

Strategy & Delivery Committee Meeting

Tue 17 May 2022, 09:00 - 12:30

MS Teams

Agenda

1. Standing Items

1.1. Welcome and Introductions

Michael Imperato

1.2. Apologies for Absence

Michael Imperato

1.3. Declarations of Interest

Michael Imperato

1.4. Minutes of the previous Committee meeting – 15 March 2022

Michael Imperato

 1.4 Public S&D Mins 15.03.22 MD.NF.MI.pdf (12 pages)

1.5. Action log following the previous meeting – 15 March 2022

Michael Imperato

 1.5 Public S&D Action Log MD.NF.pdf (2 pages)

1.6. Chair's actions since previous meeting

Michael Imperato

2. Items for Review and Assurance

2.1. Shaping Our Future Wellbeing Strategy - Update

Abigail Harris

 2.1 Cover Report Strategic Portfolio - Update - May 2022 (AH).pdf (3 pages)

2.1.1. Strategic Delivery Programme updates (previously “Flash Reports”)

Abigail Harris

 2.1.1 Appendix A - Strategic Programme Reports May 2022.pdf (16 pages)

2.1.2. Deep Dives

Rachel Gidman / Caroline Bird / Abigail Harris

- a) Staff Retention
- b) Key Workforce Performance Indicators
- c) Outpatient Transformation (Adam Wright Presenting)

Mohamed Sarah
05/13/2022 12:16:23

d) Key Operational Performance Indicators

e) Clinical Strategy Update

📄 2.1.2a Cover Report Retention Report April 22.pdf (8 pages)

📄 2.1.2a Retention Appendix 1.pdf (1 pages)

📄 2.1.2b Cover Reporting Workforce Indicators..pdf (5 pages)

📄 2.1.2b WOD KPI Report Mar-22.pdf (2 pages)

📄 2.1.2d Performance and Recovery report - Operational Indicators 17 05 22 Final.pdf (10 pages)

📄 2.1.2e SOFCS update for S&DC May 22.pdf (7 pages)

2.1.3. Values Based Appraisal Improvement Plan

Rachel Gidman

📄 2.1.3 Cover Report VBA Update April 22.pdf (4 pages)

2.2. IMTP Monitoring Proposal

Abigail Harris

📄 2.2 Cover Report IMTP assurance paper May 2022 v2.pdf (4 pages)

📄 2.2a IMTP delivery assurance template.pdf (37 pages)

2.3. Sustainability Action Plan Update

Abigail Harris

📄 2.3 Sustainability Update - 202205.pdf (4 pages)

2.4. Capital Plan 2022/23 Delivery

Abigail Harris

📄 2.4 Capital Plan Annual Plan 22.23 - MD.GW.pdf (4 pages)

📄 2.4a Capital Plan Appendix 1 17.5.22.pdf (3 pages)

2.5. Action around Race Equality Action Plan (REAP)

Rachel Gidman

Mitchell Jones to present

📄 2.5 REAP Update April 22.pdf (3 pages)

2.6. RPB Q4 Plan – Progress Monitoring

Abigail Harris

Meredith Gardiner to present

📄 2.6 Regional Partnership Board Report May 2022 FOR INFORMATION.pdf (11 pages)

2.7. A Healthier Wales: Long term plan for Health and Social Care – Verbal Update

Abigail Harris

2.8. Board Assurance Framework

Nicola Foreman

📄 2.8 BAF Covering Report.pdf (3 pages)

📄 2.8a BOARD ASSURANCE FRAMEWORK - Impact of Covid19 Pandemic on Staff Wellbeing.pdf (6 pages)

📄 2.8b BOARD ASSURANCE FRAMEWORK - Risk of Delivery of Annual Plan.pdf (2 pages)

2.9. Committee Self Effectiveness

Nicola Foreman

📄 2.9 Committee Self Effectiveness Surveys S&D.pdf (3 pages)

📄 2.9a Appendix 1 - Board Effectiveness Action Plan 2021-2022.NF.pdf (4 pages)

3. Items for Approval / Ratification

3.1. Welsh Language Policy

Rachel Gidman / Alun Williams

- 3.1 Welsh Language Policy Cover Paper.pdf (3 pages)
- 3.1a EHIA Corporate Welsh language Policy May 2022.pdf (24 pages)
- 3.1b Corporate Welsh Language Policy May 2022.pdf (16 pages)

3.2. Naming of the Wellbeing Hub @ Maelfa

Abigail Harris

- 3.2 Naming of Wellbeing Hub@Maelfa.pdf (3 pages)
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4. Items for Information and Noting

4.1. Corporate Risk Register

Nicola Foreman

- 4.1 - Corporate Risk Register.pdf (3 pages)
 - 4.1a S&D Corporate Risk Register Entries - March 2022.pdf (2 pages)
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5. AOB

6. Private Agenda Items

i) Suspension Report

7. Review and Final Closure

7.1. Items to be deferred to Board / Committee

Michael Imperato

7.2. To note the date, time and venue of the next Committee meeting:

12 July 2022 at 9am via MS Teams

8. Resolution re: Private Session

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Mohamed Sarah
05/13/2022 12:18:39

**Unconfirmed Minutes of the Strategy and Delivery Committee
Held on 15 March 2022 at 09.00am
Via MS Teams**

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Sara Moseley	SM	Independent Member for Third Sector
Ceri Phillips	CP	Vice Chair of the UHB
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Marie Davies	MD	Deputy Director of Planning
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Kinghorn	FK	Executive Director of Public Health
Scott Mclean	SM	Managing Director for UHW
Lianne Morse	LM	Assistant Director of Workforce
Joanna North	JN	Senior Recovery Programme Manager
David Thomas	DT	Director of Digital & Health Intelligence
Observers:		
Lisa Davies	LD	EA to Chief Operating Officer
Gruffydd Pari	GP	Graduate Trainee Manager
Suzanne Rankin	SR	Chief Executive Officer
Caitlin Thomas	CT	Graduate Trainee Manager
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Gary Baxter	GB	Independent Member for University
Caroline Bird	CB	Interim Chief Operating Officer
Rachel Gidman	RG	Executive Director of People & Culture

S&D 22/03/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	Action
S&D 22/03/002	Apologies for Absence Apologies for absence were noted.	
S&D 22/03/003	Declarations of Interest The Independent Member – Third Sector noted that she was an elected member of the General Medical Council (GMC).	
S&D 22/03/004	Minutes of the Committee meeting held on 11 January 2022 The minutes of the Committee meeting held on 11 January 2022 were received.	

	The Vice Chair of the UHB advised the Committee that he was not in attendance at the last meeting but that the minutes reflected that he was. The Committee resolved that: a) The minutes of the Committee meeting held on 11 January 2022 were approved as a true and accurate record of the meeting pending the slight amendment to the attendance.	
S&D 22/03/005	Action Log following the Meeting held on 11 January 2022 The Action Log was received and all ongoing actions discussed. The Committee resolved that: a) The Action Log from the meeting held on 11 January 2022 was noted.	
S&D 22/03/006	Chair's Action taken since last meeting No Chair's Actions were raised.	
S&D 22/03/007	Shaping Our Future Wellbeing Strategy – update The Shaping Our Future Wellbeing Strategy update was received. The Executive Director of Strategic Planning (EDSP) introduced the item and advised the Committee that a suite of strategy programmes and recovery programmes had been developed following a strategy “stock take” that had started in September 2020. It was noted that the Strategic Portfolio Steering Group (SPSG) oversaw the delivery of the 4 key programmes: • Shaping Our Future Population Health (SFPH) • Shaping Our Future Community Hospitals @ Home (in collaboration with the Regional Partnership Board) • Shaping Our Future Clinical Services (SOCS) • Shaping Our Future Hospitals (SOFH) In addition to overseeing the delivery of the strategic programmes, the SPSG had also maintained a ‘line of sight’ with the recovery portfolio and the critical enabling programmes of workforce, digital and infrastructure. • <u>Flash reports</u> The Deputy Director of Planning (DDP) advised the Committee that as the process and resources for programme and project planning and delivery matured, the milestones for delivery would be developed and linked with Cardiff and Vale University Health Board (the Health Board) and the Regional Outcomes Framework to provide assurance. She added that it was anticipated that the reporting and monitoring assurance tool would be developed in quarter one of 2022-23 to monitor delivery against programme and IMTP milestones.	

Mohamed Sarah
05/13/2022 12:18:39

Mohamed Sarah 05/13/2022 12:18:39	The Committee was advised that work had been undertaken by Lightfoot across the 4 Strategic Programmes to develop more detailed analytic data. It was noted that in relation to SFPH, the analytic data from Lightfoot had helped to target specific areas of the population need based on clusters. The DDP presented the Committee with flash reports for each of the 4 Strategic Programmes which all identified: • The Programme/Project Lead • The Project's current status • The completed work for quarter 3 - October to December 2021 • Targets for the next quarter - January to March 2022 • Mitigating Actions • Any decisions/interventions required by Executives. A monthly update was also provided for the Recovery and Redesign which identified: • The portfolio's lead • The current status • The portfolio's milestones • The summary programme status • What had been delivered in February 2022 • Targets for quarter 4 – January to March 2022. The Committee was advised that across the 4 Strategic Programmes and the recovery portfolio there were many dependencies along with the supporting programmes and, in particular, on the requirements of the critical enabling programmes – workforce, digital and infrastructure. It was noted that the process was ongoing and iterative to develop an explicit, active management process of dependencies and risks and would be brought back to the Committee at a future date. The Independent Member for Capital and Estates (IMCE) advised the Committee that she had found the flash reports very helpful. She asked for clarity regarding Lightfoot, namely (i) who were they and what they were providing for the Health Board, and (ii) what funding stream was being used to pay for their services. The DDP responded that Lightfoot was an external provider engaged to assist the Health Board to build its digital capability as well as giving the Health Board a way to view its data in a more user-friendly way. She added that they also provided the Health Board with a modelling and predictive tool to help analyse how the Health Board was utilising capacity and managing demand. It was noted that, ideally, the longer-term ambition for the Health Board would be to develop its own modelling and analytic tool. It was noted that Lightfoot had been assisting with that.	
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Mohamed Sarah 05/13/2022 12:18:39	It was noted that additional support from Lightfoot had been acquired using slippage funding to perform a deep dive on some of the population data and it was highlighted that the Health Board had helped them to feed the data into the modelling process for SOCS. The IMCE asked if Lightfoot had been upskilling Health Board staff to help ensure that the Health Board could have their own analytic tool. The Director of Digital & Health Intelligence (DDHI) responded that the longer-term strategic ambition was to develop an internal capability and capacity to do everything that Lightfoot could do in terms of analytic modelling. He added that over the next 12 months the intention was to develop the Health Board's staff and noted that a detailed plan would be worked up and shared through the appropriate Committees of the Board. The Vice Chair of the UHB noted that the flash reports referred to ongoing conversations with various external service providers, such as Grant Thornton and the King's Fund. He asked that Independent Members were involved with those conversations. The DDP responded that there were 2 points to clarify: • A data modelling and outcome sub-group has been established which included various leads from the digital, strategic programmes and innovation colleagues. It was noted that there was a Clinical lead within that sub-group. • The Health Board's data sources were maturing all the time. The EDSP advised the Committee that her team had been working very closely with the DDHI and his team and noted that an action was required to bring assurance back to the Committee at the next meeting. The IMTS advised the Committee that she had identified some inconsistencies between the IMTP and the Shaping Our Future Wellbeing Strategy update. She noted that the project status for tackling systemic health inequalities was shown as green and asked if that was for the limited actions. The Executive Director of Public Health responded that in her Public Health report some of the inequalities had been reported on and that the flash report received by the Committee had focused on the actions currently being undertaken and progressed. The IMTS advised the Committee that there were a number of reds and ambers identified with regards to the status of the projects and asked for further information. The DDP responded that the reds identified in SOCS related to the ability to resource the programme being taken forward at pace. It had been anticipated that funding from Welsh Government (WG) would be provided to take forward the Strategic Outline Case (SOC) and that the funding	AH
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Mohamed Sarah 05/13/2022 12:18:39	would have given the opportunity to secure external support. At the moment, the resource was not secured. A discussion took place with regards to the linkage between some of the Strategic Programmes (eg the SOFH and SOCS). It was noted that a lot of preparatory work was ongoing in relation to SOCS and the SOFH with resources being used to move the strategic planning forward. • <u>Digital Transformation (Verbal Update)</u> The DDHI advised the Committee that a Digital Strategy was due to be received by the Board in March 2022 and highlighted some of the areas within the updated Strategy which included: • The Investment Case – It was noted that circa £6.6m had been provided from various sources which had enabled transformation of the IT infrastructure. • Cyber – in light of the current situation in the world, the National Cyber Security centre wanted assurance that the Health Board's IT infrastructure was capable of surviving attacks. • IT Infrastructure – It was noted that there was a technology plan and that the ambition was to move to a Cloud model. That would take a long time and so a hybrid model could be expected over the next 5 years. • Telecoms – Bleep systems and telephones had been upgraded. The DDHI reiterated that emerging priorities would be received by the Board in March 2022 and that a more detailed report would be provided to the Strategy & Delivery Committee in the future. The IMCE advised the Committee that there was a Digital Health and Intelligence Committee and asked if flash reports could be provided in the future. The DDHI responded that flash reports could be provided which would focus on the programmes being done within IT. • <u>Scoping of the Long-Term Strategy</u> The EDSP presented the Committee with the refresh of the Long-Term Strategy. It was noted that the Shaping Our Future Wellbeing programme had been developed and presented to the Board in 2013. It was noted that a number of questions had been asked in 2013 such as: • What problem was the Health Board trying to fix? • Why have a Clinical Services Plan? • What could the “end product” look like?	DT DT
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Mohamed, Sarah 05/13/2022 12:18:39	It was noted that the plan had been developed utilising co-production and that a number of workshops had been undertaken with: • Clinicians • Patients • Carers It was noted that those workshops had been important positioning pieces for the Strategy. The EDSP advised the Committee that a review had been undertaken in March 2021 and had included: • Policy Context • The Covid-19 pandemic • Strategy “stock take” in September 2020 It was noted that within the Strategy refresh a number of questions had been identified and the EDSP commented as follows: • Why a Strategy refresh? The current Strategy timeframe would end in 2025. • When? To inform the 2023/24 or 24/25 IMTP. • How? Engagement, refresh, starting from scratch, formal programme. • Who? Led by Strategic Planning but noting that it would be owned by the whole Organisation. • What? Population lens, commissioner, providers, Clinical services plan, aims and objectives. The EDSP advised the Committee that the Strategy refresh took account of the need to accelerate the pace of transformation in order to respond to the challenges of today, learning from the pandemic, and to ensure that the Health Board was as future proofed as it could be. The Director of Corporate Governance (DCG) advised the Committee that one of the key functions of the Board was to formulate strategy and to make sure that the Board was involved in a timely manner. It was agreed that a Board Development session in relation to the Strategy refresh would be helpful. The S&D Committee resolved that: a) The proposed approach to programme interdependency and risk management were noted. b) The proposed approach to developing an integrated monitoring tool for critical programme deliverables within a wider IMTP reporting framework were noted. c) The progress and risks described in the Strategic Portfolio Flash Reports were noted. d) The verbal updates in relation to (i) Digital Transformation and (ii) Scoping of the Long Term Strategy, were noted.	AH/NF
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S&D 22/03/008	Draft IMTP 2022-2025 The Draft IMTP 2022-2025 was received. The EDSP advised the Committee that the paper had been received by the Management Executives the day before. The DDP advised the Committee that the document was almost complete. There were some areas to complete, such as Capital and the focus on how the Health Board could more appropriately prioritise the current programme whilst having a restrained Capital environment. It was noted that the IMPT was an essential enabling piece that covered the next 3 years. The Committee was advised that the financial position was a challenge, although there was a financial plan which was under discussion with WG. The DDP concluded that in terms of assurance, the “quality lens” would be strengthened throughout the document. The S&D Committee resolved that: a) The draft of the 22-23 IMTP was noted. b) It was noted that the Board would be asked to approve the final plan at its meeting on the 31 March 2022.	
S&D 22/03/009	Board Assurance Framework The Board Assurance Framework (BAF) was received. The DCG advised the Committee that most of the strategic risks were assigned to this Committee and noted that three were being received today because the risks were on a rolling programme: • Sustainable Culture Change • Inadequate Planned Care Capacity • Reducing our Health Inequalities. The IMTS asked what was happening with the Sustainable Culture Change plan and noted that it appeared higher up the agenda in terms of risk and assurance. The DCG responded that it had been put onto the BAF some time ago and noted that culture was a challenging area. She added that the Executive Director of People and Culture and her team had put in place a number of actions in order to help change the culture. It was noted that it linked with a number of the other risks on the BAF, such as workforce and wellbeing. The Assistant Director of Workforce (ADW) advised the Committee that the People and Culture Plan was now live and it had 7 themes which all	

Mohamed Sarah
05/13/2022 12:18:39

	linked into the culture of the Organisation. It was noted that culture was a fundamental area to get right. She added that the team met every month to ensure progress against key deliverables and that it was a top priority. The S&D Committee resolved that: a) the attached risks in relation to Sustainable Culture Change, Inadequate Planned Care Capacity and Reducing Health Inequalities were reviewed; b) assurance could be provided to the Board on 31st March 2022 on the management /mitigation of those risks.	
S&D 22/03/010	Key Operational Performance Indicators The Key Operational Performance Indicators were received. The Managing Director for UHW (MDUHW) advised the Committee that the Health Board was continuing to experience significant operational pressures and that the pressures continued to be seen across the whole system – in Primary and Community Care, Mental Health, the urgent and emergency stream and within Social Care. He added that the Health Board continued to progress plans outlined in its updated 2021/22 annual plan and ‘Planning for Recovery and Redesign’ addendum as submitted to WG in June 2021. It was noted that the plans were based on three key principles: • Clinically led, • Data driven • Risk orientated. It was noted that recovery remained centered on patients being seen in order of Clinical priority rather than time-based targets. There had been no change to national requirements for performance and waiting list reporting and published information for 2021/22 since the last Committee meeting. The MDUHW advised the Committee of some specific topics within the report which included: • Unscheduled Care: It was noted that the Emergency Unit (EU) attendances had decreased in January 2022 (10,645) from the numbers reported in November 2021 (11,420). He added that the 4-hour performance in EU had improved to 64.5 % in January 2022, from 63.8% in November 2021 which compared to 78% in January 2021.	

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05/13/2022 12:18:39

	It was noted that 12-hour waits remained high with 1,177 reported in December 2021 and 1,108 in January 2022, compared to 1,131 reported in November 2021. It was noted that 804 Ambulance handovers took place in over 1 hour in January 2022. That compared with 554 in November 2021. • Mental Health Measures: It was noted that levels of referrals still remained significantly higher than pre-Covid levels. Referrals in December 2021 (1,173) were lower than November 2021 (1,369). It was noted that in relation to Part 1a of the Measure, the percentage of Mental Health assessments undertaken within 28 days had decreased to 28% overall, but increased to 91.3% for Child and Adolescent Mental Health Services (CAMHS) in December 2021. • Recovery and Redesign Update It was noted that there were a number of schemes in place for the following areas: - Planned Care - Diagnostics - Mental Health - Unscheduled Care - Primary Care - Enablers The IMCE asked what were the sustainability applications referred to in the Primary Care section of the report, and also asked what the difference was between the terminology of contract terminations and contract resignations. The MDUHW responded that sustainability applications were the stage prior to contract terminations and contract resignations. The IMTS noted that the trajectory for occupancy rates were very high and did not appear to be reducing. The MDUHW responded that occupancy was the singular driver for the unscheduled care issues. He added that there was a steady level of attendances and a steady conversion rate into admissions and noted that the efforts had been focussed on occupancy and length of stay. It was noted that some positive outcomes had been seen and that the over 21-day stay had started to decrease. The Committee was advised that the EU performance (90%) was a proxy measure for the rest of the system and it was noted that some improvement had started to be seen with fewer 12 hours waits and fewer ambulatory waits.	
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	The MDUHW advised the Committee of a positive outcome and noted that over the next quarter the Health Board's virtual offer would increase. He added that the Health Board now had the infrastructure to accommodate virtual patients and noted there were currently 50 patients in the virtual ward. The IMTS advised the Committee the senior visible ownership should include the Strategy & Delivery Committee and noted that a snapshot of where the Committee had assessed themselves should be received at the next meeting. The S&D Committee resolved that: a) The year to date position against Key Organisational Performance Indicators for 2021-22 and Recovery update, but in the context of prevailing operating conditions, was noted.	CB/SM
S&D 22/03/011	Key Workforce Performance Indicators The Key Workforce Performance Indicators were received. The ADW advised the Committee that the data in the report highlighted the January 2022 workforce metrics data. She added that assurance would be provided around the February data which included: - The workforce was beginning to stabilise. - Sickness and absences were 2% higher than last year. - Voluntary resignation was 2% higher than last year. - The vacancy rate was still high, although it was anticipated that it would come down by April 2022 due to mass recruitment and an internal nurse recruitment campaign. The ADW advised the Committee that the People Services Team (formerly the HR Operations Team) had temporarily changed its operating model in December 2021 – moving away from the traditional Clinical Board alignment into specialist teams focused on the organisation's priorities. It was noted that the progress to date had been extremely positive. The IMCE advised the Committee that the reorganisation of the People Services Team was a good news story and asked if that system could be used elsewhere in the system. The ADW responded that it had worked really well for the workforce team. She added that the system was taken from Shared Services who had it in place for their HR team, and noted that other areas in the Organisation also had it. The Vice Chair of the UHB advised the Committee that a number of challenges remained in the system which had been highlighted in the	

Mohamed Sarah
05/13/2022 12:18:39

	report and noted that they were problems that could not be solved just by the Health Board, as they required a national attention. He asked to what extent the Health Board was driving that agenda. The ADW responded that the Health Board was involved and that there had been a request for a national nursing workforce plan. She added that the Health Board was also involved in workforce integration and that effective rostering systems had been implemented. The IMTS advised the Board that the rate of compliance with Values Based Appraisal was at 33.70% and asked could be done to increase the percentage. The ADW responded that staff and managers had a very challenging time during the pandemic and noted that from April 2022, the gap would be bridged by increasing capacity and promotion of the importance of a meaningful appraisal. The CC asked what information was looked at when staff resigned or retired. The ADW responded that the workforce team had looked at data and identified that more people were retiring early or resigning and added that the pandemic had made people think differently about work. She added that exit questionnaires were looked at but understood that by that point it was too late for the staff member and so data would be looked at around that and brought back to the Committee. The S&D Committee resolved that: a) the contents of the report were discussed and noted.	RG/LM
S&D 22/03/012	Committee draft Annual Report 2021/22 The Committee draft Annual Report 2021/22 was received. The DCG advised the Committee that as part of the end of year arrangements, all Committees produced an Annual Report to demonstrate that they had undertaken the duties set out in their respective Terms of Reference in order to provide assurance to the Board. The S&D Committee resolved that: a) The draft Annual Report 2021/22 of the Strategy and Delivery Committee was reviewed. b) It was recommended that the Annual Report should go to the Board for approval.	
S&D 22/03/013	Corporate Risk Register The Corporate Risk Register was received.	

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05/13/2022 12:18:39

	The DCG advised the Committee that the information was for noting whilst highlighting that there were extreme operational risks present within the Clinical Boards. The S&D Committee resolved that: a) The Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates, were noted.	
S&D 22/03/014	Items to bring to the attention of the Board / Committee No items were referred to the Board or other Committees.	
S&D 22/03/015	Any Other Business No other business was raised.	
S&D 22/03/016	Agenda for Private QSE Meeting i) <i>Suspension Report</i>	
S&D 22/03/017	Review and Final Closure	
S&D 22/03/018	Date & Time of Next Meeting: Tuesday 17th May at 9am	

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05/13/2022 12:18:39

Public Action Log

Following Strategy & Delivery Committee

Held on 15th March 2022

(For the meeting on 17th May 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
SDC 11/01/009	New Diversity and Inclusion Manager	The newly appointed Diversity and Inclusion Manager to be invited to the next Committee meeting.	17/05/2022	Rachel Gidman	COMPLETED – New Diversity and Inclusion Manager is due to attend May's Committee – Agenda item 2.5
S&D 22/03/007	Shaping Our Future Wellbeing – Digital	An update regarding the development of internal capability and capacity so that the Health Board could undertake data/analytical modelling itself (as opposed to Lightfoot)	17/05/2022	David Thomas	COMPLETED – Digital Update was received by the Board in March (agenda item 6.6) https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2022-03-31-public-board-papers-v14-pdf/
S&D 22/03/010	Key Operational Performance Indicators	A senior visible ownership snapshot of where the Committee had assessed themselves should be received at the next meeting.	17/05/2022	Caroline Bird	COMPLETED – On May Agenda item 2.1.2d
S&D 22/03/011	Key Workforce Performance Indicators	Exit questionnaires data would be looked at and brought back to the Committee.	17/05/2022	Lianne Morse / Rachel Gidman	COMPLETED – On May Agenda item 2.1.2b
S&D 22/03/007	Shaping Our Future Wellbeing Strategy	Emerging priorities were received by the Board in March 2022 and a more detailed report would be provided to the Strategy & Delivery Committee including flash reports.	17/05/2022	Abigail Harris	COMPLETED – On May Agenda item 2.1

Mohamed Sarah
05/13/2022 12:18:39

		To develop an explicit, active management process of dependencies and risks			
UHB 22/03/015	Integrated Performance Report	A more detailed view on low appraisal percentage to be taken to the Strategy & Delivery Committee.	17.05.2022	Rachel Gidman / Lianne Morse	COMPLETED Scheduled to be presented at the S&D Committee on 17 May 2022 – agenda item 2.1.2c
Actions In Progress					
SDC 11/01/012	Staff Well Being Plan	To report back to the Committee in July on the wellbeing plan.	27/07/2022	Rachel Gidman (Rachel Whiles)	In progress – To go to July S&D Committee
Actions referred to committees of the Board					
MHCL 19/06/008	Mental Capacity Act Monitoring Report	To discuss at HSMB whether it would be sensible to link up mandatory training (including MCA) compliance with doctors' access to study leave.	Date to discuss at HSMB required – <i>Awaiting confirmation from Meriel Jenney</i>	Meriel Jenney	Agreement not reached with LNC at present. Discussions are ongoing. This item will be reviewed by the S&D Committee and reported back to a future meeting.
MHCL 20/02/005		The issue regarding poor compliance on Medical Training be reviewed by the Strategy and Delivery Committee .			
S&D 22/03/007	Scoping of the Long-Term Strategy	It was agreed that a Board Development session in relation to the Strategy refresh would be helpful	30/06/22	Abigail Harris / Nicola Foreman	In Progress – June Board Development
S&D 22/03/007	Digital Transformation	Referred to Digital Health & Intelligence Committee: Flash reports to focus on the programmes being done within IT.	07/06/2022	David Thomas	Next DHIC meeting is June 2022 – Added to DHIC Action Log

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05/13/2022 11:18:39

Report Title:	Shaping Our Future Wellbeing - Strategic Portfolio and Programmes Delivery Update			Agenda Item no.	2.1
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	17 th May 2022
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive:	Abigail Harris – Executive Director of Strategic Planning				
Report Author (Title):	Marie Davies – Deputy Director of Strategic Planning				
Main Report					
Background and current situation:					
The Strategic Portfolio Steering Group (SPSG) oversees the delivery of the 4 key programmes: • Shaping Our Future Population Health (SFPH) • Shaping Our Future Community Hospitals @ Home (in collaboration with the Regional Partnership Board) • Shaping Our Future Clinical Services (SOCS) • Shaping Our Future Hospitals (SOFH) In addition to overseeing the delivery of the strategic programmes, the SPSG is also maintaining 'line of sight' with the recovery portfolio and the critical enabling programmes of workforce, digital and infrastructure to ensure that dependencies are identified and managed to ensure alignment across programmes and projects and also to prioritise resources.					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
1. The SPSG reports monthly to the Management Executive (ME) Strategic meeting using a flash reporting tool and the most recent strategic and recovery portfolios' flash reports are appended at appendix A to this paper. 2. Each of the strategic programmes is critical to the delivery of the UHB's strategic objectives and provides direction and co-ordination of a number of connected projects across a range of services and stakeholders. 3. Each of the programmes and composite projects are at different stages of maturity and the pace of project planning development and delivery is therefore variable. The appended flash report provides an updated position for each of the strategic programmes. 4. Current status, key progress, planned actions, risks and mitigations for each of the programmes are presented on the appended flash report. In addition an initial dependencies workshop is being held in early March to clarify scope, assumptions and interdependencies between programmes and in particular on the requirements on the critical enabling programmes – workforce, digital and infrastructure. This process will be ongoing and iterative to develop an explicit, active management process of dependencies and risks. 5. As the process and resources for programme and project planning and delivery mature, the milestones for delivery will be developed and linked with the UHB and regional outcomes framework to provide assurance. It is anticipated that the reporting and monitoring assurance tool will be developed in Quarter 1 of 2022-23 to monitor delivery against programme and IMTP milestones.					

Recommendation:

The Committee is requested to:

- a) **Note** the proposed approach to programme interdependency and risk management (paragraph 5 above);
- b) **Note** the proposed approach to developing an integrated monitoring tool for critical programme deliverables within a wider IMTP reporting framework (paragraph 5 above); and
- c) **Note** the progress and risks described in the Strategic Portfolio Flash Reports.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes – status indicates risk to delivery milestones against strategic objectives

Safety: No

Financial: Some of the constraints are resource related – where there is a financial impact

Workforce: Not directly related to this report, but workforce transformation is a core component of the transformation set out in the strategic programmes.

Legal: No

Reputational: There is reputational risk if deliver of our programmes is compromised and our performance slips.

Socio Economic: /No

Equality and Health: Yes – the population health programme has at its core tackling the health inequalities we see in our population.	
Decarbonisation: Decarbonisation is a major factor in both our clinical services plan and Our Future Hospitals Programme.	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Combined Programme Flash Reports - May 2022

Strategic Portfolio

1. *Shaping Our Future Population Health (slides 2 & 3)*
2. *Shaping Our Future Community Services @Home (slide 4)*
3. *Shaping Our Future Clinical Services (slide 5)*
4. *Shaping Our Future Hospital Services (slide 6)*

Recovery Portfolio

5. *Update Presentation slides (slide 7 -15)*

Enabling Programmes/Support Functions

6. *People & Culture Flash Report (slide 16)*



Shaping our Future Population Health (1 / 2)

Update: 28 Apr 2022



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Cardiff and Vale
University Health Board

Exec Summary:

- Majority of Q4/whole year milestones met
- Some work delayed during 21/22 due to Covid pressures on specialist PH capacity – 22/23 expected to be delivered as planned unless renewed Covid pressures

Headline measures:

- Delivery of key milestones under specific programmes:
 - Systematically tackle health inequalities
 - Healthy weight: Move More, Eat Well
 - Sustainable and Healthy Environment
 - King's Fund recommended programmes
 - Vaccination and immunisation

Overall Programme / Project Report

Programme/ Project Lead	Dr Tom Porter	Current Status		Delays in some targets due to Covid-19	Next Programme / Project Milestone:	See targets below
		Previous Status				
Summary project status		Done this quarter (Jan-Mar 22):			Targets for next quarter – Q1 (Apr-Jun 22):	
Systematically tackle health inequalities	Green	2021/22 Action plan for engagement coordinator role delivered and plan for 2022/23 in development; Network of stakeholders expanded; Survey on barriers to bowel screening completed; Bowel Screening engagement month promotional activities delivered. - Ethnic Minority Subgroup – membership expanded; agreement to focus on promoting bowel screening and childhood immunisations; actions identified to in support bowel screening - SMTs of both local authorities have agreed a joint approach to amplifying prevention, with a focus on addressing inequity linked to childhood immunisation, bowel screening and MMEW			- Further expand stakeholder engagement and networking opportunities - Begin to address barriers to bowel screening identified by the survey - Co-produce an approach to promotion of bowel screening with the Ethnic Minority Subgroup - Begin implementation of a partnership approach to amplifying prevention - Development of strategic framework for tackling inequalities	
Healthy weight: Move More, Eat Well	Green	- Implementation plan to improve food and physical activity offer in school settings developed and delivery commenced - Ethnic minority children’s weight management pilot commenced (to commence Q1) - Living well programme commenced, with a focus on MSK - Roadmap for healthy workplace principles developed and key actions for PSB partners agreed - Food Vale Sustainable Food Places Bronze Award application submitted (to be submitted April 2022) 200 HAPI project participants improve their physical activity levels and 256 improve their food intake/cooking skills (annual total) - Move More Cardiff Physical Activity and Sport Strategy (2022-2027) approved and endorsed by Cardiff Cabinet and Scrutiny Committee - Strategy launch and communications and engagement activity delivered (delayed until June 2022) - Year 1 Implementation Plan for the strategy agreed and progressed			- Implementation plan to improve food and physical activity offer in school settings commenced - Action against the roadmap for healthy workplace principles taken forward by PSB organisations - Food Vale Sustainable Food Places Bronze Award achieved - Delivery of pilot for children and families age 3-7 from ethnic minority communities commenced - Cardiff Physical Activity and Sport Strategy(2022-2027) launched and monitoring framework established - Edible Cardiff to host second annual festival of food growing - Key actions for a partnership approach to restricting junk food advertising locally agreed	
Sustainable and healthy environment	Amber	- Cycleway 1 extension (1.2) to UHW ongoing build - Confirmation by Vale PSB that organisations committed to completing Charter commitments by original deadline of October 22; Cardiff to complete by Sep 22 - Final draft of Level 2 Charter, for launch Q1 22/23 - Active shaping of national transport policy to support healthy and sustainable travel via Transport Performance Board			- Publication of Level 2 Charter (delayed from 21/22 due to Covid) - Restart regular liaison with Cardiff and Vale LA transport teams, to provide health lens on transport developments, and link with wider public sector - Updated healthy travel comms toolkit published - Respond to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites	

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Shaping our Future Population Health (2 / 2)

Exec Summary:

- Majority of Q4/whole year milestones met
- Some work delayed during 21/22 due to Covid pressures on specialist PH capacity – 22/23 expected to be delivered as planned unless renewed Covid pressures

Headline measures:

- Delivery of key milestones under specific programmes:
 - Systematically tackle health inequalities
 - Healthy weight: Move More, Eat Well
 - Sustainable and Healthy Environment
 - King's Fund recommended programmes
 - Vaccination and immunisation

Summary project status		Done this quarter (Jan-Mar 22):	Targets for next quarter – Q1 (Apr-Jun 22):
King's Fund recommended programmes	Amber	- Revised project plan agreed with King's Fund, with phased delivery over Q4 (2021/22) and Q1 (2022/23). Literature review commenced. - First local Steering Group held for the All Wales Diabetes Prevention Programme (AWDPP) national evaluation for people with pre-diabetes. Three Clusters participating and one Cluster (South-East) has commenced delivery. Recruitment of support workers for two remaining Clusters (City & Cardiff South and Central Vale) underway	- King's Fund – Stakeholder interviews to take place in April/May 2022. Report expected June 2022 - AWDPP in Primary Care Clusters: - Implementation to commence across remaining two Clusters
Vaccination and immunisation	Green	- Flu vaccination programme completed. Target met for people aged 65y and over. - Covid-19 booster vaccination programme delivered and commencement of Spring booster programme and universal offer of vaccination to 5-11 year olds - Revised Governance arrangements to support future service model agreed at Covid-19 Vaccination Programme Board	- Continued delivery of Spring Booster and children's vaccination to eligible groups - Planning to commence for flu vaccination programme 2022/23 - Interim Vaccine Programme Board to convene May & June 2022. Immunisation Operational Board – led by PCIC and C&W Clinical Boards – to commence from June/July 2022
Major Programme / Project Risks:		Mitigating Actions:	Decision / Intervention required from Execs:
- MMEW - Availability of future data to track overarching project outcomes - King's Fund – delay in delivery confirmed by King's Fund - Healthy travel – work delayed due to Covid-19 specialist support - Vaccination – pending JCVI announcement on autumn booster programme		- MMEW - Concerns raised with PH observatory /HWHW surveillance T&F group - King's Fund – revised, phased plan will see full delivery by end of Q1 2022/23 - Vaccination – planning for most likely and surge scenarios in relation to Covid-19 vaccination	No decisions or interventions required currently

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Exec Summary:

Programme scope and component projects and work streams stalling.
Detailed delivery plans, dependencies and metrics remain undefined.
Operational pressures continue to absorb capacity.

Headline measures:

Not defined: to be defined as part of programme scoping and mobilisation

Overall Programme Report						
Programme Lead	Cath Doman	Programme Status		Delays in moving into delivery phase. Delivery resourcing uncertain at present. TOM, delivery plans and metrics undefined.	Next Major Milestone:	• Securing WG funding through the Regional Integration Fund • Defining and mobilising project delivery groups • Developing detailed project plans, timelines and interdependencies • Defining the benefits and outcomes metrics for tracking and reporting • Establishing East and North accelerated cluster sites
		Previous Status		Delays in moving into delivery phase. Delivery resourcing uncertain at present. TOM, delivery plans and metrics undefined.		
Done this period:					Targets for next period:	
1. Investment proposal for 'embedding' funding submitted to WG, 'acceleration' proposals in development 2. First draft of programme prospectus completed and shared with the AWP. Further iterations required in line with development of detailed locality plans 3. Business intelligence: Lightfoot creating intel and viewers id. nature of demand and opportunities for new care model to impact on. 4. Individual projects have continued to progress with their planning work, with ongoing risks around delivery capacity due to impact of the pandemic on the system 5. Digital Care Region bid submitted to WG to fund capacity and capability across organisations to scope the digital programme to support @home 6. Initial scoping of locality model commenced to define model beyond that of Accelerated Cluster Development 7. Vale Alliance proposal agreed by VoG Scrutiny Committee and CAVUHB Board					1. RIF acceleration proposals to be finalised for IC and MDT cluster 2. Finalise prospectus and agree engagement plans, aligned to CVUHB strategic programmes 3. Workforce programme definition and priorities inc. OT pay parity across organisations 4. Develop and agree proposal for extended locality working and associated estates implications 5. Receive Lightfoot demand profiling 6. Vale Alliance scope to be presented at CAVUHB and VoG Cabinet 7. Consistent project documentation to be developed and detailed plans reviewed by programme board	
Major Programme Risk:		Mitigating Action:			Decision / Intervention required from Execs:	
1. Lose momentum as the programme shifts from scoping to delivery 2. Not getting buy in from service leads incl GPs 3. Failure to align with other major programmes (SOCS, Primary care transformation, Recovery, CC Ageing Well Strategy) and risk of gaps/duplication 4. Digital capability and maturity to support multi-agency integrated care model 5. Programme delivery and leadership capacity 6. Operational capacity unavailable due to ongoing pressures of C19		1. Clearly defined programme scope and deliverables with clear governance 2. Development of engagement plan 3a. Close liaison with PCIC leads and programme directors 3b. Interdependencies mapping across key programmes 4. RPB-wide digital maturity programme to be established 5. Plans developed to redistribute current assets and bring in additional capacity 6. Working closely with colleagues to understand pressures and reviewing delivery timelines 7. Review of detailed plans and timelines once defined			1. RPB exec leads to confirm scale and scope of programme, to provide service leads with clarity on expectations. 2. Delivery leads raising concerns about programme demands on their capacity. 3. Definition and confirmation of long-term ambitions for integrated care models across the Region.	
4/16 Vale alliance: scope reduction implications on benefits Not started On Track At Risk Off Track Completed 21/226						



Shaping our Future Clinical Services

Update: 14/04/22

Exec Summary:

Project 1 Service Lines/plans delayed 2 weeks due to capacity and sickness within CAV& GT teams
SRO for programme confirmed and draft governance structure reviewed
Funding approval for programme managers and support to enable planning & delivery

Headline measures:

Completion of 2nd phase engagement.
Delivery of effective governance structure, programme plan
Delivery of 2 exemplar service lines inc measures.
Project 2 and 3 scoped & business case developed

Overall Programme Report

Programme Leads	Dr Nav Masani & Victoria Le Grys	Programme Status		Limited programme resource/Lack of Org Capacity	Next Programme Milestone:	Next phase engagement plan approved. Completion of 2 service lines & test whole pathway Prioritisation framework approved for remaining service lines.
		Previous Status		Limited programme resource		

Done this month:

- Project 1 - GI service line team meeting weekly with Grant Thornton SME's & Lightfoot baseline data being gathered and tested with clinical team by Lightfoot. Urology case study/focus areas now confirmed (bladder cancer, LUTS, stones)
- Project Board for project 1 commenced and meeting bi-weekly with agreed ToR, separate scoping sessions set 3 weekly with GT & Lightfoot
- Finance, workforce and digital leads identified for the programme
- Continued lessons learned sessions and links made with ABUHB, BCUHB, Whipps Cross alongside SOFH leads
- Comms and engagement – session undertaken with consultation institute to inform planning for programme and across portfolio
- Wayne Parsons joined tea (3 months) to develop patient experience and engagement plan for the programme

Targets for next month:

- Service Line prioritisation framework to be discussed and developed to inc. criteria and weighting.
- Governance structure to be finalised and approved with Programme Board members confirmed and date set
- Comms & Engagement next phase plan drafted in line with other SOF programmes
- Patient experience and engagement plan to be developed
- Define benefits outcomes and metrics for the programme (in line with outcomes framework for CAV and links with partnerships)
- Review and refine programme and project scope for discussion with programme board

Major Programme Risks:

- Lack of org capacity to deliver required outputs in time (inc sickness across the teams)
- Lack of clarity around portfolios, scope & interdependencies will cause confusion & loss of engagement with programme.

Mitigating Actions:

- GT and Lightfoot expertise and resources procured to support delivery.
- Broader work being undertaken on strategic recovery and operational portfolios to align work/language.
- Programme governance structure drafted and reviewed and SRO confirmed

Decision / Intervention required from Execs:

- Champion programme as a part of the Strategic portfolio.
- Support to identify leads and change makers.

