Public Strategy & Delivery Committee

Tue 14 March 2023, 09:00 - 12:30

Agenda

09:00 - 09:10
10 min

1. Standing Items

Michael Imperato

1.1. Welcome & Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes of the previous meeting held: 24.01.23

1.4 Draft Public SD Minutes Jan..pdf (10 pages)

1.5. Action Log following the previous meeting: 24.01.23

1.5 Draft Public SD Action Log following January meeting.pdf (2 pages)

1.6. Chairs Actions since previous meeting:-

09:10 - 10:50
100 min

2. Items for Review and Assurance

2.1. Shaping Our Future Wellbeing Strategy

2.1.1. Strategic Portfolio Update – Flash Reports and Strategy Refresh

Abigail Harris

2.1.1 Strategic Portfolio Update.pdf (2 pages)
2.1.1a Strategic Portfolio Appendix A - Programme Flash Reports - Feb 2023.pdf (7 pages)

2.1.2. Strategy Refresh Update

Abigail Harris

2.1.2 Strategy Refresh Update.pdf (2 pages)

2.1.3. Key Workforce Performance Indicators

Rachel Gidman

2.1.3 Key Workforce Performance Indicators pdf.pdf (5 pages)
2.1.3a Appendix 1 WOD KPI Report Jan-23.pdf (2 pages)
2.1.3b Appendix 2 - WOD KPI Trend Analyses Jan-23.pdf (1 pages)

2.1.4. Key Operational Performance Indicators

Paul Bostock

2.1.4 Key Operational Performance Indicators.pdf (11 pages)

2.2. Strategic Equality Plan – Annual Review including:

Rachel Gidman Mitchell Jones

A Six Month Update

- 2.2 Strategic Equality Plan – Annual Review.pdf (5 pages)

2.3. Board Assurance Framework

James Quance

- 2.3 BAF Covering Report S&D March 2023.pdf (3 pages)
- 2.3a BAF Urgent & Emergency Care and Health Inequalities.pdf (9 pages)

2.4. Anti-racist Wales Action Plan Update

Rachel Gidman Mitchell Jones

- 2.4 Anti-racist Action Plan.pdf (3 pages)

2.5. Decarbonisation Plan

Abigail Harris Ed Hunt

- 2.5 Decarbonisation Plan.pdf (5 pages)
- 2.5a Decarbonisation Action Plan.pdf (40 pages)

2.6. Committee Self Effectiveness survey

James Quance

- 2.6 S&D Committee self effectivness survery report.pdf (3 pages)
- 2.6a Appenidx 1 Annual S&D Committee Effectiveness Survey results.pdf (6 pages)

2.7. BREAK (10 Minutes)

10:50 - 11:05
15 min

3. Items for Approval / Ratification

3.1. Annual Equality Report 2021/22

Rachel Gidman Mitchell Jones

- 3.1 Annual Equality Report 21-22 - March 2023 (001).pdf (2 pages)
- 3.1a CAVUHB Annual Equality Report 2021-2022(1) (1).pdf (29 pages)

3.2. Strategy & Delivery Committee Annual Report 2022-23

James Quance

- 3.2 SD Committee Annual Report Cover.pdf (2 pages)
- 3.2a Draft Annual Report of SD Committee 22-23.pdf (9 pages)

11:05 - 11:10
5 min

4. Items for Information & Noting

4.1. Corporate Risk Register

James Quance

- 4.1 Corporate Risk Register.pdf (3 pages)
- 4.1(a) Strategy and Delivery Committee - Detailed Corporate Risk Register Entries January 2023.pdf (4 pages)

11:10 - 11:10
0 min

5. Any Other Business

11:10 - 11:10
0 min

6. Private Agenda Items

6.1. Suspension Report – exempt from publication due to the confidential nature of the report

11:10 - 11:10
0 min

7. Review and Final Closure

7.1. Items to be referred to Board / Committees of the Board

11:10 - 11:10
0 min

8. Declaration

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

Unconfirmed Minutes of the Public Strategy and Delivery Committee Meeting Held On 24th January 2023 at 09:00am Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member – Legal/ Committee Chair
Present:		
Rhian Thomas	RT	Independent Member - Capital & Estates
In Attendance:		
Abigail Harris	AH	Executive Director of Strategic Planning
Ceri Phillips	CP	Vice Chair of the UHB
Jason Roberts	JR	Executive Director of Nursing
Rachel Gidman	RG	Executive Director of People and Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Ed Hunt	ED	Programme Director – Redevelopment
James Quance	JQ	Interim Director of Corporate Governance
Paul Bostock	PB	Chief Operating Officer
Cath Doman	CD	Programme Director
Dr Sian Griffiths	SG	Consultant in Public Health Medicine
Lianne Morse	LM	Assistant Director of Workforce
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Timothy Davies	TD	Head of Corporate Business
Secretariat:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member - ICT
Sara Moseley	SM	Independent Member - Third Sector
Nicola Foreman	NF	Director of Corporate Governance
Meriel Jenney	MJ	Executive Medical Director

Item No	Agenda Item	Action
S&D 24/01/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 24/01/002	**Apologies for Absence** Apologies for absence were noted.	
S&D 24/01/003	**Declarations of Interest** There were no Declarations of Interest.	
S&D 24/01/004	**Minutes of the Meeting Held on 15 November 2022** The minutes of the Committee meeting held on 15 November 2022 were received.	

	The Committee resolved that: a) The minutes of the Committee meeting held on 15 November 2022 were approved as a true and accurate record of the meeting.	
S&D 24/01/005	**Action Log following the Meeting held on 15 November 20022** The Action Log was received. **The Committee resolved that:** a) The Action Log from the meeting held on 15 November 2022 was noted.	
S&D 24/01/006	**Chairs Action** There were no Chairs Action taken.	
	Items for Review and Assurance	
S&D 24/01/007	**Strategic Delivery Programme updates - Flash Reports** The Executive Director of Strategic Planning (EDSP) presented the Strategic Delivery Programme updates - Flash Reports and highlighted the following: 1. Shaping our Future Population Health • That was currently at a green status. 2. Shaping our Future Community Services • That was currently at a green status. 3. Shaping our Future Clinical Services • That was currently at an amber status. 4. Shaping our Future Hospital • Work was progressing. However, there was no Programme Business Case endorsed yet. • The Health Board had asked for resource from Welsh Government (WG) in order to build a team and hire specialist technical staff. • The Minister had asked for a clinical review of the model. **The Committee resolved that:** a) The Strategic Delivery Programme updates - Flash Reports were discussed and noted.	

S&D 24/01/008	**Key Workforce Performance Indicators** The Assistant Director of Workforce (ADW) presented the Key Workforce Performance Indicators and highlighted the following: • The KPIs showed a very challenging recruitment environment. • The turnover rate remained at 13% since March, despite efforts made by managers. • The sickness absence rate was similar. It was fluctuating between 6-7%. However, it was higher than pre -Covid rates. • Formal disciplinary investigations continued to reduce month by month due to the People and Culture team (the PC Team) and Trade Unions. • There had been positive improvements in statutory and mandatory training. • The Value Based Appraisal (VBA) rate was the same. Benchmarking VBAs across Wales had been completed. The data was slightly out of date. However, it showed that the Health Board was in the middle range. There was clearly a challenging workforce environment across Wales. • The PC Team had started to look at the data in England but more work was required. • The Health Board was not an outlier in terms of KPIs. The Independent Member - Capital & Estates (IMCE) queried what practical learning was being gained from other Health Boards since their KPIs were better. Also, how was the impact of initiatives being measured. The ADW responded that the PC Team was constantly speaking to colleagues in other Health Boards. From discussions, it was apparent that the Health Board was not doing anything different to other Health Boards. The Chief Operating Officer (COO) advised that there was still an upward trajectory. There was not enough focus initially. However, since August/September last year he was going through the KPIs with the Clinical Boards every month. Some Clinical Boards were doing better than others. The ADW stated that all interventions were measured to understand how effective those interventions were. Sometimes the impact of the managers' work might not be seen in KPIs due to the size of the organisation. **The Committee Resolved that:** a) The contents of the report were discussed and noted.	
S&D 24/01/009	**People and Culture Plan Update** The EDPC presented the People and Culture Plan Update and highlighted the following:	

	• It had been one year since the launch of the People and Culture Plan. • It was a 3-year plan and the King's Fund report would help the organisation to push further. • Next year there would be a focus upon the impact of the People and Culture Plan. • The King's Fund Report would result in working more with the Social Care sector. • The high sickness rates were due to stress, anxiety and depression. Those reasons did not sit in isolation and a wellbeing strategy needed to be developed. • The creation of the People and Culture Committee and aligning that with health and safety and quality and safety would give a broader insight and impact. • Going forward, Clinical Boards needed to own the People and Culture Plan and incorporate the same within the Clinical Boards' own plans. The COO stated that an external review had been commissioned. **The Committee Resolved that:** a) The contents of the report were discussed and noted.	
S&D 24/01/010	**Key Operational Performance Indicators** The COO presented the Key Operational Performance Indicators and highlighted the following: • There had been progress regarding ambulance handover. The 3-hour waiting time needed to be reduced. • The Health Board was doing better this Winter than originally envisaged. However, there was still a lot of work to do. • His team had met with the Fracture, Neck and Femur team to set clear objectives and to benchmark against the hip and fracture database. • Stroke services remained a concern. There was Stroke summit recently and the UK benchmarking scores were considered. At the moment the Health Board was rated "D", with "A" being the best score. There was a follow up meeting next week. • Planned care elective work had not been cancelled because of pressures. • The 8-week diagnostic waits might increase. • Primary Care was managing this Winter. The Health Board was providing urgent Primary Care from five locations. The third urgent centre was opening next week. a) *General Update on Cancer Services including rapid diagnostic centres* • The standard says every Cancer patient should have treatment commenced by day 62 of being referred.	

- A key milestone that would be used was that as many patients should be diagnosed of cancer or not, by day 28.
- The standard was for 75% of patients to start definitive treatment within 62 days of the point of suspicion.
- The main task was to eradicate the number of patients who had already waited 62 days.
- The Health Board approved a business case in April 2022 to establish a Rapid Diagnosis Clinic for patients referred as having suspected cancer as part of the Vague Symptom Pathway.
- There were 2,062 active patients.

The IMCE queried what the ambitions were for the new General Manager for Cancer services.

The COO responded that he/she would (i) continue the work done to date and (ii) move forward to develop a clear strategy for Cancer treatment.

The IMCE stated it would be useful to get the new General Manager's insight when he/she has had 6 months in the role.

b) Medically fit for discharge

- 363 patients were deemed medically fit for discharge.
- The position had stabilised but that figure represented a lot of people occupying an acute hospital bed.
- A lot of people were waiting for a Social Worker to be allocated.
- A forensic review was completed in October.
- 37% of patients were waiting for Social Services admission.
- 50% of patients spent 24 hours in EU. That was causing more harm to patients.
- It was recognised that the Local Authority partners had challenging issues with recruiting Social Workers. One option being considered was to have trusted assessors to carry out social worker assessments.
- Work was currently underway with the END to cohort some patients into the Lakeside facility and to make that facility more conducive to a residential space for that medically fit for discharge patients. Plans were being worked up, however, there were some risks.

The IMCE queried what else could the Local Authority partners do to support the welfare of people.

The COO responded that the benefit of maximising Lakeside estate was to centralise and maximise the available resource.

The EDSP stated that focus should be on the pathway to get patients out of hospital as not all patients required an intensive package of care and/or a full care assessment. One issue was about changing the culture and getting people out of the hospital and then doing the comprehensive assessment after hospital discharge. Work was required to consider how that could be carried out safely.

	The EDPC stated that the Health Board needed to be more efficient with workforce plans and noted that there was ongoing work with regards to developing Band 4 staff to assist in that area. The END stated that he had spoken to the Chief Nursing Officer with regards to remodelling the nursing workforce in those areas. The UHB Vice Chair stated that the demand was continuing to increase. The Health Board was going to see pressures unless it could address issues in Social Care and he queried whether discharge could be facilitated with additional support in the community. The COO responded that a lot could be done to support Social Care. The Six Goals programme placed a big emphasis on “at home care”. If people were unable to stay home then they should be signposted to the correct place. c) *Deep Dive - Cost of living crisis impact upon Mental Health Services* • There had been a significant impact on patients and staff. • There were actions included in the documents presented to the Committee. The EDPC stated that staff were struggling with the cost of living. There was a cost of living page that staff were signposted to. There was also a financial wellbeing offering by several other Health Boards called “Wage Stream” and discussions had taken place in Management Executive about adopting that. **The Committee Resolved that:** a) The year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes was noted.	
S&D 24/01/011	**Strike update** The COO presented the Strike Update and highlighted the following: • The Health Board had the lowest number of derogation requests. • The rights of individuals who wished to strike were accepted, whilst making areas safe. • The use of Corporate department support was not well received by staff who were striking. • The first two strike days had involved cancelling 1,000 outpatients, of which 500 outpatient appointments were cancelled the next day. • Cancer patient appointments were not cancelled. • There were no additional issues with Ambulance handover as a result of the strikes.	

