Strategy & Delivery Committee - Public Meeting

Tue 16 November 2021, 09:00 - 12:30

MS Teams

Agenda

1. Standing Items

Michael Imperato

1.1. Welcome & Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes of the Meeting held on 14th September 2021

DRAFT S&D public minutes v3 MD.pdf (14 pages)

1.5. Action Log of the Meeting held on 14th September 2021

1.5 - Public Action Log - S&D Committee - 16 Nov 2021 - v2.pdf (2 pages)

1.6. Chair's Action taken following meeting held on 14th September 2021

2. Items for Approval

2.1. Policies for approval:

Rachel Gidman

2.1 employment policies report Nov 21.pdf (3 pages)

2.1.1. Raising Concerns Procedure

Rachel Gidman

2.1.a app 2 Raising Concerns Procedure (nov 21).pdf (24 pages)

2.1.2. SAS Job Planning Procedure

Rachel Gidman

2.1.b app 1 SAS job planning Procedure (nov 21).pdf (59 pages)

2.2. Capital Plan:Infrastructure / Estates Plan

Abigail Harris

2.2 Capital Programme Status Update SD Committee November 2021. Final.pdf (4 pages)
2.2a Appendix 1 - Capital Planning managed.pdf (11 pages)
2.2aa Appendix 1 - discretionary capital managed.pdf (6 pages)

3. Items for Review and Assurance

3.1. Shaping Our Future Wellbeing Strategy (SOFW) Update

Abigail Harris

- 3.1 Strategic Programme Update - cover paper - Strategy & Delivery Committee Nov 21.pdf (2 pages)
- 3.1.a Appendix A.pdf (5 pages)
- 3.1.b Appendix B.pdf (1 pages)

3.2. People & Culture - Workforce Strategy

Rachel Gidman

- 3.2 people and culture plan Oct 2021.pdf (4 pages)
- 3.2.a people and culture plan - app 1 (narrative).pdf (32 pages)
- 3.2.b people and culture plan - app 2 (objectives).pdf (41 pages)

3.3. Performance Reports

3.3.1. Workforce Key Performance Indicators

Rachel Gidman

- 3.3.1 Strategy Delivery Committee November 2021 - Workforce KPI Metrics.pdf (15 pages)
- 3.3.1a WOD KPI Report Sept-21.pdf (1 pages)

3.3.2. Organisation Key Performance Indicators

Caroline Bird

- 3.3.2 Performance Report - Operational Indicators 16 11 21.pdf (6 pages)

3.3.3. MDT Clusters

Karen Pardy / Huw Williams

3.4. Board Assurance Framework

Nicola Foreman

- 3.4 BAF Report - Delivery of Annual Plan and Staff Wellbeing.pdf (3 pages)
- 3.4.a Impact of Covid19 Pandemic on Staff Wellbeing.pdf (3 pages)
- 3.4.b Risk of Delivery of Annual Plan 21.pdf (3 pages)

3.5. 2022-2023 IMTP

Abigail Harris

- 3.5 S&D - Cover Sheet November 2021 v2.0 submitted.pdf (4 pages)
- 3.5a SD Committee annex A_ Qtr2 delivery report v3 submitted.pdf (33 pages)
- 3.5b S&D - Annex B Nov 21 v1.pdf (3 pages)

3.6. Naming of CRI Chapel

Abigail Harris

- 3.6 S&DNaming of Former Chapel at CRI 02112021.pdf (3 pages)
- 3.6a Final Draft- Naming CRI Consultation Report.pdf (21 pages)

4. Items for Noting and Information

4.1. Regional partnership Board – Quarterly Reports

Abigail Harris

- 4.1 S&D Board Report November 2021.pdf (10 pages)
- 4.1.a Appendix 1 AWP newsletter_English.pdf (2 pages)
- 4.1.b Appendix 2 Starting Well Partnership briefing RPB 021121.pdf (2 pages)

5. Review of the Meeting

Michael Imperato

6. Date & Time of Next Meeting:Tuesday 11th January 2022 at 09:00am Via MS Teams

Michael Imperato

Minutes of the Strategy & Delivery Committee
Held on 14th September at 09:00 – 12:30
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Gary Baxter	GB	Independent Member - University
Sara Moseley	SM	Independent Member - Third Sector
Ceri Phillips	CP	Vice Chair
Rhian Thomas	RT	Independent Member - Capital & Estates
In Attendance:		
Charles Janczewski	CJ	Chair
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People & Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Ruth Walker	RW	Executive Director of Nursing
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CPH	Executive Director of Finance
Caroline Bird	CB	Deputy Chief Operating Officer
David Thomas	DT	Director of Health & Digital Intelligence
Emma Cooke	EC	Head of Therapies
Hayley Dixon	HD	General Manager ENT, Ophthalmology & Dental
Sharon Beatty	SB	Primary Care Optometric Advisor
Clare Elizabeth Evans	CEE	Head of Primary Care
Gareth Bulpin	GB	Technical Development Manager - IM & T
Victoria Legrys	VL	Programme Director – Strategic Planning
Adam Wright	AW	Head of Service Planning
James Gibbons	JG	Head of Learning, Education & Development
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Steve Curry	SC	Chief Operating Officer

Item No	Agenda Item	Action
SDC/21/09/001	**Welcome & Introductions**	
SDC/21/09/002	**Apologies for Absence** Apologies were noted from Steve Curry & Jane Moore	
SDC/21/09/003	**Declarations of Interest** The Independent Member for University (IMU) declared an interest for working with the Ophthalmology school in Cardiff University.	
SDC/21/09/004	**Minutes of the meeting held on 13th July 2021**	

	The Committee Chair (CC) raised a comment in relation to the Welsh Language point referred to on page 5 of the previous minutes and queried what progress had been made regarding the Welsh Language Standards in relation to the Health Board's website. The Executive Director of People & Culture (EDPC) responded that she had discussed the matter with the Communications team, that circa 1500 pages had been translated and that she anticipated that the remaining 1800 or so pages would be completed by October. The Chair explained that the Minister was keen for this to be done as soon as possible in order to better promote the Welsh Language. The Independent Member for Third Sector (IMTS) referred to the previous minutes and queried if any progress had been made with regards to specifying Welsh as an essential criteria for certain jobs. The Executive Director for People and Culture (EDPC) said she recognised the importance of the Welsh Language in the workplace and the importance of building this into the recruitment process. She commented that the Health Board was reviewing those jobs where the Welsh Language could be viewed as an essential criteria The CC added that limited assurance had previously been given on this matter and hence he recommended that the matter should be brought back to the next Committee meeting for an update. The EDPC explained that the Health Board should comply with 120 standards and that currently the Health Board had complied with 70. The Director of Corporate Governance recommended that the Welsh Language should be added into the Health Board's internal audit tracker for tracking and review. The Executive Director of Public Health (EDPH) stated that were some minor changes to wording on page 8 should be made. It was agreed that the EDPH would follow this up in an email to the Corporate Governance team. **The Committee Resolved that:** a) Subject to the EDPH's minor amendments to page 8, the minutes of the meeting held on 13th July 2021 be approved as a true and accurate record of the meeting.	
SDC/21/09/005	**Action log of the meeting held on 13th July 2021** The EDPC explained that:- Action Number 21/05/012 - further work was being carried out in relation to well-being and recommended that this action should be brought back to the next Committee; and	

	Action Number 21/07/010 – she required further clarity with regards to this action and would report back and update the DCG before the next Committee. **The Committee Resolved that:** a) The Committee action log updates from13th July 2021 were noted.	
SDC/21/09/006	**Chairs Action taken following meeting on 13th July 2021** No chairs actions had taken place since the previous meeting.	
	Items for Approval	
SDC/21/09/007	**Policies for approval:** **NHS Wales Secondment Policy** The EDPC explained that this draft policy has been reviewed and amended with some minor changes. **The Committee Resolved that:** a) The revised NHS Wales Secondment Policy be formally adopted.	
	Items for Review and Assurance	
SDC/21/09/008	**Shaping Our Future Wellbeing Strategy (SOFW) Update :** **(a) Flash Update – Strategic Programme** The Executive Director of Strategic Planning (EDSP) provided an update. Overall, an architecture of where the programmes fit had been developed which included the following matters: - The governance structure for the four key programmes had been refined as set out in her covering report. Most of these recovery programmes had a green status. - Scoping work carried out last year identified the level of programme capacity and resource. However, not all resources were in place yet. - Shaping Our Future Hospitals (SOFH) programme – this had a red status. The programme business case (PBC) had previously been taken to Welsh Government. There was more work to be done and the aim was to submit the PBC to Welsh Government for approval before Christmas. - Additional resources were being sought for both Clinical and the Transformation programme. - The At Home programme was on course and had a green status. There was not a formal report on Population Health. The Executive Director of Public Health (EDPH) would look at this. The Independent Member for the Third Sector (IMTS) noted that the covering report and attached appendices captured the current position	

	in a clear way. She queried if the current level of resource was as expected and/or required. She also queried what engagement had been carried out with clinicians - that is, how a way could be found to allow specific clinicians to be freed up from their day jobs so that they could feed into these programmes. The EDSP explained that her team were working closely with the recovery team and funding was available for the next 2 clusters. This was key to how the team transform delivering services. The pressure from the emergency care system was intense, but staff still wanted to be involved with developing the future system. A high number of clinicians attended the workshop for the proposed UHW 2. This was important because there was little point in developing a model which could not be delivered. The Vice Chair (VC) asked if there was an update with regards to SOFH meeting in August. The EDSP confirmed that she had received feedback from WG, her team had intended to submit the revised programme business case to Welsh Government in early October. Once Welsh Government have endorsed the PBC the Health Board would be able to more to the next stage and work through and test the realistic options. The Chair mentioned that the Shaping our Future Hospitals business case was raised at his appraisal with the Minister. He reminded the Committee that the Shaping our Future Hospitals programme would bring significant economic benefits across Wales and not just in Cardiff & the Vale. The independent Member for Estates (IME) flagged the importance of meeting the projected targets over the next 2 weeks. The EDSP explained that the flash report indicated this work was still maturing and that the IMTP would connect the narrative from the programmes and tease out the milestones. The Chair said that he liked the flash report as it kept the Committee aware of the broader issues. He commented that the milestones should be SMART and that there was scope for this Committee to look at the recovery plans. He added that he was not convinced that the recovery programmes were being appropriately monitored and that the Board should have an overview. The Executive Director of Public Health (EDPH) commented that she was undertaking work with regards to future Population Health and would report the outcome to Board... The Deputy Chief Operating Officer (DCOO) stated that she echoed the EDSP's comments. The first portfolio board meeting had taken place. The flash reporting had been utilised for the recovery programme and a dash board was being developed. It was in a draft format and she suggested that it would be good to bring an update to the next meeting.	

	The Independent Member for University (IMU) queried how the Health Board was capturing stakeholder engagement in the various strands. The IMU commented that on a recent patient visit to a ward he had wondered how the design would link to the new hospital. There would need to be ample opportunity for staff to engage in the programme. He therefore suggested that stakeholder engagement, including staff engagement, was also captured in the flash report. The EDSP said this is one item that had not been highlighted in the progress report. She commented that despite no agreed funding from Welsh Government for SOFC business case, the Health Board had decided to progress with this piece of work and recruit new members of staff. The EDSP commented that the design of the new proposed hospital should have regard to the importance of how the space feels, access to fresh air, day light and temperature control, space for staff to have down time, and include an area for patients to start rehabilitation on a ward. The EDSP added that the current UHW had been developed at a time when healthcare provision was very different. She commented that one of the Clinical Board directors would be joining the UHW 2 project. The IMTS added that it was reassuring to hear that clinical views were being captured and stressed the importance of undertaking key stakeholder engagement with regards to the Home/Shaping our Future Community Services programme. **The Committee Resolved that:** **a)**The updated governance framework was noted; and **b)** The progress and risks described in the Programme Portfolio Flash Report were noted.	
SDC/21/09/009	**Shaping Our Future Clinical Services Rehabilitation Model Implementation Update** Emma Cooke (EC) presented to the Committee and provided the following information:- - Rehabilitation was a key priority programme. - An audit had taken place to develop the programme and a “living well” programme in partnership with the college. - 7 work streams had been identified. - Specific work in relation to trauma- had been undertaken. - A workshop had taken place in July to consider the model and four tiers were identified:- Tier 1 - “using community assets”. Tier 2 - “people helping themselves”. Tier 3 - “support met be well”. This was likely to be group based. Tier 4 - “working with me to be well” - (1 to 1 complex interventions to be professionally led). - Every service should have tier 1 – 4 offering	

- With COVID recovery money, the team had recruited staff for the “living well” programmes to help people with chronic conditions.
- Health Board staff and leisure staff would be given training together, given that the teams would be co-delivering in leisure.
- the main point was to move away from the bio-medical model and be more individualised to enable people who lived with chronic conditions better access to resources, and to reduce the over medicalisation.
- The team were looking at a number of programmes aimed at providing patients with the ills and information to enable them to decide about their well-being.
- The presentation provided an overview of how the programmes would look.
- The team were continuing to keep the “keeping well” website up to date.
- Some services had been migrated to the digital platform.
- Cancer rehabilitation – a team had been recruited and an agreed model of care has been put in place.

The EDPH commended the fantastic work and the systematic approach undertaken.

The IMTS noted that this was a moving piece of work and that it would be helpful, to put this into context, to see how many people in Cardiff and Vale were living with chronic conditions. She also queried what were the motivational elements that could be built into the programme.

EC responded that all staff were receiving training with regards to motivational interview skills, self-management and well-being skills.

The IMTP noted that mental health and long-term conditions had a strong link. She suggested that the team considered how sending encouraging messages could be built into the programme. EC confirmed that this was being built into the website.

The Vice Chair (VC) was interested to know how the team identified the scope of people who would be impacted and would benefit by this programme. In a project like this the team would need to monitor and manage the same over a long term period and hopefully it would lead to less medical intervention.

The Chair thanked EC for the presentation. He also queried whether the work being undertaken in partnership with the local authorities needed to sit with the Regional Partnership Board and/or Public Service Boards? He commented that there could be some economic benefits and that these routes should be explored as this issue was not just a health issue.

The EDPH highlighted that this programme should not be seen on its own and that the “move more, eat well” aspects should link up with other programmes.

	The Committee Resolved that: **a)** The content of the Shaping Our Future Clinical Services Rehabilitation Model Implementation Update was noted.	
SDC/21/09/010	**Shaping Our Future Clinical Services Update** Victoria Legrys (VL) gave an update from the last 6 months of the programme and she provided comment on the following:- • The programme related to the design and transformation of clinical pathways. • A lot of work in relation to ophthalmology had been carried out. • The team had focussed on how to transform clinical pathways and meet the future demands of the Health Board's population. • The team had tested the case for change and the public engagement undertaken had identified a need to transform clinical services. • The "start well, live well, age well" theme had been used. • Staff working in the services were involved in the programme. • The key themes noted from the engagement undertaken were – • Digital transformation • Workforce VL commented further that: • Work was being carried out in relation to vascular transformation with major trauma identified as the next area of work. The team had delivered clinical strategy workshops. Feedback received from these workshops was very positive. • During the last 12 months, the team had met with every Clinical Directorate team to discuss and identify areas for change and those areas where support was needed. • The team had recognised the importance of adopting a collaborative approach and had worked with external companies and utilised links with the Local Public Health Team. • The team should identify resource and champions across the Health Board. The CC thanked VL for the work undertaken by her team and asked who signed off the vascular work. . VL confirmed that this was a regional programme across Cardiff & Vale, Aneurin Bevan, and Cwm Taf Morgannwg & Powys, and that a report had been taken to all four Health Boards. She confirmed that the business case had been signed off by the collaboration programme board. The IMU recognised there was a need to transform clinical services before the new hospital could be developed. He also stated that no-one should under estimate the scale of what needed to be achieved to deliver this programme. The IMU also queried how progress be measured in a complex programme like this. He noted that one of the	

	consultation quotes was 'I don't mind being on a waiting list, as long as I am told'. He asked would be changed to ensure that the Health Board was telling people they were on waiting lists. The DCOO acknowledged that some work was required with regards to communicating with patients. There were several communications with texts / letters with our longest waiting patients. This was in progress and would continue to progress when the resources were in place. **The Committee Resolved that:** a) The content of the Shaping Our Future Clinical Services Rehabilitation Model Implementation Update report was noted.	
SDC/21/09/011	**Specialist & Tertiary Services Strategic Plan Update** The Chair noted that all members of the Committee had read the covering report included in the Committee papers and that no queries or comments were raised in connection with the same. **The Committee Resolved that:** a) The update from the Regional and Specialised Services Provider Planning Partnership was noted.	
SDC/21/09/012	**People & Culture** The EDPC commented that her team had drafted a people and culture plan, which included the theme of staff well-being. James Gibbons (JG) gave a presentation to the Committee which captured the following:-. - A new programme was established in June 2019 and all managers were expected to use this programme. - The new process had (I) made staff feel more valued, (ii) helped with retention of staff. And (iii) helped to identify talented staff in the organisation. – It was recognised that undertaking staff appraisals would help with delivery across the Health Board. Appraisal linked to pay progression and applied to all staff under Agenda For Change. - A decision was made to reinstate the pay progression from 1st October 2021. The team had advised managers that staff appraisals should take place roughly 3 months before that date. - The team had put a plan together to feedback on some of the recovery phase. - It was anticipated that some of the digital offerings would help with training. The team were looking to simplify the paperwork and offer a simple approach. - The team were using targeted campaigns.	

	- ESR would allow the team to quantify and shape the learning needs for the Health Board's staff. The EDPC added fire training was one of the statutory requirements and that a new campaign with the fire officers had been initiated to progress training in this area. JC commented further that:- - A plan was being developed to ensure the work place is safe for staff and patients. The team was actively targeting those departments which need to move forward in this regard. - With regards to eLearning the team know IT is a barrier and was working with departments to ensure all staff have access to a computer to complete any required learning. The EDPC presented the cultural showcase update to the Committee **The Committee Resolved that:** a) The update given in relation to VBA Campaign Presentation and the Cultural Showcase was noted.	
SDC/21/09/013	Performance Reports **(a) Workforce Key Performance Indicators** **(b) Organisation Key Performance Indicators** The Deputy Chief Operating Officer (DCOO) noted that the Committee members had read the covering report and highlighted the following matters:- - Planned care - the team had achieved the 70% commitment and were on track to achieve the 80% commitment at the end of the quarter. - - Improvement made with regard to cancer and compliance with single cancer pathway. - Highlighted the exceptional operational pressures that exist at present together with the challenges being faced. The IME noted that it was helpful to understand the context within which the Health Board was facing the issues and why the numbers have jumped up. The DCOO responded in the following terms: - - patients were waiting longer in the department because of the COVID	

- The operational team was concerned with poor patient experience.
- There were a range of actions being put in place, in particular with regards to winter planning.
- During COVID a site based leadership model had been put in place but her team had now looked at how the leadership team could work across the whole system.

The IME questioned what impact this was having on planned care.
The DCOO confirmed that whilst the unscheduled care pressures were very challenging, the Health Board had not suspended elective surgery.

The IMTS noted there was a balance and was pleased that the leadership model was being reinstated. She had attended a patient safety visit and queried if social care played a larger part of this and queried where the increased demand was coming from. The DCOO responded that, in the overall system, it was the inability to maintain a timely discharge. The demand had increased since COVID.

The Chair asked for an update in respect of the mental health performance figures. Particularly in relation to CAMHS.
The DCOO explained that the COO has been working with the mental health team, in particular with CAMHS. The team were working with CAMHS and good traction was being made.
The Chair queried if it would be useful for this Committee to receive the report from the Minister. The Committee members all agreed.

The DCOO commented that at the last S&D meeting a request had been made for more information with regards to Optometry and eye care. She then introduced Hayley Dixon (HD), Sharon Beatty (SB), Clare Elizabeth Evans (CEE) & Gareth Bulpin (GB). .

CEE gave the Committee some context from the last 18 months. This included:-

- Optometry in primary care had direction from Welsh Government primary care and had to work in a red phase. The team had to set up dedicated centres and were triaging and only seeing emergency patients.

- As part of this phase, eye care in the hospital were going through similar issues.

- Independent prescribing was set up in primary care. Vulnerable patients were able to be seen. Even though practices were then opened, social distancing was still in place and numbers were limited. Glaucoma treatment centres were open. Through all of this phase, the optometrists were part of the mass vaccination roll out.

CEE discussed the slides on activity for pre-pandemic and where the team were now.

SB explained the following: -

- Optometry had 4 independent prescribing practices. The plan would be to continue for more prescribers to join the service.
- The team had been working with Cardiff University.

- With recent funding, the glaucoma service was to be expanded...

HD commented that the team managed eye patients by risk rating – R1, R2 & R3. R1 was for the most urgent cases. Optometry had to report to Welsh Government every month. Optometry had been fortunate to get some additional funding from Welsh Government.

SB said that the team had been supporting optometrists to get extra qualifications. Originally, it started with 2 placements in 2018. Further discussions had taken place with colleagues and this year there would be 20 placements in Cardiff & Vale.

HD commented that, Optometry was looking to have highly qualified optometrists working 20 sessions in clinics each week. The team would continue to provide the unscheduled care within primary care.
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The DCOO thanked the team for their work and said that this was a great example of how teams can come together to transform a service and move care closer to home and be supported by a digital enabler.

GB added that cultural change was the biggest factor, that is moving from the paper world to the digital world, and thanked the team for all the hard work that had been done.

GB had a close association with the school of optometry and declared an interest. He commended the work and the uplifting presentation. He queried the following: --
(I) whether this was different or above and beyond that which was already happening in post graduate optometry work and was the assumption that this would be the new model for optometrists. He also asked to what extent would this development would be built into the undergraduate programme so newly qualified people come up skilled in order to maintain the sustainable clinical deliver.

SB confirmed that higher Education Inspectorate Wales (HEIW) were trying to spread the optometrists per cluster and until a student had completed the clinical placement, the student could not be signed off. She added that Cardiff University were looking to redevelop their undergraduate course.

The Committee Resolved that:

	a) The year to date position against key organisational performance indicators for 2021-22 but in the context of prevailing operating conditions was noted.	
SDC/21/09/014	**Emerging thinking for developing care at a System Level** The DCOO introduced Adam Wright (AW). AW delivered a presentation on behalf of the COO and included the following points • The presentation provided a follow up to the progress that had been made in relation to CAV 24/7. • Historically there had been an inpatient reliable system and the plan was to move to a primary care led system. • It was important to have an alternative to hospital admission and to reduce re-admission. • There were 9 well-established streams of work. Much of the work had been carried out under in the unscheduled care programme. • AW gave the Committee a brief reminder of the background to CAV 24/7 which included the following points: • CAV24/7 was established as a pathfinder scheme for unscheduled care; • It was a forerunner for much of the work being undertaken via NHS 111; • It was set up for urgent care not a medical emergency; and • It was set up to help with overcrowding in A&E during COVID. AW provided further comments as follows: - • A large amount of activity had gone through CAV 24/7 in recent months which had impacted upon the number of patients being treated. • Triage was challenging but the service was doing well to meet the demands. • It was important to improve care packages and end of life care. • Efforts were being made to secure funding from Welsh Government for an assessment unit. • Delivery of unscheduled care was not linear. Many projects were up and running. • In summary CAV 24/7 was a key enabler. There are a number of projects which had aligned and a lot of work was being undertaken to ensure good governance.	

	The DCOO touched on the different priorities the team were undertaking and commented that there would be other plans and that this matter would be an evolving picture. The Chair thanked AW for the presentation. He commented that a lot of the projects mentioned in the presentation had made no reference to how they were being supported. AW said that the presentation was to give an overview of how CAV 24/7 was developing, how the other many projects were being delivered at speed and how the emerging plans for unscheduled care was coming together. The DCOO noted that there were 3 key enablers, namely: – • Digital • Workforce • Estates The DCOO commented that ME & Board support had been offered. Further, that since COVID, there are some processes that have led to a longer lead time. In general, the provision of unscheduled care was improving. **The Committee Resolved that:** a) The opportunity for unscheduled care redesign that is afforded to the UHB through the success of CAV 24/7 was noted. b) The significant ongoing work underway across a multitude of strategic and operational priorities was noted.	
SDC/21/09/015	**Board Assurance Framework** The DCG gave a brief summary of the Board Assurance Framework, noting there were 7 risks associated with the Strategy and Delivery Committee and stressed the importance for the Committee to maintain sight of the risks. **The Committee Resolved that:** a) The risks in relation to Sustainable Culture Change, Inadequate Planned Care Capacity and Reducing Health Inequalities were reviewed to provide further assurance to the Board.	
SDC/21/09/016 Saunders.Nathan 03/15/2022 12:00:52	**Q1 RPB Funding Stream updates** **The Committee resolved that:** **a)** Noted for information the Q1 report on all short-term funding streams hosted by the UHB on behalf of the Regional Partnership Board, together with the summary of RPB discussion at its last meeting in July 2021.	

SDC/21/09/017	**Review of the Meeting**	
SDC/21/09/018	**Date & Time of Next Meeting:** Tuesday 16th November 2021 at 09:00am Via MS Teams	

Public Action Log

Following Strategy & Delivery Committee
Held on 14th September 2021
(For the meeting on 16th November 2021)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 21/05/012	**Shaping Our Future Wellbeing Strategy (SOFW) Update (b) Deep Dive – (Rehabilitation Model Implementation)**	The CC asked that a brief update on this item be brought back to the committee later in the year.	**14/09/2021**	Fiona Jenkins Emma Cooke	**COMPLETE** On agenda for **14 September 2021**
S&D 21/05/014	**People and Culture – VBA Campaign**	The EDPC to give a presentation on the VBA campaign to a future meeting.	**14/09/2021**	Rachel Gidman	**COMPLETE** On agenda for **14 September 2021.**
S&D 21/07/010	**Organisation Key Performance Indicators**	The CC requested to having a deeper look at ophthalmology and primary care	**14/09/2021**	Steve Curry	**COMPLETE** On agenda for **14 September 2021.**
S&D 21/07/010	**Workforce Key Performance Indicators**	The EDPC chairs a wellbeing strategy group where they recently met and drafted a 12 month programme of work. EDPC proposed to bring this plan back to a future meeting to review.	**14/09/2021**	Rachel Gidman	**COMPLETE** On agenda for **14 September 2021.**
S&D 21/07/014	**Board Assurance Framework (BAF)**	The DCG stated that in the September meeting the risk on reducing health inequalities will be brought to the committee	**14/09/2021**	Nicola Foreman	**COMPLETE** On agenda for **14 September 2021.**
Actions in Progress					

S&D 21/05/008	**Strategic Equality Plan – Action Plan**	Additional reporting requirements for the SEP to be brought to a future meeting.	**11/01/2022**	Keithley Wilkinson	Update to be given at the meeting **11 January 2022**.
S&D 21/07/009	**People & Culture: Welsh Language Strategy Update**	Bring Welsh Language Strategy update to the S&D committee in 6 months' time	**11/01/2022**	Keithley Wilkinson	Update to be given at the meeting **11 January 2022**.
S&D 21/07/010	**Organisation Key Performance Indicators**	The CC proposed on bringing back to the next meeting for some CHC colleagues be invited and speak to the committee, following discussions regarding relationships between the S&D committee and the CHC	**16/11/2021**	Michael Imperato	Update to be given at the meeting **16 November 2021**.
S&D 21/07/010	**Workforce Key Performance Indicators**	The EDPC stated that the options appraisal will be considered in terms of timescales and be brought back to a future ME & committee meeting.	**TBC**	Rachel Gidman Lianne Morse	Update to be shared at a future meeting.
Actions referred to committees of the Board					

Report Title:	**Employment Policies Report**	**Agenda Item no.**	**2.1**
Meeting:	**Strategy and Delivery Committee**	**Meeting Date:**	**16.11.21**
Status:	**For Discussion**	**For Assurance**	**For Approval**	**x**	**For Information**
Lead Executive:	**Executive Director of People and Culture**		
Report Author (Title):	**Workforce Governance Manager**		

Background and current situation:

This paper summarises for the Strategy and Delivery Committee details two documents which has been developed or reviewed recently and should now be adopted by the UHB:

- A new Job Planning Procedure developed specifically for SAS grade medical staff
- The revised Procedure for NHS Staff to Raise Concerns.

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

Within Cardiff and Vale University Health Board (the UHB), all Policies and Procedures relating to Medical and Staff only are developed in Partnership with the BMA and are considered by the Local Negotiating Committee (LNC). The development of such documents involves a comprehensive consultation process before final submission for approval by the Strategy and Delivery Committee.

All-Wales Policies are developed and agreed in partnership by the Welsh Partnership Forum and must be adopted, without amendment, by all Health Boards in Wales.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

1. **SAS Job Planning Procedure**

The Job Planning Procedure is aligned to the UHB Adaptable Workforce Policy which sets out our intention to create a more responsive, efficient and effective organisation which can meet the changing service needs, deliver our Strategy *Shaping Our Future Wellbeing, and* care for the needs of our staff. In view of this the UHB recognises its responsibility to attract, retain, deploy and develop staff to maximise their potential, to meet the needs of the service.

This Procedure is in addition to, and mirrors, the Consultant Procedure that has previously been approved by the Committee. It has been developed to ensure job planning is undertaken in a fair, reasonable and transparent way and to ensure consistency in job planning across the organisation in line with the Terms and Conditions of Service – Specialty Doctor (Wales) 2008 & 2021. This procedure seeks to improve job planning quality and compliance through improved processes and an electronic job planning software solution which:

- Provide clarity and flexibility
- Facilitates a two-way process
- Better understanding of individual & service needs
- Automatic reminder and e-signature capabilities
- Better align job plans with workload
- Consistent process across the UHB
- Full audit trail of any changes to job plan
- Access job plans on the go

The SAS Job Planning Procedure is attached as **Appendix 1**.

2. Procedure for NHS Staff to Raise Concerns

The UHB actively encourages feedback and has a transparent and open approach to listening to and responding to all concerns. We strive to ensure we have a culture across all parts of the organisation that provides an environment where people feel able to raise concerns and are treated with respect and dignity when raising concerns

The Procedure for NHS Staff to Raise Concerns has recently been reviewed on an All-Wales basis to ensure that it remains up to date and includes changes to support its effective application and operation. The amended procedure has been ratified by the Welsh Partnership Forum and cannot be amended locally.

There is wider national work underway on Freedom to Speak Up and raising concerns has been highlighted as a key aspect in the recently published Quality and Safety Framework. These pieces of work align with the Procedure for Staff to Raise and it has been recognised at an All-Wales level that the procedure will require a further review so as to ensure that our processes and systems are fit for purpose in enabling staff to feel safe, supported and able to speak up and have confidence that they will be listened to.

It is therefore likely that further changes will be presented to the Committee at some point, but in the meantime we are asked to adopt the revised 2021 version (atttached as Appendix 2). Key changes included at the current time are:

- This procedure should also be used by staff to raise any concerns with regard to practices within the supply chains through which the UHB sources its goods and services (in line with the Supporting Ethical Employment in Supply Chains Code of Practice Commitments).
- Individuals can raise an issue or concern in Welsh and they should be advised of this at the outset. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.
- References to other Policies, legislation and organisations have been updated
- Any concerns regarding potential fraud or corruption should be raised initially with the Local Counter Fraud Specialist (LCFS).
- There are rigorous conditions for wider disclosures (e.g. to the Police, member of the Senedd etc) to qualify for protection. These conditions have been updated and made clearer

Recommendation:

The Strategy and Delivery Committee is requested to:

- APPROVE the new SAS Job Planning Procedure
- Formally ADOPT the revised Procedure for NHS Staff to Raise Concerns

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes

Cardiff and Vale University Health Board

Procedure for NHS Staff to Raise Concerns

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
Tr12			
1	Feb 2011	April 2011	Pay Circular AFC 4/2010 introduced a new 'Whistleblowing' section into the AFC Terms and Conditions Handbook – the Policy was strengthened to reflect this.
2	July 2013	Nov 2013	All Wales policy
2a	Dec 2013	Dec 2013	Grammatical errors corrected
3	17 February 2015 (adopted by UHB 31 March 2015)	April 2015	Replaces previous Raising Concerns (Whistleblowing) Policy
4	7 December 2017 (adopted by the UHB 30.01.18)		Additional reference to Core Principles of NHS Wales; Addition of examples demonstrating where raising a concern with a line manager may not be appropriate; Inclusion of a diagram at appendix 1 demonstrating different mechanisms for raising issues.
5			This procedure should also be used by staff to raise any concerns with regard to practices within the supply chains through which the UHB sources its goods and services (in line with the Supporting Ethical Employment in Supply Chains Code of Practice Commitments). Individuals can raise an issue or concern in Welsh and they should be advised of this at the outset. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided. References to other Policies, legislation and organisations have been updated Any concerns regarding potential fraud or corruption should be raised initially with the Local Counter Fraud Specialist (LCFS). Conditions for wider disclosures (e.g. to the Police, member of the Senedd etc) to qualify for protection. These conditions have been updated and made clearer

Introduction

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

The safety and wellbeing of patients and service users are seen as the responsibility of everyone involved in the provision of health and social care services. The UHB's Board and senior management are committed to providing an environment which facilitates open dialogue and communication so as to ensure that any concerns which staff may have are raised as soon as possible.

This procedure refers in the main to 'raising concerns' rather than 'whistleblowing' because the latter has come to denote a sudden, drastic or last resort act which can hold negative connotations.

The UHB is working towards a culture that encourages the raising of any concerns by staff to be embedded into routine discussions on service delivery and patient care, (e.g. problem solving, service review, performance improvement, quality assessment, training and development) as these are the most effective mechanism for early warning of concerns, wrongdoing, malpractice or risks and line managers are accordingly best placed to act on, deal with and resolve such concerns at an early stage. This procedure should also be used by staff to raise any concerns with regard to practices within the supply chains through which the UHB sources its goods and services (in line with the Supporting Ethical Employment in Supply Chains Code of Practice Commitments). Staff should also recognise that elements of wrongdoing that involve aspects of Fraud, Bribery or Corruption, have a separate reporting process, which should be presented to your Local Counter Fraud team for investigation.

It is, however, acknowledged that such processes take time to develop and embed into the organisation and until such time as such a culture exists comprehensively across the UHB that a clear process needs to be in place to guide individuals who wish to raise concerns about a danger, risk, malpractice or wrongdoing in the workplace. This procedure sets out the UHB's commitment to support individuals who raise concerns as well as setting out the processes for individuals to raise such concerns and to provide assurance on how such concerns will be listened to, investigated and acted upon as necessary.

'Whistleblowing' is the popular term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. The types of situation where this will be appropriate are outlined in Appendix 1. "Protected disclosure" is the legal term for whistleblowing and is referenced in the context of describing the protection that is afforded to the person raising the concern in the interest of the public (see appendix 2).

The development of this procedure is an ongoing process and is a part of the wider work across NHS Wales to ensure that an open culture exists to provide the highest standards of care and experience across all services. This procedure does not form part of an employee's contract of employment and may need to be amended from time to time.

1. A Commitment to Support Those Who Raise Concerns

1.1 The UHB actively encourages feedback and has a transparent and open approach to listening to and responding to all concerns.

1.2 The UHB aims to ensure that individuals:

- Are fully supported to report concerns and safety issues;
- Are treated fairly, with empathy and consideration when raising concerns; and
- Have their concerns listened to and addressed when they have been involved in an incident or have raised a concern.

1.3 The UHB aims to develop and maintain a culture across all parts of the organisation that provides an environment where people feel able to raise concerns and are treated with respect and dignity when raising concerns.

1.4 Safety is at the heart of all care and must be underpinned by a culture which is open and transparent. This leads to increased reporting, learning and sharing of incidents and development of best practice. The UHB recognises that this is the responsibility of everyone involved in the provision of health and social care services. The UHB is committed to working towards ensuring that all individuals are treated in a service which is open to feedback and encourages as well as supports its staff to raise concerns.

1.5 The UHB will ensure that individuals always feel free to raise concerns through local processes and are supported to do so directly with the UHB, their professional regulatory body, professional association, regulator or union.

1.6 The UHB facilitate an individual to raise an issue or concern in Welsh and they should be advised of this at the outset. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

1.7 The UHB is committed to: -

- Working in partnership with other organisations to develop a positive culture by promoting openness, transparency and fairness;
- Fostering a culture of openness which supports and encourages staff to raise concerns;
- Sharing expertise to create effective ways of breaking down barriers to reporting incidents and concerns early on;

- Exchanging information, where it is appropriate and lawful to do so, in the interests of patient and public safety; and
- Signposting individuals to support and guidance to ensure that they are fully aware of and understand their protected rights under the Public Interest Disclosure Act 1998.

1.8 A definition of whistleblowing is included at appendix 1.

1.9 The UHB will monitor the use of this procedure and report to the Board or a sub committee, as appropriate.

2. About this Procedure

2.1 The aims of this procedure are:
(a) To encourage staff to discuss concerns and safety issues as soon as possible, in the knowledge that their concerns will be taken seriously and acted upon as appropriate,
(b) To encourage staff to report more serious concerns and suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate, and where requested that their confidentiality will be respected.
(b) To provide staff with guidance as to how to raise those concerns.
(c) To assure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.

2.2 This procedure applies to all employees, officers, consultants, contractors, students, volunteers, interns, casual workers and agency workers.

3. Raising a Concern

3.1 All healthcare settings and workplaces should encourage ongoing open dialogue and feedback on matters relating to provision of care/service delivery through supervision, team or departmental meetings, staff forums. These ongoing mechanisms are the place where The UHB will actively seek suggestions for improvement and regularly review the safe and effective delivery of services and ways of working.

3.2 All managers will ensure that there is a shared responsibility to focus positively on the quality of service/care, continuous improvement and/or problem solving.

3.3 If concerns are held by an individual or individuals The UHB will ensure that such concerns are addressed and responded to with the outcome being verbally communicated, as a minimum, to the individual or individuals raising the concern. An individual may raise a concern in Welsh and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

3.4 More Serious Concerns

Confidentiality

As noted in section 1.3 of this procedure “The UHB aims to develop and maintain a culture across all parts of the organisation that provides for an environment where people feel able to raise concerns”. It is therefore hoped that all staff will feel able to voice concerns openly under this procedure. However, if an individual wants to raise a concern confidentially this will be respected. It is sometimes difficult however, to investigate a concern without knowing the individual’s identity. In such circumstances if it is considered absolutely necessary to share the identity of the person raising the concern this will be discussed with them prior to any disclosure being made, and their permission sought.

Stage 1 – Internal (Informal)

If an individual has a concern about any issue involving malpractice/wrongdoing they are encouraged to raise it first either verbally or in writing with their line manager or the manager responsible for that area of work, unless it relates to fraud or corruption (see paragraph overleaf relating to this issue). They may also wish to involve their Trade Union/Staff Representative. Medical staff should report the issue to their Lead clinician.

It is important to remember that raising a concern is different from raising a personal complaint or grievance and in such circumstances the All Wales Respect and Resolution Policy may be appropriate (see appendix 1). If the concern is around the abuse of children or adults with vulnerabilities then the Wales Safeguarding Procedures should be followed and initiated immediately.

and/or

To ensure effective operation of the Procedure for Raising Concerns, NHS organisations must provide an alternative route for issues to be raised where going through the line manager is not appropriate e.g.

- the member of staff feels there is an immediate issue of significant risk to safety which would not be addressed by line management
- the concern raised relates to the conduct or practice of one or more individuals in the line management accountability structures who would normally consider the concern
- the member of staff has strong experiential evidence that the line manager(s) would not address the concern
- the member of staff feels that similar concerns raised in the past had been ignored
- the member of staff feels that the raising of concern would place him/her at risk of harassment or victimisation from colleagues or managers

If a member of staff within the UHB feels that this applies to them, the matter can be raised with:

- The Freedom to Speak Up helpline on F2SUCAV@wales.nhs.uk or 02921846000
- Workforce & OD (HR) staff
- The Director or Corporate Governance or Head of Corporate Risk and Governance
- Professional heads
- The Chief Executive or UHB Vice Chair
- Any concerns relating to patient safety can be raised by contacting the UHB Chair.

The individual will be entitled to a verbal response, as a minimum, and where appropriate detail needs to be conveyed a written response to their concern may be appropriate, provided that they have not wished to remain anonymous. The responsibility for providing this response will be either the manager to whom the concern was addressed, or the individual identified to provide such responses in any local processes in place to ensure that concerns can be raised as described in the previous paragraph.

Any concerns regarding potential fraud or corruption should be raised initially with the Local Counter Fraud Specialist (LCFS) on Nigel.Price@wales.nhs.uk or 02921836481 . Alternatively, reports can be made via the Fraud and Corruption Reporting Line or within the NHSCFA website https://cfa.nhs.uk/. Full contact details are available via the Counter Fraud pages of the Health Board / Trust intranet site.

These concerns will then be managed in line with the UHB's Counter Fraud Policy and Response Plan.

Stage 2 – Internal (Formal)

If, having followed the approach outlined in stage 1, the individual's concerns remain, or they feel that the matter is so serious that they cannot discuss it with any of the above then they can move on to use the more formal steps as follows.

The individual should make their concerns known to an appropriate senior manager in writing. The WB1 forms in appendix 3 are included to help an individual formulate concerns but they do not need to be used if an individual chooses to use a different approach.

They may also wish to involve their Trade Union/Staff Representative.

When a concern is raised it is helpful to know how the individual considers the matter might be best resolved.

The senior manager will meet with the individual raising the concern within seven working days. The outcome of the meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Once an individual has told someone of their concern, whether verbally or in writing, the UHB will consider the information to assess what action should be taken. This may involve an informal review or a more formal investigation.

The individual will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer. If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible (usually within 28 days) in light of the matters to be investigated. At their request, the individual will be written to summarising their concern, and setting out how it will be handled along with a timeframe.

The UHB will aim to keep the individual informed of the progress of the investigation and its likely timescale. However, sometimes the need for confidentiality may prevent specific details of the investigation or any disciplinary action from being disclosed. All information about the investigation should be treated as confidential.

If the matter falls more appropriately within the remit of other W&OD policies, the employees should be advised that they should pursue the matter through the relevant policy and that the Procedure for NHS Staff to Raise Concerns will not be followed (see appendix 1).

The UHB does not expect any individual reporting a matter under this procedure to have absolute proof of any misconduct or malpractice that they report, but they will need to be able to show reasons for their concerns, so

any evidence that they have such as letters, memos, diary entries etc. will be useful. These will need to be redacted if they contain any patient identifiable information.

If the alleged disclosure is deemed to be serious enough, then the UHB may follow the process laid down in the Disciplinary policy and procedure, where the issues raised could relate to individual misconduct, when considering the most appropriate line of action.

The aim of this procedure is to provide an effective process for serious concerns to be raised. If it is concluded that an individual has deliberately made false allegations maliciously or for personal gain, then the UHB will instigate an investigation into the matter in accordance with the Disciplinary policy and procedure.

Subject to any legal constraints, the UHB will inform the individual(s) who raised the concern, of an outline of any actions taken. However, it may not always be possible to divulge the precise action, e.g., where this would infringe a duty of confidentiality of the UHB towards another party.

Stage 3 – Executive Director

If an individual is either dissatisfied with a decision to only undertake an informal review or is dissatisfied with the outcome of stage 2 through the mechanisms outlined previously, they should raise their concerns in writing with the Chief Executive, and/or an appropriate Executive Director. If the concern relates to the Chief Executive or Executive Director, concerns should be raised with the Chair. Exceptionally, an individual should be able to go directly to this stage if the concerns are so serious as to warrant it **or** the previous stages have failed to address their concerns.

The Chief Executive or Chair (or a nominated representative not previously involved) will meet the individual within 28 working days. Again, the outcome of this meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Stage 4 - Serious or Continued Concerns and Regulatory/Wider Disclosure

The aim of this procedure is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing/inappropriate practices in the workplace. In most cases individuals should not find it necessary to alert external parties.

However, the law recognises that in some circumstances it may be appropriate to report concerns to an external body. It will very rarely if ever be appropriate to alert the media. It is strongly encouraged that an individual seeks advice before reporting a concern to external parties. The independent charity, Protect operates a confidential helpline to support individuals in determining the appropriate course of action. They also have a list of prescribed regulators for reporting certain types of concern. Protect details are included later in this procedure.

All staff have an individual responsibility to safeguard people from harm or suspected harm, by making known their concerns about abuse. Children and adults with vulnerabilities can be subjected to abuse by those who work with them in any setting; all allegations of abuse must therefore be taken seriously and treated in accordance with the Wales Safeguarding Procedures. These procedures may dictate that any investigation should be handled by a partner organisation such as Social Services or the Policy which would take precedence over internal procedures, therefore advice from a safeguarding professional should be sought at the earliest opportunity.

If an individual has followed the above procedure to deal with the matter and still has concerns or if they feel that the matter is so serious that they cannot discuss it in any of the ways outlined previously, then in exceptional circumstances they may wish to contact: -

The National Fraud and Corruption reporting Line on 0800 028 40 60, or alternatively via the online reporting facility at https://cfa.nhs.uk/reportfraud (if your concern is about aspects of Fraud, Bribery or Corruption.

The UHB hopes that this procedure will provide individuals with the reassurances required to raise any matters of concern internally or exceptionally with the organisations referred to above. However, there may be circumstances where individuals are required under their professional regulations to report matters to external bodies such as the appropriate regulatory bodies, including: -

- General Medical Council (www.gmc-uk.org)

- Nursing and Midwifery Council (https://www.nmc.org.uk/)
- Health and Care Professions Council (www.hpc-uk.org)
- General Pharmaceutical Council (www.pharmacyregulation.org)

The UHB would rather the matter is raised with the appropriate regulatory body than not at all. Other regulatory bodies may include;

- Health and Safety Executive
- Health Inspectorate Wales
- Wales Audit Office
- Police

(This list is not exhaustive).

If an individual needs further advice they can contact the charity Protect on 020 3117 2520 or by email at whistle@protect-advice.org.uk. Protect can advise individuals how to go about raising a matter of concern in the appropriate wayhttps://protect-advice.org.uk/. Alternatively, the Department of Health also provide a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up. They can be contacted on 08000 724 725 or via their website at https://speakup.direct/.

Appendix 1

What is whistleblowing?

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- Systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff;
- Poor quality care;
- Acts of violence, discrimination or bullying towards patients or staff;
- Malpractice in the treatment of, or ill treatment or neglect of, a patient or client;
- Disregard of agreed care plans or treatment regimes;
- Inappropriate care of, or behaviour towards, a child /vulnerable adult;
- Welfare of subjects in clinical trials;
- Staff being mistreated by patients;
- Inappropriate relationships between patients and staff;
- Illness that may affect a member of the workforce's ability to practise in a safe manner;
- Substance and alcohol misuse affecting ability to work;
- Negligence;
- Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case);
- Where fraud or theft is suspected;
- Disregard of legislation, particularly in relation to Health and Safety at Work;
- A breach of financial procedures;
- Undue favour over a contractual matter or to a job applicant has been shown;
- Information on any of the above has been / is being / or is likely to be concealed.

This procedure should not be used for complaints relating to your own personal circumstances, such as the way you have been treated at work. In these cases, the Respect and Resolution Policy should be used. Link here.

Appendix 2

Protection of those making disclosures

It is understandable that individuals raising concerns are sometimes worried about possible repercussions. The UHB aims to encourage openness and will support staff who raise genuine concerns under this procedure, even if they turn out to be mistaken. In addition, there are statutory provisions for individuals who make what are termed “protected disclosures”.

In law individuals must not suffer any detrimental treatment as a result of raising a concern. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If an individual believes that they have suffered any such treatment, they should inform a member of the Workforce and Organisational Development department, immediately. If the matter is not remedied, they should raise it formally using the All Wales Respect and Resolution Policy.

Those who raise concerns must not be threatened or retaliated against in any way. If an individual is involved in such conduct, they may be subject to disciplinary action. [In some cases, the individual raising a concern could have a right to sue for compensation in an employment tribunal.]

The UHB aims to protect and support staff to raise legitimate concerns internally within the organisation where they honestly and reasonably believe that malpractice/wrongdoing has occurred or will be likely to occur. Staff who make what is referred to as a “protected disclosure”, i.e., a disclosure concerning an alleged criminal offence or other wrongdoing, have the legal right not to be dismissed, selected for redundancy or subjected to any other detriment (demotion, forfeiture of opportunities for promotion or training, etc.) for having done so and the protections are set out in law in the Public Interest Disclosure Act 1998.

If an individual is raising a matter of serious or continued concern the same protection applies as for internal disclosure. This is intended to promote accountability in public life and there is no requirement that such concerns should first be raised with the The UHB although it is preferred that the The UHB should be given an opportunity to resolve the matter first.

If an individual is raising a matter with a regulatory body defined within the Public Interest Disclosure Act 1998 they will be protected where they honestly and reasonably believe that the malpractice/wrongdoing has occurred or is likely to occur and in addition they honestly and reasonably believe that the information and any allegation contained in it are substantially true. The Public Interest Disclosure (Prescribed Persons) Order 2014 amends the list of prescribed persons and came into force on 1 October 2014 and applies to disclosures made on or after this date. The new list of prescribed persons in respect of matters relating to healthcare services is set out below: -

Relevant matters	**Prescribed person**
Matters relating to the registration and fitness to practice of a member of a profession regulated by the	The Nursing and Midwifery Council, Health and Care Professions Council,

relevant council and any other activities in relation to which the relevant council has functions.	General Medical Council, General Chiropractic Council, General Dental Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council.

For healthcare services in Wales (specifically):

Relevant matters	**Prescribed person**
Matters relating to the registration of social care workers under the Care Standards Act 2000.	Care Council for Wales
Matters relating to: • The provision of Part II services as defined in section 8 of the Care Standards Act 2000 and the Children Act 1989. • The inspection and performance assessment of Welsh local authority social services as defined in section 148 of the Health and Social Care (Community Health and Standards) Act 2003. • The review of, and investigation into, the provision of health care by and for Welsh NHS bodies as defined under the Health and Social Care (Community Health and Standards) Act 2003. • The regulation of registered social landlords in accordance with Part 1 of the Housing Act 1996 (as amended by the Housing (Wales) Measure 2011.	Welsh ministers

If an individual is making a wider disclosure (for example to the police, or an Assembly Member (AM) (other than the Welsh Ministers) there are rigorous conditions for such wider qualifying disclosures to be protected:

Belief. The individual must reasonably believe that the information disclosed, and any allegation contained in it, are substantially true.

Not for gain. The individual must not make the disclosure for the purposes of personal gain (but rewards offered under statute, for example by HMRC, are ignored).

The individual must:

- have **previously disclosed** substantially the same information to their employer or to a prescribed person; or

- reasonably believe, at the time of the disclosure, that they will be subjected to a **detriment** by their employer if they make disclosure to the employer or a prescribed person; or
- reasonably believe (where there is no prescribed person) that material evidence will be **concealed or destroyed** if disclosure is made to the employer.

Reasonableness. In all the circumstances of the case, it must be reasonable for them to make the disclosure.

Protect or a Trade Union will be able to advise on the circumstances in which an individual should use this procedure and where they may be able to contact an outside body without losing the protection afforded under the Public Interest Disclosure Act 1998.

