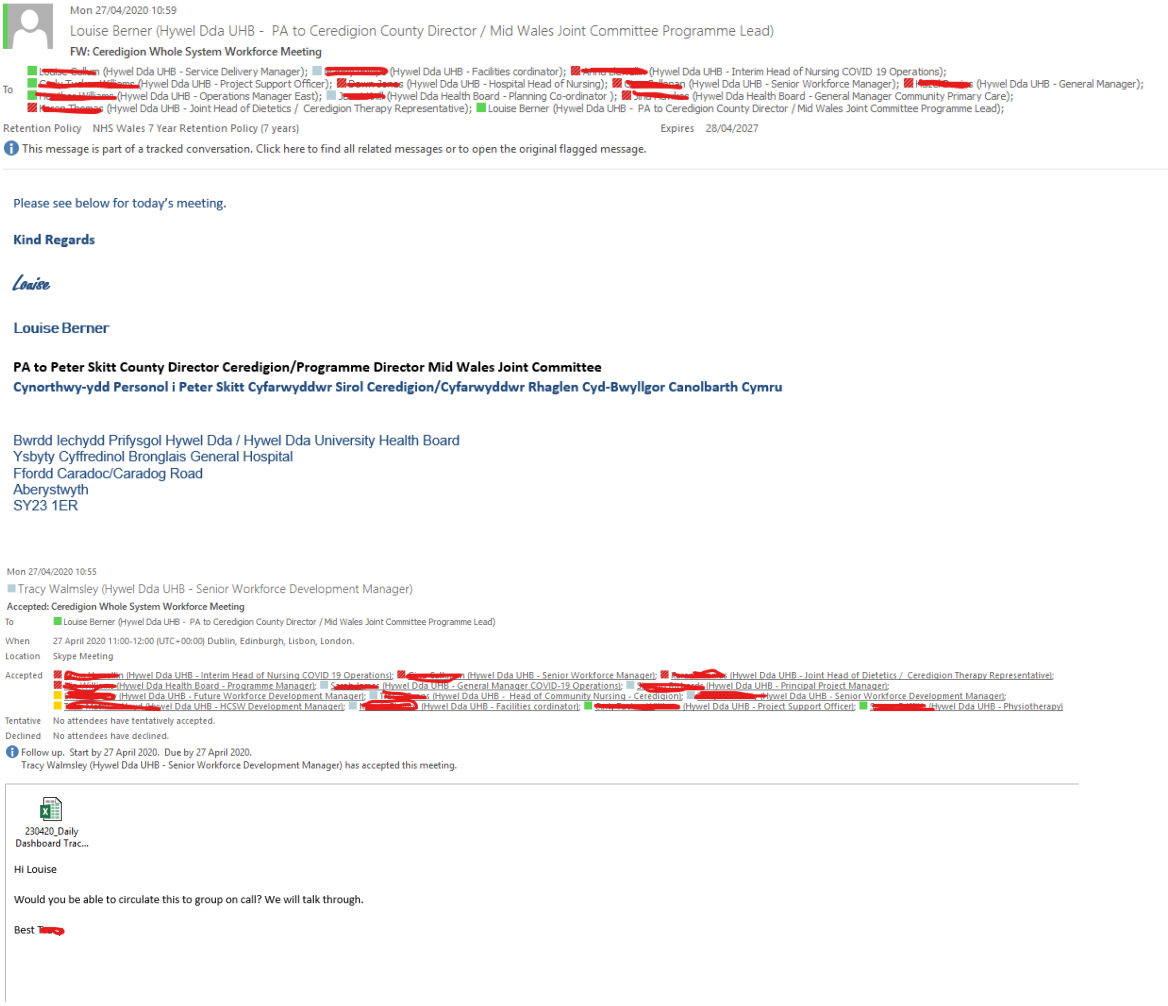
Find a local number

Conference ID: 92285238

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GIG CYMRU NHS WALES

EV32



Mon 27/04/2020 10:59

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

FW: Ceredigion Whole System Workforce Meeting

To (Hywel Dda UHB - Service Delivery Manager); (Hywel Dda UHB - Facilities cordinator); (Hywel Dda UHB - Interim Head of Nursing COVID 19 Operations); (Hywel Dda UHB - Project Support Officer); (Hywel Dda UHB - Hospital Head of Nursing); (Hywel Dda UHB - Senior Workforce Manager); (Hywel Dda UHB - General Manager); (Hywel Dda UHB - Operations Manager East); (Hywel Dda Health Board - Planning Co-ordinator); (Hywel Dda Health Board - General Manager Community Primary Care); (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead);

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 28/04/2027

This message is part of a tracked conversation. Click here to find all related messages or to open the original flagged message.

Please see below for today's meeting.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

Mon 27/04/2020 10:55

Tracy Walmsley (Hywel Dda UHB - Senior Workforce Development Manager)

Accepted: Ceredigion Whole System Workforce Meeting

To Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

When 27 April 2020 11:00-12:00 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.

Location Skype Meeting

Accepted (Hywel Dda UHB - Interim Head of Nursing COVID 19 Operations); (Hywel Dda UHB - Senior Workforce Manager); (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); (Hywel Dda Health Board - Programme Manager); (Hywel Dda UHB - General Manager COVID-19 Operations); (Hywel Dda UHB - Principal Project Manager); (Hywel Dda UHB - Future Workforce Development Manager); (Hywel Dda UHB - Head of Community Nursing - Ceredigion); (Hywel Dda UHB - Senior Workforce Development Manager); (Hywel Dda UHB - HCSW Development Manager); (Hywel Dda UHB - Facilities cordinator); (Hywel Dda UHB - Project Support Officer); (Hywel Dda UHB - Physiotherapy)

Tentative No attendees have tentatively accepted.

Declined No attendees have declined.

Follow up. Start by 27 April 2020. Due by 27 April 2020.
Tracy Walmsley (Hywel Dda UHB - Senior Workforce Development Manager) has accepted this meeting.

230420_Daily Dashboard Trac...

Hi Louise

Would you be able to circulate this to group on call? We will talk through.

Best

EV32 CONTINUED

DAILY DASHBOARD TRACKER SUPPLY V DEMAND FOR KEY POSTS

Post	Manager who confirmed the WTE needed	Site	WTE needed (to cover existing staff going off sick and 12 week self isolation)	WTE needed (new bed provision)	Total wte requested	WTE approved	
Plas Crug Leisure Centre							
Nursing							
Registered Nurse	Peter Skitt	Plas Crug			0		
Assistant Practitioner	Peter Skitt	Plas Crug			0		
Clinical Nurse Lead	Peter Skitt	Plas Crug			0		
HCSW - Band 2	Peter Skitt	Plas Crug		18	18		
HCSW - Band 3	Peter Skitt	Plas Crug			0		
HCSW - Band 4	Peter Skitt	Plas Crug			0		
Management/Admin							
Operational Manager					0		
Administrator					0		
Facilities							
Porter	Heather Williams	Plas Crug		9	9		
Driver	Heather Williams	Plas Crug		1.5	1.5		
Catering Assistant	Heather Williams	Plas Crug			0		
Domestic/Cleaner	Heather Williams	Plas Crug		12	12		
Hotel Services Supervisor	Heather Williams	Plas Crug		2	2		
Laundry	Heather Williams	Plas Crug			0		
Semi Skilled Maintenance	Chris Hopkins	Plas Crug		1	1		
Clinical Engineer	Chris Hopkins	Plas Crug			0		
Security	Rob Elliott	Plas Crug			0		
Informatics							
Switchboard Operator	Anthony Tracey	Plas Crug			0		
AHP							
Radiographers	Amanda Evans	Plas Crug			0		
Rehabilitation Co-ordinator		Plas Crug			0		
Therapies		Plas Crug			0		
Therapy Assistants		Plas Crug			0		
Diagnostics							
Respiratory Physiologist		Plas Crug			0		
Other							
Care Navigator		Plas Crug			0		
Mortuary Technician		Plas Crug			0		
			0	43.5	43.5	0	

Note

For modelling purposes, an assumption has been made that those offered bank will work an average of 0.5wte

Post	Manager who confirmed the WTE needed	Site	WTE needed (to cover existing staff going off sick and 12 week self isolation)	WTE needed (new bed provision)	Total wte requested	WTE approved	
Penweddig School, Aber							
Nursing							
Registered Nurse	Peter Skitt	Penweddig			0		
Assistant Practitioner	Peter Skitt	Penweddig			0		
Clinical Nurse Lead	Peter Skitt	Penweddig			0		
HCSW - Band 2	Peter Skitt	Penweddig		20.4	20.4		
HCSW - Band 3	Peter Skitt	Penweddig			0		
HCSW - Band 4	Peter Skitt	Penweddig			0		

EV32 CONTINUED

Management/Admin							
Operational Manager					0		
Administrator					0		
Facilities							
Porter	Heather Williams	Penweddig		9	9		
Driver	Heather Williams	Penweddig		1.5	1.5		
Catering Assistantt	Heather Williams	Penweddig			0		
Domestic/Cleaner	Heather Williams	Penweddig		12	12		
Hotel Services Supervisor	Heather Williams	Penweddig		2	2		
Laundry	Heather Williams	Penweddig			0		
Semi Skilled Maintenance	Chris Hopkins	Penweddig		1	1		
Clinical Engineer	Chris Hopkins	Penweddig			0		
Security	Rob Elliott	Penweddig			0		
Informatics							
Switchboard Operator	Anthony Tracey	Penweddig			0		
AHP							
Radiographers	Amanda Evans	Penweddig			0		
Rehabilitation Co-ordinator		Penweddig			0		
Therapies		Penweddig			0		
Therapy Assistants		Penweddig			0		
Diagnostics							
Respiratory Physiologist		Penweddig			0		
Other							
Care Navigator		Penweddig			0		
Mortuary Technician		Penweddig			0		
			0	45.9	45.9	0	

Note

For modelling purposes, an assumption has been made that those offered bank will work an average of 0.5wte

	Manager who confirmed the WTE needed	Site	WTE needed (to cover existing staff going off sick and 12 week self isolation)	WTE needed (new bed provision)	Total wte requested	WTE approved	
Cardigan Leisure Centre							
Nursing							
Registered Nurse	Peter Skitt	Cardigan Leisure Centre			0		
Assistant Practitioner	Peter Skitt	Cardigan Leisure Centre			0		
Clinical Nurse Lead	Peter Skitt	Cardigan Leisure Centre			0		
HCSW - Band 2	Peter Skitt	Cardigan Leisure Centre		19.2	19.2		
HCSW - Band 3	Peter Skitt	Cardigan Leisure Centre			0		
HCSW - Band 4	Peter Skitt	Cardigan Leisure Centre			0		
Management/Admin							
Operational Manager		Cardigan Leisure Centre			0		
Administrator		Cardigan Leisure Centre			0		
Facilities							
Porter	Heather Williams	Cardigan Leisure Centre			0		
Driver	Heather Williams	Cardigan Leisure Centre			0		
Catering Assistant	Heather Williams	Cardigan Leisure Centre			0		
Domestic/Cleaner	Heather Williams	Cardigan Leisure Centre			0		
Hotel Services Supervisor	Heather Williams	Cardigan Leisure Centre			0		
Laundry	Heather Williams	Cardigan Leisure Centre			0		
Semi Skilled Maintenance	Chris Hopkins	Cardigan Leisure Centre			0		
Clinical Engineer	Chris Hopkins	Cardigan Leisure Centre			0		
Security	Rob Elliott	Cardigan Leisure Centre			0		
Informatics							
Switchboard Operator	Anthony Tracey	Cardigan Leisure Centre			0		
AHP							

Radiographers	Amanda Evans	Cardigan Leisure Centre			0		
Rehabilitation Co-ordinator		Cardigan Leisure Centre			0		
Therapies		Cardigan Leisure Centre			0		
Therapy Assistants		Cardigan Leisure Centre			0		
Diagnostics							
Respiratory Physiologist		Cardigan Leisure Centre			0		
Other							
Care Navigator		Cardigan Leisure Centre			0		
Mortuary Technician		Cardigan Leisure Centre			0		
			0	19.2	19.2	0	

Note

For modelling purposes, an assumption has been made that those offered bank will work an average of 0.5wte

EV32 CONTINUED

Post	Manager who confirmed the WTE needed	Site	WTE needed (to cover existing staff going off sick and 12 week self isolation)	WTE needed (new bed provision)	Total wte requested	WTE approved	
BGH acute							
Nursing							
Registered Nurse	Hazel Davies	BGH			0		
Assistant Practitioner	Hazel Davies	BGH			0		
Clinical Nurse Lead	Hazel Davies	BGH			0		
HCSW - Band 2	Hazel Davies	BGH	33		33		
HCSW - Band 3	Hazel Davies	BGH			0		
HCSW - Band 4	Hazel Davies	BGH			0		
Management/Admin							
Operational Manager					0		
Administrator					0		
Facilities							
Porter	Heather Williams	BGH	15		15		
Driver	Heather Williams	BGH	0		0		
Catering Assistant	Heather Williams	BGH	5		5		
Domestic/Cleaner	Heather Williams	BGH	33		33		
Hotel Services Supervisor	Heather Williams	BGH	3		3		
Laundry	Heather Williams	BGH	2		2		
Semi Skilled Maintenance	Chris Hopkins	BGH	2		2		
Clinical Engineer	Chris Hopkins	BGH			0		
Security	Rob Elliott	BGH			0		
Informatics							
Switchboard Operator	Anthony Tracey	BGH	2		2		
AHP							
Radiographers	Amanda Evans	BGH	2		2		
Rehabilitation Co-ordinator		BGH			0		
Therapies		BGH			0		
Therapy Assistants		BGH			0		
Diagnostics							
Respiratory Physiologist		BGH			0		
Other							
Care Navigator		BGH			0		
Mortuary Technician		BGH			0		
			97	0	97	0	

Note

For modelling purposes, an assumption has been made that those offered bank will work an average of 0.5wte

WTE offered & accepted	Bank offered	Bank wte (See note below)	Band 2 (Year 1 students)	Band 3 (Year 2 or 1st 6 months of final year)	Band 4 (Last 6 months of final year)	Band 3 pre 4th year Med Student Role	Band 4 4th Year Med Student Role	WTE available for deployment (paid employees from HD deployed into these posts)	Direct Hire Med Students and Nursing Students	Volunteers (other organisations/ general public/)	Deficit	Deficit against wte approved
1	3	1.5									2.5	
		0									0	
		0									0	
36.04	21	10.5									13.54	
	0	0									0	
	0	0									0	
		0									0	
		0									0	
10.03	1	0.5									-4.47	
		0									0	
14.59	1	0.5									10.09	
35.52	16	8									10.52	
	0	0									-3	
4.2	2	1									3.2	
3.6	0	0									1.6	
	0	0									0	
		0									0	
		0									-2	
		0									-2	
		0									0	
		0									0	
		0									0	
		0									0	
		0									0	
		0									0	
104.98	44	22	0	0	0	0	0	0	0	0	29.98	0

EV33

Mon 27/04/2020 16:34

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

Ceredigion Whole System Workforce Meeting Notes/Action 27.04.20

To [redacted] (Hywel Dda UHB - Interim Head of Nursing COVID 19 Operations); [redacted] (Hywel Dda UHB - Project Support Officer); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda UHB - Senior Workforce Manager); [redacted] (Hywel Dda UHB - General Manager); [redacted] (Hywel Dda UHB - Operations Manager East); [redacted] (Hywel Dda Health Board - Planning Co-ordinator); [redacted] (Hywel Dda Health Board - General Manager Community Primary Care); [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead); [redacted] (Hywel Dda UHB - Service Delivery Manager); [redacted] (Hywel Dda UHB - Facilities cordinator);

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 28/04/2027

You forwarded this message on 18/05/2020 13:34.

Ceredigion Whole Workforce Meeting Notes and Actions 27.04.20.docx
20 KB

Dear All

Please see Notes/Actions from today's Ceredigion Whole System Workforce Meeting [redacted]

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
[redacted]

27.4.20- Ceredigion Filed Hospital Whole System Workforce Meeting

Peter Skitt (Chair)

Whole system approach needed

-Gold meeting Friday may mean a change of use for the field hospitals
-Cardigan equal distance from each hospital WG, GGH, BGH, need to understand sites purpose and impact of this
-Wednesday meeting will give a clearer picture of the roles of each site

-highlight types of staff we are short on, role changes for certain staff, transformative approach to staffing

-Consider how field hospitals can support wider system for potentially 12 months
- Elective works needs to continue where possible - consider returning some BAU, reduction in non Covid related illness (will this add pressure later on in acute and community flow?)
- Staffing modelled needs to be flexible depending on Government restrictions

-Are the field hospital semi nursing home arrangements? Due to lack of community nursing in the system. Community staff shortages causing most concern currently (e.g. Tregaron). Ceredigion sites may need to be switched on sooner than expected due to community demand. Additional COVID capacity will still be required

-Supply and demand tracker
ACTION: Future exercise reviewing ask and ensure this is accurate and what is appropriate for each of the sites capture as area of work to move forward? (TLL, SD, conversations to pick up and take forward)
-demand figures outdated,
-Supply figured based on acute sites and not spread out across sites yet - BGH numbers are for whole system, when staff enter into service they will be allocated area (acute/field)
-Facilities - staff for Cardigan has been put into Pembrokeshire group due to this aligning with model for staff there
-only identifies additional staff that have been recruited
RISK: If BAU is resumed some staff would need to be pulled back if they have been redeployed elsewhere.