	• The first Ambulance strike saw a reduction in ambulances but not as many as they thought it would be. • More strikes were planned for the 6-7th of February. • Teachers were also striking and it was noted that such strikes could have an impact on Health Board staff (for example, it could affect child care). The IMCE queried the impact of indirect strikes and how they planned to compassionately support staff. The EDPC responded that the Health Board encouraged compassion throughout the strikes. The END stated the Health Board would be impacted by the WAST strike action. **The Committee Resolved that:** a) The Strike Update was noted.	
S&D 24/01/012	**IMTP Quarter 3** **The Committee Resolved that:** a) The IMTP Quarter 3 Update was noted.	
S&D 24/01/013	**2023/24 Decarbonisation Action Plan** The Programme Director – Redevelopment (PDR) presented the 2023/24 Decarbonisation Action Plan and highlighted the following: <u>Context</u> • The Health Board had emitted 202,000 tonnes of CO2. • WG had set a target for reducing carbon emissions by 16% by 2025 and 34% by 2030. • Audit Wales have produced “5 actions” for Public Bodies to address. • There was currently no line of sight to the 16% emission reduction target by 2025. <u>Vision and leadership</u> • Decarbonisation should be included as a central pillar of decision making. • Leadership should commit to owning and impacting positively on carbon emissions, encouraging their teams to deliver change. • Climate Champions should be sponsored across the organisation for specific and relevant work. • A decarbonisation behaviour change programme needed to be sponsored.	

	• Grant funding available (for example, Re:Fit) to understand energy savings opportunities should be maximised. • There needed to be actions at a working level i.e. Clinical, travel, estates, people, procurement. <u>Next steps</u> • To mature actions, estimate cost and back off with owners. • The first draft of action plan was submitted on 31st January. • It was due to go to Board Development in February. The IMCE queried what else should the Board be doing to implement the actions and move the decarbonisation matter forward. The EDSP responded that there should be a section on decarbonisation in Board reports. There should also be a clear action plan. The PDR stated Internal Audit have said the decarbonisation agenda should go to meetings and he would pick this up with the Interim Director of Corporate Governance (IDCG). Board level training on the topic could be considered. The IMCE stated that Board champions could be something they could do. **The Committee Resolved that:** a) The content of the report, including the timetable to completion, was noted.	ED/JQ
S&D 24/01/014	**Board Assurance Framework** The IDCG presented the Board Assurance Framework (BAF) and highlighted that it was part of the reporting cycle. There are 3 risks being reported which included Capital Assets, IMTP and Staff Wellbeing. **The Committee resolved that:** **a)** The attached risks in relation to Capital Assets, IMTP 22-25 and Staff Wellbeing were reviewed. **b)** Assurance was provided to the Board on 26th January 2023 on the management /mitigation of those risks.	
	Items for Approval / Ratification	
S&D 24/01/015	**King's Fund Report – Early Intervention** The Executive Director of Public Health (EDPH) presented the King's Fund Report – Early Intervention and highlighted the following:	

- The Report followed work previously completed with the King's Fund in 2021.
- It addressed ways to create sustainable systems which supported and improved the health of populations and tackled inequalities.
- The Report was commissioned to provide scrutiny on the status of Health Board with regards to early interventions.
- There would be a follow up piece of work.

The Programme Director (PD) highlighted the following:

- There were two reports which had focussed upon (i) Creating a more integrated health and care system and (ii) Embedding a more preventative approach within primary and community services. It was noted that the two reports were interlinked.
- The aim was to get an objective, independent and credible view of the Health Board's strategy.
- The reports provided an independent perspective on the progress to date, and added to the information and evidence for consideration as the Health Board developed strategic and operational plans.

The Consultant in Public Health Medicine (CPHM) highlighted the following:

- There was an overlap between the two reports.
- A culture of innovation was identified in both reports.
- The integrated health and care system report had identified that the Health Board had made significant progress towards delivering a more integrated care system.
- The preventative report found that the Health Board had made significant progress towards delivering preventive approach in primary and community services.

<u>Recommendations</u>

- Opportunities for further progress included strengthening a culture of innovation. Doing more with data. Closer working with patients and communities and managing resource collectively.

The IMCE queried how the recommendations would be weaved into the day to day activities of the Health Board.

The PD responded that the Regional Partnership Board (RPB) was in the process of putting together a 5-year plan. The timing of the reports had been useful to input into that plan.

The ESDP advised that the recommendations from the reports should form part of the Health Board's core business, should be reflected in the Health Board's Strategy refresh, and the IMTP.
The reports should aid firm conversations with the Health Board's partners.

	The COO stated that the reports had been discussed at the Senior Leadership Board and the positive comments about the strength of the third sector relationship had been noted. The COO advised that he was Interested in how the reports' recommendations would be taken forward. **The Committee resolved that:** a) The content of the two reports were noted; and b) The application of identified priorities in planning and strategy development, were endorsed.	
S&D 24/01/016	**Policies** The Committee noted that there were no policies on the agenda.	
	Items for Information and Noting	
S&D 24/01/017	**Corporate Risk Register** The IDCG presented the Corporate Risk Register (CRR) and highlighted the risks which were in the Committee's remit to oversee. **The Committee resolved that:** a) The Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates, was noted.	
	Review and Final Closure	
S&D 24/01/018	**Any Other Business** No Other Business was discussed.	
	Date & time of next Meeting 14 March 2023 at 9am via MS Teams	

Public Action Log

Following Strategy & Delivery Committee
Held on 24 January 2023
(Updated for the meeting on 14 March 2023)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 15/11/009	**Key Workforce Performance Indicators**	To undertake and report on benchmarking against other Health Boards with regards to staff exit interviews/questionnaires KPIs.	**24.01.23**	Rachel Gidman	**Complete** Update provided at January 2023 meeting.
S&D 15/11/010	**Cancer services**	Update on how the diagnostic centres could contribute to the cancer services trajectories.	**24.01.23**	Paul Bostock/Hannah Evans	**Complete** Update provided at January 2023 meeting.
S&D 15/11/014	**Kings Fund Report**	Final version to be presented at S&D in January.	**24.01.23**	Fiona Kinghorn	**Complete** Update provided at January 2023 meeting**.**
Actions in Progress					
S&D 24/01/010	**2023/24 Decarbonisation Action Plan**	Ed and James to discuss how decarbonisation fits into the current governance structure.	**14.03.23**	Ed Hunt/James Quance	Update on 14 March 2023.
Actions referred to Board and/or Committees of the Board					
S&D 15/11/007	**Shaping Our Future Wellbeing Strategy**	Final strategy to go to Board in March 2023.	**March 2023**	Abigail Harris	Update in March 2023.
S&D 15/11/011	**Shaping Our Future Wellbeing – IMTP 2023-2026**	Final IMTP to go to Board in March 2023.	**March 2023**	Abigail Harris	Update in March 2023.

Report Title:	Shaping our Future Wellbeing Strategy - Strategic Portfolio Update				Agenda Item no.	2.1.1	
Meeting:	Strategy & Delivery Committee		Public	x	Meeting Date:	14th March 2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Abigail Harris – Executuve Director of Strategic Planning						
Report Author (Title):	Marie Davies – Deputy Director of Strategic Planning						

Main Report
Background and current situation:

The Strategic Portfolio Steering Group (SPSG) oversees the delivery of the 4 key programmes:

- Shaping Our Future Population Health (SFPH)
- Shaping Our Future Community Hospitals @ Home (in collaboration with the Regional Partnership Board)
- Shaping Our Future Clinical Services (SOCS)
- Shaping Our Future Hospitals (SOFH)

In addition to overseeing the delivery of the strategic programmes, the SPSG is also maintaining 'line of sight' with the recovery portfolio and the critical enabling programmes of workforce, digital and infrastructure to ensure that dependencies are identified and managed to ensure alignment across programmes and projects and also to prioritise resources.

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

1. The SPSG reports monthly to the Management Executive (ME) Strategic meeting using a flash reporting tool and the most recent strategic portfolio's flash reports - appended at appendix A to this paper.

2. Each of the strategic programmes is critical to the delivery of the UHB's strategic objectives and provides direction and co-ordination of a number of connected projects across a range of services and stakeholders.

3. Each of the programmes and composite projects are at different stages of maturity and the pace of project planning development and delivery is therefore variable. The appended flash report provides an updated position for each of the strategic programmes. Current status, key progress, planned actions, risks and mitigations for each of the programmes are presented on the appended flash report

4. As the UHB concludes its Stretgy Refresh in the summer, we propose to revisit the Strategic Programmes within the Strategic Portfolio in order to:

    - Ensure the programmes align with the revised strategy's strategic objectives
    - Clarify and align the strategic goals/deliverables within each of the strategic programmes
    - Align the strategic progammes' goals with measurable outcomes
    - Align portfolio reporting against the strategic goals and associated outcomes
    - Review and update governance in terms of reporting and assurance format and timescales.

Recommendation:
The Committee is requested to: a) Note the progress and risks described in the Strategic Portfolio Flash Reports.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	February 2023

Combined Programme Flash Reports - February 2023

Strategic Portfolio

1. *Shaping Our Future Population Health (slides 2 - 4)*
2. *Shaping Our Future Community Services @Home (slide 5)*
3. *Shaping Our Future Clinical Services (slide 6)*
4. *Shaping Our Future Hospital Services (slide 7)*

Update: 6 Feb 2023

Shaping our Future Population Health (1 / 4)

Exec Summary: (end Q3/mid Q4 update)

- All programmes of work currently on track

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		All programmes currently on track	Next Programme / Project Milestone: See targets below
		Previous Status			

Summary project status		Done this quarter (Jan-Mar 23): *Mid Q4 update*	Targets for next quarter – Q1 (Apr-Jun 23)
Systematically tackle health inequalities	Green	• Research to feed the development of a new strategic framework for C&VUHB to tackle inequalities in health outcomes, harm, experience and access for the organisation has been completed and a meeting is planned for February with key stakeholders • Conversations with the Digital Team, Innovation Team, Public Health Wales and other partners to agree a measurement set to support the framework continue and indicators are being proposed • Multiagency Amplifying Prevention Delivery Board Subgroup has driven detailed development of the action plan, with expected community and workplace delivery in Q4. • A revised partnership approach for tackling inequalities amongst ethnic minority communities agreed between the UHB and Cardiff and Vale Local Authorities.	*TBC - see draft SOFPH programme slide 4*
Healthy weight: Move More, Eat Well	Green	• MMEW action relating to educational settings, workplaces and healthier advertising progressing as part of Amplifying Prevention approach. • Food related benefit digital training launched and shared nationally. • Working groups establishing to progress development of local policies restricting High Fat Sugar Salt advertising/increasing healthier advertising across the UHB, Cardiff and the Vale of Glamorgan. • Targeted action to improve whole school approaches to food underway. School clusters identified and planning for event with senior school leaders late March. • Food partnerships have secured funding from Welsh Government for 23/24 to support the work of Food Cardiff and Food Vale.	*TBC - see draft SOFPH programme slide 4*
Sustainable and healthy environment	Green	• Three signatories to Level 2 Charter now confirmed, additional organisations finalising governance arrangements prior to announcing • NO_2 diffusion tubes placed at UHW and UHL following approval for project by SLB • Discussion with stakeholders regarding HE/FE Charter – early consensus seems to be set of principles about application of existing Charters would be more helpful, rather than whole new Charter	*TBC - see draft SOFPH programme slide 4*

Update: 6 Feb 2023

Shaping our Future Population Health (2 / 4)

Exec Summary: (end Q3/mid Q4 update)

- All programmes of work currently on track

Headline measures:

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

Summary project status		• Done this quarter (Jan-Mar 23): *Mid Q4 update*	• Targets for next quarter – Q1 (Apr-Jun 23)
King's Fund recommended programmes	Green	• The two final King's fund reports on further strengthening prevention in primary care and developing an integrated health and care system, were well received by SLB, UHB Strategy and Delivery Committee and Cardiff and Vale RPB. Both organisational and RPB leaders have committed to attend the King's Fund facilitated workshop in the Spring, and to use the reports to inform the UHB Strategy refresh and Area Plan update.	*TBC - see draft SOFPH programme slide 4*
Vaccination and immunisation	Green	• 'Mop-up' Covid-19 Autumn 2022 Booster and flu vaccinations delivered for eligible groups across Primary Care and the MVCs in line with WHC 2022_035. • Over 163,000 Autumn 2022 Booster vaccinations delivered to Care Home residents, people aged 50 years and over, health & social care workers and those with clinical risk factors. • 75% uptake target met for flu vaccine amongst people aged 65y and older. • Planning in progress for delivery of Spring Booster programme in line with JCVI advice. • Communications plan for the Amplifying Prevention programme (including immunisations) developed for different settings. • Targeted actions underway with community, schools and workplaces in Cardiff and Vale as part of the Amplifying Prevention programme • 113 families identified for follow up by TTP/Contact Tracers in South-East Cardiff Cluster regarding children's missing vaccinations. 45 successful calls made. • The polio vaccination catch up offer has commenced. 42 GP Practices are signed up to the National Enhanced Service (NES). Children from the remaining 15 practices are being invited to an MVC. The DNA rate at MVCs is currently 40-50%. • Draft Vaccine Equity Strategy developed. • A revised partnership approach for tackling inequalities amongst ethnic minority communities agreed between the UHB and Cardiff and Vale Local Authorities.	*TBC - see draft SOFPH programme slide 4*