Appendix 3 – Cardiff and Vale UHB

Form WB1 – Recording a concern raised under the procedure

Concern raised by (name):				
Designation				
Ward / Department				
Confidentiality requested:	yes		No	
Nature of concern raised:	Delivery of care/services to patients			
	Value for money			
	Health and safety			
	Unlawful conduct			
	Fraud, theft or corruption			
	The cover-up of any of the above			
Details of concern raised: (Continue overleaf is necessary)				

Evidence to support the concern (if available): (Continue overleaf if necessary)		
Any suggestions from employees as to a resolution?		
How will the matter be handled?	Informal review	
	Internal investigation	
Concern reported to:		
Contact name:		
Designation:		
Telephone no:		
Signed:		
Date:		
N.B. Once completed, this form should be retained on a case file		

Appendix 4 – Cardiff and Vale UHB

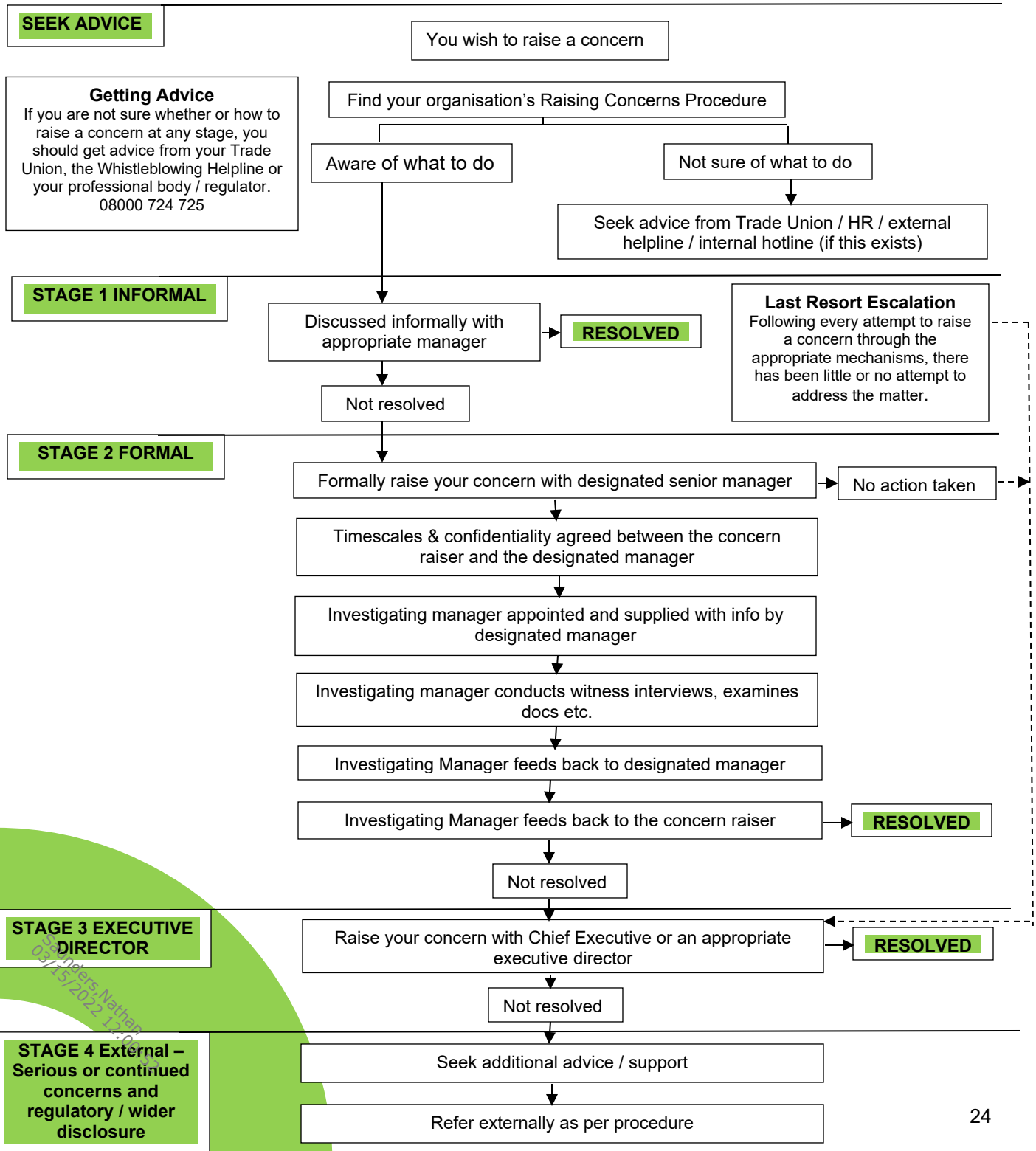
Form WB2 Concerns Raised Under the Procedure: Summary of findings and outcome of investigation

Concern raised by (name):	
Designation:	
Informal review undertaken by:	
Investigation undertaken by:	
Summary of findings of review / investigation: (continue overleaf if necessary)	
Outcome: Action taken: (continue overleaf if necessary)	

No action taken for the following reasons:	
Further action (if appropriate): (e.g., report the matter to Welsh Government / Regulator)	
Name:	
Signed:	
Designation:	
Date:	
N.B. Once completed, this form should be retained on a case file.	

Appendix 5 – Flowchart of Raising Concerns Process

This flowchart sets out the stages in raising a concern and shows the management levels for internal disclosure. In a small organisation, there may not be more than one or two levels of management to whom you can escalate your concerns. In these cases, you should consider escalating your concern to the regulator or other prescribed person at an earlier stage than is shown on the flowchart.



Reference Number: TBA unless document for review **Version Number: 1**	*Date of Next Review: To be included when document approved* *Previous Trust/LHB Reference Number:*

SAS GRADES JOB PLANNING PROCEDURE

Introduction and Aim

The aim of this procedure is to ensure job planning is undertaken in a fair, reasonable and transparent way, and is aligned with prudent health care principles and the strategic objectives of the organisation.

This procedure is to ensure consistency in job planning across the organisation in line with the Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales) terms and conditions of service, and is also delivered in a way that ensures an engaged and valued workforce. This in no way intends to vary any contractual terms which apply.

This procedure seeks to improve job planning quality and compliance through improved processes and an electronic job planning software solution.

Objectives

- To standardise the implementation of SAS grade job planning across the health board in alignment with the Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales) terms and conditions of service, and the Health Board's strategies.
- To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently.
- We will ensure effective deployment in discussion with our medical workforce to optimise patient care and safety, whilst supporting staff wellbeing.

Scope

This procedure applies to all medical and dental Specialist, Associate Specialist and Specialty Doctor grades and also Clinical Assistants (hereafter referred to collectively as 'SAS grades') working for Cardiff and Vale University Health Board (CAVUHB) (across all sites) including those with honorary contracts.

Equality and Health Impact Assessment	An overarching Equality and Health Impact Assessment has been completed as contained in the Adaptable Workforce Policy.
Documents to read alongside this Procedure	• Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales) terms and conditions of service • Annual Leave Policy – Career Grade Medical and Dental Staff • Study Leave Procedure for Medical and Dental Staff
Approved by	Strategy & Delivery Committee
Accountable Executive or Clinical Board Director	Medical Director : Prof Stuart Walker
Author(s)	Medical Director: Dr Stuart Walker Assistant Medical Director for Workforce: Mr Peter Durning Assistant Medical Director for Workforce: Dr Richard Skone

Disclaimer

If the review date of this document has passed please ensure that the version you are using the most up to date either by contacting the document author or the Governance Directorate

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1.0	*TBA*	*TBA*	*New document*

Contents

Terms for Reference

CAVUHB	Cardiff and Vale University Health Board
DCC	Direct Clinical Contact
SPA	Supporting Professional Activity
WTE	Whole Time Equivalent
MD	Medical Director
AMD	Assistant Medical Director

1.0 Procedure Purpose:

It is the purpose of this procedure to deliver the following outcomes:

1. Delivery of job planning aligned to service delivery.
2. Ensure consistent application of relevant principles in a transparent fashion
3. Planning of both clinical and supporting activities that are linked to individual/health board/service objectives
4. Job planning that effectively links capacity to demand, including the development of annualised team job planning where appropriate
5. Effective utilisation of contracted hours
6. Completion of the annual job planning exercise in a department/specialty within the defined annualised job planning cycle
7. Annual service delivery that is quantified during the job planning process and transparently measured on an ongoing basis
8. Support GMC revalidation procedures
9. Fair remuneration for delivered activity
10. Ensure that service development, education, training and research are recognised and supported where appropriate with outputs defined in a transparent, equitable and accountable way.

2.0 To Whom the Framework Will Apply

- Medical and Dental Specialists, Associate Specialists, Specialty Doctors and Clinical Assistants employed by CAVUHB.
- Specialists, Associate Specialists and Specialty Doctors employed by other health boards/trusts who undertake activity on behalf of CAVUHB.
- Specialists, Associate Specialists and Specialty Doctors on joint appointments with other NHS health boards/trusts will be expected to share the number and timing of sessions agreed with their other employer, as part of their CAVUHB discussion.
- Honorary Contract holders in the Specialist, Associate Specialist or Specialty Doctor grade employed by any University or Institution where the holder provides Clinical Services in the UHB (Principle of Joint Job Planning will apply)

3.0 Approach to Job Planning

Participation in job planning has been a requirement under national terms and conditions of service (Wales) for Specialists, Associate Specialists and Specialty Doctors.

The Terms and Conditions of Service – Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales) - defines the Job Plan:

"Job Plans are prospective for the coming year and will list all NHS duties of the doctor, the number of sessions for which the doctor is contracted and paid, the doctor's outcomes and agreed supporting resources. The job plan will also include a schedule of the doctor's activities".

4.0 Annualised Job Plans

Job planning is an annual requirement for all SAS grade doctors as outlined in the respective terms and conditions of service. Job plans that worked this year may not work next year. While some SAS grade doctors continue to work the same pattern every week, changing patterns of service delivery increasingly demand variable patterns from week to week or fully annualised job plans. In addition, job plans may be reviewed in-year in response to activity changes or organisational change. Linking the job planning cycle to the Health Board's business planning timetable will help align SAS grade and organisational objectives. This can be mutually beneficial but also complex. To ensure all SAS grades have an approved job plan by 1 April each year, see guidance in appendix A.

5.0 Context of Job Planning

SAS grade Job planning is an annual process of review and is linked to a number of other activities in the calendar year, as well as being the basis upon which relevant employment conditions are assessed:

5.1 Service Delivery

- Job planning is more than a timetabling exercise - it should be a systematic activity, based on a partnership approach, which is rooted in the needs of the Service and designed to produce clarity of expectation for employer and employee about the use of time and resources to meet individual and service objectives.

- Clinical Board and Directorate Management Teams need to first understand the demands of the service and their current capacity to meet this demand, thereby allowing them to understand where potential changes to job plans are required.

- Any Job Plan may be reviewed within year in order to take account of changes in activity or staffing etc, in accordance with the respective T&C's.

5.2 Working Time Regulations

- The Health Board will ensure that job plans will be working time regulation compliant and provide for an average working week of up to 48 hours and compensatory rest in accordance with UHB Policy when minimum rest periods are not able to be taken.

- It is our expectation that individuals will not be job planned above 12 sessions, unless in exceptional circumstances with prior approval of the AMD for Workforce and Revalidation or Executive Medical Director.

5.3 Pay Progression

- The terms & conditions of Service for Associate Specialist (Wales) and Specialty Doctor (Wales) make provision for a salary that rises through a series of pay thresholds.

- Passing through pay progression thresholds is not automatic and specific criteria have to be met, as outlined in the relevant terms and conditions of service.

5.4 Annual Leave & Study Leave

Annual leave provisions are outlined in the Annual Leave Policy – Career Grade Medical and Dental Staff. See paragraph 3.2 which outlines the annual leave entitlements for Specialty Doctors who have less than 2 years' service in the grade.

Study leave provisions are outlined in the Study Leave Procedure for Medical and Dental Staff (not in training).

For those with full service the following applies:

- All leave amounts to a total of 10 weeks per annum, made up of annual leave (33 days for full time employees), study leave (30 days in 3 years, usually taken at a rate of 10 days per year) and public holidays (8 days).

- Each weekly DCC activity will therefore need to be delivered 42 times per year unless reduced by hot weeks (see section 6.1.2), agreed by the CD, or by additional professional leave where it would be reduced by one for each additional 5 days leave allocated.

- DCC will be considered to be delivered if session is cancelled on the day due to operational issues e.g. lack of ITU bed, and the doctor cannot be redeployed to another activity within their specialty

5.5 Public Holidays

SAS grades may be asked to undertake work on public (bank) holidays beyond scheduled on call rota commitments in order to ensure timely review of inpatients and patient safety. They should expect adequate notification of this (at least 8 weeks). In such cases they will be entitled to equivalent time off in lieu.

6.0 Components of Job Planning

The working week for a full time SAS grade will comprise 10 sessions with a timetabled value of 4 hours each. After discussion with the Health Board Management, these sessions will be programmed in appropriate blocks of time to average a 40 hour week. See Schedule 4 of the relevant terms and conditions of service. It is also recognised that there will be scope for variation up and down in the length of individual sessions from week to week around the average assessment set out in the job plan.

Job Plans will be made up of the following core components as outlined in the respective T&C's.

- Direct clinical care (DCC)
- Supporting professional activities (SPA)
- Temporary extra/additional sessions (any above 10); *extra* linked to spare professional capacity for SAS grades wishing to undertake *additional* regular activities that cannot be contained within a standard 10 sessional contract, including additional NHS responsibilities
- Additional NHS responsibilities
- External duties
- Fee paying and private practice activity, where there is potential for conflict with NHS commitments in line with the relevant terms and conditions of service.

Each component should be assessed individually with average weekly sessions defined and agreed. Where this is not possible the time commitment necessary for each activity should be defined over a longer period to allow translation into sessions. These should then be brought together as a defined weekly/monthly/annual work programme or Job Plan.

- For all SAS grades, the finalised job plan provides the basis of the contractual duties agreed between the individual and the Health Board.
- Full time SAS grades are contracted to undertake 10 sessions, with or without temporary additional sessions, which will be subject to annual review and may or may not be extended at the job planning review meeting.

- In line with the terms and conditions of service, there is no provision for payment of partial sessions; sessional allocation will therefore be rounded down to the nearest whole session.

6.1 Direct Clinical Care (DCC)

6.1.1 Timetabling of DCC

Direct clinical care (DCC) is work that directly relates to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation as detailed in the terms and conditions of service – Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales). This includes:

- Emergency duties (including emergency work carried out during or arising from on-call)

- Operating sessions including pre-operative and post-operative care
  DCC allocation per list – DCC calculated on basis of actual DCC start and finish times. There must be demonstrable clinical activity for the whole period and it must be indicated where each element is being undertaken e.g. in theatre, on the ward etc. Ward admin time for the theatre lists cannot also be counted as normal ward round time i.e. cannot be double counted. If a list finishes early a doctor will be expected to help with urgent or emergency cases. If there are no urgent cases the time will count within the natural variation of a job pan (as will finishing late).

- Ward rounds

- Outpatient activities. The relative split of patient facing clinical time and associated clinical administration time will be clearly defined in the Job Plans and although it is recognised that this may vary between specialties, the core principle is that a 4 hour session of patient facing activity may attract up to 0.5 hour of associated clinical administration time subject to the seniority and/or extent of independent practice of the post holder. In exceptional circumstances, with prior agreement of the AMD of HR and workforce, this time may be adjusted. Additional admin time will be allocated in the job plan as agreed within departments.

- Public health duties

- Multidisciplinary meetings about direct patient care
- Administration directly related to patient care (including but not limited to referrals, notes and clinical diagnostic work) for services with direct clinical caseload.

For predictable time worked out-of-hours there will, by mutual agreement, be a reduction in the timetabled value of the session itself to 3 hours or a reduction in the timetabled value of another session by one hour in line with schedule 8 of the relevant terms and conditions of service. This will be applied on a pro rata basis where only part of a session falls out-of-hours. Any unpredictable emergency work arising from on-call activity will be calculated and paid in accordance with schedule 6 of the relevant terms and conditions of service.

Travel to peripheral clinical commitments (included within DCC):

- The time counted for travelling should be the difference between the time taken to travel daily from home to base and the time taken to travel from home to the peripheral commitment if the journey commences at home. The agreed times are as shown in the table in appendix B.

6.1.2 On-call Activity

Predictable & unpredictable emergency work in accordance with the respective T&C's

- DCC includes all emergency work - predictable and unpredictable. This should be programmed into the working week, where possible.
- *Predictable emergency work* is that which takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds, attendance in an emergency clinical setting). This should be programmed into the working week.
- *Unpredictable emergency work* e.g. unscheduled on call activity will be calculated from actual unscheduled work delivered in accordance with schedule 6 of the relevant terms and conditions of service. On-call work remunerated separately e.g. acting down – is excluded from inclusion in diary monitoring and remunerated through a separate process to job planning.

- On-call work that takes place during a period of scheduled programmed activity

will contribute to unpredictable on call allowance and replace that scheduled sessional activity in job planning calculation.

- Hot weeks (weeks which have a higher number of emergency sessions planned, in comparison to other weeks): The relative split of DCC to SPA for hot weeks will be determined by the completion of actual work delivered, averaged over a 6 month period. This may be extended to account for exceptional individual circumstances.

- Travel to and from work for unscheduled NHS emergencies will count as working time.

- On-call diary exercises need to be completed every 48 months as a minimum, over 8 weeks per year and must include every member of each specialty.

- On-call diaries should include frequency, period of diarising, paperwork, detail, scrutiny/verification, and clearly define what activity is countable.

Payment of an on-call availability supplement

- On-call availability supplement will be paid in accordance with the relevant terms and conditions of service.

Provision of on-call

- All SAS grades non-resident on call must be immediately contactable and able to return to site within a clinically appropriate time frame, usually 30 minutes, unless by agreement with the AMD for HR and workforce.

- The agreed headcount (WTE) will be used to calculate the frequency of the rota and is independent of leave/prospective cover.

- It should be recognised that within some departments there may be sub-speciality rotas that require staff to be on call more frequently than the general speciality rota.

- The UHB will aspire to an on- call rota frequency of a maximum of 1 in 5 in high intensity specialities.

- Specialties need to have arrangements in place to cover the eventuality of a

colleague feeling unable to perform their duties safely as a consequence of unpredictable emergency work arising from on call duties. If this is a regular occurrence such work may require a change in working pattern, including subdivision of weekends.

- Short-term absence of a SAS grade will be covered by colleagues, in accordance with the respective T&C's. If an eventuality (such as a colleague's protracted sick leave) results in sustained additional workload for a SAS grade colleague, this workload must be compensated in the short term by additional remuneration or time off in lieu, and in the longer term by interim job-planning in accordance with the T&C's.

- The actual work undertaken when on-call should be identified in the job plan as either predictable or unpredictable emergency work.

6.2 Supporting Professional Activity (SPA)

SPA underpins DCC and ensures the delivery of the clinical governance, training and educational agenda at CAVUHB. The allocation of SPA time within SAS job plans will contain three main components.

- 1 “core” SPA required for delivery of all the normal aspects of the professional service, and personal CPD (in conjunction with study leave allocation) and in line with Schedule 4 of the relevant SAS terms and conditions of service. There will not be any subdivision within this and SAS grades will be expected to cooperate with colleagues to ensure appropriate distribution of the workload to deliver the activities within teams (see appendix C). Clinicians who are not working whole time are generally less likely to deliver additional SPA or additional NHS duties, but in order to ensure that these SAS grades participate fully in their professional role the 1 core SPA will not be reduced for those working less than full time. Where an individual works for more than one employer it is expected that SPA costs will be shared proportionately. The core SPA allocation will require evidence of full participation in mandatory training programmes and evidence of CPD, both to be confirmed at appraisal.

- The core 1 SPA session (4 hrs) includes the following activities:

  i. Appraisal
  ii. Job planning
  iii. Clinical governance – including, M+M meetings, delivering clinical audit, contribution to SI investigation, legal/coronal reports, etc.
  iv. Departmental management meetings
  v. CPD
  vi. Mandatory training
  vii. Other quality improvement activities
  viii. Teaching

  (Please note this list is not exhaustive. It is also accepted that there may be some variation in proportion of the core SPA dedicated to some activities).

- Additional SPA for an individual to deliver defined activity, linked to specialty/organisational objectives as well as the time allocated to deliver. Time needs to be agreed between the Directorate Management Team and the individual, and accompanied by a detailed role description (appendix E) and included in the Job Plan.

- Additional sessional time may be contracted, usually for those clinicians with defined, agreed additional NHS responsibilities or external duties.

Appendix C is a summary of typical activities that would be classified as core SPA and additional SPA respectively. These lists are neither complete nor prescriptive, but they do represent a high level summary of the types of activity in currently agreed job plans.

- Whilst the model contracts for SAS grades refer to full-time job plans *"in the order of two sessions for SPA, subject to a minimum of one",* this does not mean that this will be the case for all SAS grade staff. The DCC/SPA split for each individual will be determined through evidence and discussion at the job plan review.

- It will be the responsibility of the individual and the Clinical Directorate Management Team to account for the time spent on SPA in the same way as they will need to account for the time spent on DCC.

- The details of SPA and objectives will be recorded in Job Plans to ensure description of the activity, location where it is to be conducted and the expected outcomes are clearly and comprehensively recorded. All roles above core SPA will need to have a clear role description with objectives and expectations for the delivery of measureable outcomes (see appendix D).

- SPA should be conducted on site at CAVUHB, or at another clearly defined location such as a training venue via agreement with the Clinical Directorate Management Team.

- Overall allocations for SPA will be reviewed by the AMD for workforce and revalidation to ensure consistency across the UHB for comparable activities.

- Items arising under SPA, such as teaching clinics may overlap with items detailed in DCC. Recording of activity in the job planning exercise must ensure this does not result in double counting of these items.

- When reviewing the time spent on these activities SAS grades should consider the evidence required to support the outputs of the declared activity and ensure this is clearly recorded in Job Plans.

- It is recognised that whilst some supporting professional activities can only relate to personal activities (e.g. CPD) others (e.g. teaching) may be shared with colleagues within specialties.

6.2.1 Teaching & education

- It is expected that all SAS grades will take part in departmental teaching activities unless an opt-out has been agreed with the Directorate Management Team, where the teaching commitment may be amalgamated to individuals(s) within a specialty group.

- Where applicable, teaching may be delivered during DCC activities already accounted for in the job plan such as clinics or ward rounds. If so, it should not be 'double counted'.

- Service Increment for Teaching (SIFT) funding is provided to the UHB each year to support the delivery of undergraduate teaching, and covers both teaching undertaken during clinical sessions (which will already be recorded in the job plan as DCC) and teaching undertaken outside of clinical sessions, such as tutorials (and recorded in the job plan as additional SPA). Activities relating to SIFT funding will need to be clearly recorded as such.

- Specialty teams are advised to consider the overall teaching requirement for their specialty in terms of teaching preparation, tutorials, lectures, and examinations, related to undergraduate, postgraduate or other healthcare teaching, excluding that which is delivered through clinical sessions. Job Plan recognition for individuals may vary depending on their commitment to the specialty's teaching activity but all will reflect SIFT and HEIW allocations.

6.2.2 Specific training/teaching roles

- The time taken to fulfil the following responsibilities/roles should be agreed with the Clinical Directorate Management Team and translated to SPA in the Job Plan. The allocations will be determined by the AMD for education.

    - Foundation programme director
    - Academy unit co-ordinator and tutor
    - Educational supervisor
    - College (specialty) tutor

Appendix C and F describes the recommended SPA allowances for teaching and Training SPA activity.

6.2.3 Other educational activities

- Expected attendance at CAVUHB mandatory training sessions, departmental education meetings such as grand rounds, journal clubs, mortality and academic meetings should be recorded in the Job Plan. However, as these are components of core SPA they do not attract an additional SPA allocation.

- If attendance at the meeting replaces another DCC activity already counted in the job plan, there must be a concomitant reduction in the time allocated in the job plan for that activity or it will need to be delivered at another mutually agreed time.

6.2.4 Specialty/Local governance & audit activity

- Whilst clinical governance and/or audit activities are considered to be an integral part of all clinical activity and therefore difficult to identify separately in the job plan, it is recognised that there may be times when SAS grades are required to undertake such roles at a time when clinical activity is not undertaken e.g. scheduled clinical governance, audit or mortality meetings. Information on the detail and expected attendance at such meetings for each specialty must be provided in the specialty guidance notes and in individual job plan objectives. If attendance at a meeting replaces another DCC activity already counted in the job plan, there must be a concomitant reduction in the time allocated in the job plan for that activity or it will need to be delivered at another mutually agreed time.

- The time required for these activities should be recorded as part of the core SPA time in the job plan and this activity should be undertaken on site at CAVUHB unless by agreement with the Clinical Directorate Management Team.

- All other clinical governance/audit activity will be assumed to be undertaken as either part of Direct Clinical Care or as part of core SPA and therefore the time is already allocated in the job plan

6.2.5 Governance & audit lead roles

- The time taken to fulfil these responsibilities/roles will be assessed and agreed by the clinical director and translated to additional SPA in the Job Plan.

6.2.6 Timetabled management meetings

It is recognised that most specialties/services will need to hold management meetings on a weekly, fortnightly or monthly basis. The time required to attend such meetings should be recorded as part of core SPA in the job plan

- If attendance at the meeting replaces another DCC activity already counted in the job plan, there must be a concomitant reduction in the time allocated in the job plan for that activity or it will need to be delivered at another mutually agreed time.
- Information on the detail and expected attendance at such meetings, per specialty, must be provided in the specialty guidance notes and in individual job plan objectives.

6.2.7 NHS Research

- By agreement with the Clinical Directorate Management Team, time may be recognised in the job plan for research active SAS grades.
- For these purposes, 'research active' has been defined on the basis of criteria developed by the AMD for Research & Development and agreed by the Board as follows

1. Healthcare Research Wales Portfolio Study
2. Healthcare Research Wales Pathway to Portfolio Study
3. Commercial Grant where income supports sessional allocation
4. 'Pump Priming' activity which may lead to one of above (agreed by Clinical Director and reviewed annually against progress)

6.2.8 Additional NHS Responsibilities

- As defined in the relevant terms and conditions of service, these are responsibilities not undertaken by the generality of SAS grades but are undertaken within CAVUHB.
- Are activities agreed between the SAS grade and the employing organisation, which cannot be absorbed within time that would normally be set aside for SPA. These include, for example, being a clinical manager, clinical audit lead, or clinical governance, or other duties agreed by the Health Board and recorded in the Job Plan.

6.2.9 CAVUHB Managerial (Lead) Roles at a Directorate & Service level

It is recognised that managerial and clinical service lead roles will carry an additional workload. The time required for them will be set at clinical board level as detailed in the role description and acknowledged in the Job Plan. The tariff for clinical lead roles will take into account the time and responsibility associated and the number of doctors in the specialty and intensity of the role e.g. major/complex/demanding role, minor/process manager role, <5, 5-10 and >10 consultants.

- Individuals taking on these roles may, where the service delivery permits it and by agreement with the clinical director, by reducing their existing DCC activity and take on additional SPA sessions in order to accommodate these duties. The needs of the service will determine whether reduction in DCC is feasible and this should be judged by the clinical board director. Reduction in DCCs to cover Clinical Management duties should be mutually agreed at job plan review.

6.2.10 Other CAVUHB Lead Clinician and Management Appointments

- These are appointments made by the CAVUHB with defined duties that lie outside the remit of the directorate management structure. The time required to undertake these roles will be as detailed in the role description and should be acknowledged in the job plan.

- Individuals taking on these roles may, where the service delivery permits and by agreement with the clinical board director, reduce their existing DCC activity or take on temporary additional sessions in order to accommodate these duties. The needs of the service will determine whether reduction in DCC is feasible and this should be judged by the Executive Medical Director.

6.2.11 Time-limited CAVUHB Projects

- There may be occasions when some individuals may be invited to participate as CAVUHB lead clinicians for specific time-limited CAVUHB projects, which again may or may not substitute for existing DCC sessions or attract additional sessions, depending on the impact on the service.

- The time taken to fulfil these responsibilities/roles should be as detailed in the role description, agreed with the Medical Directors office and acknowledged in the Job Plan.

6.2.12 External Duties (as defined within the relevant terms and conditions of service)

- External duties that are not included in any of the aforementioned definitions and not included within the definition of Fee Paying Services or Private Professional Services, but are undertaken usually in the interests of the wider NHS or other Government department and not the health board. They may be included as part of the Job Plan by prior agreement between the SAS grade, Clinical Director and Clinical Board Director and once again may or may not substitute for existing DCC sessions or attract additional sessions, depending on the impact on the service.

- External Duties may have two components

    - administration time required to be undertaken during the normal working week to support the duty
    - time required away from the work place to fulfil the duty

6.2.13 Guidelines

- The health board would in principle not wish to limit external duties that are of benefit to the NHS at regional or national level and will try to be supportive provided that CAVUHB business/patient care is not compromised. It is expected that any individual seeking to include time in their job plan for an external duty should first ask for the agreement of their Clinical Director, who will balance the request against the needs of the department. The SAS grade should then seek the written agreement of the clinical board director and AMD for workforce and revalidation prior to formal application for external role as per schedule 17 of the relevant terms and conditions of service.

- SAS grades must be able to fully account for these activities in terms of interest to the UHB, Professional Society, College or wider NHS.

- If an individual receives either payment or an honorarium in respect of the external duty then no sessional value should be applied within the individual's job plan. External duties that are fully funded [externally] may, where the service delivery permits and by agreement with the clinical director and clinical board director, either reduce their existing SPA and/or DCC activity or take on temporary additional sessions in order to accommodate these duties. The needs of the service will determine whether reduction in DCC is feasible and

this should be judged by the clinical director.

- The UHB will commit to consider (pending review of service requirement) supporting up to a total of 10 days for its SAS grades to undertake external duties (per annum). This means that the full impact of external duties upon an individual's time may not be able to be met by the UHB and individuals undertaking external duties need to be aware of this. The UHB will, where possible in terms of service delivery, agree to a variation in DCC within the job plan to enable some time for delivery of the role even if it cannot fully fund it. Decisions on the allocation of these sessions will be at the discretion of the AMD for workforce and revalidation.

- The time taken to deliver administrative support to the specified external roles/duties should be assessed as hours and translated to sessions in the Job Plan. These activities may be flexibly undertaken along with other activities that need not occur at a fixed time (see Timetabled Flexibly Worked Activity). It is not anticipated that any individual requesting sessions to reflect the administrative load associated with an external duty, would be allocated a value greater than (0.5 Session) in their sessional assessment or for an additional professional leave allowance beyond 5 additional days to be allocated to fulfil the duty. Any admin should be incorporated within the 10 days of PL

- In exceptional circumstances arrangements may be made to accommodate senior national roles or significant external duties which occur on a regular basis. In such circumstances, individuals should approach the clinical board director and seek confirmation from the AMD for workforce and revalidation for a sessional allocation/variation to their Job Plan, or for an additional professional leave allowance (up to a maximum of 5 additional days)

- Absences linked to additional professional leave must be applied for with at least 6 weeks' notice, approved and recorded by the clinical director. Any requirement for absences not agreed prospectively will need to be taken from alternative leave allocations (annual and study/professional) unless negotiated separately with the AMD for HR and Workforce.

- SAS grades should be sensitive to any increased workload undertaken by their colleagues and therefore should schedule duties outside the UHB so as to minimise loss of commitments such as clinics, operating lists, ward rounds, on-call commitments etc.

6.2.14 Work for Charitable Organisations

The time required to support roles/duties for charitable organisations is not recognised as part of the NHS working week and therefore does not attract sessional allocation assessment or additional leave entitlement. Individuals with duties associated with charitable organisations may use their study/professional leave allocation if they wish to be absent from the work place during the normal working week.

6.3 Private Practice Activity

- The relevant terms and conditions of service and the 'Green Book' outline the basis for the relationship between NHS and private practice activity.

- All time utilised for private practice work must be documented in the job plan, whether internally or externally.

- The overriding principle for the governing of private practice activity alongside the NHS commitment is that no individual can be paid twice for the same period of time.

Private Practice and Job Planning

- All commitments to private professional services and fee paying services must be identified in the job plan.

- Regular scheduled private practice activity should be clear in job plans and must not interfere with other UHB duties.

- Changes in SAS grade job plans, which require rearranging scheduled private practice commitments, must be done with an appropriate period of notice of 8 weeks.

6.4 Timetabled Flexibly Worked Activity

- The delivery of most services is subject to a large number of short-term fluctuations in supply and demand. These may, for instance, be caused by personnel movements, sickness or leave, 'winter pressures', problems with RTT compliance or contractual changes.

- By too rigidly defining all a clinician's activities by nature, time and place in a job plan,

flexibility to absorb these fluctuations is greatly diminished.

- Timetabled Flexibly Worked Activity (TFWA) allows a job plan to define when (and which sessions) a clinician can be expected to be available (on site), but allows the flexibility to modify their activity within those sessions, to suit the requirements of the service. The type of activity performed during these sessions does not need to be restricted to Direct Clinical Care, but could include SPA work as well.

In order for this system to work, the following is required:

- The service delivered during these sessions needs to be recorded over time, to ensure adequate provision of time for both DCC and SPA, and to ensure that total service delivery matches what was agreed during job planning.

- Adequate notice needs to be provided to the individual about what is expected to be delivered during any specific session

- The degree to which TFWA can successfully be utilised will vary between services. Smaller groups, and services where a significant proportion of work could potentially be done by any clinician, will benefit more.

- The presence of TFWA does not preclude a clinician from having a 'default' working programme for each week. It simply allows that default to be modified from time to time, in order to match activity to service requirements. It also allows temporary increases and decreases in DCC level, provided that the average delivery over time remains in alignment with the job planned total.

7.0 Local Variations on Standard Terms and Conditions

7.1 Private Practice

- The relevant terms and conditions of service indicates that there must be no conflict of interest between NHS work and private work. Operating on private patients in time allocated for NHS patients is unacceptable, with the exception of fee paying services as set out in the relevant terms and conditions of service.

- Where a patient pays privately for a procedure that takes place in the employing organisation's facilities, that procedure should take place at a time that does not impact on normal services for NHS patients.

7.2 Annualised team job planning

- SAS grades are encouraged to work to annualised Job Plans where appropriate, and will be supported to develop robust plans. These plans will be subject to agreement with the Clinical Board Management Team

8.0 The Job Planning Documentation & Software

Job Planning documentation is now to be held electronically on an e-Job Plan software package.

- The job plans will include the following elements:

  - Relevant UHB and Service objectives
  - Relevant personal objectives, supporting resources, measures and timescales
  - Routine work as agreed in the job plan, detailing time and location
  - Details of on-call arrangements and on-call availability supplement

- An expectation of provision of agreed DCC activity sessions based on completing them at least usually 42 times per year will be documented and used to determine achievement.

- Other specialty and individual agreements as appropriate including (but not limited to):

  - Leave and other absence cover arrangements
  - Additional professional / external duty leave
  - Private practice / fee paying service rules
  - Arrangements related to team job planning
  - Changes to remuneration or working arrangements with appropriate notice periods
  - A breakdown of sessional allocations summarising the time allocated to each of the core components
  - Three levels of electronic sign off of the current job plan

It is expected that a SAS grade will fully participate in the job planning process. Job plans that cannot be agreed will automatically be entered into the appeal process.

8.1 The Job Planning Process

The finalisation of individual annual job plans will be the responsibility of the clinical director and directorate manager and overseen by the clinical board director. In order to align individual job plans and team working with the requirements of the service, the job planning process should essentially include two stages:

8.2 Service Plan

Defining and quantifying the requirements of the service as a whole, including the estimated demand for the various components of that service. At the start of the job planning process the CBD will ask the DMs/CDs to draw up the service plan for the specialty.

This will be completed within 1 month of the CBDs request. The DMs/CDs with assistance from the Directorate Manager will:

- Obtain best available demand data for various components of the service
- Review current service components and consider changes – type, time, place, capacity
- Consider resource constraints, e.g. outpatient facilities, theatre slot availability, peripheral activity, shared services with other providers
- Consider subspecialty constraints (e.g. limited individuals available to perform certain functions)
- Establish an adequate on-call cover system
- Establish a default 'whole service template' – what happens, when and where, and who does it, during each week.

- In preparing for job planning the DM/CDs will meet with the specialty group to review and agree a proposal for how the job planning process will be applied in their specialty.

- By commencing the job planning process as a group, discussions can be had about the overall expectations for the specialty for the year ahead. The meeting is an opportunity to review how each of the components of job planning should be addressed (i.e. DCC, SPA, additional NHS responsibilities and external duties), ensuring equity across the department.

The group should review the proposed assessments for DCC activity and agree any

required amendments to these, e.g. a change in the out-of-hours activity levels, extended working day or week

- For SPA the group should review overall & individual contributions to the Health Board and departmental education & teaching programme, governance programme and agree how this should be reflected in each SAS grade's job plan. Similarly, agreement can be reached about the departmental meetings and activity that should be recognised as part of core SPA in the job plan.

The DM/CDs should be working towards a Specialty Based Job Planning Guide (within 1 month of the initial request of the CD) which will:

- Define the activities that are applicable to the service
- Propose the service standards for time allocated to each of the DCC activities e.g. DCC and related administration time.
- Specify the time allocated to each of the activities (session length), define the expected level of clinical activity delivered (number of patients which corresponds for example to the session template on the hospital Patient Management System) and define whether they are to be timetabled as fixed or flexibly worked activities.
- Define the rules for taking leave, on-call arrangements and associated on-call supplement, and specify the time allocated to scheduled and unplanned emergency work.
- Specify any other agreements – e.g. those that apply to team based annualised job planning

Once the DM/CDs has obtained the detailed information on service requirements (within 1 month), finalisation of the service plan then occurs in a meeting between the DM/CD's.

8.3 Job Planning Meeting

Establishing and documenting each individual's capacity and expected availability (in time) to deliver the various components of the service and specifying the final individual job plans by optimal distribution of available service delivery to match the requirements of the service. Prior to the individual job planning meeting, the SAS grade should consider the following:

- Individual personal development objectives (agreed in appraisal)
- Health Board/service developments to which they could contribute
- Identification of all external commitments (including private practice)
- Any amendments to the previous job plan
- Diary evidence of individual activities
- Any additional resources required to fulfil NHS commitments

The CD will request a meeting with the individual SAS grade to:

- Quantify total sessional commitment (includes additional sessions)
- Define/quantify SPA and additional/external duties
- Define/quantify on-call commitment and availability supplement
- Establish and quantify fixed, timetabled flexibly worked and flexible sessions
- Calculate expected average DCC/SPA week
- Define private practice sessions, if applicable
- Calculate expected measurable service delivery over next year
- Clarify mechanisms of ongoing service delivery recording

- Taking into account the needs of the service and available workforce, the CD will agree as part of the job planning process which sessions each individual needs to be available for and allocate fixed and timetabled flexibly worked sessions accordingly. Should it not be possible to reach an agreement, the SAS grade may appeal through the job planning appeals process.

- Where reasonably possible, the delivery of objectively measurable components of service should be recorded over time, and compared to the expectations as proposed in the job plan. This process is important where timetabled flexible working, or annualised working is undertaken.

- The annual job planning round is also an appropriate time to review strategic workforce decisions, e.g. to optimise the service for changes to demand, workforce shortages or changes e.g. retirements.

8.4 Role of the Clinical Board Director

The clinical board directors lead the job planning process by requesting the service plan from the DM/CDs and through subsequent meetings with the CD, DM and individual SAS grades. In preparation for the meetings the Directorate Management Team will have discussed the organisational and specialty priorities with the specialty team and have agreed with the group the principles to be applied to DCC & SPA prior to individual job planning.

8.5 Objectives

In developing the specialty overview the Directorate Management Team may have amalgamated information that will define the specialty objectives for Job Planning. This will include Health Board, specialty and individual specific information such as job plans. The information needed will come from several sources and levels within the organisation. Suggestions of such information are as follows:

- Health Board level
  - Business plan and Corporate Objectives
  - Local Development Plan (LDP)
- Departmental level
  - Department/Specialty/Service developments (including but not limited to Cost Improvement Programmes)
  - Current activity levels (inpatient and outpatient) and performance against preceding year activity targets
  - Specialty workloads and distribution between consultants and SAS grades
  - Teaching commitments
  - Research and development expectations
- Individual level
  - Activity outputs
  - Performance indicators (such as LoS, new/follow-up ratios)
  - Internal versus external commitments
  - Individual contractual commitments (and flexibilities)
  - Individual development needs (agreed in appraisal)

8.6 Sign off

If the SAS grade agrees the proposed Job Plan the CD will arrange for it to be entered/updated on the electronic system. The electronic job plan should be compared with the paper job plan to ensure they agree and will sign it off. If no agreement can be reached then the Mediation and Appeals process should be invoked according to schedule 5 of the relevant terms and conditions of service.

It is expected that the SAS grade will engage in the job planning process. If there is no response from the SAS grade within 6 weeks of the initial job plan review meeting, the

SAS grade will be contacted. At this point, if it is not possible to reach an agreement, both parties will submit the job plan to the Mediation and Appeals process in line with the relevant terms and conditions of service.

APPENDIX A: ANNUAL JOB PLANNING CYCLE

Annual job planning cycle	
Quarter 2 July to September	Clinical Director sends out preparation for and invitation to job plan review, including letter and diary card with preparation guidelines, giving six weeks' notice.
Quarter 3 October to December	Team job planning meeting to discuss and agree objectives, supporting professional activities list and any required rota changes. Individual job planning meetings take place. Job plans entered on electronic job planning system by 31 December. This allows three months for the mediation/appeals process.
Quarter 4 January to March the following year	Mediation and/or appeals completed as soon as possible, in line with the timeframe agreed under the relevant T&C's. Pay progression eligibility taken forward for all who have an approved job plan.
Quarter 1 April to June the following year	Job plan effective 1 April. Mandatory training to begin for the year.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

APPENDIX B: AGREED TRAVEL TIME ALLOWANCES

List of Common Journeys from Main Hospital Sites

(Distance and time taken will be the same for the return journey.
Distance and time figures taken from the AA route planner March 2020.)

University Hospital of Wales, Heath Park (CF14 4XW)

UHW □ Llandough Hospital	= 7.6 miles – **23 minutes**
UHW □ St David's Hospital	= 3.5 miles – **13 minutes**
UHW □ Rookwood Hospital	= 3.1 miles – **13 minutes**
UHW □ Cardiff Royal Infirmary	= 4.4 miles – **17 minutes**
UHW □ Barry Minors	= 11.6 miles – **30 minutes**

University Hospital Llandough (CF64 2XX)

Llandough Hospital □ UHW	= 7.6 miles – **23 minutes**
Llandough Hospital □ St David's Hospital	= 4.4 miles – **14 minutes**
Llandough Hospital □ Rookwood Hospital	= 5.6 miles – **20 minutes**
Llandough Hospital □ Cardiff Royal Infirmary	= 4.7 miles – **18 minutes**
Llandough Hospital □ Barry Minors	= 6.9 miles – **19 minutes**

APPENDIX C: SUPPORTING PROFESSIONAL ACTIVITIES – GUIDANCE DOCUMENT 2019-2020

All Doctors are expected to undertake the following activities

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Appraisal and Revalidation Activities			
Continuing Professional Development (CPD) & **Quality Improvement Activities**	To ensure that Doctors have local opportunities to keep up to date, maintain skills and develop. This type of CPD activity could include:- - Personal study - Departmental Teaching - Departmental Meetings - NHS e-learning modules - Appraisal - Job Planning (This list is not exhaustive) To ensure that Doctors have opportunities to prepare for and participate in mandatory and other Health Board quality improvement activities, including:- - Clinical Audit - Mortality & Morbidity reviews - Review of clinical outcomes - Case Reviews and Discussions - Audit and monitor a teaching programme - Evaluate the impact and effectiveness of a piece of Health Policy and/or management practise	- Attendance Certificates/summaries - Certificates of completion - Agendas - Personal Development Plan - Appraisal summary - Evidence of quality improvement initiatives - Annual Clinical Activity information - Evidence of outcome measures achieved which correspond to SPA guidance - Agreed job plan which has been signed and dated with 2 weeks of the job plan meeting. - Audit department certificates - Audit presentation/hand outs - Meeting minutes - Review reports - Case review report - Evaluation reports - Protocol/Policy Documents	1 SPA (Calculated over a period of 42 weeks this equates to 168hrs – this allocation is in addition to the 30 days Study Leave allowance over a period of 3 years)

Doctors will be expected to seek agreement to undertake the following activities

(Where applicable to SAS doctors the following tariffs will apply)

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Appraisal Roles			
Appraiser Role	A team of Appraisers is essential to facilitate the medical appraisal process across the Heath Board. Regular, annual medical appraisal is a contractual obligation and is a GMC requirement for recommendation for revalidation.	- Number of appraisals (min 10 per year) - Feedback from Appraisees - Evidence of attendance of a local or national appraiser event at least once in every 2 years	0.5 SPA for 10 appraisals (pro-rata for more)

Appraisal Lead Role	To act as the lead for a team of appraisers, supporting their development, undertaking quality assurance activities and advising on issues they wish to escalate. To support the HB Appraisal Professional Lead and the HB Appraisal / Revalidation Manager to ensure that appraisals are carried out to the required standard. To provide support, guidance and leadership to the AMD (workforce and planning) and CDs as they implement appraisal and revalidation across the HB. The individual will ensure fair and transparent. They will maintain a list of regular appraisers and ensure adequate support and training. The appraisal planning lead will also ensure that the HB meets the target consultant appraisal on a yearly cycle. They will also escalate any complaints or concerns as needed	- Evidence of attendance of a local or national appraiser event at least once in every 2 years - Evidence of Appraiser Team meetings chaired (at least 2 a year) - Number of appraisals (min 10 per year) - Feedback from Appraisees - Evidence of collaboration with key stakeholders - Evidence of KPI improvement - Deliver appraisal seminars to CD and directorate managers - Develop systems to ensure all consultants and SAS doctors are compliant with revalidation	1.0 SPA for the lead role which also incorporates the role of appraiser – minimum of 10 appraisals to be undertaken each year (as above)

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Roles relating to Support and Education			
Article 14 Advisor Lead Role	To help support those Medical Colleagues who are working towards completing Article 14. This will aid with recruitment and retention of Medical Staff.	- No of SAS Doctors supporting - Summary if meetings undertaken - Information regarding support provided	0.25 per applying SAS Doctor
Educational Supervisor	To help support trainees whilst they are on placement in Cardiff & Vale University Health Board. This support should include meeting regularly with the trainee to reflect upon and discuss educational progress, acting as a mentor and ensuring that the trainee receives the appropriate career guidance and planning. This role will incorporate ensuring that a trainee is meeting objectives and putting remedial measures in place where any issues are highlighted and will involve working closely with the Programme Director and AMD for Education.	- Evidence of Continuing Professional Development pertaining to the role of Education Supervisor and the relevant curriculum Domains. - Details of the number of trainees - GMC trainee feedback - Completion of regular meetings with trainees - Evidence of formal and informal teaching (presentations, teaching summary)	0.25 SPA per trainee (up to a maximum of 4 trainees/ 1 SPA)

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation

Named Clinical Supervisor	To help support trainees whilst they are on placement in Cardiff & Vale University Health Board, to include teaching and training the trainee in the workplace, arranging departmental induction, supervising clinical activity and ensuring that the trainee is working to his/her level of competence. The named Clinical Supervisor should provide regular formal and informal feedback.	- Evidence of Continuing Professional Development pertaining to the role of Named Clinical Supervisor and the relevant curriculum Domains. - Details of the number of trainees - GMC trainee feedback - Evidence of formal and informal teaching (presentations, teaching summary)	0.25 SPA total

College Tutor	The college tutor will oversee postgraduate medical training within a specialty department to promote the learning environment, support Trainers & Trainees and be responsible for ensuring that the programme(s) are delivered to the desired local and national standards.	- Evidence of Continuing Professional Development pertaining to the role of College Tutor - Details of the numbers of Doctors & trainees within the specialty department - GMC trainee feedback - Evidence of formal and informal teaching (presentations, teaching summary)	1 SPA (this would be in addition to SPA allocation for Educational Supervisor role) unless paid separately by the college
Honorary Clinical Tutor (Consultants & SAS Doctors)	The Honorary Clinical Tutor role involves the teaching and assessment of medical undergraduates while they are on a clinical placement within Cardiff & Vale University Health Board as well as acting as Academic Mentor and internal examiner, as and when required.	- Evidence of Continuing Professional Development pertaining to the role of Honorary Clinical Tutor, including activities to keep up to date with Cardiff University School of Medicine and/or Swansea University School of Medicine curriculum, educational issues and developments - Details of the average numbers of medical undergraduates that are placed with Cardiff & Vale each year - GMC trainee and end of placement feedback - Evidence of formal and informal teaching (presentations, teaching summary) and or - educational resources developed	0.25 SPA

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Other Teaching	There may be opportunities for teaching and training of undergraduates and other clinical professions.	- Evidence of Continuing Professional Development pertaining to the role - Details of the number of trainees - Trainee feedback - Evidence of formal and informal teaching (presentations, teaching summary)	For negotiation but must not double count with core SPA

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Leadership & Clinical Management Roles			
Clinical Director/ Specialty Lead/ Sub- Specialty Lead	Each Specialty/Sub-Specialty Lead will be responsible for a specific specialty/sub-specialty and will work closely with key stakeholders to ensure that high quality, accessible health care services are delivered within the particular specialty area. The specialty lead will be able to evidence a high level of knowledge and expertise in the specific specialty area and will focus, in their specific areas of expertise, on the continuous improvements in quality and outcomes for patients.	- Evidence of collaboration with key stakeholders - Evidence of quality improvement - Evidence of CPD relating to the specialty/ subspecialty	0.5-2 SPA determined locally related to size and intensity of role after discussion with Clinical Board Director
Job Planning Lead (Health Board)	To provide support, guidance and leadership to CBD and CDs as they implement the job planning programme throughout the HB. The individual will ensure fair and transparent interpretation of the job plan guidance across specialties and share good practice across boards. The job planning lead will also ensure that the HB meets the target of job planning all consultants on a yearly cycle. They will also escalate any complaints or concerns as needed	- Evidence of collaboration with key stakeholders - Evidence of KPI improvement - Deliver Job planning seminars to CD and directorate managers	1 SPA

Case investigator (Health Board)	To provide the role of CI at the request of the MD for cases where a concerns are raised about a doctor's practice or behaviour To provide the role of CI in response to concerns raised through clinical governance within the HB To fulfil the role of a case investigator as outlined in the UPSW framework https://heiw.nhs.wales/files/key-documents/policies/human-resources/upholding-professional-standards-in-wales/.	- Evidence of completed CI reports for the HB - Deliver completed case investigations as required by the UPSW process - Provide advice and guidance for colleagues who also fulfil the role	0.5 SPA for 2 CI
Case manager for UPSW (Health Board)	To fulfil the role of a case manager as outlined in the UPSW framework https://heiw.nhs.wales/files/key-documents/policies/human-resources/upholding-professional-standards-in-wales/. As regards any excluded doctors this includes: • Routinely monitoring the grounds for a practitioner's continued exclusion from work, having regard to the requirements of this procedure; • To consider representations from the practitioner about his or her exclusion and any inappropriate application of the procedure; • Preparing a report for the Board giving an account of progress where any exclusion has lasted more than six months.	- Deliver completed case manager episodes as required by the UPSW process - Provide advice and guidance for colleagues	0.5 SPA for 2 CM episodes

Staff Wellbeing lead (Directorate)	To provide support, guidance and leadership to CBD and CDs. The individual will ensure guidance and actions are in place across specialties to measure and deliver on staff wellbeing. They will share good practice across clinical boards. They will help deliver the HB's aim to improve employee wellbeing. They will ensure that all HB policies on wellbeing and dignity at work are encouraged and adhered to. They will provide a point of contact for any member of staff that have concerns about departmental wellbeing processes.	- Evidence of collaboration with key stakeholders - Evidence of improvement in staff wellbeing - Deliver seminars and groups to develop staff wellbeing - Develop systems to ensure all consultants and SAS doctors are able to raise concerns about wellbeing	0.5 SPA
Quality and Safety Lead			
Clinical Audit Lead (Directorate)	To provide support, guidance and leadership to teams as they implement departmental clinical governance programmes. The individual will ensure regular high standard audits within their respective departments. They will ensure a regular rolling programme of key audits with feedback and documentation of results. They will also ensure appropriate enrolment and data collection for national audit programmes	- Evidence of collaboration with key stakeholders - Evidence of KPI improvement from audit - Evidence of regular meetings and actions from departmental audits - Evidence of involvement on national audits	1 SPA
Learning from deaths lead (Directorate) Saunders,Nathan 03/15/2022 12:00:52	To ensure that there are robust systems in place for routine investigation and learning from deaths. To ensure that any learning points are implemented in a structured and coordinated way. The lead will support colleagues and signpost to appropriate help in the case of patient deaths. They will ensure that concerns are escalated appropriately and that action is taken where needed. They will provide support for doctors within their directorate who are asked to attend coroner's	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change	SPA will depend on caseload

	court.		