Hotel services - not enough in system but should we continue to reappoint? - extra in BGH but needed elsewhere- direction needed on when sites are going live and what capacity is needed in order to map out staffing needs.

RISK: If nursing homes collapse this could cause escalation e.g. North Ceredigion
RISK: Nursing home- patients are swabbed before returning to nursing homes which may increase LOS by 1 week

RISK: Impact on individual sites depending on previous use

-Move from BGH registered nurses to field hospital and backfill with highly skilled HCSW. Registered nurses are low in numbers- BGH running agency filling 40% vacancy rates -

ACTION: Discussion needed field hospitals and acute as one and spread the risk- also conversation needed with acute sites to highlight registered nurses needing to be redeployed. Two elements are redeployed staff and newly appointed staff, these two pieces of work need to be joined up.

-Heads of nursing have discussed the concerns in regards to numbers of registered nurses, further meeting Thursday this week to continue conversation

ACTION discussion needed with the large cohort of staff who have already been appointed (3 different contracts- 0 bank, 3 and 6 month on Fixed term) in order to support them moving forward and also student nurses.

RISK additional HCSW have been recruited into BGH, oversupply currently, hoping to transfer some into community but majority unable to drive.

RISK: Messaging in community: Training complete but no shadowing- available but no communication, or mixed messages being received.

-List of names who have completed induction and training have been sent to heads of nursing, has a process been agreed locally? HCSW have been absorbed into acute rather than community.
- DJ had list- BGH has enough HCSW however deployed accordingly and do not need any more at this moment in time- could transport be provided for those who can't drive to provide support within the community- over supply has been escalated to A-M T

ACTION: T E to have conversation with D J to discuss use of over spill in BGH of staff to help in community and raise at senior nurses meeting.
- arranged previously for cohort to meet in Aberaeron however only 2 turned up, one could not drive and the other was appointed.

ACTION: Meeting of Ceredigion team - Update meeting to focus entirely on how to manage this group of staff, review specific information regarding each staff member and utilise more efficiently to understand capacity gap. To attend: Jina Hawkes, Gina Callanan, Tracey Evans, Dawn Jones, Louise Cullum, Hazel Davies, Peter Skitt, Louise Berner, Karen Thomas **(use notes from SKYPE chat to structure next level of input)**

RISK: Staff who are not deployed are still currently being paid

RISK: A number of staff cannot work in red areas but could be used elsewhere. (Out of 27, 7 have declared health problems)
-Meeting occurring with staff who are unable to work in red areas due to health conditions to agree a way forward

RISK: Furloughed staff will have impact in future - need to identify these individuals

School discussions occurring in regards to how this functions elsewhere

Next steps:

What we've got, what we need, and how we pull that together.

- **ACTION: Given the geography of Ceredigion, and current workforce issues a meeting needed. Anna Llewellin and Sarah James to be involved from nursing perspective. PS will get operational nurse leads and operational managers to meet to review list and numbers and come back to TW for further discussion around workforce and training etc. Louise Berner to arrange meeting ASAP**

EV34

Mon 27/04/2020 12:19

Peter Skitt (Hywel Dda UHB - County Director Ceredigion)

Workforce planning and capacity

To [redacted] (Hywel Dda UHB - Head of Community Nursing - Ceredigion); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda Health Board - General Manager Community Primary Care); [redacted] (Hywel Dda UHB - General Manager); [redacted] (Hywel Dda UHB - Service Delivery Manager); [redacted] (Hywel Dda UHB - Senior Workforce Manager); Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead); [redacted] (Hywel Dda UHB - General Manager COVID-19 Operations); [redacted] (Hywel Dda UHB - Interim Head of Nursing COVID 19 Operations); [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); [redacted] (Hywel Dda UHB - Physiotherapy);

Cc Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 28/04/2027

Follow up. Start by 27 April 2020. Due by 27 April 2020.

Suggested Meetings + Get more ap

Dear all,

Following this morning's meeting, I feel somewhat at a loss re the answers to the following for Ceredigion as a whole

I realise that lots of work has been done re modelling and expected staffing requirements in the various silos however as we all know the staffing will have to be flexible and have to change to suit the various scenarios in which we may well find ourselves.

The exam question has to be

Are we as a Health Economy assured that our workforce requirements in Ceredigion for the next 12 Months known and how will they be delivered?

There are some immediate concerns re

The Contracted 3/6 month Clinical Staff that we have recruited and trained where are they and who are they reporting to? How many of every Band?

What is our answer re Registered staff for provision across Ceredigion including BGH/Community/Field Hospitals? And how are we going to facilitate and progress this?

These are just a few of the questions arising from our meeting and which we will need to be answering as a team

I will by way of this email ask Louise to get a meeting in the Diary post Wed this week for us all to spend 2 hours to get the answers to the above

I hope we will all see this as a necessary piece of work to enable both our service provision and the safety of our users for the foreseeable future

Thanks again for all you are doing to keep the "train on the tracks"

Peter

[redacted]
Cyfarwyddwr Sirol Ceredigion/*County Director Ceredigion*
Arweinydd Rhaglen Cyd-Bwyllgor Iechyd a Gofal y Canolbarth/*Programme Director Mid Wales Joint Committee for Health and Care*
Cadeirydd Pwllgor Rhoi Organau/ Organ Donation Committee Chair

EV35

Mon 27/04/2020 13:03

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

Workforce Planning and Capacity

Required [redacted] (Hywel Dda UHB - Interim Head of Nursing COVID 19 Operations); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda UHB - Senior Workforce Manager); [redacted] (Hywel Dda UHB - General Manager); [redacted] (Hywel Dda Health Board - General Manager Community Primary Care); [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); [redacted] (Hywel Dda UHB - Occupational Therapy Service Lead); [redacted] (Hywel Dda UHB - Service Delivery Manager); [redacted] (Hywel Dda UHB - County Director Ceredigion); [redacted] (Hywel Dda UHB - General Manager COVID-19 Operations); [redacted] (Hywel Dda UHB - Physiotherapy); [redacted] (Hywel Dda UHB - Head of Community Nursing - Ceredigion)

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 28/04/2027

Attached Workforce planning and capacity
Outlook item

When 30 April 2020 11:00-13:00 **Location** Skype Meeting

Join Skype Meeting

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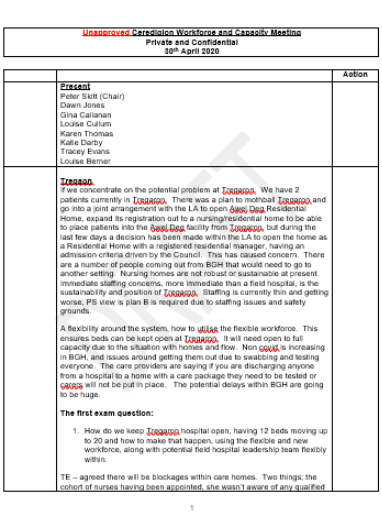
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EV36



Unapproved Ceredigion Workforce and Capacity Meeting
Private and Confidential
30th April 2020

		Action
	Present Peter Skitt (Chair) Dawn Jones Gina Callanan Louise Cullum Karen Thomas Katie Darby Tracey Evans Louise Berner	
	Tregaron If we concentrate on the potential problem at Tregaron. We have 2 patients currently in Tregaron. There was a plan to mothball Tregaron and go into a joint arrangement with the LA to open Awel Deg Residential Home, expand its registration out to a nursing/residential home to be able to place patients into the Awel Deg facility from Tregaron, but during the last few days a decision has been made within the LA to open the home as a Residential Home with a registered residential manager, having an admission criteria driven by the Council. This has caused concern. There are a number of people coming out from BGH that would need to go to another setting. Nursing homes are not robust or sustainable at present. Immediate staffing concerns, more immediate than a field hospital, is the sustainability and position of Tregaron. Staffing is currently thin and getting worse, PS view is plan B is required due to staffing issues and safety grounds. A flexibility around the system, how to utilise the flexible workforce. This ensures beds can be kept open at Tregaron. It will need open to full capacity due to the situation with homes and flow. Non covid is increasing in BGH, and issues around getting them out due to swabbing and testing everyone. The care providers are saying if you are discharging anyone from a hospital to a home with a care package they need to be tested or cares will not be put in place. The potential delays within BGH are going to be huge. **The first exam question:** 1. How do we keep Tregaron hospital open, having 12 beds moving up to 20 and how to make that happen, using the flexible and new workforce, along with potential field hospital leadership team flexibly within. TE – agreed there will be blockages within care homes. Two things; the cohort of nurses having been appointed, she wasn't aware of any qualified	

1

nurses but there are 3 on the spreadsheet, not sure if they will be able to cover Tregaron or BGH.

Concerning - no qualified nurses, aware there are a cohort of HCSWs who could be deployed between the two rotated. The qualified elements is concerning. There are specialist nurse that could be deployed; the frailty nurse Helen. It needs to be balanced and numbers gone through. The community side needs to provide the service for people to stay at home due to the massive cohort there. TE does agree that there is half a plan B which needs to be looked at and worked through with Sian and Meinir to understand what can be utilised in Tregaron whilst not impacting on day to day and additional services in community.

PS queried 3 nurses that are on the spreadsheet provided by GC and if they were being used in BGH. GC stated the figures have come from recruitment and HCSWs look high, based on the figures cobbled together they are more like 56 with 26 who had contracted hours. No one was sure about the registered nurse element.

PS knows of one who has been working as a medical secretary, Anna who was in A&E in BGH and has re-registered. DJ has got three names Alyce, Kristian and Carol Morgan who have given their names to come back. Currently Carol Morgan has been taken on by Preseli, not heard anything from Kristian, thinks he's back on the rig. DJ has contact Alyce but nothing since first contact.

LC mentioned she is certain Carol and Kristian wouldn't be going to the field hospital but believe Alyce is.

PS asked if Alyce and Kristian can be chased to see if they would go and work in Tregaron at this point, DJ to action this and feedback to TE.

Therapies

PS asked about staffing and any potential within therapies which could be provided to Tregaron, whether there is anyone if elective capacity reinstates. Would there be any potential with staffing.

KT - From the overarching therapies deployment plan if this is broader redeployment, therapies may not be needed in Field Hospitals at present but Tregaron is the pressure point, we could identify some therapies to support at present. There is a Ceredigion Therapies meeting today, so could look in detail and feedback what it could look like/made up of. Dependent on other works being switched back on, may be able to do something short to medium term. If this will continue 6 months plus then not sure about sustainability on the ground therapy presence on a daily basis.

PS is concerned about this, field hospital resource could be potentially be utilised clinically into Tregaron for the next few months. Looking at the

2

modelling work from yesterday looks like it will go beyond 12 months. The field hospitals may not come in line until the winter when there is acute pressures.

DJ – mindful if when putting nurses in Tregaron and then utilising them in field hospitals, need to know the sort of patients that will be going into field hospitals'. If they are going to be acute, a need for the CLNs to get experience in acute, DJ can send other nurses to Tregaron. Looking at the skill mix.

The non covid side of BGH will fill up very quickly, GPs seeing an increase and BGH will end up with delayed discharges which is happening with Glangwili patients and others. There are people that are in BGH that could be in a position, with some flexible criteria, need to be robust Tregaron would be the option, it is seen as a Hospital and no ethical decisions are required. Field hospital usage for non covid patients is a no on the ethics side. To get beds into Tregaron would give options to deal with delays. Red and green split needs to stay for at least 12 months, mentioned by AC yesterday. At a later date thought around the type of patient going into the field hospital; thoughts around palliative care and the potential discharges that are not quite ready, rather than acute medical patients. The right skills mix in the right place, but could be utilised in the short term.

TE – the requirement for qualified nurses to open up beds. If it's the right resource then it wouldn't be an issue. If staff are rotated down as long as there are the numbers.

DJ – needs to do some work to see if she can release staff. Scheduled care are also talking about rescheduling surgeries, meaning opening up wards. DJ need to look through this to give a bigger picture of what potential resource could be used.

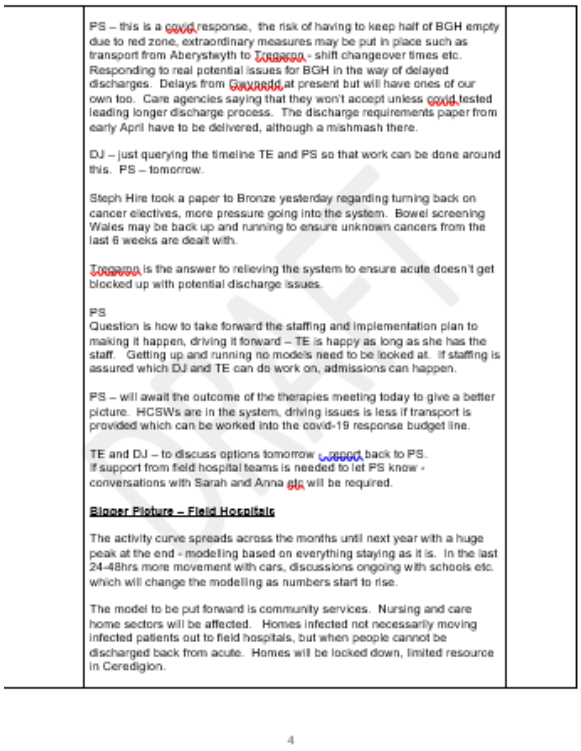
TE/PS – looking at 12 beds and working up to 20 covering broad range of acuity from traditional community hospital rehab, palliative care etc. A number of cohorts with minimum staffing levels.

This will need to go back to Bronze team. An SBAR has already gone to Bronze to mothball it. If we go back to say we will expand and take it up in numbers instead of mothballing it, which will release the space to keep the flow in BGH.

DJ – Partnership cohort have got an extra shift a week, which is fine due to a loss of two wards. If we are still running with the 2 wards staying like that then the partnership cohort can be looked at to up the hours to give some shifts in Tregaron.

TE – concerned if there are patients in the beds then staff are required, hasn't worked well in the past with partnership nurses. As long as they would turn up for the shifts, would go to Tregaron, the roles need to be quite robust.

3



PS – this is a covid response, the risk of having to keep half of BGH empty due to red zone, extraordinary measures may be put in place such as transport from Aberystwyth to Tregaron - shift changeover times etc. Responding to real potential issues for BGH in the way of delayed discharges. Delays from Gwynedd at present but will have ones of our own too. Care agencies saying that they won't accept unless covid tested leading longer discharge process. The discharge requirements paper from early April have to be delivered, although a mishmash there.

DJ – just querying the timeline TE and PS so that work can be done around this. PS – tomorrow.

Steph Hire took a paper to Bronze yesterday regarding turning back on cancer electives, more pressure going into the system. Bowel screening Wales may be back up and running to ensure unknown cancers from the last 6 weeks are dealt with.

Tregaron is the answer to relieving the system to ensure acute doesn't get blocked up with potential discharge issues.

PS
Question is how to take forward the staffing and implementation plan to making it happen, driving it forward – TE is happy as long as she has the staff. Getting up and running no models need to be looked at. If staffing is assured which DJ and TE can do work on, admissions can happen.

PS – will await the outcome of the therapies meeting today to give a better picture. HCSWs are in the system, driving issues is less if transport is provided which can be worked into the covid-19 response budget line.

TE and DJ – to discuss options tomorrow report back to PS.
If support from field hospital teams is needed to let PS know - conversations with Sarah and Anna etc will be required.

Bigger Picture – Field Hospitals

The activity curve spreads across the months until next year with a huge peak at the end - modelling based on everything staying as it is. In the last 24-48hrs more movement with cars, discussions ongoing with schools etc. which will change the modelling as numbers start to rise.

The model to be put forward is community services. Nursing and care home sectors will be affected. Homes infected not necessarily moving infected patients out to field hospitals, but when people cannot be discharged back from acute. Homes will be locked down, limited resource in Ceredigion.