Not started On Track At Risk Off Track Complete

Exec Summary:				Headline measures:	
WG indicating intent that PBC will still be considred by Ministers in July rather than June.				Deliver SOC within 12-15 months of commencement	
Overall Programme Report					
Programme Lead	Ed Hunt	Programme Status		Ministers have not endorsed the business case as yet	Next Major Milestone: July 2022 – Endorsement of PBC by Ministers
Done this week:			Targets for next week:		
- WG inform that the SOFH business case is scheduled to be considered by Cabinet on 11/7. Risk that if this slips, consideration will not happen until autumn after recess. - High level SOC scope discussed and agreed at 6/4 SOFH programme board - Met with WG to discuss 10yr capital plan with request for SOFH costs to be included. 10yr capital plan had updated SOFH costs added in (reflecting 2032 and corresponding estimate for inflation). Agreed by CMG. - Life sciences vision work continues			- Continue work on SOC scoping – Ian Gunney being walked through principles on 28/4 to seek feedback - More detailed content consideration will follow initial feedback from WG - Further WG meeting to discuss 10yr capital ask and SOFH scheduled for 4/5 - Intelligence sharing meeting with Hywel Dda scheduled for 27/4 - Glean further evidence to inform the Life Sciences vision.		
Major Programme Risk:	Mitigating Action:		Decision / Intervention required from Execs:		
- Lost momentum after PBC not being endorsed - PBC endorsement doesn't happen in July	- Understand current landscape and plan response and consequences - Minister visit to see UHW on 9/6		- Communicate consequences for Wales if infrastructure future is not considered. - Support the construction of the visit		



Recap - Recovery Delivery commitments

22/23

100%
levels
120%
levels

QTR 4

QTR 3

QTR 2

QTR 1

Pre-covid inpatient and
daycase surgical activity @ 70%

Stabilisation of Part 1a
measure

Expansion of community
dental and eye care schemes

Pre-covid inpatient and
daycase surgical activity >70%

20 New SOS pathways

Further increase in diagnostic
and elective capacity

Improved flow and LOS

Pre-covid inpatient and
daycase surgical activity @ 80%

Cluster roll out to 2 additional clusters in
C&V

Recover Primary Mental Health Measure

Eating Disorders access improvement

Eliminate > 8 weeks wait diagnostics

Pre-covid inpatient and daycase surgical
activity @ 90%

Green font – delivered

Amber font - partially delivered
(improvements evidenced)

Red font – Not delivered

2021/22

ANNUAL PLAN COMMITMENTS

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DELIVERY PROGRESS

Delivered

Next

PLANNED CARE

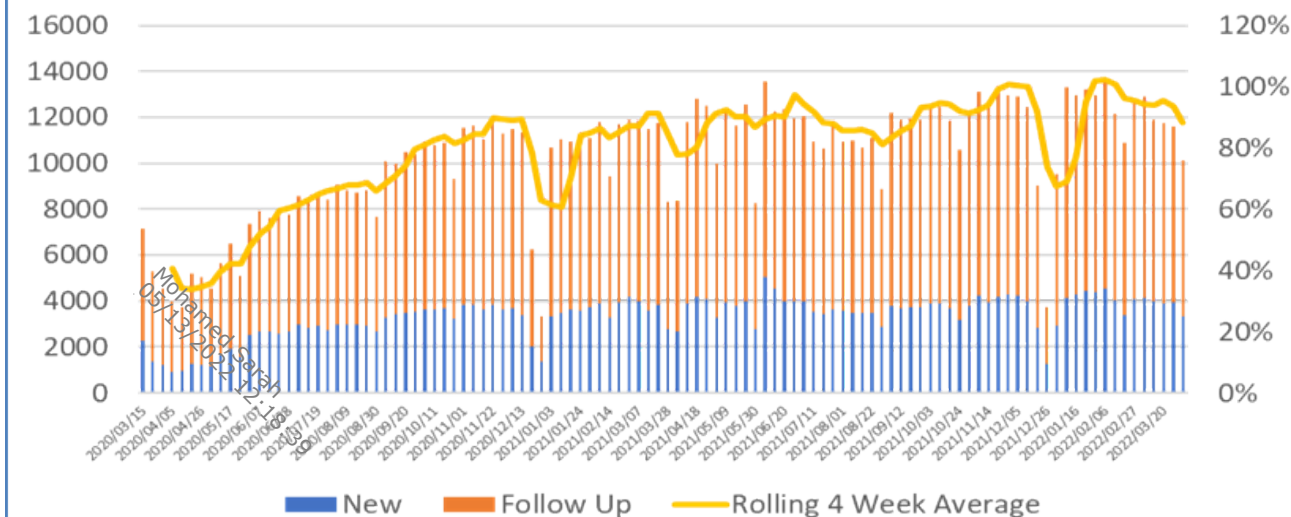
- £13.5m value of schemes a
- Reduce harm for patients waiting through clinical prioritisation and assessment
- Improve access to services through an increase in capacity
- Redesign pathways to bring care closer to home
- Support patients whilst waiting
- Accelerate and spread transformational models
- Delivery milestones by quarter focused on % activity

Plans

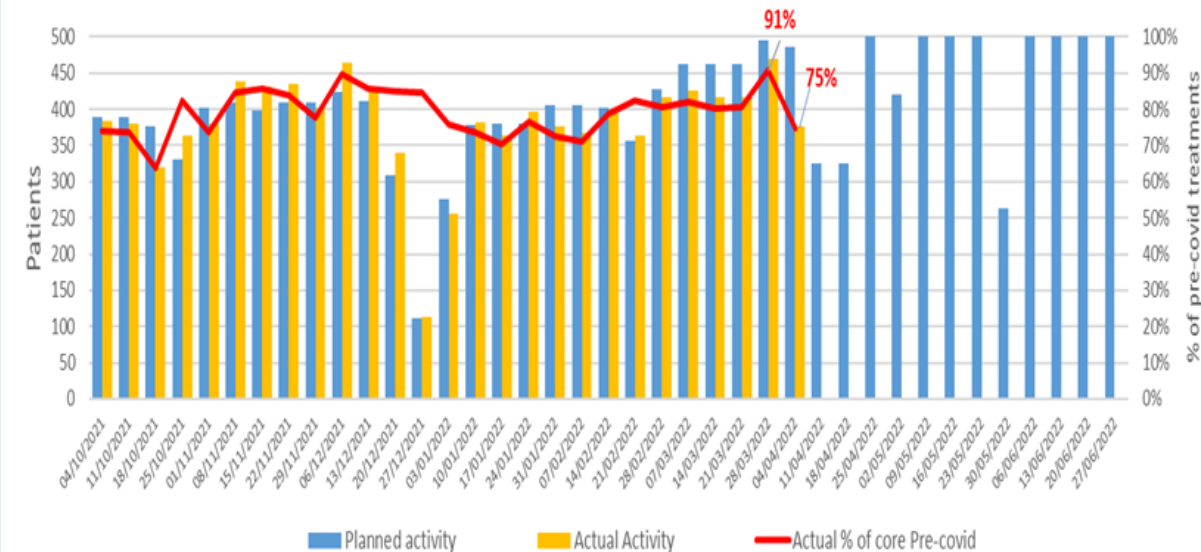
- Growth in core capacity and activity from 70% Q1 to 85% . Had reached 97% in Nov 21. Impact of Omicron and Local Choices Framework.
- PESU model successful reducing cancellations and LOS (note loss of A5 and orthopaedics in UHL capacity as a result of Local Choices f/w)
- Ophthalmology mobile theatres x 2 to address cataracts waiting lists – operational Feb 22
- Moved dental activity out of UHW to Barry/UHL
- Use of St Joes and independent sector

- Reinstate orthopaedic activity UHL and A5 UHW – linked to sustained operational pressures
- Deliver orthopaedic GIRFT improvement plan
- GIRFT process for Gen Surgery and Gynae
- Relocate Cardiothoracic from UHL to UHW (in turn will create orthopaedic theatre capacity)
- Complete Theatre Efficiency work programme
- Schemes in Gynae and Spinal operational (w/c 19 April and May respectively) to provide alternative solutions to theatres
- Strengthen support to patients waiting - British Red Cross
- Focused speciality based plans to address long waiting outpatients and inpatients
- Ambition to reach 100% pre-covid activity by

New & Follow Up Outpatients



Elective Treatments - Recovery Plan vs Actual

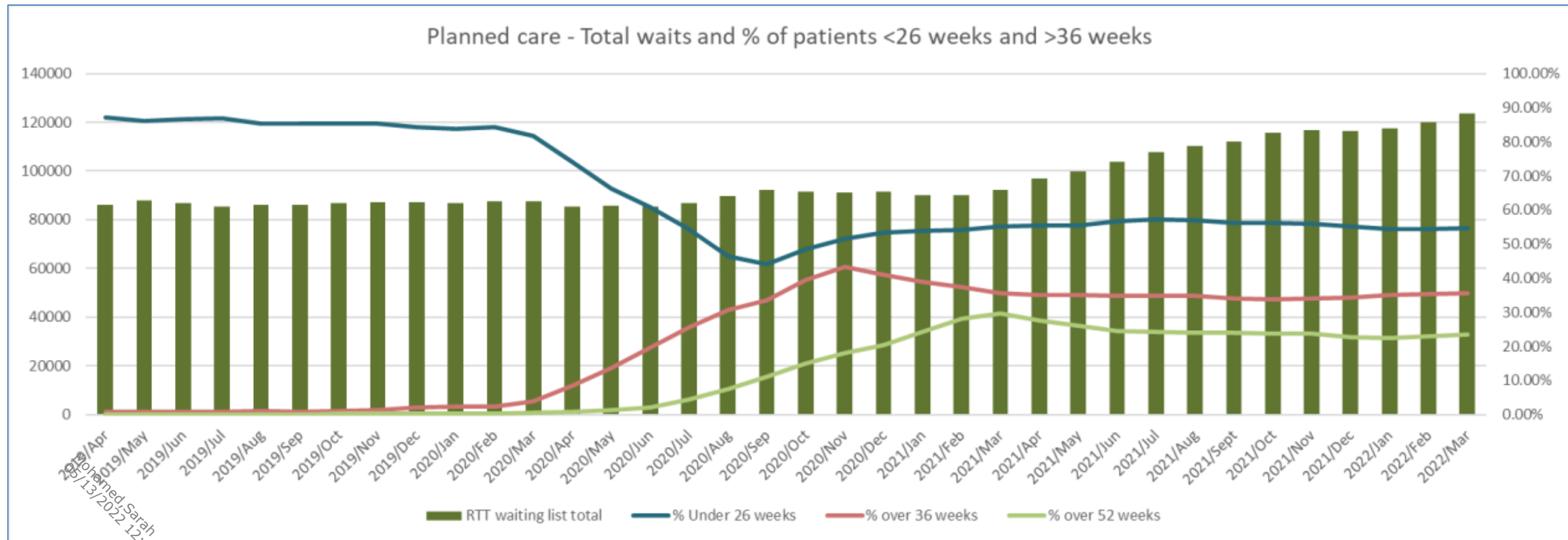


Waiting list – volume and time



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DIAGNOSTICS

- £5.6m value of schemes
- Reduce harm for patients waiting through clinical prioritisation and assessment
- Improve access to services through an increase in capacity, core, insourcing and outsourcing
- Redesign pathways, straight to test, direct access
- Accelerate and spread transformational models
- Delivery milestones by quarter focused on % activity and > 8 week waits

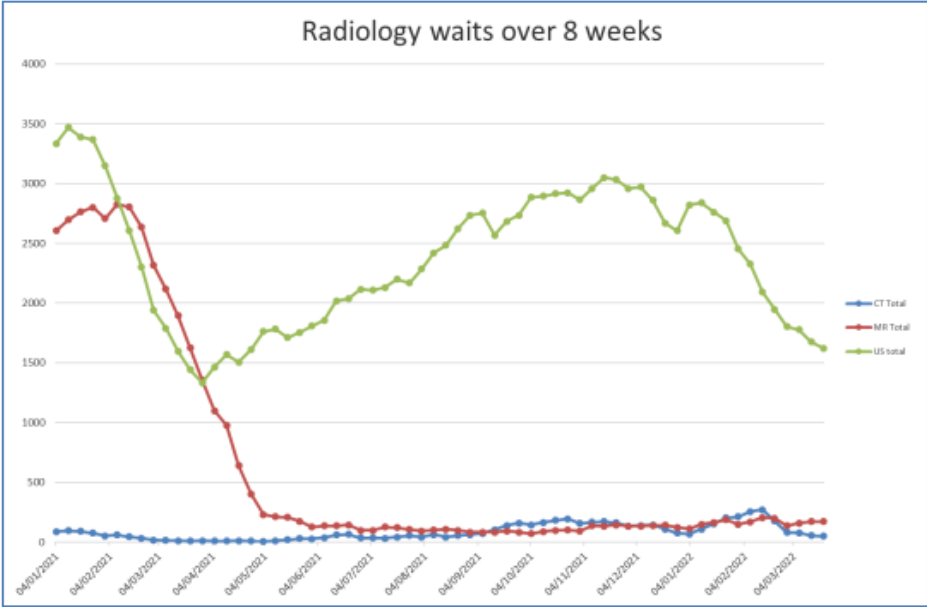
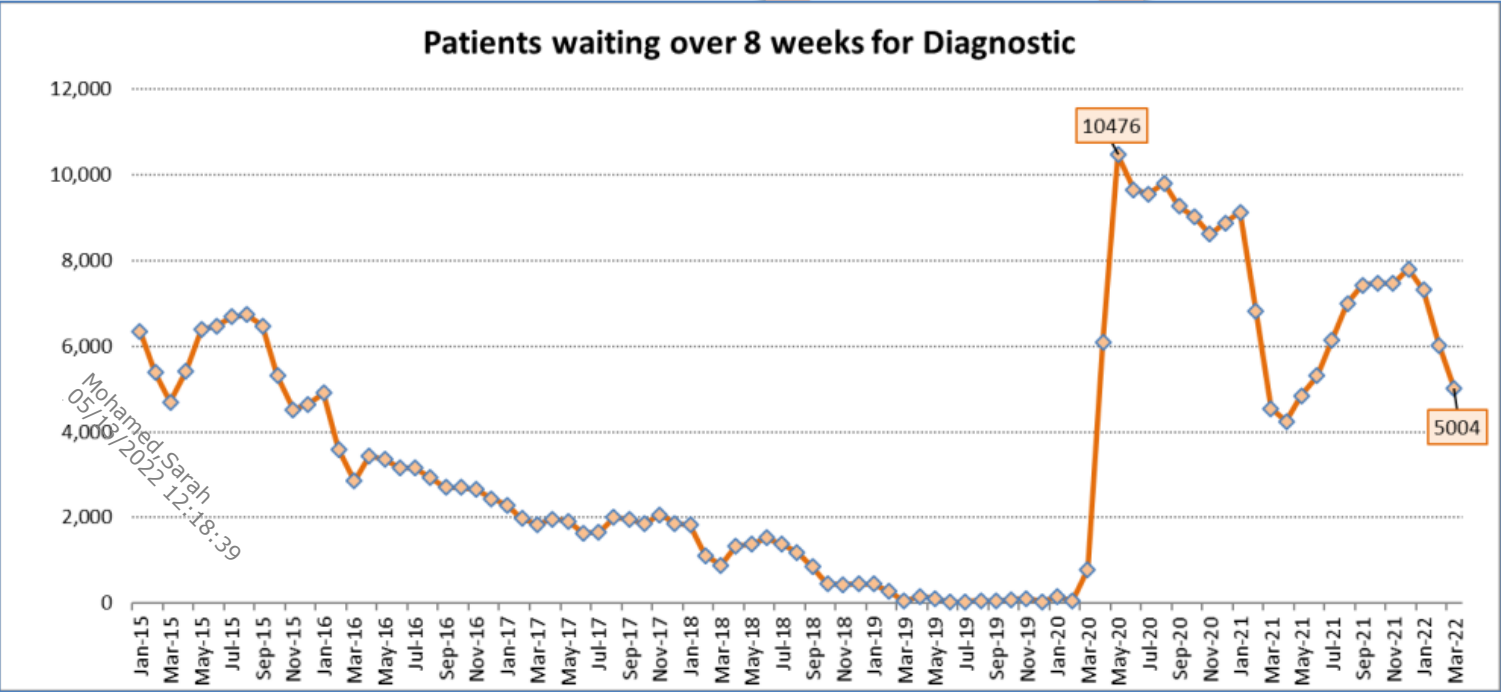
Plans

- Reduction of > 8 weeks for CT and MRI from 2600 to 250 through increase in capacity
- Significant improvement on > 8 weeks wait for ultrasound due to focused plan (>3000 Nov 21 to 1400 end March 22)
- Increase productivity through air filtration units in endoscopy
- CT, US & Endoscopy now running at > 100% activity
- Positive engagement with National Imaging Board on Diagnostic Hub model and regional partners

Delivered

- Mobile Endoscopy unit in UHL – on site and commissioning underway – operational mid May 22 – extra 600 lists (4400-5500pts in 12 mths)
- Engaging with regional endoscopy plans
- Continued impact of plan for Ultrasound including locums and insourcing to eliminate > 8 weeks
- Focused plan for echocardiograms including additional hours and outsourcing plus workforce
- Secure WG Support for Community Diagnostic Hub and pathways that bring forward diagnostic element

Next



MENTAL HEALTH

- £1.4m value of schemes
- Services to improve access for primary care mental health assessments and interventions (adults and CYP)
- Improving access to eating disorder services (adult and CYP)
- Increase coverage of Crises services
- Increasing support at tier 0 through innovations such as Recovery college
- Delivery milestones by quarter linked to performance against measures

Plans

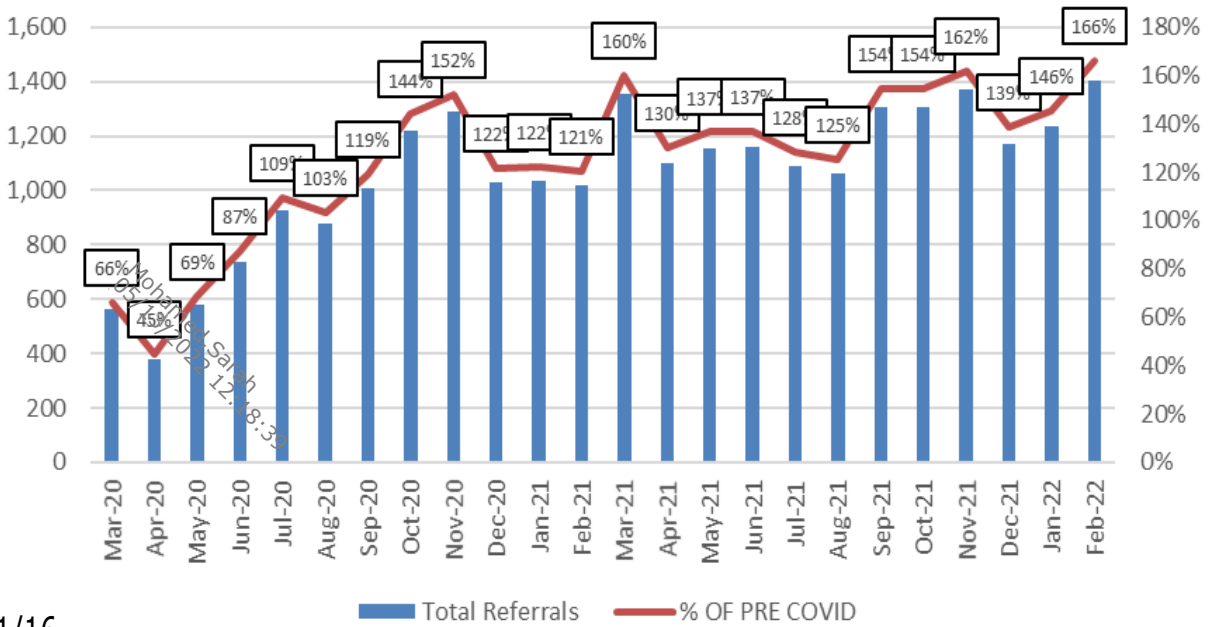
Delivered

- Significant improvement in part 1a CAMHS
- Sustaining Part 1b performance in spite of increased referrals
- Clinical Single Point of Access live in Oct 21 in CAMHS
- Website to support CYP with mental health and wellbeing launched
- CRHTT referrals 100% compliant with 4 hour target
- Increased Recovery College capacity
- Improvement in in waiting times for PMHSS (down to under 28 days from over 50 days)
- New PMHSS courses developed
- Adult Eating disorder assessment time down from 4 months to 6 weeks

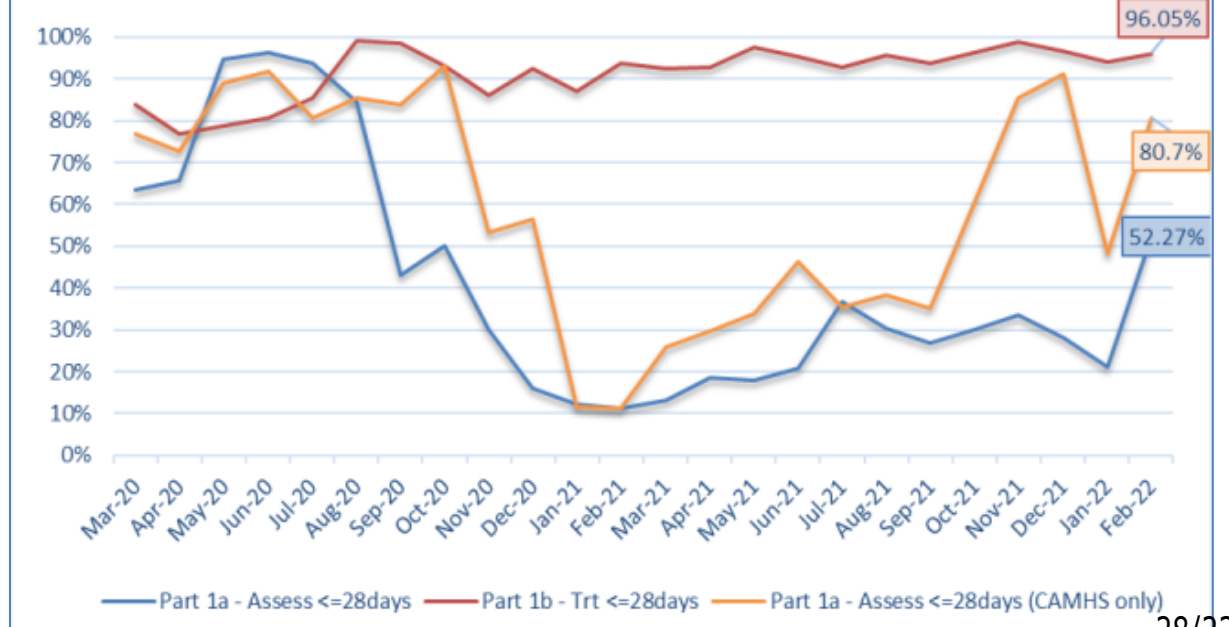
- 111 Press 2 for Mental Health – June 22
- CAMHS Crisis services extending hours – Q1 22/23 08.00 – 00.00
- Crisis pathway - CAMHS – Adult joint model for over 16 admissions
- Intensive Home Treatment Service new model in place (reduce inpatient admissions and length of stay)
- Eating Disorders – reduce waiting times through expansion of capacity through recruitment and focus on transitional pathways (Q1 22/23)
- Progress Sanctuary planning with partners

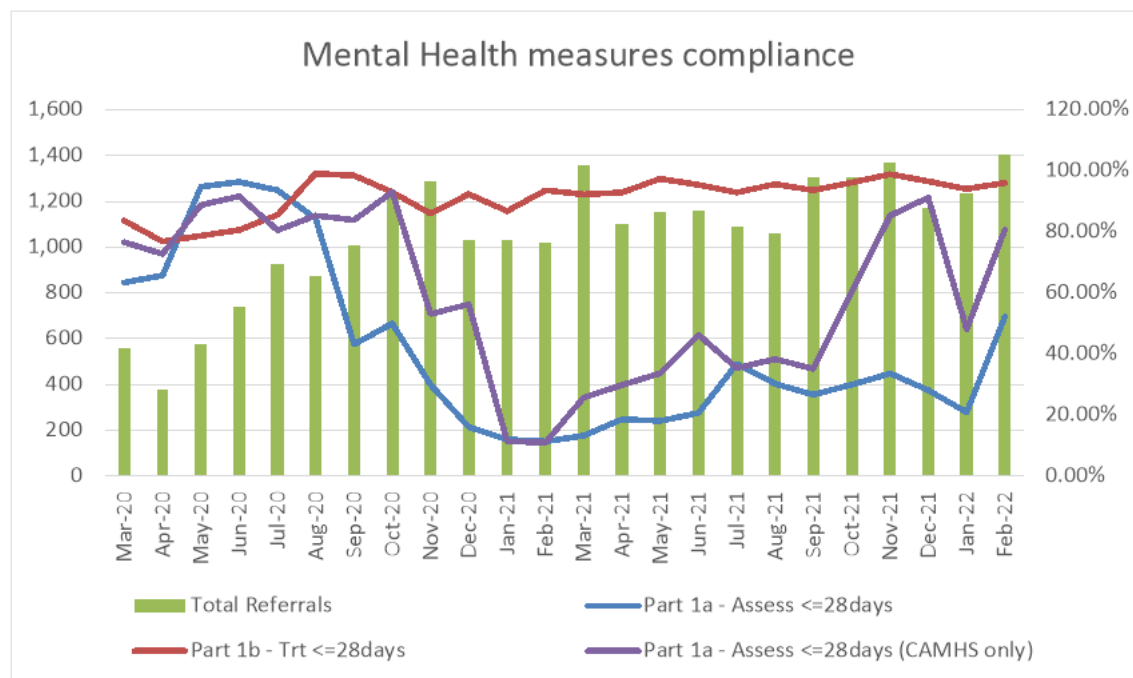
Next

MH referrals



Part 1 Measures Performance





- Demand remains significantly above pre-covid levels
- CAMHS – Significant improvement in waiting times. Achieved compliance with part 1a measure in 3 of the last 4 months (Feb 80.7%)
- Adults – Improvement seen in waiting times. No patients waiting over 57 days. Part 1a compliance improved to 45.2%. Line of sight to achieving compliance in Q1 2022/23

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UNSCHEDULED CARE

- £2.087m value of schemes funded through recovery monies
- Linking all USC schemes and interventions from across entire system and linking with 6 goals
- Removing waste from hospital flow processes
- Improving Discharge and outflow
- Establish refreshed structure to deliver transformation. Spread and scale across USC
- Develop clear interface with breadth of USC programme and OPAT operational delivery

Plans

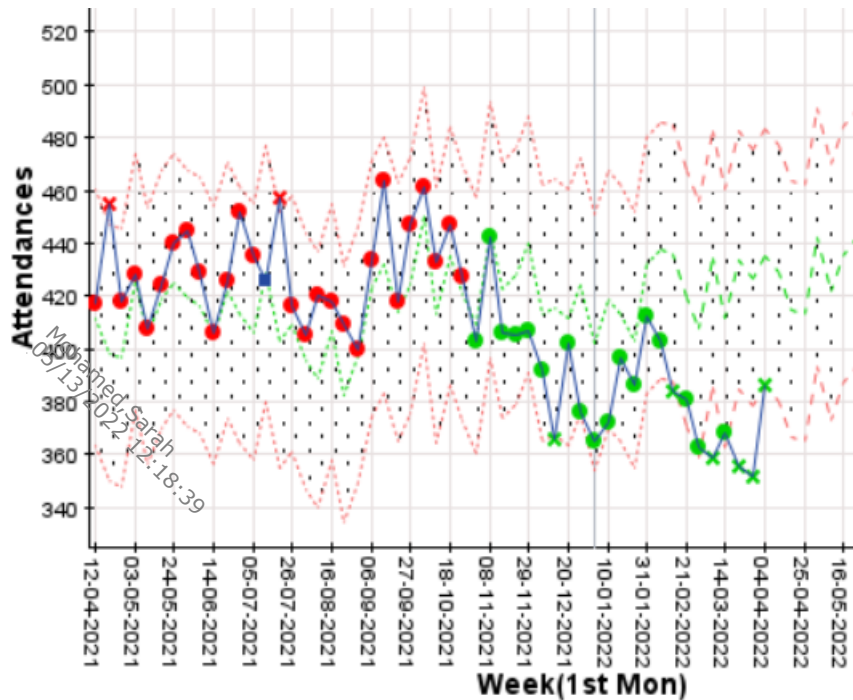
Delivered

- Surgical Same Day Emergency Care (SDEC) new facility and service model implemented in UHW incorporating consultant connect with access to hot clinical and hot slots for radiology
- Virtual ward established to support management of patients presenting at UHW – early evaluation shows
- New models of care - TCU1 @ St Davids (20 beds) and TCU 2 @ Lakeside
 - Rapid Assessment and Treatment Zone (RATZ) model established
 - Capital investment into AU/EU with screens and cubicles to support streaming

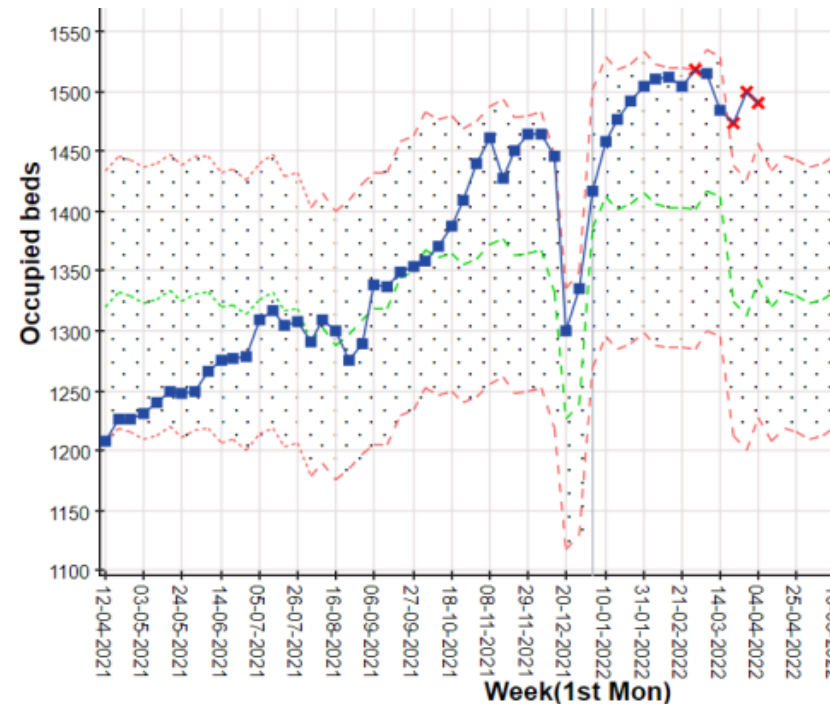
- Fully release potential of virtual ward and MEACU (closing MEACU now never event)
- Delivery of Ambulance handover Improvement Plan
- Admission avoidance enhancements (Falls, PRU, Community Rapid Response)
- Review and refine in hospital pathways from front door
- Dedicated ED support for avoiding high risk and frail elderly patient admissions
- Transformation & Delivery structure refresh to ensure alignment with National 6 goals

Next

Emergency Admissions



Occupancy



PRIMARY CARE

- £2.1m value of schemes
- Improving access to primary care
- Redesign pathways to bring care closer to home
- Accelerate and spread transformational models

Plans

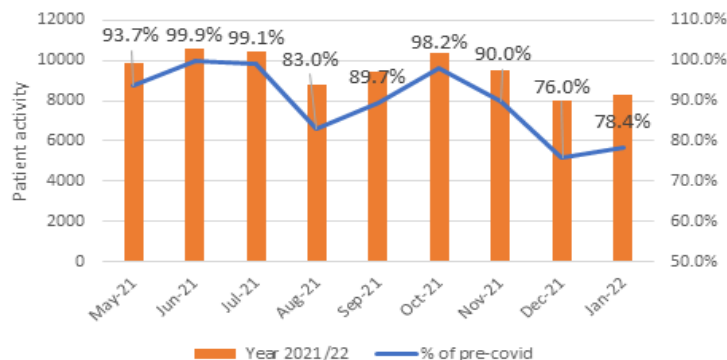
Delivered

- 5 x Interface GPs in place Rheum, Derm, Gynae, Acute med, Gastro, surgery
- Eye Care pathway redesign (award winning)
- Dental schemes to improve access
- Enhanced MSK in primary care services
- 2 MDT Cluster model roll out – First MDTs in new clusters in Dec

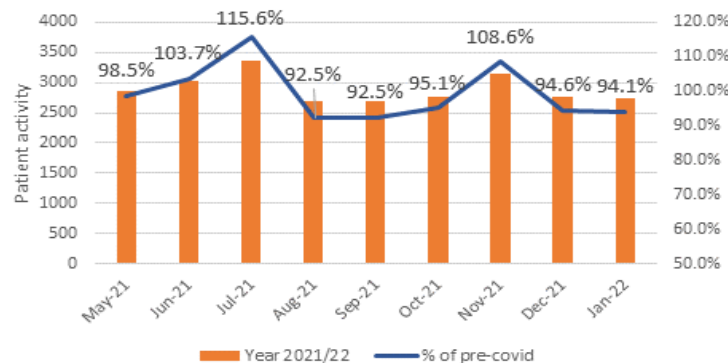
Next

- Population Health cohorting approach with clusters
- Focus on dental activity levels – trajectory for improvement
- Complete models for x 2 new Clusters and plans for further roll out
- Urgent Primary Care model in Cardiff

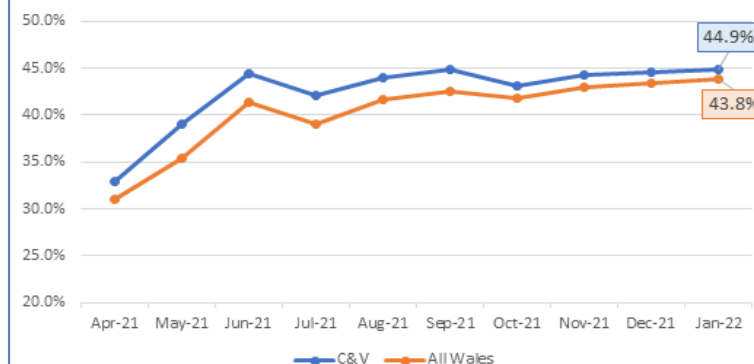
NHS Sight Tests



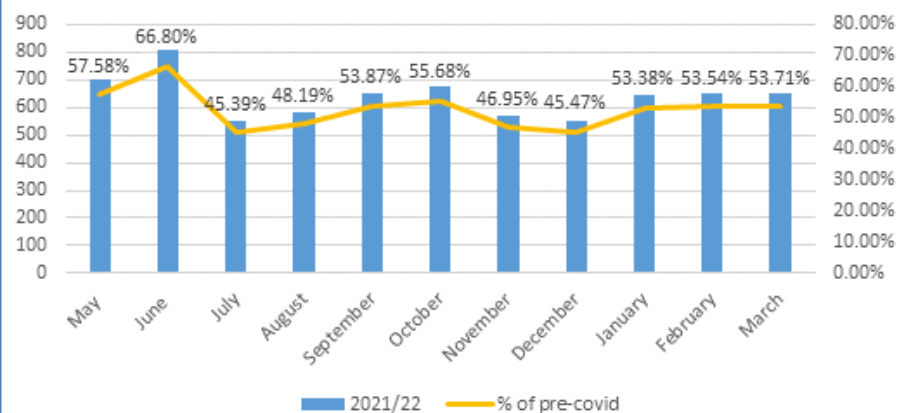
Welsh Eye Care Service - total activity



General Dental Services Activity levels vs pre-Covid



Community Dental Service - Contacts



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ENABLERS

Plans

- £3m value of schemes initially plus deployment of slippage monies to support digital and coms
- Additional bed capacity and laboratory services support
- Corporate services and departments mobilised and resourced to support timely implementation

Delivered

- Infrastructure Delivery Group established to support capital plan developed and implementation of schemes
- Delivery of key capital schemes Surgical SDEC, Gynae Treatment Room expansion, Spinal facility
- Workforce hub established with over 150 wte recruitment across all professions to date – fast track process in place, enhanced OH resource
- Support into key digital enablers – significant amounts of non recurrent monies invested in digital solutions – Focus on Digital Front Door, digitisation radiology requesting

Next

- Implementation plan for UHW Site masterplan (in particular use of LSW) to facilitate repatriation of Fracture Clinic, Cardiothoracic surgery, Pre-operative assessment
- Development of website to keep patients and communities up to date with recovery plans and progress – launching end of April 22
- Next steps of digital transformation

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

Overall Programme Report					
Programme Lead	Lianne Morse	Project Status		Next Major Milestone:	embedding the Plan into sustainable position
Focus to Date:			Next Step Priorities:		
- PushFar awarded contract for the coaching/ mentoring platform - Winning temp – planned launch 10th May – engagement and communications are planned - Appointed 10 of the 12 applicants with learning disabilities or autism via Project Search. These will start their placements in September 22. - Attended a very successful careers event at the Capitol Shopping Centre Cardiff. In excess of 100 people provided with advice. - Development session held with Staff Bank team to focus on customer service and reinforce their impact on patient care. 91 job offers made and 59 of these have already started work with Facilities following our social media adverts and inter work events since February 22. - MSc in Digital Transformation: 4 places awarded to CAV UHB staff for March 2022 start (1x Senior Nurse, 1x AHP, 1x DH&I and 1x I&I). Started promotion for September 2022 (part-funded) cohort. - Met with digital leads to assess training needs of workforce, to inform the Office 365 Training Group sessions. So far, 4 sessions have been held and both attendance and feedback has been encouraging. - Recurrent funding for the e-rostering team secured. - HWODs aligned to Strategic Programmes. - Contributed to the National Nursing Workforce Plan, work to continue for Nursing. - Head of Strategic Workforce Planning job description written, to be advertised in May. - Accessible data – SharePoint site to go live by the end of April.			- Winning temp – working closely with the comms team to deliver key messages - Burnout survey – preparing the system and comms for launch - Change of focus from transactional to strategic recruitment - Work with Careers Wales to re-start work experience for students. - Write Overseas Nurse Accommodation paper for management Exec - Mapping external and internal training offerings to meet the needs of staff with identified needs, to establish developmental pathways to enhance their digital skills. - Advertise Head of Strategic Workforce Planning role. - Advertise and appoint to permanent e-rostering roles. - Draft proposal in May to procure & implement an e-rostering system for Medical & Dental staff.		
Major Programme Risk:			Decision / Intervention required from Execs:		
- Staff ‘burnout’ leading to increase sickness, decreased engagement, more conflict - Whole system pressures and COVID uncertainty - The quality of patient care/service provision will be compromised if we don’t have enough staff with the right			Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised.		
Mitigating Action:					
Monthly progress meetings to identify any delays and identify contingency plans.					

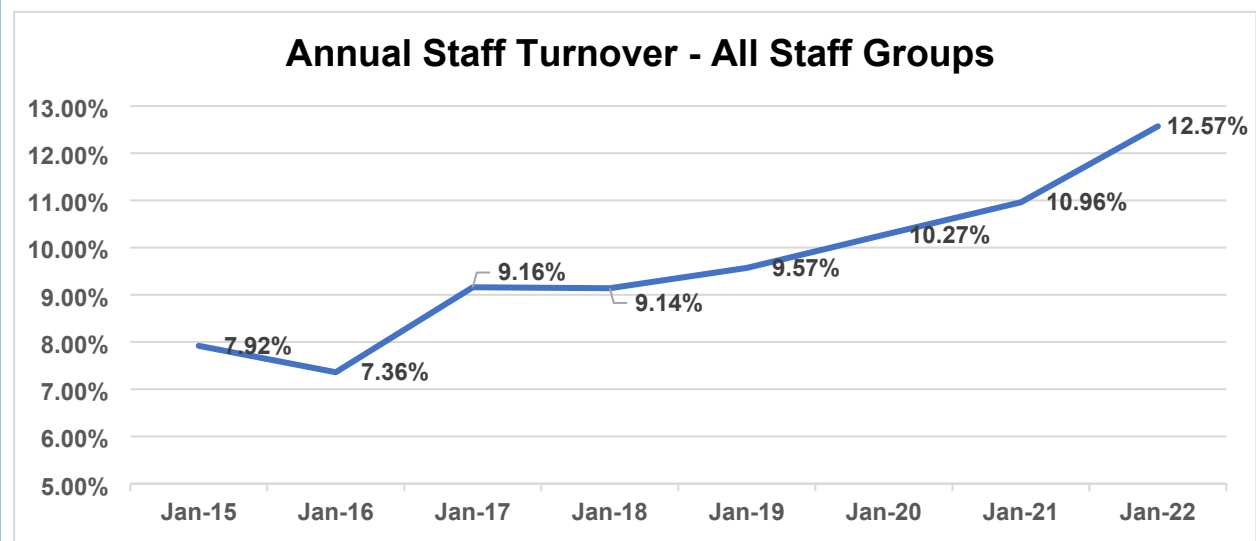
 Not started  On Track  At Risk  Off Track  Complete

Report Title:	Staff Retention Deep Dive			Agenda Item no.	2.1.2a)
Meeting:	Strategy & Delivery Committee	Public	x	Meeting Date:	17 th May 2022
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Executive Director of People & Culture				
Report Author (Title):	Assistant Director of People Resourcing				
Main Report					
Background and current situation:					

Background

All organisations require some level of staff turnover to ensure new people with new ideas and knowledge join their workforce. However, if this rate is too high, it can create instability and a loss of key skills. The target turnover rate for the UHB is 7-9% but over the last few years and in particular, during the pandemic, the labour turnover rates (LTO) have increased each year to a level that is not sustainable. One of the reasons for the sharp increase however, was due to the large number of staff employed on a temporary or fixed term basis due to the Covid 19 pandemic. Unfortunately, due to the limitations of the Electronic Staff Record (ESR), when these temporary contracts were ended by the UHB, these numbers counted towards the turnover rates which would have adversely distorted the data. The Workforce Information Systems Manager is currently trying to identify a solution to correct this data.

The graph below illustrates the LTO for all of the staff groups combined over the past 7 years:



Although the employment of temporary staff skewed the turnover data over the past 2 years of the pandemic, the trend before this time is still demonstrating an increase year on year.

The staff groups with the highest turnover rates during 2021/22 were *Additional Clinical Services (16.26%), Estates and Ancillary (15.53%) and HCSWs (15.35%). Those with the lowest turnover rates were Medical Staff (5.68%), Healthcare Scientists (8.44%), Allied Health Professions (10.23%) and Additional Professional Scientific and Technical (10.49%).

*The definition of the staff groups is attached in appendix 1.