Major Programme / Project Risks:	Mitigating Actions:	Decision / Intervention required from Execs:
• MMEW – Availability of data to track overarching project outcomes • Vaccination – childhood immunisation uptake is lower than national averages and declining in some areas	• MMEW – improving surveillance for Healthy Weight - HWHW priority /concerns raised with PH Observatory/HWHW Surveillance Group • Vaccination – various work streams underway with Primary Care Clusters / GP Practices / local communities to increase uptake (including data cleansing) as well as communication/PR campaign. Polio catch up also underway.	• No decisions or interventions required currently

Shaping our Future Population Health (3 / 4)

High-level programme outcome measures

Project	High-level indicator	Target/aim	Previous period	Current period	Trend
• **Systematically tackle health inequalities**	• Absolute gap in healthy life expectancy at birth between the most and least deprived (Inequality gap – absolute difference method)	• Reduction in gap	• New indicator	**2018-2020** **Males** **Females** **Vale of Glamorgan** 17.9 19.3 **Cardiff** 13.7 18.5	↔
• **Healthy weight: Move More, Eat Well**	• % of children aged 4/5 years who are a healthy weight	• Increase in %	• 76.7% (2018/19)	• Availability of data impacted by Covid. Awaiting next Child Measurement Programme for Wales data release *(Expected 2023)*	
	• % of adults who are a healthy weight	• Increase in %	• 42% (2018/19 and 2019/20 combined)	• *38% (NSW 2021-22) (*NB data not comparable with previous NSW data releases – small sample and telephone survey)*	
• **Sustainable and Healthy environment**	• Annual mean NO_2 in Cardiff (Castle Street)	• Year on year reduction	• 25 µm/m³ (2020)	• 26 µm/m³ (2021) *to note road reopened to through car traffic* • 34 µm/m³ (2022 full year) • 40 µm/m³ (2023 to date)	↑
	• Annual mean NO_2 Vale (Windsor Road Penarth)	• Year on year reduction	• 20 µm/m³ (2020)	• 34 µm/m³ (2021) *(note poor data quality so difficult to interpret trend)* No data after 2021	↑
• **Vaccination and immunisation**	• % of children up to date with scheduled vaccines by 4 years of age	• 95%	• 82.4% (Apr - Jun 2022)	• 80.2% (July - Sept 2022)	↓
	• Uptake of COVID-19 autumn 2022 booster vaccination in all Cardiff and Vale University Health Board residents, aged 65 years and older	• 75%		• 82.9% (as at 08/02/23)	

Key to trend: Red = worsening trend; Amber = stable trend; Green = improving trend

Flash report: @Home / Shaping our Future Community Services

Update Date: 09.02.23

Exec Summary:

Workshops underway to define the new target operating model with 2 held so far. IC project is leading the coordination of community capacity/+1000 beds initiative through winter pressures.
Programme timeline developed for first phase of delivery and performance metrics identified.
@home aligned to 6 Goals for Urgent and Emergency Care as one of the delivery programmes.

Headline measures:

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

Overall Programme Report

Programme Lead	**Cath Doman**	**Programme Status**		Clarity on phase 1 delivery timeline. Activity and benefits metrics beginning to feed in. TOM under development. RIF funding confirmed.	**Next Major Milestone:**
		Previous Status		Clarity on phase 1 delivery timeline. Activity and benefits metrics beginning to feed in. TOM under development. RIF funding confirmed.	• Completion of detailed project plans, timelines and interdependencies • Development of benefits profiles with baselines and targets to help inform SOFCS and SOFH planning • Implementation of IC delivery plan to support 6 Goals and +1000 beds and community capacity for winter

Done this period:

Delivery
1. SROs continuing to mobilise project plans
2. Recruitment underway for acceleration schemes (Vale Wellbeing Matters, Cardiff Integrated Discharge Hub, Acute Response Team)
3. Alignment of programme delivery plans to support 6 Goals for Urgent and Emergency care programme
4. Alignment of intermediate care activity to support delivery of +1000 beds national initiative
5. New process for bedded-reablement implemented

Supporting programme management
1. Reporting arrangements developed of 6 Goals to ensure work is not fractured or duplicated
2. Reporting received for Q3 with ongoing development of baselines and impact measures

Enablers
1. Governance: inaugural PCPGs have taken place with initial discussions on scope of their role and function
2. Digital and BI: Digital Care Region steering group established, with some funding earmarked from RIF subject to detailed plans
3. Digital and BI: Meeting with Lightfoot and key leads to share Lightfoot profiling, some clear data to act on with regards to a particular cohort
4. RIC: Kings Fund research to identify opportunities for prevention and integration received
5. RIC: University of SW commissioned to coproduce a social prescribing framework and maturity matrix

Targets for next period:

Delivery
1. Further workshops to detail processes and action plan for implementing a new operating model, based around 3 key areas of focus; assessment and care planning, shared care records, workforce and OD
2. Map estates assets to identify co-location opportunities
3. Implementation of intermediate care delivery plans to feed into 6 Goals and +1000 beds delivery plans

Supporting programme management
1. Development of clear delivery plans for crisis response/hospital@home and MDT cluster rollout, acknowledging WG requirements under 'Further Faster' to accelerate delivery of some key parts of the programme by winter 2023
2. Define resource and finance requirements for delivery of agreed plans by winter 2023
3. Define interdependencies with other strategic programmes to begin informing tranche 2 of @Home

Enablers
1. Digital and BI: refine the Lightfoot cohort profiling and meet with leads to develop clear actions/project to take forward support
2. Digital and BI: ongoing work to define viewers and ensure data usable
3. Governance: Vale Alliance S33 drafting and confirmation of relationship with PCPG
4. Workforce: confirm workforce priorities to support programme
5. Engagement: To develop an engagement plan to begin workforce and public engagement
6. RIC: workshops to agree ambition of the region in response to Kings Fund research

Major Programme Risk:

1. Lose momentum as the programme shifts from scoping to delivery
2. Failure to align with other major programmes (SOCS, Primary care transformation, Recovery, CC Ageing Well Strategy, 6 goals U&EC) and risk of gaps/duplication
3. Digital capability to support multi-agency integrated care model

Mitigating Action:

1. Clearly defined programme scope and deliverables with clear governance
2a. Close liaison with programme directors
2b. Interdependencies mapping across programmes
3. RPB-wide digital maturity programme to be established
4. Provide direct support and ensure programme

Decision / Intervention required from Execs:

1. RPB exec leads to confirm scale and scope of programme, to provide service leads with clarity on expectations – *workshop in development with project leads to create proposed model*
2. Note likely requirement for additional resource once plans are defined in order to meet targets of 'Further Faster' – *plans being developed at pace to bring requirements to execs/WG*
3. Note multiple policy initiatives all converging in this arena:
    i. 6 Goals for urgent and emergency care
    ii. 1000 beds

Shaping our Future Clinical Services

Update: 08/02/23

Exec Summary:
Programme Governance – Second Programme Board held. Broader portfolio work undertaken to ensure programme alignment.
Programme Delivery – Workstream 1 planning continues. Prog Board to agree revised approach at Feb meeting. Development of 3 workstreams underway .

Programme Aim:
Phase 1 Aim - Development of a 10-year clinical services strategic plan that will support the delivery of the refreshed Shaping our Future wellbeing strategy.

Overall Programme Report

SRO	Prof Meriel Jenney	**Programme Status**	Limited programme resource/lack of org capacity/capability for scale of change	**Next Programme Milestone:**	Programme Board approve revised approach for High Level CSP. Development of 3 supporting workstreams progressed.
Programme Leads	Dr Nav Masani & Victoria Le Grys	**Previous Status**	Limited programme resource/lack of org capacity/capability for scale of change		

Done this month:

- Options and recommendations for developing the high-level CSP were taken to Prog Board for decision on 13.01.23.
- Broader work undertaken with strategic portfolio group to ensure programme alignment continues.
- Risk and Issues Management Policy for all strategic programmes approved at Strategic Portfolio SG in January.
- Development of 3 workstreams underway : comms & engagement, patient & citizen involvement, lessons learned.
- Patient and citizen involvement framework progressing, ready for March Prog. Board.
- Stakeholder mapping planning underway with workshop 07.03.23, with analysis and development of a comms and engagement plan to follow. Stakeholder Management policy for all strategic programmes. In development
- Development of a business case to identify and detail comms/engagement resource underway for SOFH/SOFCS
- SOFCS team management structure draft finalised (aligned to SOFH due to shared posts)
- Recruitment planning SOFCS/SOFH programme team posts underway in readiness for WG funding in April 2023.

Targets for next month:

- Detailed planning work commenced and detailed timelines developed following approval of revised approach to development of high level CSP at Feb Prog Board.
- Completion of patient and citizen involvement framework to be taken to March Prog Board.
- Completion of draft comms and engagement plan to be taken to March Prog Board.

Major Programme Risks:

1. Lack of org capacity to engage in longer term strategy and deliver required outputs
2. Lack of clarity around portfolios, scope & interdependencies will cause confusion & loss of engagement with programme.

Mitigating Actions:

1. Aproach to developing the CSP adapted to mitigate using existing for a where possible to reduce need for duplication of meetings
2. Broader work being undertaken on strategic recovery and operational portfolios to align

Decision / Intervention required from SLB:

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

Programme Name: Shaping Our Future Hospitals

Date: 15/2/23

Exec Summary:
WG have completed scrutiny of SOC resource request and are providing advice to the Minister.

Headline measures:

Deliver SOC within 12-15 months of commencement

Overall Programme Report

Programme Lead	Ed Hunt	**Programme Status**	**Upgraded from Red. Await Minister endorsement of PBC**	**Next Major Milestone:**	**Spring 2023 – Endorsement of PBC based upon successful clinical review.**

Done this month:

- WG will commence the procurement of the clinical services review before end of w/c 13/2. It was due to be live by 3/2 – a prerequisite of the PBC being endorsed. Abi Harris will be kept informed of the process.
- WG inform all scrutiny completed on the SOC resource request.
- WG officials to send advice to Minister on the resource request, end of w/c 13/2. This timeline is towards the top end of expectations set 2 weeks ago.
- WG procuring the clinical services review – they estimate commencement late Mar/Apr
- Minister has asked Ian Gunney for a monthly briefing on SOFH.
- High level SOC plan agreed with working group. Further refinement is being undertaken.
- Lessons learned report from 40+ reference conversations with the NHP and NHP scheme programmes has been completed.
- Definition of Digital SOC scope is underway with help from the SOFH team. Established that no team in Wales has undertaken such an approach to Digital investment but Velindre and Hywel Dda are thinking along similar lines. David Thomas has briefed the new WG Health CIO on the Digital SOC.
- Visit to Cardiff Edge undertaken – C&V and University to see potential
- Several sessions held with Cardiff Uni on risk and developing Life Sciences vision.
- Edinburgh offering a visit to the Bioquarter at the end of March for C&V and Cardiff Uni

Targets for next month:

- Obtain feedback on SOC costs request from WG as a result of Minister's advice.
- Detailed deliverables from SOC workstream leads (working group) being compiled
- Refine specification for suppliers to support SOC
- Receive feedback from SOFCS programme board on development of Clinical Services Plan.
- Obtain update on clinical services review procurement from WG.
- Confirm reference visit to Edinburgh – date and participants
- Plan with Anita Edson & Rob Jones a scope of work for Uni integration to SOFH & SOFCS
- Continue reference conversations with NHP schemes and establish international examples of good practice

Major Programme Risk:

- There is a risk that the time taken on the business case life cycle will see the UHB's infrastructure deteriorate at an increased pace

Mitigating Action:

- Endorsement to be achieved after a clinical review. WG agreed SOC preparation can proceed in the meantime.
- Agreement to create high level SOC by WG
- Compliant procurement approach to

Decision / Intervention required from Execs:

- To answer/address any concerns raised by Programme Team

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

Report Title:	Shaping our Future Wellbeing Strategy – Strategy Refresh Update			Agenda Item no.	2.1.2
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	14th March 2023
		Private			
Status (*please tick one only*):	Assurance X	Approval		Information	
Lead Executive:	Abigail Harris – Executuve Director of Strategic Planning				
Report Author (Title):	Marie Davies – Deputy Director of Strategic Planning				

Main Report

Background and current situation:

The Strategy Refresh has successfully launched Phase 1 Engagement which is targeting all internal and external stakeholders seeking their input on the vision, purpose and key strategic priorities.

We successfully launched and promoted our dedicated website with 439 visitors as at 01/03/2023 coupled with the successful launch of the Strategy Refresh Survey which has received 110 responses (79% staff) as at 01/03/23. We have so far conducted 2 virtual sessions for staff (75 attendees) and have confirmed location, date and time of all staff and public engagement sessions, both virtual and face to face, which have been and continue to be publicized.