4

The model to be put forward is from the discharge door from acute. The modelling of people being ventilated is less than expected in the UK. The people coming for oxygen/CPAP then move on. LOS is 8 days on CPAP.

Creating capacity to discharge from DGHs, how they are discharged into the community. Ceredigion issue is where they go. Community model will be put forward rather than acute model for field hospitals.

Staffing – huge problem across the Hywel Dda. The modelling and workforce for field hospitals will be looked at in detail. Resource that have been put into our field hospitals will be pulled down to other field hospitals to work due to demand. Work ongoing through the region around staffing. Opportunity in upskilling staff now intensely before workload increases.

DJ – HCSWs have been upskilling, 3-4 ANPs/CNSs got a date next week to be trained in signing DNR patients, ANPs trained in verification of death, CPAP training etc.

Therapy services – across services a 2 pronged approach, increasing skill base to support critical care - respiratory - CPAP etc. How we support others in rehab skills and still opportunities. Agreed training - rehab support workers was started, some work can be spread, looking at staff modelling on support workers - rehab and recovery skills. Will work for field hospitals and Tregaron.

Issues to raise

KT – discharge to assess/review. Individuals coming from residential settings, testing principles – do these apply before getting someone back out. Welsh Government say respond quickly, turning people around, if they enter the front door are we having to swab and test before a care solution. This will have impact of how the therapy teams are utilised.

PS - Ongoing discussions with Dr Williams around virtual wards/triage systems which may fit in, a pre-hospital triage system to divert them so not to go through the 48 hour testing process. Pre-hospital triage element which PS will feedback on.

KT – Therapies are part of the virtual ward model in the Llanelli and would definitely want to be part of it.

Hotel services/catering shouldn't be a problem in Tregaron as hotel services have been recruited and there are enough people in the system.

5

EV37

Fri 01/05/2020 09:09

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

Ceredigion Workforce Planning and Capacity Meeting

Required [redacted] (Hywel Dda UHB - Interim Head of Nursing COVID 19 Operations); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda UHB - Senior Workforce Manager); [redacted] (Hywel Dda UHB - General Manager); [redacted] (Hywel Dda Health Board - General Manager Community Primary Care); [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); [redacted] (Hywel Dda UHB - Occupational Therapy Service Lead); [redacted] (Hywel Dda UHB - Service Delivery Manager); [redacted] (Hywel Dda UHB - County Director Ceredigion); [redacted] (Hywel Dda UHB - General Manager COVID-19 Operations); [redacted] (Hywel Dda UHB - Physiotherapy); [redacted] (Hywel Dda UHB - Head of Community Nursing - Ceredigion)

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 02/05/2027

When 07 May 2020 11:00-13:00 **Location** Skype Meeting

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EV38

Unapproved Ceredigion Workforce and Capacity Meeting
Private and Confidential
7th May 2020

		Action
	Present [redacted] (Chair) [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] Louise Berner **Apologies** Dawn Jones	
	Workforce 1) Core staffing – what is this like - are we able manage in the next week 2) Staffing of Tregaron – potential change in terms of moving forward 3) Staffing for Field Hospitals - how this will work There is a big ? of how these areas will be staffed. Tregaron needs to be operationally sustained, thoughts around the Field Hospitals - that BGH won't survive more than 2-3 weeks. Potentially trying to put a full medical take through half of BGH beds, keeping the red zone, Rhiannon for surgery, only having half the bed availability for medicine. The pressure in the system to discharge will be much greater - 5 discharge pathways are now being reported on a weekly basis. There will be a push to ensure there is green space in BGH. PS – Are we clearer on the additional staff employed - where they are working – are there placements for them, are they picking up skills etc? TE - Emma W is looking at staffing and rosters – they will be going through Tregaron – TE has been worried staff going out into the community without having the skillsets, induction and experience. Community services need to be maintained due to the impact it will cause on BGH if the service aren't sustained. Trying to manage the throughput from Tregaron back through CRT ART which is the only way to sustain. TE	

DRAFT

EV39

Mon 20/04/2020 11:13

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

Ceredigion Project Group

Required [redacted] (Hywel Dda UHB - Project Support Officer); [redacted] (Hywel Dda UHB - Programme Manager for Integrated Health and Social Care Localities); [redacted] (Hywel Dda Health Board - Programme Manager); [redacted] (Hywel Dda UHB - County Director Ceredigion); [redacted] (Hywel Dda UHB - Head of Community Nursing - Ceredigion); [redacted] (Hywel Dda UHB - Senior Workforce Development Manager); [redacted] (Hywel Dda UHB - Project Manager); [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); [redacted] (Hywel Dda UHB - Lead ENP/Senior Sister); [redacted] (Hywel Dda UHB - Head of Value Based Healthcare);

Optional [redacted] (Hywel Dda UHB - Project Support Officer)

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 21/04/2027

When 21 April 2020 11:00-12:00 **Location** Skype Meeting

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GIG CYMRU NHS

COVID: Ceredigion Project Group

Thursday 24th April 2020

Chair: Peter Skitt

Update:

Design & Build

- Site visits minor works raised:
  - Plascrug LC water temp issues, rectified mixer tap issue, monitored over next few days - no site of water quality test results yet (AB has chased)
  - Cardigan generator- fire barrier to be installed
- Pembrokeshire query - Screening between beds and dividing walls too low (1.2m), steer from A[redacted] C[redacted] is that no changes can be made at late stage. 1.2m is accepted
- Security on all site- plan agreed, one security operative, admin needed internal on site to allow security operative to be external. NW given suggestion, being reviewed with HR.
- Admin support from Aberaeron ICC- SM hoping to debrief on this following visit this afternoon - S[redacted] from Aberaeron can be used as admin support.
- Legal licenses in process - no major issues

Equipment

- audits underway, Ceredigion PW has completed audit for Ceredigion and will feedback to finance and update group.
- Questions in regards to what equipment will be arriving - Concerns regarding essential items, list is to identify any gaps and highlight potential delays of essential items
- SM noted that oxygen concentrators delivery 2nd week in May, (need these before any sites open)

Finance

- Transport gaps - hoping to progress in the next week

Future meetings

- Tuesday 28th April 2020 as a precaution – Louise to arrange
- Ceredigion Whole System Workforce Meeting Monday 27th April to review numbers - Louise to arrange

Number	Action	Risk / Issues	Update	Lead	Complete Y/N
27.3.20(1)	Numbers and impact from Powys needs to be reviewed	Impact on BGH & field hospital if Powys numbers are not taken into consideration	PS in ongoing discussion with Powys in relation to field hospitals in that area	PS	Ongoing
6.4.20(2)	Catering for cardigan: scope needed of kitchen facilities - this is from secondary school - NW to check this has been escalated to estates group		14.4.20- [redacted] T[redacted]- menu is agreed, delivery plans in place. Unsure on Provision of beverages and snacks- more up to date update tomorrow (15.4.20)	NW	
6.4.20(2.1)	Staff meals – under review, dietetics to get clarity on demand and numbers		17.4.20- All flows now resolved on all sites K[redacted]- silver tactile today for a decision in regards to staff meals Snack for patients – sitting with hotel services- trollies order in hand		Update?
7.4.20(2.1)	NW will chase contacts regarding clinical signage		8.4.20- Internal- walk around with clinical leads needed- discussion in cardigan know what is needed (timescales: end of next week..) printed and laminated/bi lingual – more detail needed from nurse leads – stock printed PVC signs? (NW will review) PW to get quotes for ward signage	NW	
8.4.20(4)	PS to raise on pathways group that Level 3 patients are split into two acute, end of life	To raise in bronze call – needs signing off in 15.4.20 site visit, provision of beds concern	14.4.20- nurse leads have provided, subject to sign off by triumvirate, NW is sending through 16.4.20 further meeting on Friday to discuss further PS raised issues with bed types- Helen Annandale	PS	Escalated
9.4.20(4)	Decontamination room needed on each site	Shower rooms could be used in the school, nowhere has been highlighted in LC sites. PS to raise	14.4.20- room identified however needs to be confirmed , RISK with distance – infection control meetings PM will pick up JW		Operational
9.4.20(6)	Body storage- DW to have conversation to tentatively book external cooling unit. PS to raise at coordination meeting.	Licence concerns regarding body storage Time scales	14.4.20- not to be refrigerated, transportation needs to be swift Detail of transfer between school and LC- covered with S[redacted] on site visit-		Escalated

		Question regarding certification – worked through by clinical team	Number of trollies and racking – raise through to Bronze 17.4.20- Operational policy- body storage- discussion needed. HB or LRF? Email has been sent to Sam Hussell- PS will pick up with SH 21.4.20- Raised at bronze group and with S[redacted] awaiting a response.		
9.4.20(7)	GGH team to visit Cardigan site if possible - BO will discuss with [redacted]		16.4.20- awaiting further clarity from [redacted]	BO	
9.4.20(9)	Pathways feedback needed rapidly- PS to feed up to triumvirate		14.4.20- should know more 15th April 16.4.20- Further patient flow meeting being held 17th April- more details to follow	PS	Escalated
16.4.20(2)	Offloading procedure needs to be reviewed – PS to raise through bronze	Availabily of transfer trollies - divan beds	No feedback yet- Escalated to transport	PS	Escalated
17.4.20(1)	AH will review number of concentrators allocated for each site		23.4.20- Advised verbally 30 arriving for Ceredigion	AH	
17.4.20(2)	Therapies involvement- referred up to [redacted] for a decision - Karen has passed on therapies leads contact, NW to link clinical nurse leads to begin discussions		21.4.20- Visit to Ceredigion sites to be arranged for afternoon of Thu 24th April	NW	Y

	Site visit next week to be arranged for therapies leads				
17.4.20(5)	Finance completing audit in regards to equipment gaps	Nurse leads have submitted what is needed, no confirmation received - no allocation of quantities (will be managed at a clinical engineering level) - PS will raise at bronze 16.4.20		SB/AH	Escalated
17.4.20(8)	Load test for concentrators to be completed		Not yet done	AB	
21.4.20(1)	Legal agreements: Meeting to be arranged between HB and Ceredigion LA to finalise / sign off for next week, exact details tbc		23.4.20- awaiting response from SM		
21.4.20(2)	PPE clarification sought on initial quantities and still awaiting response, NW to raise with A[redacted] L[redacted]			NW	
23.4.20(1)	Clinical list needs to match procurement list Consider what beds can be operationalised and when? - NW and SM			NW/SM	
23.4.20(2)	Consideration to be given to the man power for the Transport of equipment between sites	• moving equipment once used will be difficult			

		• No transfer point - certain items will be delivered to a central point and need moving. • No chairs yet on any site in Ceredigion (24.4.20)			
23.4.20(3)	Meeting needed to discuss decommissioning - To link with [redacted] to discuss			AB	

Next meeting Friday 24th April 2020 at 11am

EV40

STAFF PROFILING QUESTIONS FOR TEAMS RETURN – REDACTED INFORMATION

Name	FTE	Staff category	Can you work your contracted hours?	If no select the reason	Are you currently self isolating?	Date of self isolation	Can you work additional hours?	How many additional hours can you work?	Are you willing to be deployed to another department or ward if required?	Can you be released from current role?	Do you have any clinical / care skills / training that are not used in your current role that could be used in a clinical setting?	List any clinical / care skills / training that you have	Comments

Can you work from home?	Title	Age Band	Telephone Work	Telephone Mobile	Assignment Status	Location	Position Title	Area Of Work	Staff Group	Role	Pay Scale	Assignment Category	Supervisor

Are the contact details, including emergency contact, held on ESR correct?	Can you work from home? (Y/N)	Do you have caring responsibilities which may affect your ability to get to your base? Please provide detail	Are you a registered clinician? (Y/N) If yes please complete column AG and AH. If No, please complete column AI and AJ	What is your profession	What speciality did you last practice in and when?	What skills and refresher training would you need?	Which ancillary service would you be willling to support? E.g. portering, housekeeping, clinical administration	What training would you require?	Any other relevant information for consideration?	Health Board IT issued currently

Any mobility restrictions	Deployment Role	Date of deployment	Deployment notes	Profiled

Children in school with ages	If schools are close what shifts would you be able to work	Other Dependants	Can you still work if dependents unwell?	Annual leave	Sickness: STS/LTS	Staff due to return from LTS	Number of Staff on Maternity Leave	Staff due to return from Mat Leave	Travelled to category 1 countries

Currently self isolating	Travelled to category 2 countries	Planning to travel Cat 1	Planning to travel Cat 2	Staff expected to hit zero/half pay (date)	PLANNED CARE	UNSCHEDULED / SCHEDULED CARE

Relevant Qualifications	Where have you worked previously?	Areas of service worked previously	Critical Care Training Y/N	Critical Care Experience (eg ITU, HDU/Threatres)	Date of Last Critical care experience	When did you last work in an acute setting?	Do you feel you need an update in clinicial skills?	Training requirements to resume competence?	Do you have an underlying health condition? If so what?	Do you currently have any reasonable adjustments in place?	Adjustments approvedby whom - OH or Line manager?

Absence Start Date	Absence End Date	DH Monitoring	Absence Type	Absence Category	Absence Reason

EV41

From: Louise Berner (Hywel Dda UHB – PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 08 April 2020 17:15
To: [redacted] (Hywel Dda UHB - Ceredigion) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Practice & Professional Development Nurse) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Project Support Officer - Mid Wales Joint Committee) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - USC Lead) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Support Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Senior Medical Workforce Advisor) <[redacted]@wales.nhs.uk>; [redacted] Hughes (Hywel Dda UHB - Senior Information Developer) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Hospital Services Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Service Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Clinical Engineering Department) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Senior Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Hospital Head of Nursing) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Improvement & Transformation Facilitator) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - General Manager) <[redacted]@wales.nhs.uk>; [redacted] E[redacted] (Hywel Dda UHB - Myrddin CiS Training Officer) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Head of Medicines Management) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Clinical Engineering Department) <[redacted]@wales.nhs.uk>; Jonathan [redacted] (Hywel Dda UHB - Clerical Officer) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - PA to Unscheduled Care Management Team) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Service Delivery Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Information Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda Health Board - Programme Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Project Support Officer) <[redacted]@wales.nhs.uk>; Peter Skitt (Hywel Dda UHB - County Director Ceredigion) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Service Delivery Manager - Business Scheduled Care) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Clinical Engineering Department) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Equipment Librarian) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Translator) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Information Developer) <[redacted]@wales.nhs.uk>; Gavin Ash (Hywel Dda UHB - Quality Improvement and Service Transformation Facilitator) <[redacted]@wales.nhs.uk>
Subject: Staff Profiling

Hi All,

I am collating information to feedback centrally that will inform the different teams managing absence, deployment, skills and current working circumstances. If you can complete this for yourself and your team and return it to me by the 10th April by the latest please.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

Please contact me on Mobile: [redacted]

☎ Rhif ffon/Tel no: 01970 635819 RFfIC/WHTN: 01822 5819
E-bost/E-mail: louise.berner2@wales.nhs.uk

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

EV42

Bank Nurse - COVID-19

Add to favourites

Job Reference: 100-BANK-COVID19-NMR-E

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Employer: Hywel Dda University Health Board
Department: Bank
Location:

Bronglais, Glangwili, Prince Philip & Withybush Hospitals, Aberystwyth, Carmarthen & Haverfordwest
Salary: £24,907 to £30,615 pa pro rata

Our Hywel Dda values reflect who we are and how we behave. We continuously work together to be the best we can be as we strive to develop and deliver excellent services, putting people at the heart of everything we do. Throughout our recruitment process you will be asked to think about how you would demonstrate these values in the way that you work with us.

To keep up to date with our latest recruitment activity follow us on Facebook (Swyddi Hywel Dda Jobs), LinkedIn or on Twitter @SwyddiHDdaJobs

Hywel Dda University Health Board reserve the right to close vacancies after 24 hours if a large number of suitable applications are received. We encourage early applications to ensure consideration for a post.

COVID19: In light of the current situation with COVID-19 (Corona Virus), applicants are asked to be mindful of their own safety in respect of the current governmental guidance. This role will be public facing and there is an expectation that you will be in regular contact with the members of the general public and colleagues. Those who are self-isolating or practicing social distancing for their own health reasons are politely asked not to apply at this time whilst we manage our staff during this pandemic. This is an unusual restriction, but is in line with the current guidance during these unprecedented times as a public health measure to protect our staff and the general public.

We are looking for enthusiastic BANK Registered General Nurses to start immediately on the Nurse Bank in our four hospitals and within the community setting of Carmarthenshire, Ceredigion & Pembrokeshire.