SI investigators (Health Board)	To provide the role of SI Investigator at the request of the MD Identify what information needs to be gathered and which witnesses should be interviewed in the course of the investigation Maintain and append to the investigation report, a clear and comprehensive record of all interviews conducted in the course of the investigation and documentation which has been collated. Undertake a thorough and impartial investigation into the relevant circumstances Where the concerns involve a practitioner's clinical performance, seek advice from an appropriately qualified clinician who has had no prior involvement with the matters under investigation. Prepare and submit to the Q&S lead a written report, detailing the scope of the inquiry undertaken; the information gathered in the course of the investigation, including the witnesses interviewed and documentation considered; the findings reached and a summary of the key evidence relied upon in support of such findings Advise the Q&S lead whether the concerns identified in the Terms of Reference have been established. Provide sufficient information in the report to enable the Q&S lead to make a reasoned determination on what further action should be taken.	- Evidence of high standard, completed SI reports for the HB - Provide advice and guidance for colleagues who also fulfil the role	0.5 SPA for 3 SI

Data outlier lead (Clinical Board)	To ensure that there are robust systems in place for identification of outlier clinical performance. Where that data exists, to ensure that it is fair and properly recorded. To ensure that any data raising concern is brought to the attention of the appropriate people. To ensure that causes of data abnormalities are identified and that learning points are implemented in a structured and coordinated way.	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance of all areas in the health board against national audit	0.5 SPA
Consent Lead (Health Board)	To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding consent issues. To ensure that the health board's policies and procedures are up to date. To implement processes and safeguards that ensure that consent is a clear, transparent process understood by all parties. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events.	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance of all areas in the health board	0.5 SPA
Blood Transfusion Lead (Health Board) 	To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding blood transfusion issues. To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that blood product transfusion is a clear, transparent process understood by all parties. To ensure any changes or developments are made clear throughout the HB.	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board	1 SPA

Resus Lead (Health Board)	To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that resuscitation of patients is timely and appropriate. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding resuscitation.	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board	1 SPA
Sepsis Lead (Health Board)	To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that identification and treatment of patients with sepsis is timely and appropriate. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding resuscitation.	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board	1 SPA

Deteriorating patients (Health Board)	To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that identification and treatment of deteriorating patients are timely and appropriate. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding deteriorating patients.	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board	1 SPA
End of life Lead (Health board)	To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that identification and management of end of life patients are timely and appropriate. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding deteriorating patients.	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board	1 SPA

VTE Lead (Health board)	To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that identification and management of VTE patients are timely and appropriate. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding VTE. To collect data on performance of the HB	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board	0.5 SPA
Transition Lead (Health board)	To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that transition of paediatric patients is safe, appropriate and timely. To ensure any changes or developments are made clear throughout the HB. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding transition.	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board	0.5 SPA

Surgical Safety Lead (Clinical Board)	To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that surgical procedures are as safe as possible. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding surgical safety policy. To collect data on performance of the HB	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board	0.5 SPA
Other Q&S Leads (Directorate)	To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that are required. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice. To collect data on performance of the HB	- Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board	SPA will depend on workload
Research Roles			
Clinical Researcher	This role will incorporate the conducting of investigations that will aim to uncover better ways to treat, prevent diagnose and understand human illness and disease. Opportunities to participate in research will help to improve the service provided to patients, aid with recruitment and retention and raise the profile of the Health Board.	- HCRW Portfolio Study - HCRW Pathway to Portfolio Studies - Commercial Trials - Pump priming as agreed with AMD for R+D	1 SPA

Clinical Researcher	This role will incorporate the conducting of investigations that will aim to uncover better ways to treat, prevent diagnose and understand human illness and disease. Opportunities to participate in research will help to improve the service provided to patients, aid with recruitment and retention and raise the profile of the Health Board.	- As above but greater volume – as agreed with AMD for R+D	2 SPA
Activity	**Rationale**	**Outcome measures – Evidence to be provided at each Job Plan review meeting**	**Time allocation**
Principal Investigator	This role will involve being a principle investigator on at least one commercial trial each year. Opportunities to participate in research will help to recruit and retain medical staff and raise the profile of the Health Board.	- To be agreed with AMD for Research and Development	SPA will depend on workload 0.25 to 1 SPA
Chief Investigator	This research based role will involve undertaking an in-house or portfolio study. There will be a need to obtain R&D and ethics approval numbers for this role. Opportunities to participate in research will help to improve the service provided to patients, aid with recruitment and retention and raise the profile of the Health Board.	- To be agreed with AMD for Research and Development	SPA will depend on workload 0.25 to 1 SPA

Research Degree Student Supervisor	This role will incorporate the supervision of a Research Degree Student during their time with Cardiff & Vale University Health Board. The students involved will be undertaking the PGMDE, MSc or MPhil degree courses. (Please note that a student's main supervisor will be an academic) Opportunities to participate in research will help to recruit and retain medical staff and raise the profile of the Health Board.	- No of students - Feedback from students - Evidence of attendance at relevant update and training events - Evidence of research undertaken by students being supervised.	0.25 SPA per student, to be negotiated if commitment is greater than 1 hour a week
Further roles			
Champions for HB initiatives	Certain initiatives may require specific clinical leadership e.g., e-discharge, immunisation	TBC	These roles may be time limited and any SPA tariff will need to be agreed, allocated and reviewed on a regular basis through a formal HB process.

Please note this list is not exhaustive

APPENDIX D: SPA OUTCOME FORMS

SPA = Supporting Professional Activities (CPD, Job Planning, Appraisal, Clinical Audit and local Clinical Governance)
Specialist / Associate Specialist / Specialty Doctor name:
Hours in week = 4 = 1 session
Outcome Measure;
Actions to achieve outcome measure
Success Criteria/Measures:
Agreed Review Process and Timetable:
Support Required:
Signed
Date

Teaching & Training
Specialist / Associate Specialist / Specialty Doctor name:
Hours in week =
Outcome Measure;
Actions to achieve outcome measure
Success Criteria/Measures:
Agreed Review Process and Timetable:
Support Required:
Signed
Date

Research
Specialist / Associate Specialist / Specialty Doctor name:
Hours in week =
Outcome Measure;
Actions to achieve outcome measure
Success Criteria/Measures:
Agreed Review Process and Timetable:
Support Required:
Signed
Date

CMA = Clinical Management Activities
Specialist / Associate Specialist / Specialty Doctor name:
Hours in week =
Outcome Measure;
Actions to achieve outcome measure
Success Criteria/Measures:
Agreed Review Process and Timetable:
Support Required:
Signed
Date

APPENDIX E: ROLES & RESPONSIBILITIES

Role	Responsibilities
Medical & Dental Consultants & SAS Doctors	• Ensure they have an up to date agreed Job plan • Ensure clear outcomes are set for DCC and SPA sessions • Demonstrable attempt to achieve their outcomes
Clinical Director	• Understand the service needs, including required capacity for demand • Ensure consultants and SAS grades have an up to date agreed job plan • Conduct job planning review meetings with Consultants and SAS grades
Directorate Managers / General Managers	• Ensure consultants and SAS grades have an up to date agreed job plan • Maintain ESR with up to date data regarding their consultants and SAS grades job plans • Monitor job planning compliance with policy and procedures
Clinical Board Directors	• First point of contact for job planning disputes • Monitor job planning compliance with policy and procedures • Ensure the right level of governance and accountability for non-compliance within the clinical board
Medical Workforce	• Support with information required for Job Planning software • Training in job planning processes and job planning software use • Management of the Centralised Job planning record • Assurance and Escalation of job planning processes and concerns
Assistant Medical Director	• Ensure appropriate training and resources is available for CD / DM to conduct Job planning • Ensure the right level of governance and accountability for non-compliance • Support appeals and advise as appropriate
Medical Director	• Ensure the right level of governance and accountability for non-compliance • Support appeals and advise as appropriate

APPENDIX F: TEACHING & TRAINING ACTIVITY ASSESSMENT

This assessment tool is designed to inform the job plan review process for NHS consultants and SAS grades. It is expected that consultants and SAS grades would be able to demonstrate the appropriate level of teaching and training activity over three years. Consultants and SAS grades should be able to provide supporting evidence of teaching and training activity including relevant feedback from students and inclusion of CPD and reflective activity in their annual appraisal. This assessment does not include the supervision of Higher Research degree students, which should be incorporated into the Research Activity Assessment. This assessment does not include additional specific teaching or training roles appointed by either the Welsh Deanery or Cardiff University.

	Time allocation	**Comments**
Postgraduate Training		
Names PG Educational Supervisor Educational Supervision Fulfil requirements of clinical supervisors and do not qualify for additional SPA allocations	0.25 SPAs per week per trainee, maximum 4 trainees per supervisor	Must sign Tripartite Educational Supervisor agreement. Undertake 8 hours per year verifiable CPD mapped to Ac Med Ed Domains. Completion of Annual GMC Trainer Survey
Names Clinical Supervisor	0.25 SPAs per week flat rate	Undertake 5 hours per year verifiable CPD mapped to Ac Med Ed Domains. Completion of Annual GMC Trainer Survey.
College Tutor	1.0 SPA per week	Evidence of active engagement in PG training including speciality induction, liaison with Faculty Leads and Directorates, obtaining trainee feedback and leading local specialty training improvements.
Undergraduate Teaching		
Clinical Teaching	0.25 SPAs per week per group. For example, 0.25 SPA for each of year 3 and year 5 students.	Evidence of engagement in weekly timetabled teaching activity during student placements with positive student feedback plus contribution to examinations and other student assessments
Named Undergraduate Student Supervisor	0.5 SPA per week	ES for 3 named students with evidence of a minimum of three individual meetings per student per 8week placement (x3 placement per year)

Specialty Teaching Lead	1.0 SPA	Organisation of student placement departmental teaching, student feedback and liaison with Honorary Senior Lecturers.

APPENDIX G: JOB PLANNING MEDIATION AND APPEALS PROCESS IN LINE WITH THE SAS GRADE TERMS AND CONDITIONS OF SERVICE (WALES)

Mediation

The doctor may refer the matter to the Medical Director, or to a designated other person (subject to local arrangements). The purpose of the referral will be to reach agreement if at all possible. The process will be that:

- the doctor makes the referral in writing within 10 working days of the disagreement arising;
- the doctor will set out the nature of the disagreement and his or her position or view on the matter; This should be provided in writing and normally within 15 working days of the referral being submitted;
- the clinical manager responsible for the Job Plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay increments or thresholds have been met, will set out the employing organisation's position or view on the matter. This should be provided in writing and normally within 15 working days of the referral being received;
- the Medical Director or designated other person will convene a meeting, normally within 20 working days of receipt of the referral, with the doctor and the responsible clinical manager to discuss the disagreement and to hear their views;
- if agreement is not reached at this meeting, then within 10 working days the Medical Director or designated other person will decide the matter and shall notify the doctor and the responsible clinical manager of that decision or recommendation in writing;
- if the doctor is not satisfied with the outcome, he or she may lodge a formal appeal as indicated below.

Formal Appeal

- a formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.
- an appeal shall be lodged by the doctor in writing to the Chief Executive as soon as possible and in any event within 10 working days of receipt by the doctor of the decision.
- the appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within 20 working days.
- the membership of the panel will be:

- a chair, being a Non-executive Director of the appellants employing organisation;
- a second panel member nominated by the appellant doctor, preferably from within the same grade; and
- an Executive Director from the appellant's employing organisation.

No member of the panel should have previously been involved in the dispute.

- the parties to the dispute will submit their written statements of case to the appeal panel and to the other party no less than 5 working days before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Following the provision of the written statements neither party shall introduce new (previously undisclosed) written information to the panel. A representative from the employing organisation will present its case first.

- the doctor may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.

- where the doctor, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a specialty or to the subject of the appeal.

- it is expected that the appeal hearing will last no more than one day.

- the decision of the panel will be binding on both the doctor and the employing organisation. The decision shall be recorded in writing and provided to both parties no later than 15 working days from the date of the appeal hearing.

- the decision of the panel will be implemented in full as soon as is practicable and normally within 20 working days.

- no disputed element of the Job Plan will be implemented unless and until it is confirmed by the outcome of the appeals process and where appropriate a revised Job Plan is issued.

- a decision which increases the salary or pay which the appellant doctor will receive will have effect from the date on which the doctor referred the matter to mediation. A decision which reduces salary or pay will have effect from a date after that which the revised job plan was offered (giving a locally agreed period of notice) following the decision of the panel.

Report Title:	**Capital Programme Status Update**	**Agenda Item no.**	**2.2**
Meeting:	Strategy & Delivery Committee	**Meeting Date:**	16.11.2021
Status:	**For Discussion**	**For Assurance** X	**For Approval** **For Information**
Lead Executive:	**Director of Strategic Planning**		
Report Author (Title):	**Director of Capital, Estates and Facilities**		

Background and current situation:

The purpose of this report is to provide the committee with an update on the progress of the Health Boards (UHB) 2021/22 Capital Programme.

This year the UHB has received a Discretionary Capital allocation of £14.871m with the funding distributed to support IM&T, Estates and Medical Equipment backlog, Estate Compliance works and schemes proposed by the Clinical boards which have been included in their respective IMTP.

The requests for funding is insufficient to meet the ever increasing demands which arise from deteriorating infrastructure across the estate, the constant development and upgrade in IM&T infrastructure and systems, the replacement of end of life Medical Equipment or infrastructure changes required to support Board plans. The funding is allocation of funding is considered by the Capital Management Group (CMG) and the Capital Programme approved by the Board at the beginning of the financial year. Inevitably there are 'in year' changes which require the approval of the CMG who have been afforded delegated authority by the Board to manage the overall programme within the funding allocation.

In addition to the Discretionary Capital allocation the UHB has received All Wales capital funding in the sum of £27.455m for the following schemes:

Rookwood reprovision at Llandough	1.150
SARC's OBC Fees	0.390
Maelfa Wellbeing Hub	9.788
National Programmes – Fire	0.484
National Programmes – Infrastructure	1.448
National Programmes – Decarbonisation	1.514
National Programmes – Mental Health	0.050
Eye Care - e-referral system	1.021
National Programmes – Imaging	3.216
YnysSaff Sexual Assault Referral Centre at Cardiff Royal Infirmary – Interim Facility	0.681
Developing Genomics Partnership Wales -FBC	4.397
Telephone Handling and Enquiry Management systems (MIAS)	0.351
New Substation and Medical gas upgrade at university Hospital Llandough	2.409
Digital Priorities Investment Fund for Wren Storage	0.556

The UHB has also benefitted from a further allocation of £9.09m to support its Covid Recovery Plans which include:

UHW EU/AU Upgrading	0.220
UHW SDEC	1.980
UHW Mobile Theatres Enabling	0.150
UHW Mobile Endoscopy Enabling	0.100
Gynae Treatment Rooms	0.450
Fracture Clinic - Adults AU/EU Redesign	3.750
Fracture Clinic - Paeds AU/EU Redesign	1.500
Physio Outpatients	0.300
Paeds Ventilators	0.100
Transperineal prostate biopsy service	0.070
Mobile Theatre - Ophthalmology Surgery Equipment	0.470

The UHB are also progressing a number of schemes through the Business Case process in order to support its longer, term strategy. These Business Cases are at various stages of development including:

UHW Hybrid MTC Theatres – OBC approved October 2021 with confirmation that the UHB can progress to FBC. It should be noted that the UHB had agreed to progress the FBC at risk whilst the OBC was being considered by Welsh Government.

UHL Endoscopy Theatres – the BJC for an additional two theatres has been submitted to WG and is awaiting approval.

UHL CAVOC Theatres – The SOC has been endorsed by the minister and approval to proceed to OBC received. The UHB has approved the appointment of the Supply Chain Partner, Project Manager and Cost Advisor to progress the business case.

UHL Engineering Infrastructure – WG have approved the BJC to address electrical and medical gas infrastructure issues which will provide resilience to the site.

CRI SARC – The UHB are progressing the OBC for submission to WG in January 2022.

Wellbeing Hub at Park View – The UHB are progressing the OBC for submission to WG February 2022

Wellbeing Hub at Penarth – Local Authority have now agreed a preferred site and the development of the FBC will recommence December 2021

CRI Redevelopment – an OBC for the redevelopment of the site is progressing with submission to WG anticipated in January 2022.

CRI Safeguarding Works – an FBC is being developed for as the first project aligned with the OBC mentioned above. It is anticipated that FBC will be submitted in March 2022.

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

- The strategic planning and capital planning departments are progressing a substantial capital programme to support the demands of the clinical boards
- Both strategic and capital planning resource is limited
- The schemes on the programme that are currently considered as high risk are being managed to mitigate the impact on the delivery of the schemes.
- The financial position and progress of spend against plan is reviewed by the Finance Committee of the UHB Board

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The Capital Management Group receive a detailed report on a monthly basis which includes a schedule of all schemes on the capital programme identifying the budget costs, key dates and risks. There are currently 63 shemes identified on the capital development schedule, Appendix 1 considered at the meeting held on 18th October 2021, with 30 identified as high risk, 16 medium risk and 17 low risk.

A detailed financial report is will be considered by the UHB Finance Committee to monitor actual spend against programme and review any potential project overspends to ensure that costs are maintained within the UHB Capiatl Resource Limit.

Recommendation:

The Strategy and Development Committee is asked to:-

NOTE the content of the report and be assured that the capital programme is being monitored appropriately by the Capital Management Group

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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	
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		9.	Reduce harm, waste and variation sustainably making best use of the	x

entitled to expect		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, click here for more information*									
Prevention		Long term	x	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

CAPITAL DEVELOPMENT SCHEDULE 12/10/2021

Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
1.0	**THEATRE CAPACITY PROGRAMME**							
a	Executive Director of Planning	**UHW Vascular Hybrid Theatre & MTC Theatres** Development of a Vascular Hybrid Theatre to support the Vascular Network Clinical Model. In addition the development of a Theatre to support the MTC Service.	FBC	£33.5m inc. equipment	**Revised OBC Submitted to WG March 2021** FBC Completion end of April 2022 (Nov 21) UHB Board April 2022 (Jan 22) WG Submission May 2022	**R**	Early Warning Notice has been received in relation to a 5 month delay to the completion of the FBC due to the outstanding clinical decision of laminar flow and costs of specialist equipment. The current forecast outturn cost is circa £35.4m which is an increase of £1.9m and due to the electrical requirements of the selected OEM equipment which requires a significantly larger electrical load.	Original letting to develop OBC have been completed for the SCP/PM&CA. However, this related to the fees only and no allowance was made at the time for any surveys, ground investigations or planning permissions. Consequently the OBC costs have increased. A paper needs to be taken to Board to confirm the costs associated with progressing the FBC at risk as agreed and reported at CMG.
b	Executive Director of Planning	**UHW Theatre Refurbishment and Decant** Following the completion of Theatres in item 1, remaining theatres to be refurbished (2 at a time)	Feasibility	£10-£15m Estimated		**ON HOLD**		
c	Executive Director of Planning	**Provision of 2 New Theatres in CAVOC & 22 Bed decant**	OBC	£11m	**Programme TBC**	**A**	UHB Board approved the appointment of the SCP/PM & CA to develop the scheme.	The letting contracts are with corporate governance for completion following Board approval to proceed Sept 2021
1.1	**COVID RECOVERY PROGRAMME**							
a	Chief Operating Officer	**Two Mobile Theatres at UHW for Ophthalmology** Required to meet the backlog of patients awaiting eye surgery	Tender	Revenue funded for hire £150k for enabling works	**Delivery of mobile units November 2021**	**R**	Vanguard submitted a quote for additional works relating to the foundations, ramps and link corridor which totals circa £167k excl VAT. A meeting held 8/10/21 to express concern to them with regards to the continual increase in cost	Procurement have confirmed that the RFA is with ME for signing for the enabling works which have been funded by Welsh Government. The contracts have been issued to corporate governance for completion
b	Chief Operating Officer	**Modular Build for two or four theatres** The first two modular theatres will be to replace the Mobile units and will include the necessary support space as the facility will provide a longer term solution for the service.	Feasibility	TBC	**TBC**	**R**	CEF are still awaiting details of the requirements for the 3rd and 4th theatres from the surgical clinical board. Delay to commencement of business case due to lack of service specification	N/A

Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
c	Chief Operating Officer	**Peri-operative assessment facility** to support theatre efficiency and patient optimisation.	Feasibility	TBC	**TBC**	A	CEF awaiting final confirmation of the requirements following a clinical meeting that was scheduled for week commencing 4/10/21 Identification of suitable accommodation	N/A
d	Chief Operating Officer	**Community Diagnostics** Establishment of a Community Diagnostics Hub at Barry	Feasibility	TBC	**TBC**	A	No detail provided to support the proposal Awaiting approval to proceed with services installation	N/A
e		**Virtual Village' at UHL** Deliver a safe and comfortable space for staff to engage virtually with patients	Feasibility		TBC	R	CEF have received further information from operational lead however, there remains some clarifications to some of the accommodation requested	N/A
f		**Virtual Village' at UHW** Deliver a safe and comfortable space for staff to engage virtually with patients	Feasibility		TBC	R	Op lead has provided further information of accommodation requirements which CEF are progressing	
g	Chief Operating Officer	**Adult Fracture Clinic** re-provision of adult fracture clinic capacity which facilitates the AU/EU improvement projects	Feasibility		TBC	R	ME have agreed that the CBD, Director of Ops Surgery, Deputy COO and the Deputy Medical Director meet to review the options and agree a way forward.	
h	Chief Operating Officer	**Paeds Fracture Clinic** re-provision of paeds fracture clinic capacity which facilitates the AU/EU improvement projects	Feasibility		TBC	R	Delay to expected delivery. CEF require the minimal scope that the clinical teams will accept	
i	Chief Operating Officer	**Gynaecology Treatment Rooms** The creation of procedure rooms to reduce reliance on operating theatres	Design	TBC	**Design completion 15/10/21** End user sign off 18/10/21 Tender issue 19/10/21 Tender return 02/11/21	R	Design progressing.	
j		**EU Majors** ongoing adaptions to remain aligned to covid IP&C requirements	Mobilisation	TBC	**Construction commencement 19/10/21** Construction completion 19/11/21	G	Order has been placed and the lead in time for the partitions is 6 weeks.	NEC shortform contract being prepared
k		**AU Screens** ongoing adaptions to remain aligned to covid IP&C requirements	Tender	TBC	**Quotation received 11/10/21**	A	Delay in receipt of quotation preventing procurement process to be completed	NEC shortform contract being prepared

Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
l	Chief Operating Officer	**Physiotherapy Outpatients** To provide a facility in the community to replace accommodtion previously provided in UHW	Feasibility	£1m		R	CEF have received the hire costs for the Llanishen facilities and are reviewing in conjunction with physio therapy clinical requirements	
m	Chief Operating Officer	**Same Day Emergency Care** Re-provision of physical space within UHW to support Surgical SDEC	Design	£1.95m	**Delivery of phase 1 targeted December 2021**	R	Discussions are ongoing with the AHU supplier to establish the delivery date and to identify any opportunity for earlier delivery which is currently 12 weeks. Awaiting procurement report to place initial order with contractor	
n	Chief Operating Officer	**Spinal Injections**	Design	TBC	**TBC**	R	CEF are still awaiting sign off of the layout drawing from the Clinical Board	
o		**Childrens Hospital for Wales Theatre** Theatre 5 fit out	Feasibility	£1.5m	TBA	ON HOLD	COO has indicated that this is not a priority scheme at this point in time.	
1.2 ALL WALES CAPITAL PROGRAMME								
a	Executive Director of Planning	**Haematology Ward & Day Unit** To include Blood & Marrow Transplant Facilities **Advanced Cell Therapy** Provision of Advanced Cell Therapy is included in the Haematology Facility Development	Feasibility	TBC	**Development of budget costs ongoing**	R	High risk due to the existing facilities not meeting current JACIE Standards Initial meeting held 11/10/21 to progress with the scheme	
b	Executive Director of Planning	**Acute Oncology**	Design	TBC	**Design ongoing completion TBC**	R	As above	
c	Executive Director of Planning	**Polytrauma Ward A4** This scheme is related to MTC	Feasibility	TBC		G	a review of ward allocation for UHW sites needs to be undertaken following the decision to bring Cardiovascular surgery back to UHW	
d	Executive Director of Planning	**Genomics (GPW)** Development of a Genomic & Public Health Wales facilitv.	Mobilisation	£15.323m	**WG approval of FBC 2nd Sept 2021** Proposed construction commencement 20/12/2021 Forecast completion 18/02/2023	R	The SCP has notified the UHB that the target costs submission included within the FBC has been affected by inflation and materials and equipment costs which increases the target cost by £450k. The effect of COVID restrictions has both a cost and programme impact.	**Awaiting confirmation of costs and programme information to include within the contract. This is scheduled to be received week commencing 18/10/21**

Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
e	Executive Director of Planning	**Refurbishment of Mortuary** Options to be developed for refurbishment of the existing mortuary or develop a new build in line with the Human Tissue Authority (HTA) recommendations following the latest inspection report.	Design	£1.6m-£2m	**Mini Tender Competition to appoint design team - return 18/10/21**	A		
f	Executive Director of Planning	**Critical Care Expansion** Service Board have identified requirement for additional bed capacity for critical care patients and to comply with the FICM report (Faculty of Intensive Care Medicine)	Feasibility	TBC		G	The CB have suggested that the priority at this time is to repatriate the Cardiovascular surgery from UHL which will require CITU to be available and therefore will place additional pressure on ITU.	
g	Executive Director of Planning	**UHL Engineering Infrastructure** Single point of failure and limited oxygen storage capacity	BJC	£5.5m	**WG Approval of BJC 5/10/21** Draft paper to UHB Board November 2021	R		Board approval required to enter contract with sucessful tenderer under NEC3 version A contract to be considered at the November 2021 UHB Board
1.2h (i)		**Reprovision of Specialist Neuro & Spinal Rehabilitation and Clinical Gerontology Services Project Team** Rookwood relocation to UHL, CRI & St Davids	Completed	£31m	**Handover of UHL facility achieved 7th May 2021 (CRI element of works 15th March 2021)**		Final account has been agreed.	**COMPLETED**
1.2h (ii)	Executive Director of Therapies	**Horatio's Garden Charity** Development of a neuro and spinal rehabiliation garden at UHL	Construction	Funding provided by HG Charity		R	Meeting held with charity contractor and PM/SCP to identify outstanding issues affecting programme and progress	The charity have a contract direct with the main contractor
1.2h (iii)	Executive Director of Therapies	**Headway**	Tender		**Tenders returned**		Awaiting finalisation of lease agreement.	Procurement report and RFA is being prepared as is the NEC short form contract
1.2h (iv)	Executive Director of Therapies	**St Davids Hospital**	On Hold		**TBA**	R	Potential issue with Radiology department. Legal discussions are still ongoing with regards to the works order process and risk liability	
1.2h (v)	Executive Director of Therapies	**Rookwood Gym** Refurbishment of the gym to accommodate Driving Assessment Unit and Occupational Therapy Technicians	Design	£450k estimated	**Tender return 13/10/2021**	A		
Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status

i	Executive Director of Planning	**Endoscopy Expansion** Develop a BJC for the provision of two additional endoscopy theatres and associated support facilities to meet JACIE standards	BJC	£5m	**BJC Submitted to WG June 2021** Submission to UHB Board 27th May 2021	R	Capital and Clinical colleagues scheduled to attend WG IIB 3/11/21 as part of the scrutiny process	
j	Executive Director of Planning	**Cystic Fibrosis - East 2 Ward** These works were part of the Rookwood Business Case	Construction		**Construction commencement 06/09/2021** Construction completion 20/10/2021	A	Issues with IT and med gas access to void - due to rodent infestation	
k	Executive Director of Planning	**Sustainable Transport Hub** Including; Bus Hub, Cycle Hub and repair centre, Aroma outlet and seating area. Pedestrian safety access from the 1st floor of the multistorey car park. Green wall.	Feasibility	£3.6m	**TBC**	A	Two options have been received from the architect which will need to be considered alongside the positioning of the Vanguard Mobile Theatres.	
1.3	**SHAPING OUR FUTURE WELLBEING (SOFW) Health and Wellbeing Centres**							
a	Executive Director of Planning	**CRI SARC Redevelopment**	OBC	£10-12M	**SCP Completion of OBC 22 November 2021** UHB Board January 2022 OBC Submission to WG January 2022	A	Delay to the completion of the OBC due to test for fit exercise undertaken in relation to the new links building which will be occupied by Mental Health Services Meeting with end user to be arranged to agree final sign off of test for fit.	
b	Executive Director of Planning	**Wellbeing Hub @ Park View**	OBC	£21.1m (£16.7m)	**Receipt of cost forms (UHB) September 2021** UHB Board January 2022 (25th November 2021) OBC Submission to WG February 2022	R	The SCP is reporting a£5m uplift in cost from SOC to OBC. This is being reviewed by the cost advisor to identify the areas which have increased and to agree a base rate with the SCP. Meeting being arranged with the Director of CEF and NWSSP for advice anda way froward.	
c	Executive Director of Planning	**Wellbeing Hub @ Penarth**	OBC	£11.553m	**Scheme placed on hold**	R	The UHB understands that the VOG Council have agreed a preferred way forward however, no formal notification has been received by the UHB. This delay will increase costs significantly and we are likely to have to retrun to review the OBC to ensure that it remains in tolerance	
Item	**Executive Lead**	**Project Name**	**Status**	**Budget**	**Key Dates**	**Risk Status**	**Comments**	**Contract Status**
d	Executive Director of	**Wellbeing Hub @ Maelfa**	Construction	£12.748m plus £133k decarbonisation	**Construction commenced March 2021 (MUGA to complete 7th June 2021)**	G	Project Bank Account remains with	All contracts hve been

	Planning				Contract completion date October 2022		Liaision ongoing with the legal team in relation to the Heads of Terms.	
e (i)	Executive Director of Planning	**CRI Redevelopment Scheme - Overall Site**	OBC	£97.5m (SOC)	**Completion of OBC 10 November 2021** UHB Board January 2022 Submission to WG January 2022	**A**	AEDET workshop being arranged for end of October 2021.	
e (ii)	Executive Director of Planning	**CRI Safeguarding works**	FBC			**G**	PM challenging programme from SCP.	

Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
2.0 BUSINESS CASE DEVELOPMENT								
a	Executive Director of Finance	**Dental Block Main Distribution Replacement**	BJC	£1-£1.5m	**In house design to progress from 8/11/21**	**R**	The potential failure of the electrical infrastructure within the building poses a significant risk insufficient resource to progress the scheme with all other projects that are being developed and managed	
b	Executive Director of Finance	**Lift Refurbishment Programme**	Feasibility	TBC	**Appoint designer to develop BJC** Multi quote with procurement - TBC	**R**	Number of breakdowns and issues being reported by the insurance inspector appears to be increasing. Lift spares are becoming obsolete, increasing the down time following breakdown.	**Multi quote with procurement to be issued**
2.1 OTHER SCHEMES								
a		**Rainbow Ward**	**Final Account**					**COMPLETE**
b	Executive Director of Finance	**Theatre 0 sterile store**	**On Hold**	Est £250k (in year spend)	**Tender evaluation complete**	**R**	Funding required Redesign to reflect recent remedial works undertaken	
c	Executive Director of Finance	**Maternity Air Plant**	**On Hold**	£470k inc. VAT	**Tender evaluation complete**	**R**	Funding required	
d	Executive Director of Finance	**Pembroke House Refurbishment**	Construction	£416k inc.vat	**Construction commenced 17th May 2021** Completion November 2021	**G**		
e	Executive Director of Finance	**Ward B6 Refurbishment**	**On Hold**		**TBC**	**ON HOLD**		
f	Executive Director of Finance	**Rowan House electrical supply**	Mobilisation	£28k	**Construction completion November 2021**	**G**		
g	Executive Director of Finance	**CRI SARC Interim Solution** Develop options for interim solution for SARC at CRI	Mobilisation	£340k	**Welsh Government approval 2nd Sept 2021** Anticipate construction commencement October 2021	**A**		**RFA for contractor awaiting signature by Execs.** Short form contract is being prepared
Item	**Executive Lead**	**Project Name**	**Status**	**Budget**	**Key Dates**	**Risk Level**	**Issues affecting programme / cost**	**Contract Status**
i	Executive Director	**UHW Tunnel Smoke Ventilation**	Construction	£260k	**Construction completion December 2021**		Delay due to asbestos Issues and delay on wall dampers	

h	of Finance					**A**	Awaiting completion dates of asbestos works	
I	Executive Director of Finance	**UHL Car Park Safety Fencing**	Construction	£67k	**Construction commencement 18 October 2021** Completion 29 November 2021	**R**	Delay to commencement due to materials, no impact on the completion date	
j	Executive Director of Finance	**Multistorey Car Park CCTV**	Construction	£160k	**Construction commencement Oct 21** Completion November 2021	**A**	Meeting with Head of Transport to agree appropriate phasing works	
k	Executive Director of Finance	**Security Hub TDSI Server Room**	Mobilisation	£67k est.	**Construction commencement end of November 2021**	**G**	Awaiting procurement report	**Awaiting procurement report**
l	Executive Director of Finance	**CPU EHO Report (Construction)**	Construction	£162k	**Construction commencement 20 September 2021**	**R**	Arranging temporary freezer	
m	Executive Director of Finance	**Ceiling tiles and lighting (Concourse Stairs)**	Construction	£106k inc.	**Construction commencement end of September 2021**	**G**	Awaiting procurement report	**Awaiting procurement report**
n	Executive Director of Finance	**Maternity Lift - No.9**	Tender	£354k	**TBC**	**R**	Meeting required with OTIS to discuss the quotation provided.	
o	Executive Director of Finance	**Tertiary Tower and Maternity Leaks**	Mobilisation	£77k	**Commencement to be agreed**	**A**	Programme to be agreed	
2.2 REQUESTS FOR URGENT CAPITAL FUNDING								
a	Executive Director of Finance	**Tertiary Tower Long term solution** Long term solution to electrical infrastructure in the Tertiary Tower	BJC	£2.2m	**Tender return 27/08/2021** BJC development TBC	**A**	Anticipate BJC - Approval required to appoint Healthcare planner. Multi quote process	Mini competition for healthcare planner
2.3	**Welsh Government Funding Programme for Targeted Improvements**							
a		**Estates Fire Safety Backlog**						
(i)	Executive Director of Finance	**UHW Tower Block 1 Fire Alarm system upgrade**	Mobilisation	£137k	**Construction commencement 01/10/2021** Completion 31/01/2022	**G**	PO received - awaiting agreement of start date	
(ii)	Executive Director of Finance	**Fire Safety – Community Based Facilities; Phase1**	Construction	£100k	**Construction commencement 09/08/2021** Completion 28/01/2022	**G**	AVALON Fire stopping undertaking survey works	
Item	**Executive Lead**	**Project Name**	**Status**	**Budget**	**Key Dates**	**Risk Level**	**Issues affecting programme / cost**	**Contract Status**
(iii)	Executive Director of Finance	**Fire Alarm Upgrades – Community Based Facilities; Phase 1**	Tender	£63k	**Tender returned 01/10/2021** Tender evaluation w/c 10/10/21 Construction commencement 23/11/2021 Completion 28/01/2022	**A**		
		Fire Alarm – detection system Upgrades Llandough Hospital	Tender	£184k	**Tender issue 15/10/2021**		Tender documentation with procurement for issue - 30 day lead	

(iv)	Executive Director of Finance				Construction commencement 12/01/2022 Completion 28/02/2022	G	time	
b		**Estate Infrastructure**						
(ii)	Executive Director of Finance	**UHW Main Vacuum Plant Replacement**	Tender	£405k (£223k)	**Tender Issue 15/09/2021** Tender return 01/10/2021 Construction commencement 09/11/2021 Completion 04/03/2022	R	Tender returned over budget £223 - £390. Reviewing tender returns.	
(iii)	Executive Director of Finance	**University Hospital Llandough Plantroom Upgrade**	Construction	£991k	**Construction commencement 27/07/2021** Completion 15/11/2021	G	Asbestos issues identified. Potential 2 weeks delay. Shutdown postponed due to clincial requirements	
c		**Mental Health Estate**						
(i)	Executive Director of Finance	**Community Based Facilities; Anti-ligature and other related associated building works**	Design	£50k	**Design completion 19/07/2021** Tender issue 05/11/2021 Construction commencement 11/10/2021 Completion 25/02/2022	G	awaiting site meeting with end users - Phoenix Centre and Park Road	
d		**Decarbonisation**						
(i)	Executive Director of Finance	**Air Conditioning Controls Scheme**	Tender	£688k	**Tender issue 17/09/2021** Tender return 22/10/2021 Construction commencement 22/11/21 Completion 04/03/2022	G	1 week extension to tender period for contractors	
(ii)	Executive Director of Finance	**Burner Replacement for UHW Centralised Boiler House**	Tender	£563k	**Tender returned 06/08/2021** Construction commencement 29/11/2021 Completion 24/01/2022	R	Overbudget £711 Progressing with first 3 within budget	Longer lead in time for materials
(iii)	Executive Director of Finance	**Control Valve Replacement Program**	Tender	£168k	**Tender evaluation 17/09/2021** Construction commencement 22/10/2021 Completion 30/01/2022	G	Tenders being reviewed due	
(iv)	Executive Director of Finance	**Pipework Re-insulation program**	Tender	£94k	**Tender Issue 17/09/2021** Tender return 17/10/2021 Construction commencement TBC Completion TBC	G	Tender documents with procurement for issuing to open market - 30 days	Survey of tunnels UHW undertaken. Development of schedule of works

Report Title:	**Shaping Our Future Wellbeing - Strategic Programmes Flash Reports**						**Agenda Item no.**		
Meeting:	**Strategy & Delivery Committee**						**Meeting Date:**	16th Nov 2021	
Status:	**For Discussion**		**For Assurance**		**X**	**For Approval**		**For Information**	
Lead Executive:	**Abigail Harris – Executive Director of Strategic Planning**								
Report Author (Title):	**Marie Davies - Deputy Director of Strategic Planning**								

Background and current situation:

Since the last Strategy & Delivery Committee meeting, the Strategic Programme Portfolio governance structure has been further refined and the Strategic Programmes Portfolio Steering Group has been overseeing the delivery of the 4 key Programmes:

- Shaping Our Future Clinical Services
- Shaping Our Future Hospitals
- Shaping Our Future Community Hospitals @ Home (in collaboration with the RPB)
- Shaping Our Future Population Health

In addition to overseeing the delivery of the Strategic Programmes, the SPPSG is also maintaining 'line of sight' with the Recovery Portfolio Programmes and the critical Enabling Programmes of Workforce, Digital and Infrastructure to ensure that dependencies and identified and managed to ensure alignment across projects and Programmes and also to prioritise resources.

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

Each of the Programmes now reports monthly to the Management Executive (ME) Strategic meeting using a Flash Reporting Tool and the most recent Flash reports are appended at Appendix A to this paper.

Appendix B provides a composite overview of the Strategic Programmes' portfolio as an aide memoire.

The Strategic Management Executive is responsible for overseeing Strategic Programmes' delivery and ensuring alignment with the UHB's Recovery Programme portfolio.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Current status, key progress, planned actions, risks and mitigations for each of the programmes are presented on the appended Flash Reports

Recommendation:

Strategy & Delivery Committee is asked to:

1. **note** the progress and risks described in the Programme Portfolio Flash Reports.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
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, click here for more information*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Shaping Our Future Hospitals

Date: 15/10/21

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

Exec Summary:
Amended PBC submitted. Feedback from WG verbally positive.

Headline measures:

Deliver SOC: 31/3/22 (at risk)

Overall Programme Report					
Programme Lead	Ed Hunt	**Programme Status**	**PBC resubmitted on 1/10/21**	**Next Major Milestone:**	**3/12/21 – WG run Infrastructure Investment Board to consider PBC**

Done this week:	Targets for next week:
• SOFH Committee held on 13/10/21 • PBC formally submitted on 1/10/21. SOFH Committee have been asked to endorse the revised PBC. • Positive verbal feedback from WG on the likely resource ask to fund the next stage work (SOC). A letter to be written to confirm the figure.	• Establish resource ask to WG to support the production of an SOFH SOC. To be delivered by 20/10/21

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Losing momentum after PBC	• Set challenging aspiration for SOC delivery	• None at this time
• Ensuring enabling transformation programmes are delivered	• Setting priority programmes & measures (outcomes framework)	• In progress

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

Shaping our Future Clinical Services

Update: 01/10/21

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

Exec Summary:
Engagement findings published & lessons learned report agreed with CHC.
Planning commenced with showcase, @home & DHI.
Cardiovascular and OG cancer agreed exemplars for pathway work

Headline measures:
Completion of 1st phase engagement
Development of scope, principles, structure & resources
Delivery of redesign methodology
Delivery of 12 month programme plan in line with SOFH
Commencement of exemplar pathway

Overall Programme Report					
Programme Lead	Dr Nav Masani & Victoria Le Grys	**Programme Status**	Limited programme resource	**Next Programme Milestone:**	Completion of showcase with strategic programmes Completion of exemplar pathways
		Previous Status	Limited programme resource		

Done this month:	Targets for next month:
• Showcase planning commenced to support next phase engagement • Initial planning to develop burden of disease case for change • Discussions commenced with CEDAR re support to programme • Discussion on diagnostics commenced • Continued links with COVID recovery programme • Engagement lessons learned report completed and templates developed • CHC SPC & CAVUHB S&D Committee updates provided	• Commence planning with Cardiology & OG Cancer • Develop strategic approach to community diagnostics alongside Matt T and Covid Recovery team • Stroke Thrombectomy support for workshops future care pathway • Development of burden of disease case for change with strategic portfolio partners • Prioritisation framework to be developed and tested

Major Programme Risks:	Mitigating Actions:	Decision / Intervention required from Execs:
Lack of resource to deliver required outputs in a timely manner. Lack of clarity around portfolios, scope and interdependencies will cause confusion within the organisation and loss of engagement with SOFCS programme.	Vascular planning phase nearing completion. Broader work being undertaken on strategic and operational portfolios to align work/language	• Champion programme as a part of the Strategic portfolio • Support to identify leads and change makers • Support for resource to enable programme

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

@Home / Shaping our Future Community Services

Update Date: 11.10.21

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

Exec Summary:

Programme scope and component projects and work streams developing rapidly. Strong partner engagement. Plans progressing to shift programmes into delivery phase.

Headline measures:
To be defined as part of programme scoping and mobilisation

Overall Programme Report

Programme Lead	**Cath Doman**	**Programme Status**	(amber)	**Moving into delivery phase. Delivery resourcing uncertain at present.**	**Next Major Milestone:**	• Defining and mobilising formal programme board structure for delivery. • Securing Recovery funding to support cluster expansion.
		Previous Status	(amber)	**Moving into delivery phase. Delivery resourcing uncertain at present.**		

Done this week:

- Meeting held to define project leads and delivery groups across the programme
- Detailed plans for engagement developed, with a plan to hold events in November
- Meeting held to develop links with Neighbourhood Nursing Model
- Further to confirmation of the next Accelerated Cluster Development sites, conversations held with the Community Directors and Locality Managers to ensure support network and resource available for delivery
- Emerging operating rhythm and internal programme communication channels developing
- Meeting with Public Health to bring them on to the programme board and to ensure closer alignment

Targets for next week:

- Project delivery teams being mobilised and detailed planning to begin
- Define and confirm Lightfoot analytical support across portfolio
- Continue planning with North and East cluster partners
- Interdependency mapping across SOFC/@home, SOFCS, SOFH
- Continue to address project delivery capacity concerns by specifying the resources required as detailed plans emerge
- Scope the legal requirements and any additional consulting required for the Vale Alliance
- Ensure accurate and up-to-date reporting through Verto is completed at a programme level to enable flashcard reporting

Major Programme Risk:

- Lose momentum as the programme shifts from scoping to delivery
- Not getting buy-in from service leads incl GPs
- Failure to align with other major programmes (SOCS, Primary care transformation, Recovery) and risk of gaps/duplication
- Digital capability and maturity to support multi-agency integrated care model
- Programme delivery and leadership capacity

Mitigating Action:

- Clearly defined programme scope and deliverables with clear governance
- Development of engagement plan
- Close liaison with PCIC leads and programme directors
- Interdependencies mapping across key programmes
- Digital maturity programme to be established across partnership
- Plans developed to redistribute current assets

Decision / Intervention required from Execs:

Nothing at present

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

Shaping our Future Population Health

Update: 2 November 2021

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

Exec Summary:

- Majority of Q2 milestones met
- Some work delayed due to ongoing Covid pressures on specialist PH capacity

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**	**Time constraints due to Covid-19 support**	**Next Programme / Project Milestone:**	See targets below
		Previous Status	**Not previously reported**		

Summary project status		Done this quarter:	Targets for next quarter –Q3 (Oct-Dec 21):
Systematically tackle health inequalities	Green	• Q2 milestones met	• Develop an engagement programme with ethnic minority communities
Healthy weight: Move More, Eat Well	Green	• Three NYLO educational programmes were delivered • Food Cardiff piloted two Good Food Neighbourhoods in Ely & Caerau, and Trowbridge and St Mellons	• Cardiff Good Food Strategy 21-24 launched • Baseline measures established across pre-school and school settings • Group education sessions in place for children and families weight management services (Level 2/3)
Sustainable and healthy environment	Amber	• Q2 milestones met except for Level 2 Charter publication delayed due to Covid pressures	• Publication of Level 2 Healthy Travel Charter
King's Fund recommended programmes	Amber	• No Q2 milestones as waiting for King's Fund report • Prediabetes work to progress in meantime	• No Q3 milestones as King's Fund report delayed until Q4 • Prediabetes work to progress in meantime
Vaccination and Immunisation	Green	• Q2 milestones met	• 80% Completion of Covid-19 Booster Programme for eligible groups (Dec 21)

Major Programme / Project Risks:	Mitigating Actions:	Decision / Intervention required from Execs:
• MMEW - Availability of future data to track overarching project outcomes • King's Fund – report delay from King's Fund until Q4	• MMEW - Concerns raised with PH observatory /HWHW surveillance T&F group	• No decisions or interventions required currently

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

Fortnightly Update

Portfolio Name: Recovery and Redesign

Date: 19/10/21

Exec Summary: Portfolio of programmes and projects established to deliver on the UHB Recovery and Redesign plans.

Headline measures: -

Delivered planned care IPDC trajectory of 70% of pre-covid activity by Q1 (71%)
Delivered 80% Q2 IPDC activity – Highest weekly volumes of activity since pre covid
CT – 107% precovid
US – 93% up from 77%
MR – 81 % precovid
Endoscopy @ 115% of pre covid activity

Overall Programme Report

Portfolio Lead	Hannah Evans	Programme Status	Delivery	Next Major Milestone:	

Focus to date

- ✓ Portfolio set up:
  - PDD in post with additional PM coming on board and additional adverts out
  - Roles, responsibilities and key leads identified for majority of projects
  - Project documentation in place and projects in flight for majority of projects
  - Infrastructure Steering Group with a site and capital focus up and running for > 4 weeks
  - Workforce hub established and meeting weekly to provide oversight to WOD elements
- ✓ First Portfolio Board meeting 8 September 2021 second meeting 6th October 2021
- ✓ Scoping of Benefits dashboard – first population of a mock up
- ✓ Scoping of Comms and engagement requirements - agreed additional coms resource to support Recovery
- ✓ Linkages with Digital established
- ✓ Lightfoot engaged to support next level of granular planning to support and track elective recovery
- ✓ Internal engagement (HSMB, Nursing Forum, Clinical Board meetings)
- ✓ Welsh Government communication ongoing (letter to update on progress against £13m and further update of bid submitted 17/08/21 – adjustments only for double counting and revised start dates)
- ✓ Agreement at Management Executive and Finance Committee to progress a number of business critical schemes at risk (e.g. unscheduled care schemes linked to winter plan)
- ✓ WG confirmed allocation of a further £11.5m for schemes and additional circa £2m for planned care, PACU and chronic conditions
- ✓ WG initiated reporting templates linked to activity
- ✓ Delivered on Quarter 2 commitments
- ✓ Planned Care and Unscheduled Care Programme Boards established
- ✓ WG confirmation of Planned care recurrent monies of£22.6m

Next Step Priorities

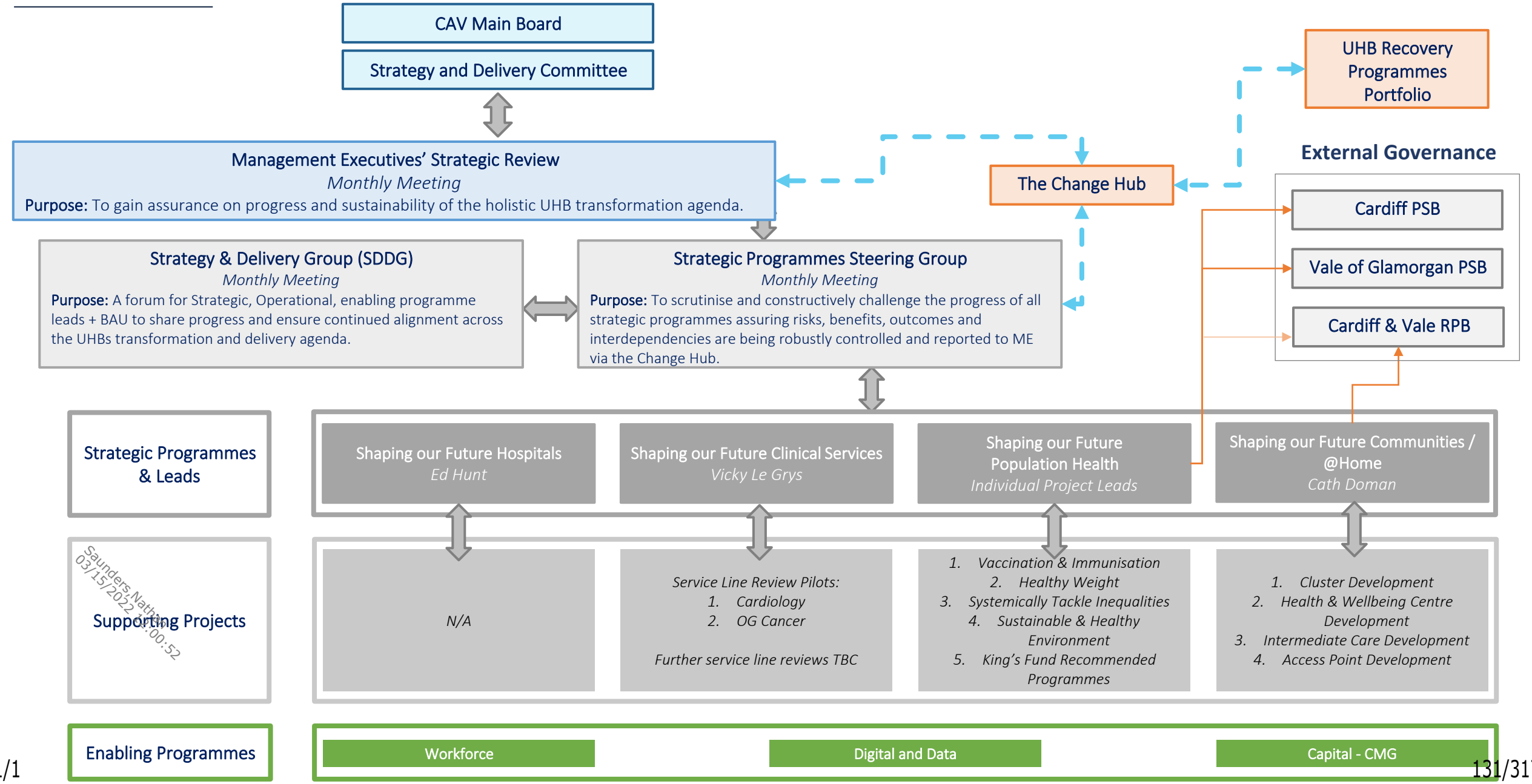
- Letter back to WG in response to recent letters
- Analysis of the recent Mth 06 review of all schemes and spend including forecast
- Agreement for approach to slippage
- Alignment across programmes
- Focus on recovery plans in targeted areas – CAMHS, USS, echo
- Establish informal network for recovery learning across Wales
- Recruit to Communications support and additional programme support
- Develop communications plan – link to discussions in Medical Leadership Team
- Iteration of benefits dashboard to track impact of R&R Portfolio post first Portfolio Board meeting
- Delivery of Q3 Recovery commitments for activity increases

Major Portfolio Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Resources - Delays on confirmation of funding could reduce intended impact/benefits	• Agreements already to go at risk for schemes that considered priority and will also support Winter.	• Ongoing discussions at Management Executives

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

Strategic Programmes Governance Structure

Appendix B



Report Title:	**People and Culture Plan**						**Agenda Item no.**	**3.3**	
Meeting:	**Strategy and Delivery Committee**						**Meeting Date:**	16.11.21	
Status:	**For Discussion**	**x**	**For Assurance**		**For Approval**		**For Information**		
Lead Executive:	**Executive Director of People and Culture**								
Report Author (Title):	**Workforce Governance Manager**								

Background and current situation:

To effectively meet the needs health and care needs of our population, we need to ensure that we can deliver our services closer to, or at, home as set out in our UHB Strategy. Attending hospital should only occur when it is not possible to provide care and/or treatment safely anywhere else. Achieving this is completely dependent on our workforce, but we cannot achieve this by things remaining the way they are. We need to transform the way we attract, train, continually develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core. This will include working with the Social Care to develop an integrated workforce.

The People and Culture Plan is our opportunity to improve the experience of our staff, ensure that the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent in the recovery period. We know that by improving our staff experience we can move towards a compassionate culture and improve the experience and outcomes of the people we care for.

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

At Cardiff and Vale University Health Board (UHB) we pride ourselves on being a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

The People and Culture Plan sets out the actions we will take over the next three years, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. The plan will also encapsulate what we will be leading through the next 6 months to assist with the Winter pressures.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

CONTEXT

The UHB People and Culture Plan will be aligned to three key documents:

- Shaping Our Future Wellbeing which sets out our intention to have joined up care empowering the person, care at home or close to home, delivering outcomes that

matter to people, and avoiding harm, waste and variation. Linked to all of this is our ambition to be a great place to work and learn.

- Workforce Strategy for Health and Social Care which sets out the ambition to have a motivated, engaged and valued Health and Social Care workforce with capacity, competence and confidence to meet the needs of the people of Wales by 2030. To ensure this alignment exists we have taken the same 7 themes, given them a UHB context and built our own objectives, but there will inevitably be overlap between our plan and the actions set out in this Strategy.
- IMTP – one of the themes this year is 'taking great care of our staff' with 4 priorities identified: timely access to support when needed; employment practices with a clear focus on inclusion; supporting staff as they develop in their career; and provising safe and healthy working arrangemnets and environments. This will be informed by the People and Culture Plan and the objectives contained within it.

The challenges faced by Cardiff and Vale, along with the rest of the NHS in Wales, include social, technological and demographic changes at the same time as the challenges brought about by the pandemic and the necessary period of recovery.