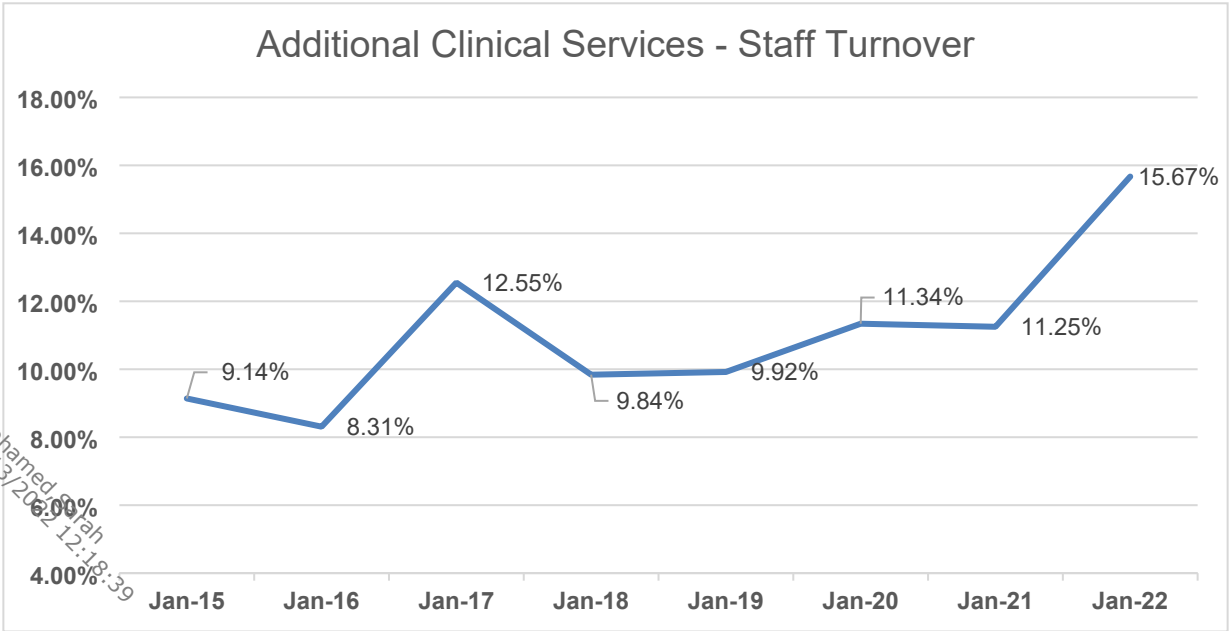
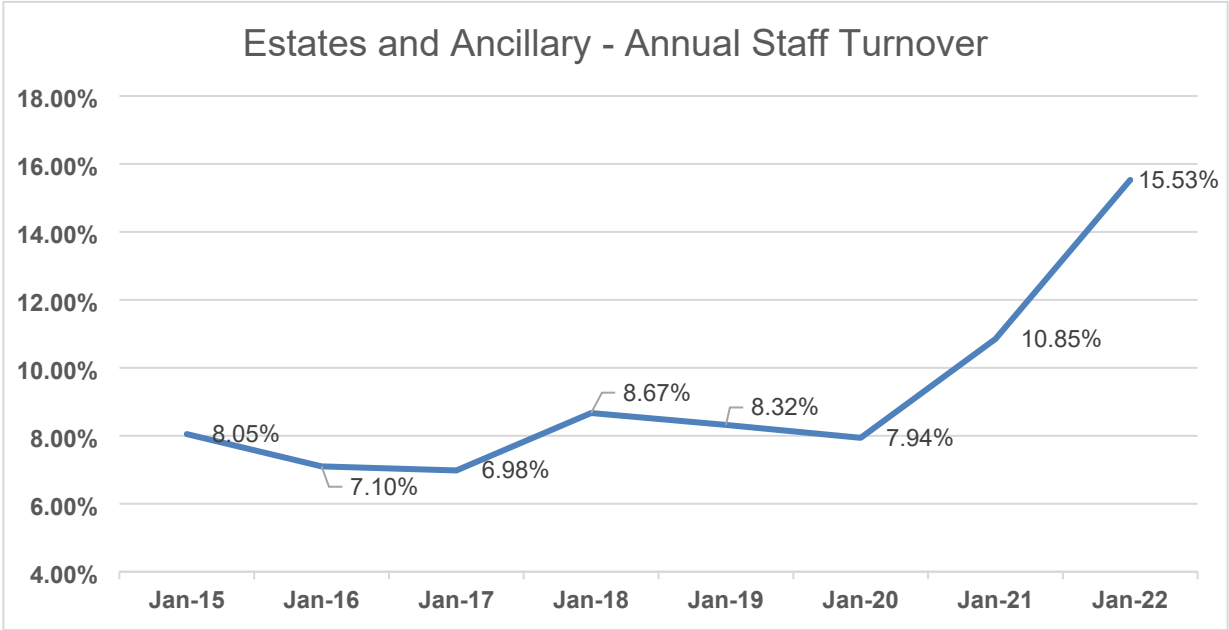
The UHB's largest staff group is Nursing and Midwifery and the turnover rate for the past year was 11.35% which was the highest rate over the past 7 years. We are aware that the last two years of the pandemic have had a massive impact on staff's mental and physical health due to high sickness levels

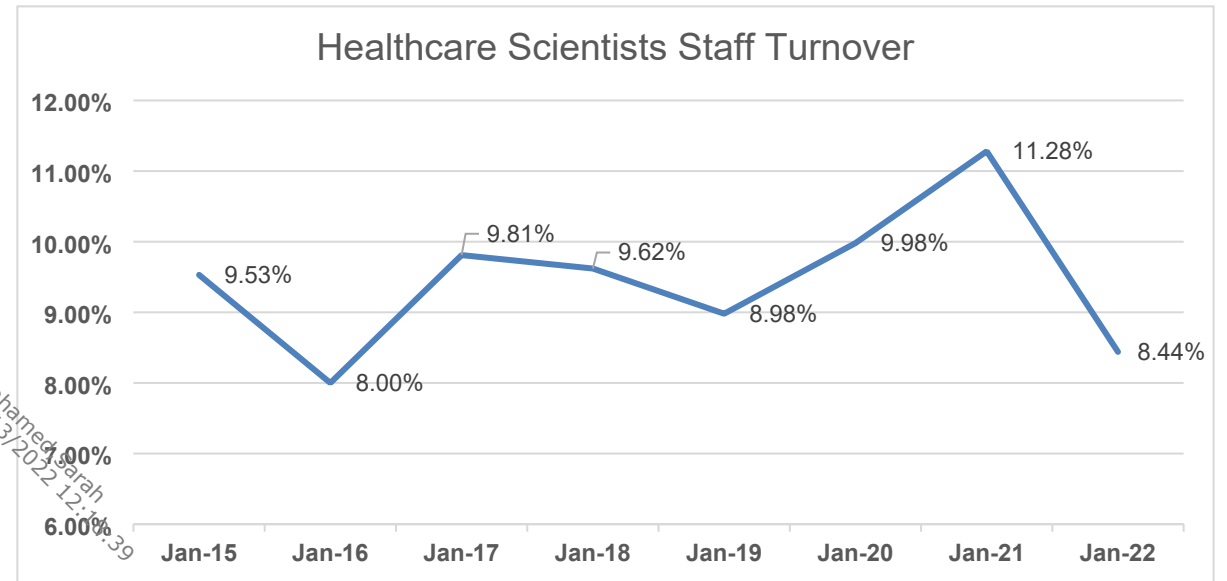
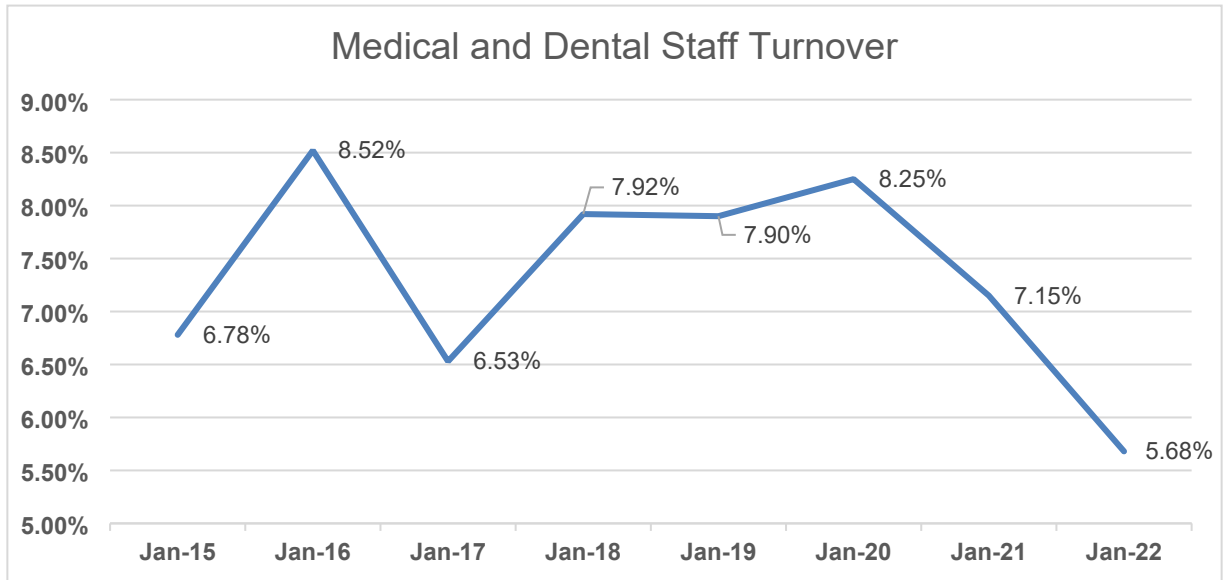
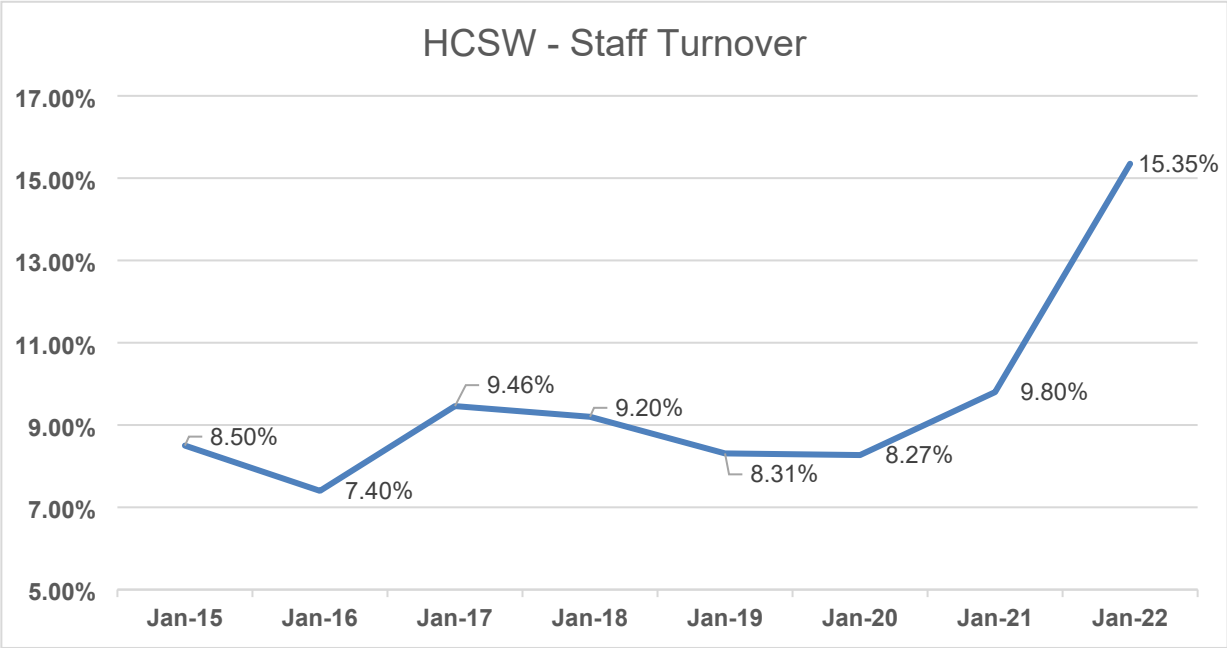
and a sustained level of service pressures. We have heard many anecdotal examples of this being a reason for some staff leaving. Many of these staff have joined agencies where they can have increased levels of flexibility with their work/life balance and often higher rates of pay.

Although we recruit in the region of 240 newly qualified nurses each year, we lose around 360 Band 5 and 6 nurses due to turnover. This means a further 120 nurses need to be recruited just to maintain the same position.

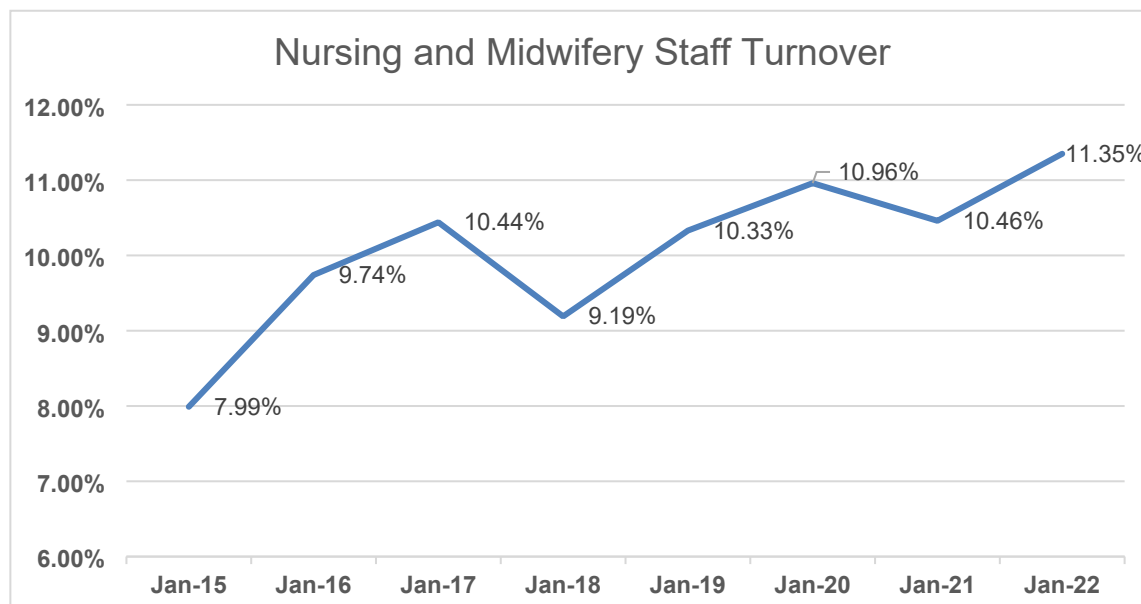
Recruiting nurses from overseas has had a very positive impact on the vacancy rates along with other recruitment initiatives that have been implemented by the Nursing and Workforce Hubs. We predict that by December 2022, the number of Band 5 and 6 nurse vacancies should reduce to around 100 WTE compared to 489 WTE in September 2021.

The following graphs illustrate the trend in turnover over the past 7 years for the key staff groups:





Mohamed Sarah
05/13/2022 12:00:39



The reasons why people leave the UHB are many and varied and include retirement, ill health, promotion elsewhere, relocation of partner, dismissal etc. Whilst many of these are generally beyond the control of the UHB, the UHB needs to identify and analyse the full range of reasons why staff leave to determine which ones are avoidable.

The UHB has an exit questionnaire which managers should send to their staff at the time they process their termination forms. Staff are also able to complete the form online which is submitted directly to the Workforce and OD Department. Unfortunately, the number of exit questionnaires received are very low and often it is difficult to draw any themes or conclusions from the data. Where themes are identified, a staff survey is often implemented which helps to identify whether the same themes are consistent and if so, the matters are dealt with.

The vast majority of exit questionnaire responses are submitted via Survey Monkey. In 2020/21 only 150 surveys were received from the 1,138 staff that left the UHB which is only a 13% response rate. During 2021/22 the response had reduced to 10% (164 response out of 1,592 staff who left the UHB).

The following tables provide the key questions and responses received from the exit questionnaires.

What is the single most important reason why you are leaving?	% of those who answered	Responses
	Did not answer	41
	Answered	123
Poor Quality of Management	26.01%	32
Not Enough Job Satisfaction	22.76%	28
Not Valued by Employers	18.69%	23
Poor Promotion Prospects	13.00%	16
Difficult to Transfer Jobs	8.94%	11
Dull and Routine Work	5.69%	7
Poor Pay & Benefits	4.87%	6

What is the single most important reason that would have encouraged you to stay?	% of those who answered	Responses
	Did not answer	41
	Answered	123
Better Quality Management	33.33%	41
Improved Promotion Prospects	21.95%	27
Improved Management Communication	14.63%	18
Better, More and/or Varied Training	8.13%	10
Increased Pay	8.13%	10
More Varied Work	7.31%	9
Given a Transfer	3.25%	4
Increased Responsibility	3.25%	4

Where are you going?	% of those who answered	Responses
	Skipped	2
	Answered	162
NHS Employment (same discipline)	22.83%	37
Retiring	14.19%	23
Another UHB Department	12.34%	20
Private Sector (Healthcare)	9.87%	16
NHS Employment (different discipline)	9.25%	15
Do not wish to disclose	8.02%	13
Agency Work	4.93%	8
Private Sector (non Healthcare)	4.93%	8
Public Sector other	4.93%	8
Not Working	4.32%	7
Full Time Education	3.08%	5
Self-employed	1.23%	2

It is concerning to note that of those returning the questionnaires, the main reasons why staff leave are due to poor quality management (26%), not enough job satisfaction (23%) and not feeling valued by employer (19%). Interestingly, poor pay and benefits accounted for just 5% of the reasons why staff leave.

The main reason that would make staff stay are better quality management (33%), improved promotion prospects (22%) and improved management communication (15%). These reasons could and should be addressed and resolved.

The top 3 reasons why people leave the UHB are to move to another NHS employer (23%), retire (14%) and to move to another department within the UHB (12%).

Progress to Date

Although the focus of the past 2 years has been on operational and service pressures caused by the pandemic, a large number of initiatives have been developed and implemented to improve the experience of staff. These include:

- Provision of a wellbeing Retreat to support staff at risk of burnout.

- Programme of staff room refurbishments and hydration stations
- Enhancing leadership and development skills (Accelerate, Collaborate, more ad hoc support for managers)
- Time out sessions for reflection, support and development for clinical teams (medicine teams)
- Piloting peer support (Schwartz rounds) in Mental Health Clinical Board
- Increased visibility of Wellbeing Teams to support clinical areas.
- Large improvement in recruiting to Band 5 and 6 Nursing vacancies to reduce pressure on ward staff – the vacancy rate was 489 WTE in September 2021, this has reduced to 353 WTE in March and is forecast to reduce to 112 WTE by December 2022.
- Large programme of overseas nurse recruitment implemented resulting in 264 nurses passing their OSCE since 2019.
- 100 facilities posts recruited since January 2022 relieving pressure on existing staff and providing better service to wards.
- MES engagement sessions have taken place, with two on-line events led by the Medical Director and supported by the Assistant Director of OD and Culture. Further action is being developed to address areas of low engagement.
- Approx. 40 coaches are being trained on the ILM level 5 and/or 7 Mentoring/ Coaching programme. 38 coachees, who are Ward Managers and Deputy Ward Managers, have been assigned a coach. A coaching tool has been procured (PushFar) to help coaches and coachees select and manage the relationships
- 90 managers have been enrolled on ILM level 4 and 5 management apprenticeship programmes in the last 6 months which is a significant achievement in light of the pandemic pressures and a significant increase in numbers.
- Implementation for Allocate health roster has commenced which will improve effectiveness of filling ward shifts.

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

Next Steps

Within the UHB's People and Culture Plan, one of the key objectives is to reduce the turnover of staff across all staff groups. Within theme 3 which is 'Recruit, Attract and Retain', a retention plan has been developed and includes a number of actions that will enable the UHB to reduce turnover to more acceptable levels. This will require a strategic and co-ordinated approach within the different facets of the People and Culture Plan. An example of this would be in regard to the top reasons why staff have left the organisation. Some of the main reasons were poor quality of management, not feeling valued and poor promotion prospects. As this is not something that can be improved by a single action plan relating to retention, it is also addressed as a priority within other themes of the People and Culture Plan. Theme 6 which is 'Leadership and Succession' incorporates inclusive and compassionate leadership principles and will provide our managers with the management and leadership skills required for the role. Theme 1, 'Seamless Workforce Models' will provide a whole system approach to workforce planning and culture, staff engagement and learning and skills development. Theme 7 of the plan is 'Workforce Shape and Supply' which will develop our workforce analytics. Shaping our workforce will also enable the UHB to develop new roles that will respond to the needs of our patients and also the national changes to workforce supply. An example of this will be the development of Band 3 and Band 4 HCSW/Clinical roles that will provide career opportunities to those on the lower bandings of our workforce as well as address the national shortages in some other professions.

Retention Plan

The actions within the Retention Plan will include:

- In-depth data analysis to identify where turnover hotspots are and share with Clinical Boards to develop appropriate action plans.

- Targeted management development and mentoring provided where problems with leadership are identified via exit and starter surveys.
- Revise and improve Exit Questionnaire and also the process of completion to improve response rate.
- Implement Staff Starter Surveys to identify the experience of new staff within the UHB.
- Implement staff surveys in areas of unexplained high turnover to identify specific issues.
- Develop and Promote flexible retirements to support staff to extend their working lives.
- Promotion of flexible and hybrid working to managers to enable staff to have a better work-life balance.
- Promote the opportunities to continue working via the Temporary staffing department prior to their retirement.
- Develop a careers advice service for staff to support them in gaining varied experience and development within the UHB.
- Promote the benefits of working with UHB as opposed to agencies/ private sector.
- Implementation of 'Starter Surveys' across all professions at 3 months of starting with UHB.
- Promote the ability to rotate into different specialties for nursing/HCSW posts.
- Develop Career structure for HCSWs.

Recommendation:

The Committee is requested to:-

- a) **Note and support** the implementation of the Staff Retention action plan.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	x	Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

Yes

Safety: Yes/No

Yes

Financial: Yes/No	
Yes	
Workforce: Yes/No	
Yes	
Legal: Yes/No	
No	
Reputational: Yes/No	
Yes	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Mohamed Sarah
05/13/2022 12:18:39

Appendix 1

Staff Group	Roles
Additional Professional Scientific and Tech	Chaplains, Psychologists, Pharmacists, Theatre Practitioners (ODP), Medical Photographers, Medical Technical Officers (Pharmacy, Medical Physics, Clinical Engineering)
Additional Clinical Services	HCSW, Play Specialists, Nursery Nurses, Medical Laboratory Assistants, Phlebotomists, Dental Surgery Assistants, Therapy Helpers and Technicians, Assistants to professions
Admin and Clerical	Ward Clerks, Receptionists, Secretaries, Senior Managers
Allied Health Professional	Therapists (Art Therapy, Occupational Therapy, Physiotherapy, Podiatry, Dietetics, Speech Therapy), Orthoptists, Orthotists, Prosthetists and Radiographers
Estates and Ancillary	Maintenance staff, building staff, Painters, Electricians, Catering and Housekeeping, Porters and Telephonists
Healthcare Scientists	Clinical Scientists, Biomedical Scientists, Perfusionists, Physiologists
Medical and Dental	Consultants, Junior Medical staff in training and staff grade (non-training grade) doctors
Nursing and Midwifery	Staff nurses, Midwives, Ward Managers, Nurse Consultants, Clinical Nurse Specialists

Mohamed Sarah
05/13/2022 12:18:39

Report Title:	People Dashboard - Key Workforce Performance Indicators				Agenda Item no.	2.1.2b)
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	17.05.22	
		Private				
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Assistant Director of People & Culture / Head of People Analytics					

Main Report

Background and current situation:

The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and going forward will periodically provide an overview report against the seven themes within the People & Culture Plan. Attached at **Appendix 1** is the Workforce Key Performance metrics dashboard for March 2022.

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- The organisational focus has changed from recruiting staff on fixed term contracts to increasing level of staff on permanent contracts. The level of permanent contacted staff is rising as we are responding to both the pandemic demands and the Recovery & Redesign Plan.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 50 WTE per month.
- Variable pay trend is upward and is now 10.96% UHB-wide.
- Total pay bill peaked as expected in March due to year end accruals.

Other key performance metrics:

- Voluntary resignation turnover rate remains high at 8.69% UHB wide. This doesn't include retirements, or the end of fixed-term contracts. There has been a 1.79% increase in the last 12 months, which equated roughly to an additional 240 WTE leavers. The top 5 reasons recorded for voluntary resignation are; 'Other/Not Known', 'Relocation', 'Work Life Balance', 'Promotion' and 'Health'. A separate report into Retention has been provided and a presentation will be given at the meeting.
- Sickness Absence rates remain high at 7.31% in March (these figures are sickness only and do not include COVID self-isolation without symptoms) and are 2% higher than they were 12 months ago. The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'.
- Employee Relations caseload trend continues to fall as the team embed the 'Restorative & Just Culture' principles and continue to work in the revised model of delivery. The overall numbers remain within reasonable tolerance levels.
- Statutory and Mandatory training compliance has improved slightly during the last 4 months; now just under 13% below the overall target. It is likely that operational

Mohamed, Sarah
05/13/2022 12:18:39

pressures continue to adversely affect compliance.

- Compliance with Fire training is continuing to improve, although the rate of improvement has slowed. In March the compliance with Fire training was 63.94%.
- By the end of March 2022, 82% of consultant job plans were under construction in the e-system, including 28% that have been signed-off.
- The rate of compliance with Values Based Appraisal remains very low; the compliance at March 2022 was 33.19%. It is likely that operational pressures continue to adversely affect compliance. A separate update report has been provided and a presentation will be given at the meeting.
- At 31st March 2022 55.50% of staff (57.10% of frontline staff) have received the flu vaccination, against a target of 80%.

Below is a summary of some of the work that has been undertaken/achieved since the last report:

People Resourcing

- Kickstart Scheme – of the 162 recruited onto the scheme, 33 have now gained employment with the UHB, 2 have joined apprenticeship schemes, 44 are still currently on the scheme;
- Appointed 10 applicants with learning disabilities and autism via Project Search. Their placements will start in September 2022 following the success of the first scheme;
- All marketing media for the UHB's Careers Fair on 4 May 2022 has been developed and promoted;
- Attended 7 NHS Roadshows in conjunction with Inter Work services during March and April;
- Engagement session held with 6 long term unemployed to help to get them back into employment. Work placements are being arranged to help develop their confidence;
- All 135 overseas nurses have been appointed by the Nursing Hub and will start between May to November 22;
- 91 job offers made and 59 of these have already started work with Facilities following our social media recruitment campaign and Inter Work events;
- A revised process and recruitment campaign have been developed for the Temporary Staffing Department to increase the number of staff on the Bank;
- Retention – A new Retention Plan has been developed for the UHB and will be implemented over the coming months;
- Attended a successful Careers Fair at Cardiff Capital Centre where in excess of 100 people were provided with NHS careers advice.

Engagement:

- Staff Recognition Awards have been shortlisted and the event rescheduled for the 14th July 2022;
- Winning Temp engagement tool has been procured, engagement sessions are taking place with Nursing staff, with implementation planned for the end of May 2022;
- Medical staff identified as pilot group for 'safespace stress survey' with a wellbeing intervention to follow;
- MES engagement sessions have taken place, with two on-line events led by the Medical Director and supported by the Assistant Director of OD and Culture. Further action is being developed to address areas of low engagement.

Health & Wellbeing - Additional investment secured to support the health & wellbeing of our staff.
Update on progress:

- All procurement exercises have been completed and spend has been allocated. Projects are now in the early implementation stage, including identifying evaluation metrics and pilot areas;
- Estates work has commenced to support the environmental aspects of the plan which includes staff room improvements and an additional 13 hydration stations;
- The Employee Wellbeing Team work with the ITU psychologist continues to support EU colleagues and will be reviewed in early May 2022;
- Targeted support including Schwartz Rounds is in the implementation stage with the identification of members of the Steering Group underway, along with supporting pilot areas in introducing within departments / teams;
- Employee Wellbeing Services continue to work with the Health Intervention Team and carrying out on-site visits.

Leadership and Management Development

- Leadership and Management development offerings to support staff health and wellbeing are being developed to align and enhance existing offerings, e.g. REACTMH training; Managing Remote Teams
- The Acceler8 Senior Leadership Programme was launched in April 2022 with 12 delegates. Interest in Cohort 2 has already been received and EOIs will start to be collated in May 2022 to enable sufficient time to adjust workplans etc.
- Development of additional leadership development programmes, including Collabor8, has commenced and plan to launch in June 2022.
- Approx. 40 coaches are being trained on the ILM level 5 and/or 7 Mentoring/ Coaching programme. 38 coachees, who are Ward Managers and Deputy Ward Managers, have been assigned a coach. A coaching tool has been procured (PushFar) to help coaches and coachees select and manage the relationships;

EDI and Welsh Language

- Mitchell Jones has started in the position of Senior Manager for EDI and Welsh Language.
- Actions resulting from the Welsh Language Audit have progressed and a revised Welsh Language Policy is currently out for consultation.
- Network developments continue with re-branding and communications around the 'One Voice' network, the 'Access Ability' network and the LGBTQ+ network.
- The EDI Team are working closely with I&I to review the EHIA documentation and procedures to ensure this is part of improvement plans and projects.

Education

- 264 international nurses have now achieved NMC registration. Securing continuing funding for the Overseas Nurses' Education Team is a high priority.
- Development of the Cardiff and Vale UHB Centre of Excellence for Health Education website is continuing with the launch planned for end of June 2022.
- 20 UHB HCSW have been progressed to interview for the USW flexible undergraduate programme.
- Draft Nursing and Midwifery Career Development Programme is ready for presentation to NMB 4th May.

- Learning@NHS Wales has now successfully been implemented as the learning platform for UHB specific training. 9 programmes are now available on the platform, we have a total 3,000 active uses and an additional 6 programmes are currently in development.
- A project which developed ESR processes to enable 17 Practice Development Nurses to be trained to use ESR for recording directorate-based training and giving them direct access to UHB training is now complete.
- 90 managers have been enrolled on ILM level 4 and 5 management apprenticeship programmes in the last 6 months which is a significant achievement in light of the pandemic pressures and a significant increase in numbers.

Workforce Systems – The People & Culture Plan outlines an ambition to have workforce systems that drive efficiency whilst striking the balance between patient safety, cost and efficiency.

- **E-rostering** – recurrent funding has been secured to establish a permanent e-rostering team, within the first 12 months the team will focus on:
 - implementing the new e-rostering system for the Nursing Workforce;
 - embed effective e-rostering principles resulting in significant cost efficiencies;
 - improve workforce supply and fill rates for bank and agency;
 - provide ongoing education , learning and support for system users;
 - Data reporting and analytics;
 - review and audits to identify further efficiencies.
- **Medical & Dental Staff Bank** – Operational performance continues to improve. Total hours fill rate for March is 91.06%. Hours filled by Bank – 79.76% and by Agency – 11.82%. The staff bank has significantly improved our workforce supply.

People Analytics – Workforce metrics and reporting is currently available for the Nursing workforce via SharePoint. In May this information will be available for all staff groups and all managers will be able to access.

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

The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce metrics.

Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the Integrated Performance Report.

Recommendation:

The Strategy and Delivery Committee is requested to:

- **Note and discuss** the contents of the report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
-------------------------------	---	--	--

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	x	Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No **No**

Safety: Yes/No **No**

Financial: Yes/No **No**

Workforce: Yes/No **Yes**

Workforce risks and mitigating actions taken are described throughout this report

Legal: Yes/No **No**

Reputational: Yes/No **No**

Socio Economic: Yes/No **No**

Equality and Health: Yes/No **No**

Decarbonisation: Yes/No

N/A

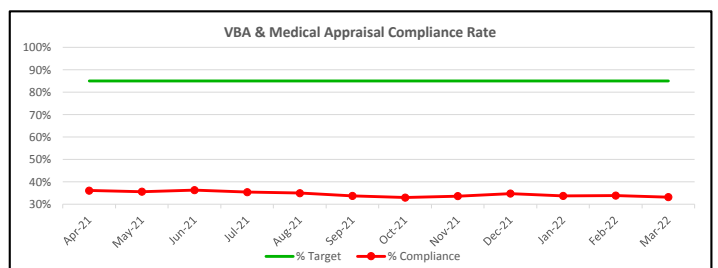
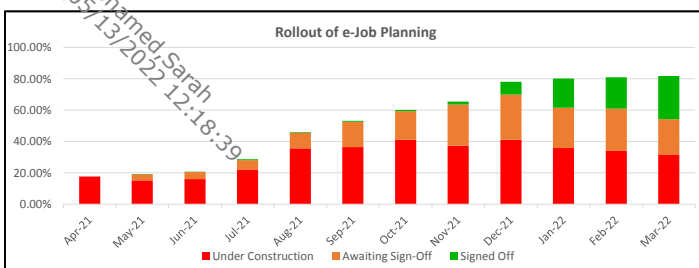
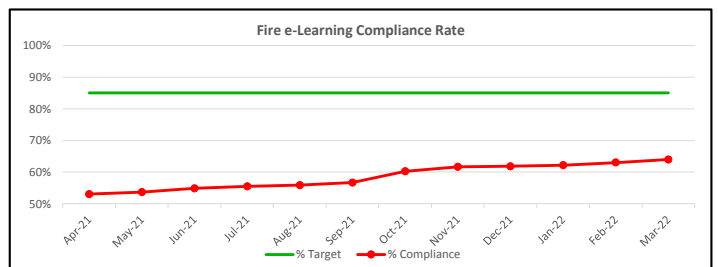
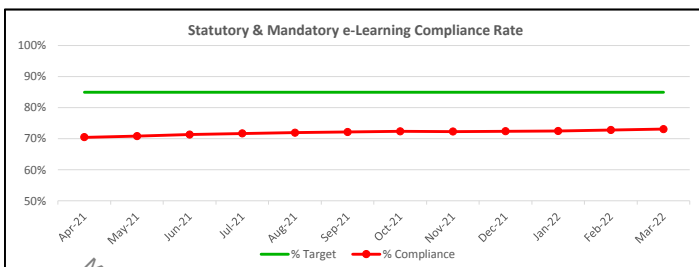
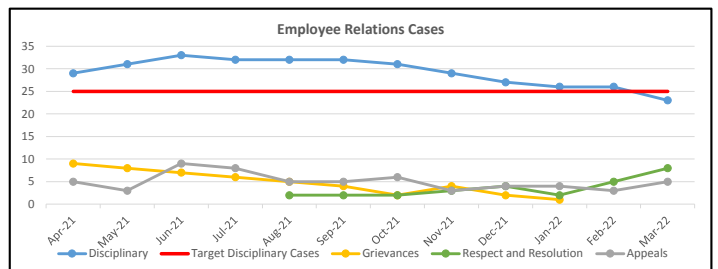
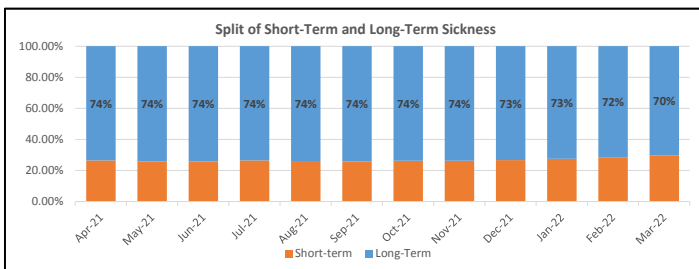
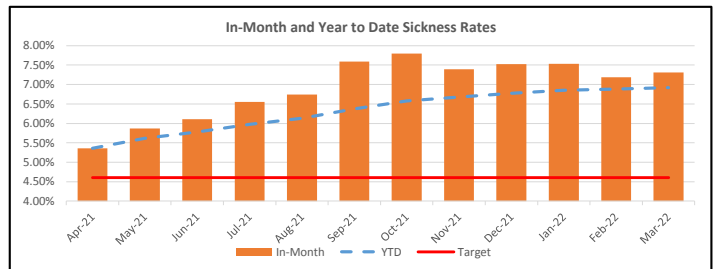
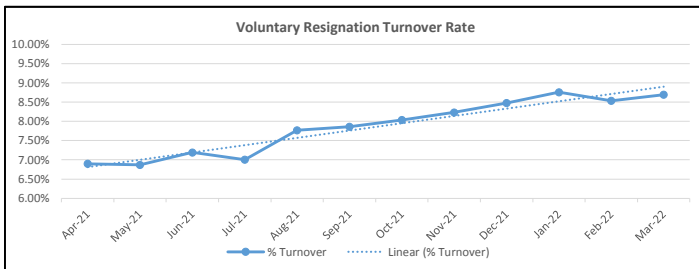
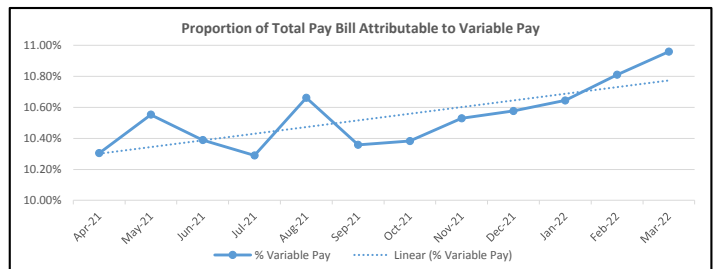
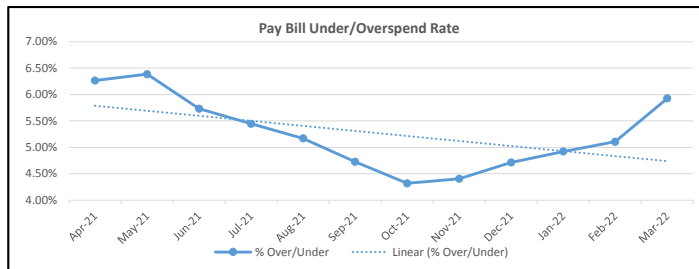
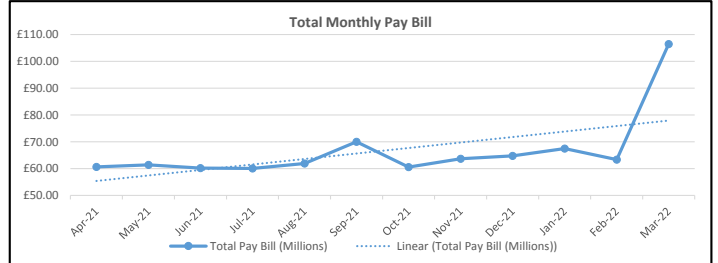
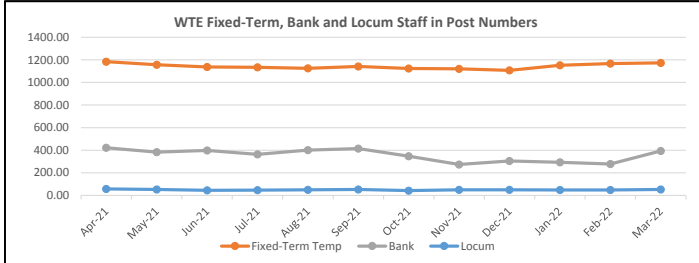
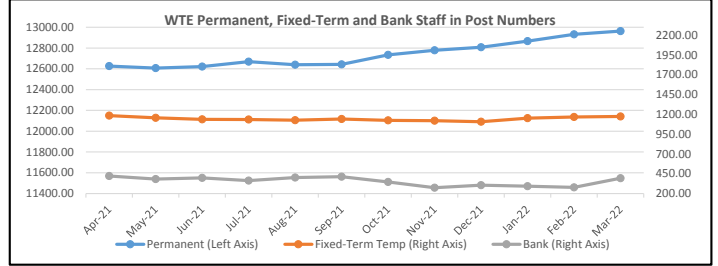
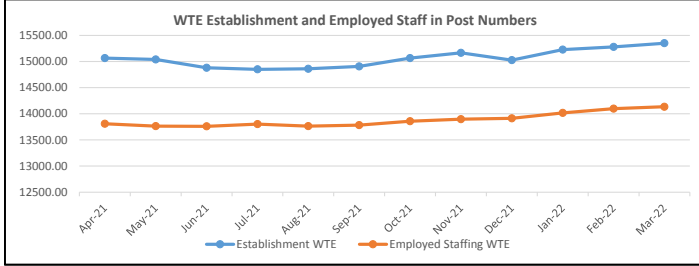
Approval/Scrutiny Route:

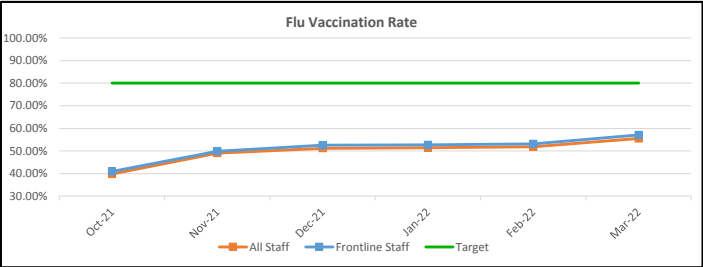
Committee/Group/Exec Date:

Strategy & Delivery

Created: Sarah
15/10/2022 12:18:39

Workforce Key Performance Indicators Trends March 2022





Mohamed Sarah
05/13/2022 12:18:39

Report Title:	Key Operational Performance and Recovery Indicators				Agenda Item no.	2.1.2d)	
Meeting:	Strategy and Delivery Committee		Public	✓	Meeting Date:	17/05/2022	
			Private				
Status <i>(please tick one only):</i>	Assurance	✓	Approval		Information		
Lead Executive:	Chief Operating Officer						
Report Author (Title):	Performance and Planning Manager – Operations, Recovery and Redesign Programme Director						
Main Report							
Background and current situation:							

Background and current situation:

Whilst the Health Board is making good progress against its Recovery and Redesign Programme plans, system-wide operational pressures have continued to impact and we are still seeing access or response delays at a number of points across the Health and Social Care System.

The Health Board has refreshed its operational plans for 2022/23, ensuring alignment to Welsh Government national plans, including [Six goals for Urgent and Emergency Care](#) and [Our programme for transforming and modernizing planned care and reducing waiting lists in Wales](#).

The Health Board submitted a draft IMTP to Welsh Government at the end of March 2022, with the final submission due by 30th June 2022. In this, the Health Board has set out its Delivery ambitions for 2022/23. In future reports to the Committee, updates will be provided on progress against these ambitions.

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

Performance update

Unscheduled Care:

- Emergency Unit attendances increased in March 2022 (12,664) from the numbers reported in January 2022 (10,645).
- 4-hour performance in EU decreased to 58.3% in March 2022 from 64.5% in January 2022. This compares to 81.2% in March 2021. 12-hour waits remain high with 1,505 reported in March 2022 and 1,175 in February 2022, increasing from the 1,108 reported in January 2022.
- 831 Ambulance handovers took place in over 1 hour in March 2022. This compares with 804 in January 2022.
- The percentage of red calls responded to within 8 minutes decreased to 64% in March 2022 from 68% recorded in January 2022

Figure 1: A&E Attendances

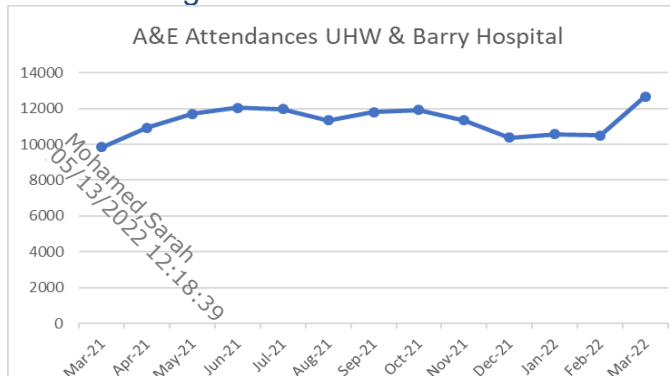


Figure 2: A&E waits – 4/12 hours

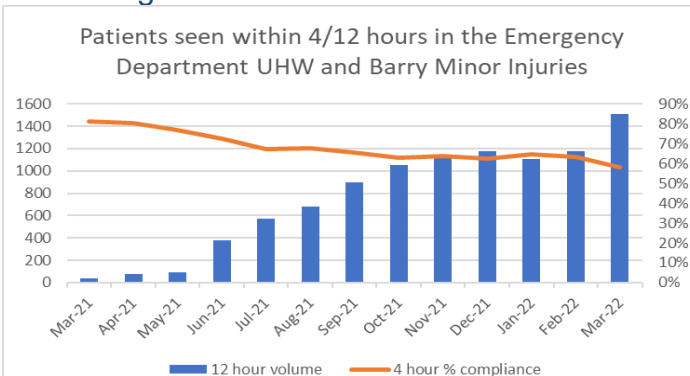
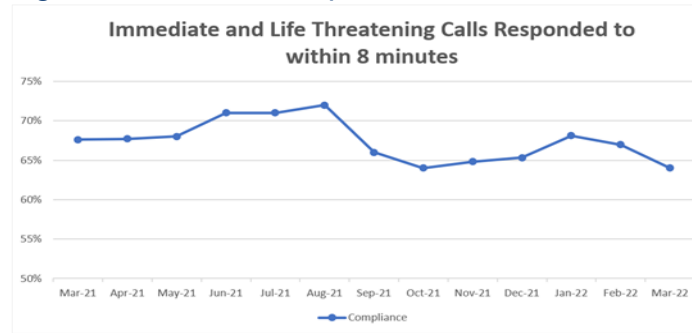
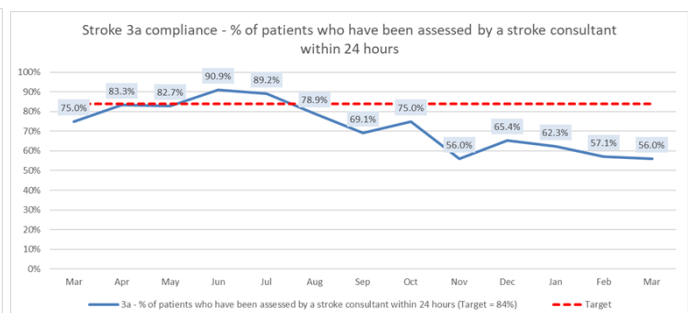
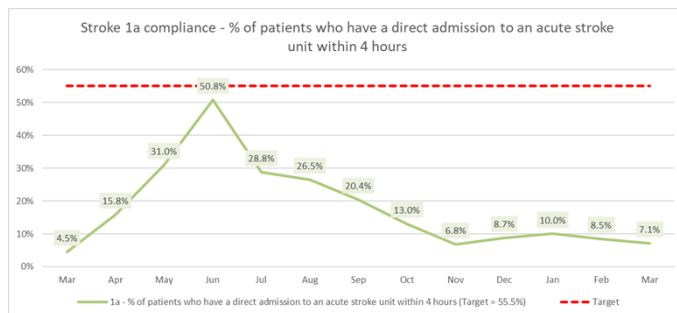


Figure 3: Red calls responded to within 8 minutes



Stroke:

In March 2022, 7.1% of patients were directly admitted to an acute stroke bed within 4 hours, with 56% of patients being assessed by a Stroke Consultant within 24 hours.