Bronglais General Hospital, Aberystwyth
Glangwili General Hospital, Carmarthen
Prince Philip Hospital, Llanelli

Job Type: Bank
Pay Scheme: Agenda for change
Pay Band: 5
Staff Group: Nursing & Midwifery Registered
Specialty/Function: Bank

Read this before applying
Job Description & Person Specification (246 KB)
Additional Information (246 KB)

This vacancy is now closed.
Closing Date: 04/05/2020

Additional documentation
COVID19 Recruitment FAQs
Fuddion a Gostyngiadau
Staff Benefits leaflet

Further links
Glangwili General Hospital
Glangwili General Hospital Recruitment Video
Glangwili Nursing video
Hywel Dda University Health Board website
NHS Wales
Nursing at Bronglais General Hospital
Nursing at Glangwili General Hospital

EV42

JOB DESCRIPTION

JOB DETAILS

Job Title:	Staff Nurse Generic
Pay Band:	5
Directorate:	Generic
Department:	Generic

ORGANISATIONAL ARRANGEMENTS

Managerial Accountable to:	Ward Sister/Charge Nurse
Reports to:	Ward Sister/Charge Nurse
Professionally Responsible to:	
Responsible For:	Supervising Junior Ward Nurses, Heath Care Support Workers & Student Nurses as required

EV43

Covid-19

COVID

Correct as at 7th April 2020

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Covid-19

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Covid-19

Overview

Covid-19

What are we trying to do?

Colleagues from the health board and Carmarthenshire County Council met on the 17th March to agree a common understanding of what we could do together across local government and health to help support our response COVID. The overview and patient profile can be seen below.

What are we trying to do?

Hywel Dda and partner organisations are establishing emergency temporary bed capacity within public and private sector partner's premises for COVID patients.

Not only will this alleviate the pressure on hospitals to deliver care to people in a critical state, it will also alleviate pressure on WAST and care services.

Learning from European colleagues, especially Italy, they have provided feedback that patient flow and throughput is a critical factor in response to COVID pressures.

We are looking to identify 1000 beds across the Hywel Dda area. We are looking to identify and equip a facility within 3-4 weeks. Therefore we want to develop a specification for one site, which can then be rolled out across the region.

EV43

Covid-19

Governance

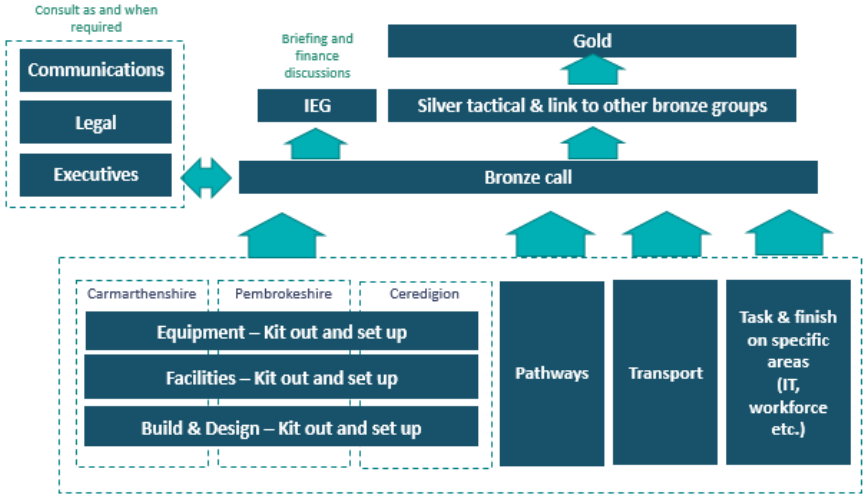
Covid-19
Governance

In order to manage a programme of work of this size and complexity, we have established a regional governance model. This is composed of a number of work streams at both a County and Regional Level.

The work streams will be composed of a number of representatives from across health, local government and partner agencies.

The next page shows the high level overview of the governance.

Covid-19
Governance and meeting rhythm



Covid-19

Patient Profile

Covid-19
Patient Profile

Field Hospitals will accommodate people who are unable to continue to receive care in an acute hospital based setting due to capacity, following a confirmed COVID-19 infection. Field hospitals will admit community patients where care cannot be provided in the community due to varying factors including, clinical deterioration, higher acuity or limited workforce capacity. Field Hospitals will support some patients at the end of their lives. Field Hospitals are one component of the care options available for Covid-19 patients.

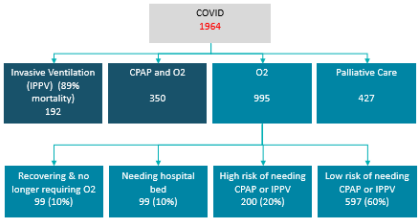
HOME	**Level 0:** people able to recover in their own home/ care home / nursing home
FIELD HOSPITAL	**Level 1.: Low risk** - Patients whose needs would normally be met on an acute ward in an acute hospital setting. Patients will need low level observation. Patients may require additional support for example, cognitive impairment, minimal oral medication (55%).
	Level 2: Medium risk - Patients who require secondary care intervention and whose needs would normally be met on an acute ward in an acute hospital setting. Patients may require minimal supplementary oxygen, will require observations and likely to have additional comorbidities but no longer needing higher levels of care (15%).
	Level 3: High Risk/Supportive Palliative Care - Patients who require secondary care intervention and whose needs would normally be met in an acute hospital setting, with additional comorbidities, requiring IV therapy, Oxygen therapy. Patients may escalate to an acute setting/ palliative care depending Advanced Care Plan (30%).
ACUTE HOSPITAL	**Level 4** - Secondary care intervention for patients needing a higher level of care, requiring respiratory invasive or non-invasive intervention i.e. ventilation (Oxygen / CPAP). Secondary Care intervention for patients with additional complex comorbidities and other acute non-covid-19 related diagnosis These patients will **NOT** be cared for in the Community or COVID-19 Field Hospitals.

EV43

Covid-19
Hywel Dda week 13 patient numbers

COVID Patients in field hospitals (may exclude some palliative patients)

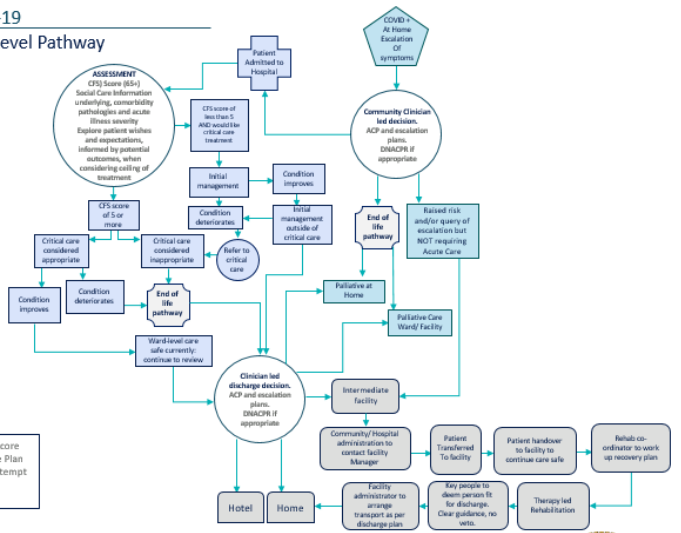
COVID Patients in acute hospitals



Covid-19

High Level Pathway

Covid-19
High Level Pathway



Covid-19

Field Hospitals

Covid-19 Field Hospitals
List of sites and bed numbers

Site	Beds	Sideroom	Total per site	Handover dates
PPH – Additional beds	18 (+ TBC)	TBC	18	TBC
Other acute sites (scoping underway)	TBC	TBC		
Parc y Scarlets "Barn"	260	16	276	Wednesday 8th April
Parc y Scarlets Stadium	92		92	Wednesday 8th April
Selwyn Samuel Centre (Llanelli Indoor Bowls)	130	13	143	Wednesday 8th April
Llanelli Leisure Centre	135	19	154	Friday 10th April
Carmarthen Leisure Centre	77	16	93	Wednesday 8th April
Bluestone	128		128	Sat 18th April (TBC)
South Pembrokeshire	32		32	Available
Plas CrugLeisure centre(GF)Aberystwyth	48		48	Wednesday 15th April
Penweddig SchoolAberystwyth	51		51	Wednesday 15th April
Cardigan Leisure Centre	48		48	Wednesday 15th April
TOTALS	1019	64	1083	

Covid-19

Workforce

EV43

Covid-19
Workforce model: Background and next steps

The following workforce model is based on our current patient profile and pathways, and our best estimate of the numbers of staff and skills needed to service each facility with access to the wider workforce across sectors. The workforce model is likely to change as discussions develop and as the situation changes.

Work undertaken to date:

- Wider workforce modelling to enable Hywel Dda Health Board and partners to respond to demand due to COVID
- Deployment Centre established
- Recruitment campaign for additional staff and volunteers to meet demand
- Induction and training plan for new staff

Next steps

- Finalise models of in-reach support from wider workforce and scope any additional resource required
- Workforce engagement and internal communication
- Produce guidance and protocols for staff working on site
- Establish support mechanisms for wellbeing of staff working on site



Covid-19
Plas Crug Leisure centre (GF) Aberystwyth

at this site over 24 hours. Indicative FTE staff numbers

Beds	Side room
52	

Area / type	Role	Staff No*				Band	Responsibilities
		Public Sector Staff	Private Sector Staff	New staff	Volunteers		
Management	Operational Manager	0.5				B7/8	Rotas, patient transfers, stocks
Management	Clinical Nurse Lead	1				B7/8	Clinical oversight of unit
Management	Rehabilitation Co-ordinator	0.5				B7/8	Therapies, functional rehabilitation
Care	Care Navigator	1				B3	Signposting and family liaison pastoral care
Care	Health Care Assistant	33				B3/4	Support daily living activities and personal care Undertake essential observations
Care	Nurses	14					
Care	Therapies	4					
Care	Therapy assistants	4					
Care	Medical oversight						GP oversight 3.5 hrs per day
Care	Registrant						
Care	Other?						
Support	Administrator	1				B3/4	Reception and admin
Support	Caterer	6 WTE centre providing					No info currently. Site visits awaited
Support	Porter			4			No info currently. Site visits awaited
Support	Cleaner			2 supervisors 7			No info currently. Site visits awaited
Support	Mortuary Tech						
Support	Maintenance			1		B3	
Support	Drivers			1			No info currently. Site visits awaited

Covid-19
Penweddig School Aberystwyth

at this site over 24 hours. Indicative FTE staff numbers

Beds	Side room
52	

Area / type	Role	Staff No*				Band	Responsibilities
		Public Sector Staff	Private Sector Staff	New staff	Volunteers		
Management	Operational Manager	0.5				B7/8	Rotas, patient transfers, stocks
Management	Clinical Nurse Lead	1				B7/8	Clinical oversight of unit
Management	Rehabilitation Co-ordinator	0.5				B7/8	Therapies, functional rehabilitation
Care	Care Navigator	1				B3	Signposting and family liaison pastoral care
Care	Health Care Assistant	34				B3/4	Support daily living activities and personal care Undertake essential observations
Care	Nurses	17					
Care	Therapies	5					
Care	Therapy assistants	5					
Care	Medical oversight						GP oversight 3.5 hrs per day
Care	Registrant						
Care	Other?						
Support	Administrator	1				B3/4	Reception and admin
Support	Caterer	6 WTE school providing					No info currently. Site visits awaited
Support	Porter			4			No info currently. Site visits awaited
Support	Cleaner			2 supervisor 7			No info currently. Site visits awaited
Support	Mortuary Tech						
Support	Maintenance			1			
Support	Drivers			1			No info currently. Site visits awaited

Covid-19
Cardigan Leisure centre

at this site over 24 hours. Indicative FTE staff numbers

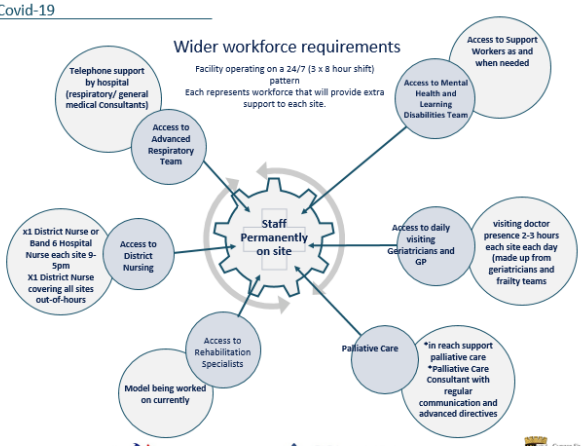
Beds	Side room
48	

Area / type	Role	Staff No*				Band	Responsibilities
		Public Sector Staff	Private Sector Staff	New staff	Volunteers		
Management	Operational Manager	1				B7/8	Rotas, patient transfers, stocks
Management	Clinical Nurse Lead	1				B7/8	Clinical oversight of unit
Management	Rehabilitation Co-ordinator	1				B7/8	Therapies, functional rehabilitation
Care	Care Navigator	1				B3	Signposting and family liaison pastoral care
Care	Health Care Assistant	32				B3/4	Support daily living activities and personal care Undertake essential observations
Care	Nurses	17					
Care	Therapies	4					
Care	Therapy assistants	4					
Care	Medical oversight						
Care	Registrant						
Care	Other?						
Support	Administrator	1				B3/4	Reception and admin
Support	Caterer	6 WTE centre providing?					No info currently. Site visits awaited
Support	Porter			8			No info currently. Site visits awaited
Support	Cleaner			2 Supervisors 8 staff			No info currently. Site visits awaited
Support	Maintenance			1		B3	
Support	Mortuary Tech						
Support	Drivers			1			No info currently. Site visits awaited

Covid-19

Wider workforce requirements

Facility operating on a 24/7 (3 x 8 hour shift) pattern
Each represents workforce that will provide extra support to each site.



Covid-19

Design & Build

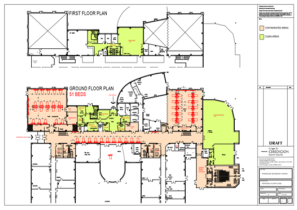
Covid-19
Key operational considerations – Design & Build

Key space considerations - Each site	Current design (for review)
Patient "in" / Patient "out"	Flagged as part of site visits walk through of patient flow. Some sites requiring temporary lobby for privacy and conveyance, also to retain heat within facility.
Segregation of clean & dirty areas	Basic flow of staff and how they navigate the facility in terms of clean & dirty area. "Donning & Doffing" points and ancillary equipment flagged at points on site plan
Sluice	Sluice/clinomatic to be erected internal / external dependant on site configuration. Much larger bed volumes than standard ward. Design colleagues working through requirement.
Linen store	Consideration of clean linen in, and dirty linen out
Examination and basic treatment room (equipment will be limited and TBC). Will include pharmacy storage	Treatment rooms agreed and allocated per site. Secure pharmacy storage for additional drugs (oral antibiotics, pain killers and opiates / anti-emetics/ midazolam for those needing palliative care on site)
Room with lockable filing cabinets for temporary / hospital records	Able to be incorporated within the drug store
Several side-rooms for palliation	All sites bar training barn have side rooms, but further partitioning needed (mobile curtains)

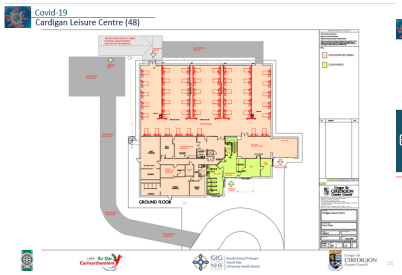
Covid-19

Ceredigion's Plans

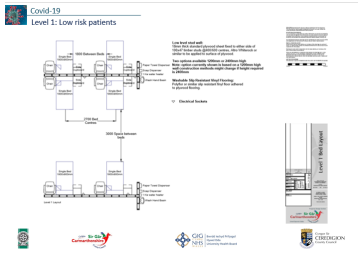
Covid-19
Penweddig School (51)

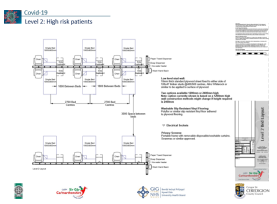


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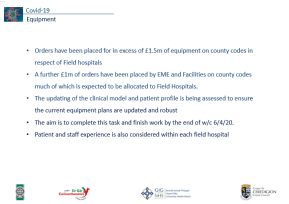