ABOUT THE PLAN

This plan is built around 7 themes which are based on the those set out in the Workforce Strategy for Health and Social Care, with an added emphasis on retention in theme 2 to recognise the importance of retaining our staff as well as recruiting new people:

1. **Engaged, motivated and healthy workforce** - to have a workforce that feels valued and supported wherever they work

2. **Attract, recruit and retain** - to recruit and retain the right people with the right skills

3. **Seamless workforce models** - to support the integration of Health and Social Care services, to deliver a seamless, coordinated approach from different providers, based on outcomes that matter to the person

4. **Building a digitally ready workforce** - to have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively and enhance their ways of working

5. **Excellent education and learning** - To ensure that education and development of the workforce remains a key priority, with an equitable approach to education provision and support for those who have additional learning needs.

6. **Leadership and succession** – to help our leaders display collective and compassionate leadership.

7. **Workforce supply and shape** - to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

Each theme has a Workforce and OD lead who is working closely with a named staff representative (Trade Union) lead. The People and Culture Plan can only be delivered through engagement and partnership working with our staff. We are committed to listening to them and will work closely with staff representatives in the development, implementation and monitoring of the schemes, projects and actions contained within this Plan.
The plan is aligned with the operational plan ensuring a whole system approach , working at pace to have the biggest positive impact that can adapt to rapid service change and seasonal pressures..

Attached as **Appendix 1** is a draft version of the Plan, describing our ambitions for each of the seven themes, the challenges faced and what we will do to address them. Also attached as **Appendix 2** are the objectives which accompany the plan and set out how we will achieve these ambitions. Some of what is set out in this Plan is already underway, but we will build on and expand current practice to make sure that we do things better. Other proposals are new and will require us to think differently to transform the way we work to meet the challenges we face.

Recommendation:

The Strategy and Delivery Committee is asked to consider and comment on the draft People and Culture Plan and Objectives.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*								

Cardiff and Vale UHB People and Culture Plan

INTRODUCTION

At Cardiff and Vale University Health Board (UHB) we pride ourselves on being a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

At Cardiff and Vale UHB our aim is to care for people and keep people well. We employ over 14,500 staff and provide health and well-being services to a total population of around 475,000 living in Cardiff and the Vale of Glamorgan. Our local population is growing rapidly, with Cardiff projected to be the fastest growing major British city over the next 20 years.

Our services include health promotion and public health functions as well as the provision of local primary care services and the running of hospitals, health centres, community health teams and mental health services. We work closely with other Health Boards and Trusts across South Wales as well as our local and third sector partners to provide a full range of health services for our local residents and those from further afield who use our specialist services.

As an organisation we are unashamedly ambitious for our population's health, rising to the challenges of today and tomorrow through our 10 year strategy, *Shaping our Future Wellbeing*, which describes how we seek to achieve our vision of ensuring that a person's chance of leading a healthy life is the same wherever they live and whoever they are. At its heart, our strategy has the desire to achieve joined up care based on empowering the person, home first, delivering outcomes that matter to people and avoiding harm, waste and variation.

CONTEXT

As well as being aligned to Shaping our Future Wellbeing (SOFW) Strategy and the overarching vision for Health and Social Care in Wales set out in *A Healthier Wales,* the People and Culture Plan shares the aim of delivering an inclusive, engaged, sustainable and responsible workforce, as described in the national Workforce Strategy for Health and Social Care. The importance of achieving this is supported by an increasing body of evidence, which correlates the inclusion, wellbeing and engagement of the workforce with the quality of health and social care experienced by the people we serve.

During the first and second waves of the Covid-19 pandemic, we have seen our staff adapt quickly to the challenges we faced: new surge hospitals were built at the Dragon's Heart Hospital and Lakeside Wing; new working patterns and new ways of working were adopted;

staff were redeployed to priority areas; there was rapid onboarding of new recruits; and we had to respond to the IPC requirements and Mass Vaccination Programme

Despite the challenges brought by the first and second waves, our staff came together and found new ways of working to maintain our essential services. We now find ourselves having to strike a balance, as we learn to live and work with COVID-19, while maintaining essential services, dealing with the backlog created and remaining Covid-ready. The demands on the UHB over the next 5 years will be unprecedented, as services return to normal following the pandemic and a recovery plan for dealing with increased patient waiting lists is implemented.

During 2020 and 2021 the usual planning cycle was suspended, but Welsh Government have now signalled a return to the 'traditional' planning regime, including a three year Integrated Medium Term Plan (IMTP). The IMTP consists of a number of themes, one of which is 'Taking great care of our staff'. Four priorities for this theme have been identified, along with deliverables for years one and two:

- Timely access to support when needed
- Employment practices with a clear focus on inclusion
- Supporting staff as they develop in their career
- Providing safe and healthy working arrangements and environments

The organisations' People and Culture Plan in embedded throughout the IMTP due to its integrated nature and will drive this theme over the next 3 years.

The challenges faced by Cardiff and Vale, along with the rest of the NHS in Wales, include social, technological and demographic changes at the same time as an ageing workforce and, of course, the challenges brought about by the pandemic and the necessary period of recovery.

ABOUT THIS PLAN

To meet our populations' health and care needs effectively, we need to ensure that we can deliver our services closer to, or at, home. Attending hospital should only occur when it is not possible to provide care and/or treatment safely anywhere else. Achieving this is completely dependent on our workforce.

At the forefront of this Plan is a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. The People and Culture Plan is our opportunity to improve the experience of our staff, ensure that the improvements we have made over recent years continue, and tackle face on the issues which have arisen as a result of the pandemic and subsequent recovery period. We know that by improving our staff

experience we can move towards a compassionate culture and improve the experience and outcomes of the people we care for.

This plan is built around 7 themes which are based on the themes set out in the Workforce Strategy for Health and Social Care, with an added emphasis on retention in theme 2 to recognise the importance of retaining our staff as well as recruiting new people:

1. **Engaged, motivated and healthy workforce** - to have a workforce that feels valued and supported wherever they work

2. **Attract, recruit and retain** - to recruit and retain the right people with the right skills

3. **Seamless workforce models** - to support the integration of Health and Social Care services, to deliver a seamless, co-ordinated approach from different providers, based on outcomes that matter to the person

4. **Building a digitally ready workforce** - to have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively and enhance their ways of working

5. **Excellent education and learning** - to invest in education and learning to deliver the skills and capabilities needed to meet the future needs of the people we care for

6. **Leadership and succession** – to help our leaders display collective and compassionate leadership.

7. **Workforce supply and shape** - to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

A series of implementation plans will be developed to take forward specific actions and deliver the People and Culture Plan. The following sections will describe our ambition for each of the seven themes, the challenges faced and what we will do to address them. Some of what is set out in this Plan is already underway, but we will build on and expand current practice to make sure that we do things better. Other proposals are new and will require us to think differently to transform the way we work to meet the challenges we face.

The People and Culture Plan can only be delivered through engagement and partnership working with our staff. We are committed to listening to them and will work closely with staff and staff representatives in the development, implementation and monitoring of the schemes, projects and actions contained within this Plan.

OUR CURRENT WORKFORCE

The UHB workforce is one of the largest in the Cardiff and Vale of Glamorgan areas. We employ over 14,500 staff, in more than XX types of roles, and together with volunteers, colleagues in social care and carers, have huge impact on our Community.

We have an ageing workforce, similar to the all-Wales position, with the largest age categories being aged 46-50 years and 51-55 years (approximately 2000 staff each). This trend has remained the same for a number of years, and it is vital that we understand the impact of employees retiring from service critical areas when undertaking local workforce planning. We are supporting them by making the Retire and Return and other flexible retirement options more accessible.

Agenda for Change pay bands 2, 5 and 6 have the largest numbers of staff. Continually reviewing skill mix and new ways of working is important in ensuring adequate future supply of skills in the right place and grade.

The majority (76%) of our workforce is female with an even split in this group of full and part time workers. Use of our employment policies such as the Adaptable Workforce Policy and our Flexible Working, Redeployment, Retirement, Agile Working Framework and Internal Transfer Procedures are crucial to retaining staff and keeping them engaged.

The majority of the workforce is white (80%) with 11% Black and Minority Ethnic Categories and 9% not stated. The Strategic Equality Plan contains a number of actions designed to help us make our workforce more reflective of our local population include inclusive recruitment and the development of a Black, Asian and Minority Ethnic staff network who will assist us in looking at how we can further increase our staffing from diverse communities. Our Values Based Recruitment training programme includes the effects of conscious and unconscious bias in the recruitment process.

Registered and non-registered nursing and midwifery staff make up 43% of the total workforce. Given that there is a recognised national shortage of registered nurses, the UHB continues to make nurse sustainability a high priority.

THEME ONE – Engaged, Motivated and Healthy workforce

We want to have a workforce that feels valued and supported wherever they work

It is important that our staff are engaged and supported in respect of their own health and wellbeing. We want to encourage a culture where the health and well-being is a priority for everyone. Our staff are at the heart of everything we do and are vital to the delivery 'Shaping our future wellbeing'. As a Health Board we need to ensure we are engaging with staff and ensuring we are a 'great place to work and learn'.

Feeling engaged is evidently good for workers. Most definitions of engagement describe employees who are healthier, happier, more fulfilled or more motivated. For organisations, research has repeatedly shown that measures of engagement go together with higher performance (CIPD). Within the NHS, West and Dawson (2012) showed that organisations where there is strong staff engagement:

- Have lower levels of patient mortality
- Make better use of resources
- Deliver stronger financial performance

They also found that patient's satisfaction was higher in organisations with better ratings for staff health and wellbeing

Employee engagement is a workplace approach which can create the right conditions for all members of an organisation to give of their best each day, be committed to their organisation's goals and values, be motivated to contribute to organisational success, and have an enhanced sense of their own well-being (Engage for success).

We need to ensure this is meaningful to staff, as it is about them thinking and acting in a positive way about the work they do, the people they work with and the organisation that they work in. To help deliver this vision we will develop a staff engagement strategic framework and promote staff engagement as a way of improving the experiences not just of our workforce, but our patients as well.

The challenges we need to address include:

- That staff are feeling exhausted and experiencing burnout
- To ensure that the existing communication channels are enabling our staff to be involved and informed of training, how to participate in surveys and how they can have a voice
- Staff have stepped into new roles at short notice without support and training
- Staff time to be released for training interventions and to recognise others to nominate for awards

HEALTH & WELLBEING

The health and wellbeing of the workforce is fundamental to the achievement of our strategy and vision. Having healthy**,** stress-free and well-motivated employees will support better staff retention rates and lower levels of sickness and presenteeism (i.e. turning up for work despite being unwell).

Health and Wellbeing at work is about the organisation, its staff and trade unions and, sometimes, outside agencies working together to improve the working environment. This is achieved by promoting active participation in health activities and in doing so, maintaining and improving the health of the workforce.

As a Health Board we prioritise the well-being of our staff by developing a wellbeing plan and progressing key themes identified from the work undertaken by the Health Improvement Team (HIT).

The HIT have identified 6 keys themes from their engagement work, these are;

- Wellbeing – to ensure this is integrated, accessible and normalised
- Respect - which is multidirectional and embedded
- Training & Education – which is prepared developed and accessible
- Management & Leadership – so our staff are supported, effective and visible
- IT & Communication – which is clear, fair and consistent
- Physical environment & facilities – which are modern and fit for purpose

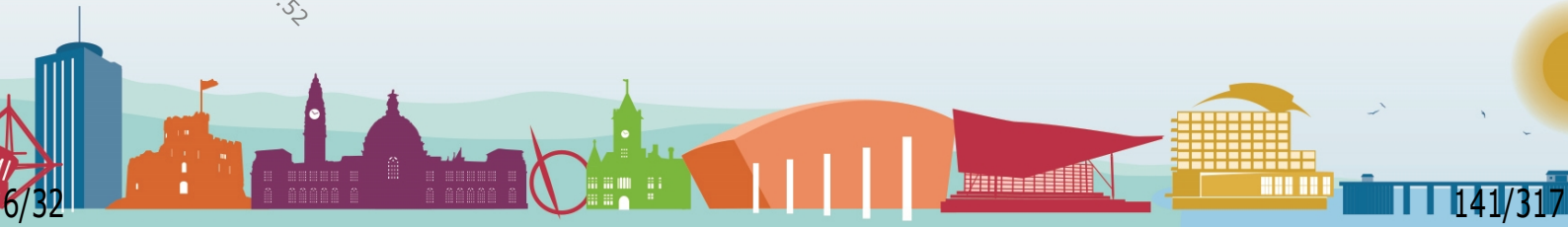
DEVELOPING A LEARNING CULTURE

As a Health Board we are committed to supporting our staff at all levels to develop, grow and achieve their full potential by developing a coaching culture throughout our organisation.

Coaching is a well-established method of providing effective, tailored development support to staff. By introducing coaching as a development method, we aim to empower, motivate and develop staff to improve their optimum personal performance.

Our investment in the development of coaching skills at all levels within the Health Board will ensure that staff are able to benefit from coaching support and also to develop the foundational skills to support others by using a coaching approach.

Ultimately our aim is to develop a culture across the organisation in which coaching is seen by all staff as a positive way to develop themselves, their teams and their services in support of our values and to provide the very best health care for the community we serve.



We also want to offer team development initiatives to improve relationships and morale amongst teams. It is important that teams work together with a shared vision and understand their role in achieving this.

We will offer team development interventions that will; –

- Using Aston team Development principles to develop an interactive toolkit for managers / team leaders to utilise with their staff.
- To develop a commissioning model to manage team development facilitation requests.
- To develop a library of alternative team development interventions with Learning Education and Development.
- Continue to embed the UHBs values and behaviours within existing processes I.e. values based recruitment, values based appraisal
- develop the culture, mind-sets and behaviours through various training and development interventions

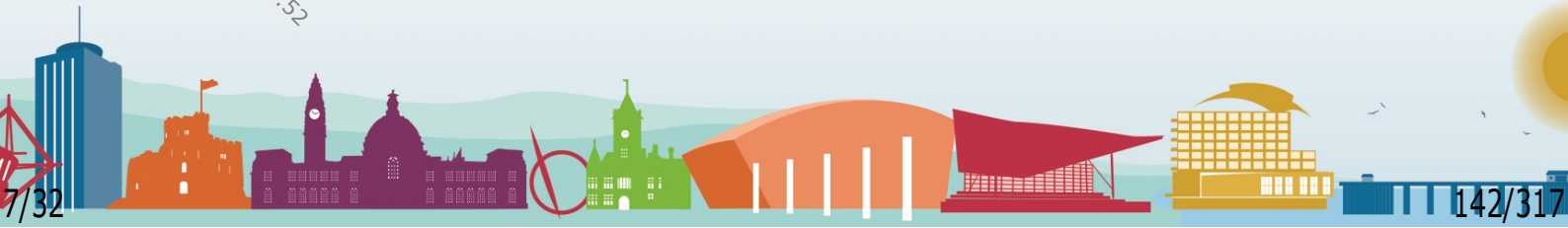
MEASURING STAFF ENGAGEMENT

A key priority is to increase our response rate to the NHS Wales Staff Survey, improve our engagement score and support the development of a more engaged workforce who can deliver our Strategy.

In addition to the staff survey, the following are being used locally to engage staff and to seek feedback to develop and improve our work

- Pulse Surveys
- Focus Groups
- Working Groups
- Regular meetings
- Medical Engagement Index

We understand it is not easy to raise a concern and that it can be difficult to know what to do. The Freedom to Speak Up initiative was introduced to help create an environment that enables and empowers staff to raise concerns they might have or observe in their area of work and to notify the relevant person with the knowledge that action will be taken as a result. After an exceptionally challenging eighteen months, it is important now, more than ever, to address concerns promptly and appropriately. We will encourage staff to raise concerns directly with their manager, through their Trade Union or HR, or through the Freedom to Speak Up helpline.



REWARD AND RECOGNITION FOR OUR STAFF

We believe that developing a culture whereby our staff are rewarded and recognised, both formally and informally, drives excellence in customer service and patient care. We want to ensure that we develop a culture whereby everyone feels valued for the work they do and recognised for the contribution they make, throughout the UHB and in line with our values

We will do this by:

- Hosting a UHB wide Staff Recognition Awards Ceremony
- Promoting local recognition events through the Clinical Boards
- Locally, via the values based appraisal process
- Ensuring there is recognition for staff undertaking training and development

THEME TWO – Attract, Recruit and Retain

We want to recruit and retain the right people with the right skills

The ability to deliver high quality, compassionate care is dependent on recruiting and retaining individuals with the right skills, abilities and experiences. This has become increasingly difficult following the service pressures and staff resilience associated with the Covid 19 Pandemic. The current climate has created a shortage of suitable candidates in many professions, which has, in turn, created a more competitive market and requires us to think differently about how we attract and recruit new staff. However, we cannot just depend on bringing new people into our workforce; we need to improve how we retain, manage, develop and look after the wellbeing of our existing staff.

The challenges we face and will address under this theme include:

- Large scale vacancies in some professions and hard to fill roles both within the UHB and nationally
- Difficulty sourcing people with the correct level of experience, qualifications and skills.
- High vacancy levels across many sectors of the UK labour market (1 million vacancies – Aug 21)
- Only 61% of our staff would recommend the UHB to friends and family as a good place to work and only 54% of our staff look forward to going to work*
- Turnover in some of our staff groups/areas is higher than the national average
- National shortages of some professions, e.g. registered Nurses, doctors in specialities such as Emergency Medicine, Anaesthetics, Urology and Respiratory
- High competition from neighbouring Health Boards
- Challenges in increasing capacity during winter and for recovery schemes
- High reliance on agency and bank workers
- Ageing workforce

*Staff Survey results August 2019

We have recently established a Resourcing and Transformation Team which allows us to have a whole systems approach to attracting, recruiting and retaining staff. The following programmes of work will address our key challenges by improving our planning, our reputation, how we recruit and the types of roles we recruit as well as how we will encourage our existing staff to stay. It will also try to identify solutions to increase the workforce supply for the growth in services as part of the recovery schemes and seasonal demand for additional beds.

ATTRACT

Although we are not able to influence the actual supply of registered workforce in the short term, we can concentrate our efforts on attracting those candidates who are already out there by improving the branding of the UHB, promoting the benefits of working here and targeting specific groups in society. It is important to distinguish how we attract the different generations as the methods for promoting our careers for Generation Z and Millennials (9-24 year olds and 25 to 40 year olds) will be different to the Baby Boomers (57-75 year olds).

There are over 300 different job roles within the NHS and yet many people do not realise this and only think of 'traditional' roles such as medicine and nursing when they think about the health service. Promoting the vast variety of roles available at all levels will be a key factor in increasing the supply of suitable applicants and widening our workforce.

In order to attract the many experienced and skilled potential candidates and informing them of the career opportunities we offer, we need a clear strategy for specific targeting of advertising and recruitment. These groups will include:

- Ex-military personnel
- Refugees
- Black, Asian Minority Ethnic groups within the local community
- Schools and Universities
- Shrinking sectors – retail, companies making redundancies etc
- People with disabilities (via Remploy, Access to Work, Elite and Cardiff Recovery College)
- LGBTQ+
- The homeless via Shelter
- International recruitment
- Unemployed Sector

Entry into the UHB will also continue to be promoted more widely through opportunities such as Kickstart, the Apprenticeship Academy, Return to Practice and the Graduate Management Trainee Scheme.

During the pandemic, many individuals from sectors such as retail and hospitality were made redundant and subsequently applied for the temporary positions that were available within the UHB. These included roles such as Dietetic Assistants, HCSWs, and Admin and Clerical roles. Some of these staff had such a positive experience they have decided to pursue a career in the NHS with a few now applying to undertake their nursing degree. These staff would have been lost if we had not actively promoted the opportunities available to them at that time.

Potential applicants may be put off applying for jobs with us due to lack of experience, not having the correct qualifications or just an unawareness of the opportunities available. This will be addressed by the following initiatives:

- Support the enhancement of the brand and reputation of Cardiff and Vale UHB as 'a great place to work and learn'.
- Providing work experience – and not just for school pupils
- Kickstart, Apprenticeship and Graduate Schemes.
- Promotion of 'Staff Stories' – such as a 'Day in the life of…' or how they got the role that they are in.
- Agile Working which provides more flexibility to work from home, opportunity for better work life balance for our staff, reduces the need for office space and also reduces the carbon footprint of not having to travel to work.
- Open days for specific department where their careers can be promoted.
- Improved and more sophisticated advertising, marketing and branding.
- Development of a Recruitment Event Calendar.
- Promotion of the Bank/Flexible working for many professions and roles.
- Introduction of Health Ambassadors who would volunteer a couple of hours a month to promote their roles and take part in careers events.
- Introduce new career website with new recruitment materials.

RECRUIT

In comparison to other organisations, the NHS recruitment processes can be viewed as long and complex and this can act as a deterrent, particularly to those looking for lower skilled roles.

We need to find a way of providing a different, more streamlined approach to recruitment, within the confines of the NHS Jobs and Trac recruitment systems, to ensure we provide candidates with a positive experience. The following initiatives will assist with this:

- Reducing time taken for candidates to be recruited
- Job adverts containing links for further information relating to the benefits for working at Cardiff and Vale UHB, further information about the role and departments they are applying to etc. and a recently launched recruitment brochure
- Giving candidates the choice of either 'in person' or 'virtual' interviews
- Streamlining the recruitment process in conjunction with Shared Services.
- Improving methods of recruitment utilising Values and behaviours framework.
- Reviewing recruitment processes to ensure they are inclusive.

- Enhancing recruitment & selection training for managers – Values Based Recruitment.
- Using equality and diversity legislation for Positive Action.

At the present time, the vast majority of posts are advertised on NHS jobs which can potentially narrow the field of potential applicants as the opportunities available are only visible to those who specifically access the NHS Jobs website. To improve and increase the number of applicants the following will also be explored and used:

- Jobcentre Plus
- Social Media
- Careers and Recruitment Events
- Local Radio
- Local Advertising (on buses, billboards etc.)
- Recruitment agencies
- Targeted advertising and promoting in underrepresented communities

By using a broad range of communication channels, it will enable us to reach a wider audience made up of different ages and diverse backgrounds to maximise our reach to potential new employees.

RETAIN

There is significant evidence (Kings Fund 2016) that retaining skilled and competent staff improves patient experience, the overall quality of patient care and staff satisfaction. Improving retention is driven by the culture and actions of leaders, underpinned by robust policies and effective transactional processes.

All organisations require a healthy level of staff turnover, but the challenge is to find the right balance between turnover and retention by understanding what is going on across the Health Board.

Whilst we aim to increase the number of applicants being appointed to the UHB, one of the key challenges will be retaining our existing staff. Turnover of staff as at July 2021 is 7.01% across the entire UHB. However, across the Clinical Boards, it ranges from 5.13% to 14.3%. The turnover rate for Band 5 nurses is 13.44%, which is well above the target of 7%-9%. A complete work programme to reduce turnover has recently been implemented and involves a number of far reaching initiatives including the following:

- Improving staff engagement and health and wellbeing

- Building line management capability
- Improving the accuracy of workforce data and use to identify trends
- Providing dedicated support to new recruits to help them settle into the role, e.g. stay conversations, career conversations, international staff support, etc
- Providing the opportunity for feedback on staff experiences in first 6-12 months.
- Promoting a range of flexible working arrangements
- Widening the Internal Transfer Scheme that has been implemented for Band 5 Nurses to all groups of staff
- Internal Development and Succession Planning
- New role development programmes
- Nurse Retention Steering Group – continuous feedback and learning
- Enhancing the exit interview platform to improve our data on why people leave and what we can do about this

Theme 3: Seamless Workforce Models

We want to support the integration of Health and Social Care services, to deliver a seamless, co-ordinated approach from different providers, based on outcomes that matter to the person

Central to the successful delivery of transformed care will be the re-balancing of services and workforce between secondary and primary care. We will support the integration of Health and Social Care by fostering a culture of inclusion and belonging as well as working closely with partners in social care, voluntary and independent sectors and supporting the contributions of a much wider workforce including unpaid roles such as carers and volunteers.

In order to achieve this ambition, we require whole system working with a shared vision, aims and outcomes built on strong leadership, and an engaged and motivated workforce who are appropriately skilled and empowered to work more flexibly to meet the needs of our local population. Partnership working with our key stakeholders and trade union and professional bodies will remain at the heart of everything we do.

The challenges we face and will address under this theme include:

- requiring our workforce to embrace new ways of working in teams, across organisations and sectors, aided by technology
- developing existing roles, building new/advanced roles, skills and capabilities in areas that we have not done so before
- enabling and empowering the workforce to work to the 'top of their licence' or scope of practice
- providing the right climate to allow innovation, creativity and drive to find solutions to new problems for real and lasting change
- harness the right skills, in the right number, at the right time, therefore, reducing duplication, waste and avoiding harm wherever possible
- building a digital ready workforce who can embrace technology in delivering services so that access and geography are not a barrier to meet the future population health and care needs but provide further opportunity for better access and efficiency
- breaking down organisational barriers

STRATEGIC AND WHOLE SYSTEM WORKFORCE PLANNING

The majority of our workforce who are with us today, will also be with us into the future. It is important that we recognise the knowledge, skills and expertise they hold and how we can enhance the potential they have now and in the delivery of our future ambitions.

We recognise there are challenges and demands on services and on our workforce, such as shortages in some key critical roles. This means we have to be creative by focusing on building a new integrated, multi professional and multi-agency workforce, transforming traditional roles and introducing new ways of working to support our local population needs. This will be achieved through:

- Releasing capacity through skill mix and advanced/extended roles which will support the future workforce shape and supply
- Developing the workforce to provide patient centred care across health and social care, which will enable our people and citizens to be more independent and responsible for their own heal
- Building a future workforce through apprenticeships, Kickstart etc
- Looking at technology to help us where we can be more effective

Our workforce will need to be more flexible and agile to deliver holistic, person-centred, health and social care, to respond, where organisational and professional boundaries will not get in the way of doing the right things.

CULTURE

A clear, integrated shared vision and purpose will be created to help people connect and underpin the transformation we want to see.

This will enable and support integrated working that is delivered by a system wide workforce from across health, social care and public sector bodies, private and voluntary provider services, volunteers and carers. We will build upon the work already begun through 'Amplify' and our current strategy, working with partners, through alliances and partnerships.

To harness the changes to the way we will work together, our values and behaviours will be reviewed to ensure they are integrated across the whole system and represent the outcomes we want to see. Engagement across the integrated service will be key to ensure commitment from our workforce and to enable a sustainable culture change over time. Compassionate leadership will also be essential in creating an integrated health and social care culture, which focusses on the future needs of our population and not on system and organisational boundaries.

COLLECTIVE AND COMPASSIONATE LEADERSHIP

High quality health services, holistic care and support, centred around the person, can only be provided with collective, compassionate leadership and the engagement of our workforce. If we want to represent the population that we serve, we need to ensure that the wellbeing

of our workforce is at the centre of our Plan, as well as promoting equality, diversity, inclusion and the Welsh language. Working together across organisations and sectors will improve the retention of our current workforce, as well as attracting new people into health and social care.

Strong leadership and management skills are key in building a culture of compassionate and collective leadership which will attract, continuously support and develop a flexible and agile workforce who feel valued and are valued, by an inclusive and responsive health and social care system. It will be essential that we continue to build these skills to meet the desired outcomes and the plans to do so will be addressed further under Theme 5 and 6.

ENGAGEMENT OF THE WORKFORCE

Population health and care will require multi professional, multi-disciplinary and multi-agency teams, working collaboratively through a more social, rather than medical model of care. Roles such as wellbeing co-ordinators, social prescribers and peer workers will support the change in focus and build the wider workforce.

This Plan will support co-produced, integrated workforce plans, wrapped around the person, with excellent team working doing the right things in a seamless way. To deliver these outcomes will require ongoing engagement with the workforce and key partners to support local decision making.

One of the key priorities and challenges in building our future workforce, will be agreeing an integrated engagement plan across health and social care. Without this, change will be difficult to achieve and even more difficult to sustain.

STRUCTURE

How we are structured will also be key to supporting the transformation we want to see. The structure needs to be flexible to meet the changing needs of services, removing barriers to accessing the right health and care workforce and helping individuals remain as close to home as possible. This will require different workforce models and teams, where decision making can be made closer to the person, while remaining within safe and professional standards delivered by a more agile and digitally enabled workforce.

Developing and implementing a clear integrated health and social care structure will be key to enabling the transformation of our services and workforce. Clear lines of managerial and professional accountability and responsibility will be essential, with an emphasis on reducing waste, avoiding duplication and eliminating harm.

LEARNING AND SKILLS DEVELOPMENT

The development of new models of care will present opportunities for our workforce to work differently and more flexibly, requiring an ongoing programme to identify the key and common competencies and skills needed to meet our ambition. This will require the Workforce and OD community to work together across organisations to build an integrated and consistent approach to education, learning and development that crosses traditional organisational and sector boundaries.

This will include enhancing the scope and skills of our workforce as well as sharing knowledge, experience and capability across health and social care. The health and social care sector have a wealth of learning and development opportunities, which will need to be shared and developed into an integrated framework to deliver our future workforce learning needs.

LOCALISED EMPLOYMENT ARRANGEMENTS

Harmonised governance, regulation and registration arrangements to facilitate multi-professional and multi-agency working will be a significant challenge, but should not get in the way of delivering the best outcomes for the population. We will work with key partners, Welsh Government and HEIW to explore the details of fair systems and processes that keep our workforce appropriately rewarded, valued and support career development. This will be an ongoing process to attract, recruit and retain a sustainable workforce to deliver the health and social care needs now and into the future.

The priorities will include developing harmonised terms and conditions, equitable pay and reward systems, policies and procedures and promotional opportunities.

THEME 4 – Building a Digitally Ready Workforce

We want to have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively and

Technology is playing an increasingly important role in our day to day working practices, with the pandemic highlighting the importance of having a workforce which has access to technology and the skills to use it. There has been accelerated progress both in terms of the development of technologies and the pace at which these have been rolled out to the workforce. This has already had a positive impact and even enabled many to adopt new ways of working, including the ability to work in an agile manner.

However, this has not come without its challenges:

- staff have had to rapidly upskill themselves, in already challenging circumstances, to make use of these technologies
- the implementation of these technologies, in part due to the rapid roll out required to meet the needs of the workforce, has highlighted issues with the design of these systems
- it has resulted in new challenges for staff, with the regularity of Teams meetings and volume of email correspondence being highlighted as key issues
- perhaps most significantly, whilst the adoption of new technologies has assisted the workforce and raised the bar of what is possible for many, this has not yet been universal and the digital divide between those with access and those without is perhaps wider than ever before

It is recognised that in order to overcome this and develop a digitally ready workforce, a number of steps will have to be taken, with initial actions laying the foundation by which we are able to make progress. The objectives detailed below aim to reflect that.

ACCESS

To overcome the barrier of access to core technologies, all staff should be provided with access to our main IT systems. This underpins everything else on the agenda of developing a digitally ready and capable workforce, as it is not possible to do this most effectively where sections of the workforce are denied access to IT systems. Once that is in place, all staff should be provided with an Office 365 account, which will allow them to access additional core technologies, including email. Providing staff with access to these technologies demonstrates a more inclusive approach by offering equitable access for all and will help work towards reducing the digital divide.

In order to achieve this, we will work closely with IT for the creation and administration of accounts, and initial discussions are currently underway to make this a reality.

SKILLS

In order for staff to be digitally ready, they will need to develop a core set of skills.

This will be reliant on first defining what those core skills are, assessing the current levels of digital skills amongst staff and then implementing relevant interventions with the aim of upskilling staff. This may be a combination of signposting to existing offerings available (e.g. training packages already developed by Microsoft), engaging with external training providers to run sessions and developing internal training packages and resources.

Consideration will also need to be given to different ways of working and systems used within specific departments and Clinical Boards.

In order to achieve this we will:

- Identify and quantify the systems already in use across the UHB.
- Create a digital skills framework for staff.
- Conduct a skills assessment to identify the current competency levels of staff against the standards within the framework.
- Provide and develop materials and training opportunities.
- Continue to assess digital skills amongst staff to continually identify and address skills gaps
- Adopt a proactive approach: providing training in line with system introductions and updates (where possible)

WELLBEING

It has been recognised that digital technology has had a significant impact on the way people work and whilst much of this has been for the better, it has caused new challenges. It is necessary, therefore, for us to develop practices and procedures which enable us to use digital technology effectively, whilst enhancing staff wellbeing.

The adoption of technologies, coupled with changes in working practices including agile working, has resulted in a marked increase in the use of systems including Teams and email. Examples of the new challenges have emerged as a direct consequence include the volume of email traffic, the quantity of Teams meetings and the nature of the way these are organised meaning that, in some cases, staff can have a number of back-to-back Teams meetings scheduled. Some individuals are reporting Teams fatigue and the lack of opportunities to take adequate breaks away from a screen and this will clearly have an impact on their health and wellbeing.

To support staff and promote healthier ways of working, guidance on how to maintain our wellbeing while working digitally will be developed and communicated widely.

Some individuals have also commented on the volume of emails and the timing of these, with some staff regularly receiving emails outside of their usual working hours. Comments seem to suggest this is compounded by the use of personal devices to pick up emails. This may be more challenging to address, due to the 24/7 nature of the service and as the use of personal devices is a personal choice, often out of convenience, that is not expected. However, guidance on 'email etiquette' will be reviewed and re-issued to take this into account.

AGILITY

The use of technology has made agile working a reality, with the adoption of laptops and Office 365 has certainly made it easier for staff to work in an agile manner. However, some barriers remain, and more needs to be done to enhance this experience for the workforce to make it seamless and to ensure that we maximise the benefits of agile working for the organisation, service and *individual.*

INNOVATION

The rapid rollout of technology has certainly helped us in unprecedented times. However, we cannot rest on our laurels and need to ensure we keep abreast of enhancements to existing systems and explore new emerging technologies which may have a positive impact on the workforce.

Over the next 3 years, as part of this Plan, we will continuously strive to foster innovation through the exploitation of current systems and adoption of new technologies.

To achieve this, we will identify examples of best practice either internally or externally (other HBs and other organisations) and evaluate solutions that could benefit the whole UHB.

THEME FIVE - Excellent Education and Learning

We want to invest in education and learning to deliver the skills and capabilities needed to meet the future needs of the people we care for

The provision of high-quality education and development is fundamental requirement which enables NHS organisations to provide safe, high quality care and helps NHS staff to feel valued, motivated and resilient. Cardiff and Vale UHB is committed to ensuring a highly skilled and capable workforce with the values and behaviours necessary to support effective service delivery, the UHB strategy and the COVID recovery plan. It is equally vital that our staff have access to the education, development and support they need to develop competence, enhance their skill set and ultimately progress their careers in Cardiff and Vale. This investment in our workforce is critical as all staff groups continue to face the multitude of challenges brought by the pandemic and the recovery plan.

We have an educational infrastructure which is highly responsive to service needs and actively supports the delivery of the organisational strategy, associated workforce developments and service transformation. Education teams work flexibly to deliver education in line with workforce priorities. This has been well evidenced during the pandemic where teams delivered a multitude of programmes to support the redeployment of staff, the delivery of new services, the development of new roles and mass recruitment strategies. Education and workforce teams work in close collaboration to ensure that learning, education and development activities support recruitment and retention activity and workforce redesign. A wide range of education improvement activity is currently being undertaken to support the development of both new clinical roles, from entry level apprenticeships to consultant practitioners, and our leaders and managers.

We are a University Health Board and as such are committed to the delivery of high-quality practice learning placements for a wide range of undergraduate students from all healthcare professions. The students who study nursing, the allied health professions, medicine and health sciences are our future workforce and are welcomed as part of our team. Each year they make an excellent contribution to the care of our citizens across Cardiff and the Vale thanks to the exceptional support provided by the registered healthcare professionals working with them in practice. Over the last four years the launch of flexible undergraduate nursing programmes has meant that we have been able to grow our own nurses from our healthcare support worker workforce, and in 2023 flexible programmes will launch for both Occupational Therapy and Physiotherapy.

We will continue to use our Apprenticeship Academy to enable entry level apprentices to work and learn across varying departments in the UHB and continue to work with us at the

end of their apprenticeship. The Academy also supports our existing staff to undertake fully funded apprenticeship opportunities.

It is an exciting time for education in Cardiff and Vale as work to redefine the educational infrastructure advances at pace. A robust UHB wide educational strategy is now required which will support workforce priorities and drive forward the vital education and development needed by all staff groups across our workforce. We value the contribution of all staff groups across the UHB and it is vital that we have a strategy that encompasses the development needs of all of our staff.

The key challenges that we are facing are:

- Unprecedented workforce pressures are significantly compromising the ability to release staff to access learning, education and development opportunities
- Funding limitations and limited uptake of externally funded learning opportunities
- The impact of the constraints imposed by the pandemic upon face to face learning. Whilst this has led to innovation and the implementation of digital learning, care needs to be taken to ensure that we continue to meet the learning needs of those who need face to face training.
- Leadership, management and clinical education is well established, however, there are limited development opportunities for many other staff groups which need to be addressed.

This theme has been designed to:

1. Ensure that the education and development of the UHB's workforce remains a key priority across the UHB
2. Foster an inclusive culture which values the contribution and development needs of all staff groups, ensures an equitable approach to education provision, and supports those who have additional learning needs.
3. Develop creative and transformational approaches to education and development which will mitigate against the challenges that we face and support:
    a. The delivery of the organisational strategy and the associated service transformation, including integration of health and social care
    b. Workforce redesign;
    c. Recruitment and retention activity;
    d. Patient safety
    e. Staff wellbeing
4. Continue to develop and maintain strong working relationships with external stakeholders e.g. HEIW, local universities, social services and other public services, and national professional groups.

5. Raise awareness of the education infrastructure and market existing development opportunities and how development can support the multitude of career pathways that are available in the UHB.
6. Review the educational infrastructure, education provision and future needs to inform the development of the organisational education strategy.
7. Enable collaborative partnerships which work to increase access to educational funding for UHB staff and raise the profile of funded educational opportunities.
8. Foster a culture of interprofessional and cross system education which enables staff professions to learn from each other and enable joint professional leadership of education initiatives.
9. Ensure a flexible and responsive approach to in-house education delivery which will meet organisational priorities and utilise a wide range of blended learning strategies.
10. Ensure that education teams have the necessary infrastructure to meet the learning, education and development needs of our workforce

THEME 6 – Leadership and Succession

We want our leaders in the health care system to display collective and compassionate leadership.

Today's operating environment requires leadership practices which are based on inclusivity, influence and authenticity, rather than authority; shared ownership, rather than responsibility vested in the few. We want to improve our leadership potential within the organisation because we believe that if we get this right then all other good practice and improved performance will follow.

Recognising the link between leadership, staff wellbeing and inclusion, and the impact they have on outcomes for the patients and the people we serve is important as we move forwards.

Leadership skills development remains a key focus as we continue to invest in building leadership capability. The focus of our leadership development at all levels is on networking, coaching and mentorship; not only across the organisation but also across health and social care and the Third Sector, with organisations coming together to share practice and insight in a dynamic and supportive environment. This supports and stimulates leaders to solicit new ideas and innovative solutions from each other, their teams and industry which will encourage them to present ideas that are different from their own to support continuous improvement.

What are the challenge we face and will address in this theme?

LEADERSHIP

Effective talent and career development are necessary for the sustained motivation and retention of employees, no matter what their level in the organisation, and must be a key leadership consideration. There is a clear link between leadership and organisational performance, development and culture, and employee engagement. Furthermore, it is recognised that, through the development and promotion of the desired leadership qualities, we capitalise upon our leaders' strengths, progress and opportunities to create a values-based culture and environment.

We will provide opportunities for leaders and managers at all levels to develop skills appropriate for their roles by:

- Defining what excellent leaders and managers look like at different levels.
- Offering a breadth of accessible development opportunities (e.g. programmes, short masterclasses, coaching) that meet these needs.

- Signposting staff to relevant developmental opportunities both internally and externally.
- Embedding a timely and robust evaluation process to further enhance offerings in this area.

Compassionate Leadership Principles

Being treated with compassion helps us to feel safe and valued, which improves our cognitive function and wellbeing, and in turn we become more engaged and our performance improves. We will embed the principles of compassionate leadership across the organisation, and **e**nsure our current leaders exhibit the principles of compassionate leadership. Furthermore, we will

- Recruit leaders and managers with compassionate leadership skills (not just clinical skills)
- Nurture everyone's leadership capability wherever they are in the hierarchy
- Embed the principles in all development and training

A coaching and mentoring culture

Staff, particularly younger staff, gravitate to leaders who will coach them to success. It is important to develop coaching and mentoring competencies, and look for those skills in our current and future leaders. An important first step is to identify and support individuals who are currently qualified coaches across the organisation, to build a comprehensive network and to ensure that this is expanded by supporting staff currently enrolled on coaching programmes and offering opportunities to others who are interested.

In addition, we will embed a coaching and mentoring culture by:

- Considering coaching and mentoring skills as part of the recruitment process Recognise and praise coaching and mentoring skills during one to ones and appraisals
- Offer opportunities at all levels to develop coaching and mentoring skills
- Ensure new managers in critical roles receive coaching during the first few months in role

SUCCESSION

Whilst work currently taking place around talent management and succession planning is good practice, it has also been triggered by an emerging crisis in the recruitment of middle and senior leaders across the UHB, and the increasing number of roles held by individuals on an interim basis. This situation can create instability in teams and impact on the morale and

workload of existing staff. This is also exacerbated by the fact the UHB has an ageing workforce.

In order to identify potential leaders at all levels and in different roles across the organisation, we will measure leadership skills against the values and behaviours of the organisation and use the information collected from the Values Based Appraisal process.

Robust succession planning processes to support the recruitment to critical leadership roles will be embedded through:

- Identifying critical roles within the organisation, to aid with succession planning
- Identifying the key skills and qualities required for individuals to thrive in these critical roles
- Developing talent benches to ensure critical roles can be filled in a timely manner
- Ensuring that potential leaders (as identified in the objective above) are mapped to critical roles and are provided the support and development needed to thrive.
- Monitoring performance over time and continue to offer developmental opportunities to meet the needs of those new in post to critical positions.

THEME 7 – Workforce Supply and Shape

We want to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

There are significant shortages in some professions, services and skills. This has consequences for service delivery, quality of care, staff experience and escalating costs. The actions described in relation to the other themes will all have a positive impact on these gaps during the course of this Plan, moving us towards a more sustainable position.

However, there is also a need for further workforce modernisation, new roles and extended skills, supported by the improvement of workforce intelligence and workforce planning skills. This includes the development of appropriate efficiency and productivity measures that help facilitate benchmarking and demonstrate value as our workforce shape continues to change.

Some of the challenges we may face are:

- Supply – significant shortages in some professions, services and skills. A highly competitive market.
- Health recruitment campaigns could denude the staffing shortages currently being experienced in Social Care.
- Rising levels of absence, vacancies and turnover.
- Lack of capacity and resources for innovation, modelling, planning, education, etc.
- A resistance to change and reluctance to move away from traditional staffing models.
- Lack of collaboration and engagement between Health and Social Care.
- Lack of capability in whole system strategic workforce planning.

These challenges will be addressed by:

- Involving our people in decisions, development, etc.
- Collaboration and Engagement.
- Protected time for innovation to enable the move away from traditional thinking.
- Reviewing operating models/establishments.
- Invest and think about the future.

The deliverables for this theme are articulated in the next few pages.

The development of a National Clinical Plan and Regional Partnership Board Transformation Plans in support of the delivery of A Healthier Wales, also have the potential to affect the shape of the workforce and this will need to be kept under review as the plans develop. In the meantime, there are some critical areas that require an urgent and intensive focus in the short term to accelerate solutions that support safe staffing arrangements.

WORKFORCE ANALYTICS

In order to shape decisions about people and the workforce we will move away from workforce reporting and metrics into workforce analytics. The underlying goal of analytics is to identify, interpret and communicate patterns that can inform strategic decisions and improve performance.

We will strive to become a Centre of Excellence for workforce intelligence & analytics, with high quality standardised reports and sophisticated modelling techniques to support workforce planning, development, efficiency and productivity.

To achieve this, we will:

- Upskill HR to become more data literate. Success in workforce analytics requires having a data savvy HR function that can form a bridge between the business and specialist teams who do the analysis. This will involve encouraging a shift in mindset and upskilling the HR function to be more data literate and evidence driven.
- Improve the quality of the workforce data through training users
- Ensure workforce data is easily accessible to the organisation through a visual dashboard.

SHAPING THE WORKFORCE THROUGH KEY ENABLERS

We will improve patient services, tackle staff shortages and increase job satisfaction through the development of new and amended roles.

This will be achieved by utilising a number of key enablers with the overall aim of redesigning traditional roles to benefit our patients, our staff and our population.

Supply

Current and future workforce availability in terms of skills, capabilities and numbers will be analysed in order to identify the appropriate workforce interventions. Our top priorities for influencing the supply will be:

Maintaining education to grow the future workforce - influencing HEIW to increase undergraduate places; expand shortage specialities; advanced clinical practice, etc.

Growing Apprenticeships - Health and social care should offer more apprenticeships, ranging from entry level jobs through to senior clinical, scientific and managerial roles. This is a key route into a variety of careers in the NHS, giving individuals the opportunity to earn and gain work experience while achieving nationally recognised qualifications. We will:

- Increase the number of foundation (entry level) apprenticeships (Level 2) significantly on a phased approach. Focusing initially on the roles where we have higher levels of vacancies and high turnover, i.e. HCSW's and Housekeeping/Catering Assistants.
- Engage with Clinical Boards/Service Boards/Executive Departments to identify roles that can be offered as entry level apprenticeships to include but not limited to:
    - Estates – Electrotechnical & Carpentry
    - Therapy Assistant Roles
    - Roles with a Digital Focus
- Build on the success of the Kickstart Programme and explore opportunities for these staff to progress onto an apprenticeship programme within the UHB.
- Increase the number of advanced apprenticeships (Level 3).
- Increase the number of higher apprenticeships (Level 4 &5) - we are working with HEIW to develop degree level clinical apprenticeships similar to those already established in NHS England.
- Increase the opportunities for our existing staff to undertake relevant training & education. Ensuring we are building capability, development opportunities, engagement, etc.
- Develop & embrace new clinical apprenticeship roles, developed internally and on an All Wales basis. For example: Therapy Assistant Practitioners and Healthcare Science and the Nursing roles Bands 3-4. These roles will help to fill work demand and mitigate some of the shortfalls in supply within the professional workforce and support the retention of existing staff.

New ways of working

Emphasis will be placed on developing an integrated workforce culture that empowers it to break through system barriers to deliver a practical response for our population.

New roles

We will improve patient services, tackle staff shortages and increase job satisfaction through the development of new and amended roles. This will include:

- Developing health and care roles designed to meet a defined requirement, warranting a new job title; a formal education and training requirement; and an agreed scope by clinical governing bodies
- Enhanced patient assessment, observation and clinical decision making by bands 2-4 staff to reduce the burden on medical and nursing staff, e.g. a bridging tole between HCSW and Nurse.
- Optimising roles within bands 2-4 to address supply shortage.
- Enhancing therapy skills of clinical staff to deliver basic therapeutic support as part of a general package of care in and outside of hospital.
- Developing roles that cross organisational boundaries, health and social care, e.g. use of paramedics outside of WAST, embedding the Physician associate role.

Upskilling

We will improve the aptitude for work by providing additional training, the aim of which is to create: a competent workforce, working to its maximum potential; an agile workforce that may be flexible deployed; and a capable workforce with future facing knowledge and skills.

Examples include:

- Upskilling the current workforce for extended roles, e.g. ANP's
  Optimising the use of Physician Associates to support the medical workforce
  Embracing digital solutions to create capacity and develop capability within the workforce
- Embracing volunteers and understanding the role that they have both in health and social care, ensuring they are supported with learning, development and training

STRATEGIC WORKFORCE PLANNING CAPABILITIES

Our aim is to have a whole population workforce planning approach that will shift focus from siloed, profession-based activities towards a model for the whole local health economy system. This is closely linked to Theme 3 and will lead to an improvement in workforce planning capabilities through:

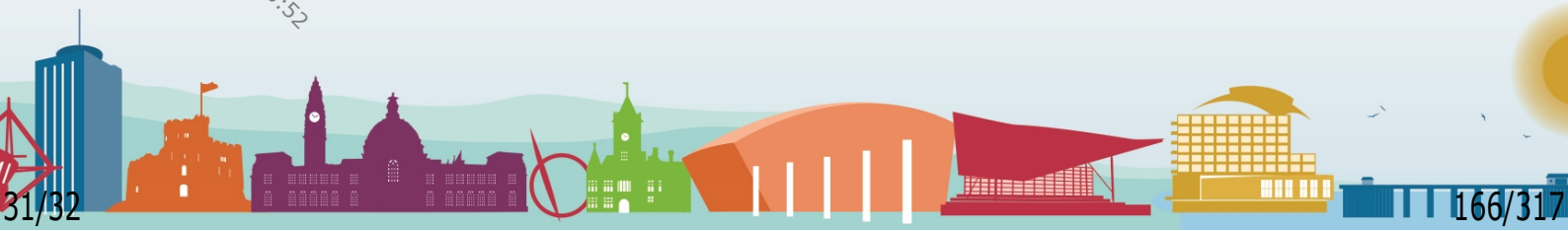
- Developing relationships and implementing a workforce planning board for health and social care which enables an integrated workforce, working across organisations and addresses barriers to allow the workforce to work flexibly across sectors in order to achieve a system wide workforce designed around the care model
- Building capacity and capability in workforce planning and development across health and social care, using the six-step methodology
- Designing and profiling the future workforce on a population health basis, supported by sustainable and flexible local workforce planning
- Ensuring plans are in place for each Clinical Board, aligned to our commissioning intentions, with cross cutting themes outlining our progress towards strategic objectives.

WORKFORCE SYSTEMS THAT DRIVE EFFICIENCY

We will embrace and develop systems which support the organisation in its drive to improve efficiency and effectiveness. By developing efficiency and productivity measures we will be able to facilitate benchmarking and demonstrate value as our workforce shape continues to change.

Our top priorities are:

- Continuing the implementation and effective use of e-rostering systems, and accelerating roll out where possible. These systems support continuity of care and safe staffing, enable staff to book leave and request preferred working patterns.
- **O**ptimising medical workforce sessions aligned to patient outcomes through effective job planning
- Utilising ESR to its full potential by training and upskilling managers to understand how the system can support them manage their teams.
- Maximising the use of L&D functionality on ESR by recording development needs identified within the appraisal process and the organisation's TNA.
- Creating a less bureaucratic job evaluation process for the organisation, whilst working within the parameters of the Agenda for Change Job Evaluation system.
- Investing in online education, expanding e-learning and technology enhanced education and training.