The website has been further updated to be more user friendly, in response to feedback being received. The website is also being continuously updated with times/dates/locations of Engagement sessions. A new 'calendar' feature has been added to make viewing engagement sessions a clear and more user-friendly process.

Public engagement events, both virtual & face to face have been organized and publicised and have taken place at the end of February and into mid-March. Focused engagement with hard to reach and voluntary sector groups is being facilitated by our third sector colleagues, commissioned and coordinated through our health and social care facilitators.

Phase 1 engagement is planned to conclude by 20th March (3 weeks later than initially planned) to allow time for the analysis of the feedback from all stakeholders to inform the draft strategy document that will be produced during April and launched for a second round (Phase 2 Engagement) of wide engagement to seek feedback on the draft strategy document. Phase 2 is currently proposed to commence on 1st May and conclude 7 weeks later on 16th June 2023.

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

- The proposed date of launch is July 18th 2023 at the Annual General Meeting. There is a 4 week window between the conclusion of Phase 2 Engagement and the proposed lauch date – this requires tight turnaround of engagment data analysis, feedback report production and strategy amendments and associated production activities e.g publishing, translation etc and governance procedures – this will include scrutiny and endoresment from Senior Leadership Board and through Board Development. The programme plan currently makes provision for these activities but if there are significant amandments required, this timeline may need to be revisited. The Strategy Refersh Steering Group will monitor this risk throughout Phase 2 engagement.

- Limited capacity in Comms and Engagement (significant vacancies) has contributed to a delay in promotion activities assocaited with Phase 1 engagement for some of the staff and public engagement sessions – this has been addressed and wide promotion for these events has now been undertaken – a report on the engagement analytics will be produced at the end of Phase 1 and Phase 2.

- The Consultation Institute (tCI) is reviewing the approach we have taken to Phase 1 Engagement and our proposed approach to Phase 2 and will provide a comprehensive report on compliance with best practice.

Recommendation:

The Committee is requested to:

a) Note the progress and risks described above and the proposed Strategy Launch date of 18th July 2023 subject to formal Board approval at 27th July Board meeting.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes – The timeline poses a potential risk to delivery milestones
Safety:
Financial: Some of the constraints are resource related – where there is a financial impact
Workforce: Not directly related to this report, but workforce engagement will for a core component of responses to the strategy refresh survey
Legal:
Reputational:
Socio Economic:
Equality and Health: Yes – the survey has been designed with the nine protected characteristics in mind. Out Health & Social Care Facilitators are targeting the protected characteristic groups. The Strategy Refresh programme has at its core tacking the health inequalities we see in our population. The EHIA that we have completed will be reviewed by tCI and also continuously updated as our engagement progresses.

Approval/Scrutiny Route:	
Committee/Group/Exec	Date: 14th March 2023
Board	

Report Title:	Shaping our Future Wellbeing Strategy – Key Workforce Performance Indicators				Agenda Item no.	2.1.3	
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	14/03/2023	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Deputy Director of People and Culture / Head of People Analytics						

Main Report
Background and current situation:

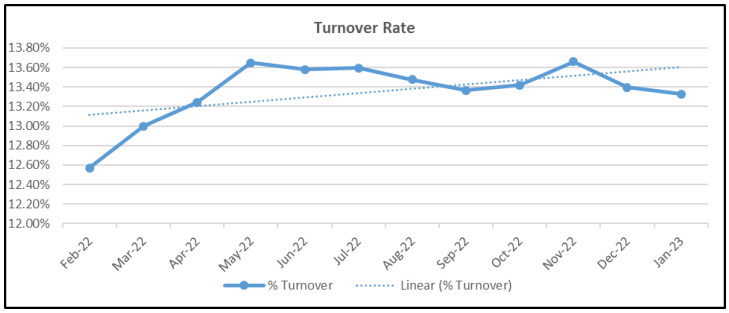
The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and progress with the People & Culture Plan. This month's report focuses on how the data is showing the improvements that Clinical and Service Boards have made. The supporting data can be viewed in:

- **Appendix 1** shows the KPI's over the last 12months for the UHB;
- **Appendix 2** shows the KPIs over the last 12 months by area.

Turnover
Since March 2022 the turnover rate has been in the 13% range, fluctuating slightly each month. January 2023 rate is 13.33% which has reduced slightly over the last 2 months.

The top 5 reasons for leaving remain consistent: 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Promotion' and 'Voluntary Resignation – Work Life Balance'.

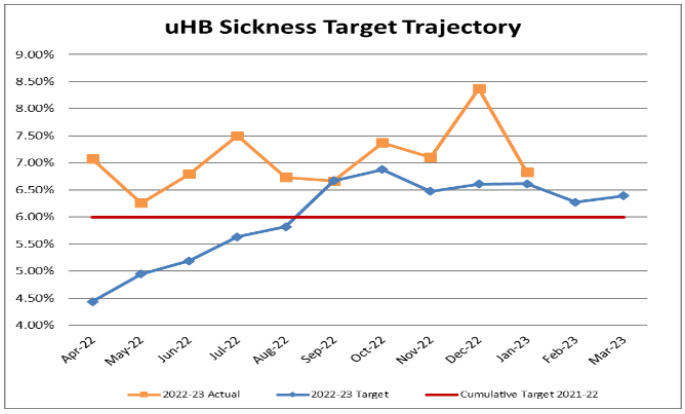
The graph below shows the monthly fluctuation within the 13% range.



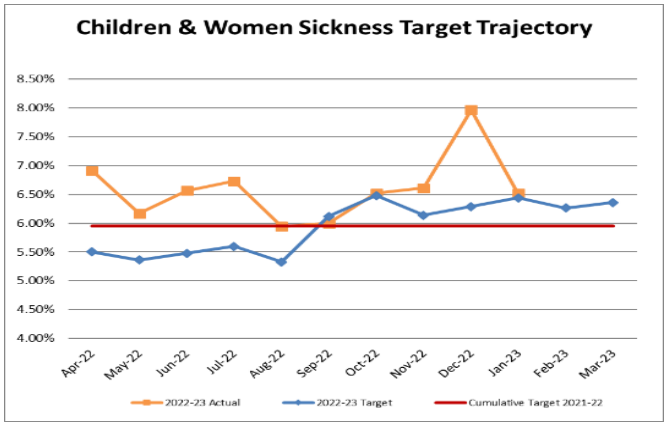
Turnover rates have risen for all of the Clinical Boards in the last year with the exception of Capital, Estates & Facilities, where the rate has fallen from 15.19% at Jan-22 to 14.49% at Jan-23, and for PCIC, where the rate has fallen from 28.44% to 23.12%.

Appendix 2 shows the turnover rates for each area, you will see that Surgery, Specialist and Children & Women Clinical Boards have rates within the 11% range and Mental Health and Medicine Clinical Boards are within the 12% range.

Sickness Absence
Rates remain high; all areas saw a significant reduction between December 8.37% and January 6.82%, December was the highest ever monthly absence rate (higher even than the first month of the COVID-19 pandemic). The reduction in month can be seen on the graph below:



Cumulative sickness rates are higher in Jan-23 than for Jan-22 in all Clinical Boards with the exception of Children & Women Clinical Board, where the rate has fallen from 6.79% to 6.60%.



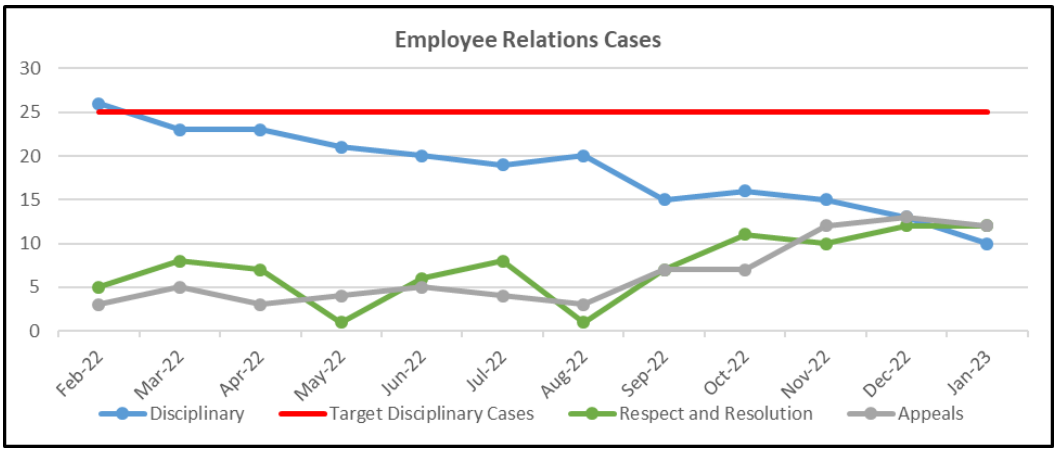
A number of areas are reporting sickness rates 6% or below, these are: Surgery, Children & Women, CD&T, Corporate Depts. and All Wales Genomics Service.

The top 5 reasons for absence for the past 12 months remain unchanged; 'Anxiety/stress/depression/other psychiatric illnesses', 'Cold, Cough, Flu – Influenza', 'Chest & respiratory problems', 'Other musculoskeletal problems' and 'Gastrointestinal Problems'.

The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 31/01/23 there were 220 (a reduction of 64 – 22.53%). There are 78 staff on long term absence where Covid-19 has been identified as a 'Related Reason'.

Employee Relations

The formal ER caseload is overall the lowest it has been in over 5 years; the sustained reduction continues to be attributable to the change in the People Services Team operating model and embedding the 'Restorative & Just Culture' principles. It is worth nothing that the number of Respect and Resolution cases has risen, as has the number of appeals. The graph overleaf shows the trend over the last 12 months:



Statutory and Mandatory training compliance
The compliance rate has risen to 76.06% for January 2023, 8.94% below the overall target. Appendix 2 shows the performance by area for the last 12 months. Four areas are above 80%, three above 75% and three areas above 70%. This improving position is good to see.

Compliance with Fire training has risen from 62.18% to 68.38% in January.

Consultant Job Plans
By the end of January 2023, 45.15% of consultant job plans have been fully signed off. This is the highest rate that has been achieved since the introduction of e-job planning. AWGS and PCIC have the highest rates of compliance, but the smallest number of consultants. The compliance for Mental Health has risen from 3.92% to 52.27% since Jan-22.

Values Based Appraisal (VBA)
The number of appraisals being undertaken has improved over the last 6 months; the compliance at January 2023 was 51.44%. Additional focus has been placed on the importance of having a meaningful appraisal through the monthly performance reviews and a trajectory has been set for Clinical Boards to achieve.

- 60% by the end of March 2023, then a further improvement to
- 85% by the end of June 2023

Both Capital, Estates & Facilities (74.28%) and Clinical Diagnostics & Therapeutics (64.69%) have exceeded the 60% transitory target, and PCIC are presently at 59%. All of the Clinical Boards have improved in the past 12 months, Surgical Services have improved by 30% to 49.36% and the compliance for Clinical Diagnostics & Therapeutics has doubled. Appendix 2 shows the progress over the last 12 months by area, below is a snapshot of progress since the summer.

Values-Based Appraisal Compliance Rate

	Headcount	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Capital, Estates & Facilities	1361	63.28%	69.42%	74.09%	72.86%	70.03%	71.33%	74.28%
CDT	2529	43.79%	45.43%	55.18%	60.56%	63.58%	63.84%	64.69%
PCIC	1074	34.54%	41.13%	52.53%	55.21%	55.61%	57.14%	59.03%
Children & Women	2160	26.88%	31.08%	36.25%	39.32%	43.37%	46.66%	50.05%
Surgical Services	2099	18.30%	24.22%	34.31%	39.19%	42.94%	45.52%	49.36%
All-Wales Genomics Service	288	39.29%	39.64%	39.43%	41.88%	40.14%	42.71%	47.22%
Mental Health	1457	29.27%	29.75%	35.32%	37.33%	40.68%	43.24%	43.10%
Specialist Services	1884	34.46%	36.12%	36.76%	37.51%	39.44%	39.91%	41.51%
Medicine	1729	14.79%	16.09%	22.20%	31.78%	33.60%	35.63%	37.94%

Variable pay trend, while rising, has remained in the 10-11% range over the last 12 months; the percentage for January is 10.78% UHB-wide. The rate of variable pay has fallen for Corporate (from 8.84% to 5.88%) and for PCIC (from 10.34% to 6.45%).

Total pay bill peaked as expected in March 22 due to year end accruals; the April to August pay bills were broadly similar to February. There was an £18m increase in the pay bill in September by comparison to August, due to the implementation of the pay award and arrears. The monthly pay bill since September is fairly stable (£70m per month).