Covid-19
Cardigan Leisure Centre (48)
GROUND FLOOR


Covid-19
Bed configurations

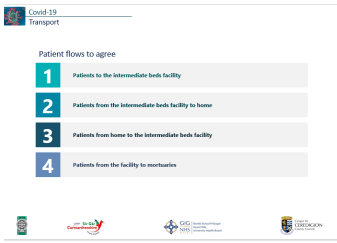

Covid-19
Level 1: Low risk patients


Covid-19
Level 2: High risk patients


Covid-19
Specification
Equipment

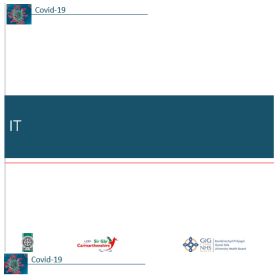

Covid-19
Equipment
Orders have been placed for in excess of £1.5m of equipment on county codes in respect of Field hospitals
A further £1m of orders have been placed by EME and Facilities on county codes much of which is expected to be allocated to Field Hospitals.
The updating of the clinical model and patient profile is being assessed to ensure the current equipment plans are updated and robust
The aim is to complete this task and finish work by the end of w/c 6/4/20.
Patient and staff experience is also considered within each field hospital

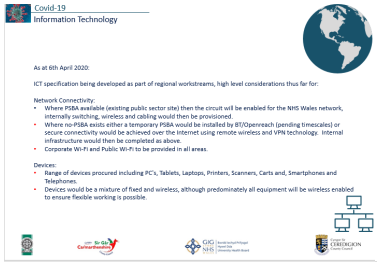

Covid-19
Transport


Covid-19
Transport
Patient flows to agree
1 Patients to the intermediate beds facility
2 Patients from the intermediate beds facility to home
3 Patients from home to the intermediate beds facility
4 Patients from the facility to mortuaries


Covid-19
Facilities

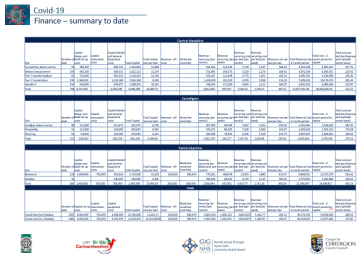

Covid-19
Facilities for Carmarthenshire
Key areas
Key considerations
Cleaning / Infection control / waste
Catering
Fire risk assessment & management plan
Security & safeguarding


Covid-19
IT

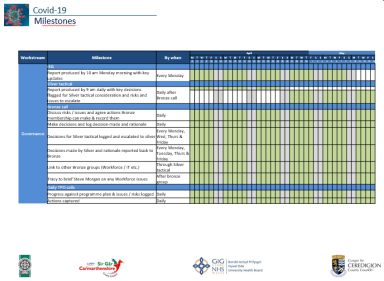

Covid-19
Information Technology
As at 6th April 2020.
ICT specification being developed as part of regional workstreams, high level considerations thus far for:
Network Connectivity:
Where PSBA available (existing public sector site) then the circuit will be enabled for the NHS Wales network, internally switching, wireless and cabling would then be provisioned.
Where no-PSBA exists either a temporary PSBA would be installed by BT/Openreach (pending timescales) or secure connectivity would be achieved over the Internet using remote wireless and VPN technology. Internal infrastructure would then be completed as above.
Corporate Wi-Fi and Public Wi-Fi to be provided in all areas.
Devices:
Range of devices procured including PC's, Tablets, Laptops, Printers, Scanners, Carts and, Smartphones and Telephones.
Devices would be a mixture of fixed and wireless, although predominately all equipment will be wireless enabled to ensure flexible working is possible.

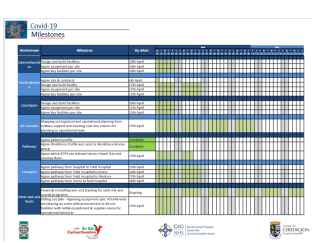

Covid-19
Information Technology
As at 6th April 2020:
Developments will dovetail with confirmation of patient pathways and workforce model. These will influence which clinical systems and third-party systems / software that requires to be accessed.
However at a high level the following applications can be delivered:-
Welsh Clinical Portal
Welsh PAS
Point of Care Testing
Internet / Intranet
Office 365 (including Microsoft Teams)
Printing to support patient labels and patient wristbands
Additional applications have been developed to support the Health Board's COVID-19 response including Electronic Observations and Electronic Patient Flow and these maybe deployed to the Field Hospitals if clinically required.
Patient devices would be provided with social media tools to enable communication with family and friends and will include apps to support language translation services.


Covid-19
Finance


Covid-19
Finance – summary to date


Covid-19
Timeline & milestones


Covid-19
Milestones


Covid-19
Milestones


Covid-19
Clinical Engagement

EV43



Covid-19
Clinical supporting statement

We have discussed the aims and practicalities of this Convalescent Scheme in the Community with multiple specialists.

With this simplified but appropriate on-site staffing and daily in-reach by expert GPs/ Geratricians / Rehab specialists, we strongly believe we can deliver good clinical support for our patients.

These are only guidelines as we face unprecedented times but we are confident the multidisciplinary input our community and hospital specialists is appropriate. We welcome and wholly support this Joint collaboration between the Council and Health Board. Our Clinicians and Managers welcome this.

Professor Keir Lewis –Respiratory Lead, Hywel Dda Health Board
Dr Meinir Jones – GP Lead
Dr Mark Sheehan – Consultant Geriatrician
Dr Zena Marney – Specialist Trainee, Geriatrician

Covid-19
Clinical and operational involvement to date

Clinicians

Daniel Mark Sheehan – Geriatric Medicine
Eiry Edmunds - Cardiac Consultant
Glenna Jones – Sister
Helen Annandale – Head of Physiotherapy Carms
Keir Lewis – Respiratory
Mark Henwood – Consultant Surgeon
Meinir Jones – AMD Transformation and VBHC and Clinical Lead MIU
William Oliver – Assistant Director of Therapies and health Science
Helen Humphreys – Professional and Practice Development Nurse
Mandy Davies – Assistant Director of Nursing and Quality Improvement
Sian Passey - Assistant Director of Nursing, Nursing Practice
William Oliver – Assistant Director Therapies and Health Sciences
Sarah Isaac – Senior Lead for Primary and Community Pharmacy Services.

Operational Workforce

Libby Ryan-Davies – Director of Transformation
Catherine Evans – Head of Transformation Programme Office
Andrew Hopkins – Project Manager for Transformation Programme Office
Anna Henchie – Principle Project Manager Transformation Programme Office
Bev Thorne – Project Support Officer Transformation Programme Office
Carly Tucker-Williams – Project Support Officer Transformation Programme Office
Caroline Stephens – Project Support Officer Transformation Programme Office
Carwen Jarman – Senior Finance Business Partner (Unscheduled Care)
Eldee Rosser – Senior Business Partner
Helen Morgan-Howard – Principle Project Manager
Karen Miles – Director of Planning, Performance and Commissioning
Lee Elwell – Principle Project Manager
Rob Elliott - Director of Estates, Facilities and Capital Management, Estates
Sonia Briggs – Senior Project Manager, Workforce
Tiffany Polino – Project Support Officer for Transformation Programme Office
Tracy Walmsley - Senior Workforce Development Manager, Human Resources
Yvette Pellegrotti – Project Manager Transformation Programme Office
Rhian Dawson – County Director Carmarthenshire
Elaine Lorton – County Director Pembrokeshire
Peter Skitt – County Director Ceredigion

EV44

Name: Ceredigion Whole System Workforce Meetings 27.04.20

Name	E-mail
Anna Llewellin (Hywel Dda UHB - Locality Manager)	Anna.Llewellin@wales.nhs.uk
Carly Tucker-Williams (Hywel Dda UHB - Project Support Officer)	Carly.J.Tucker-Williams@wales.nhs.uk
Dawn Jones (Hywel Dda UHB - Hospital Head of Nursing)	Dawn.R.Jones@wales.nhs.uk
Gina Callanan (Hywel Dda UHB - Senior Workforce Manager)	Gina.Callanan@wales.nhs.uk
Hazel Davies (Hywel Dda UHB - General Manager)	Hazel.Davies@wales.nhs.uk
Heather Williams (Hywel Dda UHB - Operations Manager East)	Heather.Williams4@wales.nhs.uk
Janet Knill (Hywel Dda Health Board - Planning Co-ordinator)	Janet.Knill@wales.nhs.uk
Jina Hawkes (Hywel Dda Health Board - General Manager Community Primary Care)	Jina.Hawkes@wales.nhs.uk
Karen Thomas (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative)	Karen.Thomas12@wales.nhs.uk
Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)	Louise.Berner2@wales.nhs.uk
Louise Cullum (Hywel Dda UHB - Service Delivery Manager)	Louise.Cullum@wales.nhs.uk
Mandy Phillips (Hywel Dda UHB - Facilities cordinator)	Mandy.B.Phillips@wales.nhs.uk
Nia Williams (Hywel Dda Health Board - Programme Manager)	Nia.A.Williams2@wales.nhs.uk
Peter Skitt (Hywel Dda UHB - County Director Ceredigion)	Peter.B.Skitt@wales.nhs.uk
Sarah James (Hywel Dda UHB - General Manager COVID-19 Operations)	Sarah.James18@wales.nhs.uk
Sharon Richards (Hywel Dda UHB - Principal Project Manager)	Sharon.Richards50@wales.nhs.uk
Shelley Dony (Hywel Dda UHB - Future Workforce Development Manager)	Shelley.Dony@wales.nhs.uk
Simon Mansfield (Hywel Dda UHB - Head of Value Based Healthcare)	Simon.Mansfield@wales.nhs.uk
Susan Griffith (Hywel Dda UHB - Physiotherapy)	Susan.Griffith2@wales.nhs.uk
Tim Baines (Hywel Dda UHB - Estates and Facilities)	Tim.Baines@wales.nhs.uk
Tracey Evans (Hywel Dda UHB - Head of Community Nursing - Ceredigion)	Tracey.Evans142a29@wales.nhs.uk
Tracy Walmsley (Hywel Dda UHB - Senior Workforce Development Manager)	Tracy.Walmsley@wales.nhs.uk
Trish Mathias-Lloyd (Hywel Dda UHB - HCSW Development Manager)	Trish.PJ.Mathias-Lloyd@wales.nhs.uk

EV45

Name: Ceredigion Workforce Planning and Capacity - 27.04.20

Name	E-mail
Anna Llewellin (Hywel Dda UHB - Interim Head of Nursing COVID 19 Operations)	Anna.Llewellin@wales.nhs.uk
Dawn Jones (Hywel Dda UHB - Hospital Head of Nursing)	Dawn.R.Jones@wales.nhs.uk
Gina Callanan (Hywel Dda UHB - Senior Workforce Manager)	Gina.Callanan@wales.nhs.uk
Hazel Davies (Hywel Dda UHB - General Manager)	Hazel.Davies@wales.nhs.uk
Jina Hawkes (Hywel Dda Health Board - General Manager Community Primary Care)	Jina.Hawkes@wales.nhs.uk
Karen Thomas (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative)	Karen.Thomas12@wales.nhs.uk
Katie Darby (Hywel Dda UHB - Occupational Therapy Service Lead)	Katie.Darby@wales.nhs.uk
Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)	Louise.Berner2@wales.nhs.uk
Louise Cullum (Hywel Dda UHB - Service Delivery Manager)	Louise.Cullum@wales.nhs.uk
Peter Skitt (Hywel Dda UHB - County Director Ceredigion)	Peter.B.Skitt@wales.nhs.uk
Sarah James (Hywel Dda UHB - General Manager COVID-19 Operations)	Sarah.James18@wales.nhs.uk
Susan Griffith (Hywel Dda UHB - Physiotherapy)	Susan.Griffith2@wales.nhs.uk
Tracey Evans (Hywel Dda UHB - Head of Community Nursing - Ceredigion)	Tracey.Evans142a29@wales.nhs.uk

EV46

To reply to this email please do so **ONLY** via this contact link

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ɔuise Berner (lo133303) - Louise.Berner2@wales.nhs.uk

ello Louise,

lease fill in the COVID-19 PRIORITY REQUEST form linked below for your request to be actioned as soon as possible:

tp://7a2agsrvforms01/forms/view.php?id=60533

he form is also available on the home page of the informatics portal:
tp://hdd-informaticsportal.cymru.nhs.uk/portal/index.php

egards,
T Service Desk

weld galwad / View call (5590009) (angen mynediad at y rhwydwaith a mewngofnodi / requires network and login access)
weld cynnydd yr alwad hon / View progress of this call (angen mynediad at y rhwydwaith / requires network access)

lanylion yr alwad a ddatryswyd
all Resolution Details

**** **PEIDIWCH AG YMATEB YN UNIONGYRCHOL** i'r neges e-bost hon ****
Fe'i hanfonwyd o gyfrif na chaiff ei fonitro, ac ni chaiff ymatebion uniongyrchol eu darllen
I ymateb i'r neges e-bost hon, gwnewch hynny trwy'r ddolen hon **YN UNIG**

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Call 5590210 has been logged by ServicePoint with default priority 5.
The priority level may be subject to change once the call has been re-assessed.
View progress of this call (requires network and login access)

COVID19-HDD-## HDUHB - COVID19 PRIORITY REQUEST Peter Skitt *** JUSTIFICATION *** In order for us to process your request please fill in the following questions: Name: Louise Berner Department: Ceredigion County Site: Bronglais General Hospital Phone: 07737331626 Email: louise.berner2@wales.nhs.uk Brief description of request: Would like an RSA Token to work from home and a mobile phone. I am currrently sharing a Token with a colleague who is on annual leave at present. She will also be working from home on return from annual leave next week. This will slow down the connection. I am also having to phone to get the code for Cisco daily and if it disconnects or the laptop crashes having to make numerous calls on my own personal mobile phone to get another code. I require my own Token so that I can have a reliable faster connection and am able to connect without having to call someone. I am using my own personal mobile phone at present to make calls for work purposes. What is the main goal / reason for the request?: I require these items to support the Ceredigion County Director Peter Skitt and his team and as per the Prime Ministers announcement on Monday the 23rd March, where all UK residents were encouraged to work from home. In line with the Prmie Ministers Lockdown This has also been agreed with the County Director following a Risk Assessment. Name of Management Lead?: Peter Skitt Email Address of Management Lead?: Peter.B.Skitt@wales.nhs.uk I Agree:: - That the information supplied is accurate.

EV46

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) | Sarah Brain (Hywel Dda UHB - Informatics Business Manager) | 1 | 17/04/2020

Urgent : Mobile Phone

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 18/04/2027

ServicePoint Call 5650390 : Standard Request - COVID19 (Catch all service) - Priority 5
Outlook item

Hi Sarah

Can this request for a mobile phone be expedited please as Patrick is working at the Field Hospital in Aberystwyth and is using his own personal mobile phone.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

Please call my Mobile: 07737331626

Patrick Walsh (Hywel Dda UHB - Project Support Officer) | Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) | 1 | 17/04/2

RE: Mobile Phone

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 18/04/2027

You forwarded this message on 17/04/2020 12:06.

ServicePoint Call 5650390 : Standard Request - COVID19 (Catch all service) - Priority 5
Outlook item

Thanks.

Job number/call record attached.

Cheers

Patrick

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 17 April 2020 11:42
To: Patrick Walsh (Hywel Dda UHB - Project Support Officer) <Patrick.W.Walsh@wales.nhs.uk>
Cc: Nia Williams (Hywel Dda Health Board - Programme Manager) <Nia.A.Williams2@wales.nhs.uk>; Peter Skitt (Hywel Dda UHB - County Director Ceredigion) <Peter.B.Skitt@wales.nhs.uk>
Subject: RE: Mobile Phone

Hi Patrick

I have completed the online form for the Covid-19 online priority for your mobile request and it has been sent off. I've not had anything back by the way of a job number, you may have received this directly as your details are within the form. If you do received a job number, I can chase this for you.

Kind Regards

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 17 April 2020 11:42
To: Patrick Walsh (Hywel Dda UHB - Project Support Officer) <Patrick.W.Walsh@wales.nhs.uk>
Cc: Nia Williams (Hywel Dda Health Board - Programme Manager) <Nia.A.Williams2@wales.nhs.uk>; Peter Skitt (Hywel Dda UHB - County Director Ceredigion) <Peter.B.Skitt@wales.nhs.uk>
Subject: RE: Mobile Phone

Hi Patrick

I have completed the online form for the Covid-19 online priority for your mobile request and it has been sent off. I've not had anything back by the way of a job number, you may have received this directly as your details are within the form. If you do received a job number, I can chase this for you.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 17 April 2020 11:06
To: Patrick Walsh (Hywel Dda UHB - Project Support Officer) <Patrick.W.Walsh@wales.nhs.uk>
Subject: Mobile Phone

Hi Patrick

I'm in the process of trying to order you a mobile via the covid form online, I need the following information:

Department: BGH County Management Team
Site: Bronglais General Hospital
Contact Number: (01970) 628886

Kind Regards

Louise

Louise Berner

EV46

From: Patrick Walsh (Hywel Dda UHB - Project Support Officer) <Patrick.W.Walsh@wales.nhs.uk>
Sent: 17 April 2020 11:21
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Subject: RE: Mobile Phone

Hi Louise

Details below; department is per my ESR record.