As presented at a previous Committee meeting, Medicine Clinical Board have developed an Improvement plan for stroke. The following table show the current improvement trajectories for stroke against a number of the SNAPP performance indicators, with and without investment. This forms part of the Health Board's IMTP investment considerations. It should also be noted that the Performance trajectories have been developed in the context of current operational pressures and reflect the balance of risk across the whole of the unscheduled care system.

SNAPP Key Performance Indicator Trajectories

	Jan 22 (current)	Feb 22	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022
CT Scan within 1 Hr	45.0%	35.1%	36%	40%	50%	55%	60%	65%
(With investment – front door consultants and CNS)					60%	60%	70%	80%
Swallow Screen within 4 Hr	34.6%	48.1%	27.1%	45%	50%	55%	60%	65%
(With investment – uplift of Stroke CNS)					70%	70%	80%	90%
Direct Admission to Acute Stroke Unit <4hrs	10.0%	8.3%	7.1%	10%	14%	20%	26%	30%
(With investment – uplift of Stroke CNS, ring fencing of acute stroke beds needed)					20%	40%	50%	55%
Assessed by a Stroke Consultant <24h	63.3%	57.9%	56%	60%	65%	65%	65%	65%
(With investment – dedicated Stroke resource needed at the front door)					70%	75%	80%	85%
Assessed by a Stroke Specialist Nurse <24h	80.0%	82.5%	80%	80%	82%	84%	85%	86%
(With investment – uplift of stroke CNS)					90%	100%	100%	100%

Primary care:

In relation to General Medical Services (GMS):

- *Sustainability applications*: The UHB currently has no sustainability applications.
- *Contract terminations/resignations*: There have been no contract terminations and 2 contract resignations. These have been proactively managed.
- *Directly managed GP services*: The UHB presently has no directly managed primary medical care services

In relation to GP Out of Hours (GPOOHs):

- In March 2022, 75% of patients prioritised as 'emergency' requiring a home visit were seen within one hour.
- In March 2022, 100% of patients prioritised as 'emergency' requiring a primary care centre appointment were seen within one hour.

Figure 4: % of GP OOH appointments requiring a home visit provided within 1 hour

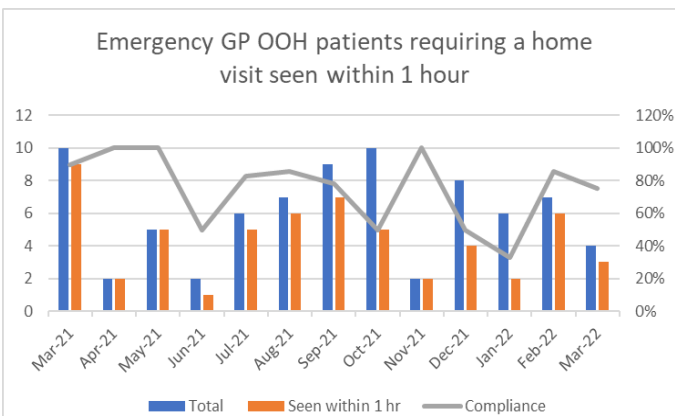
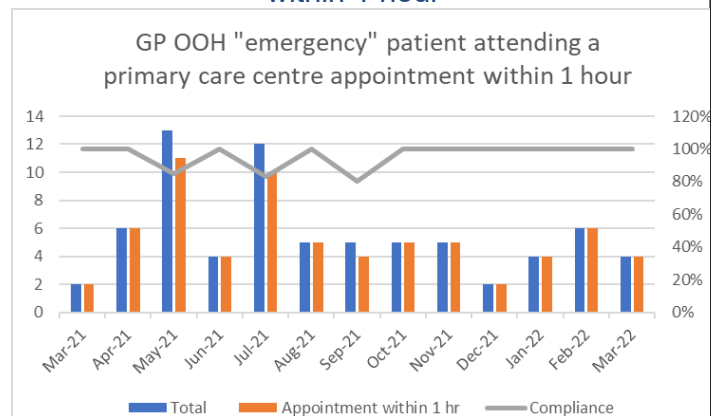


Figure 5: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



Mental Health Measures:

- Levels of referrals still remain significantly higher than pre-Covid levels. Referrals in March 2022 (1,495) were higher than December 2021 (1,173).
- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 48.5% overall in March. For CAMHs services compliance reduced in January but increased to 88% in March 2022. Overall, the volume of patients who have waited 57 days and over has reduced – from 276 in September 2021 to 0 in March 2022.
- Part 1b: 96% of therapeutic treatments started within 28 days following assessment at the end of March 2022, compared to 97% in December 2021.
- Part 2: 72% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of March 2022 compared to 75% in December 2021.
- Part 3: 82% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in March 2022 increasing from 78% in December 2021.

Mohamed Sarah
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Figure 6: Mental Health Referrals

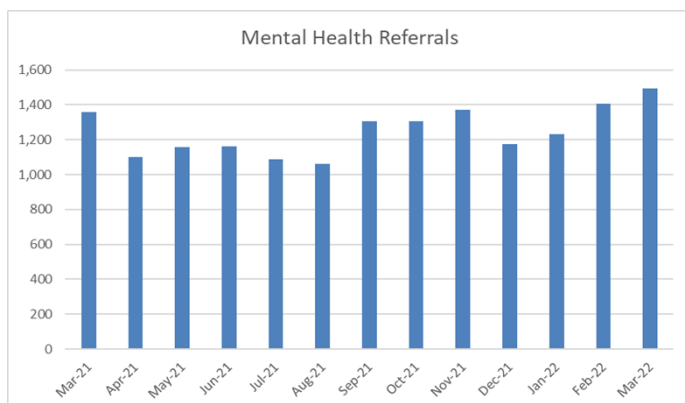


Figure 7: Performance against Mental Health Measures – Part 1a, 1b, 2 and 3

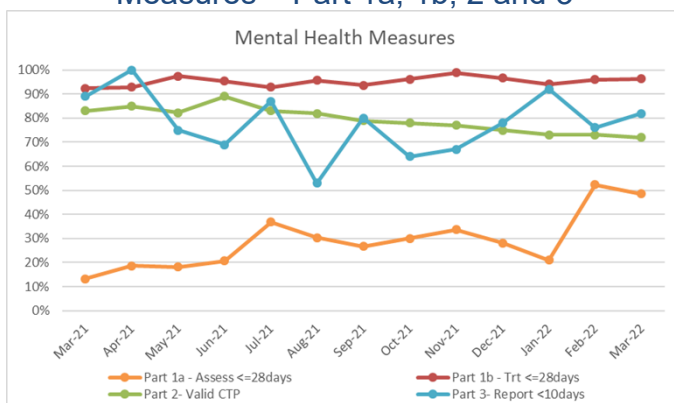
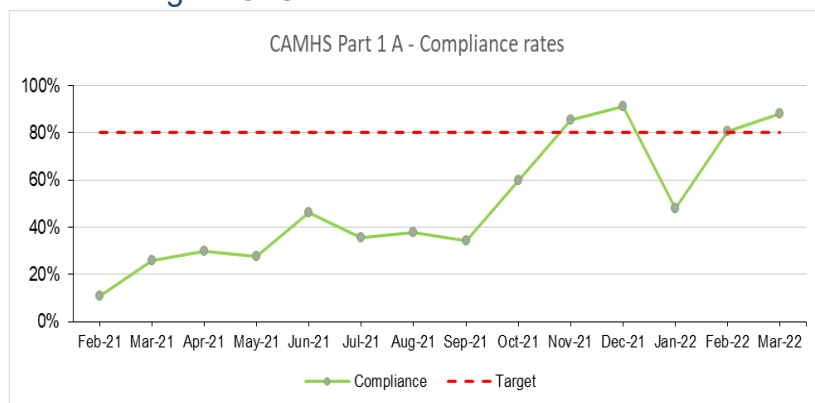


Figure 8: CAMHS Part 1a Performance



Cancer:

- Referrals for patients with suspected Cancer have returned to pre-Covid levels. There were 1,476 referrals from GPs in February. Incidental findings remain at higher levels than pre-Covid levels.
- SCP performance was 59% in February 2022 (increased from 51% in December 2021)

Figure 9: Cancer referrals

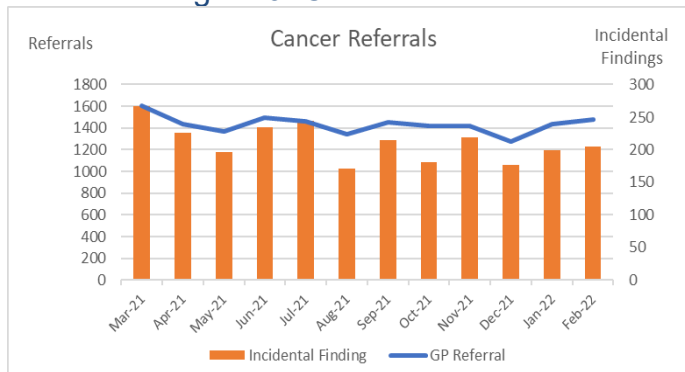
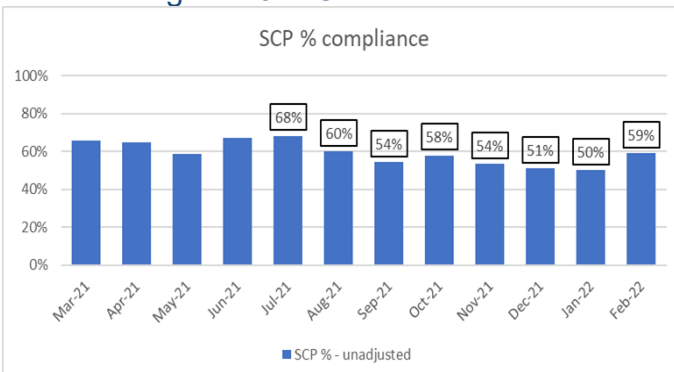


Figure 10: SCP Performance



Elective Access:

- The overall Referral to Treatment (RTT) waiting list increased to 123,567 at the end of March 2022. There were 44,083 patients waiting over 36 weeks at the end of March 2022, compared to 41,168 at the end of January 2022.
- Patients waiting greater than 8 weeks for a diagnostic test have decreased since January (7,319) to 5,001 in March 2022.
- The total number of patients waiting for a follow-up increased to 172,902 at the end of March 2022. The number of follow-up patients waiting over 100% beyond their target date has decreased to 41,939 patients.
- In March 2022, 95.2% of patients waiting for eye care had an allocated health risk factor against a target of 98%. 69.5% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Figure 11: Total RTT waiting list, % waiting under 26 and over 36 weeks

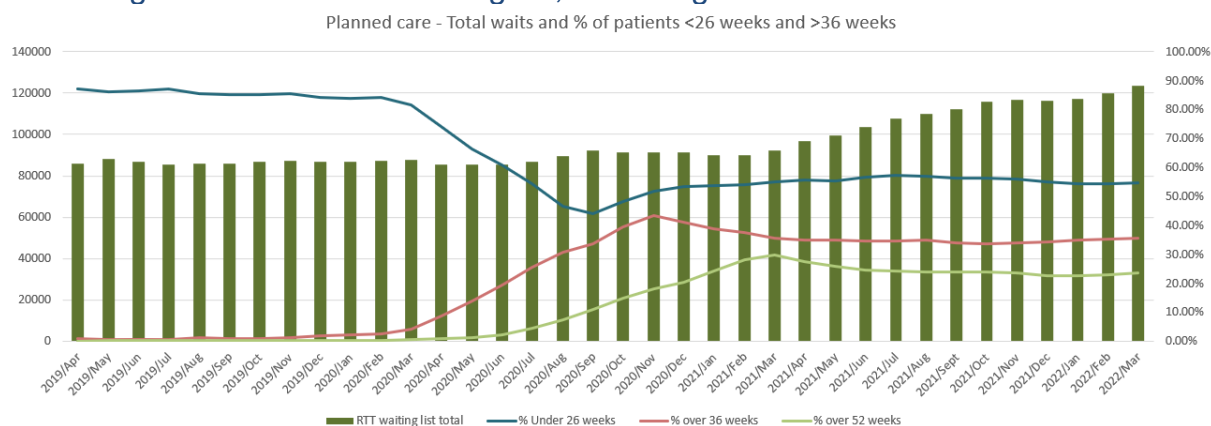


Figure 12: Diagnostics 8 week waits

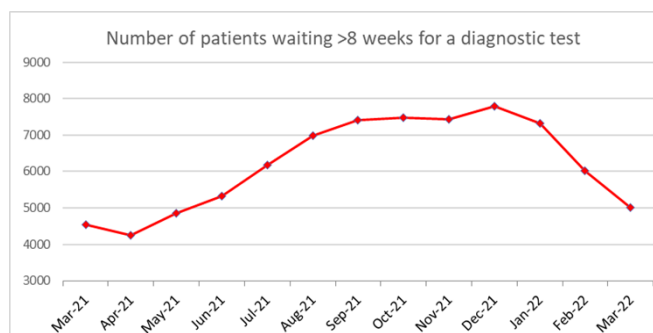
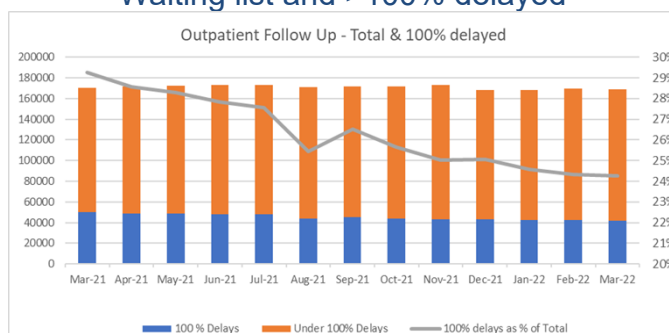
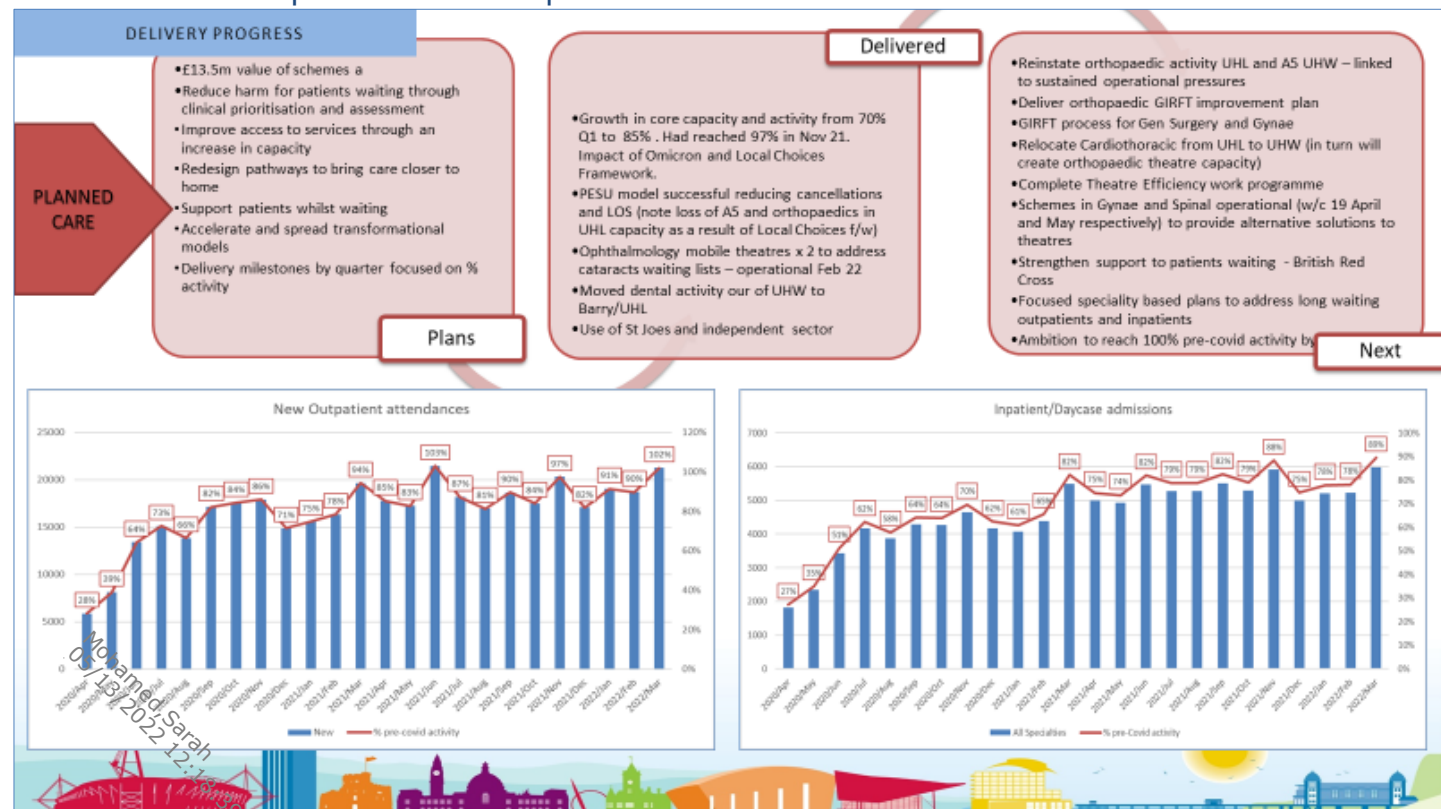


Figure 13: Outpatient Follow-ups – Total Waiting list and >100% delayed



Recovery and Redesign Update

The following section provide an update against the five programmes under the umbrella of Recovery and Redesign portfolio and the enabler schemes. The update provides detail of the plans, what has been delivered and plans for the next period.



DIAGNOSTICS

- £5.6m value of schemes
- Reduce harm for patients waiting through clinical prioritisation and assessment
- Improve access to services through an increase in capacity, core, insourcing and outsourcing
- Redesign pathways, straight to test, direct access
- Accelerate and spread transformational models
- Delivery milestones by quarter focused on % activity and > 8 week waits

Plans

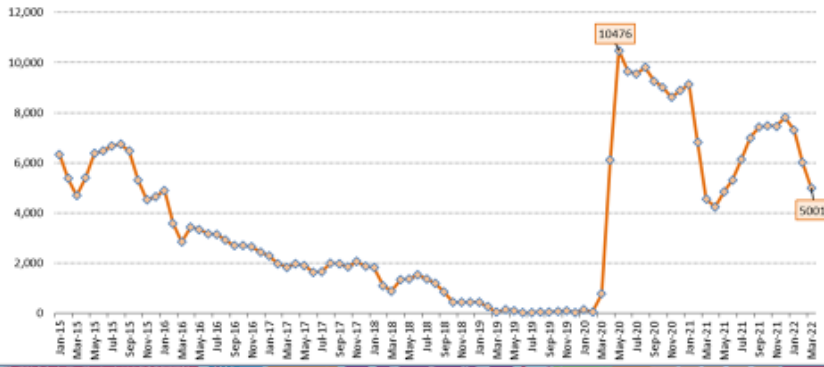
Delivered

- Reduction of > 8 weeks for CT and MRI from 2600 to 250 through increase in capacity
- Significant improvement on > 8 weeks wait for ultrasound due to focused plan (>3000 Nov 21 to 1400 end March 22)
- Increase productivity through air filtration units in endoscopy
- CT, US & Endoscopy now running at > 100% activity
- Positive engagement with National Imaging Board on Diagnostic Hub model and regional partners

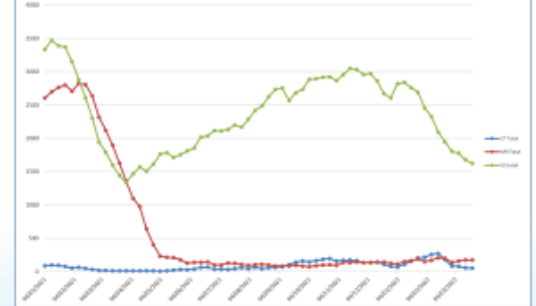
- Mobile Endoscopy unit in UHL – on site and commissioning underway – operational mid May 22 – extra 600 lists (4400-5500pts in 12 mths)
- Engaging with regional endoscopy plans
- Continued impact of plan for Ultrasound including locums and insourcing to eliminate > 8 weeks
- Focused plan for echocardiograms including additional hours and outsourcing plus workforce
- Secure WG Support for Community Diagnostic Hub and pathways that bring forward diagnostic element

Next

Patients waiting over 8 weeks for Diagnostic



Radiology waits over 8 weeks



MENTAL HEALTH

- £1.4m value of schemes
- Services to improve access for primary care mental health assessments and interventions (adults and CYP)
- Improving access to eating disorder services (adult and CYP)
- Increase coverage of Crises services
- Increasing support at tier 0 through innovations such as Recovery college
- Delivery milestones by quarter linked to performance against measures

Plans

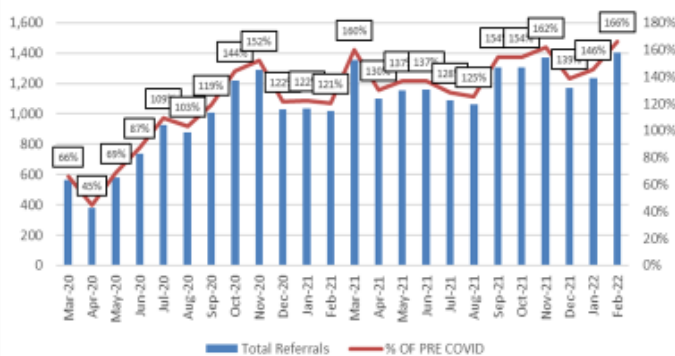
Delivered

- Significant improvement in part 1a CAMHS
- Sustaining Part 1b performance in spite of increased referrals
- Clinical Single Point of Access live in Oct 21 in CAMHS
- Website to support CYP with mental health and wellbeing launched
- CRHTT referrals 100% compliant with 4 hour target
- Increased Recovery College capacity
- Improvement in in waiting times for PMHSS (down to under 28 days from over 50 days)
- New PMHSS courses developed
- Adult Eating disorder assessment time down from 4 months to 6 weeks

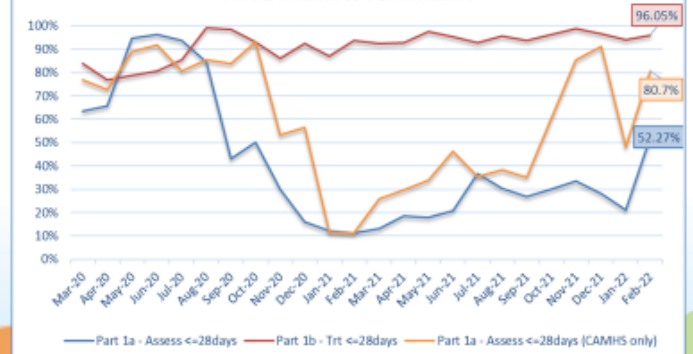
- 111 Press 2 for Mental Health – June 22
- CAMHS Crisis services extending hours - Q1 22/23 08.00 – 00.00
- Crisis pathway - CAMHS – Adult joint model for over 16 admissions
- Intensive Home Treatment Service new model in place (reduce inpatient admissions and length of stay)
- Eating Disorders – reduce waiting times through expansion of capacity through recruitment and focus on transitional pathways (Q1 22/23)
- Progress Sanctuary planning with partners

Next

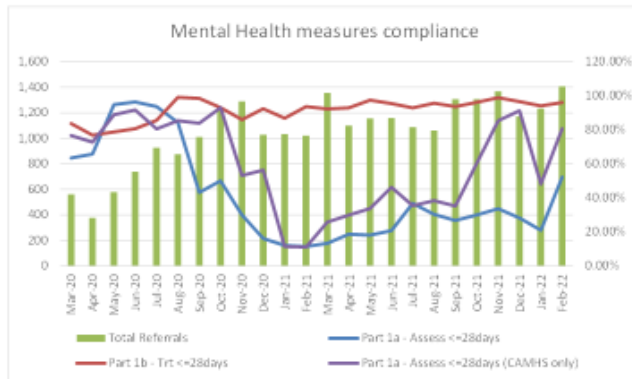
MH referrals



Part 1 Measures Performance



MENTAL HEALTH



- Demand remains significantly above pre-covid levels
- CAMHS – Significant improvement in waiting times. Achieved compliance with part 1a measure in 3 of the last 4 months (Feb 80.7%)
- Adults – Improvement seen in waiting times. No patients waiting over 57 days. Part 1a compliance improved to 45.2%. Line of sight to achieving compliance in Q1 2022/23

UNSCHEDULED CARE

- £2.087m value of schemes funded through recovery monies
- Linking all USC schemes and interventions from across entire system and linking with 6 goals
- Removing waste from hospital flow processes
- Improving Discharge and outflow
- Establish refreshed structure to deliver transformation. Spread and scale across USC
- Develop clear interface with breadth of USC programme and OPAT operational delivery

Plans

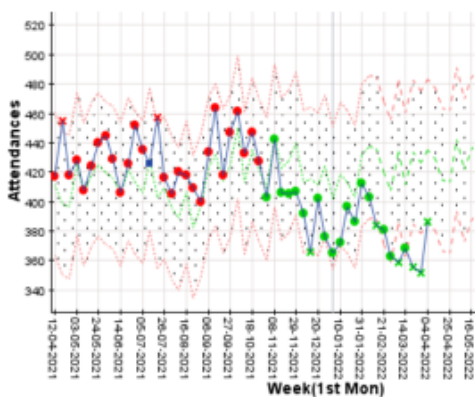
Delivered

- Surgical Same Day Emergency Care (SDEC) new facility and service model implemented in UHW incorporating consultant connect with access to hot clinical and hot slots for radiology
- Virtual ward established to support management of patients presenting at UHW – early evaluation shows
- New models of care - TCU1 @ St Davids (20 beds) and TCU 2 @ Lakeside
- Rapid Assessment and Treatment Zone (RATZ) model established
- Capital investment into AU/EU with screens and cubicles to support streaming

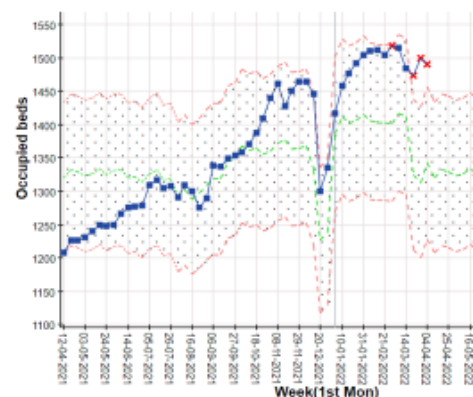
Next

- Fully release potential of virtual ward and MEACU (closing MEACU now never event)
- Delivery of Ambulance handover Improvement Plan
- Admission avoidance enhancements (Falls, PRU, Community Rapid Response)
- Review and refine in hospital pathways from front door
- Dedicated ED support for avoiding high risk and frail elderly patient admissions
- Transformation & Delivery structure refresh to ensure alignment with National 6 goals

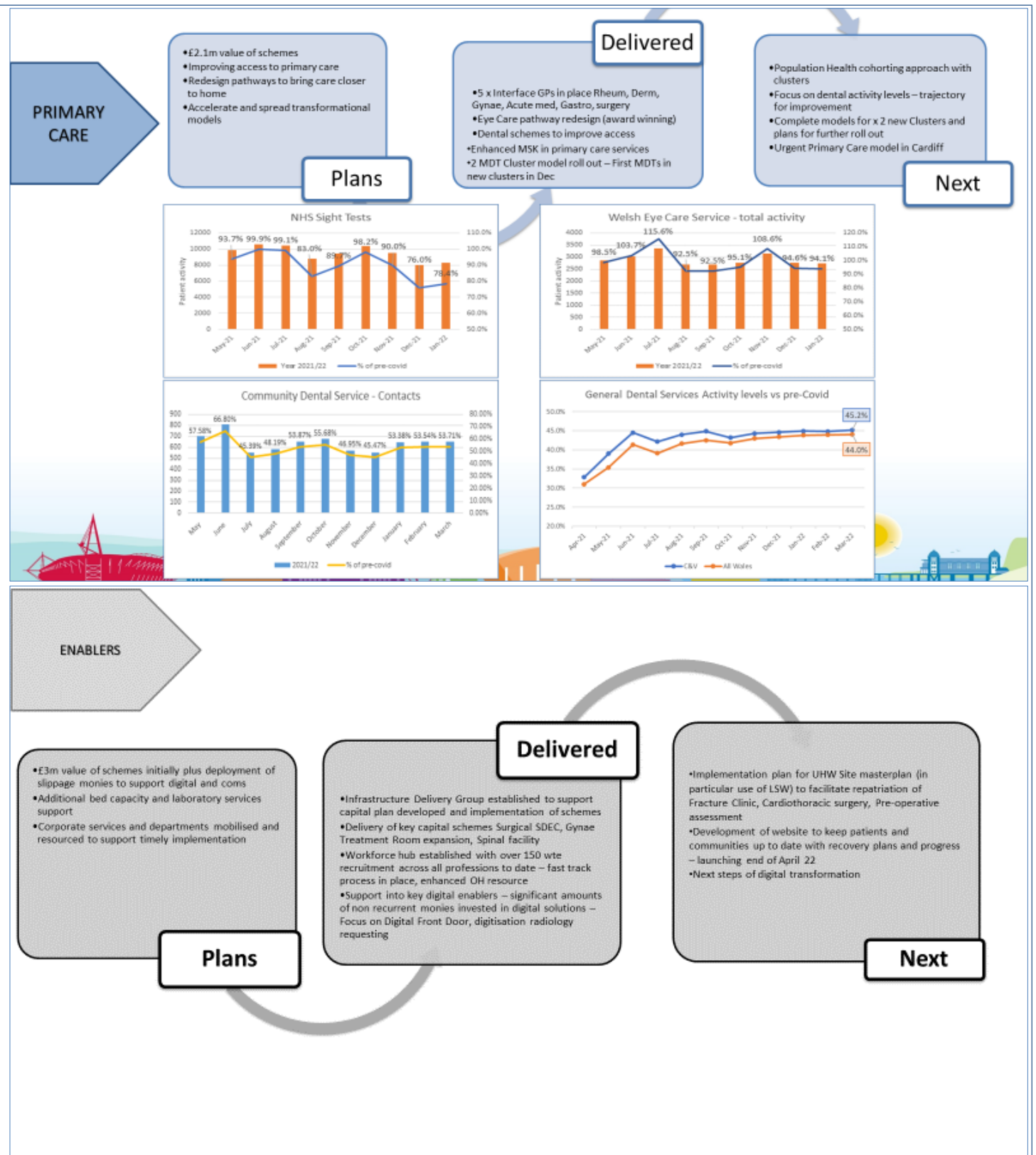
Emergency Admissions



Occupancy



Mohamed Sarah
05/13/2022 12:18:39



Recommendation:

The Strategy and Delivery Committee is asked to:

a) **NOTE** the year to date position against key organisational performance indicators for 2021-22 and Recovery and Resign update

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✓	Integration	✓	Collaboration		Involvement	
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Impact Assessment:

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

Risk: **No**

Safety: **No**

Financial: **No**

Workforce: **No**

Legal: **No**

Reputational: **No**

Socio Economic: **No**

Equality and Health: **No**

Decarbonisation: **No**

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Mohamed Sarah
05/13/2022 12:18:39



GIG
CYMRU
NHS
WALES

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

Shaping our Future Clinical Services

Strategy & Delivery Committee

May 2022

Mohamed Sarah
05/13/2022 12:18:39

A reminder of the SOFCS programme approach

Project 1 - Service Plans
Cancer, **Neurosciences**, **Cardiovascular**, **Musculoskeletal**, **Paediatrics**, **Womens**, Urological, Renal, Ophthalmology, Respiratory, Endocrinological, Gastroenterological, Head and Neck, Dermatology

Place based principles and characteristics & organisational context & broader regional planning, PH and demand planning

Project 2 - Future Care Pathways

Urgent / Emergency

Hip Fracture
Heart attack
Stroke
Abdominal pain

Planned/ Elective

Joint pains
Palpitations
Seizures
Abdominal mass

Specialised

Major trauma
Heart valve surgery
Brain tumour

Women's & Children's

POS
Meningitis

Workforce

Digital

Diagnostics

Estates

Frailty

Rehabilitation

Preventive/pre-emptive

Mental Health & Wellbeing

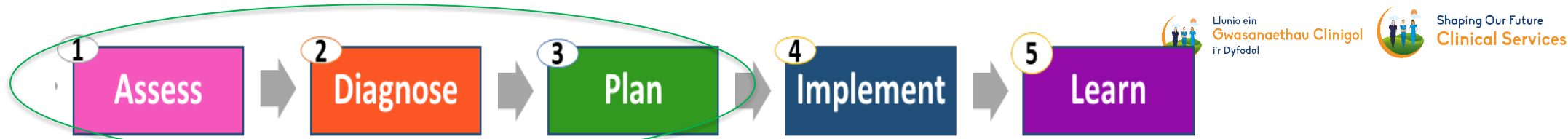
Long term conditions

Transitional Care

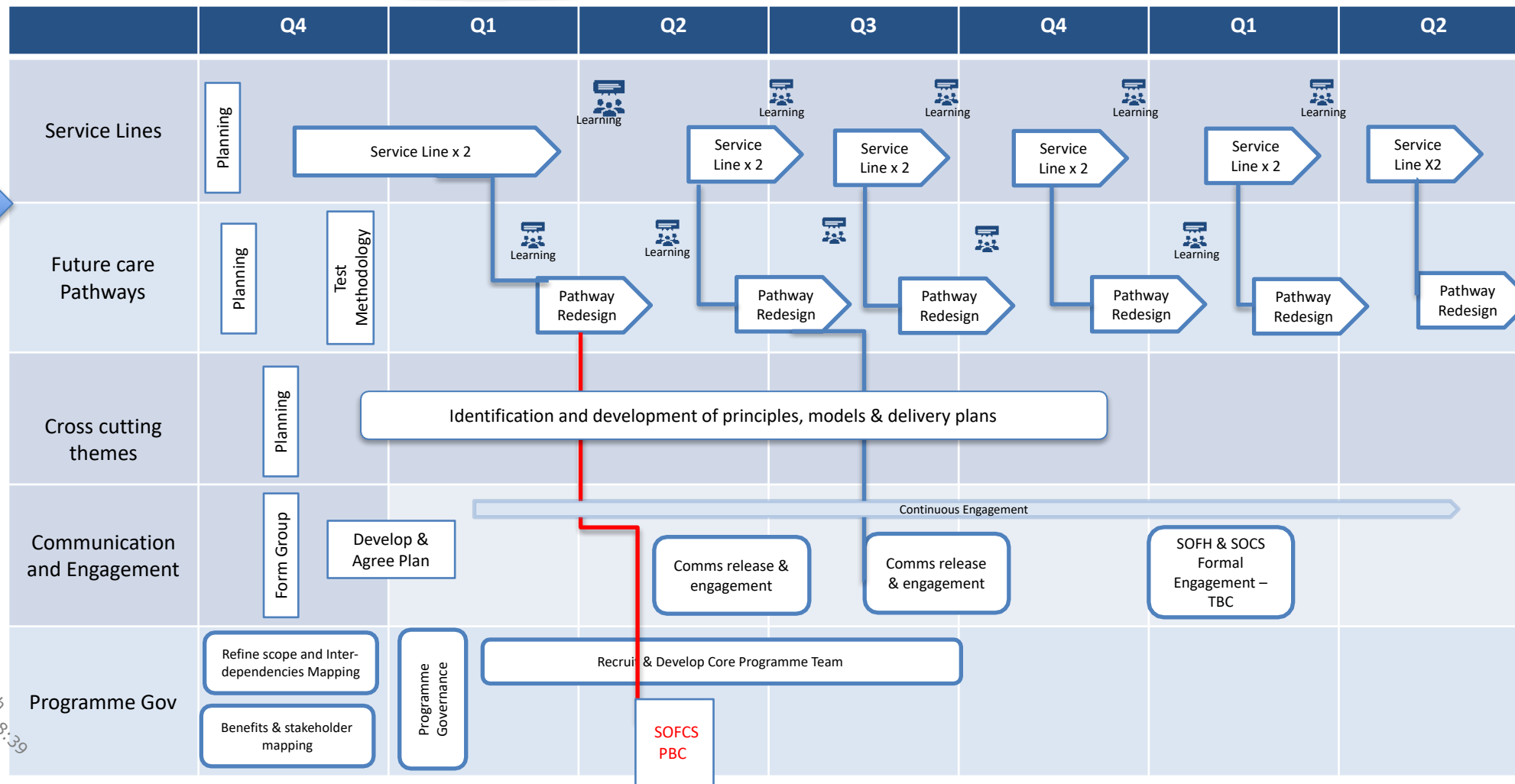
Palliative

transformation
programs

Project 3 - X-cutting themes



Place based principles & characteristics



Mohamed Sarah
05/13/2022 12:18:39

Service lines – Project 1

'The aim of service line transformation is to step out of dealing with immediate challenges, and focus on longer-term transformational change, that will bring short-, medium- and longer-term benefits.'



High level D&C work - inc. baseline analysis (PH analysis, disease prevalence, current demand) , demand assumptions (population change, changing needs, profiles, trends)



Bringing policy, best practice, research, data & information, innovation and subject matter experts together in groups of services.



Alignment with an integrated system & partnership model (local and all wales)



Focus on areas ready for transformation to exemplify the ambition and scale of change



Identification and assessment of the impact of changes to the way in which we deliver care to create a high-level service line pack and resulting plan with interventions linking longer term ambition with operational priorities



Outputs will inform SOF programmes and provide a framework for SOF Clinical Services pathways redesign

Mohamed Sarab
05/13/2022 12:18:39

Service line methodology testing - so far

1. First 2 Service Line commenced – GI & Urology & MDT's set up with internal & external SME's
2. GI exemplars – IDB, Liver Disease & Bowel Cancer
3. Urology exemplars – Haematuria, Benign Prostatic Hyperplasia/Lower Urinary Tract & stones
4. Wider stakeholder mapping commenced
5. Workforce and finance leads identified & digital leads engaged in the work
6. Bi-weekly project board commenced to oversee delivery
7. Baseline information being gathered – demand (Lightfoot), patient experience and current outcomes
8. Partnership link being identified

Mohamed Sarah
05/13/2022 12:18:59

Service line methodology testing – to come

1. Identification of interventions: Digital & Technology, Workforce, Pathway change, channel change, estate & financial requirements & understand implications
2. Determine timescale and feasibility and **context** check
3. Determine metrics and assurance process
4. Develop plan for years 1-3, 3-5, 5–10
5. Identification of implementation responsibility and ongoing governance
6. Learning, audit and assurance
7. Resource planning
8. Commencement of project 2 - pathway exemplars

Mohamed Sarah
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Risks to delivery

For current learning phase (2 service lines)

1. Organisational engagement & capacity for strategic thinking

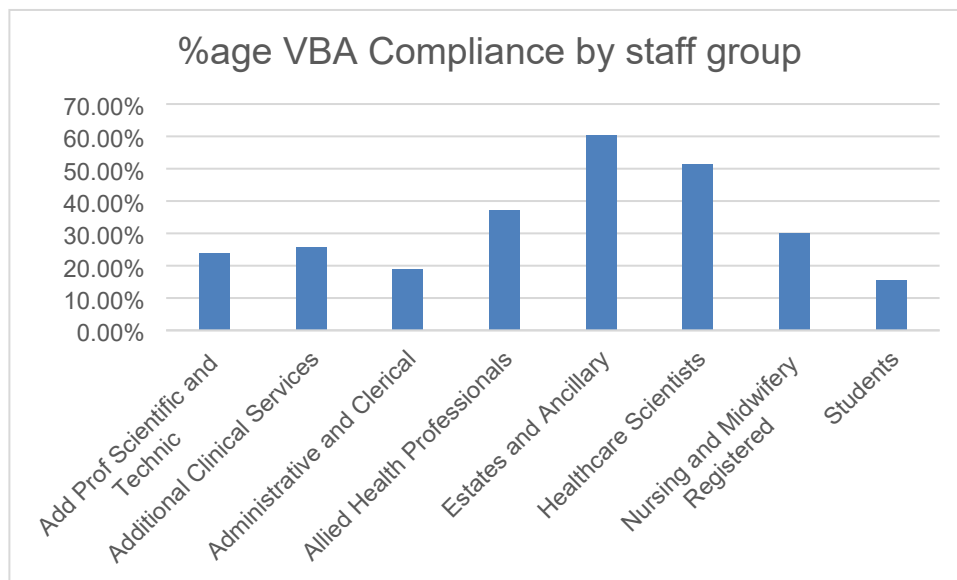
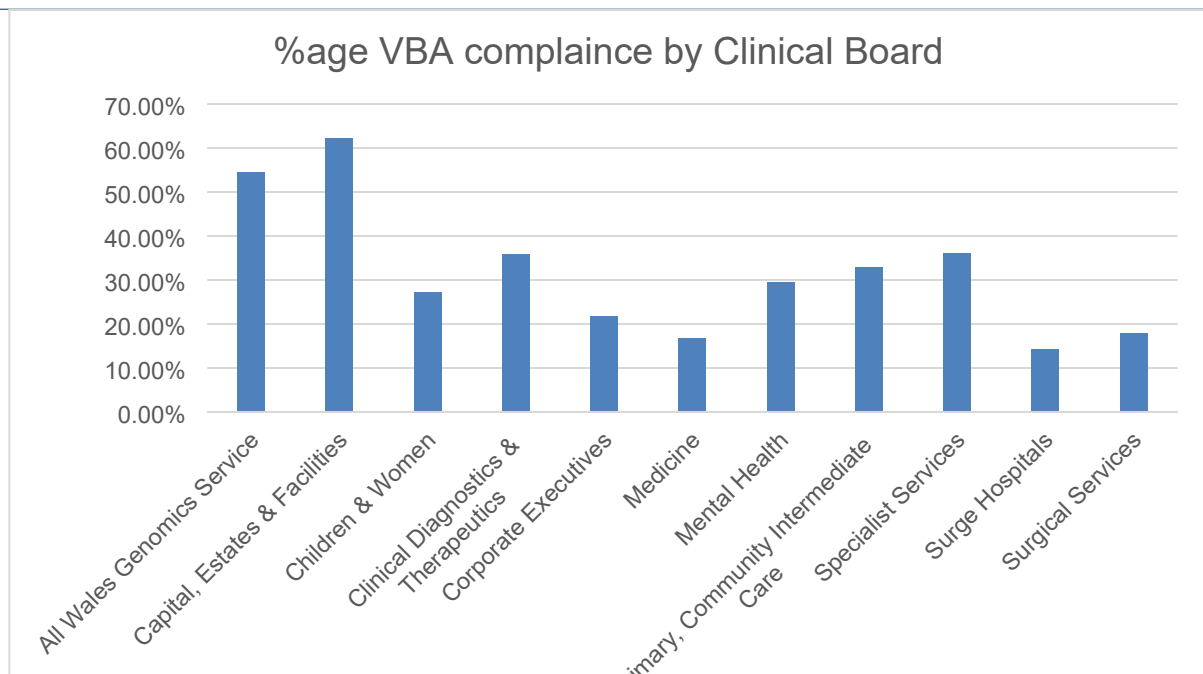
For future programme delivery:

1. Lack of programme resources for development of programme beyond first 2 service lines
2. Organisational engagement and capacity for strategic thinking

Mohamed Sarah
05/13/2022 12:18:39

Report Title:	Values Based Appraisal (VBA) – Update			Agenda Item no.	2.1.3
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	17 th May 2022
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Organisational Development & Culture				
Main Report					
Background and current situation:					
Cardiff and Vale UHB is a values-based organisation and as such has developed staff appraisal and support around these values, recognising the importance of the behaviour of staff demonstrating the values that have been set. Our staff are integral to the design, development and delivery of every service and function, and without them we could not exist. To continue to innovate, deliver high quality compassionate care and meet the challenges we are facing, we must develop and nurture our people to have the skills and confidence to operate within our values every day. Supporting and encouraging our staff to explore their career potential is also important to enable us to develop a workforce that is sustainable and fit for the future as the way we deliver care develops and changes. We continue to need the right people, in the right roles, demonstrating the right values. The revised Values Based Appraisal (VBA) was introduced within the UHB in 2019, with the aim of commencing the cascade approach from April 2020, however due to the COVID 19 pandemic and the unprecedented pressures placed on both our health system and our staff, completing the appraisal has become less of a priority and compliance has dropped. The newly launched process has also not yet been allowed sufficient time to embed into local processes within the UHB. There are many benefits for the UHB and staff for values based appraisals to take place, including improvements in performance, motivation and engagement; understanding of the development requirements for staff; to address areas for improvement and recognize strengths, and for career growth. This in turn impacting on patient outcomes and experiences.					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
Prior to the pandemic, in December 2019, the VBA percentage was 76%, this has reduced significantly to 30.86% in March 2022. The graphs below show a breakdown of VBA compliance by Clinical Board and Staff Group as at March 2022.					