ORGANISATION DESIGN

We will review the current design of the organisation to ascertain whether it meets the requirements of a modern-day health and social care system

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
To develop a staff engagement strategic framework	To produce a framework document, which includes a roadmap and project plan with key deadlines	Progress will be evaluated against the framework objectives and deadlines	LED Senior Manager	March 2022

To develop a culture where health and well-being is a priority for everyone.	To develop a strategic paper and project plan for 2022-23	• Evaluation will be monitored against a 12-month project plan
		• Improvement in the following will also provide an indication;
		  ○ % of referrals
		  ○ Waiting times
		  ○ UHB wide sickness absence
		  ○ UHB wide turnover
		  ○ Exit questionnaires
			Head of Employee Health & Wellbeing Services	

To improve the learning culture of the organisation.	To create an academy which incorporates coaching and team development To identify and train a number of staff to ILM Level 5 and 7 Coaching and Mentoring To provide training in coaching skills for managers To introduce a coaching network on a phased basis Phase 1 – Senior Nurse Managers Phase 2 – Senior staff – band 7+ To become an ILM accredited centre to offer coaching and leadership and management qualifications Offer team development initiatives to improve relationships and morale. Emphasising the importance of role clarity Work in partnership with the Dragons Heart Institute to ensure there is a streamlined approach	Academy agreed and set up which is communicated to the UHB and via the LED internet page 2 cohorts attended & completed Level 5 qualification 5 staff attended & completed Level 7 qualification 6xfull day workshops delivered and evaluated each year Training is incorporated into the leadership & management programmes Network developed of existing trained staff, with biography and availability. Identified coaches matched to coach The UHB accredited to deliver qualifications Numbers attending the following; Leadership & Management programmes Coaching days	LED Senior Management	March 2022 May 2022 December 2023 Phase 1 – December 2021 Phase 2 – April 2022-March 2023 March 2024

	and that the right intervention is being used by the right team/ individuals at the right time	The UHB to become an ILM accredited centre in order to deliver qualifications.		
To improve workplace conditions	LED – provide specific communications training and to look at how this is incorporated into all training i.e. leadership and management to improve their skills Communications – look at channels of communication and explore strategies to reach all staff and provide education around messages via different platforms LED launching a new internet page before the end of 2021, this will provide key information for all staff.	• Use of Freedom to Speak up • Numbers trained in communication skills • Numbers trained on the leadership and management programmes	LED Senior Manager will link in with LED Senior Manager Nurse Education, Communications Team/ Digital Team Patient Safety	Monthly 1 day workshops September 2022 January 2022

Promote staff engagement and foster a positive attitude amongst all staff towards the trust and our values	LED to lead - revisit our values and behaviours framework Promote our values and behaviours. Support leader and managers across the UHB to engage with their teams LED/ HWODS & Assistant/ Unions – working together to implement and deliver Health Working Relationships	• Implementation of Health Working Relationships • Values Based Appraisal • Values Based Recruitment	LED Senior Manager will link in with Head of LED HWoDs & Assistants Unions	September 2022 December 2022 Ongoing

Seek feedback from staff and use results to develop and improve our work; to see an improvement in the engagement index score from the All Wales Staff Survey	LED to project manage and co-ordinate the all wales staff survey and pulse surveys LED / HWODS & Assistants to work closely together to disseminate the results from the surveys and complete actions plans The development of You Said/ We did flyers and posters to disseminate across the UHB	• Improvement in engagement index score on the All Wales Staff Survey • Monitored via local staff survey project/ action plans	LED Senior Manager	Quarterly Pulse Surveys All Wales Survey - December 2022 November 2021 December 2021
To ensure our staff are Recognised & rewarded	To run an Annual Staff Recognition Awards and local Clinical Board celebrations Pro-active in nominating our staff for national / international awards	• The numbers of award submissions received for the Staff recognition awards and numbers attended • Success of all recognition events • Number of award nominations submitted across the UHB	LED Senior Managerwill work with; HWoDS & Assistants	UHB Annual Awards April 2022 December 2022 March 2023

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
1. Develop branding for the UHB's job advertising and career promotions	- Work with Media resources to develop a specific brand for promoting UHB's job opportunities - Develop marketing and specific job promotions	- UHB jobs adverts and promotions have a recognised image - Brand will be used across multiple media platforms	Asst Director of Workforce Resourcing	31 March 2022
2. Develop a career promotion plan	- Develop and implement an annual recruitment event calendar - Work with media resources and professions to develop career videos - Develop careers information for the various professions within UHB (Digital and Print) - Promote NHS careers at local schools, colleges and universities.	- Annual recruitment event calendar developed. - Job Promotions held at Schools and colleges Career video library/website in place	Asst Director of Workforce Resourcing	31 January 2022

3. Develop and expand a whole systems approach for temporary staffing across multiple professions and roles	- Review nurse bank and implement improvements as appropriate. - Undertake full process mapping to develop SOP - Implement and promote facilities bank - Maximise opportunities to include other professions/roles within a temp staffing bank - Merge staff banks following full implementation of Allocate Health Roster	- Any risks identified and action in place to reduce risk - SOP in place that will provide a clear process map for function. - Facilities bank has a high number of temporary staff available - A good supply of professions other than nursing are available on bank - All temp staffing work as one service to achieve consistency of process and economies of scale	Asst Director of Workforce Resourcing	31 March 2022 31 March 2023

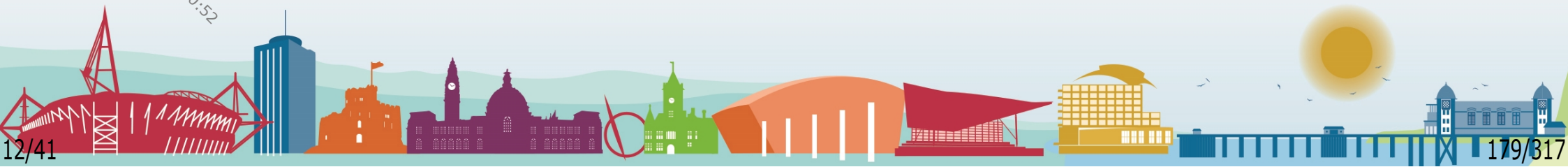
4. Identify and attract new recruitment groups e.g. ex-military, minority ethnic groups, people with disabilities etc.	- Maximise apprenticeship opportunities within UHB (to include clinical apprentices) - Develop links with those under represented groups to promote job opportunities. - Create work experience opportunities - Work with LAs to support job opportunities for refugees	- New role adopted and implemented in clinical areas - Careers events held with groups in local community to promote C&V UHB as employer of choice - Work experience placements provided. - Refugees offered jobs within UHB	Inclusion Resourcing Manager	31 March 2022
5. Review and adapt the recruitment process within the NWSSP parameters to simplify the recruitment process	- Identify opportunities to fast track part of the recruitment process for specific schemes - Review recruitment process from an applicant's perspective with a view to simplifying - Work closely with NWSSP to influence change	- Improvements to process implemented - Survey of applicants undertaken and views collated.	Head of HR Operations	31 March 2022

6. To develop and implement an action plan to improve staff retention.	- Undertake an in-depth analysis of LTO across the various professions and directorates. - Review and improve exit questionnaire/interview response. - Provide directorates with data and advice to reduce turnover - Starter questionnaires implemented	- Review undertaken, key themes identified as reasons for leaving - All staff who resign receive an exit questionnaire. Format is more user friendly. Increase in data received - Directorates are provided with data that will enable them to make improvements where required. - All staff receive a starter questionnaire after 3 months of commencing in the UHB	Graduate Trainee	31 march 2022

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
To understand the strategic plans based on population health needs assessment and define the workforce requirements.	• Review Strategic plans, including Healthier Wales, SoFW, SoFW Clinical Services, At Home Model, Strategic Programme for Primary Care, Strategic Plan for Mental Health (Together for Mental Health), Social Care Strategies etc. • Review key population needs from Cluster Plan and IMTP. • Identifying workforce demands	Strategic workforce plans aligned to health and social care pathways depending on need	• HB Executive Director of People and Culture • Social Care Executive Directors of WOD • Senior Workforce & OD teams across health and social care	• Outline structure by April 2022 • Ongoing

To translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working.	• Identify Workforce Models currently in place • Understand key themes • Benchmarking integrated working • Sharing best practice that is evidenced based • Develop bold new models of seamless health and social care and models of integration • Develop good practice guides for integrated working • Evidence added value of new models • Opportunities for scaling up and across health and social care services	Raised awareness of models of integration	• HB Executive Director of People and Culture • Social Care Executive Directors of WOD • Senior Workforce & OD teams across health and social care	• 2022 – 2025
To establish a working group to develop a Seamless Workforce Framework to agree strategic workforce goals and objectives	• Identify and engage with key stakeholders across the system • Agree integration principles • Develop seamless workforce framework • Agree strategic workforce goals, actions, objectives, resources, structures, leads and timescales	Framework Published	• HB Executive Director of People and Culture • Social Care Executive Directors of WOD • Senior Workforce & OD teams across health and social care	2022 – 2025

To develop in partnership with Local Authority colleagues an OD programme to deliver the shared vision, outline the case for change, engagement, team development, objectives and outcome measures to achieve better access and outcomes for people aligned to Amplify.	• Identify agreed vision, mission, values, behaviours, objectives and outcomes • Develop programme of engagement across whole system where staff can feel safe, valued and supported • Creating an environment to enable people to innovate, take informed risks and build new models and ways of working • Ensure maintenance of professional/role identity while encouraging people to work across boundaries to deliver seamless health and social care with the patient at the centre • Ensuring equality, diversity, inclusion and Welsh language is central to the programme and ways of working	Integrated workforce and OD agenda and workforce delivering health and care in the right settings regardless of which organisation they belong	• HB Executive Director of People and Culture • Social Care Executive Directors of WOD • Senior Workforce & OD teams across health and social care	2022 – 2025



To develop a multi-professional workforce plan to support implementation of the new primary and community care workforce model (Strategic Programme for Primary Care). (At Home Model) By 20?? Themes to include: • Workforce Shape • Resources • Efficiency • Leadership	• Develop clear WOD inputs and actions • Contribute to development of leadership and OD principles and toolkits • Develop WOD workforce and delivery plans • Supporting the roll out of the accelerated Cluster Programme	Revise skill mix, affordable and meets patient's needs.	• Assistant Director of Workforce • Assistant Director of OD • HWOD PCIC • PCIC WOD • Local Authority HR & OD teams	2021 - 2023

Develop a multi-professional workforce plan to support implementation of Together for Mental Health. Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia. • Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering. • Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.	• Develop clear WOD inputs and actions • Lead the development of leadership and OD principles and toolkits • Lead development of WOD workforce and delivery plans • Co-production of plans with service users and carers • Continue to roll out recovery college • Supporting the development and roll out of the Peer Worker Role	Service User and Staff Experience. Revised skill mix. Competencies via Values Based Appraisals.	• HWOD Mental Health	2021 - 2023

Integrate structures, systems and processes to meet the strategic outcomes	• Establish work streams and governance structure • Develop and OD Programme to include review of structures, systems and processes with a view to integration and streamline • Understand resource requirements • Identify change plans (OCP) • Identify training plans • Digitalisation • Mobile and Agile working opportunities	Structures, systems and processes will support the delivery of multi disciplinary, multi agency integrated working to meet CAV population needs Reduction in health inequalities Role clarity Reduced complaints and increased compliments Reduced risks and SIs	• Assistant Directors of Workforce & OD • Work stream Leads • Workforce & OD Teams	2022 – 2025
Leadership and management skills and development programmes are designed in partnership and support collective and compassionate leadership principles.	• Identifying key leadership principles to support integrated working • Leaders and managers to role model and embed the vision, mission and values across the whole system • Programme of development to support collective and compassionate leadership • Develop a management skills programme across the whole system to support seamless working	Appraisals Staff surveys Employee relations activities Awards Improved recruitment and retention Reduced sickness absence and improved health and wellbeing Reduction in health inequalities More compliments, less complaints Reduced risks/SIs	• Assistant Director of OD • HWOD's • OD/WOD Teams	2022 – 2030

Develop pathways for new and integrated roles	• Based on strategic workforce plans, identify opportunities for advanced/extended and new roles • Work in partnership with key stakeholders • Develop business cases to support resourcing plan • Pilot new/integrated roles • Review and evaluate impact, benefits realisation and outcomes	New roles embedded into the organisation Improved recruitment and retention Reduction in agency, locum and bank spend Staff survey outcomes Better population outcomes Reduced waiting times Reduced impact on services	• Assistant Director of Workforce • HWOD's • WOD Teams	2022 – 2030
Develop a clear integrated competence and capabilities framework for extended skills and advanced practice across professional groups. Implement a values based, common induction programme for all of our workforce who deliver health and social care in primary and community settings.	• Develop training and education plans which meet the learning and development requirements as new roles and relationships are established • Develop integrated competency and capability frameworks • Consider resourcing requirements • Diarise training available and ensure wide access across whole system with particular focus on protected characteristic groups • Implement a values based, common induction programme that fits across the whole system	Revise skill mix, affordable and meets patients' needs. Induction in place and analyse evaluation and feedback. Continuously develop and revise induction as appropriate.	• Assistant Director of OD • HWOD's • OD/WOD Teams	2022 – 2030

Implement and embed harmonised governance, regulation and registration arrangements to facilitate multi-professional working.	• Negotiation, agreement, implementation of all Wales harmonised terms and conditions, governance arrangements, agreed in partnerships with TU's • Rolling out professional changes to support new ways of working across the whole system • Develop integrated registration processes and systems to ensure safe practice and boundaries across the whole system	Compliance with agreed framework/guidance. Complaints. Workforce Processes and Systems.	• Assistant Director of Workforce • Head of Workforce Governance • HWOD's	2023-2030
Review and monitor progress of the transformation and measure success.	• Setting up reporting mechanisms to monitor progress and evaluate against set objectives and outcomes • Clear lines of accountability and responsibility for reporting against objectives from work stream leads • Review and evaluate benefits realisation • Remove barriers to success • Celebrate and scale up success • Seek feedback from key stakeholder, including staff, patients etc.	Assessment against outcomes, aims and objectives set out at the start Staff surveys Patient/person experience services Engagement	• HB Executive Director of People and Culture • Social Care Executive Directors of WOD • Senior Workforce & OD teams across health and social care	2025 - 2030

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Provide all staff with access to core IT systems (i.e. NADEX and Office 365) to enable a digitally enabled workforce.	Collate data on staffing, enabling IT to identify staff who do not currently possess an account(s), so that these can then be created. Communicate the rollout of this to all staff through a range of channels. Provide training to support staff with the adoption of Office 365.	Track progress on the roll out. Monitor levels of engagement and usage over time (*note: subject to reporting and analytics data available to administrators*).	IMT	2023

Ensure all staff have a core set of digital skills.	Identify and quantify system usage and develop training materials to suit. Create a digital skills framework for staff, based on the outcomes of the point above. Conduct a skills assessment to identify the current competency levels of staff against the standards within the framework. Work collaboratively with various stakeholders to develop high quality training programme and materials to best support staff. Also, to host and signpost further, relevant learning opportunities for staff (e.g. ECDL). Identify, capture and publish examples of best practice happening across the UHB via the digital newsletter. Develop greater networks to help disseminate great ideas across departments and CB's. Commit to regular communications focusing on planned introductions and updates of new systems and the impact this will have on staff.	Implement a cycle of evaluation, to measure progress at specific intervals, from the starting point. This will allow us to quantify progress and decide on next steps.	CAV HIF	2024

Implement universal guidance on the effective use of digital technologies to promote staff wellbeing.	Scope the extent of the challenges facing staff with regards to this area. Develop guidance promoting the effective use of digital technology, that is universal across the UHB. Signpost to features currently integrated into systems which will allow staff to manage their digital wellbeing.	Staff pulse surveys to measure the impact this has had on employee wellbeing. Focus groups with key stakeholders to measure progress and identify areas where additional steps can be taken.	WOD	2022
Utilise IT systems and practices that reduce barriers for staff and facilitate agile working practices.	Pulse surveys to staff – measure the current benefits and challenges faced with agile working, that will enable us to quantify the scale of the problem and formulate a plan. Collaborate with different stakeholders (both internally and externally) to identify potential solutions to the challenges raised. Evaluate and implement solutions. Showcase the changes that are proposed, the rationale for the changes and the expected impact on working practices for staff.	IT helpdesk data – pulling data from live and historical tickets to look at the frequent issues staff are reporting on this front. This can be tracked over time to identify whether any upgrades have a measurable impact.	IMT	2023

Maintain a continuous push to foster innovation through the exploitation of current systems and adoption of new technologies.	This will have to be an ongoing process, based on areas for development.		CAV HIF	2024
Ensure all staff are able to access the correct data through ESR.	Assess the current skills of different staff groups and identify what they would like to see displayed through the dashboard. Develop materials to support them in accessing the relevant data sets and make changes (where possible) to ensure that the correct and relevant data is being displayed, for different staffing groups. Publish details of changes that have been made and new resources that have been created and delivered.	View impact on ESR log ins by various staff groups. Measure the changes in KPIs.	WFIS	2023
Introduce an employee salary sacrifice scheme to ensure that access to technology is affordable for all by 2023.	Scope potential schemes in this field which could provide the services required (e.g. https://www.lets-connect.co.uk/) Advertise schemes to staff, touting the benefits that digital technology can have.	Publish data from various data sources demonstrating the increased digitalisation of staff. Showcase staff feedback about the positive impact this has had on them.		2023

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
To develop and implement overarching education infrastructure for Cardiff and Vale UHB by 31/05/22 **Cardiff and Vale UHB Centre of Excellence for Health Education (CAV-CEHE)**	1. Develop six-month project plan to support development and implementation by 31/10/21. 2. Undertake engagement events and education scoping exercise with key education leads/contacts across all staff groups by 1/12/21. 3. Develop Centre of Excellence Website and launch by 14/01/22. 4. Confirm academy structure that CAV-CEHE will host by 31/10/21 ▪ Academy of Clinical Education (CAV-ACE) ▪ Leadership and Management Academy (CAV-LAMA) ▪ Apprenticeship Academy ▪ Coaching/team development Academy (CAV-ACT) ▪ Academy for support services, admin staff etc	▪ Progress will be evaluated against six-month project plan ▪ Baseline website will have been developed and launched and will include baseline content for the Academies ▪ Results of engagement events and scoping exercise	Assistant Director of Workforce and OD, Head of LED and LED Senior Team	▪ 31/05/22

Establish UHB multi-professional Education Group by 31st October 2021 Develop a multi-professional and inclusive UHB education strategy which represents all staff groups and fosters a culture of interprofessional education by 30/10/22	1. Establish group membership by 31/10/21. 2. Hold first meeting by 30/11/21. 3. Develop nine-month project plan to support strategy development and implementation by 17/12/21 4. Develop terms of reference by 30/11/21 and review and approve in inaugural meeting 5. Agree educational infrastructure and academy development in inaugural meeting. 6. Set meeting dates 12 months in advance by 31/11/21.	▪ Inaugural meeting will have been held ▪ Terms of reference will have been developed ▪ Work plan and terms of reference will be shared with Executive Directors of People and Culture, Nursing, Therapies and Health Sciences and Medicine and feedback sought ▪ Measurement of achievement against work plan ▪ Minutes of meetings ▪ Outcomes of engagement activity undertaken during group and strategy development	Assistant Director of Workforce and OD, Head of LED and LED Senior Team	30/10/22

Develop the 'Academy of Clinical Education (CAV-ACE)' by 01/12/21 Develop UHB Clinical Education Framework by 30/10/22 which will enable: ▪ A highly skilled clinical workforce ▪ Interprofessional education and support ▪ the UHB's resourcing and transformation agendas ▪ and the associated workforce developments	1. Establish a sub-group to UHB education group by 31/10/21. 2. Hold first meeting by 30/11/21. 3. Develop 12-month project plan by 17/12/21 to support academy and development and implementation of the framework. 4. Agree structure of academy internet pages by 30/11/21. 5. Undertake scoping activity to identify education leads across all professions and develop profiles to sit in academy pages by 30/11/21. 6. Develop content of academy pages ready for launch by 14/01/22. 7. Identify directorate leads for development of directorate specific content by 31/10/21. 8. Ensure UHB links are in place to support national developments e.g. HEIW simulation workstream and the virtual hospital by 31/10/21.	▪ 12-month project plan will evaluate the progression of the academy and framework development ▪ CAV-ACE internet pages will be in place by and number of times page accessed can be measured along with queries submitted to the academy ▪ UHB will have representatives working with the HEIW Simulation team re: simulation training and developments ▪ Key stakeholder feedback ▪ Feedback from scoping activity undertaken to develop the academy	Senior Nurse for Nurse Education and Assistant Directors of OD, Therapies and Medicine	*30/10/22*

Develop Learning@Wales as a platform to deliver innovative digital and blended learning experiences by 01/04/2022.	1. Develop a six-month project plan to support activity by 31/10/21. 2. Gather and collate feedback from the course deliverers and participants for the Overseas Nurses' Adaptation Programme, the first programme being delivered by learning@Wales by 30/11/22. 3. Use feedback and continuous improvement principles to identify strengths and areas for further development. 4. Design a process and guide to support educators to develop courses by 31/01/22. 5. Implement a process to review and refine courses and materials by 01/12/21.	▪ Number of courses being delivered via Learning@Wales ▪ Feedback from course deliverers and participants ▪ Identify strengths and areas for further development ▪ Design a process to assist with the development of new courses	Head of LED, Senior LED Manager for Management and team	*01/04/22*
Establish Overseas Nurse Education Centre (ONEC) concept by 14/01/22 to host the UHB's Overseas Nurses' Adaptation Programme (ONAP) and act as a recruitment tool for UK based international nurses.	1. Develop structure of ONEC pages by 31/10/22 2. Develop 'contact us' process by 30/11/21. 3. Agree communication protocol with nurse resourcing hub to enable recruitment processes by 30/11/21. 4. Launch pages by 14/01/21. 5. Ensure regular communications re: OSCE passes via internet pages and social media	▪ Launch of Internet pages ▪ Records of enquiries directed to the centre ▪ Number of international nurses recruited to the UHB via the centre ▪ Number of international recruits who pass OSCE and achieve NMC registration	LED Manager for Overseas Nurses Programme and team and Senior Nurse for Nurse Education.	*14/01/22*

Review and revise preceptorship programmes for all professions in line with guidance from professional bodies e.g. NMC Preceptorship Principles (2020) and develop interprofessional development opportunities for preceptees and a multi-professional preceptorship framework	1. Establish multi-professional working group by 05/11/21. Hold old initial meeting by 30/11/21 2. Develop 6-month project plan to support development of a multi-professional framework and interprofessional development opportunities by 30/11/21. 3. Continued review and development of nursing preceptorship programme in conjunction with Nursing and Midwifery Board and the nurse retention working group. 4. Develop a governance framework for nursing preceptorship as per NMC requirements by 01/12/21 5. Implement 4 weeks protected supernumerary time for nursing preceptees for Spring 2022 cohort. 6. Work with Welsh Government and HEIW nursing preceptorship leads on the development of an All Wales preceptorship programme for nursing. 7. Evaluate multi-professional preceptee team days being undertaken April 2022 to Sept 2022 with the Army Reserves by 30/10/22.	▪ Preceptorship framework will be in place ▪ Continuous evaluation of preceptorship programmes – which will enable a timely and responsive approach to programme improvement. ▪ Evaluate multi-professional preceptee team days being undertaken April 2022 to Sept 2022 with the Army Reserves	Senior Nurse for Nurse Education, LED Manager for Clinical Skills, Programme Manager for Nurse Recruitment Assistant Directors of OD, Therapies and Medicine.	*May 2022*

Develop the Cardiff and Vale Academy for Coaching, and Team development (CAV-ACT) by 1/12/21 Develop UHB Coaching and Team Development Framework by 30/10/22	1. Establish a sub-group to UHB education group by 31/10/21. Hold first meeting by 30/11/21. 2. Develop 12-month project plan by 17/12/21 to support academy and development and implementation of the framework. 3. Agree structure of academy internet pages by 30/11/21. 4. Develop content of academy pages ready for launch by 14/01/22. 6. Test small scale coaching network by 31/05/22 – evaluate with coaches and coaches. 7. Develop training plan to increase number of coaches in the UHB by 01/04/22. 8. Develop supervision opportunities for UHB coaches by 30/11/21. 9. Implement UHB wide coaching network by 01/04/24. 10. Develop commissioning process and guidance to access LED support for team development by 01/12/21. 11. Develop a plan to establish a network of team development facilitators and accompanying training plan by 01/04/22.	▪ Measure progress against 12-month project plan. ▪ CAV-ACT will have been launched by 14/01/22 ▪ Coaching framework will be in place by 30/04/22 ▪ Evaluation of coaching network ▪ Monitor number of UHB staff who complete coaching qualification ▪ Measure coach attendance at supervision sessions ▪ Records of team development activity and numbers of team development facilitators trained.	Senior LED manager for Management, Head of LED, Assistant Director of OD	*30/10/22*

Undertake monthly reviews re: recruitment and resourcing activity from 01/10/21 in order to ensure that the necessary clinical education is in place to support organisational pressures (winter, pandemic, COVID recovery, staffing)	1. Develop project plan which is updated monthly in line with workforce requirements by 31/11/21 and review progress monthly 2. Establish monthly meetings with resourcing teams by 31/11/21 3. Recruit two band 4 training assistants to support HCSW mass recruitment, implementation of new HCSW roles and HCSW apprentices by 01/11/21 4. Prospectively evaluate effectiveness of training with attendees and key stakeholders	▪ Review feedback from monthly meetings ▪ Progress of project plan ▪ Records of training programmes and attendance figures ▪ Programme evaluation	Senior Nurse for Nurse Education and team, Nursing and Workforce Resourcing teams.	*Ongoing activity*
Following the completion of the HEIW tender process for Undergraduate Health Professional Education, work in partnership with local Universities re: the design and implementation of the resultant revised curriculums.	1. Ensure appropriate UHB representation at Cardiff University School of Healthcare Sciences stakeholder engagement event 24/10/21. 2. Develop a plan by 30/12/22 which will: a. Increase availability of practice placements across UHB b. Develop interprofessional practice-based learning opportunities c. Shape student leadership development activity to ensure it reflects UHB agenda d. Develop student leadership placements	▪ Evaluate progress against workplan and university development plan ▪ Review student feedback and placement numbers ▪ Evaluate newly development practice placements ▪ Evaluate UHB contributions to leadership developments	Lead Practice Facilitator, Senior Nurse for Nurse Education, Head of LED, Assistant Directors of OD, Therapies and Medicine.	*June 2022*

Develop an organisational HCSW development framework by 31/10/22 which will support clinical HCSW across all professions to progress their careers and where possible achieve registration.	1. Develop multi-professional task and finish group and hold first meeting by 30/11/21. 2. Hold key stakeholder consultation events across professions by 30/04/22. 3. Develop clear development pathways for clinical HCSW who wish to undertake an undergraduate programme to achieve registration by 14/01/21. 4. Establish a system which will record the number of clinical HCSW who progress to an undergraduate programme and number who achieve registration by 14/01/21.	▪ Feedback from key stakeholder groups ▪ Utilisation of HEIW flexible nursing undergraduate programme places ▪ Number of newly developed Assistant Practitioner roles across the UHB ▪ HCSW Career and Skills Framework for Wales compliance data	LED Manager for HCSW Development and team, Senior Nurse for Nurse Education, Directors of Nursing, Assistant Director of Therapies for Education, Heads of Therapies, Staff Side representatives.	*Jun 22*
Develop education programmes which will support career development pathways for all staff groups by 31/10/23.	1. Review data collected via scoping and engagement work undertaken to develop the education strategy and associated frameworks when complete. 2. Launch band 5 clinical career development programme as test of concept by 31/05/22 (currently under development). 3. Align funded apprenticeship programmes to development programmes and evaluate student feedback.	▪ Number of programmes launched ▪ Programme evaluation ▪ Uptake of apprenticeship programmes		

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Provide opportunities for leaders and managers at all levels to develop skills appropriate for their roles	Define the behaviours, competencies and approach required of excellent leaders and managers at all levels. Offer a breadth of accessible development opportunities (e.g. programmes, short masterclasses, coaching) that meet these needs. Linking in with Equalitiy and Welsh Language Manager to ensure pathways accessible to under-represented groups – including specific pathways for under-represented groups. Link with external providers, including but not limited to HEIW, Academi Wales, NHS Leadership Academy, Kingsfund etc to identify leadership and management pathways. Signpost staff to relevant developmental opportunities both internally and externally. Embed a timely and robust evaluation process to further enhance offerings in this area.	There is an organisational understanding of the behaviours and competence required of leaders and managers at all levels Leadership and Management programmes and bespoke offerings available across the organisation. Leadership and management development pathways identified and available for colleagues to plot their development journey (including external offerings). Data gathered from evaluations of different offerings.	LED	*January 2023*

Embed Compassionate, Inclusive and Collective Leadership Principles across organisation through effective development and alignment of approach.	Embed these principles within leadership and management offerings. Identify pathways to leadership and management development opportunities for under-represented groups working with WOD colleagues and staff networks to identify priority areas. Develop an effective VBA that is meaningful for colleagues and supports a healthy high performing organisation. Measure progress towards these principles and refine offerings in response to this.	outcomes and feedback from evaluations indicate that principles are embedded. VBA outcomes indicate that principles are embedded. Staff Survey results.	LED	*2024*

Develop, nurture and facilitatea coaching and mentoring network to support individual and organisational effectiveness	Identify individuals who are currently qualified coaches and mentors across the organisation, to build a comprehensive network. Review network to ensure diverse and representative of the organisation demographics. Maintain oversight of individuals enrolled on coaching qualifications, to expand the network over time. Implement a process for staff to request coaching from the network, enabling us to identify if coaching is the development required and, if so, best match appropriate coaches to facilitate this. Develop infrastructure to facilitate and nurture the coaching and mentoring network, e.g. role expectations, coaching supervision, coaching contracts, CPD etc. Embed a timely and robust evaluation process to improve and further enhance offerings in this area.	Thenumber of coaches registered within the coaching network and frequency of use is tracked. Mentors are identified, registered and trained to support requests. requests for coaching from staff are facilitated and responded to in a timely manner. Staff and managers aware of process and utilising appropriately. Coaches and mentors supported to review approach and effectiveness and access CPD opportunities. Data gathered from evaluations informs areas for improvement and identifies excellence.	LED	*January 2022*

Focus on development of leadership styles and climates	Embed these principles within leadership and management offerings. Identify examples of excellence across the UHB and showcase these through a variety of communication mediums.	outcomes and feedback from evaluations indicate that leadership styles are developed effectively. VBA outcomes indicate that leadership styles are effective. Staff survey feedback on manager / leader relationships indicate improvement. Workforce data identifies high performing teams.	LED	*2022*

Identify potential leaders at all levels of the organisation	Monitor data from VBAs to help identify potential leaders in a range of different areas. Ensure that those identified are signposted to relevant developmental opportunities to best support them. Review list of 'potentials' for inclusivity and diversity of characteristics. Ensure that this is factored in through talent management and succession planning processes.	Pipeline of potential leaders is developed and individuals from a range of areas identified and signposted to development opportunities. Evaluation of development opportunities demonstrates effectiveness in preparing for future roles. Gather data on the uptake of development opportunities. Data gathered on individual leadership journey shows progression via opportunities provided and talent management processes.	LED	*2024*

Embed robust succession planning processes to support recruitment to critical leadership roles	Identify critical roles within the organisation, to aid with succession planning Identify the key skills and qualities required for individuals to thrive in these critical roles Develop talent benches to ensure critical roles can be filled in a timely manner and review to ensure accessible, inclusive and diverse. Ensure that potential leaders (as identified in the objective above) are mapped to critical roles and are provided the support and development needed to thrive. Monitor performance over time and continue to offer developmental opportunities to meet the needs of those new in post to critical positions.	Effective Monitoring of staff retention data, particularly around those identified as potential leaders to identify and inform action. recruitment data is gathered to ensure critical roles are filled in a timely manner. performance of those new in post to critical roles is evaluated.	LED with HOWOD support	*2023*

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Shaping decisions about people and the workforce by using Workforce analytics	• Develop the Workforce Information function into a centre of excellence for workforce intelligence and analytics to support the UHB to identifying risks and find solutions. • Develop a set of competencies/ skills for the WOD Team to interpret and understand workforce analytics to support managers/leaders. • Maximise the benefits of ESR, building the capability if managers through effective training & development solutions.	Workforce Data will be used to support UHB's decision making and will aid leaders find solutions. WOD professionals using workforce data to support their understanding of what is happening in the UHB. Managers effectively using ESR to support the management of their teams.	Assistant Director of Workforce Head of Information Systems HWODs	01/10/2022

Improve patient services, tackle staff shortages and increase job satisfaction through the development of new and amended roles.	• Increase the number of foundation (entry level) apprenticeships (Level 2) significantly on a phased approach. Focusing initially on the roles where we have higher levels of vacancies and high turnover, i.e. HCSW's and Housekeeping/Catering Assistants. • Increase the number of advanced apprenticeships (Level 3). • Increase the number of higher apprenticeships (Level 4 &5). • Develop & embrace new clinical apprenticeship roles, developed internally and on an All Wales basis. For example: Therapy Assistant Practitioners and Healthcare Science and the Nursing roles Bands 3-4. These roles will help to fill work demand and mitigate some of the shortfalls in supply within the professional workforce and support the retention of existing staff. • Enhanced patient assessment, observation and clinical decision making by bands 2-4 staff to reduce the burden on medical and nursing staff, e.g. a bridging tole between HCSW and Nurse.	Increased workforce supply via the apprenticeship route and a more sustainable workforce. Upskilling - To improve the aptitude for work by additional training, the aim of which is to create: A competent workforce working to its maximum potential: An agile workforce that may be flexible deployed; A capable workforce with future facing knowledge and skills.	Assistant Directors x 3 Head of LED Head of Nurse Education HWODs	01/10/2022

	• Optimise roles within bands 2-4 to address supply shortage. • Enhance therapy skills of clinical staff to deliver basic therapeutic support as part of a general package of care and outside of hospital. • Increase the opportunities for our existing staff to undertake relevant training & education. Ensuring we are building capability, development opportunities, engagement, etc.			
Develop new ways of working, developing an integrated workforce culture.	• Develop roles that cross organisational boundaries, health and social care, e.g. use of paramedics outside of WAST, Support Workers, Rehab Workers, Discharge Planning, etc • Embrace volunteers and understand the role that they have both in health and social care. Ensure they are supported with learning, development and training.	Redesigned roles, processes and ways of working that benefit patients, staff and population. Integrated Health & Social Care Workforce Plan.	Assistant Directors x 3 Head of LED Head of Nurse Education HWODs	01/10/2022

Embrace and develop systems which support the organisation improve efficiency and effectiveness.	<u>Effective Rostering</u> • Continue implementation and effective use of e-rostering systems, accelerating roll out where possible. These systems support continuity of care and safe staffing, enable staff to book leave and request preferred working patterns.	Development of efficiency and productivity measures that help facilitate benchmarking and demonstrate value as our workforce shape continues to change	Assistant Director of Workforce Deputy Director of Nursing	01/02/2023
	<u>Effective Job planning</u> • Optimise medical workforce sessions aligned to patient outcomes.		Assistant Director of Workforce Assistant Medical Director Head of Medical Workforce	01/06/2022
	<u>ESR</u> • Utilise ESR to its full potential by training and upskilling managers to understand how the system can support them manage their teams. • Maximise use of L&D functionality by recording development identified within the appraisal process, organisation TNA.		Head of Workforce Information Head of LED	01/09/2022 01/09/2022
	<u>Job Evaluation</u>			

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	• Create a less bureaucratic process for the organisation, whilst working within the parameters of the Agenda for Change Job Evaluation system.			01/03/2022

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Strategic Workforce Planning capabilities	• Develop relationships and implement a workforce planning board for health and social care. Aim: Workforce designed around the care model and system wide objectives: Integrated workforce working across organisations: address barriers to allow workforce to work flexibly across sectors. • Build capacity and capability in workforce planning and development across health and social care, using the six-step methodology. • Design and profile future workforce on a population health basis. Supported by sustainable and flexible local workforce planning. • Plans in place for each Clinical Board, aligned to commissioning intentions, cross cutting themes outlining progress towards strategic objectives.	A whole population workforce planning approach that will shift focus from siloed, profession-based activities towards a model for the whole local health economy system	Assistant Director of Workforce	01/10/2022 01/10/2022 01/02/2023 01/02/2023

Report Title:	**People Dashboard**	**Agenda Item no.**	**3.3.1**
Meeting:	Strategy & Delivery Committee	**Meeting Date:**	16 November 2021
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	**Assistant Director of Workforce/Workforce Information Systems Manager/Interim Head of HR Operations**		

Background and current situation:

The Executive Director of People and Culture provides regular KPI updates to the Committee and periodically provides an overview report against the broader Workforce & OD Delivery Plan. This also constitutes areas reported in more depth through deep dive themes.

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

Attached at **Appendix 1** is the Workforce & OD Key Performance indicators dashboard.

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

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 Health Care Standards process.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- A trend of increase in fixed term contracted staff which is in line with expectation as we have recruited more fixed term through COVID-19, specifically to support Track & Trace and to deliver the Mass Vaccination programme. The level of permanent contacted staff is broadly consistent.

- Overall the Nurse Bank usage remains fairly static, roughly equivalent to 400 WTE per month.

- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 50 WTE per month

- Total pay-bill peaked as expected during March, due to year-end accruals which included accruals for annual leave and study leave as well as additional employers superannuation contributions and NHS bonus payments. The annual pay award and arrears of pay caused an increase in the monthly pay bill for September.

- Variable pay trend is upward and is now over 10.3% UHB-wide.

Other key performance indicators:

- Voluntary resignation trend is rising; the rate is now 7.86% UHB wide.

- Sickness rates have risen steadily since April 2021 and for September are now at the highest rate since the peak of COVID-19 absence, at 7.71% in September 2021. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances). Sickness absence is the subject of the current Deep Dive.

- ER caseload trend is gradually falling as the team work through the backlog of investigations, and overall numbers remain within reasonable tolerance levels.

- Statutory and Mandatory training compliance has improved slightly during the last 3 months; now 13% below the overall target.

- Compliance with Fire training has also improved somewhat. In September the compliance with Fire training was 57%.

- By the end of September 53% of consultant job plans are under construction in the e-system.

- There has been little improvement in the rate of compliance with PADR (now Values Based Appraisal); 34% in September.

In summary, what actions are we taking?

- Performance reviews with CB's are being undertaken to retain control measures for pay-bill, establishment control and capture increase associated with COVID (UHB was previously underspent prior to COVID).

- A deep dive is being undertaken into each of these KPIs and will be attached to this report – the third deep dive looks at sickness absence activity (below).

- Sickness reviews are resumed and now being undertaken as normal. The maximising attendance group is being reviewed. Staff are returning to work (at home or location) who were previously Shielding.

- There is an extensive range of Employee Well-being strategies and support in place.

- The delivery of Fire Training falls within the remit of Capital, Estates and Facilities. The new Head of Health and Safety is now linking in with CEF to seek improvement. A health and safety review is currently underway which will provide useful information and feedback into these areas. The Head of Health and Safety has developed a new H&S Dashboard which is being sent monthly to Clinical Boards to help support them improving compliance across a range of indicators, including Fire Training. A communications strategy is being put in place to raise awareness of the importance of continuing to undertake the annual Fire E-learning.

- Allocate E-Job Planning system is currently being implemented. Recording of consultant job plans in the new e-system will be reported as follows: -
    - Level 1 Compliance - Some activity detail has been recorded by or for the consultant in a job plan (the job plan is under construction)
    - Level 2 Compliance - The construction of the job plan is complete, and is awaiting the various levels of sign-off
    - Level 3 Compliance - The job plan has been signed off

- Values Based Appraisal Training has continued to be delivered and take up has been excellent. Plans are in place to re-launch the VBA to reinforce importance.

Deep Dive - Sickness Absence/Managing Attendance at Work

The UHB is committed to supporting its employees and keeping them well. Managers and employees need to work together to sustain attendance at work so that we can do what we are here for - care for our patients.

The Managing Attendance at Work Policy was developed on an NHS All Wales basis and adopted by the UHB in November 2018. This replaced the UHB's Sickness Absence Policy. The Managing Attendance at work Policy assists managers in supporting staff when they are ill, manage their absence and help facilitate their timely return to work. It is also designed to help managers know their staff and focus on their health and wellbeing to keep them well and in work.

The Policy is written in line with the Core Principles of NHS Wales. These are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

The objectives of the policy are to:

- support the health and wellbeing of employees in the workplace

- support employees to return to work following a period of sickness absence safely and as quickly as possible

- support employees to sustain their attendance at work.

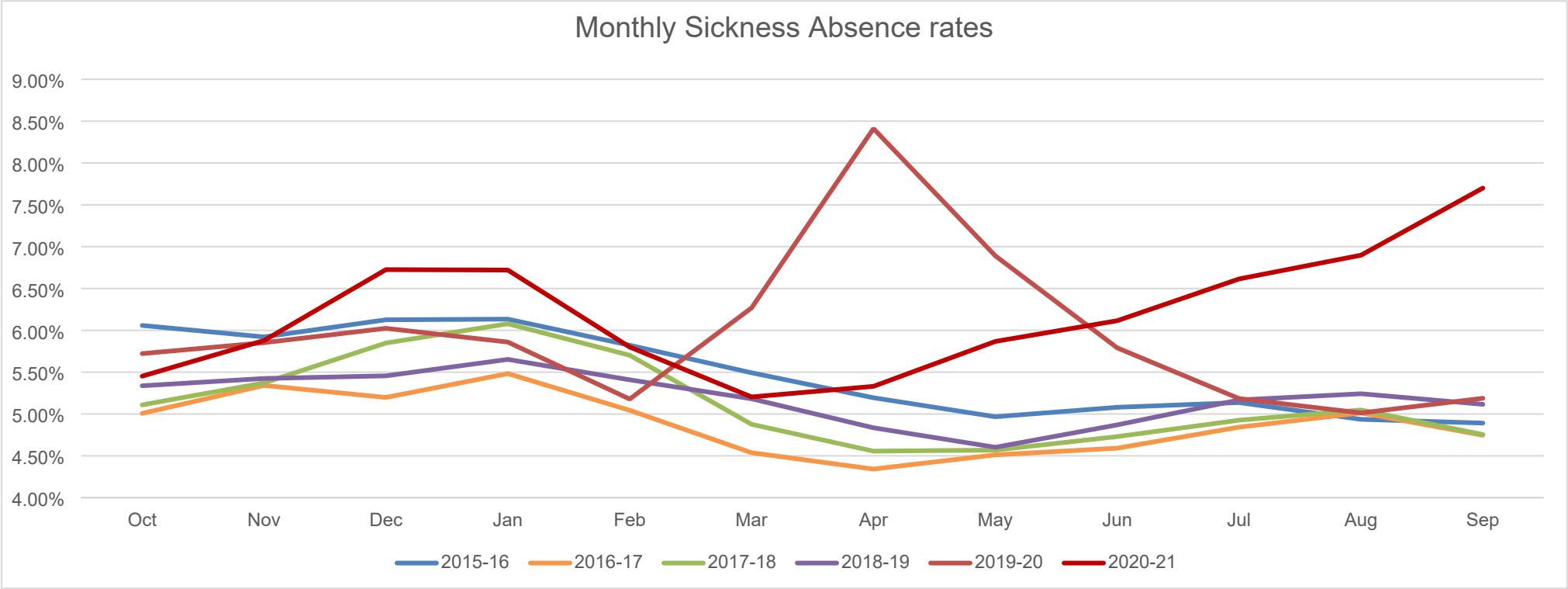
The HR Operations Team work closely with managers within the Clinical/Services Boards to embed the principles of the Managing Attendance at Work Policy.

As you can see from the timeline graph below, monthly sickness is normally in the range of 4.50% to 6%. The absence is usually lowest in the spring and highest in the winter, with a second smaller increase during summer holiday season. With the exception of COVID-19 (the abnormal spike between March and June 2020) absence last year followed the normal pattern. The winter spike of absence at the end of last year was however higher than usual; 6.7% in December 2020 and January 2021 was a 5-year high.

Since March of this year the sickness rates have not followed the usual pattern, but have risen steadily. The absence rate for September 2021 is the highest it's ever been for this time of year, and the absence rates are approaching that for the peak of the COVID-19 pandemic last year.

By staff group the highest absence rates for September are Estates & Ancillary (13.21%), Additional Clinical Services (12.04%) and Nursing & Midwifery (8.45%). 28% of all absence during September has been attributed to Anxiety/stress/depression/other psychiatric illnesses, and over 70% of the absence is long-term.

Sickness Overview by Month since 2015



UHB Sickness Total	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2015-16	6.06%	5.92%	6.13%	6.13%	5.82%	5.49%	5.19%	4.97%	5.08%	5.14%	4.94%	4.89%
2016-17	5.01%	5.34%	5.20%	5.48%	5.04%	4.54%	4.34%	4.51%	4.59%	4.84%	5.01%	4.75%
2017-18	5.11%	5.37%	5.85%	6.08%	5.70%	4.88%	4.56%	4.57%	4.73%	4.93%	5.05%	4.75%
2018-19	5.34%	5.42%	5.46%	5.65%	5.41%	5.18%	4.84%	4.60%	4.87%	5.17%	5.24%	5.12%
2019-20	5.72%	5.85%	6.02%	5.86%	5.18%	6.27%	8.41%	6.89%	5.79%	5.18%	5.01%	5.19%
2020-21	5.45%	5.88%	6.73%	6.72%	5.80%	5.20%	5.33%	5.87%	6.11%	6.61%	6.90%	7.70%

April 2019 to March 2020

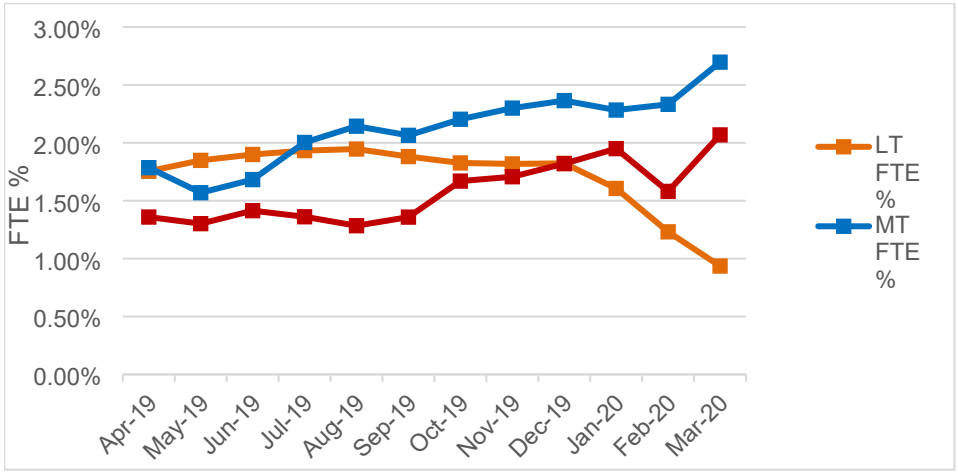
Sickness Absence by Clinical Board

	WTE	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Cumulative
Corporate	724.23	3.05%	2.79%	2.81%	3.31%	3.08%	3.58%	3.09%	3.95%	3.27%	3.64%	3.06%	2.79%	2.90%	2.98%
All Wales Genomics Service	210.08	2.98%	2.01%	1.67%	2.21%	2.64%	2.54%	3.30%	3.55%	3.31%	2.75%	2.48%	3.21%	5.36%	3.19%
CDT	2064.92	3.24%	3.74%	3.35%	4.18%	4.13%	4.00%	3.81%	4.43%	4.63%	4.45%	4.65%	4.11%	4.78%	4.19%
PCIC	738.70	5.08%	4.64%	4.45%	5.20%	5.09%	4.56%	4.68%	5.83%	5.93%	6.15%	6.28%	4.16%	5.11%	4.96%
Specialist Services	1707.35	4.34%	4.18%	4.09%	4.49%	5.13%	4.80%	4.86%	5.51%	5.73%	5.25%	5.18%	5.12%	5.20%	5.18%
Children & Women	1846.68	4.18%	4.53%	4.49%	4.43%	4.37%	4.61%	5.22%	5.94%	6.05%	6.81%	5.76%	5.26%	5.91%	5.25%
Surgical Services	2072.88	4.39%	4.45%	4.74%	5.03%	5.33%	5.28%	4.80%	5.09%	5.51%	5.78%	5.87%	5.35%	5.76%	5.30%
Medicine	1609.10	5.71%	6.73%	5.90%	5.39%	6.15%	6.56%	6.59%	6.01%	6.36%	6.59%	6.94%	5.43%	5.72%	6.20%
Mental Health	1288.92	5.55%	5.71%	5.57%	5.74%	5.74%	6.33%	6.08%	6.30%	7.08%	7.62%	6.41%	6.15%	7.13%	6.33%
Capital, Estates & Facilities	1043.93	6.70%	8.03%	7.84%	8.23%	9.59%	9.79%	9.45%	9.52%	8.30%	8.54%	9.21%	7.67%	8.51%	8.73%
uHB	**13306.80**	**4.60%**	**4.90%**	**4.72%**	**5.00%**	**5.30%**	**5.37%**	**5.30%**	**5.70%**	**5.82%**	**6.01%**	**5.84%**	**5.14%**	**5.70%**	**5.41%**

The sickness target for the UHB was 4.60% for the period shown above. Each Clinical Board has its own specific sickness target as shown.
It is evident that the majority of the Clinical Boards did not reach the target set. Capital, Estates and Facilities have the highest sickness rate cumulatively at 8.73%. The highest sickness rate in this period was 9.79% August 2019 within Capital, Estates and Facilities.

> 0.5% Off Target
< 0.5% Off Target
Below / On Target

Short, Medium and Long Term Sickness Absence



Long Term – Sickness over 4 Months (122 days)

Medium Term – Sickness between 1 – 4 months

Short Term – Sickness under 28 days

April 2020 to March 2021

Sickness Absence by Clinical Board

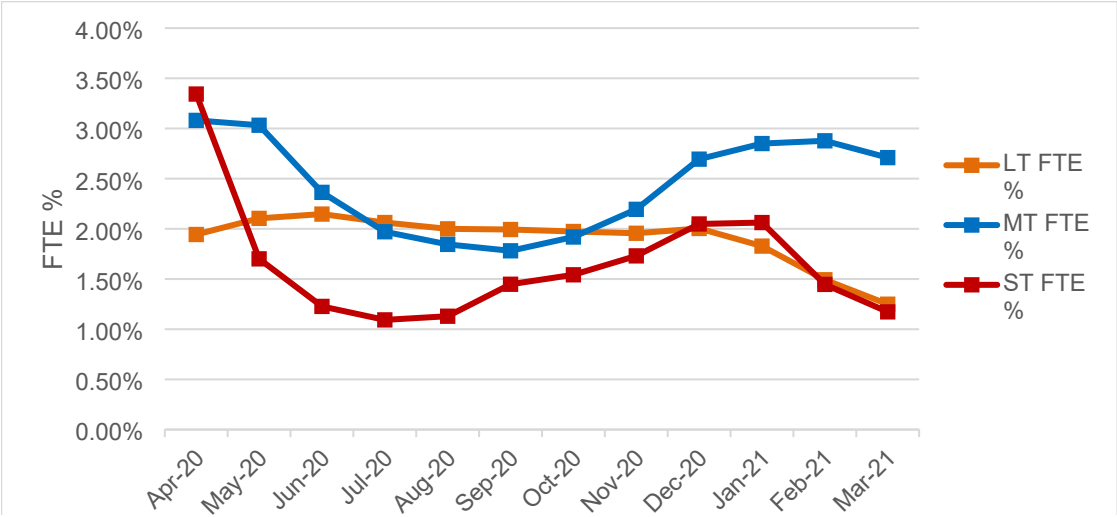
	WTE	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Cumulative
All Wales Genomics Service	223.08	2.53%	5.22%	4.42%	3.37%	2.71%	2.32%	3.32%	3.53%	4.57%	3.48%	2.22%	2.78%	3.21%	3.42%
Capital, Estates & Facilities	1152.89	7.43%	11.00%	8.80%	7.09%	7.06%	7.26%	7.60%	7.32%	7.61%	9.35%	8.88%	7.81%	7.18%	8.08%
CDT	2091.50	3.57%	6.31%	4.94%	4.11%	4.01%	3.21%	3.51%	3.92%	4.58%	4.94%	5.08%	4.16%	3.81%	4.38%
Children & Women	1826.06	4.51%	6.39%	5.66%	4.83%	4.34%	4.58%	5.34%	5.57%	5.05%	5.24%	5.17%	4.62%	4.96%	5.15%
Corporate	767.39	2.71%	3.39%	3.40%	3.26%	2.71%	2.65%	2.50%	2.35%	2.46%	3.85%	4.01%	3.76%	3.32%	3.14%
Medicine	1632.35	5.27%	12.57%	10.89%	8.16%	6.70%	6.93%	6.41%	6.20%	8.48%	10.22%	9.55%	8.02%	6.64%	8.40%
Mental Health	1296.21	5.39%	8.79%	7.47%	7.08%	5.84%	6.22%	6.40%	6.37%	6.56%	7.51%	7.78%	7.11%	6.63%	6.98%
PCIC	995.01	4.41%	7.34%	6.46%	6.19%	6.36%	5.03%	5.25%	5.93%	6.19%	6.39%	5.17%	4.21%	3.71%	5.61%
Specialist Services	1805.92	4.22%	8.69%	7.08%	6.14%	5.51%	5.11%	5.49%	5.93%	6.23%	7.50%	7.72%	7.13%	5.54%	6.50%

Surgical Services	2045.91	4.47%	9.51%	6.48%	5.30%	4.64%	4.68%	4.95%	5.40%	5.51%	6.21%	7.06%	5.59%	4.64%	5.83%
uHB	**13871.92**	**4.60%**	**8.37%**	**6.84%**	**5.74%**	**5.13%**	**4.98%**	**5.22%**	**5.43%**	**5.88%**	**6.75%**	**6.73%**	**5.81%**	**5.14%**	**6.00%**

The sickness target for the UHB was 4.60% for the period shown above. Each Clinical Board has its own specific sickness target as shown.
It is evident that the majority of the Clinical Boards did not reach the target set. Medicine Clinical Board had the highest cumulative sickness rate for the period at 8.40%. The highest sickness rate in this period was 12.57% in April 2020 within the Medicine Clinical Board.