Thanks

Patrick

Service Point (NWIS - SSU) <Service.Point@wales.nhs.uk> | Patrick Walsh (Hywel Dda UHB - Project Support Officer) 17/04/20
ServicePoint Call 5650390 : Standard Request - COVID19 (Catch all service) - Priority 5

**** **PEIDIWCH AG YMATEB YN UNIONGYRCHOL** i'r neges e-bost hon ****
Fe'i hanfonwyd o gyfrif na chaiff ei fonitro, ac ni chaiff ymatebion uniongyrchol eu darllen
I ymateb i'r neges e-bost hon, gwnewch hynny trwy'r ddolen hon **YN UNIG**

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Call 5650390 has been logged by ServicePoint with default priority 5.
The priority level may be subject to change once the call has been re-assessed.
View progress of this call (requires network and login access)

COVID19-HDD-## HDUHB - COVID19 PRIORITY REQUEST Peter Skitt *** JUSTIFICATION *** In order for us to process your request please fill in the following questions: Name: Patrick Walsh Department: BGH County Management Team Site: Bronglais General Hospital Phone: 01970628886 Email: Patrick.W.Walsh@wales.nhs.uk Brief description of request: Patrick is an integral part of the team supporting the field hospitals and requires a mobile phone. At present he is using his own personal mobile and he is already based at the Field Hospital sites. What is the main goal / reason for the request?: In order for Patrick to support the Field Hospital he requires a mobile phone. Name of Management Lead?: Peter Skitt Email Address of Management Lead?: Peter.B.Skitt@wales.nhs.uk I Agree:: - That the information supplied is accurate.

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) | Sarah Brain (Hywel Dda UHB - Informatics Business Manager) 17/04/2020
FW: ServicePoint Call 5650622 : - - Priority
Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 18/04/2027

Hi Sarah

Also I have raised another call in respect of Jessica's mobile phone (Jessica Terri Williams). Her mobile was ordered back in January and we have not heard anything back. I have forwarded another email again to the service desk stating that it is not sustainable for Jessica to be using her own personal mobile for work purposes. She will be clinical lead in the Field Hospital in Aberystwyth so requires a mobile.

The original Request that was raised is **SP5397270.**

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

EV47

From: Nia [redacted] (Hywel Dda Health Board - Programme Manager) <N[redacted]2@wales.nhs.uk>
Sent: 20 May 2020 16:47
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Subject: FW: Issues with GC

Hi Louise

Juts following on from the e-mail trail below and our telephone conversations throughout this process, in which you rightly advised that a member of staff from another Health Board could be redeployed from another Health Board. I want to thank you for all your help in supporting the redeployment of this member of staff; this has taken some time for the redeployment process to be resolved.

Cofion / Regards

Nia

Nia Williams
Rheolwr Rhaglen/Programme Manager
Cyd-bwyllgor Iechyd a Gofal y Canolbarth/Mid Wales Joint Committee for Health and Care
Ffôn/Telephone: 01970 635566 RFfIC/WHTN: 01822 5566
Ffôn Symudol/Mobile: 07584 265121
E-bost/E-mail: nia.williams17@wales.nhs.uk

Sylwer: Rwy'n gweithio 4 diwrnod yr wythnos (dydd Mawrth i dydd Gwener)
Please note: I work 4 days a week (Tuesday to Friday)

EV47

Please note: I work 4 days a week (Tuesday to Friday)

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 01 May 2020 13:45
To: Nia Williams (Hywel Dda Health Board - Programme Manager) <Nia.A.Williams2@wales.nhs.uk>
Cc: Peter Skitt (Hywel Dda UHB - County Director Ceredigion) <Peter.B.Skitt@wales.nhs.uk>
Subject: Issues with GC

Hi Nia

I believe this document will help. Have a read.

Kind Regards

Louise

Louise Berner

Fri 24/04/2020 14:23
Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Field Hospital Workforce
To Nia Williams (Hywel Dda Health Board - Programme Manager)
Cc Peter Skitt (Hywel Dda UHB - County Director Ceredigion)
Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 25/04/2027

2020 04 15 How Workforce matches Supply and Demand - Guide for managers (5).pdf
660 KB

Hi Nia

This should help you with the issues you are having with Gwen Clements. I would email Leanne Slaymaker.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth

Fri 24/04/2020 14:25
Peter Skitt (Hywel Dda UHB - County Director Ceredigion)
Re: Field Hospital Workforce
To Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Cc Nia Williams (Hywel Dda Health Board - Programme Manager)
Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 25/04/2027

2020 04 15 How Workforce matches Supply and Demand - Guide for managers (5).pdf
656 KB

Good idea

Peter

Peter Skitt

County Director and Commissioner (Ceredigion)

Sent from my mobile device

> On 24 Apr 2020, at 14:23, Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk> wrote:
>
> Hi Nia
>
> This should help you with the issues you are having with Gwen Clements. I would email Leanne Slaymaker.
>
> **Kind Regards**

EV47

Fri 01/05/2020 13:45
Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Issues with GC
To [redacted] (Hywel Dda Health Board - Programme Manager)
Cc [redacted] (Hywel Dda UHB - County Director Ceredigion)
Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 02/05/2027

Temporary redeployment principles V3 Final.pdf
118 KB

Hi Nia

I believe this document will help. Have a read.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth

Wed 06/05/2020 10:46
Nia Williams (Hywel Dda Health Board - Programme Manager)
FW: Ysbyty Enfys Aberystwyth
To [redacted] Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 07/05/2027
Follow up. Start by 19 May 2020. Due by 19 May 2020.

Hi Louise

Fyi

Nia

From: Deployment HDD (Hywel Dda UHB - Generic Account) <COVID19Deployment.HDD@wales.nhs.uk>
Sent: 05 May 2020 16:49
To: Nia Williams (Hywel Dda Health Board - Programme Manager) <Nia.A.Williams2@wales.nhs.uk>
Subject: RE: Ysbyty Enfys Aberystwyth

Hi Nia,

Thank you for your email.

Are you able to provide some more information surrounding the requirements of the role please?

Thank you,
Leanne

From: Nia Williams (Hywel Dda Health Board - Programme Manager) <Nia.A.Williams2@wales.nhs.uk>
Sent: 04 May 2020 13:49

EV47

Nia Williams (Hywel Dda Health Board - Programme Manager) | Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) 06/05/2

FW: Ysbyty Enfys Aberystwyth

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 07/05/2027

Follow up. Start by 19 May 2020. Due by 19 May 2020.

From: Nia Williams (Hywel Dda Health Board - Programme Manager) <Nia.A.Williams2@wales.nhs.uk>
Sent: 04 May 2020 13:49
To: Deployment HDD (Hywel Dda UHB - Generic Account) <COVID19Deployment.HDD@wales.nhs.uk>
Cc: David Fretwell (Hywel Dda UHB - Volunteer Manager) <David.Fretwell@wales.nhs.uk>; Gina Callanan (Hywel Dda UHB - Senior Workforce Manager) <Gina.Callanan@wales.nhs.uk>
Subject: Ysbyty Enfys Aberystwyth

Dear Leanne

Good afternoon. I hope you can help me with my query. I have for the last 3 / 4 weeks been trying to get someone in place to provide administrative support for Ysbyty Enfys Aberystwyth.

The individual works 22.5 hours a week for Hywel Dda Community Health Council (which is hosted by Powys THB so the employee is technically employed by health). They live in Ceredigion approx. 20 minutes away from Aberystwyth, currently at home as the office where they were based (WG offices @ Aberystwyth) was closed at the start of lockdown and they have no means of working from home as they do have access to any equipment. I have spoken to them and they would like to work in the field hospital and their manager has also given their agreement for them to work at the field hospital temporarily. They have extensive administration experience and have worked in Bronglais General Hospital in the past undertaking a

I have tried to progress this locally with the support of Gina Callnan and David Frettwell, however, we have run into some issues. The option of deployment was requested but was not considered to be an appropriate one following advice from Annamarie Thomas and this was due them being employed by another health organisation. Following this the volunteering option route was taken, however, admin support is not currently on the list of approved roles for volunteering. David was going to take this to the bronze meeting this week to ask for admin support to

Late last Friday a colleague shared with me the attached document and section 5 states the following:

'If organisations do not have any roles for temporary redeployment or if there are more employees requiring temporary redeployment then consideration will be given to temporary redeployment to another NHS Wales organisation'

I would be grateful if you could provide some advice on which option we should follow for this individual.

Look forward to hearing from you.

EV48

Plascrug Field Hosptail Staffing Model

Outline

56 bedded unit providing care for patients with Level 1,2 and 3 nursing needs.

Footprint of building is not conducive of a safe working environment.

Staffing Requirements

	Option 1	Option 2	Option 3
Risk	**Moderate**	**High**	**Severe**
Ratio	RGN 1: 9.3	RGN 1: 11.2	RGN 1: 14
	HCSW 1: 7	HCSW 1: 8	HCSW 1: 11.2

Staffing allocation zones

Option 1 Moderate risk – Staffing Ratio – RGN 1: 9.3 HCSW 1:7

Band 6 - Hours needed - 24 x 7 = 168 hrs = 4.48 WTE + 26.9% (1.2) = **5.6 WTE**

Band 5 - Hours needed – 24 x 7 =168hrs X 5 = 840hrs = 22.4WTE +26.9% (6) = **28.4 WTE**

HCSW - Hours needed – 24 x 7 =168hrs X 8 = 1344hrs = 35.84WTE +26.9% (9.6) = **45.5 WTE**

Bay D			Bay C			Bay B			Bay A		
Bed 6	X1 RGN X1 HCSW	Bed 5	Bed 6	X1 RGN X1 HCSW	Bed 5	Bed 6	X1 RGN X1 HCSW	Bed 5	Bed 6	X1 RGN X1 HCSW	Bed 5
Bed 7		Bed 4	Bed 7		Bed 4	Bed 7		Bed 4	Bed 7		Bed 4
Bed 8		Bed 3	Bed 8		Bed 3	Bed 8		Bed 3	Bed 8		Bed 3
Bed 9		Bed 2	Bed 9		Bed 2	Bed 9		Bed 2	Bed 9		Bed 2
Bed 10		Bed 1	Bed 10		Bed 1	Bed 10		Bed 1	Bed 10		Bed 1

Team Leader x1 HCSW				Team Leader (TL) to overseeing whole Unit X1 HCSW Runner for all areas to reduce risk of cross contamination
Bed H	Bed G	Bed F	Bed E	

Squash Courts – x1 RGN X2 HCSW					
Bed 12		Bed 7	Bed 6		Bed 1
Bed 11		Bed 8	Bed 5		Bed 2
Bed 10		Bed 9	Bed 4		Bed 3

Option 2 - High risk – Staffing ratio – RGN 1: 11.2 HCSW 1:8

Band 6 - Hours needed - 24 x 7 = 168 hrs = 4.48 WTE + 26.9% (1.2) = **5.6 WTE**

Band 5 - Hours needed – 24 x 7 =168hrs X 4 = 672 = 19.9WTE + 26.9 (4.8) = **24.7WTE**

HCSW - Hours needed – 24 x 7 =168hrs X 7 = 1176 = 31.3WTE + 26.9 (8.4) = **39.7WTE**

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Bed 6		Bed 5	Bed 6		Bed 5	Bed 6		Bed 5	Bed 6		Bed 5
Bed 7	X1 RGN X1 HCSW	Bed 4	Bed 7	X1 RGN X1 HCSW	Bed 4	Bed 7	X1 HCSW	Bed 4	Bed 7	X1 RGN X1 HCSW	Bed 4
Bed 8		Bed 3	Bed 8		Bed 3	Bed 8		Bed 3	Bed 8		Bed 3
Bed 9		Bed 2	Bed 9		Bed 2	Bed 9		Bed 2	Bed 9		Bed 2
Bed 10		Bed 1	Bed 10		Bed 1	Bed 10		Bed 1	Bed 10		Bed 1
Bay D		Bay C			Bay B			Bay A			

x1 HCSW		Team Leader (TL) to oversee whole Unit	
Bed H	Bed G	Bed F	Bed E

X1 HCSW Runner for all areas to reduce risk of cross contamination

Squash Courts – x1 RGN X1 HCSW			
Bed 12	Bed 7	Bed 6	Bed 1
Bed 11	Bed 8	Bed 5	Bed 2
Bed 10	Bed 9	Bed 4	Bed 3

Option 3 - Severe risk – Staffing ratio – RGN 1:14 HCSW 1: 11.2

Band 6 - Hours needed - 24 x 7 = 168 hrs = 4.48 WTE + 26.9% (1.2) = **5.6 WTE**

Band 5 - Hours needed – 24 x 7 =168hrs X3 =504 = 13.4WTE + (3.6) = **17WTE**

HCSW - Hours needed – 24 x 7 =168hrs X 5 = 840hrs =22.4WTE +26.9 (6) = **28.4 WTE.**

Bed 6		Bed 5	Bed 6		Bed 5	Bed 6		Bed 5	Bed 6		Bed 5
Bed 7	Team Leader X1 HCSW	Bed 4	Bed 7	X1 RGN X1 HCSW	Bed 4	Bed 7	X1 HCSW	Bed 4	Bed 7	X1 RGN X1 HCSW	Bed 4
Bed 8		Bed 3	Bed 8		Bed 3	Bed 8		Bed 3	Bed 8		Bed 3
Bed 9		Bed 2	Bed 9		Bed 2	Bed 9		Bed 2	Bed 9		Bed 2
Bed 10		Bed 1	Bed 10		Bed 1	Bed 10		Bed 1	Bed 10		Bed 1
Bay D		Bay C			Bay B			Bay A			

Bed H	Bed G	Bed F	Bed E

Squash Courts – x1 RGN X1 HCSW			
Bed 12	Bed 7	Bed 6	Bed 1
Bed 11	Bed 8	Bed 5	Bed 2
Bed 10	Bed 9	Bed 4	Bed 3

Shift patterns with 30-minute paid break.

9.00 – 17.00 Clinical Lead (CL) 7.5hrs

7.30 – 20.00 Long day (LD) 12hrs

19.30 – 08.00 Night (N) 12hrs

7.30 – 15.30 Early (E) 7.5hrs

15.00 – 23.00 Late (L) 7.5hrs

23.00 – 07.00 Short night (SN) 7.5hrs

Nursing Roles

Clinical Lead – Band 8a - Clinical Lead for the Plascrug Site

Team Leader – Band 6

- Responsibility of Unit for duration of shift
- Oversee staffing requirements for next 48 hrs
- Allocation of staff for each shift
- Assist nursing teams with nursing care

Staff Nurse – Band 5

- Implementation of care for allocated patients
- Provide supervision and direction to HCSW

HCSW – Band 2,3, &4 (dependant on skills)

- Allocation will be based on patient acuity / HCSW experience & skills
- Provide patient care under direction of RGN
- Tidy & stock up all areas

Carys Williams

April 2020


Covid-19

Plas Crug Leisure centre (GF) Aberystwyth

at this site over 24 hours. Indicative FTE staff numbers

Beds	Side room
51	

Area / type	Role	Staff #*				Band	Responsibilities
		Public Sector Staff	Private Sector Staff	New staff	Volunteers		
Management	Operations Manager	0.5				8/9	Rotas, patient transfers, stocks
Management	Clinical Nurse Lead	1				8/9	Clinical oversight of unit
Management	Rehabilitation Co-ordinator	0.5				8/9	Therapies, functional rehabilitation
Care	Care Navigator	1				5	Signposting and family liaison patient care
Care	Health Care Assistant	11				3/4	Support daily living activities and personal care. Undertake essential observations
Care	Nurses	14					
Care	Therapies	4					
Care	Therapy assistants	4					
Care	Medical oversight						GP oversight 3.5 hrs per day
Care	Registrant						
Care	Other?						
Support	Administrator	1				3/4	Reception and admin
Support	Cleaner	6 WTE School providing					
Support	Porter			4			No info currently. Site visits awaited
Support	Cleaner			2 supervises 7			No info currently. Site visits awaited
Support	Mortuary Tech						
Support	Maintenance			1		5	
Support	Drivers			1			No info currently. Site visits awaited


Covid-19

Penweddig School Aberystwyth

at this site over 24 hours. Indicative FTE staff numbers

Beds	Side room
51	

Area / type	Role	Staff #*				Band	Responsibilities
		Public Sector Staff	Private Sector Staff	New staff	Volunteers		
Management	Operations Manager	0.5				8/9	Rotas, patient transfers, stocks
Management	Clinical Nurse Lead	1				8/9	Clinical oversight of unit
Management	Rehabilitation Co-ordinator	0.5				8/9	Therapies, functional rehabilitation
Care	Care Navigator	1				5	Signposting and family liaison patient care
Care	Health Care Assistant	34				3/4	Support daily living activities and personal care. Undertake essential observations
Care	Nurses	17					
Care	Therapies	5					
Care	Therapy assistants	5					
Care	Medical oversight						GP oversight 3.5 hrs per day
Care	Registrant						
Care	Other?						
Support	Administrator	1				3/4	Reception and admin
Support	Cleaner	6 WTE school providing					
Support	Porter			4			No info currently. Site visits awaited
Support	Cleaner			2 supervisor 3			No info currently. Site visits awaited
Support	Mortuary Tech						
Support	Maintenance			1			
Support	Drivers			1			No info currently. Site visits awaited

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Update Info for CEO meeting with IMs

	Bronglais General Hospital	Glangwili General Hospital	Prince Philip Hospital	Withybush General Hospital	Grand Total	Offered start date	Awaiting Start date	Withdrawn	Started	Still with us
HCSWs	62	113	107	169	451	343	62	46	313	311
RNs	3	15	6	13	37	26	10	1	16	16
Facilities	63	177	94	245	579	401	117	61	262	259
AHPs		3	1		4	2	2	0		
	128	**308**	**208**	**427**	**1071**	**772**	**191**	**108**	**591**	**586**
Facilities										
Pending	31	38	22	18	109	0	108	1		

1. How many offers of employment did we make? 1,071

2. How many have received their contract and a proposed start date? 772 of those offered have been given a start date.

3. What percentage turned up on day one? Not all staff that have been offered have started, if we assume all those awaiting a start date do start approx 90% will have. This does not take into account any changes the new PEC process may have on the outcome. Many of those that have withdrawn are because they applied for 2, 3 or more posts.