Overall position of Clinical Board as at January 2023:

Clinical Board	Performance - January 2023					
	Turnover	Cumulative Sickness	VBA	Medical appraisal	e-Job Planning	Stat and Mand
Clinical Diagnostics & Therapeutics	13.28%	5.22%	64.69%	87.50%	39.19%	81.09%
Specialist Services	11.50%	7.87%	41.51%	79.39%	38.03%	73.71%
Mental Health	12.32%	7.62%	43.10%	81.82%	52.27%	74.34%
Medicine	12.89%	8.76%	37.94%	77.95%	40.52%	69.11%
Surgical Services	11.01%	6.90%	49.36%	85.60%	51.69%	70.77%
Primary, Community Intermediate Care	23.12%	7.11%	59.03%	93.33%	62.50%	80.89%
Children & Women	11.62%	6.68%	50.05%	71.43%	38.24%	78.17%

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

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

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

Recommendation:

The Board / Committee are requested to:

- **Note** the contents of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

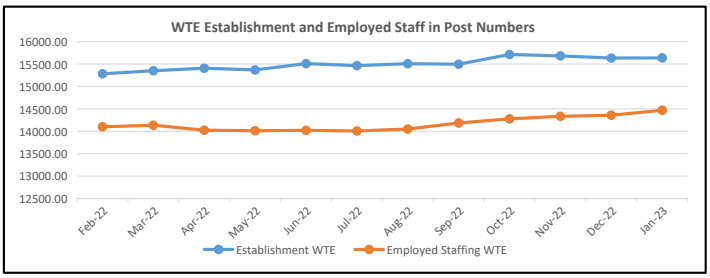
1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver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

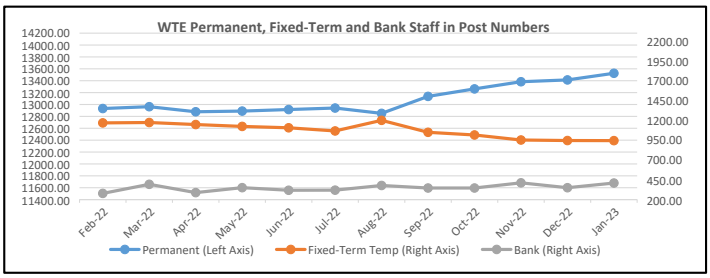
Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	X	Long term		Integration		Collaboration	X	Involvement	X

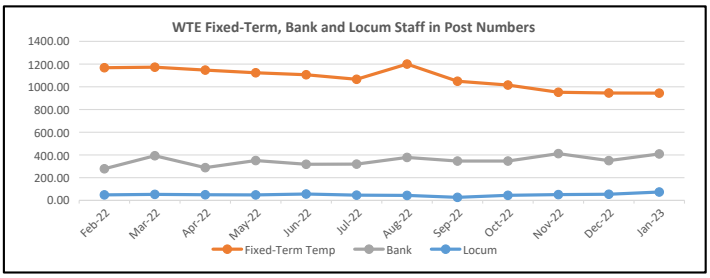
Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: Yes
Workforce Risks and mitigating actions were described throughout the report.
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: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

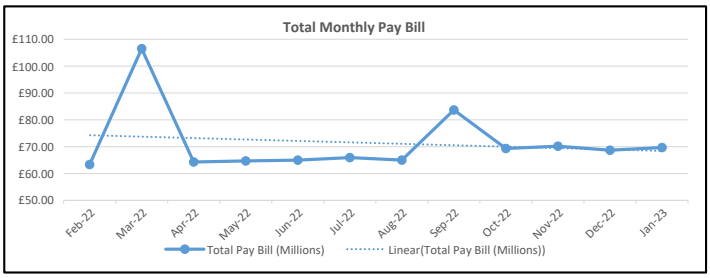
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

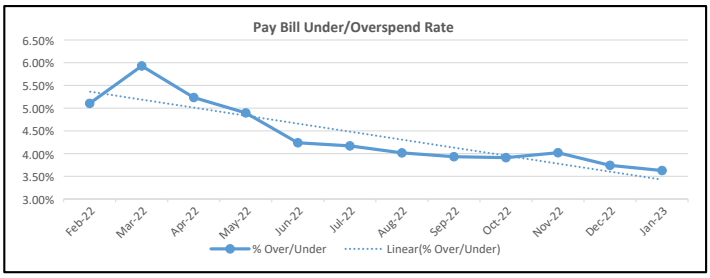
Workforce Key Performance Indicators Trends January 2023

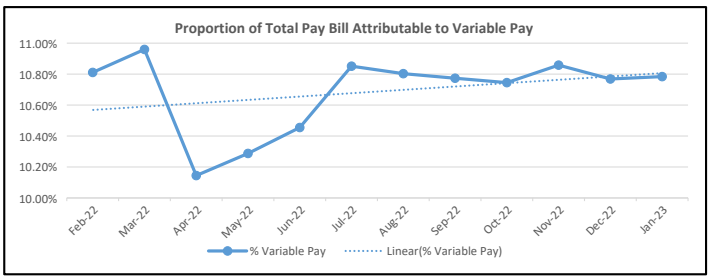


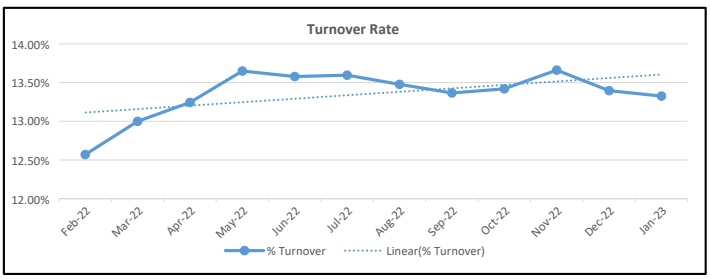


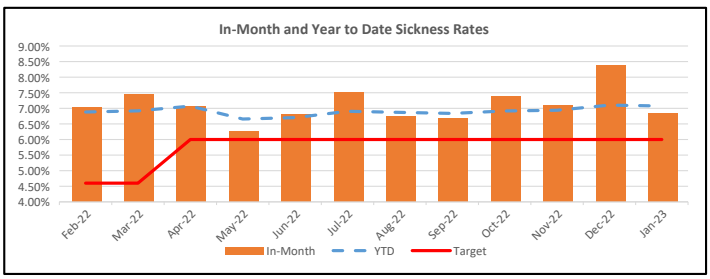


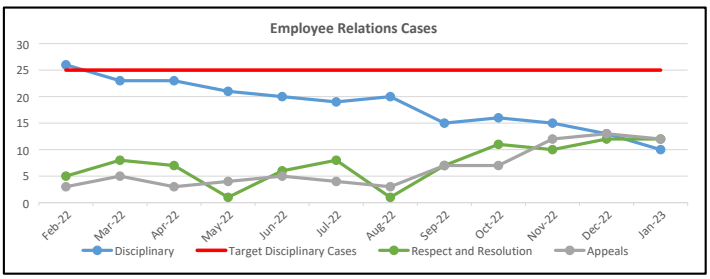


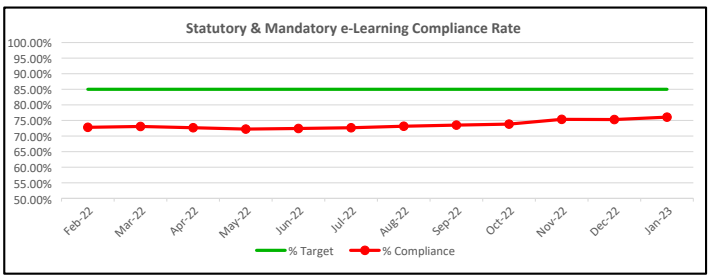


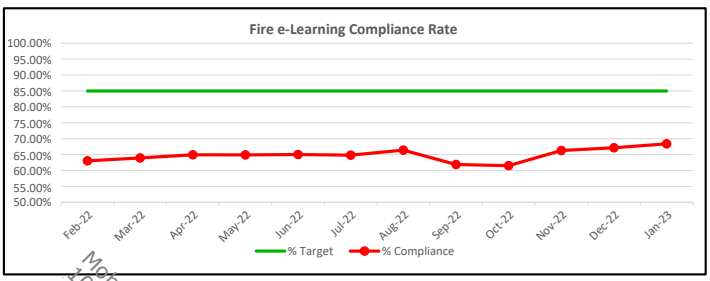


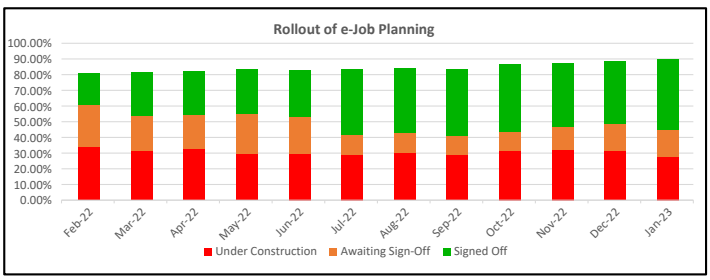


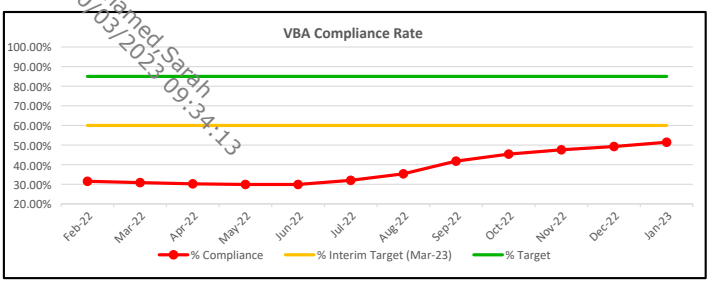


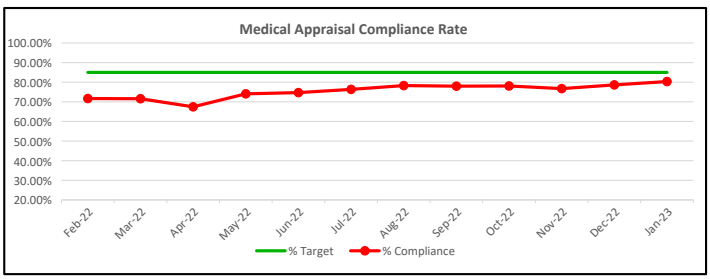


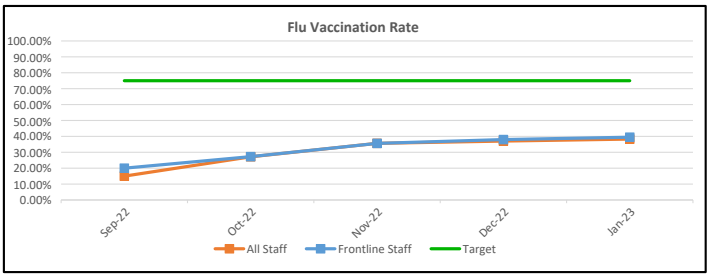












Turnover Rate (12-Month WTE, excluding junior medical staff)

	Average WTE	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Surgical Services	2013.76	13.00%	8.54%	8.62%	8.53%	8.80%	9.73%	10.20%	10.53%	10.73%	10.93%	10.92%	10.93%	11.05%	11.01%
Specialist Services	1763.91	13.00%	9.77%	9.77%	9.88%	9.95%	10.82%	10.49%	10.85%	10.69%	10.73%	11.06%	11.59%	11.25%	11.50%
Children & Women	1820.86	13.00%	10.50%	10.31%	10.84%	11.61%	12.31%	12.21%	12.27%	11.93%	11.51%	12.12%	12.31%	12.07%	11.62%
Mental Health	1302.24	13.00%	13.95%	14.24%	14.59%	14.07%	13.45%	13.48%	12.80%	12.91%	13.42%	12.90%	13.23%	12.93%	12.32%
Medicine	1614.11	13.00%	10.66%	10.52%	11.10%	11.44%	11.89%	12.05%	11.69%	11.88%	12.87%	12.59%	13.38%	13.01%	12.89%
All Wales Genomics Service	265.27	13.00%	10.24%	10.31%	11.02%	12.12%	12.94%	12.41%	12.19%	11.48%	11.02%	12.28%	11.35%	11.11%	13.04%
CDT	2207.11	13.00%	10.98%	11.19%	11.13%	12.00%	11.93%	12.61%	12.71%	12.58%	12.49%	13.29%	13.73%	13.53%	13.28%
Capital, Estates & Facilities	1132.61	13.00%	15.19%	14.62%	15.70%	14.88%	15.20%	14.30%	14.84%	14.76%	14.08%	13.78%	14.27%	14.52%	14.49%
Corporate	873.83	13.00%	15.91%	16.33%	17.89%	18.05%	19.17%	19.86%	19.37%	20.11%	19.33%	18.70%	17.72%	16.44%	16.72%
PCIC	887.27	13.00%	28.44%	28.11%	29.01%	29.46%	29.10%	26.82%	26.94%	25.60%	24.08%	23.28%	23.35%	22.78%	23.12%
Surge Hospitals	9.16	13.00%	53.30%	34.30%	48.52%	37.26%	70.93%	62.11%	63.59%	48.68%	42.47%	36.20%	38.16%	33.94%	32.75%
uHB	**13890.13**	**13.00%**	**12.58%**	**12.57%**	**13.00%**	**13.24%**	**13.65%**	**13.58%**	**13.60%**	**13.48%**	**13.37%**	**13.42%**	**13.66%**	**13.40%**	**13.33%**

Worse than March 2022 rate (13.00%)
Better than March 2022 rate (13.00%)

Note:
Turnover data in respect of junior medical staff in training has been excluded from these calculations. There are other areas (notably Dental, within Surgical Services) that are training centres where student turnover may skew the turnover rates.
The RAG-rating shown for the months prior to April 2022 indicate performance by comparison with the March 2021 position.