Mohamed Sarah
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1,664 supervisors and managers have attended VBA training since its commencement, however, due to COVID-19, the VBA process has not had sufficient time to embed within the UHB.

Work Plan Update to 21/22 and further priorities/actions identified for 22/23

The WOD team has engaged with key stakeholders regarding the VBA process, resulting in work undertaken to date, and an action plan to improve, working in partnership with Trade Union colleagues:

Priority	Progress
Run a social media campaign	A social media campaign took place in June 2021, this will commence again Apr-Jun 2022 to encourage appraisal uptake – working closely with the communications team
Implement the simplified VBA documentation to all staff	The documentation has been amended and tested in several areas, further tweaking and roll out to commence from May 2022
Increase the training available to managers via a blended approach	Development of a VBA e-learning package for all staff – May 2022

	VBA training for supervisors/ managers will take place monthly Recorded MStems videos available on the internet – May 2022
Support managers to input VBA onto ESR by developing written guidance and a video	This was completed in July 2021, however the form on ESR has been improved and will be available from May 2022
Engage with managers where appraisal rates are lower than expected to offer additional support, training, etc	Support is being offered across the Health Board to all staff. The VBA cycle will take place for staff during Apr-Jun 2022, therefore further support will be offered to those with lower compliance from July 2022.
Work closely with managers, staff and trade unions to understand what works and what needs improving from the current process	June 2022
Pay progression – with effect from October 2022	Communications will be sent in May 2022 and included within training
Undertake analysis of reports from ESR to inform the talent management framework and the training needs	Sept/ Oct 2022 Outcomes from the All Wales Staff Survey Sept/ Oct 2022
Review and update VBA Procedure	Highlight the importance of who is accountable for the VBAs. Sept 2022

The action plan will enable a practical, and achievable approach to reinvigorating VBAs, communicating with and training all staff in the benefits of undertaking and engaging in the conversations, and refocus the messaging around VBAs from one of compliance, to one of mutual benefits for individual staff, managers, teams and the patient.

Recommendation:

The Committee is requested to:

a) Note the content of this update report

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term	x	Integration		Collaboration	x	Involvement	x
Impact Assessment: Please state yes or no for each category. If yes please provide further details.									
Risk: Yes/ No									
Risk of not identifying development areas; lower retention of highly skilled staff									
Safety: Yes/ No									
Risk of not identifying areas of concern; areas of development									
Financial: Yes/ No									
Risk of higher turnover; succession planning									
Workforce: Yes/ No									
Staff engagement, motivation, health and wellbeing; Career development and progression									
Legal: Yes/ No									
Link to pay-progression									
Reputational: Yes/ No									
Staff engagement and morale; career development; healthy working relationships; Welsh Government reporting									
Socio Economic: Yes /No									
Equality and Health: Yes/ No									
Lack of opportunity for all to engage in career and development conversations; set objectives etc									
Decarbonisation: Yes /No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

Mohamed, Sarah
05/13/2022 12:18:39

Report Title:	2022-25 Integrated Medium Term Plan: Delivery Assurance			Agenda Item no.	2.2
Meeting:	Strategy and Delivery Committee	Public	☒	Meeting Date:	17 May 2022
		Private	☐		
Status <i>(please tick one only):</i>	Assurance ☐	Approval ☐	Information ☒		
Lead Executive:	Executive Director of Strategic Planning and Commissioning				
Report Author (Title):	Head of Strategic Planning				

Main Report

Background and current situation:

On the 31st March 2022 Board approved a draft 2022-25 Cardiff and Vale UHB IMTP on the assumption ongoing work through the first quarter of 22-23 would take place to address the £20.8M deficit which the plan was currently articulating.

This was an approach which was agreed with Welsh Government.

The draft plan was subsequently submitted to Welsh Government following the Boards approval of the draft document, also on the 31 March.

Whilst work is underway to finalise the plan it is also necessary to ensure that the appropriate mechanisms are in place to ensure that both Strategy and Delivery Committee and Board can be assured on 'in year' progress of wider delivery of the plan.

The robustness of current mechanisms have been the focus of both recent Audit Wales and Internal audit reports. Both reports remarked that arrangements required strengthening.

It is also necessary to provide Welsh Government with quarterly updates on plan delivery. Previously this has been done via sharing a compendium of key papers which have been taken Board meetings. Whilst accepted by WG it has been noted that this is not considered a robust approach.

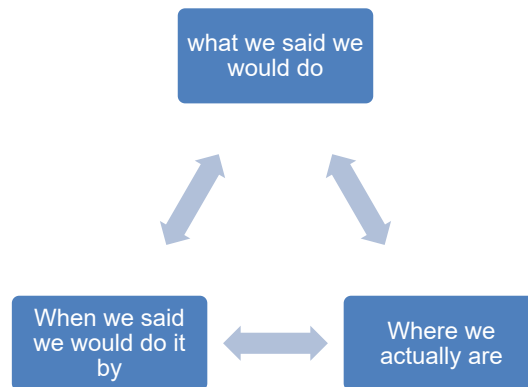
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The ability to effectively yet succinctly offer assurance on a plan which describes everything which a Health Board is doing (across Operations, the strategic agenda, workforce, finance and quality & patient safety) is an issue which all Health Boards have perennially grappled with. No one approach has emerged which auditors, government or other commentators have held up as a 'gold standard'. However, in beginning to develop its approach for 22-23 the UHB have considered the aspects of what good looks in other organisations.

Annex 1 represents the work which has taken place to date and Strategy and Delivery committee are asked to comment on the emerging proposal. This proposal continues to be tested with Management Executive and those key organisational leads who will have a role to play in using the template.

The key principles which have been used in developing this approach;

- In order to keep this manageable (both from a producer and consumer perspective) the template takes the tangible ambitions / targets / ministerial priorities etc which the UHB committed to in the plan and looks to triangulate;



- It looks to signpost readers to other documentation if more detailed narrative is required as to why things are going well (or not so well). This will include programme board papers and other Board / sub-committee papers (for example).
- A template shaped around the UHB's organisational priorities, as opposed to individual programmes and projects, in order to provide a clearer line of sight on how and where all the UHB's various programmes of work fit together.
- A template which uses the UHB's outcomes framework as a measure for the resulting impact that this work is having.

There are some important points to note when considering the template and the principles outlined above which have been adopted;

- When using the emerging outcomes framework, progress should be taken in the context of 'the sum of the whole rather than the individual part'. A level of sophistication does not yet exist to understand what proportion of impact any one individual intervention is contributing; although there is clearly an ambition to get to this point.
- The robustness of assurance will be as good as the information which feeds it. As such there are some key inter-dependencies upon which this process relies. A key one is the design architecture, capacity and capability pertaining to the UHB's ability to fully exploit the data and intelligence which is available from the *Signals from Noise (SfN)* system.
- As the title of our plan suggests, it is an **integrated** finance, workforce, operational and quality plan. As such this assurance report should never be considered in isolation of wider finance and operational performance reports (for example) which will give important context and the wider holistic picture of the issues which the organisation is facing. Issues which are highly likely to impact on the organisations ability to deliver its wider medium-term plan.
- This assurance tool represents the beginning of a maturing process. The UHB will look to continue to refine the process and make improvements as this assurance approach is tested and implemented.
- A schedule has been developed for the remainder of 22-23 to describe when Strategy & Delivery Committee, Board and subsequently WG can expect to be assured on progress of the IMTP. This is shown in the table below;

Quarter	Strategy & Delivery Committee	Board	Welsh Government
Q1	12 July 2022	28 July 2022	>28 July
Q2	27 September 2022	24 Nov 2022	>24 Nov
Q3	24 January 2023	26 Jan 2022	>26 Jan
Q4	TBC when corporate calendar set	TBC	TBC

Recommendation:

The Strategy and Delivery Committee are requested to:

a) **NOTE and COMMENT** upon the draft IMTP delivery assurance template which is under development; and

b) **NOTE** that routine quarterly reports will be brought to the Committee on a quarterly basis moving forward.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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Mohamed Sarah
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2022 – 2025 CARDIFF AND VALE INTEGRATED MEDIUM TERM PLAN

DRAFT

Delivery Report:



GIG
CYMRU
NHS
WALES

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

Purpose of this Report

The UHBs 22-25 IMTP sets the direction of the organisation for the coming three years- it is the organisations vehicle for delivery of its long term strategy, *Shaping our Future Wellbeing* and the realisation of the outcomes articulated in the UHBs outcomes framework (see image opposite).

The IMTP is a strategic level plan. Consequently this delivery report is a strategic level delivery report. Its focus is on the key targets, ambitions and goals that were articulated in the plan providing a *what we said v's where we are* position.

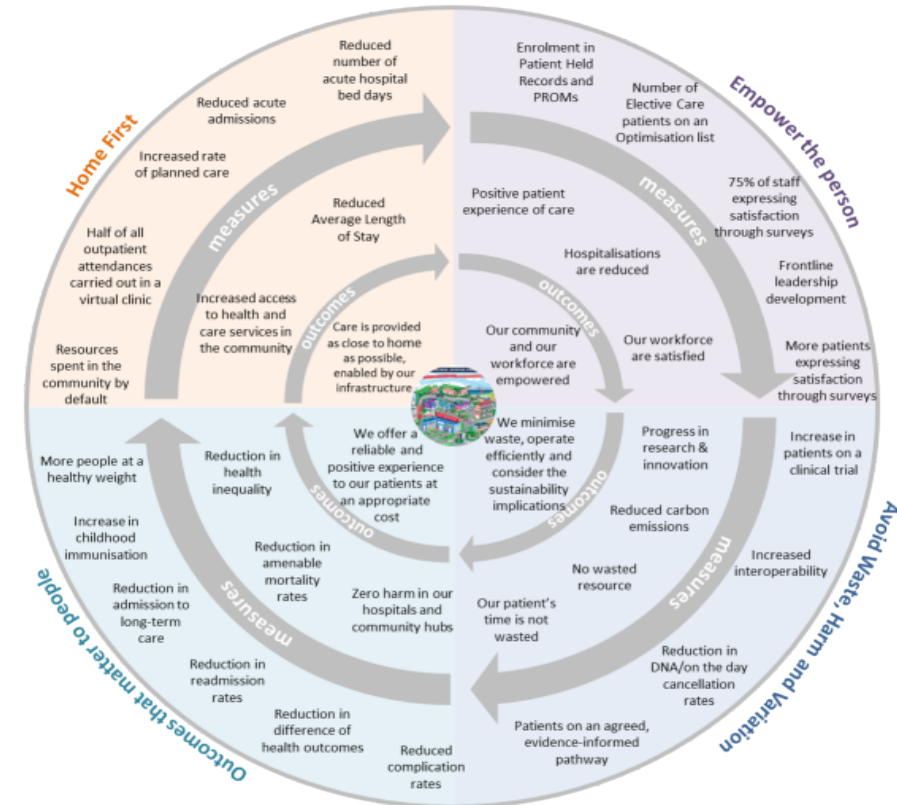
The UHB retains a comprehensive governance structure for all 'change' described in the plan. This is summarised [here](#). Where additional information is required regarding the specifics of a particular project/programme further information can be found from these sources.

These updates reports should always be read in conjunction with other key papers which the UHB routinely produces for Board and its sub committee's. For example the Director of Finance Financial report. There are signposts to these at the appropriate place in each document.

Whilst this delivery report is shaped around the UHBs 9 priorities for 22-25 it is important to recognise that these priorities are not mutually exclusive. Actions being progressed against one priority will often also be materially progressing another priority.

Equally, many of the outcomes which the UHB is seeking to realise will come about through a number of pieces of work. For example, work which is being progressed across both the @Home and 'Shaping our future population health' programmes will, we hope, reduce inequalities of care. It is for this reason outcomes must be considered in the context of *the sum of all our change as opposed to any one individual intervention*.

In this context the conclusion of this delivery report articulates a heatmap of the UHB outcomes framework. This heatmap supports the *so what* question. *So what impact is all this work having on the key outcomes which the UHB is tracking?* It will highlight at a strategic level where our combined efforts are succeeding and where challenges may continue to be felt.



If you want to understand exactly which outcome(s) any particular project/programme/intervention is looking to support realise you can review the UHBs interactive outcomes framework here (link to be added)

Contents

Background

Our Priorities and programmes of work

Delivery Arrangements

Operational delivery ambitions

SECTION 1: Progress against UHB Priorities

Renewal and redesign

Digital infrastructure

Integration with community services

Workforce &OD

Address burdens of disease in Wales

Physical infrastructure

A shift to prevention

Collaboration with our partners

Continued covid response

What this all start to means: *Our Outcomes Framework heatmap*

SECTION 2: Progress against Ministerial Priority measures

Population Health

Care Closer to Home

Infection prevention and Control

Six goals of urgent and emergency care

Access to timely planned care

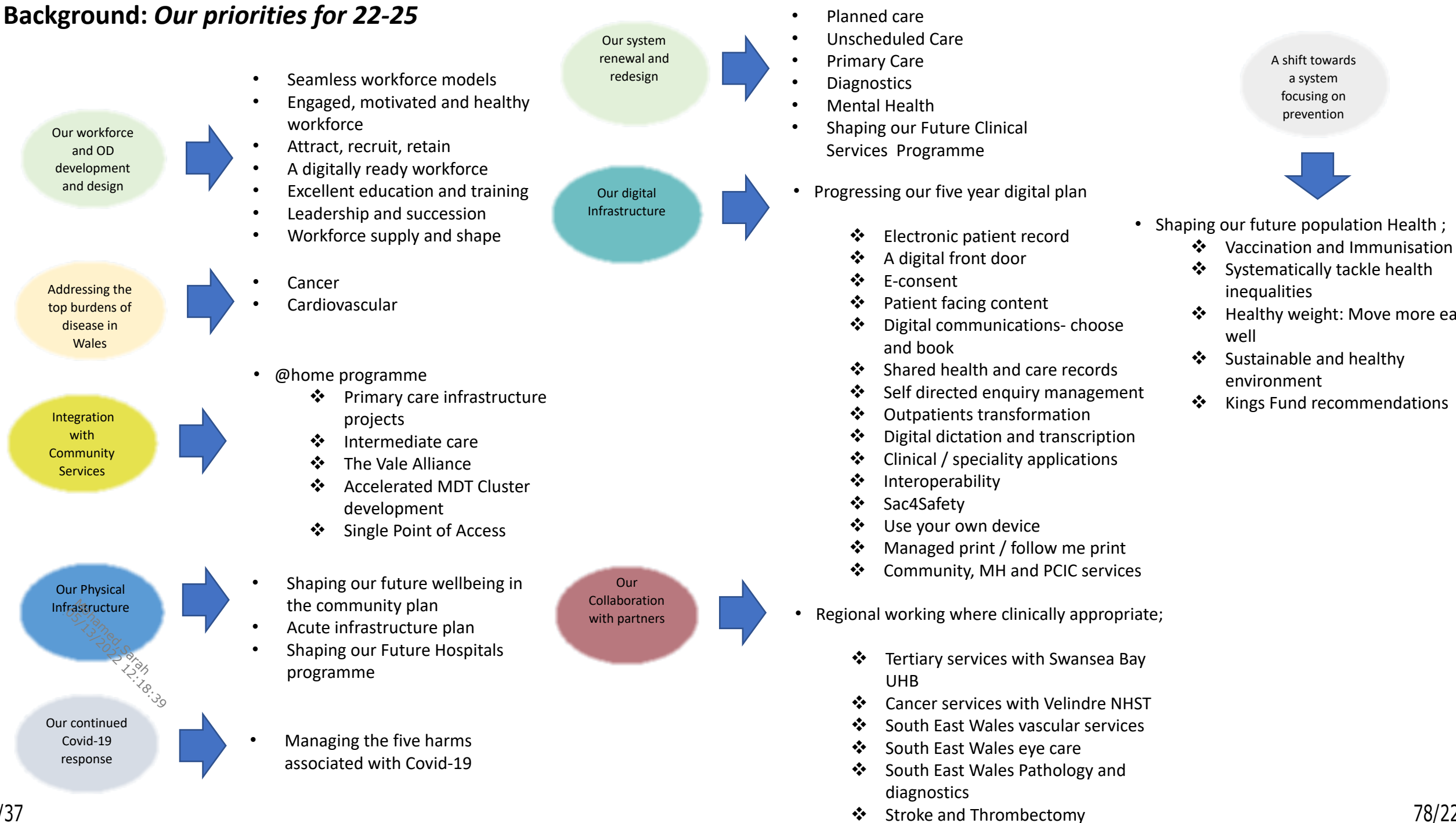
Workforce

Digital and technology

Economy and the Environment

Mohamed Sarah
05/13/2022 12:18:39

Background: *Our priorities for 22-25*



Background: Ministerial priorities for 22-25

Population Health



- Healthy weight
- Smoking cessation

Access to timely planned care



- >104 week waits treatment
- > 36 week waits treatment
- > 52 week waits for outpatients
- Cancer waiting times
- Diagnostic waiting times

Care closer to home



- Diabetes care

Workforce



- Health and Wellbeing
- Staff engagement
- Sickness
- Staff agency spend

Infection prevention and control



- Klebsiella
- Aeruginosa
- E-Coli
- S.Aureus bacteraemias
- C-difficile

Digital



- Value based health and decision making

Six goals of urgent and emergency care



- Urgent Primary care centres
- Same day emergency care services
- Emergency bed length of stays

Economy and the Environment



- Decarbonisation / net zero
- Foundation Economy

Background: Governance Arrangements

Delivery of the IMTP is underpinned by a governance structure comprising;

- Two change portfolios (blue) wrapped around
- two enabling programmes (purple).
- A number of business as usual (BAU) governance structures (orange)

This delivery report provides a high-level compendium of performance across all these areas which collectively scrutinise delivery of the IMTP for respective areas.

???Query – Governance for these programmes of work???

Our People and Culture Programme

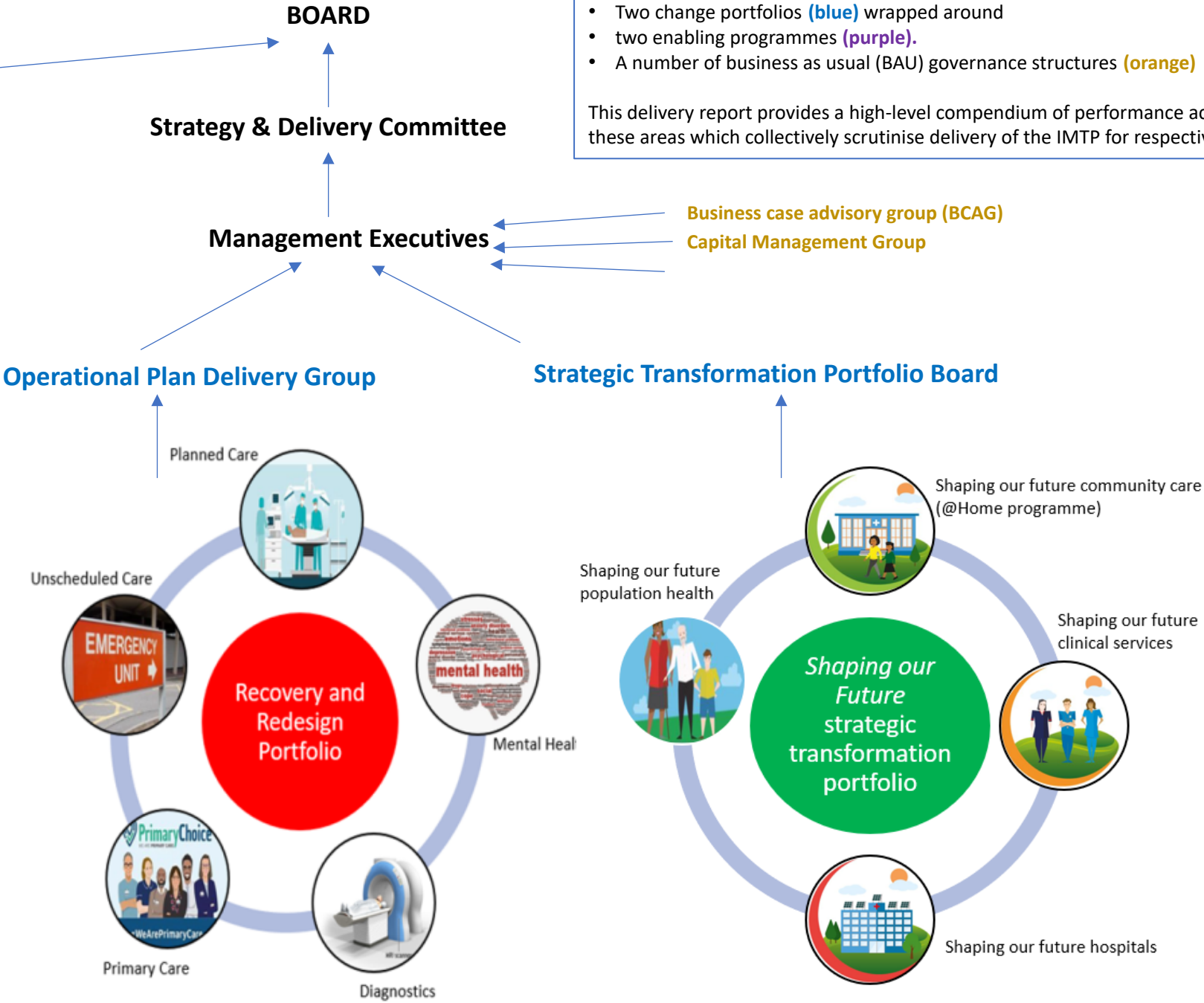


Llunio ein Gweithlu i'r Dyfodol
Shaping Our Future Workforce

Our digital Programme



Delivering Digital
Building a learning health and care system
A Five Year Strategy



Renewal and Redesign: *Context and Introduction*

Recovery and redesign as a priority spans both the UHBs recovery and redesign and the strategic transformation portfolios.

The 22-25 IMTP set a number of delivery ambitions for the next year across five areas; Primary Care, Mental Health, Planned Care, Urgent and Emergency Care and Diagnostics).

Shaping our Future Clinical Services (SOCs) is a transformational programme of work which in turn takes a >3year view of our health system. Its objective put simply is to develop and deliver an overarching clinical services strategy, delivery plans and structure in order to transform the way our patients access our clinical services in their homes, communities and in hospital over the next ten years.

This section of the delivery report provides a ‘moment in time’ position for the UHB against the ambitions provided across these areas.

Further information regarding *how* progress is being made, *why* progress is on track (or off) can be found via the following documentation;

- The Director of Operations performance reports to Board
- The Shaping our Clinical Services programme reports given to the Strategic transformation portfolio board.
- The Operational plan and delivery group mechanisms.



Renewal and Redesign: *Primary Care*

Quarter	Q1	Q2	Q3	Q4
Where we said we would be	Increased % of dental activity vs. pre-covid levels (subject to IPC guidance)	Increase in Eye Care Treatment by primary care Deliver option appraisal and develop plan for next UPCC centre	Reduction of emergency admissions for over 65s	Delivery of diabetes performance measures in line with WG targets
Where we are Q1 update				
Where we are Q2 update				
Where we are Q3 update				
Where we are Q4 update				

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Renewal and Redesign: *Unscheduled Care*

Quarter	Q1	Q2	Q3	Q4
Where we said we would be	Reduce ambulance lost hours by 25% above March '22 position 90% surgery patients via surgical SDEC	Reduce 21-day length of stay to pre-covid levels Medical SDEC at UHW open 7 days a week	Compliance with latest SNAPP targets	Eliminate 12 hour ED wait
Where we are Q1 update				
Where we are Q2 update				
Where we are Q3 update				
Where we are Q4 update				

Mohamed Sarah
05/13/2022 12:18:39

Renewal and Redesign: *Planned Care*

Quarter	Q1	Q2	Q3	Q4
Where we said we would be	100% of pre-covid levels for elective surgery 100% of pre-covid activity levels for new OP	110% of pre-covid activity levels for new OP - Increase SOS / PIFU pathways	110% of pre-covid activity levels of elective activity 110% of pre-covid activity levels for new OP - Achieve 33% of outpatients via virtual - Reduce volume of 104 week waits for treatment	- Eliminate 104 week waits for outpatients - Eliminate 104 week waits for treatment 120% of pre-covid levels of elective activity 120% of pre-covid levels for new OP - Achieve >65% Single Cancer Pathway target - Deliver 30% reduction in delayed follow ups (>100%)
Where we are Q1 update				
Where we are Q2 update				
Where we are Q3 update				
Where we are Q4 update				

Mohamed Sarah
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Renewal and Redesign: *Mental Health*

Quarter	Q1	Q2	Q3	Q4
Where we said we would be	• Deliver 80% compliance with Part 1a 28-day assessment target in CYP and Adults • Improvement in Eating Disorder access times	• Deliver NHS 111 (press 2) programme • Go live with sanctuary provision for crisis care in adults • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times	• Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments	• Implement repatriation plan for delivery of trauma informed care services close to home • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments
Where we are Q1 update				
Where we are Q2 update				
Where we are Q3 update				
Where we are Q4 update				

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Renewal and Redesign: *Diagnostics and Therapies*

Quarter	Q1	Q2	Q3	Q4
Where we said we would be	Eliminate 8 week waits for all modalities excl. US, Echo and Endoscopy	- Eliminate > 8 week waits for US and Echo - Endoscopy activity to exceed 125% of pre-covid activity levels	Endoscopy activity to exceed 130% of pre-covid activity levels	50% reduction of >8 week wait in endoscopy (aim to clear by March '24) 50% reduction of >14 week wait in Therapies (aim to clear by March '24)
Where we are Q1 update				
Where we are Q2 update				
Where we are Q3 update				
Where we are Q4 update				

Approved: Sarah
12/13/2022 12:18:39

Renewal and Redesign: *Shaping our Future Clinical Services(SOCs)*

Overall Programme Report					
Programme Lead		Programme Status			Next Major Milestone:
What we said we would do in last Quarter:		What's actually been undertaken in last Quarter:		Targets for next Quarter;	
Major Programme Risk:	Mitigating Action:			Decision / Intervention required from Execs:	

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Digital Infrastructure – Context and information

The UHBs digital infrastructure is set within the IMTP as being recognised as being a key enabler for the UHB.

The 22-25 IMTP set a number of delivery ambitions across a range of key areas which included;

- ❖ Electronic patient record
- ❖ Digital front door
- ❖ E-consent
- ❖ Patient facing content
- ❖ Digital communications – choose and book
- ❖ DSPP
- ❖ PROMs
- ❖ Shared health and care records
- ❖ Self-directed enquiry management
- ❖ Outpatient transformation
- ❖ Community, Mental Health and PCIC services
- ❖ Digital dictation and transcription
- ❖ TR radiology & GPeTR
- ❖ Clinical / speciality applications
- ❖ Interoperability
- ❖ Scan4Safety
- ❖ Vein2Vein transfusion (all Wales
- ❖ Signals from Noise and power BI

This areas of priority have been colour coded as per in the IMTP to give an indication as to the expected level of pace at which they will be progressed.

FUNDED & PRIORITY 1
UNFUNDED PRIORITY 1- Solutions continue to be sought at time of plan submission
UNFUNDED PRIORITY 2- Solutions continue to be sought at time of plan submission
OUTSIDE OF CAV CONTROL

Overall Programme Report					
Programme Lead		Programme Status			Next Major Milestone:
What we said we would do in last Quarter:		What's actually been undertaken in last Quarter:		Targets for next Quarter;	
Major Programme Risk:	Mitigating Action:			Decision / Intervention required from Execs:	
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Integration with Community Services: Introduction and context

The @Home programme is a key plank of the UHBs *Integration with community services* priority.

@Home is a particular is a multi-partner programme of work that is driven through our RPB structures. It is through this programme we are driving forward the locality placed-based model for care, linked to our nine clusters, and the right sizing of our community services in order to implement the new models of care.

Key areas of focus for the @Home programme as identified in the IMTP were;



@home

PRIORITY	DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25
Progress key Primary Care infrastructure projects	22/23 Qtr4 Development of an agreed service scope and finalising/submission of outline business cases for Barry Hospital and North & West Cardiff H&WBC 23/24 Qtr4> Development of full business case and proceeding to build/delivery (subject to funding)
Intermediate Care	22/23 Qtr4> Development of a 24/7 crisis response service Alignment of services and development of a ‘rightsized’ IC service provision
Vale Alliance	22/23 Qtr 2- Finalise agreement from partners and development of the model 23/24 Qtr2- Mobilised shadow arrangements 23/24 Qtr 3> - Implementation and ongoing development of model
Accelerate MDT Cluster Development model	By 22/23 Qtr 4 - Rollout of the cluster model to two further clusters By 23/24 Qtr 4 - Rollout of the cluster model to remaining clusters
Single Point of Access	22/23 Qtr 4 Development of both the Cardiff and VoG provision for accessing community services

More detailed programme level updates can be found via the Strategic transformation portfolio board.

Integration with Community Services: @Home Programme Update

Overall Programme Report					
Programme Lead		Programme Status		Next Major Milestone:	
What we said we would do in last Quarter:		What's actually been undertaken in last Quarter:		Targets for next Quarter;	
Major Programme Risk:		Mitigating Action:		Decision / Intervention required from Execs:	

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05/13/2022 12:18:39

Workforce & OD: *Our People and Culture plan ambitions update*

Where we said we would do	Qtr1: Where we are	Qtr2: Where we are	Qtr3: Where we are	Qtr4: Where we are
Improve retention across the UHB to a healthy level, i.e. between 7- 9% by 22-23.				
by 23-24 is for vacancies across the UHB to be 5% or below.				
Reduce the bank and agency expenditure				
Increase the number of staff employed in integrated health and social care roles by end 22-23				
streamline current recruitment processes, improving the onboarding time				
reduce absence to a more sustainable position. A reduction to 6% in 22-23 and 5.5% in 23-24.				
reduce the number of staff on long term sick leave suffering with stress, anxiety, depression by 10% in 22-23 and a further 10% in 23-24.				
raise awareness of the importance of undertaking appraisals with staff and increase compliance to 50% in 22-23 and 85% in 23-24.				
Increase the number of staff who access learning, development and training opportunities by 50% by 23-24, including e-learning, virtual learning, etc.				
By end 22-23 the aim is to identify 36 members of staff to undertake the Senior Leadership Programme and identify leadership pathways at every level.				

Address the main burdens of disease in Wales: *Introduction and Context*

Our plan recognises that by addressing the main burdens of disease in Wales that the health and wellbeing of our population and its future generations will be significantly improved.



The plan is also cognisant of the fact that addressing these burdens of disease is not done in isolation of at silo speciality level. The prevention agenda is vital and should be progressed holistically. For example smoking cessation will contribute to both cancer and cardiovascular rates as it is a cause of both lung cancer and stroke prevalence.

As such when considering the UHBs action on this priority there should be read across to our other key priorities including;

- ❖ System recovery and renewal
- ❖ A shift towards focusing on prevention
- ❖ Working with our partners

Mohamed Sarah
05/13/2022 12:18:39

Our Physical Infrastructure: *Introduction and context*



The ambition in our plan is to develop our community infrastructure on a locality and cluster basis with the development of integrated Locality Health & Wellbeing Centre for each of our 3 Localities and integrated wellbeing hubs on a cluster basis, in line with our Programme Business Case, Shaping our Future Wellbeing in the Community, endorsed by Welsh Government in 2019.

The ambition in our plan is to develop our community infrastructure on a locality and cluster basis with the development of integrated Locality Health & Wellbeing Centre for each of our 3 Localities and integrated wellbeing hubs on a cluster basis, in line with our Programme Business Case, Shaping our Future Wellbeing in the Community, endorsed by Welsh Government in 2019.

Our aim for our hospital infrastructure is to continue to develop UHL as a site for ambulatory, diagnostics and low-risk, routine surgical care as well as rehabilitation and mental health inpatient care. The replacement of UHW is critical to support our long-term strategy the existing infrastructure is failing and much of the current hospital accommodation and departments are no longer fit for purpose in terms of functional layout, environmental suitability or physical condition.

As part of our plan developed we undertook a detailed prioritisation exercise of our current proposed capital schemes. This delivery report builds on that exercise by now providing a moment in time position in regards to where the UHB is in regards to;

- ❖ Major acute site capital schemes in construction
- ❖ Major acute capital business cases in development
- ❖ Major community capital schemes in construction
- ❖ Major community capital business cases in development
- ❖ Its Shaping our future hospitals programme

More detailed progress and implementation assurance can be obtained via the UHBs capital management programme board governance arrangements and also the UHBs shaping our future hospitals programme board.

Our Physical Infrastructure- *Our acute infrastructure programme Update*

Major Capital Schemes in Construction

Scheme (Total Capital value)	Baseline position (April '22)	Q1 Status	Q2 Status	Q3 Status	Q4 Status
Genomics – development of Phase One of Precision Medicine Institute for Wales. Joint infrastructure scheme with NPHS – critical enabler for national Genomics strategy at Coryton site.	FBC approved by WG – Formal approval 07/09/2021 Commenced on site – 10/01/2022 Total scheme cost £15.2m				
UHL Engineering Infrastructure to address single electrical point of failure and oxygen storage capacity	Funding approved by WG 05/10/2021 Total scheme cost - £5.875m				
UHL Endoscopy Expansion – expanding existing suite by 2 additional theatres to address capacity deficit	BJC approved by WG –18/01/2022 formal approval Revised capital cost of £6.688m				

Major Capital Business Cases in Development

Scheme (Total Estimated Capital value)	Baseline position (April '22)				
Hybrid/Vascular & Major Trauma Theatre – UHW Scheme critical to support regional service collaboration for SW MTC and SE Wales Vascular surgical centralisation.	OBC approved – 21/01/2022 FBC in development and submission to WG planned – Q3 2022 Total cost est: £33.5m				
UHL – CAVOC theatres - 2 replacement day case Ortho theatres @ UHL – incl laminar flow & IP&C works for 2 theatres in main CAVOC – critical to increase planned capacity	SOC approved 25/03/2021 – approval of fees 16/12/2021 OBC in development and submission to WG planned – Q3 2022 Total cost est: £11.8m				
Dental Block Main Electrical Distribution Replacement – to address significant risk of potential electrical infrastructure failure	In house design progressing from Jan 2022 to inform BJC for submission in 2022 –23 Total cost est: £1.5m				
UHW Tertiary Tower Electrical infrastructure – essential works	BJC due for submission to Board Q1 2022 Total cost est: £2.2m				
UHW Lift Refurbishment Programme to address urgent replacement due to increasing breakdowns	BJC due for submission to Board Q1 2022, Survey works commenced, Total Cost est: TBC				
Mortuary Refurbishment – UHW- HTA essential statutory compliance only at UHW	Carried forward from 2021-22 , BJC in development, Total cost est: £2m				

Our Physical Infrastructure- *Shaping our Future Wellbeing, In the community Programme Update*

Major Capital Schemes in Construction

Scheme (Total Capital value)	Baseline position (April '22)	Q1 Status	Q2 Status	Q3 Status	Q4 Status
Interim SARC @ CRI to address immediate accreditation & accommodation issues £681k 2021-22 (plus £30k equipment) £340k 2022-23	Funding approved by WG 02/09/2021 Construction commencement Oct 2021 Contract completion March 2022				
Maelfa Wellbeing Hub Development to support locality based services closer to home, support Cluster plans and essential to replace inadequate GP and Heath Centre facilities in line with RPB and UHB strategic priorities.	FBC approved by WG – 15/01/2021 Construction – completion scheduled Oct-22.				

Major Capital Business Cases in Development

Scheme (Total Estimated Capital value)	Baseline position (April '22)	Q1 Status	Q2 Status	Q3 Status	Q4 Status
Wellbeing Hub Penarth	Original scheme under review due to changing requirements of Local Authority				
Wellbeing Hub Ely (Park View) Essential scheme for providing alternative essential GP capacity to replace lost Health Centre facilities and meet local primary care needs in line with RPB and UHB strategic priorities	OBC due for submission to Board Q2 2022 Est Cost £21.4m				
SARC - Regional Hub – Modernised facilities to meet accreditation standards and support to the provision of transferred acute forensic SARC services from Risca and Merthyr SARCs as agreed through national programme. Scheme includes re-provision of Community Drug and Alcohol service & accommodation for Locality Mental Health Teams and services	SOC approved OBC – submission to Board planned for May 2022. Total cost est: £45.8m				
Health & Wellbeing Centre – CRI The development of this facility is critical to the provision of an integrated Health and Wellbeing Centre for Cardiff South and East as endorsed in the PBC Shaping Our Future Wellbeing in Our Community	OBC (progressing at risk) – submission planned for May 2022 £133m (phased over 10 years)				
CRI – Safeguarding Works (including MEP)	FBC (progressing at risk) – submission planned for November 2022				

Our Physical Infrastructure: *Shaping our Future Hospitals (SOFH) programme update*

Overall Programme Report					
Programme Lead		Programme Status			Next Major Milestone:
What we said we would do in last Quarter:		What's actually been undertaken in last Quarter:		Targets for next Quarter;	
Major Programme Risk:	Mitigating Action:			Decision / Intervention required from Execs:	

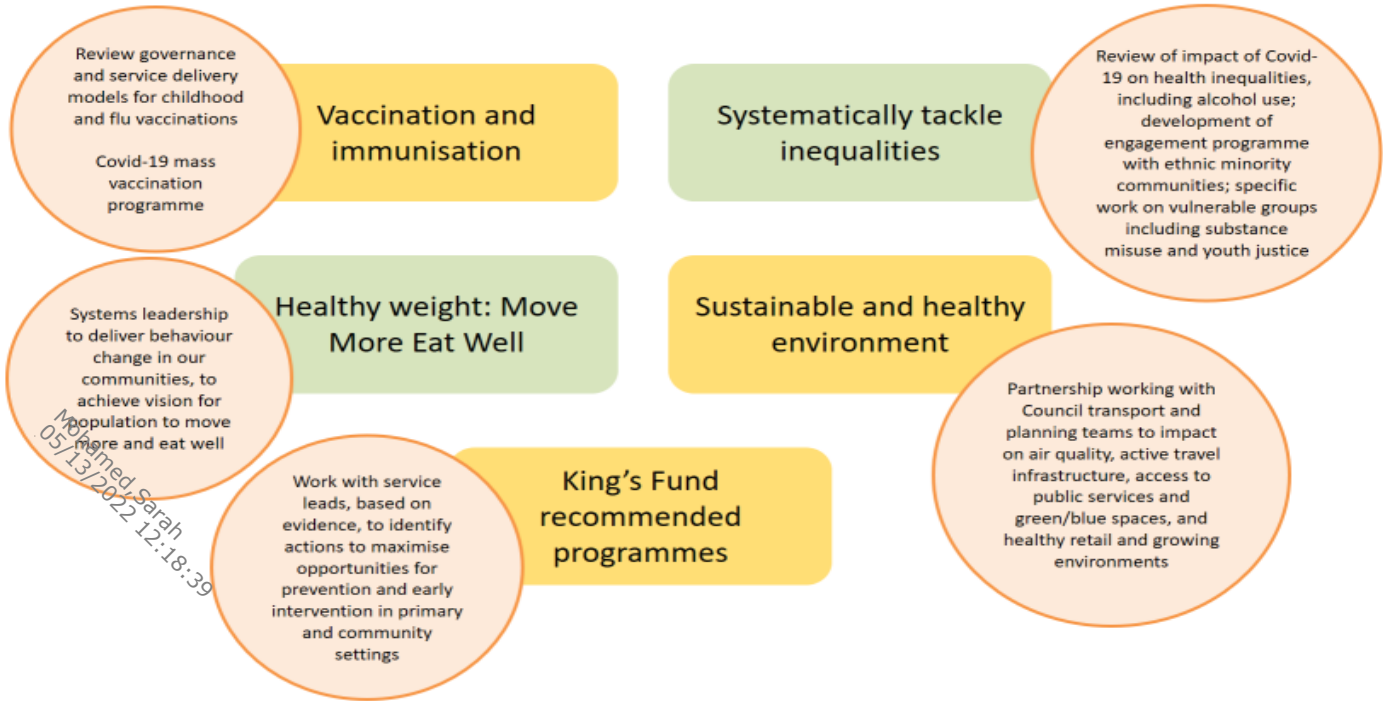
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A shift to prevention: *Introduction and Context*

If we are to move from a system currently focusing on, and dealing with, the huge backlog of existing conditions created by the pandemic to a system based on wellness and the future we describe in *Shaping of Future wellbeing*, then the need for bold public health actions are now clearer than ever. They will be a vital enabler in ensuring we successfully bridge the gap between today and tomorrow. The image below describes the SOFPH programme and five composite system level projects that co-ordinate cross-cutting action on our key priorities



Shaping our future population health programme



A shift to prevention: *Shaping our Future Population Health (SOFPH) programme update*

Overall Programme Report					
Programme Lead		Programme Status			Next Major Milestone:
What we said we would do in last Quarter:		What's actually been undertaken in last Quarter:		Targets for next Quarter;	
Major Programme Risk:	Mitigating Action:			Decision / Intervention required from Execs:	
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Collaboration with our partners: *Introduction and Context*

We know success is not driven by individual organisations but how we collectively work as system. An important relationship exists across Health Boards and Trusts as we work together to deliver pathways of care and this was articulated in our plan across a range of areas.

Vascular services: In implementation of the SEW Vascular Network.

Regional ophthalmology: The establishment of a programme led by Aneurin Bevan University Health Board which over 21/22 and into 22/23 the programme is focusing on immediate, medium and long term planning issues.

Cancer services and the CAV/VNHST Executive partnership board which is progressing work across acute oncology, a research and development hub, haematology/oncology and unscheduled care pathways

Sexual Assault referral centre- Health boards, police forces, Police and Crime Commissioners, in partnership with the third sector, have agreed a service model for the delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent.

Endoscopy – A close collaboration with Cwm Taf Morgannwg UHB regarding the use of a mobile endoscopy unit

The Regional and Specialised Services Programme- a collaboration between ourselves and Swansea Bay UHB and looks to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales.

South East Wales Regional Pathology Service- that aligns to the strategic direction laid out in the National Pathology Statement of Intent (2019)

Robotics- The continued development of Robotic Assisted Surgery (RAS) as part of a bold strategy to improve outcomes

Stroke and Orthopaedics – Early intension to lead on and engage with Health Boards across South East Wales on joint working across these specialities.