> 0.5% Off Target
< 0.5% Off Target
Below / On Target

Short, Medium and Long Term Sickness Absence



Long Term – Sickness over 4 Months (122 days)

Medium Term – Sickness between 1 – 4 months

Short Term – Sickness under 28 days

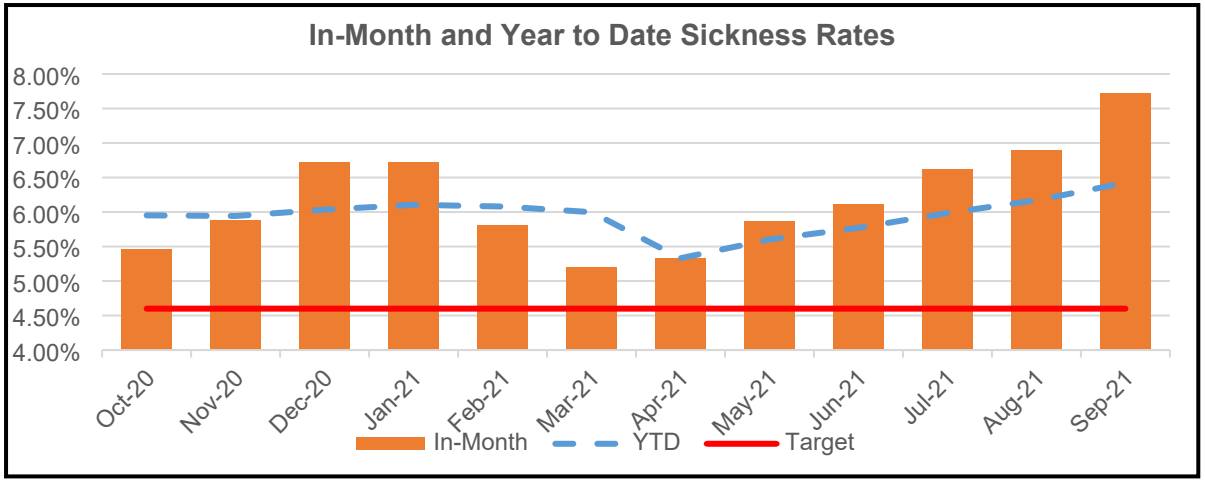
Current Position Apr 21 – Aug 21

Sickness Absence by Clinical Board

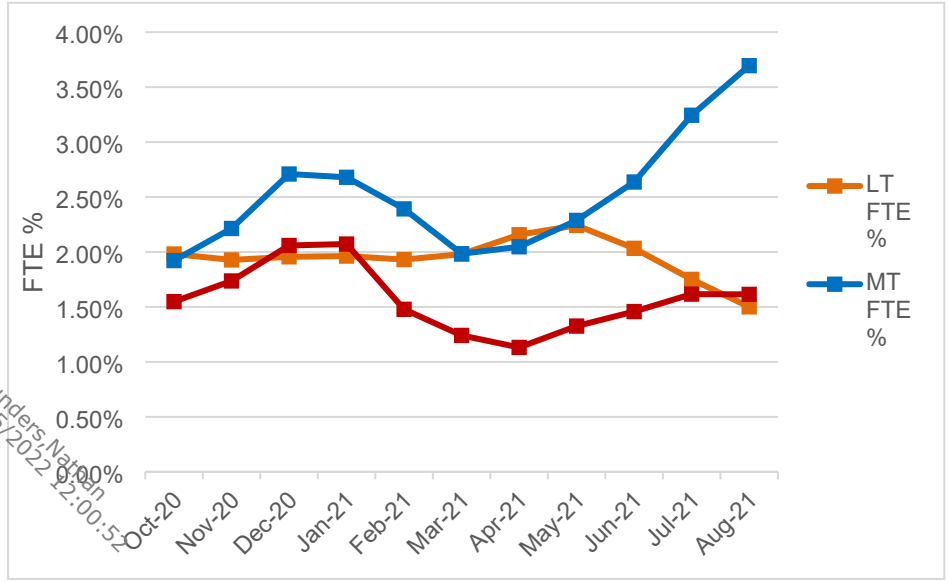
	WTE	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Cumulative
All Wales Genomics Service	257.79	2.62%	3.70%	3.35%	3.26%	2.58%	2.90%	3.11%	3.14%
Corporate	846.14	2.41%	3.63%	3.95%	3.45%	2.85%	2.78%	3.46%	3.34%
CDT	2097.45	3.36%	3.36%	4.01%	4.31%	4.74%	4.68%	5.25%	4.40%
Surgical Services	2045.09	4.47%	4.57%	5.07%	5.15%	6.29%	6.45%	6.78%	5.70%
Children & Women	1806.09	3.95%	6.39%	6.28%	6.34%	6.53%	6.31%	6.97%	5.73%
PCIC	938.13	4.30%	4.67%	4.62%	5.40%	5.99%	6.34%	7.27%	6.47%
Mental Health	1259.07	5.35%	7.33%	8.15%	7.43%	8.26%	8.51%	9.03%	7.29%
Specialist Services	1791.29	4.98%	5.39%	6.69%	6.93%	7.34%	8.29%	9.10%	7.85%
Medicine	1629.92	6.45%	6.22%	6.70%	7.57%	8.00%	8.63%	9.93%	8.12%
Capital, Estates & Facilities	1094.67	6.19%	6.94%	7.67%	8.92%	9.63%	10.49%	12.89%	10.94%
uHB	**13784.60**	**4.60%**	**5.33%**	**5.87%**	**6.11%**	**6.61%**	**6.90%**	**7.71%**	**6.42%**

> 0.5% Off Target
< 0.5% Off Target
Below / On Target

The sickness target for the UHB remains at 4.60%. It is evident that sickness rates have increased across the UHB. Capital, Estates and Facilities are reporting the highest cumulative sickness rate for the period at 10.94%. The highest sickness rate in this period was 12.89% in September 2021 within Capital, Estates and Facilities. Sickness rates in September 2021 have been higher than the September rates reported in 2019 and 2020.



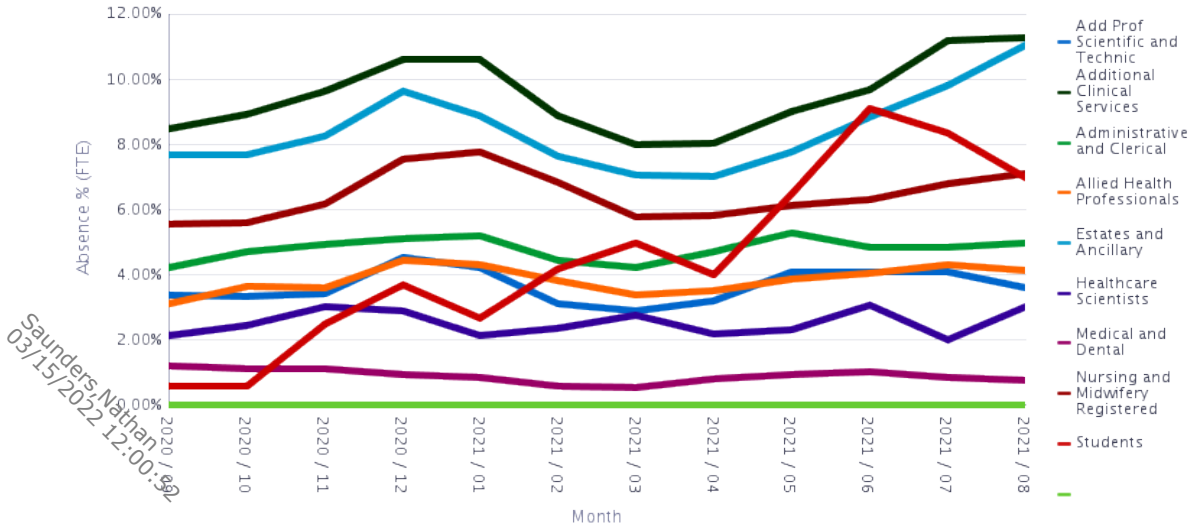
Short, Medium and Long Term Sickness Absence



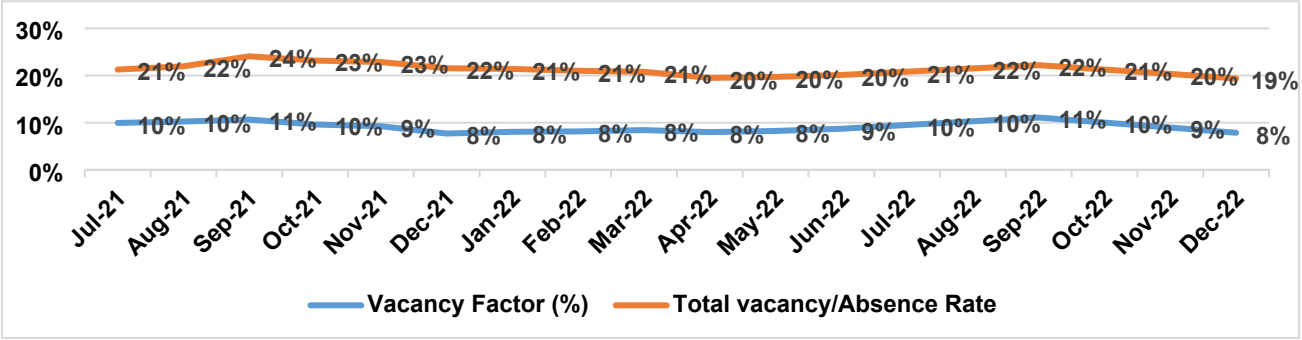
Top 10 Absence Reasons by FTE Days Lost

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	537	552	9,174.20	28.6
S13 Cold, Cough, Flu - Influenza	511	520	2,604.78	8.1
S12 Other musculoskeletal problems	179	181	2,535.77	7.9
S15 Chest & respiratory problems	257	262	2,451.44	7.6
S98 Other known causes - not elsewhere classified	216	217	2,379.54	7.4
S99 Unknown causes / Not specified	232	242	2,075.30	6.5
S28 Injury, fracture	109	110	1,747.00	5.4
S25 Gastrointestinal problems	329	331	1,703.70	5.3
S11 Back Problems	127	130	1,498.46	4.7
S17 Benign and malignant tumours, cancers	40	40	870.63	2.7

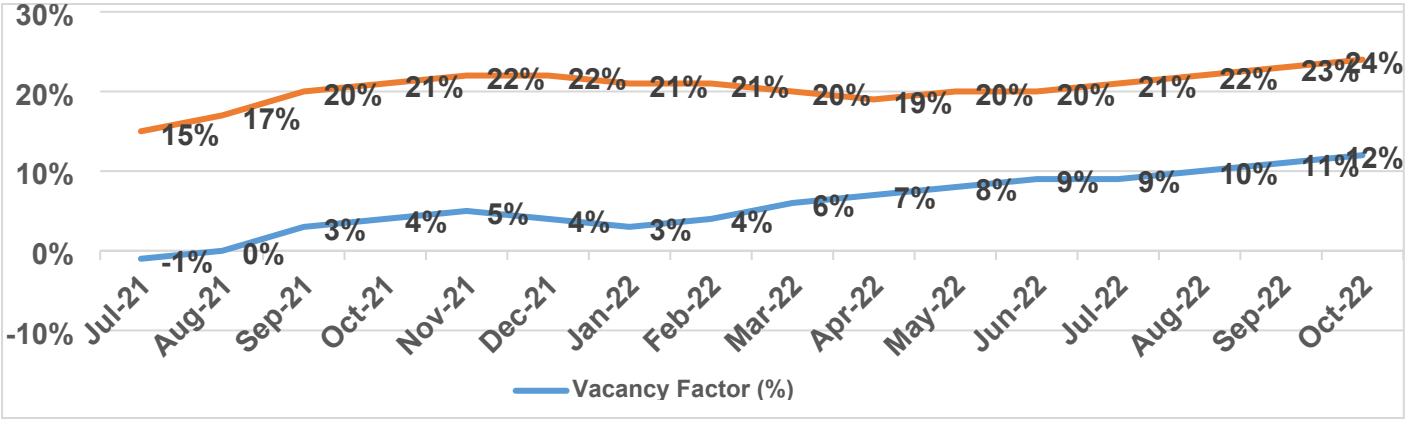
Sickness broken down by Staff Group



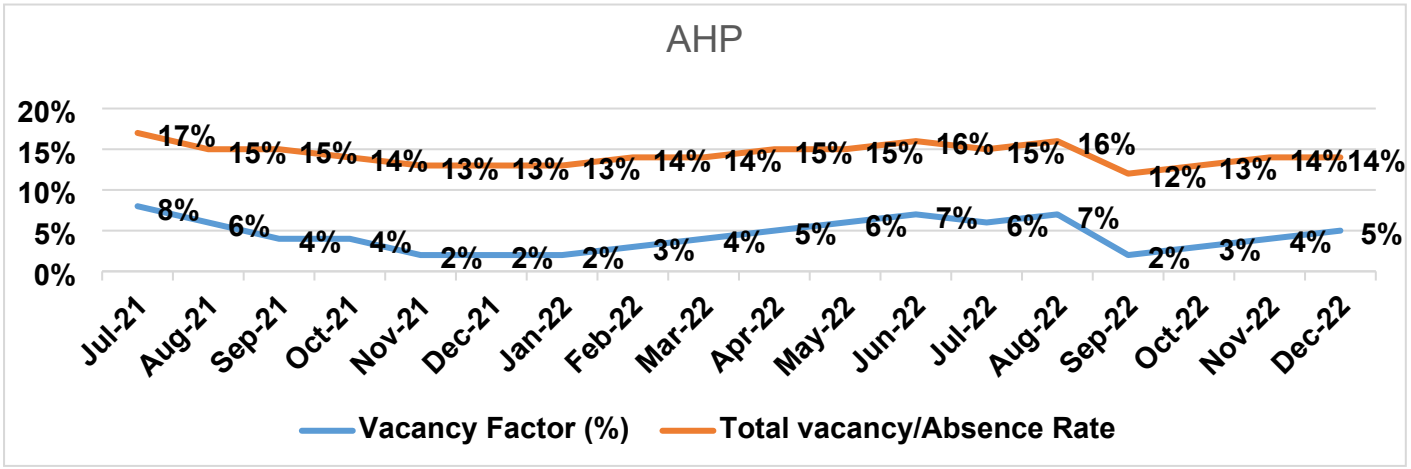
Band 5 & 6 Nurse Vacancy and Total Absence Rates



Band 2 and 3 Vacancy and Total Absence Rates



Band 5 & 6 AHP Vacancy and Total Absence Rates



COVID related Sickness

The UHB currently has 49 Cases of long Covid across UHB. These staff are being supported in line with the Managing Attendance at Work Policy with support from Occupational Health and the Employee Wellbeing Service.
Specific arrangements were put in place in March 2020, in response to the exceptional sickness absence situation prevailing as the COVID-19 outbreak took hold across Wales. To support NHS Wales staff both from a control of infection measure and to facilitate recovery, open ended sickness absence arrangements were put in place which provided for full pay from day one.

It was agreed in partnership to provide a formal re-starting of the absence timeline for individuals absent with long COVID sickness, with effect from 1st December 2020 to provide for up to 12 months sickness absence on full pay from that date i.e. up until 30th November 2021. All cases of long COVID, post virus sickness absence commencing after this date have been treated in the same way, with up to 12 months full pay being provided from the first day of absence.

Occupational Health Services – Increased Demand

The Occupational Health Service is currently experiencing a 43% increase in the number of management referrals being sent by managers who are seeking advice to support the wellbeing of their staff. This has impacted on waiting times, which have increased from 3-4 weeks to 8 weeks and are anticipated to continue to increase.

Annually the Occupational Health Service receives approximately 2500 management referrals. In Quarter 1 of 2019/20 the service processed 636 referrals with 93% being seen within 4 weeks of receipt of the referral. In Quarter 1 of 2021/21 OH has received 902 referrals, a 43% increase and 30% are being seen within 4 weeks with the remaining 70% being seen within 8 weeks.

Key priorities:

- Promotion & delivery of our wellbeing strategy & plan.
- Support managers with managing long Covid cases and ensuring staff who are able to RTW are provided with the appropriate support such as phased return to work or alternative duties/roles.
- Support managers with the application of the Manging Attendance at Work Policy in relation to Long Term and Short Term Sickness. With high levels of sickness absence and ward managers included as part of the ward establishment there is reduced capacity to manage absence, which exacerbates the situation further.
- Ensure monthly reports are provided at Clinical Board level to report on sickness rates, reasons and trends.
- Ensure line managers are trained and feel able to manage absence using the Managing Attendance at Work Policy. Launch virtual training in partnership with Trade Unions.
- The HR Operations Team to work closely with new Workforce Resourcing Team to process urgent (eg Transitional Care Wards, HCSWs and Mass Immunisation Service)

- Update the staff engagement framework & action plan

Recommendation:

The Strategy and Delivery Committee is asked to:

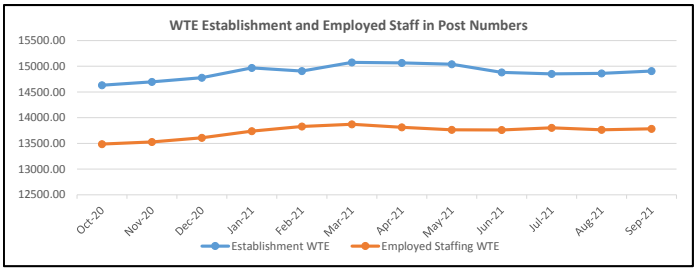
- **Note** and **discuss** the contents of the report

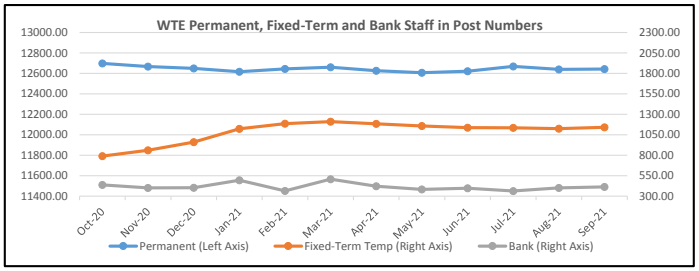
Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver 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	

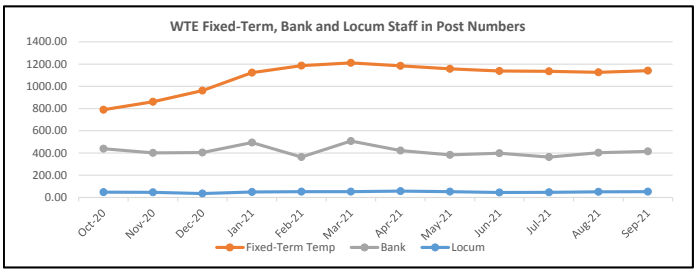
Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

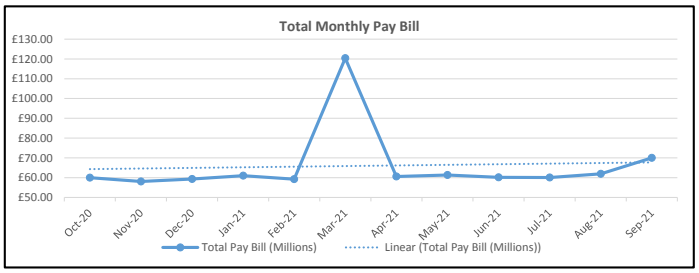
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

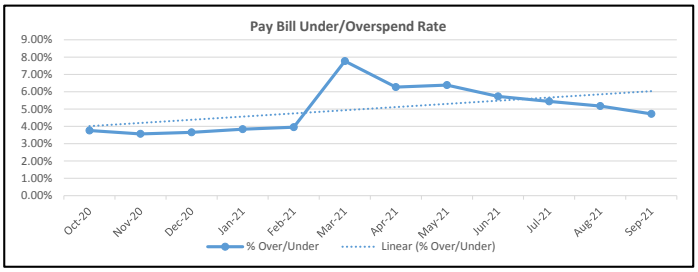
Workforce Key Performance Indicators Trends September 2021

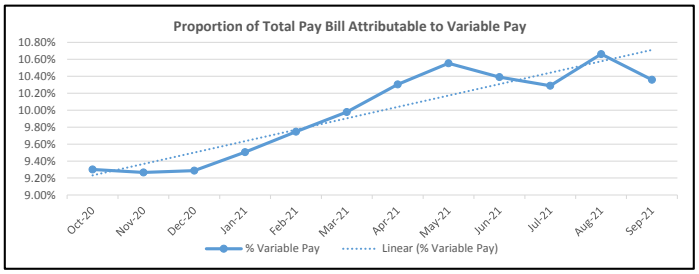


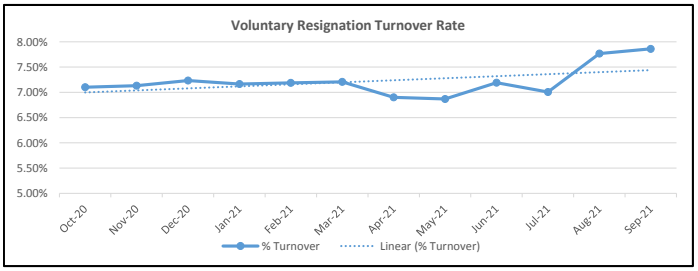


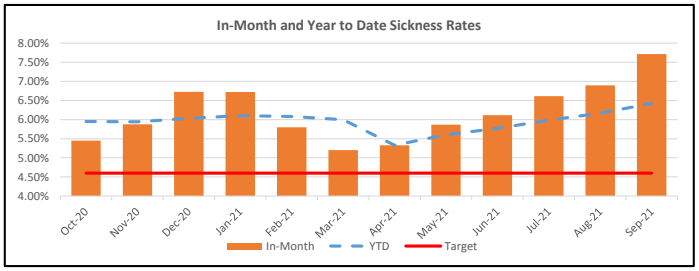


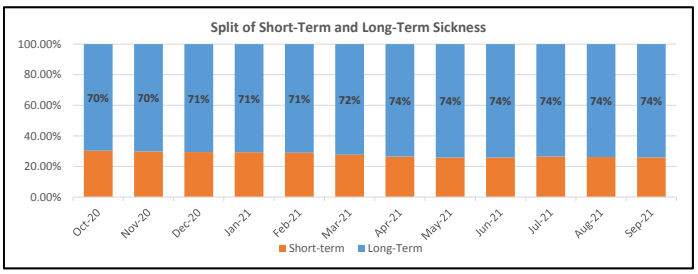


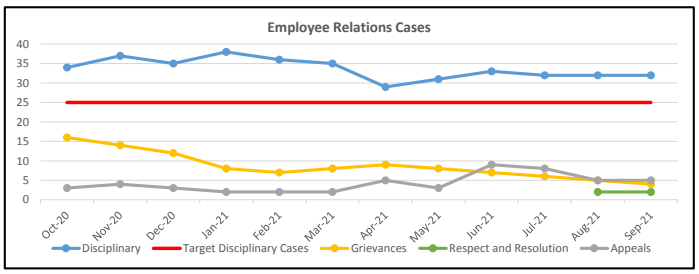


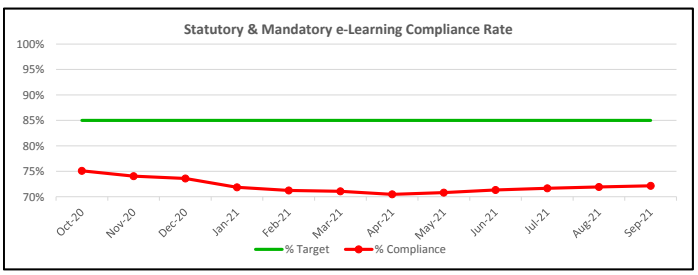


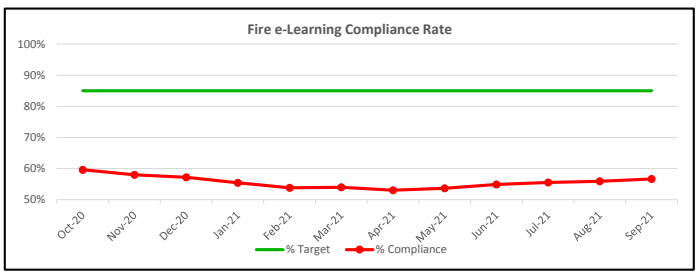


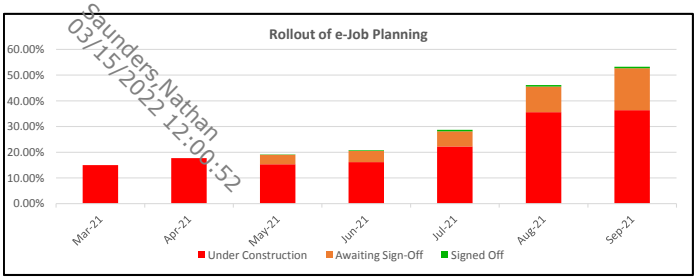












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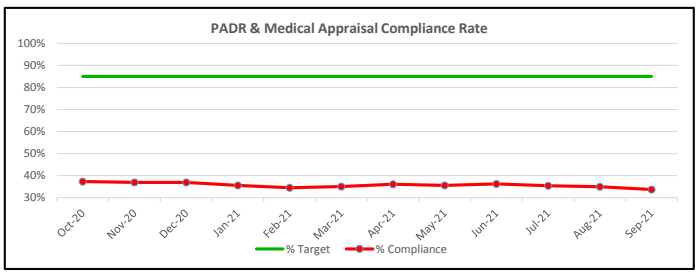

Report Title:	**KEY OPERATIONAL PERFORMANCE INDICATORS**						
Meeting:	Strategy & Delivery Committee				**Meeting Date:**	16/11/21	
Status:	**For Discussion**		**For Assurance**	√	**For Approval**		**For Information**
Lead Executive:	**Chief Operating Officer – Caroline Bird**						
Report Authors (Title):	**Service Manager – Operations Team**						

Background and current situation:

The Health Board continues to progress plans outlined in its updated 2021/22 annual plan and 'Planning for Recovery and Redesign' addendum as submitted to Welsh Government in June 2021. These plans are based on three key principles - clinically led, data driven and risk orientated. Specifically, in regard to the latter and relevant to operational performance, our recovery remains centered on patients being seen in order of clinical priority rather than time-based targets.

The prevailing operating conditions remain largely as reported at the last Committee meeting – with the Health Board continuing to experience significant operational pressures. The pressures continue to be seen across the whole system – in primary and community care, mental health, our emergency stream and within social care.

Our Covid admissions and occupancy have increased since the last Committee meeting but remain lower than in previous peaks. The uncertainty regarding demand and ongoing IP&C requirements to minimise nosocomial spread results in the UHB continuing to operate in an increased level of complexity. Whilst this is a contributory factor, the non-covid position continues to be the main driver to current pressures – and specifically data analysis continues to show that current difficulties are driven by our inability to achieve timely discharge of patients – as opposed to it being a demand-based issue.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Committee meeting.

Key Issues to bring to the attention of the Board/ Committee:

- Whilst the Health Board continues to monitor the position for key operational performance indicators, prioritisation of need and service delivery continues to be based on clinical prioritisation rather than time-based targets.
- The Health Board continues to experience significant operational pressures, driven by our inability to achieve timely discharge of patients, and compounded by, over the last reporting period, an increase in covid admissions and occupancy.
- Whilst headline performance against the mental health part 1a measure has deteriorated, the actions being progressed are resulting in improvement in the volume of long waiting patients and average waiting times. Demand for both children and adult's mental health services remain high.

Assessment and Risk Implications

Appendices 1 and 2 provide the year to date position against key organisational performance indicators but these should be viewed in the context of the current operating framework principles.

Planned Care overview (Appendix 1)

Demand and activity for planned care continues to recover towards pre-Covid levels. Referrals from Primary Care remain around 90% of pre-Covid levels. Outpatient activity, a quarter of which is undertaken virtually, is now 88% of pre-Covid levels for new outpatients. Elective Inpatient & Daycase treatments are running at 79% of pre-Covid levels. (All data from July – September 2021).

The overall ***Referral to Treatment (RTT)*** waiting list increased in September to 112,049 and is 28% higher in total in March 2020. There were 38,021 patients waiting ***over 36 weeks***.

The volume of patients waiting greater than 8 weeks for a **Diagnostic** test was 7,428 at the end of September, an increase of 1,281 from the July position of 6,147. 14-week ***Therapy*** breaches were 1,178 at the end of September, up from 794 at the end of July.

For ***Cancer*** services, 178 patients started first definitive treatment in August. 60.1% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion, down from 68.4% in May.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment was 171,427 at the end of September 2021. 98% of patients on a follow-up waiting list have a target date. We are consistently above the national target of 95%. The number of follow-up patients waiting 100% over their target date was 45,475 at the end of September, a reduction of 2,301 from the end of July 2021, at its lowest point since April 2020 and remains lower than the end of year target set for the Health Board by Welsh Government.

94.7% of patients waiting for ***eye care*** had an allocated health risk factor in September against a target of 98%. 66.4% of patients categorised as highest risk (R1) are under or within 25% of their target date, the highest performance since February 2020.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) remain high (1,307 in September 2021, compared to 1,010 in September 2020 and 821 in September 2019.)

Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 26% overall and 34% for CAMHs in September 2021. Part 1b: 93.66% of therapeutic started within 28 days following assessment at the end of September, an improvement from the July position.

Unscheduled Care overview (Appendix 2)

Attendances at our Emergency Unit remain close to pre-Covid levels. Occupancy has continued to increase, specifically within our greater than 21-day length of stay patient cohort.

4-hour performance in our Emergency Unit was 65.3% in September 2021, down from 67.7% in August. This compares with 82.1% compliance in September 2020.

There were 897 x ***12-hour delays*** in EU in September, an increase from July and August this year and a significant increase in the number experienced in April and May 2021.

Over 1-hour ***Ambulance Handover*** delays were 378 in September 2021, compared to 349 in August and 331 in July.

Stroke – 20.4% of patients were directly admitted to an acute stroke bed within 4 hours and 69.1% of patients being assessed by a Stroke Consultant within 24 hours.

Recommendation:

The Strategy and Delivery Committee is asked to **NOTE**:

- The year to date position against key organisational performance indicators for 2021-22 but in the context of prevailing operating conditions.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
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, click here for more information*									
Prevention		Long term	√	Integration	√	Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Appendix 1

Performance against key operational performance indicators 2021/22: Planned Care

2021/22		Mar	Apr	May	Jun	Jul	Aug	Sep
Planned Care								
RTT - 36 weeks (Target = 0)	21/22 Actual	32,938	33,922	34,896	35,975	37,311	38,415	38,021
RTT - 26 weeks (Target = 95%)	21/22 Actual	55.0%	55.5%	55.4%	56.7%	57.3%	56.9%	56.3%
Total Waiting list	21/22 Actual	92,286	96,892	99,664	103,606	107,555	110,126	112,049
Diagnostics > 8 weeks (Target = 0)	21/22 Actual	4,547	4,244	4,848	5,315	6,147	6,998	7,428
Therapies > 14 weeks (Target =0)	21/22 Actual	562	530	494	696	794	993	1,178
Cancer								
SCP - with no suspensions	*21/22 Actual*	65.6%	64.7%	58.7%	67.0%	68.4%	60.1%	n/a
Outpatient Follow Up								
OPFU - > 100% delayed *(Target x by 31/3/22)*	21/22 Actual	49,862	49,032	48,833	48,155	47,776	46,726	45,475
OPFU - Target date *(Target 95% compliance by 31/12/19)*	21/22 Actual	98.1%	98.0%	98.0%	98.1%	98.1%	97.9%	98.0%
Total OPFU waiting list *(Target x by 31/3/22)*	21/22 Actual	170,453	171,576	172,596	173,058	173,412	171,164	171,427
Eye Care								
% R1 opthalmology patients waiting within target date or within 25% beyond target date for OP appointment	21/22 Actual	60.4%	61.6%	62.4%	64.4%	64.9%	66.1%	66.4%
98% of patients to have an allocated HRF	21/22 Actual	96.4%	95.6%	95.9%	96.2%	95.2%	94.9%	94.7%
Mental Health								
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	21/22 Actual	13.30%	18.70%	16.32%	20.80%	36.31%	30.51%	26.46%
Part 1a: CAMHs only	21/22 Actual	25.81%	29.85%	27.54%	46.23%	35.48%	37.65%	34.19%
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	21/22 Actual	92.31%	92.91%	97.47%	95.42%	92.92%	95.71%	93.66%

Appendix 2

Performance against key operational performance indicators 2021/22: Unscheduled Care

2021/22		Mar	Apr	May	Jun	Jul	Aug	Sep
Unscheduled Care								
EU waits - 4 hours (95% target)	21/22 Actual - Monthly	81.1%	80.4%	76.9%	72.4%	67.3%	67.7%	65.3%
EU waits - > 12 hours (0 target)	21/22 Actual - Monthly	39	79	94	377	574	680	897
Ambulance handover > 1 hour (number)	21/22 Actual	116	108	116	290	331	349	378
Ambulance - 8 mins red call (65% target)	21/22 Actual	68%	68%	69%	77%	71%	72%	66%
Stroke								
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	21/22 Actual	4.5%	15.8%	31.0%	50.8%	28.8%	26.5%	20.4%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	21/22 Actual	75.0%	83.3%	82.7%	90.9%	89.2%	78.9%	69.1%

Report Title:	**Board Assurance Framework – Delivery of Annual Plan and Staff Wellbeing**								
Meeting:	Strategy and Delivery Committee						**Meeting Date:**	16th November 21	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Director of Corporate Governance**								

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
- Staff Wellbeing

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/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 Annual Plan and Staff Wellbeing risks 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 30th September 2021.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

At the Board Meeting held on 29th July the following risks were 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 Annual Plan
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 in order to provide assurance ot the Board:

13 July 2021

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

14 September 2021

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

16 November 2021

6. Delivery of Annual Plan – Strategy and Delivery Committee
7. Staff Wellbeing – Strategy and Delivery Committee

Recommendation:

The Strategy and Delivery Committee is asked to:

Review the attached risks in relation to Delivery of the Annual Plan and Staff Wellbeing.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
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		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, click here for more information

Prevention	x	Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	~~Yes / No /~~ Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*								

Impact of Covid19 Pandemic on Staff Wellbeing

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.

Evidence

Risk	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the pandemic. Which together with limited time to reflect and recover will increase the risk of burnout in staff.		
Date added:	6th May 2021		
Cause	• Redeployment with lack of communication / notice / consultation • Working in areas out of their clinical expertise • Being merged with new colleagues from different areas • Increased working to cover shifts for colleagues • 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 • Conflict between service delivery and staff wellbeing • Continued exposure to psychological impact of covid both at home and in work		
Impact	• Values and behaviours of the UHB will not be displayed • Operating on minimal staff levels in clinical areas • Mental health of staff will decrease • 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 employee of choice may decrease		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 –(Extreme)**
Current Controls	• Self-referral to wellbeing services • Managerial referrals to occupational health • 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 manager • GP self-referral • Values Based Appraisals		

	• Chaplaincy ward rounds • Appointment of new 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
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 February 2022 which will reduce clinical capacity by 70% • 43% increase in referrals to Occupational Health
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

Actions	**Lead**	**By when**	**Update since July 21**
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 session 12th and 13th May UHW / UHL CAV a Coffee events on wards - Lakeside & Heulwyn Ward visits and support to staff Signposting of resources and support through EHWS
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	Consultation commenced across clinical boards Consultation proposed for May-July amongst all

		Interventions proposed implementation April 22 - 2023	bandings of staff – clinical and non-clinical
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 Key action: create 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	

Impact Score: 3	**Likelihood Score: 2**	**Target Risk Score:**	**6 - Moderate**

Risk of Delivery of Annual Plan 21/22 - Lead Executive – 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)		
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.		

Actions	**Lead**	**By when**	**Update since July 21**
Monitor implementation of Annual Plan and continue to report through Strategy and Delivery Committee	AH	31/03/22	The HB is still working in an uncertain environment but

				a winter plan is already being developed.
Winter Plan being developed with partners despite being not requirement for one by WG		AH/SC	31/10/21	Plan to be discussed with Joint Management Executive
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**		**10 (High)**

Report Title:	**Deliverying our 21-22 annual plan & Preparing our 22-25 Integrated medium term plan (IMTP)**							**Agenda Item no.**	**x.x**		
Meeting:	**Strategy and Delivery Committee**							**Meeting Date:**	16 November 2021		
Status:	**For Discussion**	**x**	**For Assurance**		**For Approval**		**For Information**		**x**		
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**										
Report Author (Title):	**Head of Strategy and Planning**										

Background and current situation:

Since March 2020 the statutory requirement for the Health Board to develop a full three-year IMTP has been stood down in response to the Covid-19 pandemic, replaced instead by the requirement for quarterly, and then latterly annual plans.

2022-23 represents the return to the three-year planning cycle with an expected submission of the plan to Welsh Government by the 28th February 2022.

The purpose of this update to Strategy and Delivery Committee (S&DC) is two-fold;

1) To provide assurance to committee members on the progress being made on delivery of the 21-22 annual plan.

Programme highlight reports have previously been shared with at SD&C by way of providing assurance on delivery of plans within the UHB. It was noted by S&DC that these highlight reports were a very helpful tool but that sometimes they lacked context when considered in isolation.

The UHB continues its journey towards fully addressing this important feedback and ensuring robust assurance is provided on annual plan and IMTP delivery. The contents of this report and associated annex represent the positive progress being made.

2) To provide an update on the progress being made in regards to the development of the 22-23 IMTP

As of 6th November 2021, NHS Wales is still awaiting the publication of the Welsh Government (WG) Planning Framework, a document which is intended to set the context for UHBs 22-23 IMTP. A ministerial letter to Chief Executives and Chairs however provides a good indication as to what we can expect the planning framework to contain.

The Board will be asked to support the UHBs 2022-25 IMTP at its January meeting prior to submission. Strategy and Delivery Committee will also have the opportunity to discuss an early draft of the plan at its next meeting prior to Board in January.

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

Delivery of the 21-22 annual plan

As the NHS moves back into its more routine approach to strategic planning the UHBs strategic planning team is developing a refreshed approach to ensure effective assurance is provided on 'in year' delivery of plans- to both internal and external stakeholders.

The nature of the UHBs plan being an *integrated* plan means that performance, service development, workforce, finance, quality and patient safety agendas are all intrinsically linked. Whilst there are huge benefits in developing a plan in this manner it can subsequently prove challenging to develop a single effective mechanism for reporting on delivery. Bodies across NHS Wales collectively experience this challenge.

As a key stakeholder the strategy and delivery committee (S&DC) will, prior to 2022/23, be invited to consider the proposed approach as we work to addressing this challenge.

However, it remains important that S&DC are able to be assured on progress being made against the commitments within the UHBs current (21/22) annual plan.

The S&D committee are asked to note that Board receive assurance on many aspects of the annual plan via standing items on Board and sub-committee meeting agendas. For example- Performance reports, Patient safety, quality and experience reports and the Board Assurance framework (BAF).

This collective level of information should be considered alongside **annex A** "2021 – 2022 Annual Plan: *Quarter 2 Delivery Report*" which focuses on the progress of the service developments across the recovery, redesign and transformation agenda of the annual plan.

Taken as a whole this provides the holistic update on the UHBs progress on 21-22 plan delivery.

Copies of the most recently available board papers can be found here;
https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-09-30-final-boardbook-v5-pdf/

Whilst **annex A** is, as stated, primarily a delivery report regarding 21-22 plan it also acts as a very early prototype as to what assurance on IMTP delivery could look like moving forward and some of the assurance data that could be provided. Early feedback from S&D committee ahead of more formal testing on a final draft format is invited.

Development of the 2022-25 IMTP

A fuller discussion and testing on the approach being taken to the development of the IMTP will take place via the delivery of a presentation at the Strategy and Delivery Committee on the 16th November.

To support discussion at the meeting a summary in is given in **annex B** as to the;

- Proposed four strategic areas of focus for the UHB in 22-25
- The ten priorities for the UHB in 22-25
- The critical deliverables for the UHB in 22-25.

Committee members are invited to consider these points prior to discussion.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

2022 – 2025 IMTP Development

The principle risk being managed in regards to the development of the 22-25 IMTP relates to ensuring that the plan developed is not only a plan that is approvable by the Minister but that the plan is also deliverable from a finance and resource perspective.

In order to robustly mitigate this risk a detailed prioritisation exercise is currently being undertaken to ensure all service developments identified within the plan are suitably resourced. This exercise is being managed through the UHBs Strategy and Delivery Group (SDDG) with recommendations being made to the UHBs Management Executive group in December.

2021 – 2022 Annual Plan Delivery

It is recognised that asking stakeholders to consider a range of information across a suite of different sources presented to a range of committees and Board may be problematic and hinder the ability to have full assurance on plan delivery.

This is being mitigated via ongoing work to develop a more 'single source' for assurance with ambitions to have this is place for the start of 2022-25 and implementation of the UHBs IMTP.

Recommendation:

The S&DC are asked to;

NOTE the update on 21-22 annual plan delivery and **DISCUSS** the style and focus of the delivery report as a potential long-term reporting format for the 22-25 IMTP.

ENDORSE the proposed approach being taken on the development of the 22-25 IMTP (noting a presentation to accompany this paper will be given in committee).

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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, click here for more information*									
Prevention	✔	Long term	✔	Integration	✔	Collaboration	✔	Involvement	✔

Equality and Health Impact Assessment Completed:	Not Applicable

Strategic Planning and Commissioning
'shaping the future, delivering better outcomes today'

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

2021 – 2022 Annual Plan
Annex A: Quarter 2 Delivery Report

Background, context and how to read this pack.

Background

Cardiff & Vale UHB have a Board approved 2021 – 22 annual plan. This twelve month plan was set in the context of –

- The ongoing RESPONSE to Covid-19.
- The RECOVERY ambition of the UHB
- The longer term RESIGN AND TRANSFORMATION of the UHB.

Work is in work progress to establish a long term approach to providing Board and other key stakeholders with a robust mechanism by which to gain assurance on the progress being made on the implementation of UHB strategic plans.

However, it remains important that stakeholders can be assured in the 'hear and now' so this delivery report acts a bespoke assurance tool specifically for 20/21.

It is important to note that portfolios and constituent programmes are at varying degrees of maturity, at this stage whilst some maybe reporting on delivery others may still be in the scoping phase. The varience across the sections in this report will reflect this.

Context

Board and sub committees receive assurance on many things including (but not limited to) Performance, Patient safety, quality and experience report and the Board Assurance framework (BAF).

This collective level of information should be considered alongside this delivery report which focuses on the progress of the key service developments identified within the annual plan. Taken as a whole this provides the holistic update on the UHBs progress on 21-22 plan delivery.

Copies of the most recently available board papers can be found here;
https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-09-30-final-boardbook-v5-pdf/

How to read this document

This delivery report focuses on the RESIGN AND TRANSFORMATION agenda of the organisation. As stated in the context section assurance across other domains is provided via separate reports to Board and sub committees.

To mirror the delivery mechanism of the UHB this report is divided into four sections;
Section A: Governance
Section B: Recovery & Resign portfolio
Section C: Strategic transformation portfolio
Section D: Enabling Programmes

Where appropriate each section is then broken down to programme level updates.

Whilst every effort has been made to make this delivery report as 'real time' as possible it should be noted that programme level reporting takes the most recent updates provided to the respective portfolio board(s) which meet once a month. A time lack of up to three weeks is therefore possible. Hyperlinks around the document exist for ease of reference.

As stated in the background section, work is underway to develop a robust long-term approach to assurance regarding IMTP delivery. As such this delivery report should be read through two lenses;

a) Not only progress being made regarding 21-22 plan
b) As a potential early prototype as to what assurance on IMTP delivery could look like and some of the assurance data that could be provided.

Section A:
Governance

How we Structure delivery

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

We continue to shape delivery of our recovery, redesign and transformation agenda through 11 strategic programmes.

Shaping our future hospitals	Shaping our future communities	Shaping our future Clinical services	Shaping our future population health	Primary care	Planned care	USC	Diagnostics	MH	Workforce	Digital and Data
Abi Harris	Abi Harris	Stuart Walker	Fiona Kinghorn	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Rachel Gidman	David Thomas

Strategic programmes
Operational programmes
Enabling programmes

The 'red' Primary care, Planned care, USC, Diagnostics and MH programmes are collectively managed via an operational portfolio board under the auspicious of the Recovery Programmes Director with the Chief Operating Officer (COO) as SRO

The 'green' Shaping our Future Hospitals, Shaping our Future Communities, Shaping our future clinical services, shaping our population health programmes are collectively managed via an strategic portfolio board under the auspicious of the Deputy Director of Strategy with the Executive Director of Planning as SRO

Workforce and Digital are identified as formal enabling programmes for which the Directors of Workforce & OD and Digital are the respective SRO's

Portfolio Boards and the enabling programmes report to the management executives group once a month. Please click on the relevant link to review Portfolio and/or programmes.

STRATEGIC CHANGE PORTFOLIO OVERVIEW

- SoFPH
- @Home
- SOCs
- SoFH

OPERATIONAL PORTFOLIO BOARD

Overview
Outcomes
Scope
Commitments
Status report

ENABLING PROGRAMMES

- Workforce

Our goals and measuring progress

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

'Everyone has the same chance of living a healthy life, irrespective of who they are and where they live.'

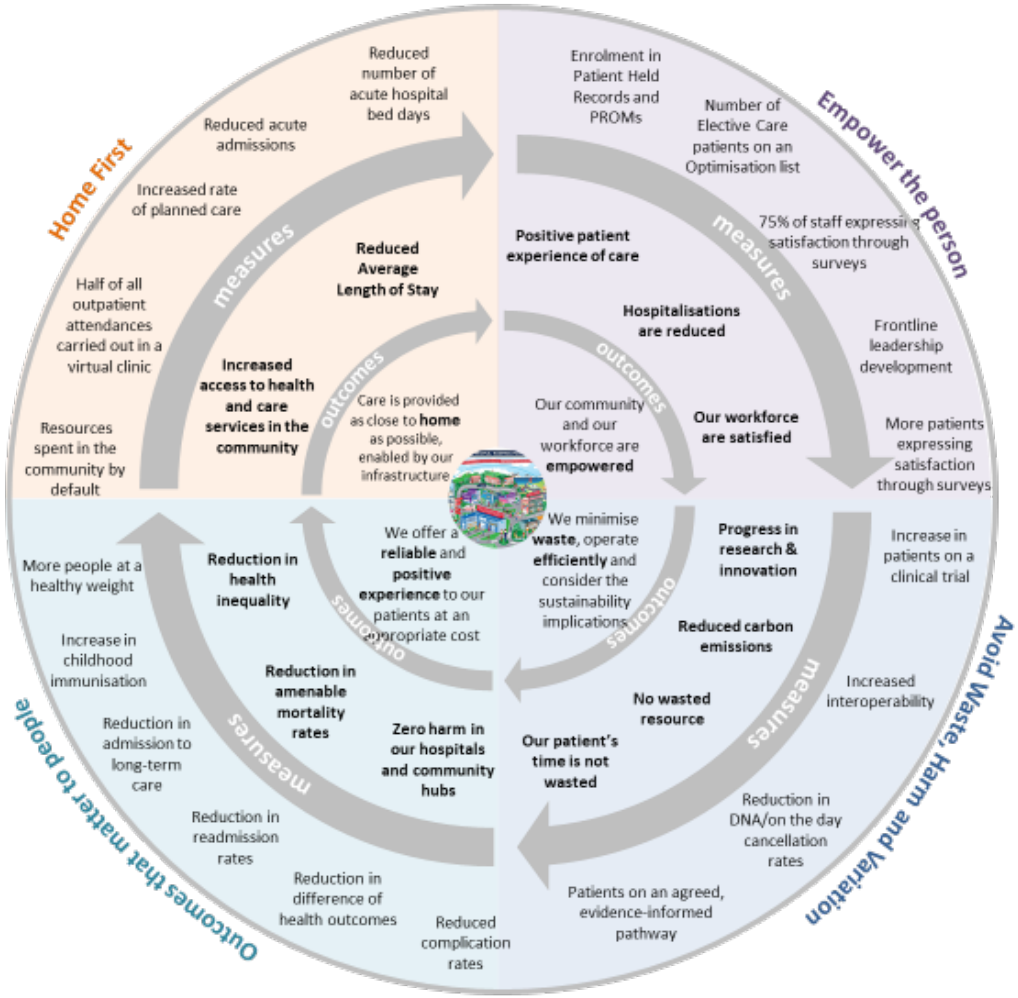
In providing assurance against delivery of our plans it remains important that there is not an exclusive focus on tracking of activity. There must be focus on outcomes. Plans will be agile and required activities may need to change, the outcomes being sought should not.

The outcomes framework (OF) builds on the design principles set out in our strategy:

- Home first – enabling people to remain living independently at home, with care delivered at home or as close to home as possible, wherever possible.
- Outcomes that matter to people with a reliable and positive experience every time.
- Empowering people to live healthy lives, and to do what is right.
- Reducing harm, waste and variation – right care, right place, first time delivered in most efficient way in line with Prudent Healthcare Principles.
- Digital by default as a cross cutting principle.

Future delivery reports (and delivery reports regarding the 22-25 IMTP) will look to provide baseline positions regarding where the UHB is against these outcomes and measures (once agreed) and trajectories / progress against these.

Click here to see an example as to how reducing waste could begin to be reported to support providing assurance between programme objectives / delivery and stated UHB outcomes being delivered.



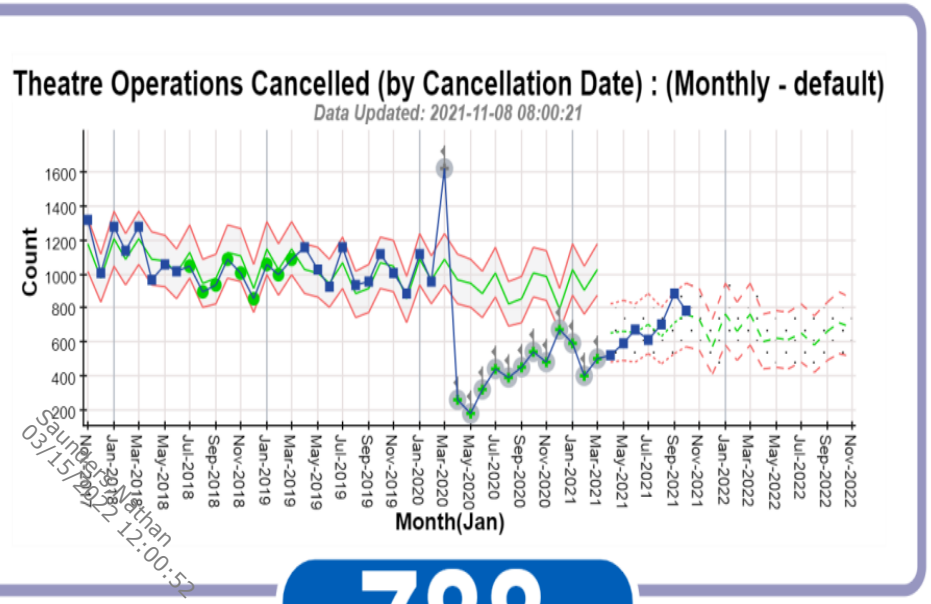
Reducing harm, waste and variation

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

Reducing waste, harm and variation remains a key outcome for many of the programmes across both portfolio's.

Cancelled operations and appointments which saw a 'did not attend' (DNA) by the patient represent a key aspect of waste for the UHB. The attached dash board is an example of what could be used in future delivery reports to support assurance regarding programme delivery *vs* realising UHB outcomes.