4. What percentage were still with us two weeks later? Of those recruited for COVID and have started approx 99% are still with us, 29 of these started last week so they have not been with us 2 weeks. By 'started' I mean started on payroll, there were some that started on day 1 and decided it wasn't for them so were not processed on payroll these are included in the withdrawn figure in 3.

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GIG CYMRU NHS | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

COVID-19 COMMUNITY PREPAREDNESS

DATE OF REPORT:	13 May 2020
TITLE OF REPORT:	Tregaron Hospital; Integrated Rehabilitation Service
REPORTING OFFICER:	Peter Skitt

1. SITUATION

The number of beds at Tregaron Hospital have been reduced to 7 to ensure safe staffing levels.

COVID deployment has allowed the bed base to be increased to 10.

There are a further 7 beds that could be opened and provide good distancing between patients.

Another 6 beds could be brought into use as "surge" with reduced patient distancing.

A further 4 bed unit (good distancing) with a maximum capacity of 6 beds (reduced distancing) could be brought back into use, although this would require modifications.

COVID19 (COVID) has prompted discussion about different ways of working to support pandemic pathways, and also maintain the Health Board's overall strategic course, with an eye on:

- The risk for provision of care in home/other non-NHS community settings
- Discharge after acute admission through breakdown of existing or future care packages
- Requirements for patient testing prior to being accepted in care settings
- Tregaron being the only NHS bedded community unit in Ceredigion
- Nursing home provision in North Ceredigion is scarce with few vacancies.

A 26 bedded non-COVID residential care service in South Ceredigion is being considered by Ceredigion County Council to help buffer the impact of the pandemic upon this sector.

Current acute service pressure is non-COVID demand which impacts upon COVID capacity. Field hospitals have created step down capacity for COVID patients and the current risks as described above necessitate an interim approach to non-COVID capacity planning.

The ability to deploy resources under COVID19 allows a rethink of the Tregaron bed numbers and the option to provide an agile service to meet the rapidly changing assumptions regarding the trajectory of COVID and its impact upon our services over the course of the next 6 to 12 months.

The Welsh Government's COVID-19 Hospital Discharge Service Requirements (Wales) sets out pathways and expectations of a "discharge to recover then assess" model in support of releasing NHS bed capacity. It is the intention to embed these requirements in this service response whilst acknowledging that some of Ceredigion's unique characteristics will require an innovative approach to delivery.

This paper examines the options for:

Option 1: Do Nothing
Option 2: Extend to 17 Nursing beds
Option 3: Extend to 10 Nursing Beds and phased implementation of a 7 bed Integrated Rehabilitation Unit (Y Caron)

2. BACKGROUND

Staffing:

A decision was made in July 2019 to reduce the number of beds in Tregaron Hospital to 7 due to the lack of substantive nurses and the inability to recruit to multiple vacancies and despite the introduction of the Agency Partnership Nurse Scheme to extend capacity to 12 beds during the winter 2019/20 and significant utilisation of bank nurses, insufficient cover has been achieved with the site returning to 7 beds in March 2020.

COVID19 has increased the risk of staff being unavailable due to medical exclusion and the service is currently utilising nurses from other community settings and, through COVID deployment, has sufficient numbers to increase the number of beds back to 10:

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Staffing Position as at 8 May 2020	Registered WTE	Non-Registered WTE
Tregaron Establishment	11.9	9.23
Vacant	3.9	0
Long Term Sickness	1.8	2.2
COVID Vulnerable Group	1.2	1
Establishment Available	5.0	6.03
COVID Deployments (2 Community, 1 BGH)	3.0	0*
Total Planned Available	8.0	6.03

**From HCSWs employed to support the field hospitals.*

What Would COVID-era Tregaron Look Like?

COVID has changed pathways, but that does not stop the development of services in line with the overall strategic direction for Ceredigion and the Health Board as part of the COVID response.

If it is assumed that one of the Aberystwyth field hospitals is a COVID hospital, then it would make sense for Tregaron to focus on non-COVID patients. This would fit well with the "green" residential home capacity in south Ceredigion and provide a facility for both community step up and acute step down for patients who have nursing needs, but who are not yet ready to move to their end destination as part of the Red and Green flows for Ceredigion (below):



In essence, the model being proposed is similar to that originally intended for the BGH Y Banwy unit and that established on Dewi Ward (GGH). Tregaron would supporting reablement, rehabilitation and discharge, together with palliative care and other appropriate functions to deliver care in community settings that reduce the need for residents to travel to other health settings.

The challenge for Y Banwy in delivering this model, was achieving the appropriate level of therapy input to deliver a shift to a therapy-led service for "medically-fit" patients. To ensure the Tregaron model has a different outcome, this proposal includes 7-day therapy support to ensure patients on recovery pathways can receive the level of support they require to achieve their best possible outcome when they reach their eventual destination in the most appropriate community setting.

How Many Beds Could be Supported?

The Tregaron estate comprises:

- 4 side rooms (of small form that would not be suitable for patients requiring hoisting)
- 1 side room of size suitable for hoisted patients (although with no hand-wash facilities)
- 2 "6-bedders" to be utilised as "4-bedders" to provide adequate distancing between patients
- 1 "6-bedder" being used as a store-room could be into use as another "4-bedder"
- 1 "6-bedder" in use as an office which would require modification to reinstate

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With sufficient staff, 13 beds could be opened immediately with an option for another 4 to be commissioned, making a total of 17 beds. The 4-bedders could be reconfigured to 6, in the event of an emergency, making it possible to surge to 23 beds, although this would need to be done with consideration for acuity, manual handling, infection-control risks and Tregaron's relative isolation in light of the presenting circumstances.

It is, therefore, proposed that, building upon the 10 "nursing" beds:

1. A further 7 beds should open as the "Y Caron" rehabilitation unit.
2. Nursing and Therapy services would be provided 7-days a week to all 17-beds, but the nursing input during the "day" to the 7 therapy beds would be flexible depending upon the care needs and acuity of the individuals. Out of hours support would be provided solely by nursing staff.

Integrating Nursing and Therapy Rehabilitation Unit

There is a unique opportunity to deliver increasing levels of therapist-delivered care at Tregaron such that this could become the main driver for admission and discharge. This would evolve on an incremental basis, initially as a joint nursing/therapy model of care and moving towards a therapy-led bed model as the skill-mix, knowledge and skills are developed within the facility.

The benefit of a therapist-delivered approach in supporting optimum patient outcome is well established. The challenge has always been to prioritise this resource over and above other key services. Tregaron provides a unique opportunity to achieve this in a community setting that co-locates services to better meet patient needs.

GGH's Dewi Ward model demonstrates how integrated models of care enable patients to reach a safe level of function prior to their return home or to their new arrangements; it is possible that therapeutic intervention could radically change a patient's outlook and, therefore, agreed care plans may change following admission to Y Caron's patient-centred, holistic service that aims to:

- Deliver a multidisciplinary approach to rehabilitation and recovery after illness/injury, within a holistic, rehabilitative environment
- Improve outcomes and wellbeing of people who have experienced a significant reduction in function due to illness or injury
- Maximise patient recovery in an optimal timeframe, enabling people to return home and to prevent avoidable dependence on long term care
- Maximise well-being and independence and to reduce the risk of complications associated with hospital admission for the older person
- Promote a culture and ethos that "enables" people rather than "doing it for them"
- Deliver a patient defined goal orientated process of rehabilitation
- Utilising new technology to promote a culture where families are encouraged to take an active role in the rehabilitation process (as much as is currently possible)
- Develop the whole support worker workforce so that they are equipped to work at the highest levels in delivering a rehabilitation/reablement services within the integrated unit in line with the models for a sustainable future workforce

Admission Criteria:

Admission to Tregaron Hospital/Y Caron would be for non-COVID patients. These will be a mixed cohort of frail, recovery & rehabilitation and palliative care patients to be admitted to either the nursing beds or rehabilitation beds as best meets the presenting needs.

Patients may be "step-up" to prevent an acute hospital episode or "step-down" from an acute admission/presentation.

Patients will be admitted to Y Caron based upon their rehabilitation needs and admission is not diagnosis specific. Highly Specialised rehabilitation (e.g. neuro-rehabilitation) would not be provided. An appropriate MDT would agree whether patients were suitable for admission

Bariatric patients will be admitted, but a maximum number of such patients will be limited based upon the overall acuity of the site and the equipment available on site.

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Otherwise, a full range of patients requiring support prior to them returning home, their usual place of residence or new arrangement will be admitted.

The provision of care for palliative care patients would continue as a core Tregaron service.

People with cognitive impairment or dementia will not be excluded, but their needs will be considered prior to being accepted for admission.

The role of Porth Gofal in coordinating the resource at Tregaron, within the broader "Care Traffic Control" system across Ceredigion, would need to be defined so that the use of the best option for patients is promoted, be that admission to Tregaron, Y Caron a Virtual Ward or other service.

Social care support for patients in Tregaron and Y Caron would need to be defined.

Tregaron Hospital may act as a short-term transfer point for patients who have been admitted to an acute hospital from a care setting and who are awaiting a swab result before return following their treatment; the demand for this may reduce as rapid COVID testing evolves.

Pathways will be agreed with MDTs and clinical leads for early supported discharge and other appropriate pathways. Social service requirements will be included within pathway discussions

A Standard Operating procedure will be agreed with stakeholders setting out the role and function of Y Caron and the evolving role of the whole Tregaron service.

Proposed Staffing Levels:

The following staff are required to deliver 10 nursing beds with a 7-bed integrated rehabilitation unit.

Staff Group	Required	In Post*	Gap
Registered Nurse Unit Management	1.29	1.29	0
Registered Nurses Band 5/6 mix	13.62^	5	8.62
Registered clinical lead therapist (joint OT/PT model)	2	0	2
Registered therapist (joint OT/PT model)	2	0	2
Therapy Assistant Practitioner (new role development)	2	0	2
Rehabilitation Support Worker	2	0	2
Healthcare Support Worker	15.4	7.03	8.01
Unit Administration	1.5	1	.5
Dietician/Speech and Language Therapy/Podiatry	In-reach	-	-

**Excluding COVID Deployment*
^Dependent upon patient acuity

Some elements of the staffing gap can be secured from within COVID deployments. Others will be achieved by growing our own (e.g. HSCW into Rehabilitation Support Workers). Long term stability and provision of service will, however, need to be considered. To achieve this service, some staff will need to be pulled from other service elements and there may need to be agency back-fill in order to cover. Impact of various scenarios are set out in the risk section below.

Medical Cover

Two General Practitioners are engaged as Clinical Assistants for Tregaron and it is proposed that this arrangement continues. However, any enhanced care requirements may require additional MDT-support and this would be enabled by a mixture of telehealth and outreach visits.

Performance Indicators

A standard range of measurements will be used to monitor the delivery of the service at Tregaron. Length of stay is an important indicator, especially in terms of the time from patients becoming "optimised" to their discharge in an acute setting, but a broader view of patient outcome is also required that reflects individual patients' goals and how well these were achieved.

Implementation

There are some considerations with regard to the implementation of this model of care:

- There are no significant financial or operational consequences of providing 10 nursing beds. There will be some challenges in being able to secure sufficient nursing support for 17 beds 24/7.

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- The establishment of a 7 day rota for therapy staff will need to be implemented in consultation with staff with payment of enhancements as set out in Agenda for Change.
- Staff may need to be compensated for change of base.
- Development of Therapy Assistant Practitioners requires the uplift of two post from Band 3 to 4.
- Physiotherapy support could be directed from services that are currently stood down; if some core services are to be reinstated, then this may no longer be possible.
- Occupational Therapy would require additional resources to back-fill current commitments.
- Implications for pharmacy would need to be considered.
- There would need to be 7–day portering (possibly 24 hour) and domestic support.

Risks

The following risks have been identified:

- *Therapist Availability:* Moving to a model of care where therapists are considered as part of a core "ward" resource would restrict the ability to assign them within the overall service demands.
- *Changes to Terms and Conditions:* Informal discussions and temporary changes may enable the initial phases of development, but would need to be considered in the longer term.
- *Protecting Beds:* In order to ensure therapy resource is deployed effectively, the rehabilitation beds would need to be protected so these are available for appropriate patients.
- *Discharge Delay:* Onward care plans could breakdown or be delayed for a number of reasons in which case the service will, in effect, shift the medically fit list from BGH to Tregaron. Tregaron will need to be seen as a part of the overall flow and be prioritised alongside the patients being discharged from BGH so that flow is maintained.
- *COVID Escalation:* A surge in the numbers of COVID patients within Ceredigion may require resources to be deployed to other services; however in this scenario it is likely that there would be Health Board wide decisions regarding service changes especially in the case of the operationalisation of the field hospitals.
- *COVID Exit Plan:* Reinstatement of services after COVID would result in staff "deployed" to Tregaron being recalled. At that time, future models of care and the benefit delivered by the Y Caron unit will need to be considered as part of the subsequent service model.

3. ASSESMENT

Options

A summary of options for consideration was presented in Section 1. A summary assessment against each option is set out below:

	Description	Summary Assessment
1	Do Nothing	Maintain 10 beds whilst COVID-deployment allows with. No change to current service provision. Risk of delayed discharges being moved to Tregaron and, therefore, just "shifting the problem".
2	Extend to 17 Nursing beds	The number of nursing staff required to provide nursing beds 24/7 will present a challenge. Similar Challenges as for option 1.
3	10 Nursing Beds + Incremental Integrated 7-bed Nursing/Therapy Y Caron Unit	Staffing levels will present a challenge, but a new way of working could make this an attractive proposition. The option to trial therapy staff being "in the numbers" as part of a solution to delivering care would help inform future service models and the delivery of rehabilitation as a core function would help move patients out of acute settings more quickly.

With the current deployments of nursing staff and, assuming HSCWs will be provided through the COVID scheme, there is capacity to deliver 10 beds in a traditional sense.

Nursing WTE	Required	Available	Shortfall	COVID Deployment
Ward Management	1.29	1.29	0	0
Registered Nurses	7.70	5.0	2.7	3.0
HCSW	11.84	7.03	4.81	5.00

The qualified staff requirement to move to up to 20 beds (17 in practice due to social distancing measures) shows a larger shortfall; in order to re-instate up to 20 beds, the staffing shortfall is:

Nursing WTE	Required	Available	Shortfall	COVID Deployment
Ward Management	1.29	1.29	0	0
Registered Nurses	13.62	5.0	8.62	3.0
HCSW	15.4	7.03	8.37	5.00

For the facility to function effectively, there additional hotel service and portering support is required. It is anticipated that 7 day support will be able to be secured through COVID appointments together with consideration of overnight cover.