Collaboration with our partners: *Tertiary services Update*

Speciality	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Specialist Endocrinology (Adult) From Qtr 1 onwards work will continue in developing an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales.				
Paediatric Orthopaedics From Qtr 1 onwards CAV/SBHB will work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications to inform service delivery and commissioning.				
Spinal Surgery Operational Delivery Network (ODN) launches key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN.				
Hepato-Pancreato-Biliary Surgery From Qtr 1 and over the course of 2022/23, work will be undertaken to address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification.				
Oesphago-Gastric cancer surgery From Qtr 1 onwards in 2022/23 the project will finalise and implement the clinical model for SBUHB and commence work to developing the clinical model for the other service spokes in South and West Wales.				

Collaboration with our partners: *Update*

Speciality	Q1	Q2	Q3	Q4
Vascular services				
Cancer Services				
Stroke and Thrombectomy				
Regional eye care services				
Sexual Assault Referral Centre				
Stroke				
Orthopeadics				
Robotics				
Endoscopy (Diagnostics)				
South East Wales Pathology				

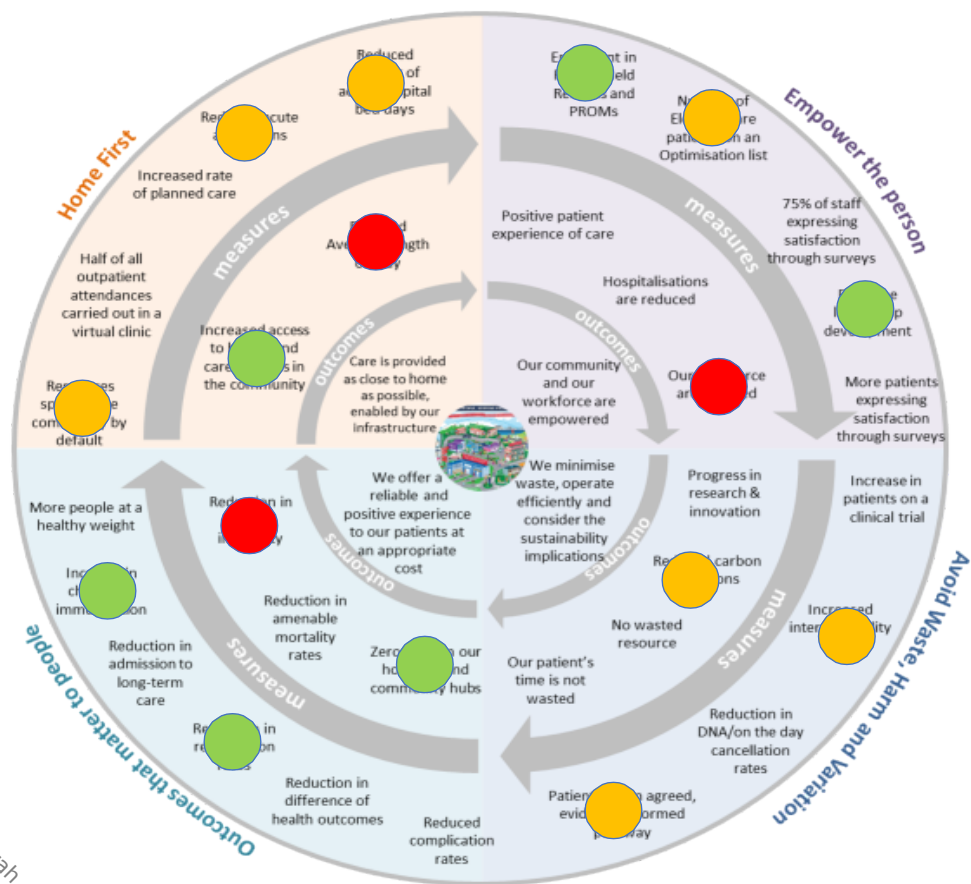
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Our continued Covid-19 response: *Introduction and Context*

Mohamed Sarah
05/13/2022 12:18:39

Our Outcomes framework: A Heatmap

Determine where we are succeeding in our efforts and where challenges may be felt



Narrative.....

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The Ministerial Priority Measures: *Our Progress*

POPULATION HEALTH							
Priority Measure	Target	Baseline	Qtr 1 position	Qtr 2 position	Qtr 3 position	Qtr 4 position	ON/OFF Target
Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Current systems don't enable this data collection as paper records to date. L3 service now on Paris but not yet able to extract outcome data - database development needed. L2 and children - data collection systems available from April 2022; however, weight is not routinely collected in virtual clinics (patients not comfortable weighing at home; home scales may not be suitable; cannot guarantee robustness of data)					
Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Report due for submission to WG at end of March 2022. Embedded slide shows service areas developed / in progress					
Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Baseline: 14% Cardiff and Vale of Glamorgan (National Survey for Wales 2019-2020) Trajectory: Reduction in Smoking Prevalence, 5% by 2030 2023 12% 2024 11% 2025 10%					
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Baseline: 2.2% Cardiff and Vale of Glamorgan (PHW/CVUHB/NWISS 2020-2021) Trajectory: Increase in the percentage of adult smokers making a quit attempt via smoking cessation services 2023 2.5% 2024 3% 2025 3.5%					

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CARE CLOSER TO HOME

Priority Measure	Target	Baseline	Qtr 1 position	Qtr 2 position	Qtr 3 position	Qtr 4 position	ON/OFF Target
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	2018-2019 – 41.58% (All Wales 43.02%) NB. Can't tell age of patients from Portal Data					
Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less ❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data	2018-2019 – 30.28% (All Wales 33.35%) NB. Can't tell age of patients from Portal Data					

INFECTION, PREVENTION AND CONTROL

Priority Measure	Target	Baseline	Qtr 1 position	Qtr 2 position	Qtr 3 position	Qtr 4 position	ON/OFF Target
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific target	Target < 125 (2018/2019) Acc. Actual 119 (Dec 2021); 33% above					
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific target	Target < 618 (2018/2019) Acc. Actual 460 (Dec 2021); 4% above					

SIX GOALS OF URGENT AND EMERGENCY CARE

Priority Measure	Target	Baseline	Qtr 1 position	Qtr 2 position	Qtr 3 position	Qtr 4 position	ON/OFF Target
Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	1 x UPCC in Vale					
Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Waiting for WAST who are in discussions with NCCU regarding performance reporting for this measure					
Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	MEACU – 5 days per week Surgical SDEC – TBC					
Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Jan 2022 – 808 NB. LHBs and DHCW currently resolving data issues regarding this measure.					
Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Jan 2022 – 60.2% NB. LHBs and DHCW currently resolving data issues regarding this measure.					

ACCESS TO TIMELY PLANNED CARE

Priority Measure	Target	Baseline	Qtr 1 position	Qtr 2 position	Qtr 3 position	Qtr 4 position	ON/OFF Target
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	2002 (Dec 2021) March 2022 forecast – 2,722					
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	4330 (Dec 2021) March 2022 forecast – 6,263					
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	55% (Dec 2021) March 2022 forecast – 44.5%					
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	2199 (Dec 2021) March 2022 forecast – 4,646					
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	12645 (Dec 2021) March 2022 forecast – 15,411					
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	March 2021 – 49,862 Target = 34,903 42,720 (Dec 2021)					
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	1982 (Dec 2021) <i>Reportable Endoscopies</i> March 2022 forecast – 1413					
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	March 2022 forecast – 65.8%					

WORKFORCE							
Priority Measure	Target	Baseline	Qtr 1 position	Qtr 2 position	Qtr 3 position	Qtr 4 position	ON/OFF Target
Agency spend as a percentage of the total pay bill	12 month reduction trend	Year to date at Feb 2020: 1.9% YTD Feb 2021: 1.9% YTD Feb 2022: 2.9% Data provided by Finance, from the Financial Monitoring Return submitted to Welsh Government every month					
Overall staff engagement score	Annual improvement	2016: 3.64% 2018: 3.83% 2020: 3.70%					
Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement	2018: 68% 2020: 63%					
Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	71.07% (Mar-21) 72.43% (Jan-22)					
Percentage of sickness absence rate of staff	12 Month Reduction Trend	Feb 2021: 5.79% April 2021 (lowest point in last 12 months): 5.36% Feb 2022: 7.12%					
Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	85%	PADR/VBA: Feb 2020: 50.07% Feb 2021: 33.84% Feb 2022: 31.53% appraisals on MARS system (including dentists): <i>N.B. The GMC suspended revalidations in March 2020 although staff were able to have an appraisal during this time if they wished. The appraisal process was formally restarted from 1st April 2021. The numbers of completed appraisal is now approaching pre Covid levels.</i>					

DIGITAL AND TECHNOLOGY

Priority Measure	Target	Baseline	Qtr 1 position	Qtr 2 position	Qtr 3 position	Qtr 4 position	ON/OFF Target
Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	The UHB has established Innovation & Improvement teams supporting Clinical Boards with project management, pathway redesign and efficiency opportunities. The UHBs dedicated Costing, Benchmarking and Value finance team also supports the agenda, with business intelligence, analysis and evaluation work and they continue to support the UHB in finalising its baseline position.					

ECONOMY AND ENVIRONMENT

Priority Measure	Target	Baseline	Qtr 1 position	Qtr 2 position	Qtr 3 position	Qtr 4 position	ON/OFF Target
Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	2023 – All NHS Decarbonisation due in 2023 actions showing compliance 2024 - >10% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy) 2025 - > 16% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy)					
Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of improvement	Sustainability Action Plan provides detailed baseline position.					

Report Title:	Sustainability Action Plan Update			Agenda Item no.	2.3
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	17/5/22
Status (please tick one only):	Assurance		Approval		Information
Lead Executive:	Abi Harris, Exec Director, Strategy & Planning				
Report Author (Title):	Ed Hunt, Programme Director				
Main Report					
Background and current situation:					

The latest CVUHB Sustainability Action Plan was signed off by the Board in November 2021. This paper is intended to highlight a number of areas of progress being made and what is going to be challenging to tackle in the future.

The Sustainability Action Plan was deliberately broad and challenging. Taking the learning from our first action plan (2020/21), it was clear that our level of maturity needed to increase because as good things were being achieved, it tended to be from a small number of enthusiasts rather than more systematic change. It is the case that there is more activity this year, but it is still small relative to the size of the UHB and the challenge of the 2030 net zero public sector target. Change does not happen overnight and the sustainable health sector is still immature itself, but C&V are building momentum and showing leadership at a UK level.

Several Welsh Heath Boards and a Trust have contacted CVUHB to be talked through the action plan

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

The Action plan covers 9 themes: Leadership; Energy; Waste & Food; Water; Procurement; People; Built Environment, Green Infrastructure & biodiversity; Transport; Clinical.

The below highlights some of the noteworthy progress made against the above themes.

Leadership

- SAP called for Board oversight of our action plan. A proposal is being considered regarding a steering group that will report into the S&D committee.
- Board papers have been changed to include a number of risk assessments that may need to have been produced to inform the paper's content. In the same way, legal risk might need to be considered, decarbonisation also holds equal necessity if applicable.
- Executives will be set objectives around decarbonisation during April and May.
- A Sustainability Project Manager is due to join Strategy & Planning on 18/5. This will provide some bandwidth to be put towards sustainability improvement projects.

People/Communications

With the availability of dedicated part time comms capacity, the regularity of material set out via our social media and internal channels has increased where content created roughly weekly. Since 1st January 2022, there have been 5 articles in CEO Connects, 12 social media posts along with 5 small campaigns in the pipeline around energy saving, waste management, carbon friendly inhalers and active travel. It is important not to saturate readers with material so the approximate weekly release of material across our channels feels appropriate.

Welsh Government approached CVUHB to host the Healthcare Without Harm conference in late 2022. CVUHB helped WG with the bid and are awaiting the outcome.

Transport

A new cycle hub is being built near the children's hospital at UHW which will feature secure locking and changing facilities. This is thanks to c£300k investment from the UHB.

Energy

- Full year energy consumption data for 21/22 is expected to be reasonably flat compared to the previous year, but expected to be confirmed during May.
- Woodland House saw an increase in energy consumption during the winter in part due to the way in which ventilation systems were operating to reduce the risk of COVID.
- ISO14001 was once again renewed in January 2022.

Clinical Highlights

Nitrous Oxide

A project has been running with dedicated project management and a committed team from Estates, Pharmacy, Clinical Engineering and Anaesthetics with the aim of reducing use of Nitrous Oxide by reconsidering demand given the way it is used in modern practice in order to reduce supply. Supply through pipework is considered to be inefficient with claims of the gas leaking p/a. By delivering the gas through cylinders locally where needed (on demand) the amount purchased can be reduced significantly and efficiency improved. With 1m litres of nitrous oxide projected to be saved per year, 679 tonnes of CO₂e can be avoided. This project also avoids purchasing the gas, saving money. UHL has had its nitrous manifold turned off and a plan to turn off the manifold at UHW is actively being progressed, possibly as early as end May.

This is an excellent example of a clinical sustainability project made possible by the commitment of a cross section of UHB colleagues from several parts of the organisation. It is felt that this cross-team effort will be typical of future environmental projects.

SOFCs

Work commenced in March 2022 on two 'service lines' to envision what delivery could look like into the future by taking a look at global best practice, near term science and the use of data to inform Shaping Our Future Hospitals infrastructure needs. A focus upon prevention plays into sustainable healthcare, where healthcare not delivered or provided early is the most sustainable form. Work on these two service lines: Gastro and Urology are expected to complete in June and provide a useful framework to develop further service lines.

University Medical School

Dr Fiona Brennan and Dr Stacey Harris (Sustainability Fellow for 21/22) are working with Cardiff University Medical School to include sustainable healthcare principles, planetary health and carbon literacy throughout the whole medical school years. This is through education, supervising student selective component project work and medical school faculty development. Furthermore, the University are looking to formally embed sustainable healthcare into a modernised medical school curriculum, assisted by Drs Brennan and Harris. This is a formal process for the University and is expected to require support for over a year.

Green Group

A Green Group of colleagues in C&V has been established and chaired by the UHB's Sustainability Fellow, Dr Stacey Harris. There are c70 people who are members with now regular meetings set up to share knowledge and case studies.

Sferic Scholars

A small group of 10 volunteers, 8 for whom from C&V are being trained in SusQI. A method of quality improvement with an emphasis on the environmental value derived. SusQI was developed by the Centre For Sustainable Healthcare. NWSSP Procurement have funded the training. The volunteers are working on projects that mainly impact the products purchased for use in clinical practice. These projects include: the feasibility of reusable medical textiles in critical care, reducing paper notes in Dermatology, designing a sustainable venous access pack, replacing single use plastics in forensic examination kits and carbon foot-printing different methods of ENT surgery. The initiative started in the autumn of 2021 and is due to finish in autumn 2022.

It was agreed when the Sustainability Action Plan was taken to Management Exec that time could be allocated to the volunteers. Given the operational pressures, this wasn't pursued so the volunteers are truly volunteering their time.

A halfway assessment of this initiative is due to take place around June 2022 and plans developed to continue or not in 2023 (subject to approval).

Critical care

A multi disciplinary green team of critical care (procurement, pharmacy, nursing and medical) colleagues have set up their own green group, working with anaesthesia, Estates, Facilities, charities and the independent sector to understand how their carbon footprint is made up (300 – 500 tonnes gross p/a estimated), increase recycling and use lower carbon products where possible. Current initiatives include: a desire to move to reusable masks (with the first step a proof of concept to be run); introduction of cardboard non-sharps bins which, within the product lifecycle; produce significantly less CO₂ compared with plastic sharps bins where other waste is often placed; the procurement of a reusable airway management system (rather than disposable). Furthermore outside of work, they have undertaken beach and river cleans. They undertake this work under their own steam and are making small gains over time.

Whilst it cannot be said that the entire critical care team are as passionate as they are, they believe that more of the team are now aware of the need to behave more sustainably and there is a growing openness to try and work in a more sustainable way.

This team are ahead of others in C&V. The acquisition of knowledge of products, knowledge of practicing in different ways, a developed passion but not yet universal adoption within their department illustrates the early stages of a journey other teams will go on.

Other small green groups have been set up in Dermatology and Pharmacy.

Challenges & Next Steps

Culture change

It is expected that May will see the first small campaign around behavior change associated with saving energy. After that, the adoption of an initiative trailed at Great Ormond Street around avoiding the use of non-sterile gloves where unnecessary is being considered.

The need however to make significant inroads into the way people behave across the health board is going to be extremely challenging. This is compounded by the operational pressures being borne by our teams and the absence of dedicated time for departments to consider how they can contribute to the decarbonisation agenda. Feedback from colleagues regarding the thinking required to make carbon gains include: lack of dedicated time they can set aside; so much change going on and decarbonization is yet more; a willingness to change Processes that are established and entrenched to those that are more efficient and consume less resources. Change may need to be tagged onto other UHB initiatives to avoid uncoordinated change overload.

Next Steps

- Continue to run the Action Plan which sets foundations for future progress to be made.
- Begin to think about how a 23/24 action plan could look which will begin to make meaningful impact into our carbon footprint, socialise these ideas with colleagues before finalising a plan for approval in late 2022/early 2023.

Recommendation:

The Committee is requested to:

- a) **Note** the content of this report, that progress is being made against our action plan and that there remains much more to be done and commitment to be sought to make inroads into our carbon footprint meaningfully.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No	
Workforce: Yes/No	
Legal: Yes/No	
Reputational: Yes/No	
Socio Economic: Yes/No	
Equality and Health: Yes/No	
Decarbonisation: Yes/No	
A risk assessment is not required for this paper.	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Report Title:	Capital Plan 2022/23 Delivery			Agenda Item no.	2.4
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	17 th May 2022
Status (please tick one only):	Assurance	Approval	√	Information	
Lead Executive:	Executive Director of Strategic Planning				
Report Author (Title):	Director of Capital, Estates and Facilities				
Main Report					
Background and current situation:					

Capital Plan 2022/23

The purpose of this report is to provide the Strategy & Delivery Committee with details of the Health Board's Capital programme for the financial year 2022/23.

The UHB receives an allocation of Capital funding from Welsh Government (WG) via our Capital Resource Limit (CRL). This year's allocation across Wales has been cut by 25% resulting in the UHB's discretionary capital funding reducing from £14.871m to £10.263m. This reduction will significantly impact on the UHB's ability to progress infrastructure schemes and replace aging plant and equipment.

The funding is allocated across a number of schemes, many of which are supporting rolling programmes of work including estate compliance, with a percentage of the available funding being provided for estate, medical equipment and IM&T backlog.

The latest CRL, issued by WG dated 28th March 2022 indicates a CRL of £46.366m which includes £10.263m Discretionary Capital Funding (Group A), £36.103m Capital Projects with Approved Funding (Group B). There are currently no Forecast Capital Projects Without Approved Funding (Group C).

The CRL is a live document which is updated as, business cases are approved, national funded programmes are identified or where the cash flows for projects are adjusted, and is monitored by the UHB Capital Management Group (CMG) at their monthly meeting.

As part of the ongoing capital programme planning process, the UHB continuously reviews and update its annual capital programme plan as part of the IMTP planning process. This process also takes account of the context of the 10-year longer-term proposed capital investments required to meet the UHB's operational and strategic objectives and also in response to the requirement of Welsh Government to prioritise our existing identified and future capital investment needs.

Appendix 1 provides an over view of the capital schemes, together with the funding source and anticipated spend. The plan indicates our current commitments with a limited available balance of £1.027m. If the Outline Business Case (OBC) for Cardiff Royal Infirmary, the Full Business Case (FBC) for Safeguarding MEP works and the OBC for Park View are approved within year then the UHB will benefit from a further £3.2m which will be available for discretionary capital.

The UHB are progressing the following schemes, at risk, without approved funding support;
All Wales Capital Schemes

- Outline Business Case - CRI Health and Wellbeing Centre
- Full Business Case- CRI Safeguarding works
- Outline Business Case – Park View Wellbeing Hub

The Health Minister issued a letter to all Health Boards which recognises the significant reduction in discretionary capital for 2022/23, but it is important to note that the Ministers expectation is *'that discretionary funding is targeted across all healthcare settings including mental health, community and primary care, for replacement equipment, to promote a safe clinical environment and to support statutory compliance works. We will expect to see demonstrable improvement in organisations' estate performance although we are aware of the challenges brought on by the reduction in discretionary funding. Improvements will be reviewed through your annual estate performance returns and through our regular meetings with your team.'*

In addition, the Minister is advising;

- that UHBs continue to develop capital proposals in the event of capital funding becoming available during the financial year.
- that organisations do not hold onto capital funding where it is clear that it will be required within the year (principally this relates to major capital schemes which will be subject to business case approval.)
- that there will be no funding available for the estates funding advisory board in 2022/23, whilst it is intended to re-introduce this in 2023/24 and organisations should develop bids in readiness.

10-year plan

The UHB, were requested by WG to submit a 10-year plan with schemes prioritised and programmed across the period. The purpose of the plan was to assist WG with their internal planning to support developments across NHS Wales.

The UHB submitted the plan by the 31st March 2022, as requested, and will hold a series of discussions with WG on how this is taken forward.

Operational Master Planning – Estate and Space

In order to provide the appropriate space and configuration of physical capacity to deliver the operational priorities in the IMTP, an Acute Sites Master Planning Group (reporting to CMG) has been established to manage the complex programme of strategic and operational service and estates planning across the acute sites in order to ensure:

- effective prioritisation of scarce resources to meet operational priorities
- operational work arounds are deployed if capital is not available in a timely way
- risks and interdependencies are identified and actively managed
- operational infrastructure plans are aligned with the UHB's strategic programmes
- effective and consistent planning and operational process and communication.

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

- The capital plan 2022/23 has been endorsed by both Capital Management Group prior to submission to the Strategy & Delivery Committee
- It is recognised that the funding for 2022/23 will again pose significant challenges for the UHB to deliver the commitments and priorities particularly as the allocation across Wales has been reduced
- The Health Minister is expecting the UHB to demonstrate their improvements to estate performance throughout the year at their regular meetings and annual estate performance returns

Recommendation:

The Committee is requested to:

- a) **NOTE** the content of the paper including the reduced level of funding, which will be challenging to manage in year.
- b) **NOTE** the Health Minister's expectation and advice.
- c) **NOTE** the proposed Capital Plan attached as Appendix 1 and recommend the same is presented to Board for approval.
- d) **NOTE** that all Business Cases will follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board.
- e) **NOTE** the schemes that the UHB are developing through the Business Case process pending WG approval.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	√	Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes

The UHB have a considerable backlog relating to estates, medical equipment and IM&T, a reduction in capital funding could result in a number of schemes not being delivered.

Safety: Yes

The estate infrastructure is some 50 years old and essential plant and equipment is at the end of its useful life. Whilst every effort is made to support and maintain the infrastructure, the chance for failure is increasing year on year.

Financial: Yes

25% reduction in discretionary capital will result in a number of schemes identified in the clinical boards IMTP not being undertaken and therefore impacting upon delivery of clinical services.

Workforce: No

Legal: Yes	
Potential if capital works or replacement of equipment cannot be undertaken	
Reputational: Yes	
Failure of any plant equipment, IM&T or Medical Equipment may impact upon delivery of clinical services	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: Yes	
Unable to implement decarbonisation schemes	
Approval/Scrutiny Route:	
Capital Management Group	Date:25/04/2022

Mohamed Sarah
05/13/2022 12:18:39

	Description	Cost		
		Major Capital	Funded Disc Cap	O'Turn
		£k		£k
FUNDING:				
Major Capital				
	Maelfa - Primary Care Pipeline - FBC	2,268		2,268
	National Programme - Imaging P2	5,880		5,880
	Covid Recovery Funding	300		300
	Genomics	12,550		12,550
	CAVOC Theatres	350		350
	Hybrid Theatres / MTC	503		503
	UHL Electrical Infrastructure	3,466		3,466
	Eye Care - e-referral system (funded through DPIF)	643		643
	Endoscopy Unit UHL	5,720		5,720
	Refit - Phase 2	4,020		4,020
	Rookwood reprovision at Llandough	750		750
Major Capital Total		36,450	0	36,450
Discretionary Capital & Sale of Properties				
	Discretionary Capital Allocation		10,263	10,263
Discretionary Capital & Sale of Properties Total		0	10,263	10,263
TOTAL CAPITAL ALLOCATION		36,450	10,263	46,713

COMMITTMENTS:

MAJOR CAPITAL

					Comments
	Rookwood (St Davids)	750		750	
	Genomics	12,344		12,344	
	UHL New Substation & Upgrade Med Gases	3,948		3,948	
	Endoscopy Expansion UHL	4,703		4,703	
	Refit	2,421		2,421	
	Eye Care - e-referral system	821		821	
	Wellbeing Hub Maelfa	2,999		2,999	
	National Programmes – Imaging	5,880		5,880	
	Telephone Handling and Enquiry Management systems (MIAS)	205		205	
	ICF - Barry Hospital Feasibility	59		59	
	ICF - respite accommodation - Complex Health Needs	19		19	
	ICF - North Cardiff H&WB Centre	59		59	
	SDEC	500		500	
	Physio UHW (SDEC enabler) / Hydro	250		250	
	Lakeside Wing Physio (Including Gym)	82		82	
	Lakeside Wing PAOC	146		146	
	Hybrid/MTC Theatres (FBC)	503		503	
	CAVOC (OBC)	550		550	
	SARC Interim	18		18	
	Cycle Hub	50		50	

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05/13/2022 12:16

	National Programmes – Decarbonisation	100		100	
MAJOR CAPITAL COMMITMENTS		36,407	0	36,407	
OTHER MAJOR CAPITAL					
MAJOR CAPITAL COMMITMENTS		0	0	0	0
TOTAL MAJOR CAPITAL		36,407	0	36,407	0
DISCRETIONARY CAPITAL & PROPERTY SALES					
Annual Commitments:					
	UHB Capitalisation of Salaries		500	500	would impact on revenue if not funded
	UHW 2 Capitalisation of Salaries		200	200	would impact on revenue if not funded
	UHB Revenue to Capital		1,215	1,215	would impact on revenue if not funded
Business Cases funded via Discretionary Capital					
	Wellbeing Hub CRI		698	698	
	Refurbishment of Mortuary UHW (BJC)		216	216	Fees for BDP to complete BJC
	Lift Upgrade (BJC)		300	300	
	Haematology Ward & Day Unit			0	
	Tertiary Tower Infrastructure			0	
	Critical Care Expansion			0	
	Pet Scanner			0	
				0	
Statutory Compliance:					
	Fire Risk Works		200	200	
	Asbestos		400	400	
	Gas infrastructure Upgrade		300	300	
	Legionella		450	450	
	Electrical Infrastructure Upgrade		150	150	
	Ventilation Upgrade		500	500	
	Electrical Backup Systems		250	250	
	Upgrade Patient Facilities		350	350	
	Dedicated Team		200	200	
Other:					
	Backlog Estates		1,000	1,000	
	Backlog IM&T		500	500	
	Backlog Medical Equipment		1,000	1,000	
	Ward Upgrade (A4)		850	850	
DISCRETIONARY CAPITAL & PROPERTY SALES COMMITMENTS		0	9,279	9,279	
Total Commitment		36,407	9,279	45,686	

UNCOMMITTED

Discretionary Capital

	UHB Accommodation Strategy		200	200	
	UHB Misc / Feasibility Fees		100	100	
	Contingency	43	684	727	
Discretionary Capital Uncommitted		43	984	1,027	
Total Commitment		36,450	10,263	46,713	
Over / Under Commitment		0	0	0	

Report Title:	Action around Race Equality Action Plan (REAP)			Agenda Item no.	2.5
Meeting:	Strategy & Delivery Committee	Public	x	Meeting Date:	17 th May 2022
Status (please tick one only):	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Organisational Development & Culture				
Main Report					
Background and current situation:					

Last year the Welsh Government outlined a vision to create an Anti-racist Wales by 2030.

A draft race equality action plan (REAP) setting out how this could be achieved went to public consultation with the final version scheduled for publication in June 2022. The final action plan will set goals which Cardiff and Vale UHB will need to achieve to contribute to the national vision.

The draft plan outlined subject areas. Below are some of the key subject areas for with the greatest relevance for the UHB:

- Leadership and Representation
- Health
- Social care
- Employability and Skills
- Social Partnership and Fair Work contribution to the REAP
- Culture, Heritage and Sport
- Welsh Language

Although the UHB is awaiting the final version of the action plan, there is work underway which will support its implementation in the organisation.

In 2021, the UHB established the One Voice Staff Network to support the ethnically diverse communities within our workforce. To effectively take forward the REAP, it will be integral for the staff network to have involvement and input into its implementation. Engaging with other stakeholders and commissioning third party expertise, where appropriate, will be key to ensuring success.

The REAP will create a duty for the UHB to actively work to become an Anti-racist organisation. As well as being both a moral and right thing to do, delivering on the REAP will support the UHB in becoming a more inclusive place for the diverse communities that we represent, as well as attracting talent and supporting the UHB in becoming an employer of choice.

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

The UHB has contributed to the One Voice Staff Network, supporting the network in establishing themselves within the organisation. This has included providing support with administrative tasks, helping to promote the network through a range of communication channels, and support has been received to fund bilingual posters and a guest speaker. The guest speaker, Professor Uzo Iwobi OBE, was involved in the drafting of the REAP. During the session Professor. Iwobi spoke of her experiences and gave advice on what the UHB could do to create an Anti-racist organisation. Some of the key takeaways were the importance of starting by being honest about where the UHB are in

relation to inclusivity, to work with our ethnically diverse communities in shaping our culture and services, and the need for senior leadership support to achieve our goals.

When the REAP is published, the One Voice Staff Network will be involved in shaping an organisational action plan to deliver on the goals set by Welsh Government. The network is currently consulting with members in relation to where they think the UHB is currently, and in the feedback, advising on steps that could be taken to make the organisation more inclusive and Anti-racist.

The resulting organisational action plan will enable a practical and achievable approach to building an Anti-racist UHB through co-production.

Other activities planned include:

- Demonstrating a commitment to becoming an Anti-racist organisation, the Chief Executive will sign the Zero Racism Wales pledge. The pledge commits the UHB to promoting racial harmony and equity.
- At the last Equality Strategy and Welsh Language Standards Group, Diverse Cymru delivered a presentation in relation to the support they offer organisations in becoming more culturally inclusive. Diverse Cymru have been working with the Mental Health Clinical Board and have received excellent feedback. They have been invited to meet the UHB's Board to discuss their work.
- Race Equality First have been engaged with to deliver a Board Development Session in relation to race discrimination and hate crime.

Recommendation:

The Committee is requested to:-

- a) **Note** the contents of this report ; and
- b) **be assured** that plans are currently in development to support an organisational REAP, with actions already being undertaken, and are asked to support these plans.

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Impact Assessment: Please state yes or no for each category. If yes please provide further details.									
Risk: Yes/ No									
Safety: Yes/ No									
Risk to the safety of staff who feel they do not work for an Anti-racist organisation.									
Financial: Yes/ No									
Potentially through claims of discrimination.									
Workforce: Yes/ No									
Attracting and retaining a diverse workforce.									
Legal: Yes/ No									
Discrimination									
Reputational: Yes/ No									
Attracting a diverse workforce, public perception, patient experience.									
Socio Economic: Yes/ No									
Linked to demographics served / represented.									
Equality and Health: Yes/ No									
Please see above, health and wellbeing of staff and patients.									
Decarbonisation: Yes /No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

Mohamed Sarah
05/13/2022 12:18:39

Report Title:	Q4 reports for all RPB short term funding streams			Agenda Item no.	
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	
Status (please tick one only):	Assurance	Approval		Information	x
Lead Executive:	Executive Director of Strategic Planning				
Report Author (Title):	Head of Partnerships and Assurance				
Main Report					
Background and current situation:					
This paper provides an overview of the financial and activity performance of all programmes relating to the RPB as presented to Welsh Government as part of the Q4 reporting requirements for 2021/22. The Regional Partnership Board has responsibility for the following funding streams: - Transformation Fund - Integrated Care Fund Revenue Programmes - Children and Young People Mental Health Fund - Integrated Care Fund Capital Programme - Partnership Support (Performance and Evaluation Fund, Engagement and RIIC) - Winter Funding. Reports on the performance of each programme have been prepared for submission to Welsh Government following approval by the Regional Partnership Board on 3rd May 2022. A high level overview is attached as Appendix 1 for consideration.					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
Quarter 4 Reports Appendix 1 includes a RAG rating of current performance across the programmes along with an overview of emerging risks and the actions that are being taken to address them. The majority of programmes are assessed as Green which demonstrates the positive way in which many have adapted to respond and continue to deliver service despite the impact of COVID-19. These reports mark the culmination of all funding streams previously available to the RPB as focus now moves to delivery of the Regional Integration Fund and anticipated new capital funding streams. Evaluations A local evaluation of the Transformation Fund has been commissioned in line with Welsh Government requirements. A summary overview of this report is also provided as Appendix 2. Finally, a Wales-wide evaluation of the ICF is available for viewing at https://gov.wales/integrated-care-fund-evaluation. All quarter 4 reports have been approved by the Regional Partnership Board. Work is underway to prepare the submission of detailed plans for the Regional Integration Fund for use 2022 onwards.					

Recommendation:

The Board / Committee are requested to:

- Note the quarter 4 performance reports for all funding streams;
- Note the evaluations and the intention to include lessons learned in forthcoming

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes/No

Yes – risk logs are available for all elements.

Safety: Yes/No

no

Financial: Yes/No

no

Workforce: Yes/No

no

Legal: Yes/No

no

Reputational: Yes/No

no

Socio Economic: Yes/No

no

Equality and Health: Yes/No

no

Decarbonisation: Yes/No	
no	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Regional Partnership Board	03.05.2022

Mohamed Sarah
05/13/2022 12:18:39

Funding Status Overview – End of Year Position

Programme	Description	Amount (£k) 2021-22	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Exit Plan
Transformation Fund	5 innovative projects designed to transform services for hospital discharges, children and localities.	4,699	3,888	Green	Green	The end of year evaluation has shown that the Transformation Fund projects have been able to adapt through COVID-19 and continue to deliver transformative services to citizens across the region. A summary of the local evaluation can be viewed on Appendix 2.	The outcomes, lessons learned and ongoing work plans have been used to inform the development of projects within both the Embedding and Acceleration streams of the Regional Integration Fund.

Mohamed Sarah
05/13/2022 12:18:39

Programme	Description	Amount (£k) 2021-22	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Exit Plan
Integrated Care Fund (Revenue) Range of programmes encouraging innovative partnership working for:	Older People	5,083	5,083	Green	Green	The majority of projects continue to operate within anticipated parameters although many had to re-focus their scope in response to COVID-19.	The outcomes, lessons learned and ongoing work plans have been used to inform the development of projects within both the Embedding and Acceleration streams of the Regional Integration Fund.
	Children w Complex Needs/ Learning Disabilities	2,780	2,780	Green	Green		
	Children at Risk	2,071	2,071	Green	Green		
	Dementia	1,101	1,099	Green	Green		
	Memory Assessment Service	313	313	Amber	Amber	Funding for this service only became available in 2021 and implementation has been impacted by COVID-19.	Ongoing funding for this service has been secured as part of the national funding stream within the Revenue Investment Fund 2021-22.
	Integrated Autism Service	367	365	Green	Green	The end of year report is positive despite service delivery being severely challenged by the Pandemic.	

Mohamed Sarah
05/13/2022 12:18:39

Programme	Description	Amount (£k) 2021-22	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Exit Plan
WCCIS	WCCIS	190	190	Amber	Amber	The Vale of Glamorgan Council has continued to make good progress in embedding the WCCIS system. However local discussions continue as to how the original aims envisaged for WCCIS might best be realized given recent developments which open other possibilities for effective information sharing.	A proposal for future use of WCCIS funding is being prepared for submission to Welsh Government.
Children and Young People Mental Health	Child Prevention	200	202	Green	Green	Service is in delivery phase with 3 staff in post and a commissioned service via Platform to support parent/carers of young people with Mental Health support.	The outcomes, lessons learned and ongoing work plan has been used to inform the development of projects within the Embedding stream of the Regional Integration Fund.

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09/13/2022 12:18:39

Programme	Description	Amount (£k) 2021-22	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Exit Plan
Integrated Care Fund (Capital)	Range of capital projects supporting development of the partnership agenda across the region.	5,080	621	Red	Red	Delivery of this programme has been challenged by the short term nature of the funding stream combined with extreme market pressures.	Full underspend has been programme managed into 22-23 and management arrangements are being reviewed with the aim of ensuring full delivery.
Winter Plan	Discharge co-ordination Additional discharge to recover and assess Additional Community beds.	1,304	1,320	n/a	Green	This short notice funding was used to aid in the provision of various initiatives over the winter period. A small underspend was used to support care packages across the region.	No further funding is anticipated currently. All projects have been closed.

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05/13/2022 12:18:39

Programme	Description	Amount (£k) 2021-22	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Exit Plan
Partnership Support: small funding streams to support enabling projects for the Partnership	Research, Innovation and Improvement Co-ordination Hub (RIIC)	250	250	Green	Green	Following RPB approval in July, the RIIC has now been established with a renewed focus on evaluating and learning from the region's response to COVID-19.	A plan has been developed for 22-23 in response to the provision of new funding by Welsh Government.
	Engagement Funding	40	40	Green	Green	Funding has been used to support delivery of a new Coms and Engagement Steering Team for the RPB, providing support for AWP, SWP, Market Stability Report and the Population Needs Assessment.	This workstream is set to continue with funding provided via the RIF.
	RPB Performance and Capacity – focused upon development of the Regional Outcomes Framework.	60	60	Green	Green	Resource has been utilized to support completion of the Population Needs Assessment	It is anticipated that this funding stream has been subsumed within the RIF for 2022 with a provisional plan to support development of the Area Plan.

Mohamed Sarah
05/13/2022 12:18:39

Appendix 2

Mohamed Sarah
05/13/2022 12:18:39

This evaluation aimed to determine: the extent to which the fund accelerated the wider adoption and scaling of new ways of working to reconfigure existing services and improve outcomes; and which components of the new models enabled this. Overall, the funding was used to effectively test **transformational ways of working** within the region, **enhancing existing services** to focus on patient needs, prevention, and community support. All projects that continued with delivery reflected improved outcomes resulting from their new models, and there are several examples of **scale up**. This was most evident in projects 1+2 and project 4. Stakeholders also highlighted that the fund encouraged **cultural change**, with wider adoption and awareness of the core aims of the fund.

Key outcomes from the TF programme:

- Reduced hospital admissions and admissions for high-risk cohorts
- Reduced length of stay
- Increased use of community-based support
- Rightsizing of packages of care
- Improved accessibility of support for CYP and education professionals
- Enhanced joint working between health and education
- Enhanced joint working between health and community services
- Improved wellbeing for service users

2.7.7 Cost Benefit Summary

	Cost-benefit ratio	Estimated annual savings
Projects 1+2	1:4.96	£2,410,000
Project 3	N/A	N/A
Projects 4	N/A	£444,724.46
Project 5	N/A	£690,000 - £2,900,000
Project 6	N/A	N/A
Project 7	N/A	N/A

Advantages and Disadvantages of the Transformation funding

Advantages:

- Funding to make change
- Flexibility and freedom
- Focus on prevention

Disadvantages:

- Administration of funding
- Nature of short-term funding
- Reporting requirements
- Lack of guidance

4.2 Recommendations

1

For future similar funds, Welsh Government should provide guidance and support for developing output, outcome, and impact metrics. Metrics should be determined for individual projects as well as consideration of performance measures for wider fund aims. These metrics should be reviewed and finalised prior to delivery commencing to ensure that consistent performance measures are collected over the course of a fund.

2

Guidance and support should similarly be provided on how to conduct robust cost-benefit analysis. This should also be delivered early in the delivery period so that relevant metrics can be collected over the course of the fund and later used to reflect project benefits.

3

For short-term funding programmes, guidance and support should be provided for projects to help with finding future funding or integration into business as usual. This could involve signposting to other funding sources or guidance on how to develop robust business cases.

4

For future similar funds, more focus should be placed on sharing learning, both within and between regions. Within regions, this could be encouraged by individual projects to facilitate scaling, as well as across projects throughout delivery to ensure they are not working in silos or duplicating efforts. Between regions, more frequently shared learnings could facilitate faster development and implementation of best practice.