Sickness Rate (Year-to-Date Cumulative)

	WTE	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
All Wales Genomics Service	283.31	3.66%	3.89%	4.04%	4.23%	4.44%	3.34%	3.47%	3.70%	3.73%	3.86%	3.90%	3.93%	4.06%	3.98%
Corporate	922.14	3.03%	3.51%	3.52%	3.50%	4.16%	3.97%	4.02%	4.11%	4.01%	4.01%	4.08%	4.12%	4.29%	4.22%
CDT	2299.61	4.25%	4.79%	4.83%	4.90%	5.16%	4.76%	4.76%	5.04%	4.99%	4.95%	5.02%	4.97%	5.15%	5.13%
Children & Women	1923.49	5.95%	6.79%	6.82%	6.86%	6.91%	6.54%	6.54%	6.59%	6.46%	6.38%	6.40%	6.43%	6.61%	6.60%
Surgical Services	2144.62	5.68%	6.37%	6.44%	6.55%	7.19%	6.58%	6.52%	6.68%	6.50%	6.44%	6.55%	6.67%	6.84%	6.82%
PCIC	843.88	5.53%	6.41%	6.41%	6.38%	7.25%	6.47%	6.41%	6.59%	6.54%	6.55%	6.86%	6.97%	7.12%	7.15%
Mental Health	1327.73	7.18%	8.33%	8.29%	8.28%	7.23%	7.04%	7.09%	7.15%	7.11%	7.04%	7.07%	7.26%	7.52%	7.66%
Specialist Services	1871.93	6.66%	7.59%	7.66%	7.68%	7.46%	7.17%	7.41%	7.65%	7.80%	7.80%	7.92%	7.90%	8.02%	7.84%
Medicine	1681.42	7.36%	8.33%	8.40%	8.49%	8.25%	8.15%	8.43%	8.89%	8.91%	8.81%	8.79%	8.73%	8.82%	8.75%
Capital, Estates & Facilities	1170.80	8.72%	10.17%	10.10%	10.06%	11.05%	10.24%	9.99%	10.15%	10.25%	10.33%	10.41%	10.34%	10.55%	10.58%
Surge Hospitals	0.50	7.00%	8.46%	8.22%	8.07%	6.80%	12.06%	12.40%	14.65%	14.31%	12.40%	13.58%	12.08%	12.10%	11.95%
uHB	**14469.43**	**6.00%**	**6.85%**	**6.88%**	**6.92%**	**7.07%**	**6.66%**	**6.70%**	**6.91%**	**6.87%**	**6.84%**	**6.92%**	**6.94%**	**7.10%**	**7.07%**

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

Note:
The year-to-date indicator shows the sickness absence rate calculated on a cumulative basis from April 1st, so the May rate is the sum of absence for April and May represented as a percentage of the sum of availability for April and May, and so on. This replicates the methodology utilised by Finance for reporting pay spend.

Sickness Rate (In-Month)

	WTE	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Surge Hospitals	0.50	7.00%	3.78%	5.14%	5.17%	6.80%	17.16%	13.10%	21.24%	12.98%	0.00%	19.83%	0.00%	12.73%	0.00%
All Wales Genomics Service	283.31	3.66%	5.10%	5.64%	7.21%	4.44%	2.27%	3.73%	4.36%	3.84%	4.55%	4.14%	4.09%	5.10%	3.25%
Corporate	922.14	3.03%	3.10%	4.08%	4.33%	4.16%	3.79%	4.12%	4.38%	3.61%	3.97%	4.52%	4.43%	5.56%	3.62%
CDT	2299.61	4.25%	5.89%	5.22%	6.06%	5.16%	4.37%	4.76%	5.87%	4.78%	4.77%	5.43%	4.62%	6.56%	4.97%
Specialist Services	1871.93	6.66%	7.81%	7.98%	8.01%	7.46%	6.89%	7.89%	8.37%	8.37%	7.83%	8.59%	7.82%	8.87%	6.36%
Children & Women	1923.49	5.95%	7.25%	6.95%	7.15%	6.91%	6.17%	6.56%	6.73%	5.94%	6.00%	6.52%	6.61%	7.97%	6.51%
Surgical Services	2144.62	5.68%	7.19%	6.95%	7.53%	7.19%	5.99%	6.41%	7.15%	5.79%	6.10%	7.20%	7.53%	8.17%	6.67%
PCIC	843.88	5.53%	7.42%	6.79%	7.08%	7.25%	5.72%	6.29%	7.11%	6.34%	6.63%	8.74%	7.74%	8.40%	7.44%
Medicine	1681.42	7.36%	9.08%	8.66%	8.98%	8.25%	8.05%	8.99%	10.24%	8.97%	8.30%	8.72%	8.25%	9.52%	8.12%
Mental Health	1327.73	7.18%	8.45%	7.33%	7.57%	7.23%	6.86%	7.20%	7.30%	6.95%	6.71%	7.26%	8.60%	9.53%	8.84%
Capital, Estates & Facilities	1170.80	8.72%	10.60%	9.60%	10.18%	11.05%	9.46%	9.49%	10.64%	10.62%	10.71%	10.92%	9.86%	12.18%	10.79%
uHB	**14469.43**	**6.00%**	**7.40%**	**7.04%**	**7.46%**	**7.07%**	**6.26%**	**6.79%**	**7.50%**	**6.73%**	**6.67%**	**7.37%**	**7.10%**	**8.37%**	**6.82%**

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

Statutory and Mandatory Training Rate (12- Month Cumulative)

	Headcount	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Surge Hospitals	3	52.27%	51.09%	33.33%	22.50%	28.33%	31.67%	39.17%	41.82%	50.00%	38.89%	28.33%	79.17%	91.67%
All Wales Genomics Service	309	89.29%	89.52%	87.99%	87.02%	87.90%	86.71%	86.45%	87.40%	88.12%	87.04%	87.31%	89.15%	90.31%
Children & Women	2392	77.33%	77.99%	77.81%	76.76%	75.63%	79.14%	76.81%	78.85%	78.31%	75.66%	77.30%	77.61%	81.09%
PCIC	1181	70.25%	74.18%	76.65%	76.54%	75.80%	76.08%	77.40%	78.05%	78.41%	78.84%	80.05%	80.74%	80.89%
Corporate	1046	73.98%	72.40%	71.02%	70.27%	70.37%	72.01%	73.03%	73.80%	74.49%	76.41%	77.80%	78.38%	79.42%
Capital, Estates & Facilities	1371	73.43%	74.35%	74.15%	72.95%	72.41%	71.46%	71.20%	72.64%	75.34%	77.23%	78.83%	78.09%	78.50%
CDT	2646	79.48%	79.83%	79.99%	79.59%	79.02%	76.71%	79.44%	76.54%	76.57%	79.54%	81.51%	81.06%	78.17%
Mental Health	1576	75.56%	75.36%	75.60%	74.94%	74.29%	74.63%	73.88%	73.96%	73.43%	73.16%	74.02%	73.33%	74.34%
Specialist Services	2093	70.90%	71.20%	71.89%	71.12%	70.75%	70.07%	70.01%	70.94%	71.67%	71.45%	73.03%	72.81%	73.71%
Surgical Services	2482	65.29%	64.88%	65.25%	66.21%	66.43%	66.83%	67.69%	68.49%	68.99%	68.76%	69.81%	69.73%	70.77%
Medicine	1967	63.62%	63.61%	64.01%	63.66%	63.22%	63.19%	63.26%	64.64%	64.74%	65.53%	67.49%	67.49%	69.11%
uHB	**17066**	**72.43%**	**72.80%**	**73.07%**	**72.67%**	**72.24%**	**72.43%**	**72.66%**	**73.15%**	**73.51%**	**73.83%**	**75.36%**	**75.30%**	**76.06%**

Under 75%
75% - 85%
Over 85%

Statutory and Mandatory Training Rate (12- Month Cumulative) by Topic

	Headcount	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Dementia Awareness	14469	84.91%	85.27%	85.52%	86.10%	86.57%	86.79%	87.27%	87.38%	87.52%	89.52%	89.96%	90.37%	90.53%
Equality	14469	72.30%	72.82%	72.91%	72.56%	71.90%	72.25%	73.28%	74.00%	75.22%	75.66%	75.97%	76.73%	77.82%
Fire	14469	62.18%	63.03%	63.94%	64.94%	64.91%	65.02%	64.82%	66.41%	61.88%	61.52%	66.28%	67.15%	68.38%
Health and Safety	14469	71.73%	72.13%	72.26%	71.96%	70.48%	70.69%	71.58%	72.37%	73.38%	73.82%	74.45%	75.06%	75.76%
Infection Prevention & Control	14469	81.07%	81.26%	81.45%	76.84%	73.35%	72.63%	73.08%	73.71%	74.77%	75.68%	76.29%	76.83%	77.76%
Information Governance	14469	62.80%	62.82%	63.31%	63.49%	63.61%	64.24%	64.98%	66.06%	67.56%	68.18%	76.29%	69.88%	71.01%
Mental Capacity Act	14469	68.25%	68.51%	68.77%	68.89%	69.21%	69.98%	70.37%	71.10%	71.85%	73.10%	73.27%	73.41%	74.07%
Moving and Handling	14469	85.66%	86.13%	85.66%	84.50%	84.59%	84.69%	84.89%	85.14%	85.15%	84.38%	84.28%	84.33%	84.26%
Resuscitation	14469	66.27%	66.20%	66.85%	67.07%	67.22%	67.13%	67.94%	69.18%	69.52%	69.91%	70.79%	71.67%	72.83%
Safeguarding Adults	14469	73.03%	73.45%	73.56%	73.20%	73.18%	73.27%	71.48%	70.98%	71.52%	72.08%	72.81%	73.44%	74.18%
Safeguarding Children	14469	71.88%	72.47%	72.47%	72.34%	72.28%	72.50%	70.96%	64.54%	70.71%	71.04%	71.56%	72.04%	73.12%
Violence and Aggression	14469	82.06%	82.31%	82.52%	82.67%	82.83%	83.16%	83.78%	84.13%	84.31%	84.16%	84.48%	84.52%	84.57%
Violence Against Women, Domestic Abuse and Sexual Violence	14469	59.88%	60.38%	61.09%	61.26%	60.90%	61.66%	62.81%	63.97%	65.15%	65.61%	66.59%	67.14%	67.95%

Under 75%
75% - 85%
Over 85%

All staff (i.e. inclusive of junior medical staff in training) are expected to achieve and maintain compliance.

Job Plans Compliance - % Signed-Off Job Plans (Level 3)

	Headcount	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
All Wales Genomics Service	13	100.00%	100.00%	7.14%	7.14%	50.00%	57.14%	50.00%	57.14%	92.86%	100.00%	100.00%	100.00%	100.00%
PCIC	8	0.00%	12.50%	0.00%	0.00%	0.00%	0.00%	62.50%	62.50%	62.50%	62.50%	62.50%	62.50%	62.50%
Mental Health	44	3.92%	3.92%	13.73%	21.57%	21.57%	26.00%	56.00%	54.00%	54.00%	56.00%	56.00%	54.35%	52.27%
Surgical Services	296	36.46%	37.85%	55.86%	54.27%	54.27%	52.36%	56.42%	56.46%	56.27%	53.58%	49.15%	43.64%	51.69%
Medicine	153	1.36%	2.00%	3.29%	4.61%	5.33%	15.44%	39.60%	38.56%	42.58%	42.86%	38.85%	38.22%	40.52%
CDT	74	16.44%	16.22%	17.81%	17.81%	17.81%	17.81%	31.51%	31.51%	26.76%	27.54%	26.76%	23.61%	39.19%
Children & Women	136	17.91%	23.13%	24.26%	25.00%	24.82%	23.19%	24.64%	24.64%	26.81%	29.20%	31.39%	32.85%	38.24%
Specialist Services	142	1.35%	2.03%	13.51%	13.01%	9.52%	9.33%	29.05%	27.03%	27.03%	30.87%	29.53%	37.14%	38.03%
uHB	**866**	**18.56%**	**20.09%**	**27.64%**	**27.95%**	**28.18%**	**29.38%**	**41.78%**	**41.23%**	**42.43%**	**42.91%**	**40.73%**	**39.88%**	**45.15%**