Operations Cancelled



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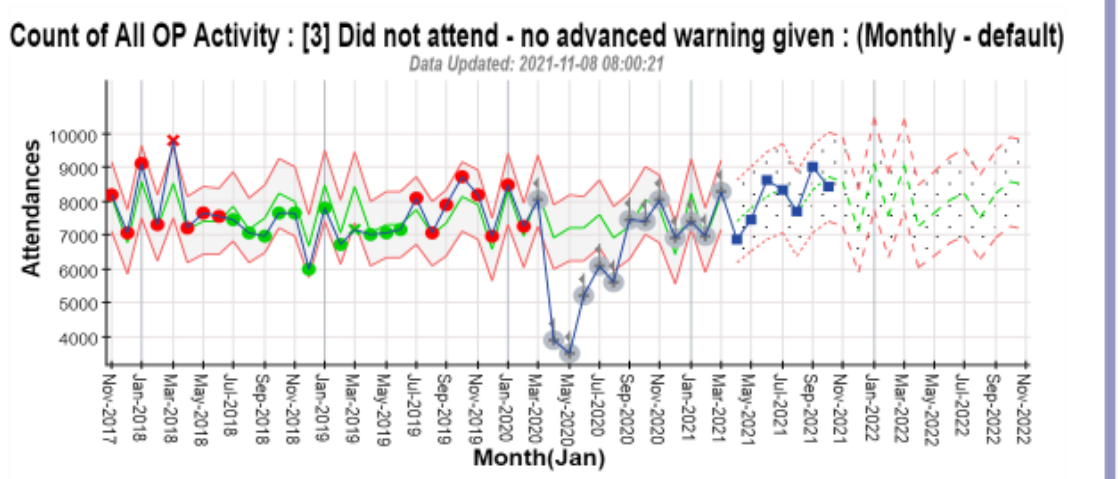
No of DNAs



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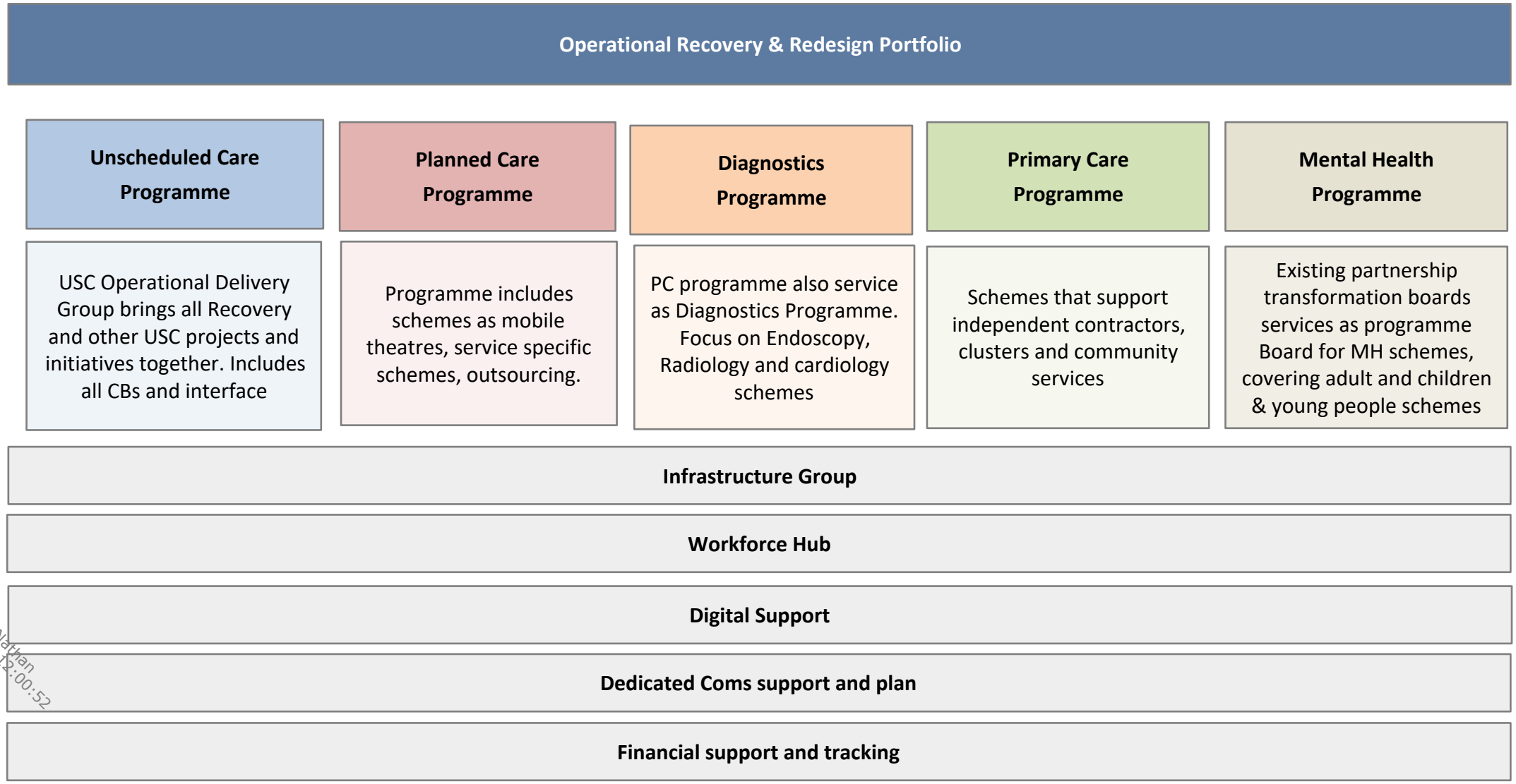
Section B:
Recovery & Redesign Portfolio

Operational Recovery & Redesign Portfolio - Overview



Recovery & Redesign: Focus of of Programmes

Planned Care	***Improving access for patients*** through increasing activity and capacity levels back to, and exceeding pre-COVID levels. This will be achieved through short and medium term measures using independent sector, maximising productivity and efficiency of green pathways (PESUs), ***increasing capacity*** in green pathways though deployment of mobile theatres for example and service reconfiguration. The well established Outpatients programme will begin to feed into and align with the planned care programme. Alongside capacity growth, the programme will implement ***whole system pathway redesign***, to transform how planned care is delivered. Key links with primary care and diagnostics programmes
Unscheduled Care	***Improving access and experience for patients*** through a focus on on the key improvements required to improve usc demand management (eg CAV24/7, UPCC), Front door rapid and ambulatory assessment, hospital flow (RBFT) and length of stay and discharge models. The programme will bring together clinical and operational leads from ***across primary and secondary care*** and will interface with the @home programme and the WG 6 goals for Urgent and Emergency Care.
Primary Care	The Primary Care programme aims to ensure more ***accessible and timely care closer to the home***, enhanced system-wide collaboration and a greater focus on population health. Primary and Community Care services are to be placed front and centre of pathway redesign, with system relationships built upon, ***and improved access to care both in and out of hours***. The flagship Community Diagnostics Hub project will sit within this programme.
Diagnostics	Access to timely diagnostics is a key enabler of effective pathways in both urgent and emergency care and planned care. Diagnostics waiting times have increased as a result of COVID, and so the Diagnostics programme aims to ***reduce the backlog of >8-week waits*** that have arisen across all diagnostic modalities. The programme will include short to to medium term solution of insourcing and outsourcing solutions whilst more sustainable capacity and pathways are developed. The programme will interface with all other programmes and the relevant national groups.
Mental Health	Mental health services for adults and children and young people have seen their own covid wave. The Mental Health programme is ***focused on improving access for service users*** through initiatives to reduce waiting times, introduce ***new models of care*** and continue the effective partnerships with LA and Third Sector. The programme interfaces with USC programme through a number of important schemes.

Scope of Programmes

Children & Women | Medicine | Specialist | Surgery | PCIC | CD&T | Mental Health

RECOVERY & REDESIGN PORTFOLIO

Unscheduled Care

- CAV 24/7 and UPCC
- AU/EU Front door model
- Surgical SDEC
- Right Bed, First Time - FLOW
- Trauma – Frail pathway

Linking to:
- WAST pathways
- MH and CMAHS pathways

Planned Care

- Physio MSK model
- Ophthalmology – Mobile Theatres
- Modular Theatre Build
- Pre-Operative Assessment
- Spinal injections and outpatients
- Enhanced Recovery for Orthopaedics
- Gynaecology Treatment Room
- OUTSOURCING/EXTERNAL PROVIDERS
- OUTPATIENTS TRANSFORMATION
- Dynamic Planning with Lightfoot

Diagnostics

- Endoscopy Insourcing
- MRI Mobile - Extension
- Mobile Endoscopy

Primary Care

- Interface GPs
- Oral Surgery – transfer of services
- Eye Care – specialist optometrists and 'teach & treat'
- MDT - Cluster
- GPSI Community Clinics
- Chronic Disease Management: Clinics (Respiratory, Diabetes, CHD)
- Healthpathways
- MSK to support GMS Sustainability

Mental Health

- Bereavement / post-Covid Support
- Eating Disorder Service
- Adult liaison psychiatry in EU department
- Peer carer support workers
- Crisis 24/7 CAHMS Liaison
- Eating Disorders – C&YP
- Acute Interface
- Primary MH and SCAMHS
- Learning Disabilities & Behaviour That Challenges
- SHED
- Recovery college – Staff wellbeing and recovery
- Crisis Team Home Treatment Uplift
- Hospital discharge support workers
- Third sector - redirecttion

Recovery Delivery Commitments

22/23
100% levels
120% levels

QTR 1

Precovid IPDC activity @ 70%

QTR 2

Stabilisation of Part 1a

Expansion of community dental and eye care schemes

80% pre-covid levels elective activity

QTR 3

New SOS pathways

Further increase in diagnostic and elective capacity

Improved flow and LOS

QTR 4

Cluster roll out to 2 additional clusters

Recovery Primary Mental Health Measure

Eating Disorders access improvement

Eliminate> 8 weeks wait diag

90% pre-covid activity for treatments and outpatients

ANNUAL PLAN COMMITTMENTS

Saunders,Nathan
03/15/2022 12:00:52

Portfolio: Recovery and Redesign

Update #4 Date: 19/10/21

Exec Summary: Portfolio of programmes and projects established to deliver on the UHB Recovery and Redesign plans.

Headline measures: -
Delivered planned care IPDC trajectory of 70% of pre-covid activity by Q1 (71%)
Delivered 80% Q2 IPDC activity – Highest weekly volumes of activity since pre covid
CT – 107% precovid
US – 93% up from 77%
MR – 81 % precovid
Endoscopy @ 115% of pre covid activity

Overall Programme Report

Portfolio Lead	Hannah Evans	Programme Status	Delivery	Next Major Milestone:	

Focus to date

- ✓ Portfolio set up:
  - PDD in post with additional PM coming on board and additional adverts out
  - Roles, responsibilities and key leads identified for majority of projects
  - Project documentation in place and projects in flight for majority of projects
  - Infrastructure Steering Group with a site and capital focus up and running for > 4 weeks
  - Workforce hub established and meeting weekly to provide oversight to WOD elements
- ✓ First Portfolio Board meeting 8 September 2021 - *second meeting 6th October 2021*
- ✓ Scoping of Benefits dashboard – first population of a mock up
- ✓ Scoping of Comms and engagement requirements - *agreed additional coms resource to support Recovery*
- ✓ Linkages with Digital established
- ✓ Lightfoot engaged to support next level of granular planning to support and track elective recovery
- ✓ Internal engagement (HSMB, Nursing Forum, Clinical Board meetings)
- ✓ Welsh Government communication ongoing (letter to update on progress against £13m and further update of bid submitted 17/08/21 – adjustments only for double counting and revised start dates)
- ✓ Agreement at Management Executive and Finance Committee to progress a number of business critical schemes at risk (e.g. unscheduled care schemes linked to winter plan)
- ✓ WG confirmed allocation of a further £11.5m for schemes and additional circa £2m for planned care, PACU and chronic conditions
- ✓ WG initiated reporting templates linked to activity
- ✓ Delivered on Quarter 2 commitments
- ✓ Planned Care and Unscheduled Care Programme Boards established
- ✓ WG confirmation of Planned care recurrent monies of£22.6m

Next Step Priorities

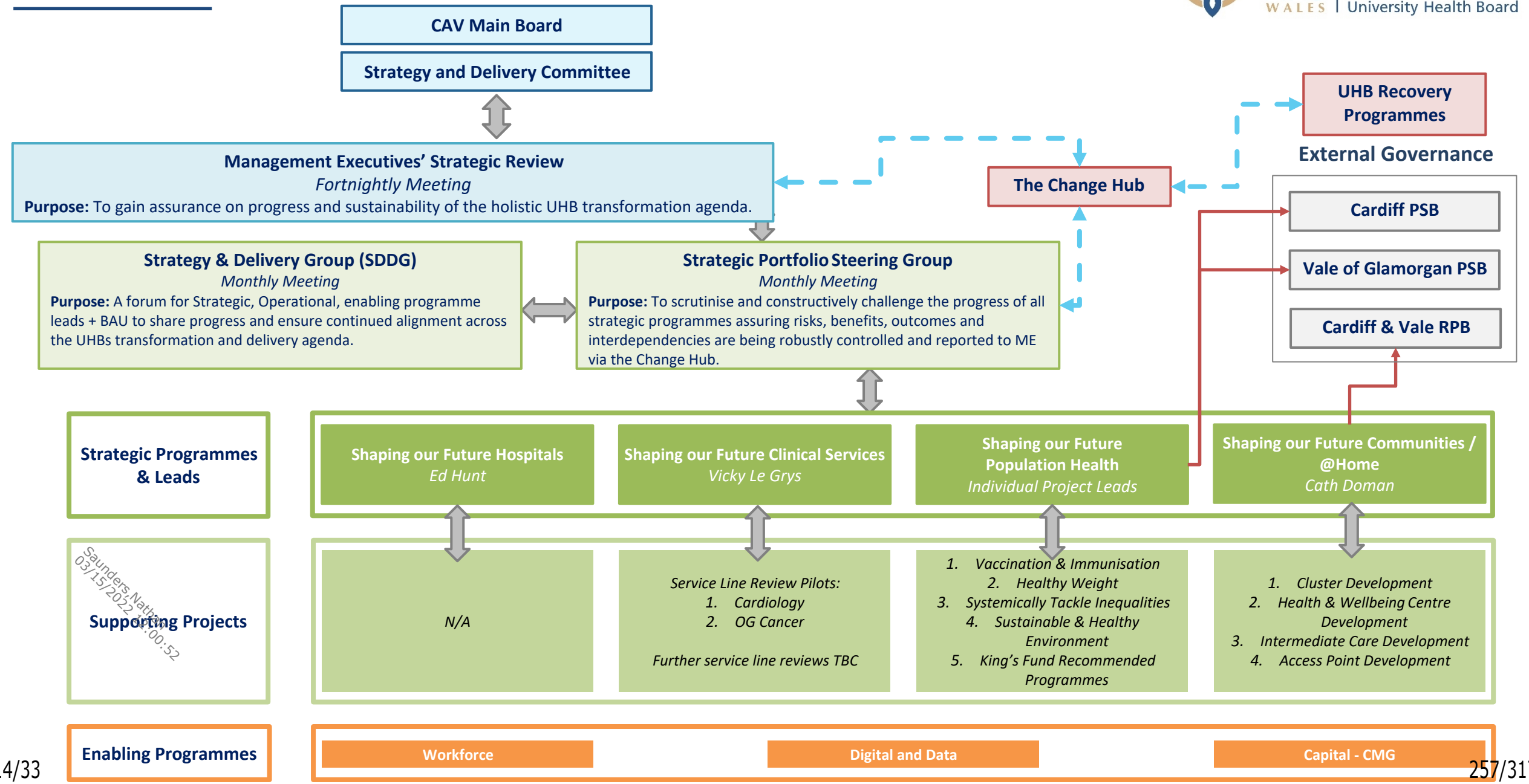
- Letter back to WG in response to recent letters
- Analysis of the recent Mth 06 review of all schemes and spend including forecast
- Agreement for approach to slippage
- Alignment across programmes
- Focus on recovery plans in targeted areas – CAMHS, USS, echo
- Establish informal network for recovery learning across Wales
- Recruit to Communications support and additional programme support
- Develop communications plan – link to discussions in Medical Leadership Team
- Iteration of benefits dashboard to track impact of R&R Portfolio post first Portfolio Board meeting
- Delivery of Q3 Recovery commitments for activity increases

Major Portfolio Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Resources - Delays on confirmation of funding could reduce intended impact/benefits	• Agreements already to go at risk for schemes that considered priority and will also support Winter.	• Ongoing discussions at Management Executives

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

Section C:
The strategic change portfolio

Strategic Programmes Governance Structure



@Home Programme Board – Terms of Reference

BWRDD PARTNERIAETH RHANBARTHOL CAERDYDD A'R FRO
CARDIFF & VALE REGIONAL PARTNERSHIP BOARD

Programme Board

Purpose
The @Home Programme Board will deliver a new model of locality-based care to sustain peoples wellbeing in their local communities by providing strategic oversight and responsibility for the programme and its associated projects.

Responsible for
- **Delivery** of an integrated locality-based model of care for citizens as outlined in the programme 'Core Foundations' (attached).
- The programme **planning**, this includes; scoping the priority areas identified, agree and support development of individual project plans, and continued horizon scanning for potential future developments
- The programme **monitoring**, this includes; reviewing all reporting, resolving and where needed escalating programme risks and issues, and to provide **assurance** and reporting into the Regional Partnership Board through the Ageing Well Partnership
- The **alignment** of the programme to associated partner governance structures, in particular the Cardiff and Vale UHB's Strategic Programmes
- **Assessing** the progress of the programme and individual projects at agreed 'Landing Points' to provide assurance of the ongoing feasibility and benefits of public spending
- **Engagement** with citizens to ensure their voices are central to development of the programme

Accountable to
This programme is commissioned by and will report to the Ageing Well Partnership. Due to the inter-dependent nature of the programme, reporting will also be linked to Cardiff and Vale UHB's Strategic Programmes.

Key projects for 2021-22:
Initial scoping of the programme has identified 5 key projects to initiate work in the development of locality-based integrated care. These projects include; delivery of a **single point of access** into community services, a new model of **community clusters**, a regional approach to **Intermediate Care**, a **Health and Wellbeing Centre** strategy which works for each locality, and a new formal integrated **governance structure in the Vale** of Glamorgan.

Frequency
As a Programme Board, this group will meet on a regular basis (every 4-6 weeks) and may meet on an ad hoc basis to address urgent issues

Membership
- SRO – **Abi Harris**, Ageing Well Partnership/CAVUHB Exec Lead
- Programme Director – **Cath Doman**, Director of Health and Social Care Integration
- Programme Manager – **Chris Ball**, Improvement and Development Manager
- Strategic Planning – **Jon Watts**, Head of Strategic Planning
- Primary, Community and Intermediate Care (PCIC):
  - **Anna Kuczynska**, Clinical Board Director
  - **Lisa Dunsford**, Director of Operations
  - **Richard Desir**, Director of Nursing
- Local Authorities:
  - **Jane Thomas**, Director of Adults, Housing and Communities (Cardiff)
  - **Carolyne Palmer**, Cardiff Independent Living Services, Operational Lead
  - **Suzanne Clifton**, Head of Adult Services and Vale Alliance
  - **Tom Bowering/Mike Ingram** (tbc)
- Clinical representation:
  - **Dr Karen Pardy**, GP – Director SW Cardiff Primary Care Cluster
  - **Dr Ben Roper**, GP – Director Central Vale Primary Care Cluster
  - **Dr Richard Marsh**, Consultant Geriatrician
- Hospital – **Judith Hill**, Head of Integrated Care
- Third Sector representation – **Duncan Innes**, C3SC, **Lani Tucker**, GVS
- Public Health – **Sian Griffiths**
- Workforce and OD – **tbc**

Invited ad hoc:
- *Citizen representative*
- *Housing representative*
- *Project leads/Accountable individuals*
- *Comms and engagement lead – **Kate Hughes***
- *Digital and intelligence lead – **Rebecca Archer***
- *Finance – **Lynne Aston***
- *Locality Managers – **Rhys Davies**, North and West Cardiff, **Lynne Topham**, South and East Cardiff, **Suzanne Clifton**, Vale of Glamorgan*

Reference Groups:
- *Citizen/service user expert panel*
- *Workforce reference group*

@Home Programme Core Foundations

Vision Statement

"We enable people to live happy, healthier and fulfilled lives in their community through a joined-up care system"

Definition:

- This programme will deliver a new model of place-based, joined-up care and support across NHS, councils, third sector services and local community networks.
- The model of support will be designed around the person and their family/support network.
- It will enable more people to retain their independence through care and support delivered at home or closer to home.
- We will adopt an alliance approach. This will enable our organisations to work more closely together, aligning the strengths and resources to the outcomes we are aiming to achieve.
- By alliance we mean thinking, acting, behaving and making decisions as one, and aligning our total resources to better support people to achieve their ambitions.

Principles:

- In designing new ways of working, we will start with the person rather than the organisation
- An approach which is consistent regionally but is designed to reflect the needs and assets of the local population
- We will do no harm – we will always aim to balance risks and benefits with what matters to people
- We will take a strength-based approach
- We believe that most of the solutions lie with the person, their community and where they live
- We will only intervene when necessary and it will be guided by what matters to the person
- We will constantly challenge ourselves as to whether we are doing our best for the person
- Our ambition is to dissolve organisational boundaries experienced by the person

Objectives:

To develop a model of care and support that enables people to:

- Stay independent, safe and well at home for as long as possible
- Have the opportunity to recover and maximise their independence
- Stay connected with what and who matters to them
- Have easy access to information, advice and guidance to be able to take control
- Be less dependent on our services
- Have access to support that where possible anticipates and avoids crises
- Get home as soon as possible with the right support
- And enables system financial sustainability

Enablers:

- Workforce and OD
- Digitally-enabled care/support
- Alliance model development
- Intelligence:
  - Quality and performance reporting
  - Capacity and demand modelling
  - Predictive risk stratification and locality needs analysis
  - Scenario modelling and counterfactual analysis
- Joint commissioning
- Front door/access to services arrangements
- Information Governance
- Integrated care records

@Home programme brief — Plan on a Page

Kick-off Date: 19/04/21 Last Updated: 09/07/21

BWRDD PARTNERIAETH RHANBARTHOL CAERDYDD A'R FRO
CARDIFF & VALE REGIONAL PARTNERSHIP BOARD

Programme Title	@Home	Programme Lead	Cath Doman	Exec Sponsor/SRO	Abi Harris
Programme Aims/Objectives	***To establish integrated, locality-based, health & care services focused on meeting and improving the health and wellbeing of the local population, based on the ambitions of A Healthier Wales.***	**Dependencies / Enablers**	(I) SOFW in the community (I) Clinical Services Plan (I) UHW2 (E) Information sharing programme (Future digital programmes) Transitional year 2021-22 funding (WG) (E) WG business case and sustainability planning (E) Partner financial planning cycles (LAs and UHB IMTP) (E) Partnership governance and leadership	**Benefits**	• Improved population health • Reduced numbers of people treated in hospital • Reduced demand on social care • Sustainable and engaged workforce • Reduced demand on Primary Care • Community better engaged in design and delivery of our services • People connected to the resources to help them stay well

In Scope

1. Statutory and third sector community health and care-related services:
   - Adult social care
   - Independent Living Services
   - PCIC services inc. intermediate care, community nursing etc
   - Primary care and clusters
   - Third sector
   - Community hospitals
   - Health and Wellbeing centres and Hubs (SOFW in our community programme)
   - Therapy Services (Rehabilitation & reablement)
2. Leadership & workforce model
3. Joint commissioning model
4. Prevention and early intervention model
5. Enabling digital solutions
6. Locality assets – H&WB centres, comm hosps

Out of Scope

- Homelessness programme
- CYP programme

Deliverables / Timeline

Outputs:
- Single integrated locality based model of care
- Locality leadership model responsible for health and social care needs of the population

First tranche priorities:
1. Cluster-based integrated, multi-agency teams
2. Consistent intermediate care model
3. Alliance approach development in the Vale
4. Barry hospital/Health and Wellbeing Centre and North Cardiff Health and Wellbeing Centre feasibility and delivery
5. Single route into all community services
6. Digital and intelligence (cross-cutting enabler)

- Integrated care record across systems
- Shared business intelligence
- Tech-enabled care

Contribution to Regional Outcomes Framework & Strategic Objectives

Regional Outcomes Framework measures:
- Reduced wasted system resource
- Increased time for people to live their lives
- Increased living well in their own home and community
- Improved environment that enables people's choices
- Decreased avoidable harm or mortality
- People get a safe response when in urgent need
- More empowered workforce

Strategic Objectives: This programme ties into the CAVUHB strategy and its core themes:
- Empower the Person
- Home First
- Outcomes that matter to People
- Avoid harm, waste and variation

Resource / Investment

Resource:
- Exec director leads: UHB (Len Richards), Vale (Lance Carver), Cardiff (Sarah McGill)
- Political leadership Cllr Susan Elsmore, Cllr Ben Gray
- PCIC: Anna Kuczynska, Lisa Dunsford,
- Nursing: Richard Desir, Diane Walker, Anna Mogie
- Locality Leads: Rhys Davies, Lynne Topham, Suzanne Clifton
- Local Authority Adult Service leads: Carolyne Palmer, Suzanne Clifton, partner
- Clinical and practice leadership
- Programme leadership and resource; Cath Doman, Meredith Gardiner, Chris Ball, Q5, Change Hub
- Business intelligence: Rebecca Archer
- Workforce and OD
- Finance, commissioning, contracting

Investment required:
- WG funding secured for 21/22
- Continued WG/Partner funding to continue programme beyond March 22 (Tranche 1)

Stakeholders

Health Board
Cardiff council (housing, social care)
Vale of Glamorgan Council
C3SC (Third Sector)
Glamorgan Voluntary Services
Housing providers
Cardiff & Vale citizens

Major Programme Risks

- Risk: lack of agreement across 3 statutory partners about the scale of ambition
- Risk: securing adequate leadership (clinical/practice capacity to deliver)
- Risk: long term funding sustainability beyond 21/22
- Risk: poor alignment with enabler programmes
- Risk: poor alignment with planning cycles
- Risk: agreeing joint commissioning model
- Risk: political support

Mitigating Actions

- Governed by the RPB with inclusion of key partners
- Recruitment/workforce will be developed as a key enabler
- Ongoing discussions with WG as well as clarity with all partners on funding limitations
- Work closely with enabler programmes
- Ensure key figures within the RPB and partner organisations are engaged to ensure agreement and alignment to priorities

Programme level roles and governance

Overarching Governance:

- **Regional Partnership Board**
- **Ageing Well Partnership**
- Cardiff and Vale UHB
- UHB Strategic Service Delivery Group

Programme board:

Abi Harris (Chair)
Senior Responsible Officer
Ageing Well/CAVUHB Exec Lead

- Citizen expert reference group / Citizen representative (tbc)
- Workforce reference group (tbc)

RPB / Programme management
- **Cath Doman** Director of Health and Social Care Integration (Prog Dir)
- **Chris Ball** Programme Manager
- **Abbi Williams** Administrative Support

Strategic Planning
- **Jon Watts** (UHB) Head of Strategic Planning

Third Sector
- **tbc** Third Sector representation

PCIC
- **Anna Kuczynska** PCIC Clinical Board Director
- **Lisa Dunsford** PCIC Director of Operations
- **Richard Desir** PCIC Director of Nursing

Local Authority
- **Jane Thomas** Director Adults Housing and Communities (Cardiff)
- **Carolyne Palmer** Operational Manager ILS (Cardiff lead)
- **Mike Ingram / Tom Bowring (tbc)**

Local Authority/PCIC
- **Suzanne Clifton** Head of Adult Services and Vale Alliance (VoG Lead)

Hospital
- **Judith Hill** Head of Integrated Care

Clinical Leads
- **Dr Karen Pardy** (GP) Director, SW Cardiff Cluster
- **Dr Ben Roper** (GP) Director, Central Vale Cluster
- **Richard Marsh (tbc)** Consultant Geriatrician

Workforce and OD
- **tbc**

Other Specialist / Ad Hoc
- *Comms and engagement lead – **Kate Hughes***
- *Digital and intelligence lead – **Rebecca Archer***
- *Finance – **Lynne Aston***
- *Public Health – **Sian Griffiths***
- *Mental Health – tbc*
- *Medicine* – tbc
- WAST – tbc
- Locality Managers – ***Rhys Davies*** and ***Lynne Topham***

Projects:

Task and Finish groups

Access Point Delivery Group	Accelerated Cluster Development Delivery Group	Intermediate Care Delivery Group	Shaping Our Future Wellbeing: In Our Communities	Vale Alliance Establishment Delivery Group
Project Lead	Project Lead	Project Lead	Project Lead	Project Lead
Project Manager/ Project Support	Project Manager/ Project Support	Project Manager/ Project Support	Project Manager/ Project Support	Project Manager/ Project Support

@Home / Shaping our Future Community Services

Update Date: 11.10.21

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

Exec Summary:

Programme scope and component projects and work streams developing rapidly. Strong partner engagement. Plans progressing to shift programmes into delivery phase.

Headline measures:

To be defined as part of programme scoping and mobilisation

Overall Programme Report

Programme Lead	**Cath Doman**	**Programme Status**	At Risk	**Moving into delivery phase. Delivery resourcing uncertain at present.**	**Next Major Milestone:**	• Defining and mobilising formal programme board structure for delivery. • Securing Recovery funding to support cluster expansion.
		Previous Status	At Risk	**Moving into delivery phase. Delivery resourcing uncertain at present.**		

Done this week:

- Meeting held to define project leads and delivery groups across the programme
- Detailed plans for engagement developed, with a plan to hold events in November
- Meeting held to develop links with Neighbourhood Nursing Model
- Further to confirmation of the next Accelerated Cluster Development sites, conversations held with the Community Directors and Locality Managers to ensure support network and resource available for delivery
- Emerging operating rhythm and internal programme communication channels developing
- Meeting with Public Health to bring them on to the programme board and to ensure closer alignment

Targets for next week:

- Project delivery teams being mobilised and detailed planning to begin
- Define and confirm Lightfoot analytical support across portfolio
- Continue planning with North and East cluster partners
- Interdependency mapping across SOFC/@home, SOFCS, SOFH
- Continue to address project delivery capacity concerns by specifying the resources required as detailed plans emerge
- Scope the legal requirements and any additional consulting required for the Vale Alliance
- Ensure accurate and up-to-date reporting through Verto is completed at a programme level to enable flashcard reporting

Major Programme Risk:

- Lose momentum as the programme shifts from scoping to delivery
- Not getting buy-in from service leads incl GPs
- Failure to align with other major programmes (SOCS, Primary care transformation, Recovery) and risk of gaps/duplication
- Digital capability and maturity to support multi-agency integrated care model
- Programme delivery and leadership capacity

Mitigating Action:

- Clearly defined programme scope and deliverables with clear governance
- Development of engagement plan
- Close liaison with PCIC leads and programme directors
- Interdependencies mapping across key programmes
- Digital maturity programme to be established across partnership
- Plans developed to redistribute current assets

Decision / Intervention required from Execs:

Nothing at present

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

Shaping our Future Population Health

Specific system programmes

Review governance and service delivery models for childhood and flu vaccinations

Covid-19 mass vaccination programme

Vaccination and immunisation

Systematically tackle inequalities

Review of impact of Covid-19 on health inequalities, including alcohol use; development of engagement programme with ethnic minority communities; specific work on vulnerable groups including substance misuse and youth justice

Systems leadership to deliver behaviour change in our communities, to achieve vision for population to move more and eat well

Healthy weight: Move More Eat Well

Sustainable and healthy environment

Partnership working with Council transport and planning teams to impact on air quality, active travel infrastructure, access to public services and green/blue spaces, and healthy retail and growing environments

Work with service leads, based on evidence, to identify actions to maximise opportunities for prevention and early intervention in primary and community settings

King's Fund recommended programmes

Systematic Approaches in Primary Care: Diabetes Prevention Programme

BACKGROUND: More than 7% of the adult population in Wales lives with diabetes. Managing diabetes and its complications in Wales accounts for 10% of the annual NHS Wales budget and costs approximately £500m per annum. Approximately 90% of people with diabetes have Type 2 Diabetes, much of which is entirely preventable. The biggest modifiable risk factor to developing Type 2 Diabetes is being overweight or obese. This is a major concern given 58% of the adult population in Wales is overweight or obese, a trend which continues to increase, along with the associated burden on the health and social care system.

AIM:
To prevent type 2 diabetes by reducing modifiable risk factors, in particular reducing overweight and obesity through weight management interventions by developing a standardised, affordable approach across Cardiff and the Vale of Glamorgan.

OBJECTIVE:
For Primary Care Clusters in Cardiff and Vale to participate in the All Wales Diabetes Prevention Programme (AWDPP) which builds on the approach taken by Primary Care Clusters in the Afan Valley and North Ceredigion, which offers a weight management brief intervention to a targeted population, identified as being at increased risk of diabetes.

INTERVENTION:
30 minutes brief intervention with a trained Health Care Support Worker (overseen by registered dietician) for people identified with pre -diabetes (HbA1c 42-47). Collection of minimum dataset, dietary and physical activity conversation and written resources provided. Signposting to external services as required (as per all Wales Weight Management Pathway).

PROGRAMME PLAN:
- **By March 2022: *Wave 1***
- **3 clusters** (funded through combination of AWDPP, Cluster Funding until '23 & then SPPC until '24 for one Cluster)
- **By March 2023: *Wave 2***
- **3 additional Clusters (Total 6)** (funded by UHB @ approx. £60k/cluster/year)
- **By March 2024: *Wave 3***
- **3 additional Clusters (Total 9)** (funded by UHB)

OUTCOMES:
- Reduction in HbA1c
- Reduced incidence of T2D and burden of ill health resulting from complications of the condition.
- Cost benefit compared to current care (Cost per Life Year gained -£6000 and cost per QALY gained -£5351) based on initial Swansea University evaluation findings
- Citizens have better understanding of leading a healthy lifestyle i.e. monitoring food intake.
- Sustainable workforce solution

PROGRESS (October 2021):
- Funding secured for three Primary Cluster Clusters to commence delivery in 21/22
- Initial 3 Clusters preliminarily identified (based on T2D prevalence and Cluster readiness)
- BCAG application in development for funding additional Clusters from 2022.

Key milestones 21/22

Project	Vaccination and immunisation	Systematically tackle inequalities	Healthy weight: Move More, Eat Well	Sustainable and healthy environment	King's Fund recommended programmes
Q2	Q5 Project Scope defined (July 21) Establish Design and Operations Team (July 21) Strategic aims, vision and objectives defined (July 21) Covid-19 Booster Operational Plan developed (Aug 21)	Appointment of an Engagement Coordinator (Aug 21) Review of impact of COVID-19 on health inequalities – DPH report (Sep 21)	Two NYLO education programmes delivered (Sept 21) Two Good Food Neighbourhoods in Cardiff piloted (Sept 21)	Publication of scores for Charter organisations (Aug 21) Cycleway 1 extension (1.2) to UHW starts (Aug/Sep 21) Business Healthy Travel Charter webinars delivered (Sep 21) Publication of Level 2 Charter (Sep 21)	No milestones
Q3	New Governance Structures for Vacc and Imms developed by CBs (Oct 21) 80% Completion of Covid-19 Booster Programme for eligible groups (Dec 21)	Develop an engagement programme with ethnic minority communities (Oct 21)	Cardiff Good Food Strategy 21-24 launched (Oct 21) Baseline measures established across pre-school and school settings (Dec 21) Group education sessions in place for children and families weight management services (Level 2/3) (Dec 21)	Confirm first group of Level 2 Charter organisations (Dec 21)	Report received from King's Fund (Oct 21)
Q4	Whole system workforce plan (Mar 22) Digital initiatives (Mar 22) Literature and Public Experience Review (Jan 22) New Governance structure implemented (from Apr 22)	Refreshed needs assessments for PSBs and RPB (Mar 22) Multi-agency approach to Seldom Heard Voices (timeline tbc)	Insight work with 3 population groups completed (Mar 22) Healthy hydration action incorporated into the implementation plans for education and public sector workplace settings (Mar 22) Implementation plan to improve food and physical activity offer in school settings developed and delivery commenced (Mar 22) Ethnic minority children's weight management pilot commenced. Living well programme commenced, with a focus on MSK (Mar 22) Roadmap for healthy workplace principles developed and key actions for PSB partners agreed (Mar 22) Food Vale Sustainable Food Places Bronze Award application submitted (Mar 22) Food advertising landscape scoped across partners and required actions agreed (Mar 22) 200 HAPI project participants improve their physical activity levels and 256 improve their food intake/cooking skills (Mar 22)	All actions delivered by partners in Cardiff Healthy Travel Charter (Apr 22)	Implementation plan agreed (Jan 22)

Shaping our Future Population Health

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

Exec Summary:

- Majority of Q2 milestones met
- Some work delayed due to ongoing Covid pressures on specialist PH capacity

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

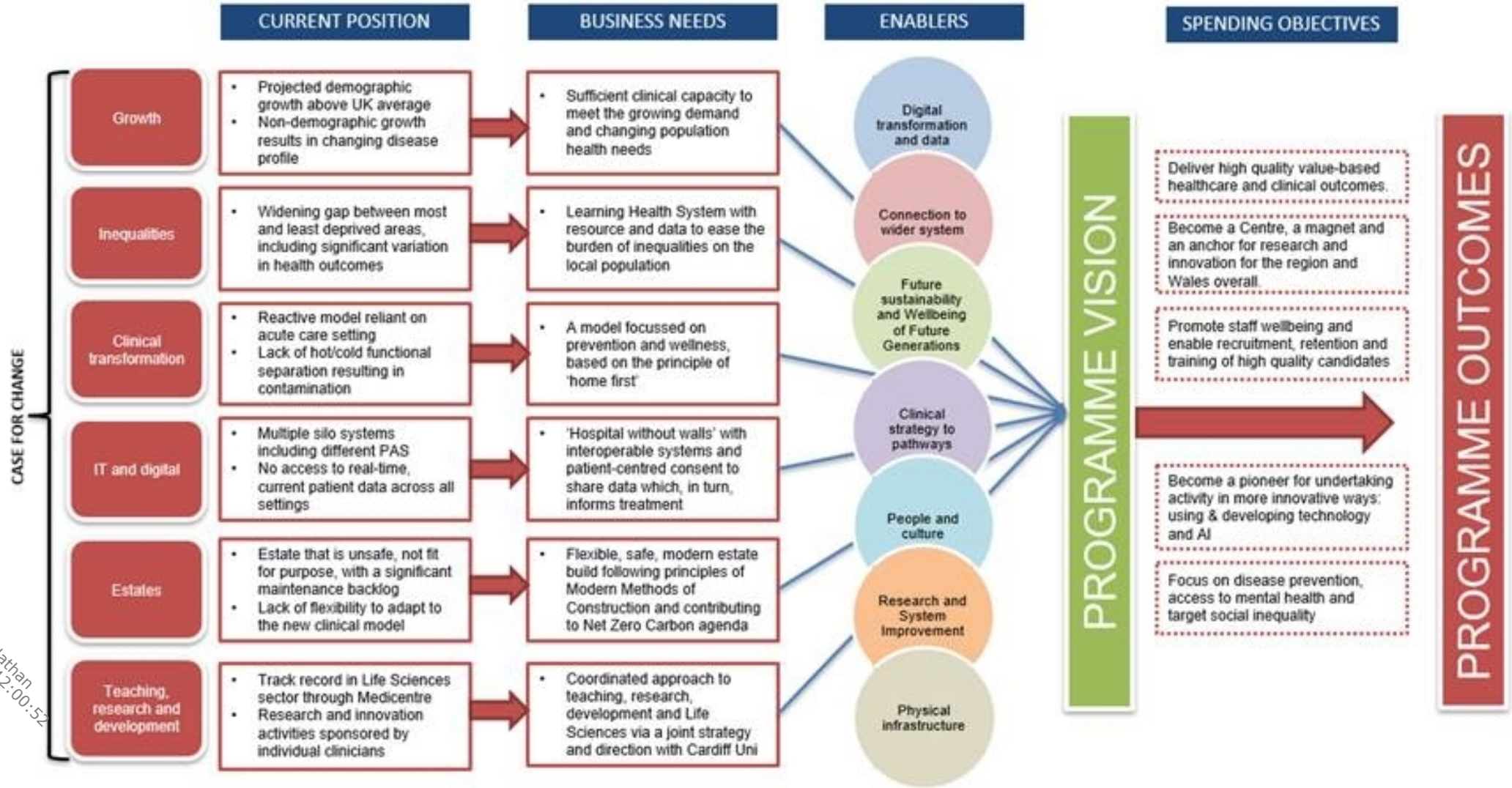
Overall Programme / Project Report					
Programme/ Project Lead	Dr Tom Porter	**Current Status**	**Time constraints due to Covid-19 support**	**Next Programme / Project Milestone:**	See targets below
		Previous Status	**Not previously reported**		

Summary project status		Done this quarter:	Targets for next quarter –Q3 (Oct-Dec 21):
Systematically tackle health inequalities	Green	• Appointment of an Engagement Co-ordinator	• Develop an engagement programme with ethnic minority communities
Healthy weight: Move More, Eat Well	Green	• Move More Eat Well priority areas on track for delivery this quarter • Model for community insights developed	• Cardiff Good Food Strategy 21-24 launched • Baseline measures established across pre-school and school settings • Group education sessions in place for children and families weight management services (Level 2/3)
Sustainable and healthy environment	Amber	• Publication of scores for Charter organisations • Cycleway 1 extension (1.2) to UHW started • Level 2 Charter publication delayed due to Covid pressures	• Publication of Level 2 Healthy Travel Charter
King's Fund recommended programmes	Amber	• Waiting for King's Fund report • Prediabetes work progressed in meantime	• No Q3 milestones as King's Fund report delayed until Q4 • Prediabetes work to progress in meantime
Vaccination and immunisation	Green	• Imms project scope completed with Q5 • Covid-19 booster operational plan complete	• 80% Completion of Covid-19 Booster Programme for eligible groups (Dec 21)

Major Programme / Project Risks:	Mitigating Actions:	Decision / Intervention required from Execs:
• MMEW - Availability of future data to track overarching project outcomes • King's Fund – report delay from King's Fund until Q4	• MMEW - Concerns raised with PH observatory /HWHW surveillance T&F group	• No decisions or interventions required currently

Programme Scope

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



Programme Name: Shaping Our Future Hospitals

Update # 1 Date: 30/9/21

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

Exec Summary:
Amended PBC submitted. Feedback from WG verbally positive.

Headline measures:

Deliver SOC: 31/3/22 (at risk)

Overall Programme Report					
Programme Lead	Ed Hunt	**Programme Status**	**PBC resubmitted on 1/10/21**	**Next Major Milestone:**	**3/12/21 – WG run Infrastructure Investment Board to consider PBC**

Done this week:	Targets for next week:
• SOFH Committee held on 13/10/21 • PBC formally submitted on 1/10/21. SOFH Committee have been asked to endorse the revised PBC. • Positive verbal feedback from WG on the likely resource ask to fund the next stage work (SOC). A letter to be written to confirm the figure.	• Establish resource ask to WG to support the production of an SOFH SOC. To be delivered by 20/10/21

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Losing momentum after PBC	• Set challenging aspiration for SOC delivery	• None at this time
• Ensuring enabling transformation programmes are delivered	• Setting priority programmes & measures (outcomes framework)	• In progress

Not started On Track At Risk Off Track Complete

Programme Scope

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

The programme will:

Consider how our clinical services should respond to future challenges and maximise opportunities to improve care, this will include where they should be located as well as the infrastructure and resources that should support them.

Develop models of care that will include the redesign of how services are delivered in our hospitals, in our communities and at home.

Oversee the development of plans for how patients will access information, diagnosis and treatment, ensuring that, where possible, care is provided close to home.

Engage and work with our partners in the region to jointly agree our clinical strategy that fits the direction of travel for Wales as a whole.

Prioritise the transformation of these services using specific criteria including patient safety, patient outcomes, sustainability and cost.

This will enable us to:

Meet the needs of our population now and in the future.

Deliver the best outcomes for our patients.

Create and maximise an agile workforce.

Enhance our specialist equipment and technology provision.

Modernise and improve how patients move through services to use our hospitals to best effect.

Support the future healthcare service needs within modern and fit-for-purpose buildings.

Provide timely access to both emergency and planned hospital treatment.

Be a better partner.

Be part of a system focused on keeping well.

Design Principles

We will deliver this programme with the following principles:

- Have patients at its heart
- Integrated
- Drive requirements for transformation programmes, e.g. digital, workforce, and infrastructure
- Be clinically-led
- Work across whole care pathways for conditions, illnesses and injuries
- Learn from, incorporate, and build-on prior innovation
- Be developed collaboratively with staff, patients and partners
- Involve primary, secondary, tertiary services, and social care services
- Be closely linked with service plans for the development of services such as public health, mental health and regional services for Wales
- Cover all ages - start well, live well, age well
- Connected
- Support the delivery of future clinical services that are environmentally and economically sustainable
- Sustainable

Shaping our Future Clinical Services

Update: 01/10/21

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

Exec Summary:
Engagement findings published & lessons learned report agreed with CHC.
Planning commenced with showcase, @home & DHI.
Cardiovascular and OG cancer agreed exemplars for pathway work

Headline measures:
Completion of 1st phase engagement
Development of scope, principles, structure & resources
Delivery of redesign methodology
Delivery of 12 month programme plan in line with SOFH
Commencement of exemplar pathway

Overall Programme Report

Programme Lead	Dr Nav Masani & Victoria Le Grys	**Programme Status**	(red)	**Limited programme resource**	**Next Programme Milestone:**	Completion of showcase with strategic programmes Completion of exemplar pathways
		Previous Status	(amber)	**Limited programme resource**		

Done this month:

- Showcase planning commenced to support next phase engagement
- Initial planning to develop burden of disease case for change
- Discussions commenced with CEDAR re support to programme
- Discussion on diagnostics commenced
- Continued links with COVID recovery programme
- Engagement lessons learned report completed and templates developed
- CHC SPC & CAVUHB S&D Committee updates provided

Targets for next month:

- Commence planning with Cardiology & OG Cancer
- Develop strategic approach to community diagnostics alongside Matt T and Covid Recovery team
- Stroke Thrombectomy support for workshops future care pathway
- Development of burden of disease case for change with strategic portfolio partners
- Prioritisation framework to be developed and tested

Major Programme Risks:

Lack of resource to deliver required outputs in a timely manner.
Lack of clarity around portfolios, scope and interdependencies will cause confusion within the organisation and loss of engagement with SOFCS programme.

Mitigating Actions:

Vascular planning phase nearing completion.

Broader work being undertaken on strategic and operational portfolios to align work/language

Decision / Intervention required from Execs:

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

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

Section D:
Enabling Programmes

Shaping our Workforce

The People and Culture Plan is aligned to SOFW, the Workforce Strategy for Health & Social Care and the IMTP. It shares the aim of delivering an inclusive, engaged, sustainable, flexible and responsive workforce in health and social care.

The Ambition – 2030

To have a motivated, engaged and valued Health and Social Care Workforce with the capacity, competence and confidence to meet the needs of the people in Wales.

Theme	Aim – By 2030
An engaged, motivated and healthy workforce	The Health and Social Care workforce will feel valued, fairly rewarded and supported wherever they work.
Attraction, Recruitment & Retention	Health and Social Care will be well established as a strong and recognisable brand and the sector of choice for our future workforce.
Seamless Workforce Models	Multi-professional and multi-agency workforce models will be the norm.
Building a digitally ready workforce	The digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.
Excellent education and learning	The investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.
Leadership and Succession	Leaders in the health and social care system will display collective and compassionate leadership.
Workforce Supply and Shape	We will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

Key Deliverables

Health & Wellbeing	Encourage a culture where health & wellbeing is a priority for everyone
Staff Engagement	Create a high performance culture through staff engagement
Attraction	Become the lead employer, compete for talent and be visible
Recruitment	Streamline recruitment processes & improve the candidate experience
Turnover and Retention	Find the right balance between turnover & retention
Multi-professional workforce	Develop a multi-professional & multi-agency workforce & plan
Capable workforce	Build the digital & technological capabilities of our workforce
Value Based Appraisal	Timely, meaningful appraisal & development plans for all staff
Skills & Capabilities	Education & training that reflects the need for more multi-professional approaches, seamless working and accessible to all staff groups. To work as an interprofessional capable team

Key Deliverables

Capable Leaders	Grow our current and future leaders, to display collective and compassionate leadership
Capable Leaders	Develop coaching & mentoring competencies
Workforce Systems	Optimise workforce efficiency and effectiveness through systems, e.g. ESR, Health Roster, E-job planning. Being prudent and adding value
Workforce Analytics	Improve workforce analytics & use data to support problem solving and decision making
Sustainable Workforce	Increase workforce supply & build a sustainable workforce through new ways of working, new/extended roles & upskilling current workforce, linked to the strategic vision
Equality, Diversity & Inclusion	Create a culture where staff feel they belong, focus on diversity , equality and inclusion
Welsh Language	Embed the Welsh language & support our staff to deliver care using the Welsh language for the benefit of our citizens

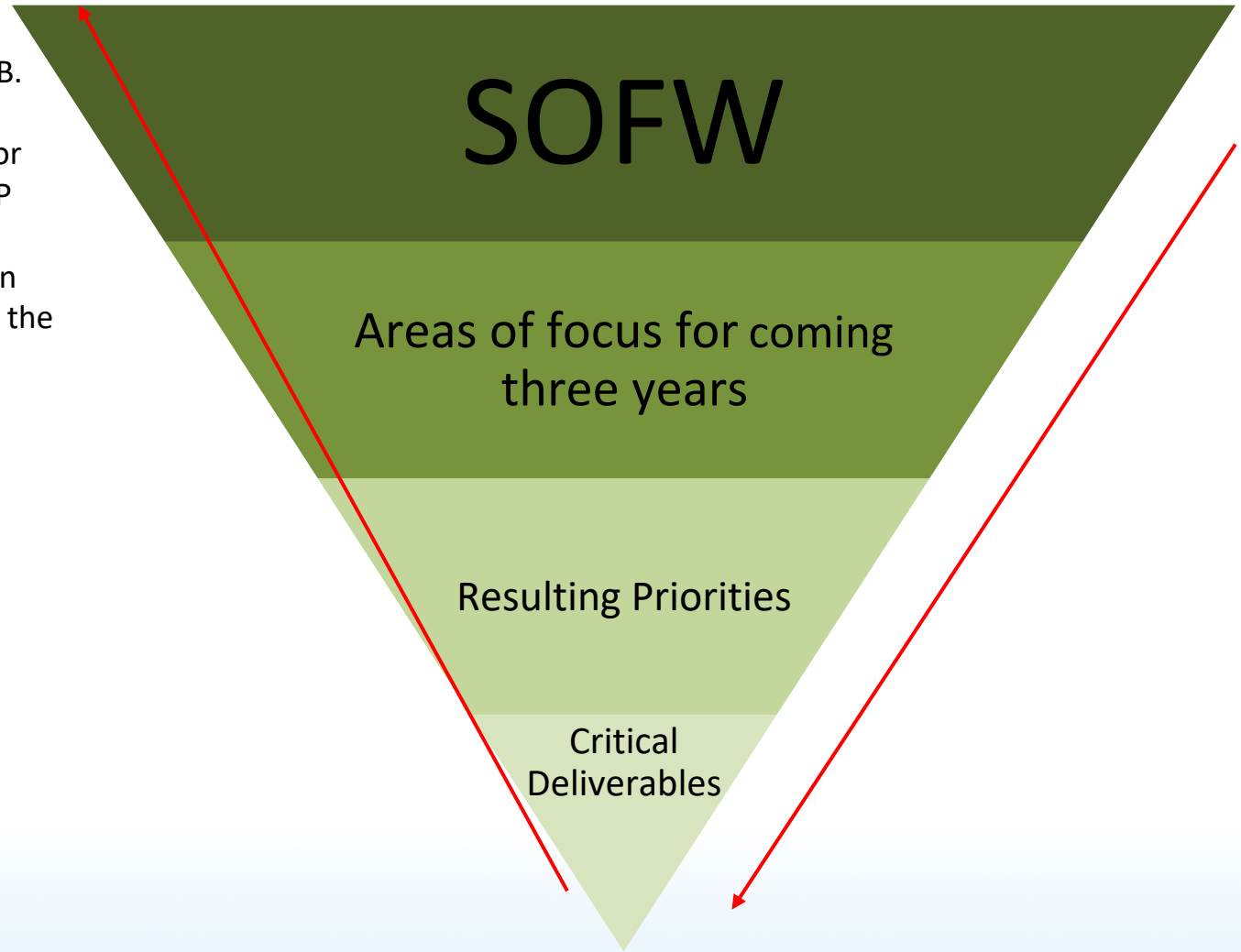
Strategy and Delivery Committee

Annex B

The foundations of our plan

Shaping of Future Wellbeing (SOFW) remains the extant strategy of the UHB.

Our 22/23 IMTP remains our vehicle for delivery and readers of the 22-25 IMTP should be able to see a top down and bottom top read across and correlation between deliverables being taken and the vision of SOFW



The foundations of our plan

Areas of focus for coming three years

Resulting Priorities

- Our shift towards a system focusing on prevention
- Our digital infrastructure
- Our physical infrastructure
- Our system renewal and redesign
- Our collaboration with partners
- Sustainability
- Our workforce and OD development & redesign
- Our integration with community services
- Addressing the top burdens of disease in Wales

Critical Deliverables

Saunders,Nathan 03/15/2022 12:00:52

A range of critical deliverables that we have an ambition to deliver over the coming three years by way of tangibly delivering on these priorities- *these are numerous in number and are listed on the following pages for information.*

Report Title:	**Naming of the Former Chapel at CRI**	**Agenda Item no.**	**3.6**
Meeting:	**Strategy and Delivery Committee**	**Meeting Date:**	**16th Nov 2021**
Status:	**For Discussion**	**For Assurance**	**For Approval** ✓ **For Information**
Lead Executive:	**Abi Harris, Executive Director of Strategic Planning**		
Report Author (Title):	**Service Planning Lead, Strategic and Service Planning Team**		

Background and current situation:

Refurbishment and remodeling of the former chapel at CRI was completed early in 2021, creating a wellbeing resource for patients, service users, carers and the local community. It will provide a focus for information, advice and signposting, with the aim of empowering people to manage their health and wellbeing.

The former chapel is home to a new health and wellbeing library, Council services including self-service book loans, open access PCs, facilitated activities hosted by a Community Liaison Officer, meeting spaces and an Aroma Café, although Covid restrictions has meant that some areas/activities are not available for use at present.

The facility is a significant historical presence on the Grade II listed CRI site and while it is no longer used as a religious facility, there has been some debate over the use of the name 'Y Capel' within a multi-cultural community. Following approval of the Former Chapel Naming Strategy by the Management Executive Team at its meeting on 19th July 2021, ProMo-Cymru worked with a variety of community groups, running both an online survey and a set of focus groups to test a short list of names, including Y Capel. This engagement exercise has now been completed (report attached). Each of the two engagement methods used, resulted in different preferred names:

- The online survey voted for **Y Capel** with 65% making it their first choice; and
- The focus groups voted for **I Bawb** ('For Everyone') with 52% making it their first choice.

Therefore ProMo-Cymru have recommended a compromise incorporating both names – Capel i Bawb (Chapel for Everyone) and the inclusion of the strapline 'a place for everyone'.