Mohamed Sarah
05/13/2022 12:18:39

Report Title:	Board Assurance Framework - Delivery of Annual Plan, Staff Wellbeing.			Agenda Item no.	2.8
Meeting:	Strategy and Delivery Committee	Public	☒	Meeting Date:	17 th May 2022
Status (please tick one only):	Assurance	☒	Approval	☐	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				
Main Report					
Background and current situation:					
At the May 21 meeting of the Strategy and Delivery Committee a programme of risks associated with the Strategy and Delivery Committee was agreed for reporting purposes. The following risks are attached for discussion at today's meeting: • Delivery of Annual Plan (this risk is likely to change to delivery of IMTP 2022-25 going forward) • Staff Wellbeing These risks were last reported to the Board at the end of March 2022 as part of the end of year arrangements. For the new financial year, a BAF will be presented to the Board in May 2022 this may include some new risks to the achievement of Strategic Objectives or some of the risks from 2021 – 2022 may have been removed. The purpose of discussion at the Strategy and Delivery Committee is to provide further assurance to the Board that these risks are being appropriately managed or mitigated, that controls where identified are working and that there are appropriate assurances on the controls. Where there are gaps in either controls or assurances there should be actions in place.					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
The Board Assurance Framework is presented to each meeting of the Board after discussion with the relevant Executive Director. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board. The attached Delivery of the Annual Plan and Staff Wellbeing are key risks to the achievement of the organisation's Strategic Objectives and these were approved as part of the BAF at the Board Meeting on 31st March 2022.					
Recommendation:					
The Strategy and Delivery Committee is asked to: (a) Review the attached risks in relation to Delivery of Annual Plan and Staff Wellbeing. (b) Provide assurance to the Board on 28th May 2022 on the management /mitigation of these risks.					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
Please tick as relevant					
1. Reduce health inequalities	☒	6. Have a planned care system where demand and capacity are in balance	☐		
2. Deliver outcomes that matter to people	☒	7. Be a great place to work and learn	☐		

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

At the Board Meeting to be held on 28th May 2022 the following risks are likely to be approved for inclusion on the BAF as the key risks to the Health Board delivering its Strategic Objectives:

1. Workforce
2. Financial sustainability
3. Sustainable Primary and Community Care
4. Patient Safety
5. Sustainable Culture Change
6. Capital Assets
7. Inadequate Planned Care Capacity
8. Delivery of IMTP 2022-25
9. Staff Wellbeing
10. Reducing Health Inequalities

Set out below is a programme of which risks will be discussed at each meeting of the Strategy and Delivery Committee during 2022/23, pending approval of the Board, in order to provide assurance to the Board:

12 July 2022

1. Workforce – Strategy and Delivery Committee
2. Sustainable Primary and Community Care – Strategy and Delivery Committee

27 September 2022

3. Sustainable Culture Change – Strategy and Delivery Committee
4. Inadequate Planned Care Capacity – Strategy and Delivery Committee
5. Reducing Health Inequalities

15 November 2022

1. Delivery of IMTP 2022-25 – Strategy and Delivery Committee
2. Staff Wellbeing – Strategy and Delivery Committee

24 January 2023

3. Workforce – Strategy and Delivery Committee
4. Sustainable Primary and Community Care – Strategy and Delivery Committee

14 March 2022

5. Sustainable Culture Change – Strategy and Delivery Committee	
6. Inadequate Planned Care Capacity – Strategy and Delivery Committee	
7. Reducing Health Inequalities	
Safety: Yes/No	
Financial: Yes/No	
Workforce: Yes/No	
Legal: Yes/No	
Reputational: Yes/No	
Socio Economic: Yes/No	
Equality and Health: Yes/No	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	31 st March 2022

Mohamed Sarah
05/13/2022 12:18:39

1. Impact of Covid19 Pandemic on Staff Wellbeing – Executive Director of People and Culture (Rachel Gidman)

As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

Risk	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the ongoing pandemic. Which together with limited time to reflect and recover will increase the risk of burnout in staff.		
Date added:	6 th May 2021		
Cause	• Redeployment with lack of communication / notice / consultation • Working in areas out of their clinical expertise / experience • Being merged with new colleagues from different areas • Increased working to cover shifts for colleagues / react to increased capacity / high levels of sickness or isolation due to positive Covid test results • Shielding / self-isolating / suffering from / recovering from COVID-19 • Build-up of grief / dealing with potentially traumatic experiences • Lack of integration and understanding of importance of wellbeing amongst managers / impact upon manager wellbeing • Conflict between service delivery and staff wellbeing • Continued exposure to psychological impact of covid both at home and in work • Ongoing demands of the pandemic over an extended period of time, minimising ability to take leave / rest / recuperate • Experience of moral injury		
Impact	• Values and behaviours of the UHB will not be displayed and potential for exacerbation of existing poor behaviours • Operating on minimal staff levels in clinical areas • Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated • Clinical errors will increase • Staff morale and productivity will decrease • Job satisfaction and happiness levels will decrease • Increase in sickness levels • Patient experience will decrease • Increased referrals to Occupational Health and Employee Wellbeing Services (EWS) • UHB credibility as an employer of choice may decrease • Potential exacerbation of existing health conditions		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 –(Extreme)
Current Controls	• Self-referral to wellbeing services • Managerial referrals to occupational health and wellbeing • External support – health for health professionals, recovery college, Mind, Samaritans • Wellbeing Q&As and drop ins (topical workshops) • Wellbeing Support and training for Line managers • Development of range of wellbeing resources for both staff and line managers • GP self-referral • Values Based Appraisals including focus on wellbeing		

Mohamed Sarah
05/13/2022 12:18:39

• Chaplaincy ward rounds • Health Intervention Team (HIT) – focus on both immediate reactive interventions and long term preventative • HIT exploring staff needs and gathering qualitative insight from staff • Increase number of wellbeing champions trained • Health and Wellbeing Strategic group • Development of rapid access to Dermatology • Post traumatic pathway service increased to cater for potential demands • Development of deployment principles to support both staff and line managers • Wellbeing walkabout by HIT team to ensure staff and managers can access resources • Long Covid Peer Support Group to support those staff affected with long term conditions remain at work or return to work				
Current Assurances		• Internal monitoring and KPIs within the EHWS⁽¹⁾ • Wellbeing champions normalising wellbeing discussions ⁽¹⁾ • VBA focussing on individual wellbeing and development ⁽¹⁾ • Commitment from HIT staff to identify priority areas ⁽¹⁾ • Trade unions insight and feedback from employees ⁽³⁾		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 – (Extreme)	
Gap in Controls		• Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working • Existing proactive interventions to wellbeing • Health Charity funding for EWS ends in July 2022 which will reduce clinical capacity by 70% • 43% increase in referrals to Occupational Health • Covid Health Intervention Co-ordinator post end in April 2022 reducing active support to staff		
Gap in Assurances		• Organisational acceptance and approval of wellbeing as an integral part of staff's working life • Awareness and access of employee wellbeing services • Clarity of signposting and support for managers and workforce		
Actions		Lead	By when	Update since Jan 2022
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID		NB	Immediate April 2021 – April 2022	Oversees COVID drop in support sessions CAV a Coffee events on wards - Lakeside & Heulwyn Ward visits and support to staff Signposting of resources and support through EHWS Wellbeing support to EU
2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB		NB	Consultation by August 21 Interventions identified by Jan 22 Interventions proposed	Consultation commenced across clinical boards Consultation proposed for May-July amongst all bandings of staff – clinical and non-clinical

Mohamed Sarah
05/13/2022 12:18:3

Mohamed Sarah
05/13/2022 12:18:39

		implementation April 22 - 2023	Feedback presented to Board Development October 21 Report of actions completed and presented to Executive Team, awaiting approval and release in line with P&C plan Recommendations formed part of P&C 'engaged and motivated workforce' and used to shape direction of the Wellbeing Plan (Slippage Funds). Tenders and pilot areas approved to implement MEDTRiM, Schwartz Rounds and REACTMH. Implementation plan in development to start April 2022. Reviewed stress and mental health policies to equip managers with tools to understanding stress and MH in the workplace.
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	NB	Commenced March 21 and continuing	Initial engagement with comms team Use of wellbeing champions to disperse messages Access to senior nurses and ward managers to disperse messages. Created Twitter account aimed at staff wellbeing and interaction for informal and accessible information
4. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers	NB	Post consultation phase	Capital Estates and Facilities Managers pilot commenced Dec 21 in line with CEF priorities and local needs; initial scoping session completed, priority areas identified and reported to CEF manager Clinical Research Managers pilot

Mohamed, Sarah
05/13/2022 12:18:39

			commenced Dec 21 – programme of sessions for managers and respective teams Feb – April 22 Wellbeing sessions delivered regularly at Clinical Boards and Senior Management meetings Proactive interventions on hold during January to provide visible wellbeing support to wards EWS providing manager training for new and potential managers in collaboration with LED: November 2021 ; Essential Management Skills (Resilience and Wellbeing) and February 2022: First Steps to Management. New management and leadership development offerings to support wellbeing have been procured (Inner Wellness; Engaging with Remote Teams) and roll out plan in development from April 2022.
5. Wellbeing interventions and resources funding bid approved November 2021. Implementation to start December 2021 for completion March 2022. Wellbeing Strategy group to shape with feedback from CI Boards.	CW	Nov 21 - March 2022	Funding bid approved (Slippage Funds). Wellbeing Plan has been agreed via the Wellbeing Strategy Group and implementation has commenced. Physical and environmental improvements, including hydration stations, improved staff facilities – staff rooms / kitchens etc., and nursery facilities, currently being planned, procured and implemented by WOD in partnership with CEF team. Project plan to

Mohamed Sarah
05/13/2022 12:18:39

			manage colleague expectations in development to demonstrate timetable for extensive works. Spend to be complete by end March 22. Peer support models to be piloted in identified areas, including REACTMH training for managers; Sustaining Resilience at Work (StRAW) Practitioner Training; Critical Incident Stress Management (CISM) Peer Support Training; and Trauma Risk Incident Management (TRiM / MedTRiM) Peer Support The UHB is also working with the Point of Care Foundation to develop a stepped approach to developing Schwartz Rounds with pilot areas. WOD is working closely with the Recovery and Wellbeing College to co-produce manager development and peer support sessions.
Impact Score: 3	Likelihood Score: 2	Target Risk Score:	6 - Moderate

Mohamed, Sarah
05/13/2022 12:18:39

Mohamed Sarah
05/13/2022 12:18:39

1. Risk of Delivery of Annual Plan – Executive Director of Strategic Planning (Abigail Harris)

The requirement for a three year IMTP remains suspended by Welsh Government due to the Covid 19 pandemic. However, the Health Board are still required to produce an Annual Plan for 21/22 which will reference the last approved IMTP. From 22/23 there will be a requirement to develop a three Year IMTP.

Risk	There is a risk that the Health Board will not deliver the objectives set out in the Annual Plan out due to the challenge around recovering the backlog of planned activity (see separate risk), not taking the opportunity to do things differently and the potential risk associated with the Medium Term Financial position all of which could impact upon delivery of the Annual Plan or future IMTP.		
Date added:	April 20		
Cause	The focus of executive and operational efforts is on directing the organisational response creating the operational capacity to meet the immediate acute demand generated by the COVID-19 pandemic.		
Impact	The UHB may not be appropriately prepared to manage the consequences of a protracted and disruptive emergency response particularly in terms of: - workforce (e.g. many will be exhausted and many will have built up leave) - Infrastructure - Planned care - Unplanned care - Financial delivery The benefits of emergency changes may not be adequately captured. There may be learning opportunities missed.		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 (Extreme)
Current Controls	Welsh Government has suspended the IMTP process and Health Boards are working to quarterly operational plans that reflect the current COVID29 situation and the need to re-establish as much of our non-COVID19 activity as possible, recognising the need to continue to provide services in different ways in light of the service transformation that took place in the emergency response phase and the ongoing requirement for social distancing and infection prevention and control measures.		
Current Assurances	Board approved plan in June 21 and submitted to Welsh Government ⁽¹⁾ ⁽³⁾ Quarter 1-3 deliverables were achieved or met ⁽¹⁾ ⁽³⁾		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls			
Gap in Assurances	Board signed off Annual Plan and addendum at the end of June and submitted it to Welsh Government however the Health Board is unsure on the timeliness of money being released from WG Delivering a plan in the context of uncertainty and pressure. Emergence of Omicron variant has created the need to step up Covid response planning which adds uncertainty to deliverability of Annual Plan		
Actions	Lead	By when	Update since Jan 2022
Monitor implementation of Annual Plan and continue to report through Strategy and Delivery Committee and Welsh Government via monthly meeting	AH	31/03/22	The HB is still working in an uncertain environment but a winter plan has been developed. IMTP has been developed for Board approval 31.3.22 prior to submission to WG.

Mohamed, Sarah
05/13/2022 12:18:39

Continue to update and strengthen a dynamic approach to operational planning and service delivery and utilising the Local Choices Framework where necessary		CB	31/03/22	This action continues
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 (High)

Mohamed Sarah
05/13/2022 12:18:39

Report Title:	Committee Self Effectiveness				Agenda Item no.	2.9
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	17 May 2022	
		Private				
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Corporate Governance					

Main Report

Background and current situation:

Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health's Board's governance structure. Under its Standing Orders (SO 10.2.1), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.

The Health Board undertook an annual review of the effectiveness of its Board and its Committees in April 2022 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:

- the need for sub-Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives;
- the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions;
- maximising the value of the input from non-executive directors, given their limited time commitment; and
- supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda.

For the 2021-2022 self-assessment, a survey was disseminated via Survey Monkey to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.

The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2021-2022, which relate to the Strategy and Delivery Committee (attached as **Appendix 2**) and to present the action plan 2021-2022 developed to address the areas identified for improvement.

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

- The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2021-2022 were issued in early April 2021 and attained a positive response rate overall.

- The overall findings are positive which provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committees are effectively supporting the Board in fulfilling its role.
- Out of the questions posed, room for improvement was identified in 7 areas and a Board Effectiveness Action Plan 2021-2022 has been developed to address them which is presented **within Appendix 1** and outlines proposed actions to strengthen and develop the areas identified. It is suggested that this action plan be progressed via Board Development sessions. Assurance is provided by work already in train in many of these areas as referenced in the action plan.
- The individual findings of the Annual Board/Committee Effectiveness Surveys 2021-2022 will be presented to each relevant Committee for assurance.

To ensure effective governance the Board Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March/April 2023 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2022-2023.

Recommendation:

The Committee is requested to:

- NOTE** the results of the Annual Board Effectiveness Survey 2021-2022, relating to the Strategy and Delivery Committee; and
- NOTE** the action plan developed for 2021-2022, which will be progressed via Board Development sessions.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: No	
Safety: No	
Financial: No	
Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Mohamed, Sarah
05/13/2022 12:18:39

Board Effectiveness – Self Assessment 2021-2022 Action Plan

The table below identified areas from the Annual Committee Effectiveness Survey 2021-2022 undertaken in April 2022, that suggested a need for Further Improvement

Question asked 2021-2022	Response and Action Required	Lead	Timescale to complete
Board 8. We Identify and Share Best Practice and benchmark	The Board are proactive in utilising business intelligence to support effective decision making and benchmarking is undertaken through the various NHS Wales professional peer groups, for example the NHS Wales Directors of Nursing Group, NHS Wales Board Secretaries Network etc. The Integrated Performance Report has been developed further to strengthen performance benchmarking and this was discussed at a recent Board Development session (April 2022). Action Consider strengthening and developing sharing best practice with/benchmarking against large teaching Health Board across the UK.	Executive Nurse Director, Executive Director for Strategic Planning, Executive Medical Director, Chief Operating Officer, Executive Director of People and Culture, and Director of Digital Health Intelligence.	October 2022
Board 10. We invite effective feedback and use the lessons learned to develop and improve the Board's and senior management team's effectiveness.	The Chair of the Board reviews the effectiveness of the Board meeting as part of the agenda at each respective meeting. Action The Corporate Governance team will develop a series of prompts (eg did the meeting start and end on time, did all members receive a full set of papers prior to the meeting) which can be used as part of the review at the end of each Board and Committee meeting.	Director of Corporate Governance	July 2022

Mohamed, Sarah
05/13/2022 12:18:39

<u>Quality, Safety and Experience Committee</u> <u>Strategy and Delivery Committee</u> <u>Shaping our Future Hospitals Committee</u> 9. Are changes to the Committee's current and future workload discussed and approved at Board level.	All Committees annually produce a Work Plan to reflect their respective Terms of Reference in order to ensure that the Committee concerned is discharging its responsibilities appropriately. The Committees' annual Work Plans and Terms of Business are approved by the Board on an annual basis (this year – on 31 March 2022). As part of the end of year arrangements, each Committee produces an Annual Report which provides a summary of the business undertaken by the relevant Committee and sets out how the Committee has complied with its Terms of Reference. Any other routine business (which is not recorded on the annual Work Plan) to be undertaken by a Committee is logged on the Forward Plan to ensure it is captured at the relevant agenda setting meeting.	Director of Corporate Governance	March 2023
<u>Health & Safety Committee</u> <u>Strategy and Delivery Committee</u> <u>Shaping our Future Hospitals Committee</u> 12. Has the Committee established a plan for the conduct of its work across the year.	All Committees annually produce a Work Plan to reflect their respective Terms of Reference in order to ensure that the Committee concerned is discharging its responsibilities appropriately. The Committees' annual Work Plans and Terms of Business are approved by the Board on an annual basis. This year the Committees' annual Work Plans for 2022-23 received Board approval on 31 March 2022).	Director of Corporate Governance	March 2023

Mohamed Sarah
05/13/2022 12:18:39

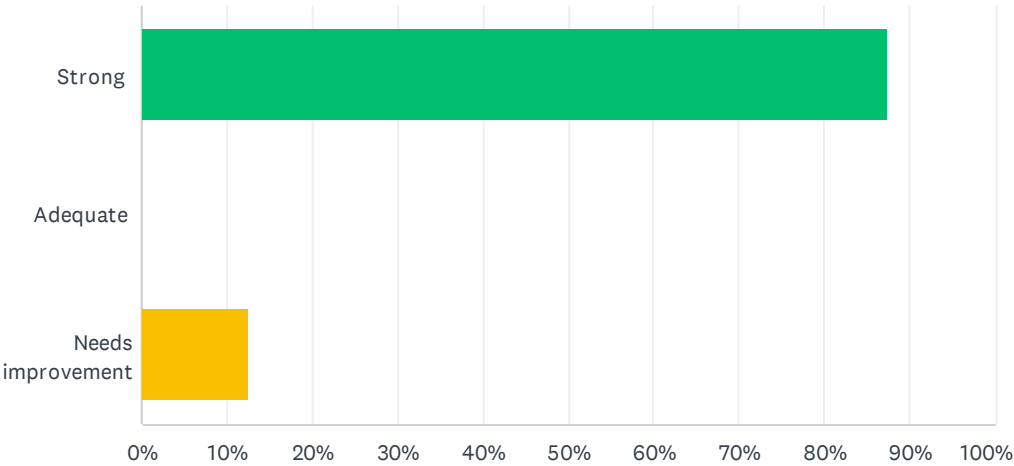
<u>Health & Safety Committee</u> <u>Charitable Funds Committee</u> <u>Shaping Our Future Hospitals Committee</u> 13. Has the Committee formally considered how its work integrates with wider performance management and standards compliance?	The Committee's Terms of Reference detail the programme of work to be undertaken by the Committee concerned, including any appropriate standards which the Health Board should comply with. The Committees' Terms of Reference are designed to ensure there is no duplication of the work undertaken by the various Committees and the Board.	Director of Corporate Governance	
<u>Audit and Assurance Committee</u> 15. Is a Committee meeting scheduled to discuss proposed adjustments to the Accounts and issues arising from the audit, and does the Committee annual review the accounting policies of the organisation.	A Special Audit Committee meeting is scheduled each year to consider and discuss the reported financial performance in the draft accounts, any adjustments made to the same and any issues arising from the financial audit. In relation to the draft accounts 2021/22 a Special Audit and Assurance meeting has been scheduled to take place on 14 June 2022. The Audit and Assurance Committee undertakes an annual review of its Standing Financial Orders (which are based upon the Welsh Government's model SFIs) and accounting policies. The last review took place at the Audit and Assurance Committee meeting held on 5 April 2022.	Director of Corporate Governance	October 2022
<u>Audit and Assurance Committee</u> 20. Does the Board ensure that the Committee members have sufficient knowledge of the organisation to identify key risks and to challenge both line management and auditors on critical and sensitive matters.	The Board ensures the Committee Members have sufficient knowledge to identify key risks and challenge management and the auditors by a number of actions. This includes the following:- - Routine new Independent Member induction sessions.	Director of Corporate Governance	March 2023

	- Routine Business Development Sessions which are designed to support and equip Board Members with the knowledge they need in order deliver their responsibilities as set out within the Board and Committees' Annual Plans and the Health Board's 10 Year Strategy Shaping our Future Wellbeing. - Access to the Director of Corporate Governance should any member of the Committee feel that they are not equipped to deliver on a matter and/or have any particular concerns. - Chair and the Executive Lead of the Audit and Assurance are qualified accountants.		

Mohamed Sarah
05/13/2022 12:18:39

Q1 The Committee terms of reference clearly, adequately & realistically set out the Committee’s role and nature and scope of its responsibilities in accordance with guidance and have been approved by the committee and the full Board. NHS Handbook status: 1 - must do

Answered: 8 Skipped: 0

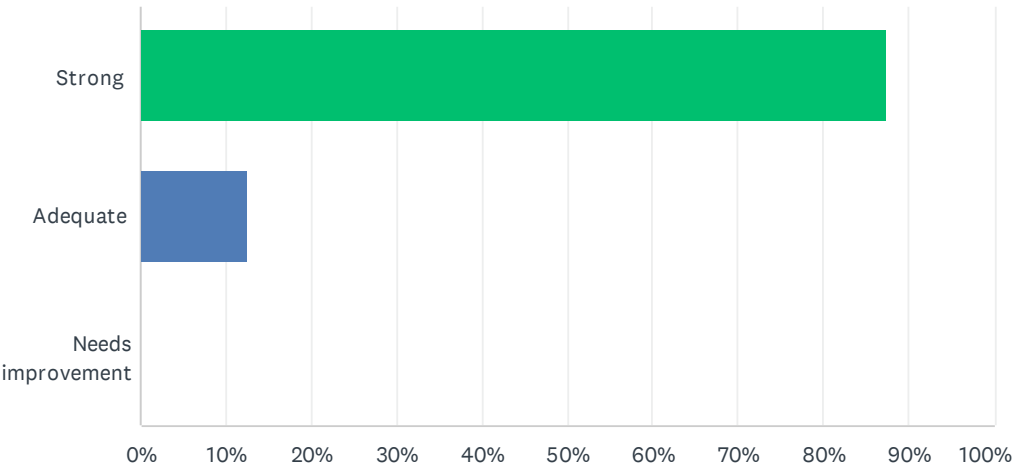


ANSWER CHOICES	RESPONSES	
Strong	87.50%	7
Adequate	0.00%	0
Needs improvement	12.50%	1
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q2 The Board was active in its consideration of Committee composition.NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

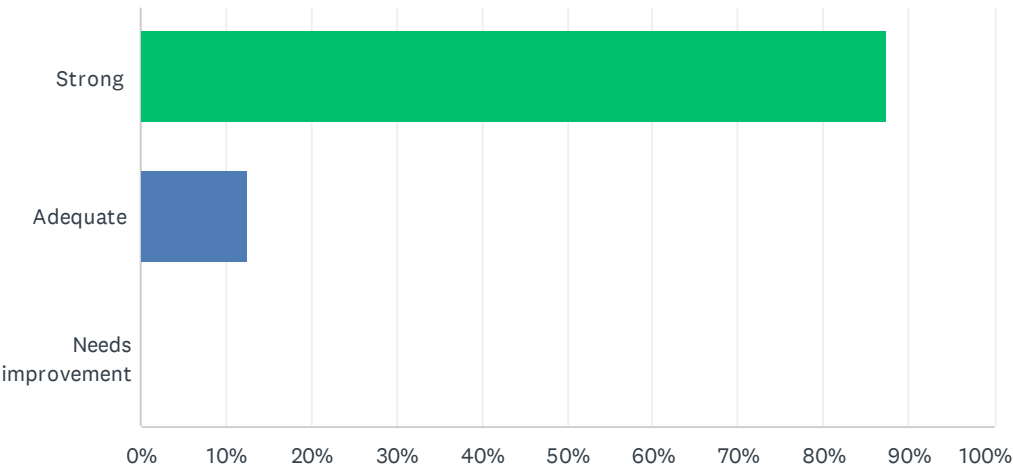


ANSWER CHOICES	RESPONSES	
Strong	87.50%	7
Adequate	12.50%	1
Needs improvement	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q3 The Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

Answered: 8 Skipped: 0

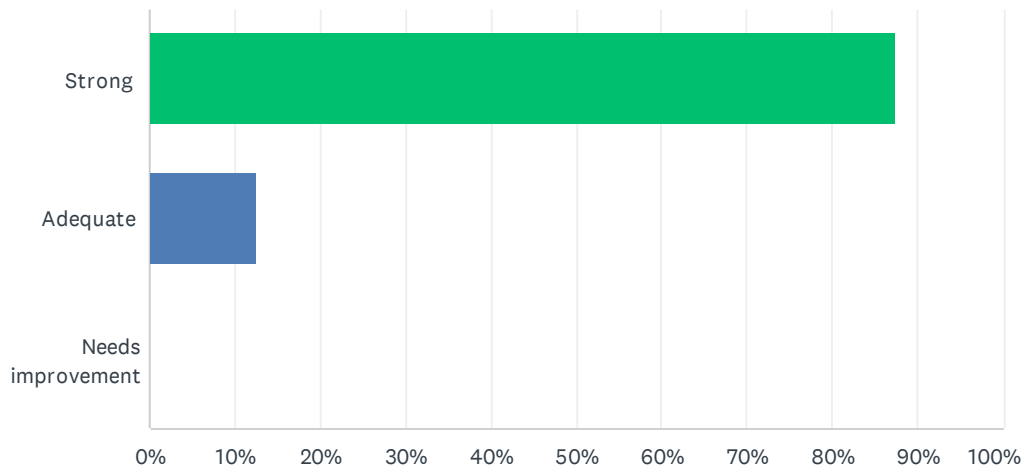


ANSWER CHOICES	RESPONSES	
Strong	87.50%	7
Adequate	12.50%	1
Needs improvement	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q4 The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

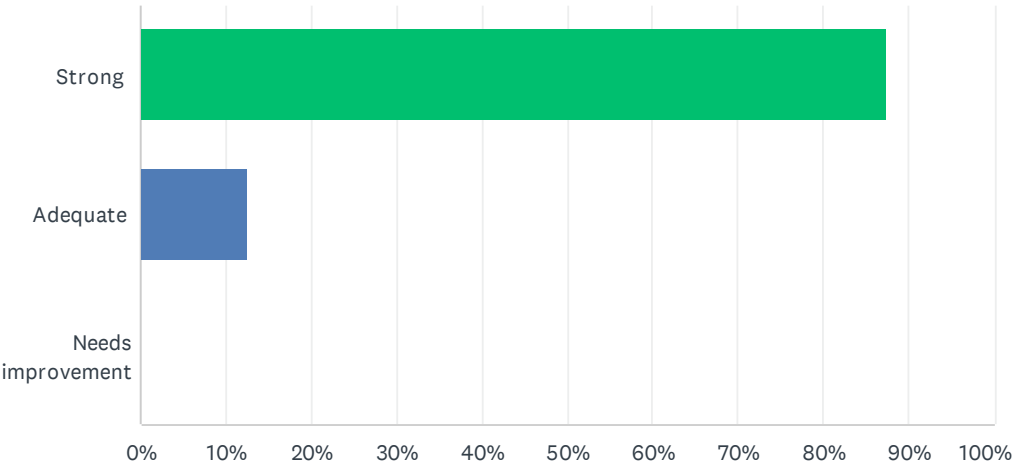


ANSWER CHOICES	RESPONSES	
Strong	87.50%	7
Adequate	12.50%	1
Needs improvement	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q5 Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the committee’s responsibilities.NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

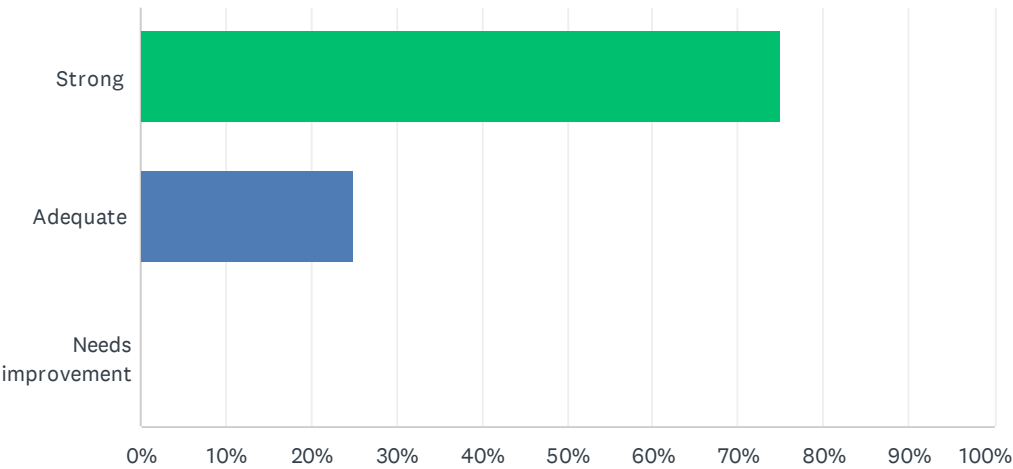


ANSWER CHOICES	RESPONSES	
Strong	87.50%	7
Adequate	12.50%	1
Needs improvement	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q6 Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.NHS Handbook status: 1 - must do

Answered: 8 Skipped: 0

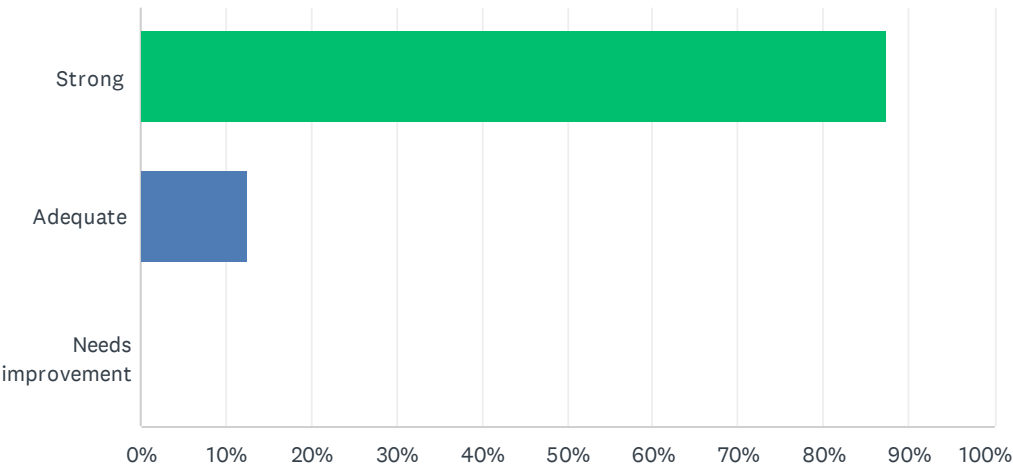


ANSWER CHOICES	RESPONSES	
Strong	75.00%	6
Adequate	25.00%	2
Needs improvement	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q7 The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

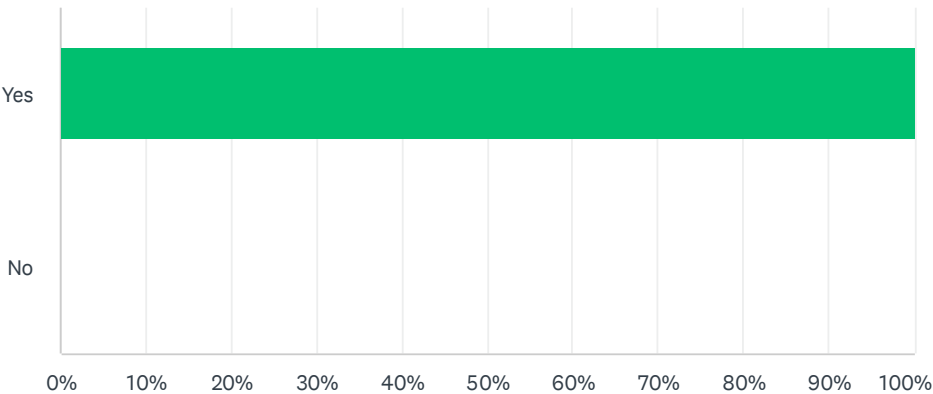


ANSWER CHOICES	RESPONSES	
Strong	87.50%	7
Adequate	12.50%	1
Needs improvement	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q8 Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

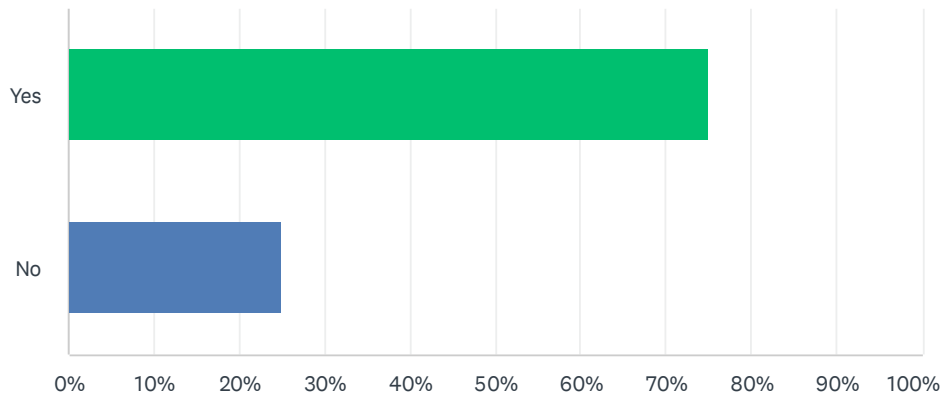


ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q9 Are changes to the committee’s current and future workload discussed and approved at Board level?NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

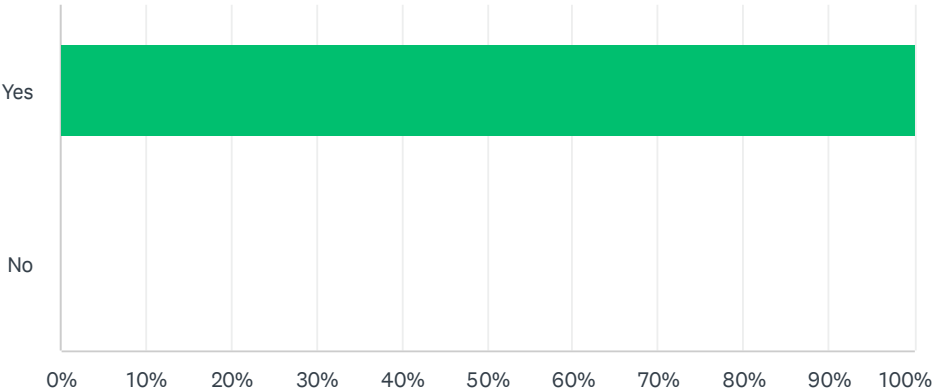


ANSWER CHOICES	RESPONSES	
Yes	75.00%	6
No	25.00%	2
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q10 Are committee members independent of the management team?NHS
Handbook status: 1 - must do

Answered: 8 Skipped: 0

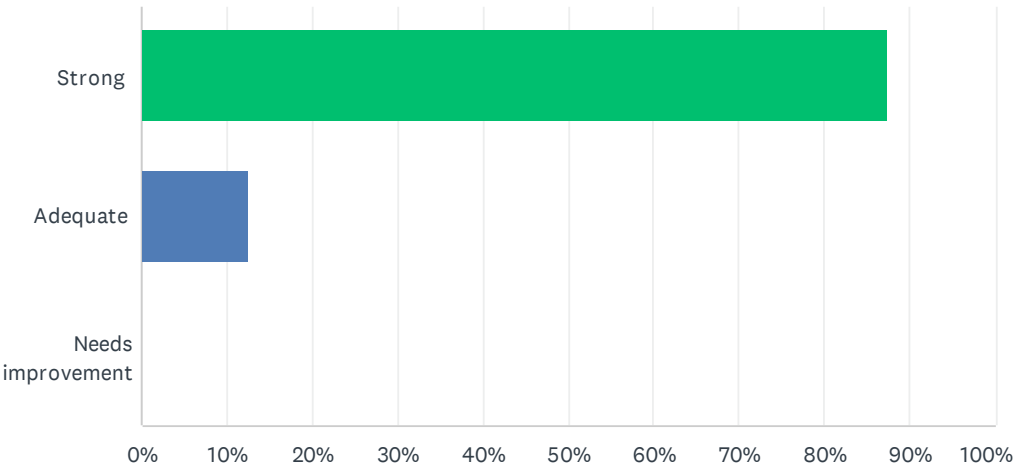


ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q11 The Committee agenda-setting process is thorough and led by the Committee Chair.NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

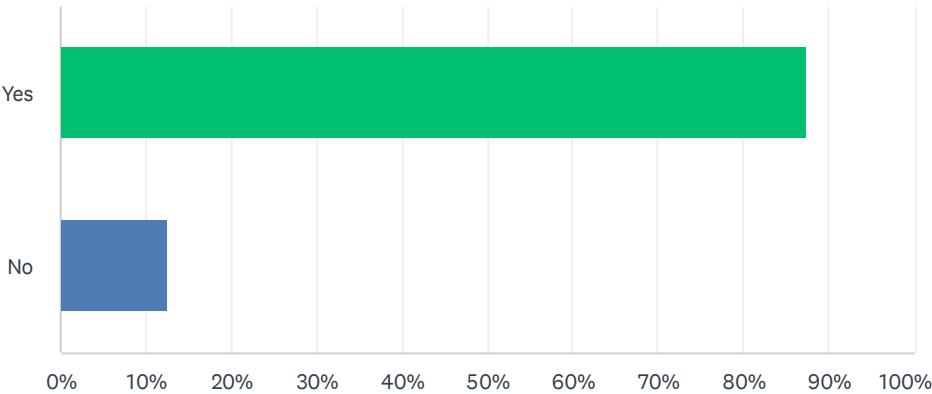


ANSWER CHOICES	RESPONSES	
Strong	87.50%	7
Adequate	12.50%	1
Needs improvement	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q12 Has the Committee established a plan for the conduct of its work across the year?NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

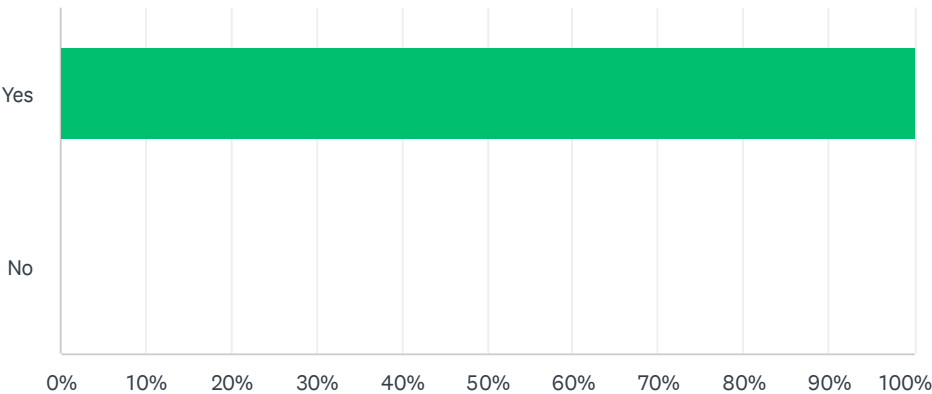


ANSWER CHOICES	RESPONSES	
Yes	87.50%	7
No	12.50%	1
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q13 Has the committee formally considered how its work integrates with wider performance management and standards compliance?NHS
Handbook status: 2 - should do

Answered: 8 Skipped: 0

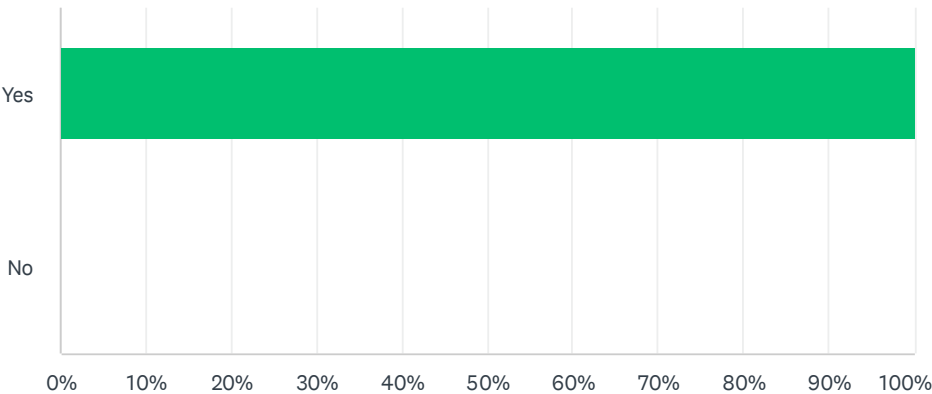


ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q14 Has the committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

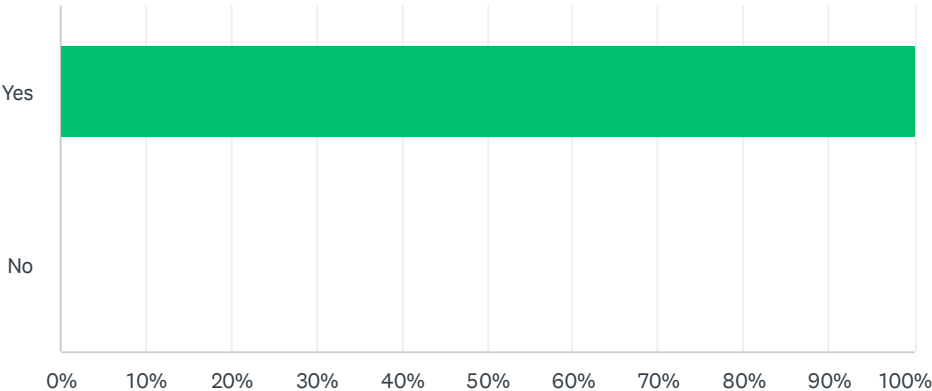


ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q15 Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

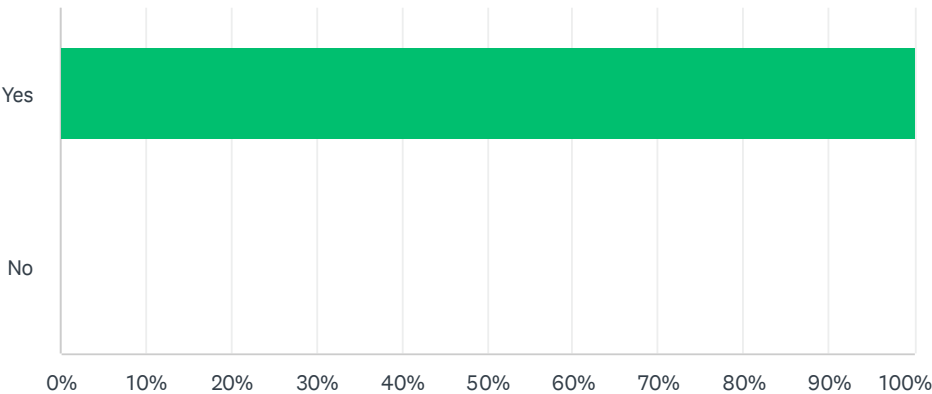


ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q16 Is the committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

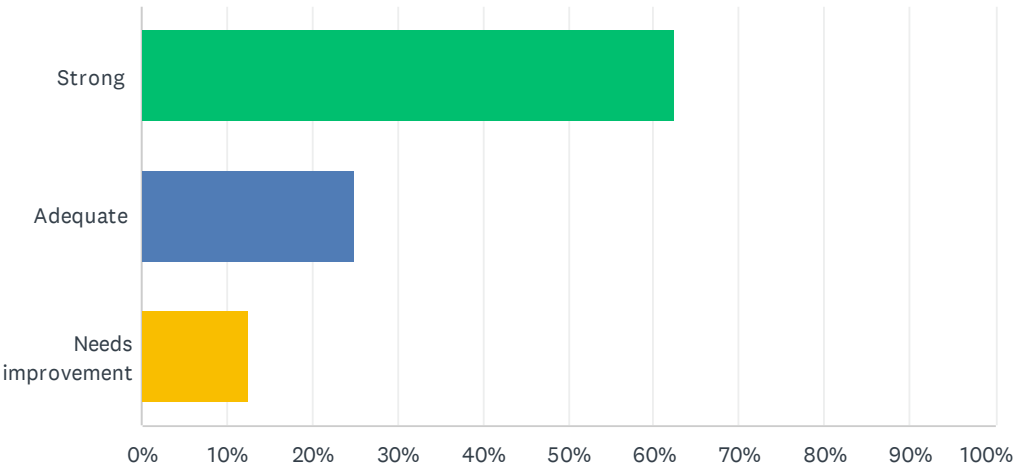


ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q17 The committee’s self-evaluation process is in place and effective. NHS Handbook status: 2 - should do

Answered: 8 Skipped: 0

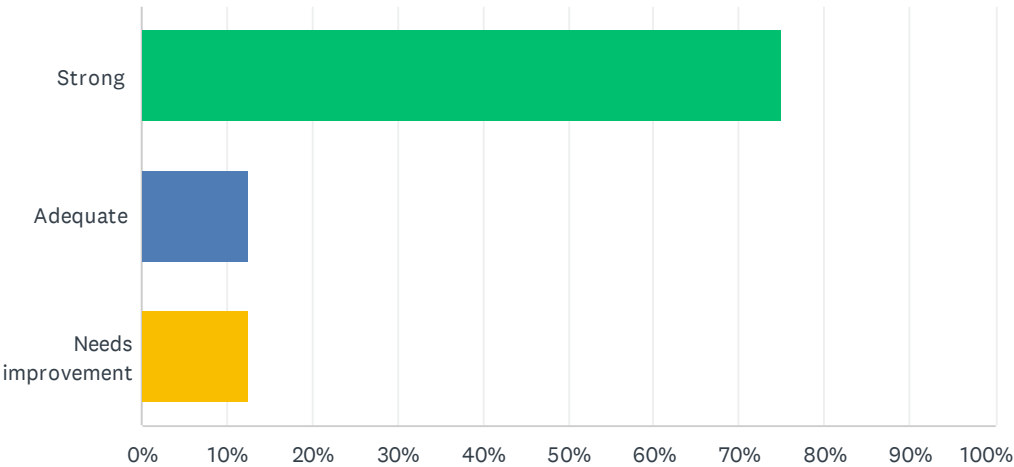


ANSWER CHOICES	RESPONSES	
Strong	62.50%	5
Adequate	25.00%	2
Needs improvement	12.50%	1
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q18 What is your overall assessment of the performance of the Committee?