Under 75%
75% - 85%
Over 85%

Values-Based Appraisal Compliance Rate

	Headcount	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Surge Hospitals	1	4.55%	8.33%	14.29%	10.00%	10.00%	10.00%	20.00%	20.00%	22.22%	8.33%	0.00%	100.00%	100.00%
Capital, Estates & Facilities	1361	59.01%	62.32%	62.21%	58.97%	57.42%	55.51%	63.28%	69.42%	74.09%	72.86%	70.03%	71.33%	74.28%
CDT	2529	32.29%	33.85%	35.70%	36.61%	39.28%	41.78%	43.79%	45.43%	55.18%	60.56%	63.58%	63.84%	64.69%
PCIC	1074	34.05%	34.18%	32.89%	32.11%	31.94%	32.06%	34.54%	41.13%	52.53%	55.21%	55.61%	57.14%	59.03%
Children & Women	2160	29.22%	28.00%	27.10%	25.90%	23.34%	23.05%	26.88%	31.08%	36.25%	39.32%	43.37%	46.66%	50.05%
Surgical Services	2099	19.32%	18.16%	17.89%	16.25%	16.42%	15.68%	18.30%	24.22%	34.31%	39.19%	42.94%	45.52%	49.36%
All-Wales Genomics Service	288	54.01%	55.60%	54.51%	52.33%	50.72%	46.57%	39.29%	39.64%	39.43%	41.88%	40.14%	42.71%	47.22%
Mental Health	1457	30.73%	29.35%	29.33%	29.68%	29.62%	30.03%	29.27%	29.75%	35.32%	37.33%	40.68%	43.24%	43.10%
Specialist Services	1884	38.15%	39.02%	35.93%	35.52%	33.87%	34.39%	34.46%	36.12%	36.76%	37.51%	39.44%	39.91%	41.51%
Corporate	1005	24.02%	23.41%	21.61%	21.67%	22.30%	23.08%	25.47%	28.93%	34.14%	37.32%	39.35%	39.42%	41.49%
Medicine	1729	18.39%	18.22%	16.65%	16.10%	15.15%	13.38%	14.79%	16.09%	22.20%	31.78%	33.60%	35.63%	37.94%
uHB	**15587**	**31.39%**	**31.53%**	**30.86%**	**30.23%**	**29.91%**	**29.91%**	**32.02%**	**35.33%**	**41.81%**	**45.38%**	**47.58%**	**49.25%**	**51.44%**

Under 75%
75% - 85%
Over 85%

Variable Pay Rate (Year-to-Date from April)

	Budget	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
All-Wales Genomics Service	£13,398,398	0.79%	0.79%	1.05%	2.91%	2.16%	1.86%	1.76%	1.82%	2.49%	2.52%	2.71%	3.18%	2.98%
CDT	£104,326,106	4.63%	4.60%	4.58%	4.05%	4.42%	4.40%	4.52%	4.61%	4.51%	4.59%	4.70%	4.79%	4.77%
Corporate	£47,503,717	8.84%	8.89%	10.17%	3.17%	4.10%	4.29%	5.31%	5.10%	5.00%	4.88%	5.02%	5.77%	5.88%
PCIC	£43,962,028	10.34%	10.23%	10.03%	8.45%	7.46%	7.05%	6.53%	6.34%	6.62%	6.69%	6.70%	6.40%	6.45%
Children & Women	£107,829,726	5.16%	5.25%	5.67%	5.57%	5.84%	5.84%	6.24%	6.11%	6.24%	6.61%	6.79%	6.82%	7.04%
Capital, Estates & Facilities	£35,979,819	8.99%	9.15%	10.23%	9.42%	8.87%	8.27%	7.64%	9.99%	9.70%	10.08%	9.79%	9.48%	9.62%
Surgical Services	£132,833,796	8.75%	8.93%	9.24%	9.07%	9.41%	9.40%	9.75%	9.85%	9.90%	9.82%	10.09%	9.98%	9.97%
Specialist Services	£114,495,406	9.19%	9.32%	9.64%	10.88%	9.79%	9.95%	9.97%	10.01%	10.02%	10.04%	10.19%	10.09%	10.32%
Mental Health	£67,471,586	10.80%	10.98%	11.35%	11.80%	11.79%	13.22%	13.57%	13.72%	13.55%	13.43%	13.48%	13.38%	13.08%
Medicine	£102,820,871	23.08%	23.91%	24.28%	23.68%	24.14%	24.64%	25.04%	24.70%	24.19%	23.90%	24.04%	23.73%	23.67%
uHB	**£785,722,801**	**10.64%**	**10.81%**	**10.96%**	**10.14%**	**10.29%**	**10.46%**	**10.85%**	**10.80%**	**10.77%**	**10.74%**	**10.86%**	**10.77%**	**10.78%**

No Target

Report Title:	Shaping Our Future Wellbeing Strategy - Key Operational Performance Indicators			Agenda Item no.	2.1.4
Meeting:	Strategy and Delivery Committee	Public	✔	Meeting Date:	14/03/2023
		Private			
Status *(please tick one only):*	Assurance ✔	Approval		Information	
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Performance and Planning Manager – Operations				

Main Report
Background and current situation:

Background and current situation:

The Health Board has refreshed its Operational plan for 2022/23, ensuring alignment to Welsh Government national plans, including Six goals for Urgent and Emergency Care and Our programme for transforming and modernising planned care and reducing waiting lists in Wales

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

The Health Board submitted our final IMTP to Welsh Government at the end of June 2022. In this, the Health Board has set out its Delivery ambitions for 2022/23.

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

Operational Performance update

Urgent and Emergency Care:

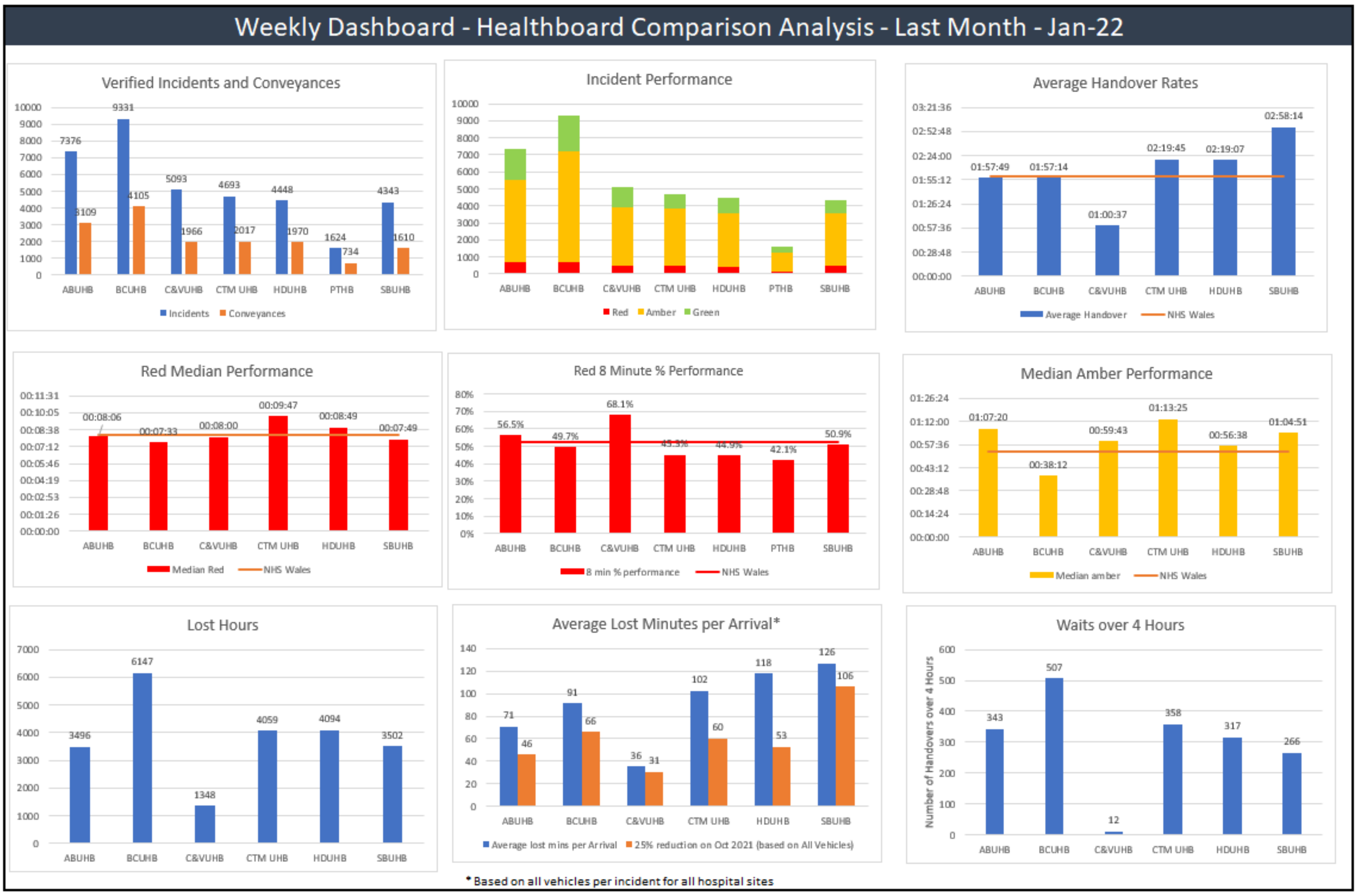
- Reportable Emergency Unit attendances reduced in January 2023 (11,218) from the numbers reported in October (13,370), November (12,439) and December 2022 (12,699).
- 4-hour performance in EU was 66.8% in January 2023, improved from 60.3% in December 2022
- 12-hour EU waits remain high, but reduced in January with 876 reported in January 2023 compared to 1,177 reported in December 2022
- 12 Ambulance handovers took place in over 4 hours during January 2023, a significant reduction compared with the 230 reported in September 2022 and a reduction from 59 reported in December 2022
- The percentage of red calls responded to within 8 minutes increased from 45.6% in December to 50.2% in January 2023.

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

There continues to be a challenging position across the urgent & emergency care system, largely driven by high levels of adult bed occupancy, as a result of the high number of patients who are delayed transfers of care (DTOC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit. However, the Winter Plan, that was approved at the public board meeting in September, continues to deliver some improvements.

There has been significant improvement in ambulance handover times which has led to an improvement in total number of lost hours and the volume of crews waiting greater than 4 hours to handover.

The number of ambulance handovers >4 hours has reduced from 230 in September to 33 in December and 12 in January.



Disclaimer

The information presented has been prepared using sources believed by the National Collaborative Commissioning Unit to be reliable and accurate. It must be used as management information only unless otherwise stated and is not for public release.

Source: National Collaborative Commissioning Unit (NCCU) weekly dashboard – For operational purposes only, not for public release.

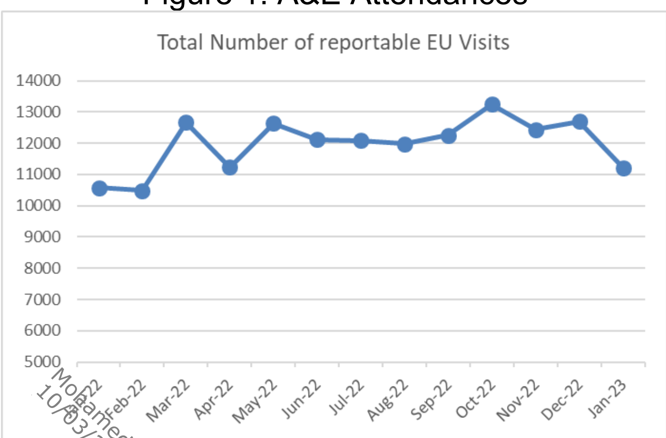
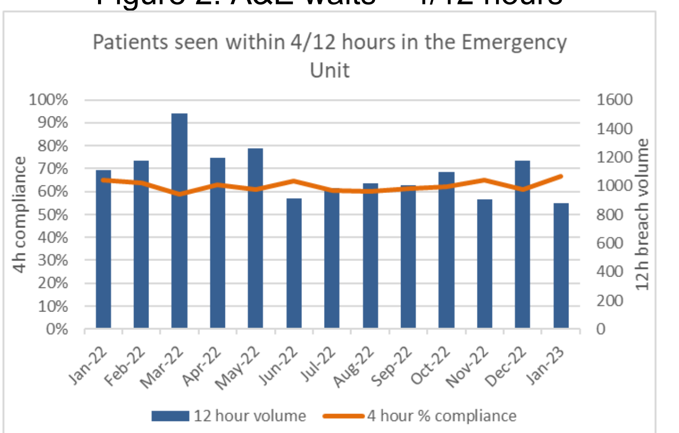
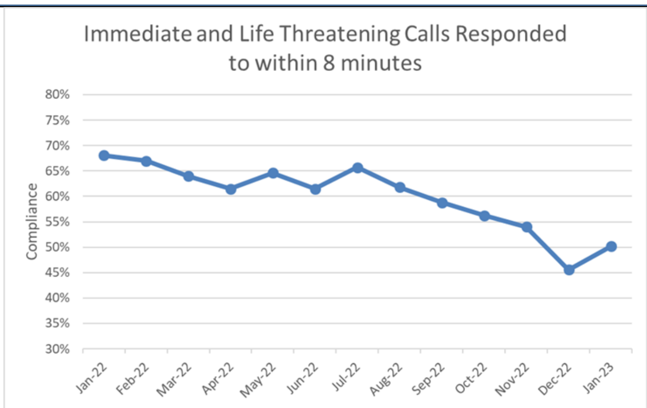
Figure 1: A&E Attendances	Figure 2: A&E waits – 4/12 hours
	

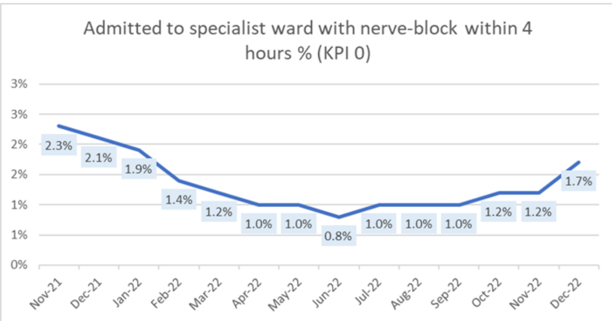
Figure 3: Red calls responded to within 8 minutes

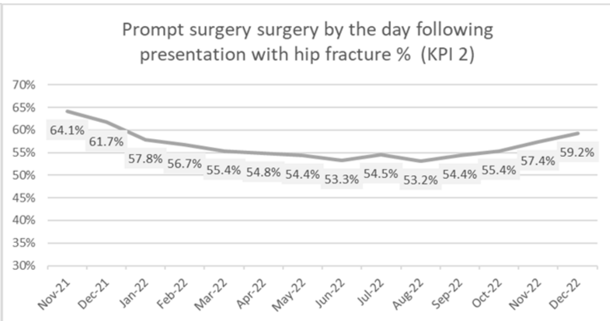


Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has been poor. In December 2022, 1.7% of patients were admitted to a specialist ward with a nerve block within 4 hours.