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

Funding for the refurbishment and re-modelling of the former chapel was provided by the Welsh Government's Integrated Care Fund (ICF), Cardiff and Vale UHB and Cardiff Council and was delivered in partnership between Cardiff and Vale UHB, the Integrated Health and Social Care Partnership, Cardiff Council, and Third Sector Partners.

The former chapel will have a key role in the H&WC@CRI and the local community, providing a focus for information, advice and signposting with the aim of empowering people to manage their health and wellbeing. It will act as a facility for use by local residents both within the South East Cardiff Cluster and also the wider South and East Cardiff Locality.

The exercise undertaken to test the name forms part of wider plans to foster community 'ownership', promote the services to be offered and engage the local community in a programme of facilitated activities.

The Chapel will celebrate its 100th Anniversary in December 2021 and a small scale, Covid compliant celebration is being organised by the Locality Team and the Chapel Operational Group for mid December, date to be confirmed. It would seem fitting, subject to the appropriate governance and approvals, to be able to announce the chosen name at the anniversary celebrations. Plans for an official opening, possibly next Spring, are being considered.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The engagement work was led by a group of third sector providers, ProMo-Cymru, commissioned by Cardiff and Vale Regional Partnership Board. The aim was to involve the community in identifying a preferred name for the former chapel from a short list drawn up with staff working at CRI:-

1. Y Capel (The Chapel)
2. Hen Gapel@CRI (The Old Chapel @ CRI)
3. I Bawb (For Everyone)
4. Y Glossop (The Glossop)
5. Ysbrydoli (Inspire)

These names were tested with a cross section of community groups who responded to an invitation to engage, including local BAME communities, young people and people with learning disabilities. An online survey was also undertaken to capture views of others with an interest in the CRI and its history. Each of the two engagement methods used, resulted in different preferred names – Y Capel and I Bawb.

Therefore, ProMo-Cymru have recommended a compromise incorporating both names – Capel i Bawb (Chapel for Everyone) and the inclusion of the strapline 'a place for everyone'.

The proposed name is consistent with the UHB Facility Naming Policy.

The development of the former chapel within the Health and Wellbeing Centre @ CRI forms part of the Shaping Our Future Wellbeing: In Our Community Programme. The SOFW:IOC Delivery Group, which acts as the Board for the programme and its constituent projects, has considered the proposed name and recommend its approval.

The Management Executive Team, at its meeting on 15th November 2021, considered the proposed name and recommend its approval.

Recommendation:

The Strategy and Delivery Committee is asked to:-

- **NOTE** the outcome of the engagement exercise;

- **NOTE** the support and endorsement of the Management Executive Team to seek formal approval of the proposed name of Capel i Bawb in respect of the former chapel at the CRI; and

- **RECOMMEND** to the Board that approval is granted to name the former chapel of the CRI "Capel i Bawb".

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
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, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	✓

Equality and Health Impact Assessment Completed:	Not applicable

Commissioned by:

Produced by:

A new name for the former chapel at CRI

Consultation with C&VUHB staff and local community members

November 2021

Introduction

Construction work to the former chapel at Cardiff Royal Infirmary (CRI) is now complete and many services are now open to the public. In preparation for the official launch of the new facility, Cardiff and Vale Regional Partnership Board (RPB) commissioned C3SC and ProMo-Cymru to consult with members of the local community and key stakeholders to identify a suitable name.

Methodology

Previous consultations carried out by the Cardiff and Vale University Health Board have drilled down the list of suggested names to the following 5:

1. Y Capel (The Chapel)
2. Hen Gapel@CRI (The Old Chapel @ CRI)
3. I Bawb (For Everyone)
4. Y Glossop (The Glossop)
5. Ysbrydoli (Inspire)

C3SC encouraged expressions of interest from diverse community groups and organisations who could recruit focus group participants to help chose the name for the former Chapel. Groups could access between £250 and £500 to do so. We prioritised and targeted relevant groups with an interest in the CRI development as well as those groups working with local BAME communities, young people, people with learning disabilities etc.

Commissioned by:

Produced by:

We received expressions of interest from 4 community groups, who were able to recruit 6 groups of community members to participate in the focus groups. ProMo-Cymru prepared the session plan and hosted the discussions via Zoom. ProMo-Cymru also built an online survey to gather wider responses.

Online Survey

To increase the survey response rate and encourage more people to participate, ProMo-Cymru created a bilingual online poll that took no more than 2 minutes to complete. The poll had 3 questions:

- Vote for your preferred name from the 5 options (only 1 option could be selected)
- Tell us why you've voted for this name
- Leave your email address if you would like us to keep you posted on the outcome of the polling exercise

The survey went live on 30 September and was disseminated to over 50 staff members from the C&VHB. These staff members were encouraged to forward the survey link to their colleagues.

The survey was also shared with third sector organisations and promoted via ProMo-Cymru's social media channels.

A total of **108 responses** were gathered over **a period of 3 weeks**.

Commissioned by:

Produced by:

1.We would like you to vote for your preferred name from the shortlist below:

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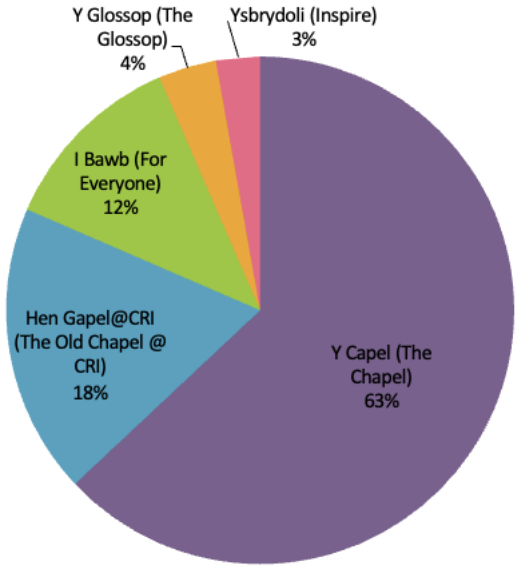


Value	Percent	Count
Y Capel (The Chapel)	63.0%	68
Hen Gapel@CRI (The Old Chapel @ CRI)	18.5%	20
I Bawb (For Everyone)	12.0%	13
Y Glossop (The Glossop)	3.7%	4
Ysbrydoli (Inspire)	2.8%	3
	Totals	108

Over 63% of survey participants voted for Y Capel as their preferred name. The second most popular choice was Hen Gapel @ CRI (18.5%) and the third favourite was I Bawb (12%).

Here are some comments as to why Y Capel and Hen Gapel @ CRI were chosen:

- *We already refer to it as the Chapel due to time elapsed since opening with no official name.*
- *Easy to say and similar in English and Welsh.*
- *People know it as the chapel and I suspect no matter what it is 'offically' called, people will refer to it as the chapel*
- *Because this is what it is*
- *It speaks for itself*
- *I clean it in the mornings and always ask security for THE CHAPEL keys. The Chapel sounds appropriate.*
- *Important to keep the identity of the building i think*
- *As it pays tribute to the chapel which has been there a long time and still has the original features.*
- *As a previous chapel I think we should keep this not to take away the history of the building*
- *Because that's what it is. Stop over complicating simple forward movement. No need for it to be in Welsh either.*
- *I like the idea of having "capel" in the name but "hen gapel @ CRI" is cheesey*
- *This is what it is, and new names don't usually stick for years.Y Gegin is still Heathfields for many.*
- *I like Capel/Chapel but think people will confused with the bar on Churchill way*

Other participants picked the name I Bawb because:

- *I hope it will be accessible to all*
- *It's for the community*
- *Easy to pronounce and not religous for our diverse community*
- *it's inclusive*

- *because it is for EVERYONE*
- *It encapsulates the shared values of Cardiff and it is not religious*
- *This is a beautiful and inclusive name for a nice, modern, and multipurpose space. It is welcoming and despite being in an old chapel, the name shows that it doesn't matter and it is for everyone!*
- *Welcoming and inclusive*

Out of 40 people who've left their email addresses at the end of the survey, over 80% were health board employees. This leads us to conclude that the online poll findings mostly represent the view of staff members.

Focus Groups

C3SC facilitated the recruitment of community members from the following organisations to participate in focus group sessions:

- Cardiff People First
- Exercise for All Wales
- Splott Community Volunteers
- Women Connect First

A total of **65 community members** participated in the **6 focus group sessions** (via Zoom) that we ran in the first 2 weeks of October 2021.

We started the hour-long sessions with a simple ice-breaker activity. We then showed the participants some latest pictures of the interior of the chapel and a short video tour of the building. This helped to provide some context and set the scene. We asked them about their thoughts on the restoration in order to get the conversation going.

As we moved into the discussion around the names, we asked each group the same three questions:

1. What is the **first thing** that comes to your mind when you see this name?
2. What do you **feel** about this name and its meaning?
3. Would you say the name is a **good fit** for the new facility? Why?

To conclude the discussion, we invited participants to vote for their preferred name.

Participants who were unable to attend the focus group were asked to complete the survey detailed above, to leave their thoughts on the new name.

Women Connect First (Group 1) – 6 October, 2pm

This group comprised 10 older women who are members of Women Connect First.

Y Capel (The Chapel)
The participants thought that the name 'The Chapel' represented a place of "silence", "prayer" and "peace", which was not representative of the multipurpose, modern building that has been created today. Additionally, concerns were raised over the name being a barrier for those who do not identify with Christianity. This problem with inaccessibility was felt by all members of the group, many of which shared that as Muslims, they would feel "unwelcome" and "restricted" in this place if that was the chosen name. They could not imagine inviting their friend to the Chapel and would be reticent due to it being called Y Capel. This contrasts with the relaxed and social atmosphere that has been created during the redevelopment of the café, library and meeting rooms. There were also comments that the name would also not attract young people due to its connotations with religion.

Hen Gapel@CRI (The Old Chapel @ CRI)
Despite this name acknowledging that this space is no longer a chapel, this group felt that reinforcing the chapel in the name was as "restrictive" as the name Y Capel. The word 'old' was also highlighted as "putting people off", as the notion of aging is not desirable particularly to older audiences. Some members reflected that this name would be more suitable for an old building that you'd visit like a museum, not a vibrant, new and inviting venue.

I Bawb (For Everyone)
I Bawb had warm, "welcoming" and "inviting" connotations for this group. All members agreed that it is "inclusive" and evokes a positive "emotional" response. Even if

someone did not know the meaning of I Bawb, it is short, easy to say, and memorable. It is also a great way to start a conversation about what it means and how the space is for everyone. It allows for curiosity and inclusive, open and friendly conversations about the meaning. The members felt comfortable saying this word and began practising inviting their friends for a coffee at I Bawb. It was also suggested that this feels like a cool and modern name which would resonate with old and young people alike.

Y Glossop (The Glossop)

The participants suggested that using the name Y Glossop is similar to that of a pub which often takes after the road name. It was suggested that Glossop also sounded like gossip and people may be likely to change this name to this over time.

Ysbrydoli (Inspire)

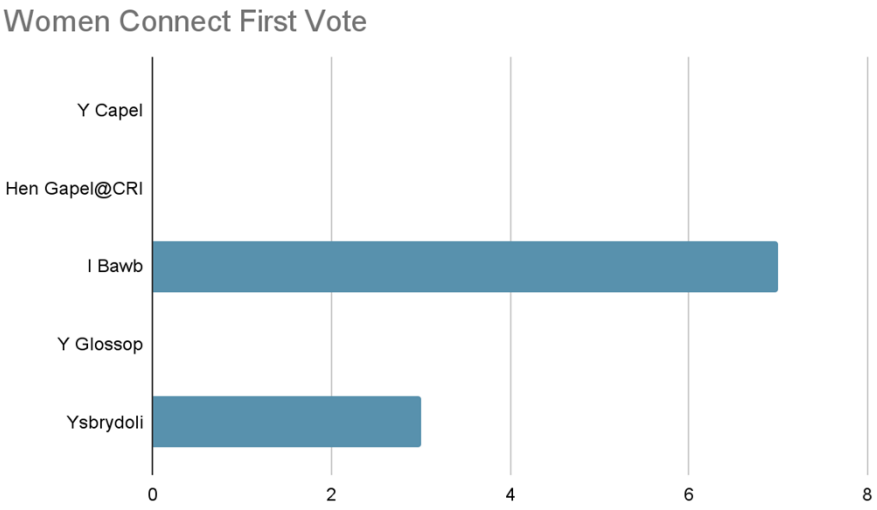
Ysbrydoli was suggested to be a fitting name for the building as both the purpose and the internal architecture is “inspiring”. The name provides a “vision” with “wide scope” to mean things to different people. It also creates feelings of something being bigger than oneself and that the “horizon is the limit”. However, some participants felt that this name is not easy to read nor remember. Some also felt that the name would not resonate so much with young people.

Name of Preference

The preferred name was I Bawb with 7 votes, with the second most popular name being Ysbrydoli with 3 votes. One participant suggested that merging both Ysbrydoli and I Bawb could be nice, with the meaning ‘inspire everyone’. Others thought that this would perhaps be too wordy and selecting one name would be best.

Commissioned by:

Produced by:



Splott Community Volunteers (Group 1) – 7 October, 10:30am

This group comprised 19 participants from Splott Community Volunteers. They were adults of all ages.

Y Capel (The Chapel)

The overall consensus was that Y Capel represented a church which was “not fitting” for this new space as it is no longer used for this purpose. The name is “generic” and “does not stand out”. It was shared that the space is supposed to be a welcoming hub for all communities, but this name would “exclude some religions and ethnicities”. There was also concern that it would be confused with the bar named ‘The Chapel’ on Churchill Way in Cardiff City Centre. All participants felt this was a “boring” name devoid of “emotion and meaning”. For this group, the name Y Capel represented segregation and it “put people off”.

Hen Gapel@CRI (The Old Chapel @ CRI)

Similarly to Y Capel, Hen Gapel @ CRI created a similar discussion about religious connotations which “didn’t feel inclusive”. It was agreed that there was no need to add ‘@ CRI’ because the establishment “should have a new identity” separate to Cardiff Royal Infirmary, its patients and staff to show that it is for everyone. As the space is new, a new name is needed.

I Bawb (For Everyone)

I Bawb was liked by the whole group as created feelings of “belonging” and felt “inclusive” and “open”. If someone doesn’t know who the space is for, it “clearly spells it out” as it’s “obvious that it’s’ for everyone”. It was suggested that I Bawb is also short and therefore easier for non-Welsh speakers to pronounce and remember.

Y Glossop (The Glossop)

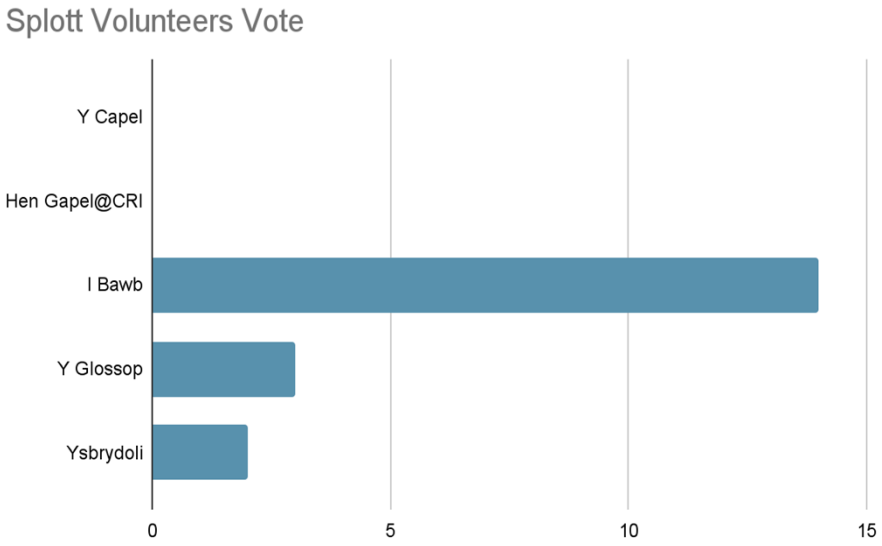
Two members of the group liked the name Y Glossop as “local people know where Glossop is” and they have positive memories of growing up on Glossop Terrace and Glossop hospital. However, most members of the group felt that name was more “associated with Glossop hospital across the road” and therefore “did not represent the location or the space” well. Additionally, the name Glossop reminded some participants of “sexually transmitted diseases” as there was a “sexual health clinic” with the same name. One member of the group suggested that the word Glossop reminded them of lip gloss, which was not a desirable image. The overall opinion was that just because the venue is on Glossop Road does not mean it reflects the new space well and instead, would cause “confusion” about what the space is for and where it is.

Ysbrydoli (Inspire)

Some participants felt that Ysbrydoli was quite “difficult to pronounce and spell”. Some members shared that it is a “fitting name” as “the space is inspirational” and people do need inspiration at the moment, particularly due to the pandemic. It was felt that this name “encompassed everything” and “reflects the innovation, longevity, sustainability and character of the building”. However, some participants felt that the name was “vague” and were left with questions about what was meant to be inspirational.

Name of preference

The preferred name was I Bawb with 14 votes, with the second most popular name being Y Glossop with 3 votes. Ysbrydoli was the third most popular suggested name with 2 votes.



Exercise For All Wales – 13 October, 2pm

This group comprised 6 adult participants with physical disabilities from Exercise For All Wales.

<u>Y Capel (The Chapel)</u>
Some participants felt that this name “does what it says on the tin” and is a “simple”, “easy to read” name to describe the place. One Welsh speaker stated that whilst Y Capel is grammatically correct, the name would be better as just “Capel” as Y can make two sounds, which perhaps would be confusing for non-Welsh speakers.

Other participants felt that this name “neglects all the new development” that has been done to make this space accessible and inclusive to everyone in the community. One member expanded on this by emphasising that “a new space requires a new name”.

The name Y Capel had connotations of a place of worship for the group, which some members felt would put members of the community off and would be “misleading” for the new space. It was commented that Y Capel was the “most boring name suggestion” and represents a “standard church which could be anywhere”. A few participants

reflected the similarity of the name to the Chapel 1877 Bar & Restaurant on Churchill Way.

Hen Gapel@CRI (The Old Chapel @ CRI)

Hen Gapel @ CRI was described as “idiot proof” by one participant and it was referred to as the “cleanest and simplest” option by another. However, it was also suggested that this would depend on whether people know what and where the CRI is. The @ symbol was considered to be modern by these members, but two other group members felt that this option looked like an email address.

I Bawb (For Everyone)

There was some debate about the ease of pronunciation for this suggestion. One participant suggested that I Bawb may be “difficult to pronounce” for non-Welsh speakers who have never heard the name before. Meanwhile, another participant suggested that this would be the “easiest name to pronounce” for non-Welsh speakers as in school or group settings, bawb is used within easy phrases, for example “Bore da bawb”. It was suggested that using this “recognisable name” would help make the “Welsh language more prominent” in Wales. Another member suggested an alternative version of this suggestion could be “I bob un” and that anyone who watches Welsh rugby would recognise this. This name was also noted to be “inclusive for everybody” whether that be “culture, disability or race”. One member mentioned that “if the space is as accessible, inclusive and inclusive as it seems, it should be named this”. Some participants stated that this name was “similar to Tŷ Pawb”, a successful community space in Wrexham.

Y Glossop (The Glossop)

The majority of the group stated that they did not like this name as it did not reflect the space well. One participant mentioned that Glossop was in Derbyshire so had no relevance. Others did not know or understand what the word meant. One participant shared that it sounded like a make-up shop, whilst another suggested it reminded them of the maternity hospital.

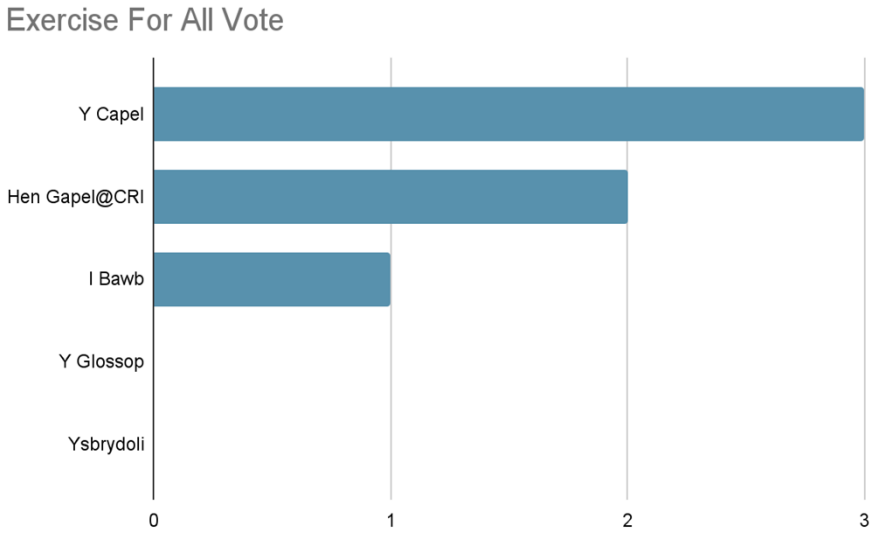
Ysbrydoli (Inspire)

One participant shared that he disliked this option because as a disabled person, he is continually told that he is inspirational by people who know nothing about him which

feels patronising. He suggested that this would be an “ableist” name which would put off himself and other disabled people. Other participants shared that it was difficult to pronounce and they could not imagine themselves saying it when referring to the space.

Name of preference

The preferred name was Y Capel with 3 votes, with the second most popular name being Hen Gapel @ CRI with 2 votes. I Bawb received 1 vote, whilst Y Glossop and Ysbrydoli had no votes.



Women Connect First (Group 2) – 13 October, 4.30pm

We met with another group of 9 participants from Women Connect First. They were mostly young people; a mix of male and female.

Y Capel (The Chapel)

Y Capel was seen as reflecting a “place of worship” which would make some participants “feel uncomfortable” to attend the venue. One member suggested that this was “not a relevant name for a community space” and that they would not “belong” here if this were the name. Another participant shared how this name would “cause confusion’ as it “doesn’t reflect the space”. However, another participant explained how

this name could be a good way to start discussion about the transformation. Someone shared that this is a “difficult” name for those who don’t speak Welsh, whilst another participant shared that this was a “short, simple and easy” name.

Hen Gapel@CRI (The Old Chapel @ CRI)

All participants felt that this name was “too long and wordy” and that “everyone would end up dropping @ CRI”. Some felt that Hen Gapel would be a better option.

I Bawb (For Everyone)

I Bawb was suggested to be easy to pronounce even for non-Welsh speakers. Most members echoed that this name had a lovely meaning of “everyone being welcome” and “diverse”. One participant shared how I Bawb would be a great “conversation starter” as the public might ask “what is for everyone” and “come to find out”.

Y Glossop (The Glossop)

One participant stated that this was a “clean, clear name” that “rolls off the tongue nicely” and is “easy to read”. He shared that he liked the name Y Glossop as it is a “noun and makes sense”, compared to I Bawb or Ysbrydoli which “do not make sense a name”. However, the majority of the group felt that this name “had no meaning”, with one person asking “why would you name it after the street?”.

Ysbrydoli (Inspire)

Ysbrydoli was thought to be a “hard name to say and spell”. However, all participants felt that it had a “nice meaning” where visitors would be able to “be themselves, comfortable, and creative”

Name of preference

The joint most popular suggested names were Y Capel and I Bawb with 3 votes each. The second most popular name was Ysbrydoli with 2 votes. Y Glossop received 1 vote.

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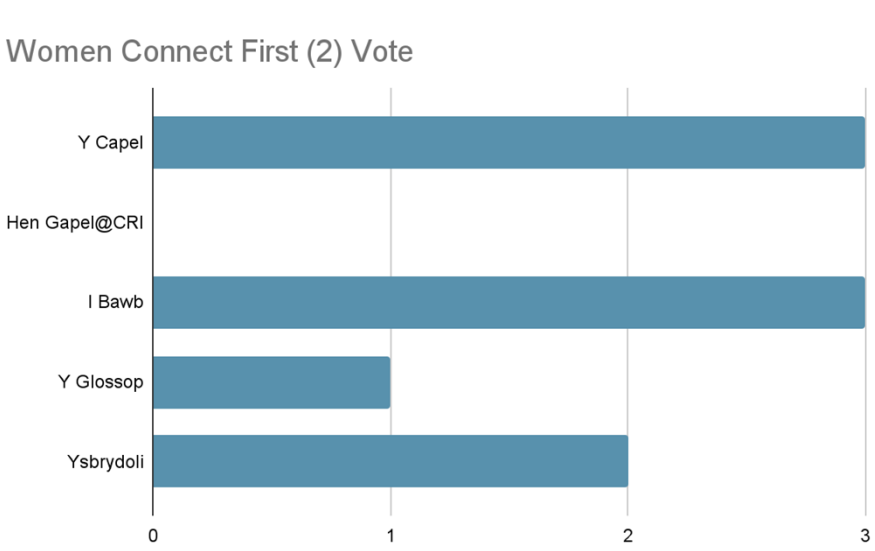

Splott Volunteers (Group 2) – 14 October, 10:30am

This group comprised another 12 participants from Splott Community Volunteers. They were adults of all ages.

Y Capel (The Chapel)
One participant shared that using a “religious term” would “erase people from different backgrounds”. Many people echoed that this name would “exclude people” and that they would think that “only Christians could go there”. Another person suggested that this name would “not be relevant” to a library, café or meeting space.

Hen Gapel@CRI (The Old Chapel @ CRI)
This name was suggested to be “very similar to Y Capel” and all members felt that it had a similar vibe. One participant suggested that the venue is a “new and innovative building”, so this name “does not reflect it”. He shared that as much as there has been a “sympathetic redesign keeping some of the historical chapel aspect, it is a brand new facility so it’s not a chapel at all”. Another participant shared that using the CRI in the name “does not give the space it’s own identity”. This was disliked as it is a “unique building needing a new identity”.

I Bawb (For Everyone)

One participant shared that the name I Bawb is unclear about what it is that is for everyone. Everyone liked the meaning of I Bawb and felt that the space would be inclusive, but felt that adding an additional word to suggest what the space is would be beneficial. Suggestions included Hwb I Bawb, Café I Bawb or Centre I Bawb. Another participant building on this suggested that the name 'doesn't roll off the tongue" or "make much sense" without this additional word.

Y Glossop (The Glossop)

One participant shared that they liked the name as local people would know where it is. However, another shared that this only applies to local people and this would not benefit those who aren't from Cardiff. Another participant shared that this name would be "confused with the old hospital" and "Glossop Terrace which doesn't exist anymore". Therefore, Y Glossop was suggested to be "old and archaic" as it has nothing to do with the building "unless you went back 40 years", rather than being "new and enticing". Most participants agreed that this name didn't reflect the venue well and could be anything, including a Wetherspoons pub. This name was suggested to be "old and archaic".

Ysbrydoli (Inspire)

Ysbrydoli evoked questions such as "who is this space going to inspire and why?". Similarly to this group's view on I Bawb, the participants suggested that Ysbrydoli "didn't make sense alone" and would "need another word to explain what it is", but they did like the meaning.

Name of preference

The most popular suggested name was I Bwab with 9 votes. The second most popular name was Ysbrydoli with 2 votes. After the vote, it was again highlighted that these names would be better with another word explaining what the space is, for example center or hub. Y Glossop received 1 vote.

Commissioned by:

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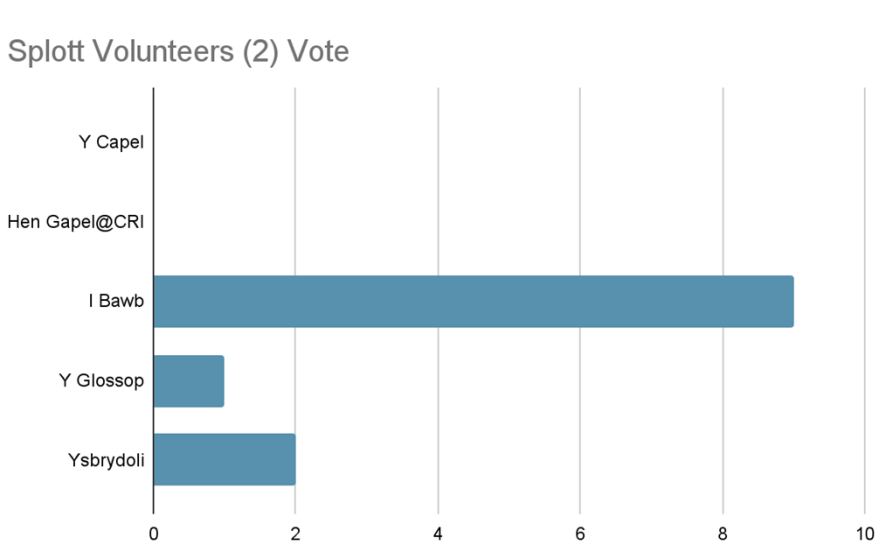


Cardiff People First – 14 October, 1pm

We met with 9 participants with learning disabilities from Cardiff People First. Half of group met up in the former chapel and joined the Zoom meeting from there. This allowed them to be fully immersed in the subject of discussion and also gain first hand insight of the facility.

Y Capel (The Chapel)

The suggested name Y Capel made a couple of participants feel that the name was “confusing and complicated” to understand “what is on offer” in the venue and for those with learning difficulties. One participant shared that if you didn't know Welsh, you might not know what the venue is. There was also concern that people might think “Y” was another way to say “why”, or the might be mis-pronounced as the letter ‘Y’, instead of the Welsh pronounciation of “uh”. However, another participant thought that Y Capel was an easy name to remember. One participant shared that the name Y Capel may not feel very welcoming to people from other religions or faiths as it is associated with Christianity.

Hen Gapel@CRI (The Old Chapel @ CRI)

Two participants shared that they liked this name more than Y Capel because it is “easier for those with learning disabilities to understand” as it provides more context.

However, it was felt by one attendee that the name was good but they “preferred Y Capel as it’s easier to remember”. Hen Gapel @ CRI was also suggested to be a more inclusive name “for all faiths” compared to Y Capel. Another participant felt that Hen Gapel @ CRI looks like an email address so it may confuse people. An @ in a title could suggest there are computers there.

I Bawb (For Everyone)

One participant shared that the inclusive meaning of this name was nice as it’s “for everybody even though it looks like a church” which made this suggestion “better than the other two” (Y Capel and Hen Gapel @ CRI). However, it was noted that “both the English and Welsh would be needed” on signage as “people who have to see it a couple of times to know how to spell it”. Two participants liked the meaning but it was “a bit of a mouthful”, “hard to pronounce” and difficult to “understand what it means”. Another participant shared that it “is not my cup of tea”.

Y Glossop (The Glossop)

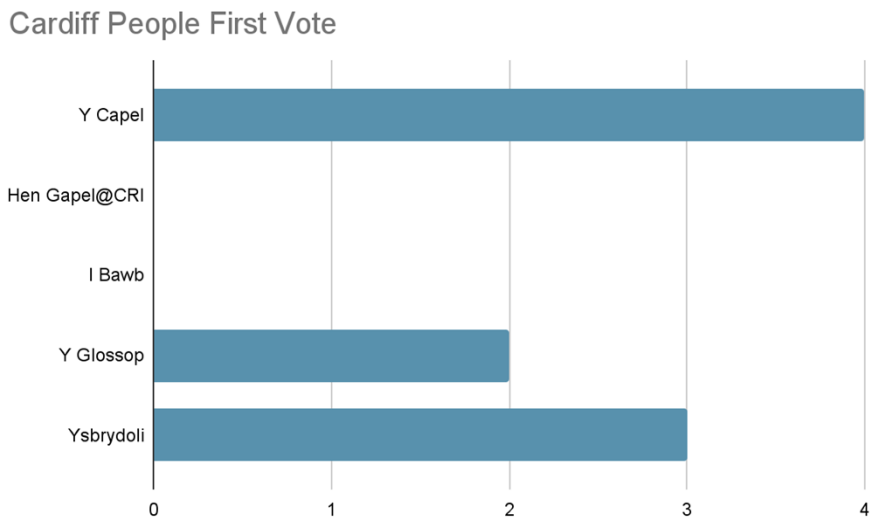
Y Glossop was suggested to be a fitting name by a few participants because it is on Glossop Road, so “it might be easier for people to know what it is about”. The location was helpful to aid recognition and was the “most suitable suggestion”. However, another participant shared concerns about those who “don’t know what or where Glossop is”. Another participant shared that the Y “might make some people think that there is a question, like in text speak”. Another suggestion was that it could be called Glossop Hub to “help identify what the venue is”, rather than Y Glossop.

Ysbrydoli (Inspire)

One participant loved the word Ysbrydoli because of the meaning but felt that it may not be an appropriate name as it is “hard to say, spell and remember”. Three more participants echoed that this name was “hard to pronounce” and was “too long-winded”. Adding another word to suggest what the space is would be useful. One suggestion involved having the English version first, followed by the Welsh, for example Inspire Café (Ysbrydoli).

Name of preference

The name of preference was Y Capel with 4 votes, with Ysbrydoli being the second most popular with 3 votes. Y Glossop received 2 votes, whilst Hen Gapel @ CRI and I Bawb had no votes.



Summary and conclusion

A total of **173 people** participated in this consultation exercise.

We received 108 online survey responses over a period of 3 weeks in October 2021. Out of the **108 participants in the online survey (mostly UHB staff)**, 68 voted for Y Capel as they preferred name (63%). The second most popular name was Hen Gapel @ CRI with 20 votes (18.5%). The third choice for this group of responses was I Bawb with 13 votes (12%). Y Glossop received 4 votes (3.7%) and Ysbrydoli had 3 votes (2.8%).

We were able to engage with 65 participants from diverse community groups in Cardiff via Zoom focus group meetings over a 2 week period in October 2021. Out of the **65 participants in the focus group sessions (members of the local community)**, 34 voted that their name of preference was I Bawb (52%). The second most popular name

was Ysbrydoli with 12 votes (19%). 10 participants voted Y Capel to be their favourite name, which was the third favourite with 15% of the vote. Y Glossop received 7 votes (11%) and Hen Gapel @ CRI received 2 votes (3%).

	Voted #1	Voted #2	Voted #3
Online survey	Y Capel (63%)	Hen Gapel @ CRI (18.5%)	I Bawb (12%)
Focus groups	I Bawb (52%)	Ysbrydoli (19%)	Y Capel (15%)

Recommendations and next steps

The name of the facility has been the subject of debate. This historical landmark in Cardiff is well-known to the local community and stakeholders. It is clear from the volume of participation in this consultation that everyone takes a keen interest in the new facility. The local community groups were especially appreciative for being invited to the consultation exercise and given the opportunity to share their thoughts.

Consultation exercises give us a sense of what people feel about the topic of discussion, but it is often impossible to fully meet everyone's preferences.

In this case however, a compromise can be made to marry the two most preferred names chosen by different stakeholder groups. We proposed naming the facility '**Capel i Bawb'**.

As suggested by a Welsh-speaking participant in the focus groups, the 'Y' in front of 'Capel', can be omitted. This is beneficial for a number of reasons – making the name easier to remember and pronounce and look aesthetically cleaner.

Incorporating a strapline is important as highlighted in the focus group meetings, to give the community a clear idea of the purpose of this new facility. This is also especially crucial given that the suggested name still comprises a religious element.

Four focus groups were very clear that whatever name was chosen, signage would need to be both in Welsh and English. It was felt this would be essential to make the

space accessible, particularly for those who are not Welsh speakers or those with learning disabilities.

We are therefore proposing the following **3 options** for consideration:

1. **Capel i Bawb (Chapel for Everyone)**
   A place for the whole community

2. **Capel i Bawb (Chapel for Everyone)**
   Our Community Hub

3. **Capel i Bawb (Chapel for Everyone)**
   Community Hub for All

When a decision has been made, it's necessary to follow up with all the respondents to thank them for their participation and to communicate the rationale behind the final decision.

We would also recommend holding a few open day sessions for all interested consultation respondents to have an exclusive tour of the new facility.

Additional comments about the space

Separate to the discussions about the names, these comments were collected from the focus group sessions:

- One participant suggested that it would be nice to have a small, quiet, designated space for quiet reflection, meditation or prayer within the venue.
- A suggested opening time for the venue that would be beneficial for the community was from 8am-6pm.
- Some participants would like to know what activities are offered from the facility. Suggestions included language classes and knitting classes.
- Some participants were interested in finding out if the space had lifts and ramps and if it was completely inclusive for people with physical disabilities. Could employment be offered here for people with physical disabilities?

- A few participants echoed that if the space is as inclusive as it seems, there needs to be an accessible changing place and toilet with a hoist and changing table.
- One participant shared that any signage created would need to be large and clear for those who have difficulty with their vision.

END

Report Title:	**Cardiff and Vale Regional Partnership Board**						**Agenda Item no.**		
Meeting:	**Strategy and Delivery Committee**						**Meeting Date:**	16.11.2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**X**
Lead Executive:	**Executive Director of Strategic Planning**								
Report Author (Title):	**Head of Partnerships and Assurance**								

Background and current situation:

The Regional Partnership Board meets quarterly and is made up of Cardiff Council, Vale of Glamorgan Council, Cardiff & Vale University Health Board, Welsh Ambulance Services NHS Trust, Third & Independent sectors and carer representatives. Our aim is to improve the health and wellbeing of the population and how health and care services are delivered.

This paper provides an overview of the financial and activity performance of all programmes relating to the RPB and presented to Welsh Government as part of the Q2 reporting requirements for 2021-22.

For further information and assurance on the work of the RPB overall, this paper also includes summaries of work being undertaken within 2 sub partnerships of the RPB: the Ageing Well Partnership and also the Starting Well Partnership. Both arrangements were launched this year and have identified clear priorities to take forward across the region in the coming year. Lastly, the paper includes reference to the RPB's Annual Report, again for information.

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

Q2 Performance Overview

The RPB has responsibility for the effective delivery of a range of funding streams where the UHB acts as 'banker' on behalf of the region. ***Appendix 1*** includes a RAG rated summary 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. Actions to address remaining risks are also outlined in ***Appendix 1***.

Future Funding Arrangements

Colleagues may recall that the existing funding streams managed by the RPB are scheduled to conclude at the end of March 2022. Whilst new replacement revenue and capital funding streams have been indicated by Welsh Government, discussions continue on the detailed management guidance. It is likely that the new arrangements will place long term requirements upon all partners to support an increasing level of funding for services identified as being vital to

be embedded in the long term. Further information on the guidance and the consequences for the UHB will be shared as soon as the guidance is made available in December 2021.

Regional Partnership Board Update

For further information and assurance, this paper also includes summaries for the Ageing Well and Starting Well Partnerships as ***Appendices 2 and 3*** respectively. Finally, a link to the RPB's Annual Report is provided here for further information. Colleagues can follow more timely updates on the work of the RPB by following us on Twitter @RPB_CAV.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

All quarter 2 reports have been considered by the Strategic Leadership Group before approval by the Regional Partnership Board and scrutiny by Welsh Government.

Recommendation:

The Strategy and Delivery Committee are requested to note for information the Q2 report on all short term funding streams hosted by the UHB on behalf of the Regional Partnership Board, together with the additional information summarising the work of the RPB.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
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, click here for more information*									
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

Equality and Health Impact Assessment Completed:	No

Appendix 1: Quarter Funding Status Overview – Quarter 2 Position as of end September 2021

Programme	Description	Allocation (£k) 2021-22	Q2 Actual Spend (£k)	Status RAG @ Q1	Status RAG @ Q2	Overview of Q12performance	Plans for Q2 onwards
Transformation Fund	A series of innovative projects designed to transform services for hospital discharges and localities: - Wellbeing matters and social prescribing - GP Triage - Get Me Home - Delivery capacity for @Home	4,699	1,561	Green	Green	The Transitional Year programme of work has begun with the development of the @Home programme which will bring together projects spanning the RPB for Older People. All projects continue to deliver, except GP Triage (P3) which is using its resource to support the Access Point development within the @Home programme and specifically towards utilizing the connections with GP practices and receptions.	The @Home programme will continue to be developed and deliver with all Transformation Fund projects continuing. Of note, the Accelerated Cluster Model (P1&2) is being developed with the @Home programme to be scaled across the region. Alternative usage of underspend relating to GP Triage will now be identified.

Programme	Description	Allocation (£k) 2021-22	Q2 Actual Spend (£k)	Status RAG @ Q1	Status RAG @ Q2	Overview of Q2 performance	Plans for Q3 onwards
Transformation Scaling Fund	Funding provided for 12 months towards 8 projects focused on relieving the continued pressures on discharge services (extension of winter pressures funding)	810	602	Green	Green	This funding was utilized to continue the service scaling for some of the key discharge projects which were impacted by COVID-19 and were still seeing an increased demand. Areas invested include; Hospital discharge (FPOC), Intermediate Care (rehab therapy, CRT/VCRS), Domiciliary Care, Third Sector Services (Mental Health Matters, Age Connects). We have also been able to utilize a Pharmacy Technician to be able to address discharge and community issues. All projects have been able to show outcomes and development in Q2.	The projects will all continue to deliver, and we will continue to monitor reporting to develop measures which show the impact of the work being carried out as part of the business planning work towards the end of current short-term funding arrangements.

Programme	Description	Allocation (£k) 2021-22	Q2 Actual Spend (£k)	Status RAG @ Q1	Status RAG @ Q2	Overview of Q2 performance	Plans for Q3 onwards
Integrated Care Fund (Revenue) Range of programmes encouraging innovative partnership working for:	Older People	*4,922k*	*2,236*	**Green**	**Green**	The majority of projects continue to operate within anticipated parameters although many have had to re-focus their scope in response to COVID-19. Discussions to secure use of OP Residential Discharge to Assess funding have now been completed satisfactorily.	Ongoing performance review together with delivery of an agreed plan for Loneliness and Isolation funding (OP13) via the Ageing Well Partnership.
	Children w Complex Needs/ Learning Disabilities	*2,603*	*993*	**Green**	**Green**		
	Children at Risk	*2,088*	*871*	**Green**	**Green**		
	Dementia	*1,101k*	*318*	**Green**	**Green**		
	Memory Assessment Service	*314*	*0*	**n/a**	**Amber**	A range of projects have been approved by Welsh Government for funding including a new leadership structure to support the ongoing development of Dementia Services as a whole. Recruitment is underway currently together with initiation of the new projects.	Completion of the recruitment phase together with development of an evaluation structure for ICF-funded Dementia services as a whole to ensure effective allocation of the funding which has now been made recurrent.

Programme	Description	Allocation (£k) 2021-22	Q2 Actual Spend (£k)	Status RAG @ Q1	Status RAG @ Q2	Overview of Q2 performance	Plans for Q3 onwards
ICF Cont'd	Integrated Autism Service	367	194	**Green**	**Green**	The Q2 report is positive despite service delivery being severely challenged by the Pandemic. The report also highlights an increase in service demand which places pressure on waiting times.	The IAS will continue to support development of plans to respond to the Wales Autism Code. Agreed actions are likely to include development of a combined activity report for Autism to monitor demand.
Children and Young People Mental Health	Emotional Health and Wellbeing	*200*	*90*	**Green**	**Green**	Service is in delivery phase with 3 staff in post and a commissioned service via Platfform to support parent/carers of young people with Mental Health support.	Sustainability plans may be required for end of grant programme. Clarification from Welsh Government is currently being sought re. funding sustainability.
Safe Accommodation	Multi-agency support hospital discharge for children & young people in mental health crises.	*700*	*0*	**n/a**	**n/a**	Funding approved in late October 2021.	Initiation of project plan.

Programme	Description	Allocation (£k) 2021-22	Q2 Actual Spend (£k)	Status RAG @ Q1	Status RAG @ Q2	Overview of Q2 performance	Plans for Q3 onwards
Integrated Care Fund (Capital)	Range of capital projects supporting development of the partnership agenda across the region.	*5,080*	*0*	**Red**	**Amber**	A full capital plan has now been approved by Welsh Government. However the requirement to ensure deliverability and full spend by March 2022 places significant risk on the programme as a whole. The SLG receives monthly progress updates to ensure effective management of this risk.	Ongoing implementation of capital plan together with risk management controls.

Programme	Description	Allocation (£k) 2021-22	Q2 Actual Spend (£k)	Status RAG @ Q1	Status RAG @ Q2	Overview of Q2 performance	Plans for Q3 onwards
Partnership Support: small funding streams to support enabling projects for the Partnership	Research, Innovation and Improvement Co-ordination Hub (RIIC)	*250*	*tbc*	**Green**	**Green**	• Team appointed and in place • Links made with key partners including Social Care Wales and Cwm Taf RIIC • Scoping support for GetFit Wales • Healthcare Technology Centre review agreed and project plan to be finalised	Ongoing rollout of programme plan.
	Engagement Funding	*40*	*0*	**Green**	**Green**	A Delivery Plan for Engagement has now been established detailing engagement plans across key priority areas for the RPB for initiation by end March 2022. Several planned priorities have been initiated including the Population Needs Assessment and a new name for the CRI 'Chapel' development.	Initiation of remaining engagement plans for priority groups in 2021-22 including Ageing Well, Starting Well and Commissioning.

Programme	Description	Allocation (£k) 2021-22	Q2 Actual Spend (£k)	Status RAG @ Q4	Status RAG @ Q1	Overview of Q2 performance	Plans for Q3 onwards
	RPB Performance and Capacity – focused upon development of the Regional Outcomes Framework.	*60*	*60*	**Green**	**Green**	This resource was originally focused upon the development of the Regional Outcomes Framework. As other resources have now been secured, this fund will now be focused upon supporting delivery of the Population Needs Assessment. Engagement with a range of priority population groups has now taken place.	Ongoing delivery of the Population Needs Assessment in line with previously agreed project plan.
	Integrated Autism Code of Conduct	*4*	*0*	**n/a**	**Green**	This funding has been allocated to support compliance with the Integrated Code of Conduct. A working group has been established to undertake a baseline assessment of regional compliance with all elements of the code supported by the RPB Partnership Team.	Following completion of the baseline assessment an action plan will be presented to the SLG for consideration before implementation of a series of working groups to deliver required changes.

Programme	Description	Allocation (£k) 2021-22	Q2 Actual Spend (£k)	Status RAG @ Q1	Status RAG @ Q2	Overview of Q2 performance	Plans for Q3 onwards
	WCCIS	*tbc*	*tbc*	**Red**	**Amber**	Following initial delay, funding has now been allocated to support ongoing development work of WCCIS in the Vale of Glamorgan. Work is now underway to implement the plans agreed with Welsh Government.	Ongoing implementation of agreed plans.

HENEIDDIO'N DDA
AGEING WELL

Update October 2021

BWRDD PARTNERIAETH RHANBARTHOL
CAERDYDD A'R FRO

CARDIFF & VALE
REGIONAL PARTNERSHIP BOARD

About the Cardiff and Vale Regional Partnership Board

The Cardiff and Vale Regional Partnership Board (RPB) helps people to live the best lives they can in their homes and communities.

We work with our partners in health, social care and the third sector to transform services and communities to make sure people get the right support, at the right time, in the right place.

We do this because we can deliver better outcomes for people who live in Cardiff and Vale by working together.

About the Ageing Well Partnership

Our Ageing Well Partnership brings together Councillors and people leading on adult health, social care and third sector services from across the region. We want to improve and where necessary transform services in Cardiff and Vale and are currently focussing on:

@Home: An ambitious programme of work which aims to ensure that everyone can access the right service at the right time. This programme aims to deliver a new model of locally-delivered, joined-up care and support linking NHS, councils and third sector services and local community networks. We want to have a joined-up approach to enable people to maintain their independence and wellbeing and have more time to live their lives how they want.

Dementia: Making Cardiff and Vale a better place for people with dementia and their carers. We will continue to invest in dementia friendly communities, where people with dementia are supported and valued. We want care for people with dementia to focus on what matters most to the individual and providing a wide range of support to help people live the best lives they can.

Latest Updates

@Home

Cath Doman, Director of Health and Social Care Integration, has been working with partners to define the initial pieces of work which will be undertaken by this programme. Most significantly:

- **We will be working with GPs and health and social care partners to expand our cluster model, which was piloted in Cardiff South West Cluster, to more areas in Cardiff and Vale. The aim is to join up services across health, social care and the third sector so people will experience more joined-up care and support. The next two clusters to implement the model are Cardiff North, led by Dr Angharad Triggs, and Cardiff East lead by Dr Roger Morris.**
- **We have also begun looking at what is available for people who may need short-term care and support to enable people to regain their independence after a crisis or a stay in hospital. This will help ensure that we have the right services and staff to be able to support people as quickly as possible and help prevent avoidable admissions to hospital where the right care and support can be delivered at home.**

Dementia

Dr Suzanne Wood, Consultant in Public Health Medicine, has been leading the work around dementia in the region and was delighted to announce that we have received a commitment for ongoing funding from the Welsh Government's Integrated Care Fund (ICF). This will enable us to:

- **Continue our partnership working with Marie Curie in developing Cardiff and Vale as a Dementia Friendly Region**
- **Create a number of films to support unpaid carers of people with dementia to destigmatise dementia through reflective practice, as well as cross-cultural training in partnership with Pocket Medic and Red Sea House**
- **Pilot a number of initiatives aimed at giving information and support to carers and professionals as well as improving waits for memory assessment through improved access and additional training.**

Engagement

The Ageing Well Programme will be undertaking engagement with the public on new service developments and plans. We will invite people to be involved in regular engagement and discussions with us and tell them how they have influenced our decisions. We will ensure that we hear the voices of our diverse population to make sure we understand the wide range of experiences and needs people have when designing our services.

Our initial engagements will focus on understanding what services and activities will most benefit local communities to inform our cluster development and bringing services closer to people's homes in new Health and Wellbeing Centres.

Stay in touch

Contact the RPB

Follow us on Twitter @RPB_CAV

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Please feel free to share this update with others who may be interested in our work.

CARDIFF CAERDYDD

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

VALE of GLAMORGAN BRO MORGANNWG

DECHRAU'N DDA
STARTING WELL

BWRDD PARTNERIAETH
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About the Starting Well Partnership

Our Starting Well Partnership brings together Councillors and people leading on child health, social care, education and third sector services from across the region. We want to improve and where necessary transform services in Cardiff and Vale and are currently focusing on:

- **Implementing a whole school approach, where everyone has a part to play in supporting children and young people's health and wellbeing**
- **Creating a regional framework that sets out a standard for delivering services that can be tailored and used locally**
- **Making sure there is a joined-up approach to mental health and emotional wellbeing and far more support for children in crisis**
- **Creating regional resources for children and young people with complex needs**
- **Improving support for children and young people with additional learning needs**

Latest Updates

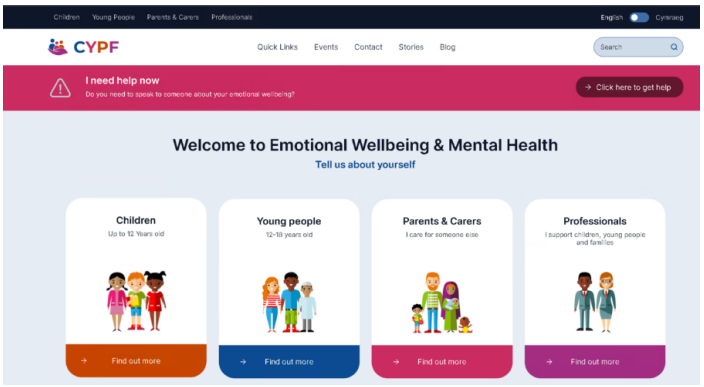
Cardiff and Vale of Glamorgan Strategy for disabled children

The Improvement and Development Manager, for the Starting Well Partnership showed how Cardiff and the Vale of Glamorgan is developing a new Strategy for Disabled Children to ensure they get the help they need at the earliest point possible. This will take a far more responsive approach, focusing on need rather than diagnosis. It will ensure we can support children with complex needs that may need a range of services.

70 practitioners have been involved in workshops to develop this Strategy and we are now engaging with children, young people and their families to gather their views. We are already learning that we need to work together to develop:

- Common and co-ordinated approaches
- Unified plans
- Early intervention
- Inclusion

If you would like to be involved in this work, please let us know.



No Wrong Door

Eve Williams, Starting Well Programme Lead, updated the partnership on the work being undertaken to ensure there is 'No Wrong Door' when children and young people with emotional well-being and mental health needs require support. All places where children and young people might make contact will connect, which means that the range of services that are available in Cardiff and the Vale of Glamorgan, will be delivered seamlessly, at the right time and in the right place, in the way that best suits the person receiving the service. The 'No Wrong Door' approach will include a range of services, with access points via:

- Early help in local authorities
- Single Point of Access within the UHB
- Schools

Hearing the voice of children and young people

The partnership members discussed how the Starting Well Partnership will promote the voice of children and young people by coproducing a series of resources based on their experiences. These lived experiences will shape and enable promotion of how services work across the region and what to expect. These will be included in the new Well-Being website which has also been co-produced with children and young people. These resources can also show people what is available across the region and highlight positive examples, as well as being open about where services could be improved and how to be involved.

This approach will help the Starting Well Programme understand where services need to change and will be a key part of our engagement with children and young people.

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