The impact of therapists being "in the numbers" on the need for an establishment of 13.62 wte nurses would need to considered in light of the referral criteria and intended patient acuity. It is anticipated that this may reduce the number of nursing staff required.

Non-Nursing Staff Group WTE	Required	In Post	Gap	COVID Deployment
Registered clinical lead therapist	2	0	2	1
Registered therapist	2	0	2	1
Therapy Assistant Practitioner	2	0	2	0
Rehabilitation Support Worker	2	0	2	2
Dietician/Speech & Language Therapy/Podiatry	In-reach	-	-	

Estates

A review of the facility shows that the minor refurbishment works to the ward area remains in good shape and areas currently not in use for patient care could be brought back into use relatively quickly, provided the following items are attended to:

1. The clean utility needs urgent attention and really isn't fit for purpose.
2. Side room of size for hoisted patient requires installation of sink for IC issues.
3. The OT kitchen assessment (and staff refreshment) room has a carpet which looks like it is directly onto tiles and, if so, should probably be removed (assuming flooring underneath is sound); staff refreshment would need to be relocated to another space within the building.
4. Minor works to allow offices to be reallocated to free up space in the clinical area.
5. Storage for consumables will need to be sorted in order to release the 4-bedder next to the old public health room.
6. Patient shower needs some improvement so that it is more appropriate to washing patients (flow too weak).

In addition the following items have been immediately identified as improvements that would support Tregaron to deliver to its full potential during the period until Cylch Caron opens:

1. The ex-Public Health room's door is now standard width and won't take a bed.
2. The ward kitchen floor needs a new cover.
3. Other carpeted areas on the ward need to be checked to see if they can be removed.
4. The sluice taps to be full lever to improve infection control.
5. Action to address state of carpet in the "hall" to be agreed.
6. Dishwasher in kitchen not really suitable for a fully occupied ward.
7. Off ward "dining" room is not convenient for staff, but could be improved to provide a better environment and may well be required for social distancing measures with increased staff on site.

Finance

The 2020/21 budget for Tregaron (excluding medical staff cover) is:

Staff Group WTE	Budget	Variance	Annual Budget	Enhancement
Registered Nurse Band 5	9.90	-2.77	£414,423	21.40%
Registered Nurse Band 6	1.00	0	£38,887	0.00%
Registered Nurse Band 7	1.00	0	£51,055	0.00%
Nursing HCA/HCSW Band 3	9.23	+1.07	£282,727	23.05%
Pharmacy Technician Band 5	0.05	-0.05	£1,418	-
Admin & Clerical Band 4	1.00	-1.00	£29,684	-
Total	***22.18***		***£818,194***	

Bank staff are utilised to offset the impact of the vacancies:

Staff Group WTE	Bank
Registered Nurse	+2.29
Nursing HCA/HCSW	+2.02

The costs of the various options are:

Nursing Beds	Up to 10 Beds		Up to 20 Beds	
WTE and Costs	WTE/Band	Midpoint Cost	WTE/Band	Midpoint Cost
Ward Management	1.3 B7	£66,082	1.3 B7	£66,082
Registered Nurses	1.0 B6	£41,334	2.0 B6	£82,668
	6.7 B5	£227,469	11.6 B5	£394,506
HCSW	11.8 B2	£279,364	15.4 B2	£363,362
Unit Administration	1.5 B4	£44,660	1.5 B4	£44,660
Total		***£658,909***		***£951,278***

7-Day Therapy Service WTE and Costs	WTE/Band	Midpoint Cost
Registered clinical lead therapist (joint OT/PT model)	2.0 B7	£102,453
Registered therapist (joint OT/PT model)	2.0 B6	£82,668
Therapy Assistant Practitioner	2.0 B4	£59,546
Rehabilitation Support Worker	2.0 B3	£51,817
Total		***£296,484***

The total annual costs of the three options are shown below:

Option	Description	Midpoint cost
1	Do Nothing	£658,909
2	Extend to 17 Nursing beds	£951,278
3*	10 Nursing Beds and 7-bed Y Caron Rehabilitation Unit	£1,247,762

**Assumes no reduction in nursing costs in light of 7-day nursing cover.*

The balance of the current budget against the costs of a 10 bed nursing unit is £159,285.

If the 7 Y Caron beds could be opened safely utilising the nursing resource for the 10 beds, then the shortfall in budget to achieve the therapy unit is £137,199. 2CRT

4. RECOMMENDATIONS

Decision:

1. Confirm the Tregaron bed base as 10 to reflect current staffing levels.
2. Agree that the principle of a 7-bed integrated therapy unit "Y Caron" be progressed.
3. Agree that a resource plan, operational policy and referral criteria are developed and, upon acceptance, open the Y Caron unit on an incremental basis to test the service model.
4. Agree to seek deployments to ensure staffing levels would support the provision of a 7-bed therapy-led rehabilitation unit and where this is not possible, identify back-fill required to deliver the service within the resource plan.
5. Approve minor works necessary to bring the estate up to minimum standard, specifically:
   a. The clean utility room (refurbish)
   b. Storage facility for consumables
   c. Installation of hand-wash basin in "hoist" side room.
   d. Replace carpet in OT kitchen assessment room with medical grade flooring.
   e. Improvements to patient shower room.
6. Agree that other minor works that are conducive to creating an appropriate work environment that facilitates social distancing are collected and submitted for to County Bronze for approval.

EV51

Yvette Pellegrini (Hywel Dda UHB - Project Manager) | Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) 15/0

RE: COVID Ceredigion Project group ACTIONS 8.4.20 v0.1

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 16/04/2027

Thanks Louise - you too.

Really appreciate all your support - Peter really does have a fantastic team supporting him.

Yve

-----Original Message-----
From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 15 April 2020 09:49
To: Yvette Pellegrini (Hywel Dda UHB - Project Manager) <Yvette.Pellegrini@wales.nhs.uk>
Subject: RE: COVID Ceredigion Project group ACTIONS 8.4.20 v0.1

Hi Yvette

I will do that now. All the best in your next project and stay safe.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Ein cyf/Our ref: PS
Gofynnwch am/Please ask for:
Rhif Ffôn /Telephone:
Ffacs/Facsimile:
E-bost/E-mail:
Dyddiad/Date: 28th April 2020

Swyddfeydd Rheoli, Ysbyty Cyffredinol Bronglais, Heol Caradog, Aberystwyth, Ceredigion, SY23 1ER

Management Offices, Bronglais General Hospital, Caradog Road, Aberystwyth, Ceredigion, SY23 1ER

BY EMAIL
Mrs Louise Berner

Dear Louise

I am writing to express my personal thanks for your commitment and support over the last few weeks in delivering the three Field Hospitals in Ceredigion, your help to the people of Ceredigion and Mid Wales must not be underestimated and is I know appreciated by all.

I have worked in the NHS for 39 years and never before have I had the pleasure of working with such an energetic team of individuals with delivery at their heart.

If I can help in any way both personally or indeed in your careers please do not hesitate to contact me.

My Personal Phone number is 07813984615 or my personal Email is Peterskitt01@aol.com

Thank you again.

Diolch yn Fawr.

Annwyl Louise

Ysgrifennaf atoch i mynegi fy niolch personol am eich ymrwymiad a'ch oefnogaeth dros yr wythnosau diwethaf wrth gyflawni'r tri ysbyty maes yng Ngheredigion. Ni ddylid bychanu eich cymorth i pobl Ceredigion a Chanolbarth Cymru ac mae pawb yn gwybod fy mod yn gwerthfawrogi eich ymrwyniad.

Rwyf wedi gweithio yn GIG ers dros 38 o flynyddoedd ac nid wyf erioed wedi cael y pleser o gweithio gyda thîm mor egniol gyda unigolion sy'n cyflawni'r gwaith yn canolog iddynt.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Os y gallaf fod o unrhyw cymorth personol neu yn wir cymorth yn eich gyrfaoedd, mae croeso i chi cysylltu â mi ar fy rhif ffôn personol 07813984615 neu fy e-bost personol Peterskitt01@aol.com

Diolch yn fawr eto.

P.B.Skitt

Peter Skitt
Ceredigion County Director

EV51



Andrew Hopkins (Hywel Dda UHB - Project Manager) | Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) | 30/04/2020

RE: Field Hospital Project Group

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 01/05/2027

You forwarded this message on 30/04/2020 09:59.

Hi Louise,

Could you please accept my thanks to you, Peter and the Ceredigion team for this lovely letter. Although, I was only on board for the final couple of weeks, it was clear that this was a very successful project and I'm pleased that my team were able to contribute towards it. Although, within trying circumstances, it has been a pleasure to support this project and I look forward to working together in the future.

Kind regards,

Andrew Hopkins
Project Manager | Rheolwr Prosiect
Programme Management Office | Swyddfa Rheoli Rhaglen
Hywel Dda University Health Board | Bwrdd Iechyd Prifysgol Hywel Dda
St David's Park | Parc Dewi Sant
Carmarthen

Tel | Ffon: 07960138287
E-mail | E-bost: andrew.hopkins3@wales.nhs.uk



Carly Tucker-Williams (Hywel Dda UHB - Project Support Officer) | Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

RE: Field Hospital Project Group

Retention Policy NHS Wales 7 Year Retention Policy (7 years) Expires 01/05/2027

You forwarded this message on 30/04/2020 10:34.

Hi Louise

Thank you for sending this, please extend my thanks to Peter. It's been a great project to be a part of given the difficult circumstances, always happy to help where ever I can.
I'd also like to say a personal thanks to you for your support.

Kind regards

Carly Tucker-Williams
Project Support Officer
Transformation Programme Office
carly.tucker-williams@wales.nhs.uk
07817184350

From: [redacted] (Hywel Dda Health Board - Programme Manager) <[redacted]2@wales.nhs.uk>
Sent: 20 May 2020 16:47
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Subject: FW: Issues with GC

Hi Louise

Juts following on from the e-mail trail below and our telephone conversations throughout this process, in which you rightly advised that a member of staff from another Health Board could be redeployed from another Health Board. I want to thank you for all your help in supporting the redeployment of this member of staff; this has taken some time for the redeployment process to be resolved.

Cofion / Regards

[redacted]

[redacted]
Rheolwr Rhaglen/Programme Manager
Cyd-bwyllgor Iechyd a Gofal y Canolbarth/Mid Wales Joint Committee for Health and Care
Ffôn/Telephone: 01970 635566 RFfIC/WHTN: 01822 5566
Ffôn Symudol/Mobile: 07584 265121
E-bost/E-mail: nia.williams17@wales.nhs.uk

Sylwer: Rwy'n gweithio 4 diwrnod yr wythnos (dydd Mawrth i dydd Gwener)
Please note: I work 4 days a week (Tuesday to Friday)

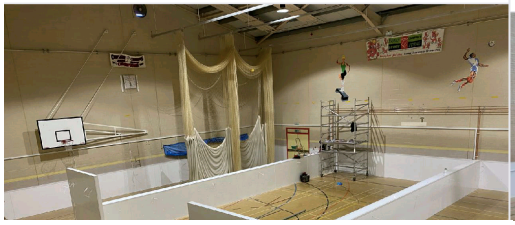
EV52





Dylan Jones MICWCI • 2nd
Building Maintenance Officer at Cyngor Sir CEREDI...
6d •

Local contractors very busy at Cardigan Leisure Centre, currently being transformed to provide extra beds to take the pressure off... see more

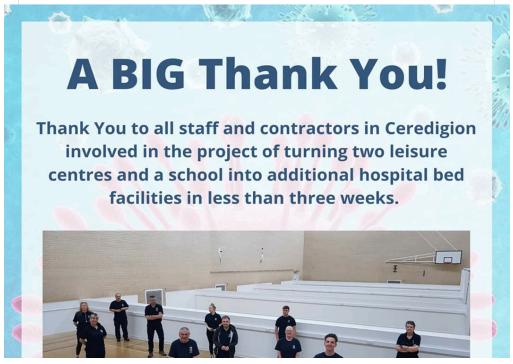


Louise Berner
16 Apr at 21:59 •

Awesome Team work by everyone involved 💙🌈💙👏

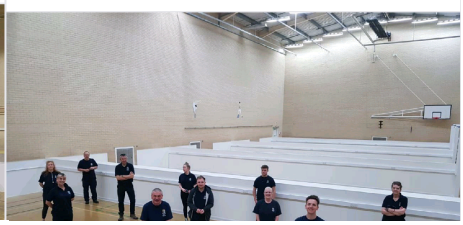
Ceredigion County Council
16 Apr at 18:00 •

👏We'd like to thank staff and contractors for the incredible way they're responding to the #Coronavirus outbreak.
Hywel Dda Health Board
#StayHome # ... See more

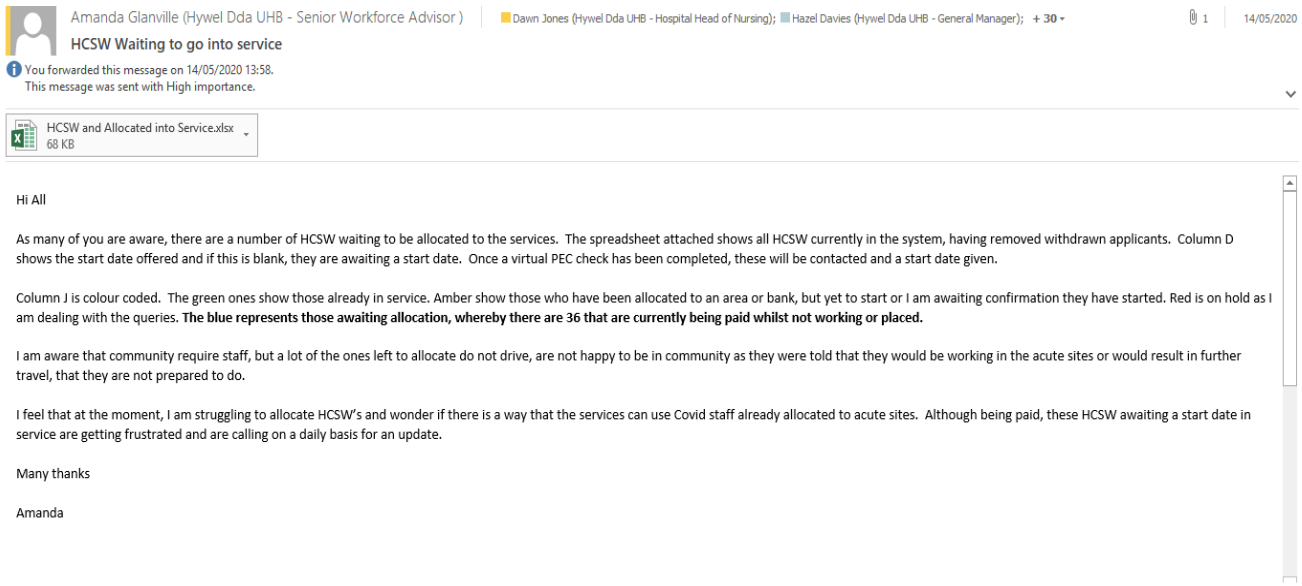


Lyndon Griffiths • 1st
Corporate Manager Property Services at Cyngor Si...
1d •

Our cleaning team who have been cleaning one of our County's additional Field Hospitals all weekend to ensure that it is ready for use if... see more



EV53



Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor) | Dawn Jones (Hywel Dda UHB - Hospital Head of Nursing); Hazel Davies (Hywel Dda UHB - General Manager); + 30 | 1 | 14/05/2020

HCSW Waiting to go into service

You forwarded this message on 14/05/2020 13:58.
This message was sent with High importance.

HCSW and Allocated into Service.xlsx
68 KB

Hi All

As many of you are aware, there are a number of HCSW waiting to be allocated to the services. The spreadsheet attached shows all HCSW currently in the system, having removed withdrawn applicants. Column D shows the start date offered and if this is blank, they are awaiting a start date. Once a virtual PEC check has been completed, these will be contacted and a start date given.

Column J is colour coded. The green ones show those already in service. Amber show those who have been allocated to an area or bank, but yet to start or I am awaiting confirmation they have started. Red is on hold as I am dealing with the queries. **The blue represents those awaiting allocation, whereby there are 36 that are currently being paid whilst not working or placed.**

I am aware that community require staff, but a lot of the ones left to allocate do not drive, are not happy to be in community as they were told that they would be working in the acute sites or would result in further travel, that they are not prepared to do.

I feel that at the moment, I am struggling to allocate HCSW's and wonder if there is a way that the services can use Covid staff already allocated to acute sites. Although being paid, these HCSW awaiting a start date in service are getting frustrated and are calling on a daily basis for an update.

Many thanks

Amanda