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	75.00%	6
Adequate	12.50%	1
Needs improvement	12.50%	1
TOTAL		8

Mohamed Sarah
05/13/2022 12:18:39

Q19 Additional Comments

Answered: 2 Skipped: 6

Mohamed Sarah
05/13/2022 12:18:39

Q20 Name

Answered: 7 Skipped: 1

Mohamed Sarah
05/13/2022 12:18:39

Q21 Position

Answered: 7 Skipped: 1

Mohamed Sarah
05/13/2022 12:18:39

Report Title:	Corporate Welsh Language Policy			Agenda Item no.	3.1
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	May 17 th 2022
Status (please tick one only):	Assurance	Approval	x	Information	
Lead Executive:	Executive Director for People and Culture				
Report Author (Title):	Welsh Language Officer				
Main Report					
Background and current situation:					
In 2019, the Welsh Language Commissioner published the Welsh Language Standards which placed a duty on Cardiff and Vale University Health Board to provide an effective Welsh language service. Under Standard 79, the UHB is required to have a policy which facilitates and promotes use of the Welsh language. The Welsh Language policy aims to enable all services and employees to offer a Welsh language service. The policy demonstrates the UHB's commitment towards ensuring that patients, service users, our workforce, and the public should be able to communicate in Welsh when using our services or in their place of work. The policy covers a range of services offered by the organisation, including telephonic communications and consultation appointments with clinical staff. It also commits the organisation to increase our recruitment of staff with Welsh language skills and to develop Welsh language skills amongst our existing workforce. The policy recognises the UHB's duty in ensuring compliance with the Welsh Language Measure (2011) and to progress and support the Welsh Government's Welsh Language in Healthcare Strategic Framework (the More than Just Words Strategy). By the most recent Welsh Government estimates, Cardiff and the Vale of Glamorgan have almost 125,000 Welsh speakers living in the local area. The number of Welsh speakers using our services increases when considering those who access our specialist services living in the surrounding areas. Furthermore, research demonstrates a positive impact on patient outcomes when the individual being cared for are able to use their preferred language. Improved communication between patients and staff reduces anxieties and concerns raised. Through implementing this policy we will be creating a more inclusive organisation for our Welsh speaking population. The co-operation of clinical boards and their local Welsh language leads will be essential in ensuring the organisation complies with this policy and the Welsh Language Standards.					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
The Welsh Language Policy is a one which the organisation is required to develop and approve to comply with Welsh Language Standards. The policy has been finalised following consultation with staff.					
Recommendation:					

The Committee is requested to:-

- a) consider the draft Welsh Language Corporate Policy (the Policy) attached to this report: and
- b) recommend that the draft Policy is presented to the Board for formal approval.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	x	Integration		Collaboration		Involvement	x
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Impact Assessment:

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

Risk: Yes

Failure to comply with the Welsh Language Standards could lead to further sanctions by the Welsh Language Commissioner.

Safety: Yes

Giving patients and service users the opportunity to use Welsh as their preferred language to communicate will improve patient safety. They will find it easier to understand and communicate with our staff.

Financial: Yes

Failure to comply with the Welsh Language Standards could ultimately lead to a £5,000 sanction by the Welsh Language Commissioner.

Workforce: Yes

The policy will help our workforce to use their preferred language of Welsh as part of their working life of the organisation. The policy would also help staff develop their Welsh language skills

Legal: Yes

The policy would assist the organisation to improve their compliance with the Welsh Language Standards Measure (2011)

Reputational: Yes

The policy would help the organisation to improve its reputation as a place that welcomes the use of the Welsh language by the public, patients, and staff.

Socio Economic: Yes

The policy will improve the recruitment of staff with Welsh language skills, which will extend the use of the Welsh language within the organisation. The policy would also improve the opportunity for patients and service users to use their preferred language of Welsh. Ultimately, it would contribute to the development of the language in the Cardiff and Vale area.

Equality and Health: Yes

The policy will support the creation of a more inclusive UHB.

Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Mohamed Sarah
05/13/2022 12:18:39

Equality & Health Impact Assessment for

Corporate Welsh Language Policy

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Workforce and Organisational Development Welsh Language Officer Alun.Williams4@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The objective for this policy is to ensure that the Cardiff and Vale University Health Board complies with the Welsh Language Standards 2019. Additionally, it seeks contribute to the Welsh Governments' More than Just Words Strategy and the Wellbeing of Future Generations strategy. It broadly seeks:

¹http://nwww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

		- to improve the use of the Welsh Language within the organization and amongst its staff - to improve the healthcare and other services it can offer to patients and service users through the medium of Welsh.
4.	Evidence and background information considered. For example - population data - staff and service users' data, as applicable - needs assessment - engagement and involvement findings - research - good practice guidelines - participant knowledge - list of stakeholders and how stakeholders have engaged in the development stages - comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.	Local population data. According to the latest Welsh Government figures from StatsWales, a total of 124,900 people in Cardiff and Vale of Glamorgan area can speak Welsh, approximately 23.4% of the population: Annual Population Survey - Ability to speak Welsh by local authority and year (gov.wales) Welsh Language Skills on ESR Cardiff and Vale University Health Board employs over 17,000 staff. Cardiff and Vale endeavours to capture information about the current Welsh language skills of our staff by encouraging them to self-assess and record their skills via the NHS Electronic Staff Record (ESR). However, not all staff have access to ESR so the data is currently incomplete. Current data shows that 36% of the staff have registered their language skills. Currently, there are 274 members of staff who've registered their Welsh Language skills as fluent, 185 members of staff with a higher level of Welsh Language skills, 145 with intermediate skills, 215 with foundation and 768 members of staff with basic skills. The organisation will be planning to improve the level of Welsh Language registration on ESR during the coming year. Welsh Language Standards In 2019, the Welsh Language Commission provided the set of 121 standards that the organisation was expected to comply to ensure it provided a quality healthcare and public service through the medium of Welsh. (<i>ranging from telephone services and correspondence to one-to-one meetings with clinical</i>

Mohamed Sarah
05/13/2022 12:18:39

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

Mohamed Sarah 05/13/2024 12:18:39		consultants): Welsh Language in Healthcare - Cardiff and Vale University Health Board (nhs.wales) The Welsh Government More than Just Words Strategic Framework The organisation is also required to implement this strategic framework, introduced by the Welsh Government to increase the level of Welsh language services offered by the organisation. It ensures that patients and service users are pro-actively asked for their language choice through their patient journey and improve the awareness and importance of the Welsh language choice amongst the staff. The strategy also puts importance of improving Welsh Language skills of staff and encourages the recruitment of staff with Welsh Language skills: More than just words: action plan 2019 to 2020 GOV.WALES Welsh Language training The organisation has been working in partnership with the National Centre for Learning Welsh and been offering fully funded courses in developing Welsh language skills. Over 300 members of staff have been taking advantage of the opportunity and registering on the courses. Patient Experience Research Extensive research shows that there is a positive impact of offering Welsh medium care. The Mwy na geiriau / More than just words strategy provides patient/staff experience of the impact in providing healthcare in Welsh: Service Provider: <i>“Throughout my career, I’ve seen many situations where there has been a lack of availability of Welsh-medium staff which has led to a misinterpretation of patients’ needs or even a misdiagnosis because patients are confused, in pain or have lost the ability to understand and speak English”</i> Service User: <i>“In Welsh I can talk about experiences and personal things. The flow isn’t the same in English. You have to translate, especially when you are</i>
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		<i>talking about something that is so important.”</i> Service User: <i>“I think it is hard to ask for a Welsh language service. You don’t want to upset the people who are treating you.”</i> Further information: Mwy na geiriau / More than Just Words Strategic Document.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The policy would affect the general public, patients, service users and staff: 1. The public would receive information, notices and messages in the language of their choice of English or Welsh. 2. Patient and service users will be able to receive healthcare treatment and service through the chosen language of either Welsh or English. 3. Staff will have the right in certain areas to use their preferred language of Welsh.

Mohamed Sarah
05/13/2022 12:18:39

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	There will be a positive impact on people under the age of 18 who may find it easier to communicate through the medium of Welsh. This may due to the language they use within their home, school or community and lack confidence to communicate in English. There will be a positive impact for older patient and service users who prefer to use Welsh when discussing their healthcare. This is particularly important for patients with dementia and the ability to speak Welsh would be crucial when talking with nursing and medical staff.	Ensuring that language choice is being asked during patient intake and registered on patient management systems. Ensuring that front line areas are aware of the language choice made by the patient, and ensuring they provide best care as possible in that language.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

Mohamed Sarah
05/13/2022 12:18:39

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes Mohamed Sarah 05/13/2022 12:18:39	Patients and services users with a disability will be able to use their preferred language of Welsh to improve communication with staff. This will help them to reduce stress and anxiety. Welsh speaking service users with long term illnesses and disabilities who are used to speaking welsh with families, communities and friends will find it easier to discuss their ailments in Welsh. Mental health and wellbeing – for some staff, the opportunity to use the Welsh language in distressing situations such as grievance and disciplinary meetings may enhance wellbeing and reduce anxiety relating to expressing / conveying information and feelings in such meetings.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information. 4. Measures in place for staff to use their preferred language of Welsh in situations as described under the organisational section of the Welsh Language Standards.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	Patients of different genders will be able to use their preferred language choice of Welsh during treatment. This will help to reduce anxiety and stress during distressing situations. They will be able to convey their emotions and information better. Welsh speakers come from diverse range of backgrounds including those who are undergoing reassignment. Many of them will find it easier to discuss their treatment/process with our healthcare staff in their preferred language.	1. Ensure that they are given a language choice during patient intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.4 People who are married or who have a civil partner. Mohamed Sarah 05/13/2022 12:18:39	Patients who are married or have a civil partnership might use Welsh with their partners throughout their partnership/marriage. Their partners/spouse might prefer to use Welsh regardless of the patients choice, especially when discussing their	1.Ensure that they are given a language choice during intake and/or discussion about their healthcare. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	partners'/spouses care.	3. Provide bilingual patient information.	and use them with patients.
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	Women will be able to use their preferred language of Welsh as part the maternity services they receive by the organisation. It will improve their communication to staff and convey their emotions and feelings in stressful situation. It will also encourage them to use Welsh as part of their maternity period if they want to maintain Welsh as the language of communication between them and the baby.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers Mohamed Sarah 05/13/2022 12:18:39	Patients and service users of different race, nationality colour, culture or ethnic origin will be given a language choice when receiving healthcare treatment. Those who prefer to use Welsh will then be able to communicate easier with our staff when receiving treatment.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Welsh speakers might hold their religious faith through the medium of Welsh. Therefore, they might prefer to discuss any faith aspects of their care through the medium of Welsh.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.8 People who are attracted to other people of: - the opposite sex (heterosexual); - the same sex (lesbian or gay); - both sexes (bisexual)	Welsh speakers come from a diverse range of communities, including from the LBTG community. Many of them prefer to receive healthcare in the preferred language of Welsh	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of	Patients and service users who prefer to use Welsh will be able to use their preferred language of Welsh when receiving healthcare service. This will help them to communicate better with	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
vibrant culture and thriving Welsh language	staff members, leading to better outcomes. It will also lead to reduction in anxiety and stress during distressing moments.	much as possible. 3. Provide bilingual patient information.	2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Welsh speakers come from a diverse range of communities. Many of them prefer to receive healthcare in the preferred language of Welsh	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Our Welsh speaking patients and service users range across the South Wales area, especially for our specialist services. They will be able to continue to use their preferred language of Welsh with this organisation.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

Mohamed Sarah
05/13/2022 12:18:39

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None		

Mohamed Sarah
05/13/2022 12:18:39

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	Equity in access : Improved access and communications for patients/service users who preferred language is Welsh.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg	Improved quality of information for those who prefer to speak Welsh – would lead to more people receive messages on healthier lifestyles.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales		These will include how to maintain healthy lifestyles.	
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	It would help with staff with welsh speaking skills be able to communicate and bond better with their patients, leading to improve outcomes for both parties.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information. These will include how to maintain healthy lifestyles.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure	Clear bilingual information on signs and public information will help patients navigate easier around the hospitals.	Bilingual signs and signpostings	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			2.Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	Patients and service users will be able to use their will promote a feeling of belonging and minimise social isolation.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information. These will include how to maintain healthy lifestyles.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2.Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	Being able to use Welsh will help with the Welsh Governments aim of a million Welsh speakers by 2050.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information. 4. Extend the use of Welsh language lessons for staff. 5. Recruit Welsh speaking staff to the organisation to drive up the use of the language internally.	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

Mohamed Sarah
05/13/2022 12:18:39

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Adopting the policy will help patients and services user to have an improve care in their preferred language of Welsh.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.	Welsh Language Officer/ Equality Adviser/ Assistant Director for Organisational Development	31/03/2023	1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

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05/13/2022 12:18:39

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No			

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05/13/2022 12:18:39

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- - Decide whether the strategy, policy, plan, procedure and/or service proposal: - continues unchanged as there are no significant negative impacts - adjusts to account for the negative impacts - continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) - stops. - Have your strategy, policy, plan, procedure and/or service proposal approved - Publish your report of this impact assessment - Monitor and review	The policy continues unchanged.	Welsh Language Officer / Equality Manager	31/03/2023	Work with the Workforce and Organisational Development Directorate to implement the policy

Mohamed Sarah
05/13/2022 12:18:39

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)⁴

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

⁴ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)⁵
- Equality Act 2010⁶
- Well-being of Future Generations (Wales) Act 2015⁷
- Social Services and Well-being (Wales) Act 2015⁸
- Health Impact Assessment (non statutory but good practice)⁹
- The Human Rights Act 1998¹⁰
- United Nations Convention on the Rights of the Child 1989¹¹
- United Nations Convention on Rights of Persons with Disabilities 2009¹²
- United Nations Principles for Older Persons 1991¹³
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁴
- Welsh Government Health & Care Standards 2015¹⁵
- Welsh Language (Wales) Measure 2011¹⁶

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

⁵ <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

⁶ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁷ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁸ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

¹⁰ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

¹¹ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

¹² <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹³ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹⁴ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹⁵ <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹⁶ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates¹⁷
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide¹⁸

¹⁷ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁸ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁹

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

¹⁹ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

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Welsh Language Corporate Policy

Policy Statement

To ensure the Health Board delivers its aims and responsibility on the Welsh Language Policy, we are committed that patients, service users and the public will be able to use their preferred language of Welsh with us. Staff will also be able to use their preferred language of Welsh when applicable according to the Standards.

Providing first-rate health services to the population of Cardiff and the Vale is the primary function of this organisation, but as is the same for every organisation providing healthcare, there are a range of regulations under which we must operate, and not only those regulations that deal directly with health matters.

Whilst our individual departments may specialise in aspects of clinical care for example, and operate under strict guidance in those specialist areas, corporately the organisation must also comply with matters such as Health and Safety, Equalities or Employment Regulations.

Compliance with the Welsh Language Standards is no different, and non-compliance carries the same organisational risk as does failing to comply with any other duties placed on our University Health Board.

Cardiff and Vale University Health Board supports our patients and services users who require a Welsh language provision when discussing their healthcare. We also recognise the importance for staff to use their preferred language of Welsh when applicable, and developing their Welsh skills.

The Board is committed to providing the best experience to our patients in their preferred language. Evidence from research on patient language choice has shown the positive outcomes for the patients when they are able to use their preferred language, including improved communication between patient and staff and decrease in anxieties and concerns.

We recognise the importance for staff to use their preferred language of Welsh when applicable and developing their Welsh skills. We also recognise the duty the UHB in ensuring that it complies with the Welsh Language Measure (2011) and progress and support on the Welsh Government's Welsh Language in Healthcare Strategic Framework (the More than Just Words Strategy).

Mohamed, Sarah
05/13/2022 12:18:39

Document Title: Welsh Language Corporate Policy	2th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

(Note: Write the policy statement in the first person and explain exactly what the Health Board is committed to doing.)

Policy Commitment

The policy will enable each service/team within CAVUHB to provide a bilingual service, and ensure compliance with legislation set out in the Welsh Language Standards, as applied health boards under the Welsh Language Standards (No. 7) Regulations 2018

Supporting Procedures and Written Control Documents

This Policy describe the following with regards to ensuring care through the preferred language of Welsh.

Other supporting documents are:

- [Welsh Language Standards Compliance Notice for Cardiff and Vale UHB](#)
- [More than Just Words Strategic Framework](#)

Commented [AW(aVU-CM1): hyperlinks

Scope

This policy applies to all of our staff in all locations including those with honorary contracts and has links to partnership working and third-party contractors.

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive.

Policy Approved by	Strategy and Delivery Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Equality Strategy and Welsh Language Standards Group
Accountable Executive or Clinical Board Director	Executive Director for People and Culture

Document Title: Welsh Language Corporate Policy	3th of 16 pages	Approval Date:
Reference Number:		Next Review:
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Date approved by Board/Committee/Sub Committee dd/mm/yyyy	TBA <i>[To be inserted by the Gov. Dept]</i>	<i>New Policy</i>
2			

Mohamed Sarah
05/13/2022 12:18:39

Document Title: Welsh Language Corporate Policy	4th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

Table of Contents

1. Scope	5
1.1 Employees.....	5
1.2 Primary Care Contractors.....	5
1.3 Others.....	5
2. Legislative and NHS Requirements	5
2.1 Welsh Language (Wales) Measure 2011	5
2.2 The Active Offer	5
2.3 The Well-Being of Future Generations (Wales) Act 2015	6
3 Implementation	7
3.1 Written Communication	7
3.2 Telephone Communication.....	8
3.3 Reception Areas	9
3.4 Face-to-Face Meetings Organised by CAVUHB	9
3.5 Clinical Consultations	10
3.6 Documents, Publications and Forms.....	10
3.7 Websites, Social Media Accounts and Apps	10
3.8 Signage.....	11
3.9 Third Party Contracts and Tendering	11
3.10 Policy Development.....	11
3.11 Recruitment and Staffing.....	12
3.12 Training and Development	13
3.13 The Intranet	13
3.14 Complaints	14
3.15 Partnership Working.....	14
3.16 Promoting the Welsh Language	14
3.17 Record Keeping.....	14
3.18 Annual Reporting.....	15
4. Reviewing and Monitoring	15
4.1 Managerial Responsibilities	15
4.2 Retention/Archiving.....	15
4.3 Non-compliance.....	16

Document Title: Welsh Language Corporate Policy	5th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

1. Scope

1.1 Employees

The Strategy will apply to all employees and Bank Workers of CAVUHB.

1.2 Primary Care Contractors

Primary Care Contractors (i.e. General Practitioners, Dentists, Pharmacists and Opticians) are independent, self-employed contractors and are not normally employees of CAVUHB; however, Primary Care Contractors have a requirement to follow the principles and requirements of legislation and policies under the Welsh Language Act 2011 to provide services bilingually. In relation to this Strategy, CAVUHB will provide support, advice and guidance to Primary Care Contractors.

1.3 Others

Contracted third parties (including agency staff), students, volunteers, trainees, work placements, staff from other organisations who work from all sites, individuals contracted directly by CAVUHB will need to comply with the requirements stated within this strategy whilst working on CAVUHB premises.

Assurance will need to be provided to relevant managers by the Welsh Language Team that this group of individuals are adequately trained to a satisfactory standard, depending on role and risk assessment.

2. Legislative and NHS Requirements

2.1 Welsh Language (Wales) Measure 2011

The Measure placed duties on organisations in Wales to deliver services through the medium of Welsh, consider the language when making policies, encourage more Welsh Language use in the workplace, promote the language and keep records of how they are performing their duties.

This was enacted for Health Boards via the Welsh Language Standards (No. 7) Regulations 2018, and those that are relevant to CAVUHB can be found in our Compliance Notice, which is on our Welsh Language in Healthcare web page [here](#).

2.2 The Active Offer

Document Title: Welsh Language Corporate Policy	6th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

An Active Offer means that a service is provided in Welsh without someone having to ask for it. It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the Active Offer. This includes health services, social care services and social services.

2.3 The Well-Being of Future Generations (Wales) Act 2015

The Act states that the Welsh Language should be given due consideration as part of setting and delivering well-being objectives reflecting its official status in Wales and the national well-being goal of “a thriving Welsh Language”.

Where specific outcomes are identified as priorities e.g. promoting or protecting the language, or ensuring the adequate bilingual provision of services that meets local need, these should be considered in the setting of well-being objectives.

The seven Well-being Goals also includes A Healthier Wales, and the Welsh language forms a part of this aim also, and each of the other. The Welsh Language Commissioner’s 2018 guidance document on Promotion Strategies for example contained an adapted wheel infographic showing how the Welsh language is a part of each of the seven Goals.

Document Title: Welsh Language Corporate Policy	7th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		



3 Implementation

Reflecting the identified areas within the Welsh Language Standards, CAVUHB will focus on five main areas:

- Service Delivery (Standards 1-68).
- Policy Making (Standards 69-78).
- Operational Standards (Standards 79-114).
- Record Keeping (Standards 115-117).
- Supplementary Standards (Standards 118-121).

3.1 Written Communication

The public are entitled to communicate with CAVUHB in Welsh and English. Should CAVUHB receive written correspondence in Welsh from a member of the public, CAVUHB will respond in Welsh, unless the correspondent has stated otherwise.

Mohamed, Sarah
05/13/2022 12:18:39

Document Title: Welsh Language Corporate Policy	8th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

Should a person contact CAVUHB for the first time, via email, staff will include an email signature requesting the language preference of the person, and use the information received to communicate from that point on in the preferred language of that person.

Letterheads, email signatures and any corporate identity will be bilingual in accordance with the relevant Standards.

3.2 Telephone Communication

Staff answering the telephone on a main line e.g. the telephone line advertised externally, will answer the telephone bilingually at all times.

Should a caller request a Welsh Language Service, staff will make every effort to transfer that call to a Welsh speaking member of staff.

If they are not able to communicate in Welsh, they will inform the caller that they may use a translation service to continue the call (at the out of hours call centre) or continue the call in English if a discussion on a specific subject matter is required.

When CAVUHB advertise telephone numbers, they will advertise the Welsh and English lines available and provide this information as part of its publicity.

For calls made to direct lines at CAVUHB, again, staff will answer the telephone bilingually making a greeting to the caller and follow the same protocol as stated for main telephone lines.

Staff will be encouraged to use their Welsh Language skills, whatever their level or ability, in order to support the caller's language preference.

If staff have a telephone answer machine service, then the message will be bilingual and staff will be informed of the process in order to record a bilingual message using an internal guidance document.

Staff who communicate with a person for the first time will ask whether they wish to use the Welsh Language in future calls/ correspondence. A record of that wish will be kept and used to inform the language of future calls/correspondence with that person.

Document Title: Welsh Language Corporate Policy	9th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

3.3 Reception Areas

Welsh speaking staff will identify themselves as such by wearing a Welsh lanyard or pin badge. Staff members learning Welsh will also identify themselves, in order to support patients requiring a Welsh language service.

Staff able to communicate in Welsh will support patients requiring a Welsh Language service, and should a Welsh speaking member of staff be unavailable staff will be aware that they can access language support via "Language Line", a translation support service.

Information on "Language Line" is available to staff via an all staff guidance document.

Every reception area will display a sign stating that patients or visitors, their families/carers and staff are welcome to use the Welsh Language at the reception.

3.4 Face-to-Face Meetings Organised by CAVUHB

When inviting more than one person to a meeting, staff will ask every person whether they wish to use Welsh Language to communicate at the meeting. If at least 10% (but less than 100%) of the invited persons inform the meeting organizer that they wish to use Welsh Language, they will arrange for translation services to be provided.

CAVUHB will advertise public events bilingually, and all materials for the event will be available bilingually.

Attendees will be asked prior to public events to identify their language preference and communication needs, and simultaneous translation services will be arranged if required.

The Welsh language will not be treated less favourably than English language communication at public events.

Should CAVUHB fund at least 50% of a public event, it will ensure that the Welsh Language is not treated less favourably than the English Language.

Speakers at the public event will be asked if they wish to present in Welsh, and if so, staff will ensure that this is possible, and translation services for attendees is organised.

Document Title: Welsh Language Corporate Policy	10th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

3.5 Clinical Consultations

CAVUHB will publish a plan for each 5 year period setting out the extent to which we are able to carry out clinical consultations in Welsh.

The plan will detail the actions CAVUHB intends to take in order to increase the ability to offer this service and a timetable for its actions.

An assessment of the success of this plan will be published, three years after its development and the assessment will be published.

3.6 Documents, Publications and Forms

All public-facing CAVUHB documents and publications, and all forms that are to be completed by an individual (e.g. a consent form for treatment) or available to one or more individual will be available in Welsh and English.

The Welsh Language will not be treated less favourably in terms of clarity or size, and CAVUHB will not differentiate between the Welsh and English version in relation to any requirements that are relevant to the document or form e.g. a deadline for submitting a form or a time scale for response.

All notices in public areas will be produced bilingually, or where necessary a separate Welsh and English Language version may be created, but in such cases both versions will be displayed with equal prominence and at the same time.

3.7 Websites, Social Media Accounts and Apps

CAVUHB's website will be available in English and Welsh and will be equally accessible to the user in both languages. CAVUHB's website will not treat the Welsh Language less favourably than the English Language.

Corporate Social Media accounts will be available in English and Welsh, and should a question be raised in Welsh, a response will be given in Welsh.

All Apps that CAVUHB publishes will be fully functional in Welsh as well as English (other than clinical apps intended for staff only).

Mohamed, Sarah
05/13/2022 12:18:39

Document Title: Welsh Language Corporate Policy	11th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

3.8 Signage

All newly erected signs (as of May 2019) including temporary signs or display notices, will convey the same information in Welsh and English. Welsh Language text on signs and notices will be accurate in terms of meaning and expression and placed above, or to the left, of the English text, as required by the relevant Standard.

3.9 Third Party Contracts and Tendering

When an invitation for a tender is published, CAVUHB will state that tenders may be submitted in Welsh. If such a tender is submitted then it will not be treated less favourably than a tender in the English language e.g. timescales for receiving tenders and for informing tenderers of decisions.

Tenders for third party contracts must include a section informing the bidders of the requirements to comply with the Welsh Language Standards, where that is a relevant consideration in the services to be provided (this could range from signage as part of works at a hospital location to bilingual services in the provision of healthcare services).

3.10 Policy Development

Any new policy formulated, reviewed or revised by CAVUHB will consider the effects that policy has on:

Opportunities for persons to use the Welsh Language and;
Treating the Welsh Language no less favourably than the English Language.

When CAVUHB publishes a consultation document relating to a policy decision, CAVUHB will consider and seek views on a) and b) above and how the policy can be formulated or revised so that it would not have an adverse effect on the use of the Welsh Language. This will be part of the Equality Impact assessment process.

When research is commissioned or undertaken in order to assist the development of a policy decision CAVUHB will ensure that it considers how it would have positive effects on a) and b) above.

The impact assessment will accompany any decision and approval reports to the Board.

Document Title: Welsh Language Corporate Policy	12th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

3.11 Recruitment and Staffing

All CAVUHB documents relating to recruitment and staffing matters (health board policies, application forms, workplace guidance etc) will be available in Welsh and in English.

CAVUHB will state on its internal correspondence with staff, that should staff wish to receive any paper correspondence that relates to their employment in Welsh, then CAVUHB will make this available.

E-Mail signature and out of office messages wording for staff is provided as part of a guidance written to support staff in providing a bilingual service.

Staff are encouraged to identify themselves as Welsh speakers or Welsh Learners and given a method of identification, either using a lanyard or a badge, in order to support patients and delegates.

All posts will be assessed for their Welsh language skills requirements and advertised accordingly. Where any post is offered to an individual, CAVUHB will ask whether a Welsh Language contract of employment is required and if that is the individual's preference, then CAVUHB will supply that contract in Welsh.

Using CAVUHB's Bilingual Skills Strategy staff will assess the language requirements of new posts and categorise posts as follows:

Welsh Speaking Essential.
Welsh Speaking Desirable.
Welsh Skills are not necessary.

Where posts are identified as essential or desirable CAVUHB will specify that as part of the advertisement. Posts will be advertised in Welsh and English and a response will be given in Welsh should an application be submitted in Welsh. Applications for posts will be clear that an applicant may conduct their interview in Welsh should they require to do so.

Application forms for posts and subsequent materials, will not be treated less favourably than the English Language versions of those documents.

Staff wishing to make a complaint may do so in Welsh and should a complaint be made in Welsh, a response will be given in Welsh.

CAVUHB documentation setting out the complaints and disciplinary procedures will state that a Welsh speaking member of staff may make a complaint or hold a disciplinary in Welsh. Should a meeting be required with a

Mohamed, Sarah
05/13/2022 12:18:39

Document Title: Welsh Language Corporate Policy	13th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

member of staff in relation to a complaint, CAVUHB will make it known that a Welsh speaker has the right to conduct that meeting in Welsh. CAVUHB will provide this by using a simultaneous translator if a Welsh speaking member of staff is not available or specifically skilled to deal with that complaint.

3.12 Training and Development

Staff member's Welsh Language skills are assessed via the competency levels within ESR and these skills can be updated according to staff training and development.

Opportunities for staff to receive Welsh Language training during working hours will be given either via on-line training or dedicated classroom attendance courses.

Staff are provided with opportunities to receive Welsh Language awareness sessions as part of the Corporate Induction programme, which includes Welsh Language awareness and information about the Welsh Language Standards.

This training is also available to primary care contractors and internal staff and can be arranged through the Equality and Welsh Language Team.

3.13 The Intranet

CAVUHB will provide a dedicated Intranet page for staff in order to promote and facilitate the use of the Welsh Language. This will include access to training opportunities, guidance on how to arrange both written and simultaneous translation, and how to obtain resources such as Welsh language software or lanyards and badges to identify staff members as Welsh speakers.

The Home Page of CAVUHB's intranet will be available in Welsh and dedicated pages relating to Workforce and OD provision will also be available in Welsh.

Should a Welsh speaking member of staff require the spell checking and grammar facility, this will be available to download on the Intranet site or via a service point call.

Document Title: Welsh Language Corporate Policy	14th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

3.14 Complaints

Any complaint made in Welsh by a patient or member of the public will be dealt with in the exact same way and within the same timescales as any that are made in English.

Any complaint brought against CAVUHB via the Welsh Language Commissioner's investigations process will be dealt with within the set timescales, and it will be the responsibility of all relevant officers to provide the necessary information at the time, and act upon any action points after a decision has been made.

3.15 Partnership Working

Wherever possible and feasible, CAVUHB will work with its partners, both locally and regionally, on joint-projects that are designed to deliver on aspects of Welsh-language service delivery. These could include staff training sessions, promotional campaigns, guidance documents and other similar issues. Partners would include Public Service Board members such as Cardiff City Council and the Vale of Glamorgan Council alongside partner-organisations in the Welsh Language Forum of both local authority areas.

3.16 Promoting the Welsh Language

The promotion of the Welsh Language will be visual as part of CAVUHB's identity and any service that we provide.

Publicity materials relating to the promotion of the Welsh Language will be made available in Welsh.

Should CAVUHB publicise an English Language service that corresponds to a Welsh Language service we will state on the English Language promotional materials that a Welsh Language Service is available.

CAVUHB will continue to promote events such as Dydd Gwyl Dewi/ St David's Day, Dydd Santes Dwynwen, Shwmae and I Have a Right Day etc.

3.17 Record Keeping

CAVUHB will keep a record of:

The number of complaints we receive in relation to our compliance with the standards.

Mohamed, Sarah
05/13/2022 12:18:39

Document Title: Welsh Language Corporate Policy	15th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

The number of employees who have Welsh Language skills and their skills levels.

The number of new and vacant posts where Welsh Language skills are essential, desirable or need to be learnt.

This information will be published as part of the annual report.

3.18 Annual Reporting

CAVUHB will produce and publish an annual report in accordance with standard 120 of the Compliance Notice – Section 44 Welsh Language (Wales) Measure.

4. Reviewing and Monitoring

This policy will be reviewed every 3 years, additional reviews may be required if any changes are made to legislation.

4.1 Managerial Responsibilities

Managers must take overall responsibility for ensuring that this policy is implemented and monitored effectively, they must ensure that all of their employees are aware of their responsibilities.

This policy will be presented to the Equality and Welsh Language Forum and Welsh Language Standards Working Group for consultation and will then follow the recognised approval route to Quality, Safety and Risk Committee, monitoring of compliance and review.

The Director of Workforce and Organisational Development is ultimately responsible for the Welsh Language in the Health Board. All non-compliance will be reported and acted upon in accordance with disciplinary procedures and escalated to the Quality, Safety and Risk Committee and Executive Board.

4.2 Retention/Archiving

The relevant Director will ensure that copies of this policy are archived and stored in line with CAVUHB records management policy, and are made available for reference purposes should any situation arise where they are required.

Mohamed, Sarah
05/13/2022 12:18:39

Document Title: Welsh Language Corporate Policy	16th of 16 pages	Approval Date:
Reference Number:		Next Review:
Version Number		Date of Publication:
Approved by :		

4.3 Non-compliance

All employees are expected to comply with this policy, failure to comply with the policy is a serious offence and could result in disciplinary action.

Mohamed Sarah
05/13/2022 12:18:39

Report Title:	Naming of the Wellbeing Hub at Maelfa			Agenda Item no.	3.2
Meeting:	Strategy and Delivery Committee	Public	X	Meeting Date:	17 May 2022
		Private			
Status (please tick one only):	Assurance		Approval	✓	Information
Lead Executive:	Abi Harris, Executive Director of Strategic Planning				
Report Author (Title):	Service Planning Lead, Strategic and Service Planning Team				
Main Report					
Background and current situation:					
The new-build Wellbeing Hub@Maelfa is nearing completion and planned to become operational mid July 2022. As part of the finalisation of the build, the name of the facility needs to be confirmed e.g. for signage and postal address, to comply with the UHB's policy on Naming of Cardiff and Vale Facilities (Reference Number: UHB 270) Since January 2017 the Wellbeing Hub on the Maelfa development has consistently used the working title "Wellbeing Hub@Maelfa" in the business of the project team and project board (Shaping Our Future Wellbeing Delivery Group). The capital investment business cases for both the project and the programme of which it is part, have also consistently used the working title through to approval by Welsh Government.					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
The title "Wellbeing Hub@Maelfa" meets all of the policy commitments with the possible exception of the recommendation to avoid compound names i.e. <i>Names must have clarity and simplicity, aiding orientation and movement around the facility. Compound names (A name composed of two or more parts) should be avoided. The name must be translated into Welsh.</i> However, there are numerous examples of compound names across the UHB's estate. The Welsh translation is of the title is "Hyb Llesiant@Maelfa". Throughout multiple community engagement events during the project's development the same title has been used. There have been no concerns raised with the title when engaging with the community. However, the working title has not been formally tested. It should be noted that there are two other Wellbeing Hubs in development with similar working titles i.e. Wellbeing Hub@Penarth and Wellbeing Hub@Park View. Whilst a decision on the Wellbeing Hub@Maelfa will set a precedent, the working titles of each of those facilities will be brought subsequently to the committee for decisions. The name has the full agreement of the project team. The policy requires the consideration of the name by the project team, project board, Executive Director, Management Executives team, Strategy and Delivery Group and the Board The name has the full agreement of the project team. The policy requires the consideration of the name by the project team, project board, Executive Director, Management Executives team, Strategy and Delivery Group and the Board					
Recommendation:					

The Committee is requested to:

- **NOTE** the support and endorsement of the Management Executive Team to seek formal approval of the proposed name of Wellbeing Hub@Maelfa in respect of the wellbeing hub on the Maelfa development; and
- **RECOMMEND** to the Board that approval is granted to name the wellbeing hub on the Maelfa development “Wellbeing Hub@Maelfa”.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: Yes

Working title has been used consistently for 5 years and is now seeking approval to formalise title

Socio Economic: No

Equality and Health: No

Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Management Exec	16 May 2022
Strategy and Delivery Committee	17 May 2022
UHB Board	14 June 2022

Mohamed Sarah
05/13/2022 12:18:39

Report Title:	Corporate Risk Register			Agenda Item no.	4.1
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	17 th May 2022
Status (please tick one only):	Assurance	Approval		Information	x
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				
Main Report					
Background and current situation:					

The Corporate Risk Register ('the Register') has been developed to enable the Board to have an overview of the key operational risks from the Health Board's Clinical Boards and Corporate Directorates. The Register records Extreme risks scoring 20 and above.

Each of these risks are linked to a Committee of the Board and the Board Assurance Framework. Those risks which are linked to the Strategy and Delivery Committee and were reported to Board in March 2022, are attached at Appendix A for further scrutiny and to provide assurance to the committee that relevant risks are being appropriately recorded, managed and escalated.

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

The Risk and Regulation Team continue to work with clinical and corporate colleagues to refine risk descriptors, controls and actions within Risk Registers. Since March's Board meeting the Risk and Regulation Team have continued to implement a 'Check and Challenge Process' with all Clinical Board and Corporate Directorate risk leads to ensure that those risks recorded within the Register are correctly recorded in line with the Risk Scoring Matrix detailed within the Health Board's Risk Management and Board Assurance Framework Policy ('the Policy').

This ensures that the Board and its Committees can take assurance that the risks detailed in the Register are consistent with agreed procedures and are a true reflection of the operational risks that the Health Board continues to manage.

Alongside this process the Risk and Regulation Team continue to provide ongoing support and training to risk leads across the Health Board.

Risk Score (1 to 25) - Clinical Board	15/25	16/25	20/25	25/25
CD&T				
Medicine			2	
PCIC				
Specialist Services			4	
Surgery				
Digital Health				
Estates				
Children and Women				
Mental Health				
Capital Estates and Facilities	1*			
Workforce			1	
Total: (8)	1		7	

*Please note that this entry will be removed from the Register at the May Board meeting due to its reduced score.

An updated Register will be shared with the Board at its May 2022 meeting.

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The ongoing education and training that continues to be delivered by the Risk and Regulation Team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.

Recommendation:

The Committee is requested to:

- a) **NOTE** the Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which is now progressing with Clinical Boards and Corporate Directorates.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	x
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Impact Assessment:

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

Risk: Yes

The paper relates to the Health Boards management of extreme risks in line with the Health Board's Risk Management and Board Assurance Framework Policy

Safety: Yes/No

No

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No	
No	
Reputational: Yes/No	
No	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Mohamed Sarah
05/13/2022 12:18:39

CORPORATE RISK REGISTER ENTRIES - MARCH 2022 BOARD MEETING

Clinical Board/Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Capital Estates and Facilities	6		The STAR and Bayside Immunisation Centre Leases expire in March 2022 and there are no property plans in place for the service beyond this time. There is a risk that there will be a detrimental impact on th immunisation service if no plans are in place prior to the expiry of the leases.	5	4	20	The STAR and Bayside immunisation centre leases expire at and March 2022. Lease has now been extended to August 2022.	5	3	15	Decision required on whether these leases be extended short term. Would require Cardiff Council agreement. 18/11/2021: NWSSP searching for options	5	1	5	Feb-22	Strategy and Delivery Committee	Patient Safety Capital Estates
Medicine Clinical Board	7	01/03/2019	Patients are remaining on WAST ambulances for above the agreed 15 minute Welsh Government turn around time secondary to lack of capacity within the Directorate and UHB. This results in delays for patient assessment and treatment with the potential to cause patient harm.	5	5	20	When patient arrives by WAST, patient is booked in and major assessment nurse (MAN) is alerted to immediately triage patient and handover taken. If there is any change in the patient's condition, the WAST crew will immediately inform the MAN. All non paramedic crews are assesseed by the Triage Nurse/Majors Assessment Nurse to ensure a patient clinical assessment is conducted.Concern by either party about the length of any delay or the volume of crews being held will be escalated by the Senior Controller/EU NIC to the Patient Access for usual UHB escalation procedures, or by WAST to their Silver Command. WAST have introduced a number of hospital avoidance initiatives with some evidence this has reduced ambulance transfers. Protection of Resus capacity when possible including one buffer. For patients arriving in UHW and UHL assessments units, the NIC will assess these patients and escalate in line with policy. Standard Operating Procedure in place within the Emergency Department to support any 'Immediate Releases' requested by WAST. Update December 21: Joint CB/ WAST partnership meetings in place to focus on improvements. The Clinical Board is engaged with the NRI process for reporting incidents where WAST delays have resulted in major patient harm. Update Transformational work being undertaken across Acute and Emergency Medicine to support flow, including RATZ, virtual ward.	5	4	20	Daily review and risks noted within Safety Huddles and EU Controller reports. Escalated to MCB Hub and Patient Access Services. Evaluation of Standard Operating Procedure to reflect any changes required. WAST Immediate Release Standard Operating Procedure in use to support 'Red' calls in the community. Update December 2021: OPAT accross both UHW and UHL to support WAST and patient flow.	5	2	10	Feb-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety
	8	01/01/2021	The ability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment is resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	25	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	20	Medical staffing reviewed as part of the daily LCC meetings with ongoing planning to ensure safe staffing.	5	2	10	Feb-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patienty Safety and Workforce
	11	Sep - 21	Critical Care - Nursing Workforce There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, sheilding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.	5	5	25	Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.	5	4	20	Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group	5	2	10	Feb-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Patient Safety and Planned Care Capacity

Mohamed Sarah
05/13/2022 12:18:39

Specialist Services Clinical Board	12	Jan-16	Critical Care - Bed Capacity Due to an inadequate bed capacity there is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner. Where demand exceeds capacity patients are cared for in inappropriate settings such as Recovery Area, Emergency Department and ward areas and patients may be discharged at risk to generate capacity. This risk of dealed admission to Critical Care Dept or care in inappropriate settings could lead to increased morbidity and mortality, increased re-admisison rates, longer hospital length of stay and a failure to adhere to national standards and guidelines. A resumption of pre-pandemic service levels and a restoration of previous clinical area configurations will lead the risk level to increase to its previously elevated level.	5	5	25	Highlight patients to Patient Access for discharge to ward areas Additional footprint identified for more Critical Care capacity Funding has been granted by the Executive Team for 6 additional Level 3 equivalent beds in CC and these have been commissioned recently. The unprecedented demand during the current Covid19 Pandemic has resulted in a temporary increase in the unit footprint and capacity which has ameliorated this issue whilst at the same time exacerbating the Critical Care workforce risks detailed elsewhere.	5	4	20	Continue to work with Patient Access and Health Board to have more effective discharge processes in place. Not all of the recommended staff are being supported at this time. Increase Patient Flow role to 7 days per week	5	2	10	Feb-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Patient Safety Planned Care Capacity
	13	Jul-20	Critical Care - Clinical Environment There is a risk that patients admitted to the Critical Care Department will not receive care in an environment that is suitable for purpose due to a number of facility shortcomings resulting in patient safety risks including serious harm and death. The normal capacity is 35 beds with a single isolation cubicle. Analysis shows that the stated normal capacity is inadequate for the population served and needs to increase to 50 beds. The number of isolation cubicles is significantly below national guidelines and presents serious Infection Control & Prevention risks. The Covid19 crisis has led to a temporary increase in capacity to 44 beds however the isolation cubicle capacity remains at 1. There is no air handling available on the unit which results in there being no means to manage airborne infection risk or manage ambient temperatures. This exacerbates the IP&C risks and also compromises the care of patients where temperature is a critical concern. The well being of staff working in the environment is also compromised leading to issues of heat exhaustion and collapse secondary to dedydration. The inadequate size of the facility footprint leads to there being inadequate space for all non-clinical areas including office space, consumable storage, clean utility area, dirty utility areas, equipment storage, phamaceutical storage, device storage and management hubs areas.	5	5	25	The clinical area is divided into zones to where patients are grouped according to IP&C risk to reduce the risk of cross-infection. Staff entering the clinical area are required to wear full PPE to reduce the risk of cross-infection.	5	4	20	There is an urgent need for a capital investment program and business case developed to address this need.	5	2	10	Feb-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Patient Safety Capital Assets
	14	Jan - 2010	Haematology and Immunology - Clinical Environment There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	25	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green). HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved.	5	4	20	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	5	Feb-22	Strategy and Delivery Committee	Planned Care Capacity
	17	Feb-22	If the Health Board does not secure permanent funding for the e-rostering team then the Human Resources Team will not be able to roll out the system fully and there is a risk that poor rostering practices will continue which could result in patient harm and significant cost to the Health Board.	5	4	20	Reversion to the rostering procedures in place before the E-Rostering capability was adopted.	5	4	20	Business case submitted to BCAG in Dec 2021 but decision stalled due to prevailing financial situation.	5	2	10	Jun-22	Strategy and Delivery Committee Quality and Safety Committee	Workforce Planned Care Capacity

Mohamed Sarah
05/13/2022 12:18:39