In December, 59.2% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a reduction when compared to October 2021 performance (64.6%). Our performance is above the national average of 56% over the last 12 months.





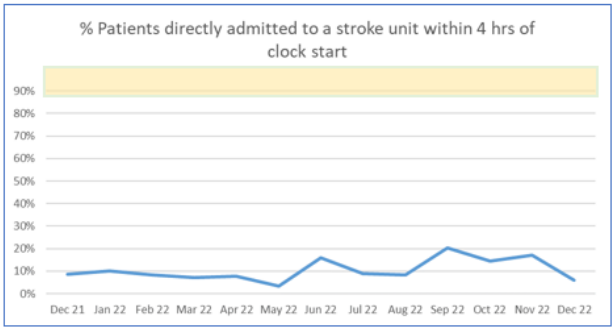
A summit with key stakeholders is planned for late February with the ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers.

Stroke

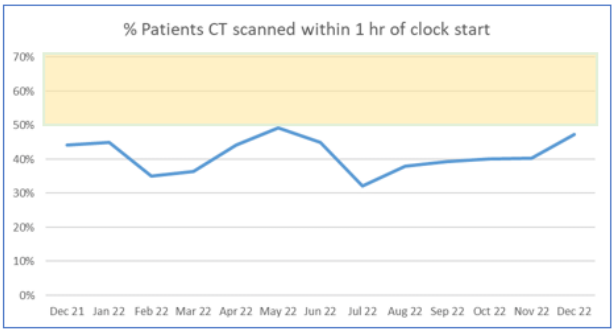
Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP). In December:

- 0% of patients were thrombolysed within 45 minutes of arrival, the All Wales average was 12.5%
- The percentage of CT scans that were started within 1 hour in December was 47.3%, the All Wales average was 48.2%
- The percentage of patients who were admitted directly to a stroke unit within 4 hours was 5.9% in December, the All Wales average was 17.8%

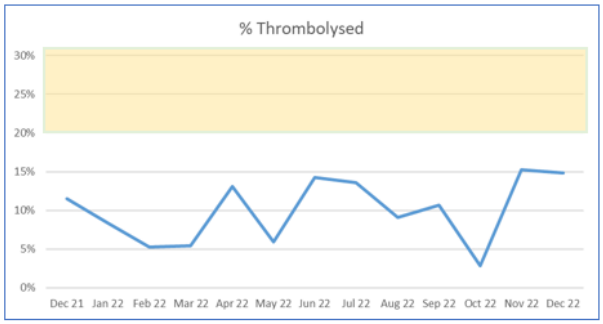
The UHB has held two internal Stroke summits and a number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade ‘A’ for SSNAP and the gaps for some of the indicators are shown below:



SSNAP A grade: consistent 90% admitted within 4 hours with a median time of <2hr. 90% of patients to spend 90% of their UHW stay on the stroke unit



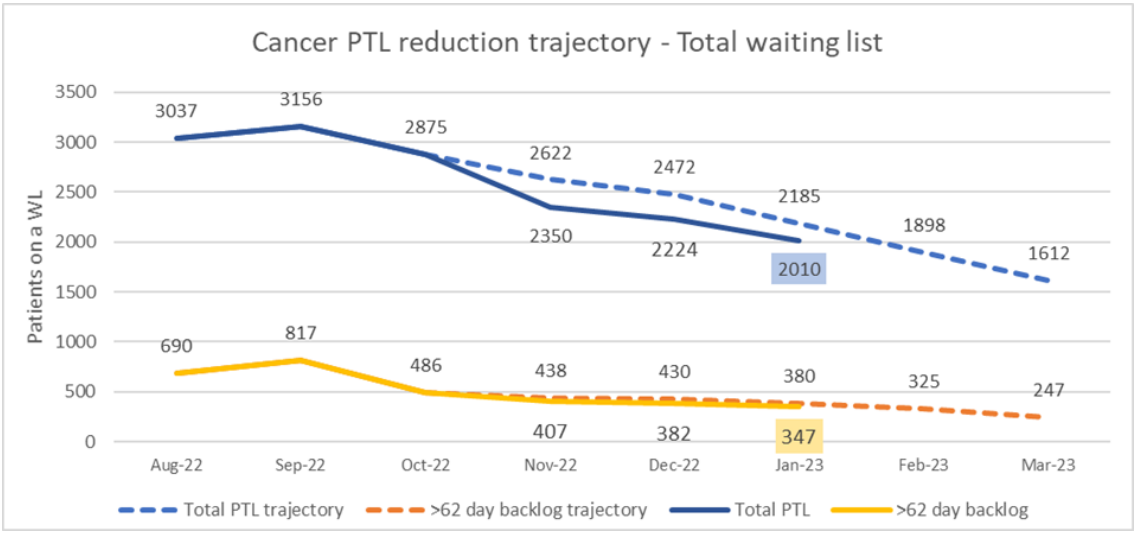
SSNAP A grade: consistent 50% scanned within 1 hour, 95% within 12 hours with a median time of <1hr



SSNAP A grade: consistent 20% thrombolysis rate, 90% of eligible patients thrombolysed. 45 minute QIM (DU) 1 hour standard (SSNAP)

Cancer:

There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. December saw another improvement of 4% compared with October with 58.5% of patients receiving treatments within 62 days.



At the time of writing there are a total of 1980 suspected cancer patients on a single cancer pathway. 274 have waited over 62 days, of which 96 have waited over 104 days.

Of these, there are 1907 Cardiff and Vale patients (excluding tertiary patients) of which 218 have waited over 62 days.

There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. In addition to internal Cancer summits and the demand and capacity exercise discussed at the last meeting, there is a

current focus on eliminating the number of patients waiting over 104 days to start their definitive treatment to less than 20 by the end of March 2023.

Figure 4: Cancer referrals

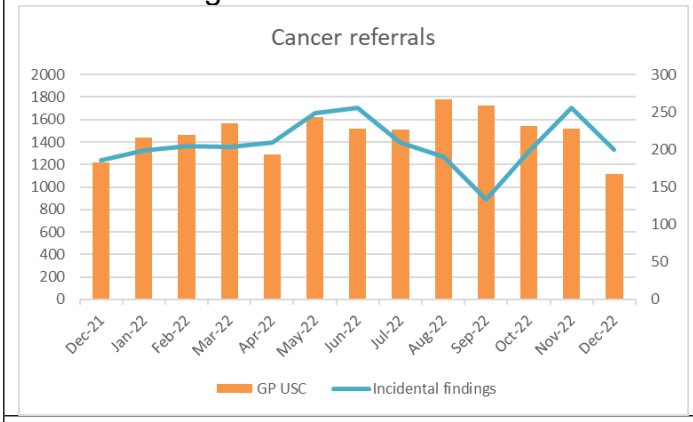


Figure 5: Single Cancer Pathway Performance

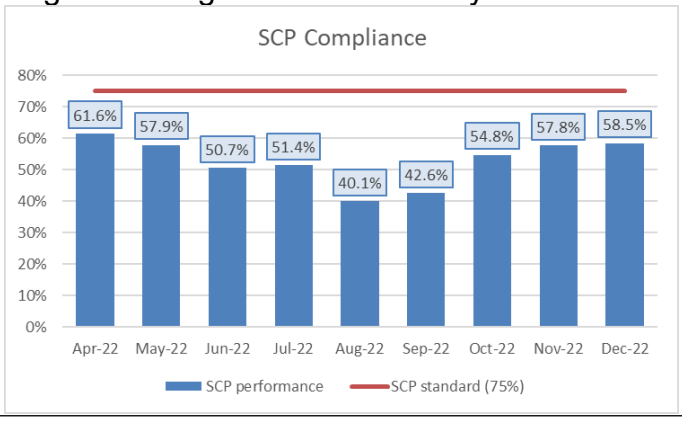


Figure 6: SCP Performance by tumour site

	September				October				November				December			
Tumor Site	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance
Head & Neck	3	2	5	60%	2	3	5	40%	2		2	100%	5	6	11	45%
Upper GI	3	6	9	33%	8	6	14	57%	10	5	15	67%	6	4	10	60%
Lower GI	4	17	21	19%	9	15	24	38%	9	8	17	53%	16	15	31	52%
Lung	12	7	19	63%	20	12	32	63%	24	5	29	83%	16	5	21	76%
Sarcoma		2	2	0%	1		1	100%		1	1	0%				
Skin	7	6	13	54%	1	3	4	25%	14		14	100%	17		17	100%
Breast	14	20	34	41%	13	13	26	50%	12	22	34	35%	17	16	33	52%
Gynaecological	2	3	5	40%	7		7	100%	2	11	13	15%	4	10	14	29%
Urological	15	20	35	43%	19	14	33	58%	12	12	24	50%	17	15	32	53%
Haematological	3	2	5	60%	3	3	6	50%	1	1	2	50%	4	1	5	80%
Other					3	2	5	60%	3		3	100%	1	1	2	50%
Total	**63**	**85**	**148**	**42.57%**	**86**	**71**	**157**	**54.78%**	**89**	**65**	**154**	**57.79%**	**103**	**73**	**176**	**58.52%**

Figure 7: Cancer waiting time bands by tumour site

Speciality	0-14	15-28	29-50	51-62	63-79	80-103	104+	>63 days	Total
Brain/CNS	1		1					0	2
Breast	151	173	120	5	6	6	4	16	465
Children's Cancer		1	1				1	1	3
Gynaecological	48	51	60	13	21	19	19	59	231
Haematological	1	3	7	1			1	1	13
Head & Neck	89	33	13	3	6	5	3	14	152
Lower GI	103	133	96	12	10	20	12	42	386
Lung	6	16	22	4	15	8	10	33	81
Other			1					0	1
Sarcoma		3	1					0	4
Skin	45	79	50	4	6	2	5	13	191
Unknown								0	0
Upper GI	71	82	62	9	6	11	18	35	259
Urological	30	53	37	12	16	21	23	60	192
Total	**545**	**627**	**471**	**63**	**86**	**92**	**96**	**274**	**1980**

NB. Taken from Total Cancer PTL as at 20/02/2023

Planned Care:

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 121,687 as at January 2023. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – January – 955
- Patients over 104 weeks - January – 4,587
- Patients over 52 weeks – January – 23,950

The most recent delivery assessment has determined there will be approximately 2863 patients waiting over 104w and 624 waiting over 156w by the end of March 2023. Work continues to reduce the number of these long waiting patients.

The number of patients waiting for planned care and treatment ***over 36 weeks*** has decreased to 39,599 at the end of January 2023. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of January 2023 was 191,458. 98.7% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 50,163. This is of concern and requires additional focus and support to improve the position over the next few months.

Ministerial Measures:
Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG Ambition	IMTP commitment	Trajectory shared with DU	April	May	June	July	August	September	October	November	December	January
Number of patients waiting over 52 weeks for a **new outpatient** appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291	14,697	13,311	11,775	10,951
Number of patients waiting over 104 weeks for **treatment** (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038	6,309	5,553	5,099	4,587

Where we are not able to deliver against the 104-week ambition, we are working to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties, it is estimated that there are 635 patients in this cohort requiring a plan across ENT, Ophthalmology, Spines, General Surgery and Urology. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	August	Sept	Oct	Nov	Dec	Jan
Number of patients who will have waited more than 156 weeks for ***treatment*** (all stages) by end of March 2023	4,995	4,108	3,491	2,704	2,152	1,611

Figure 8: Total RTT waiting list, % waiting under 26 and over 36/52 weeks

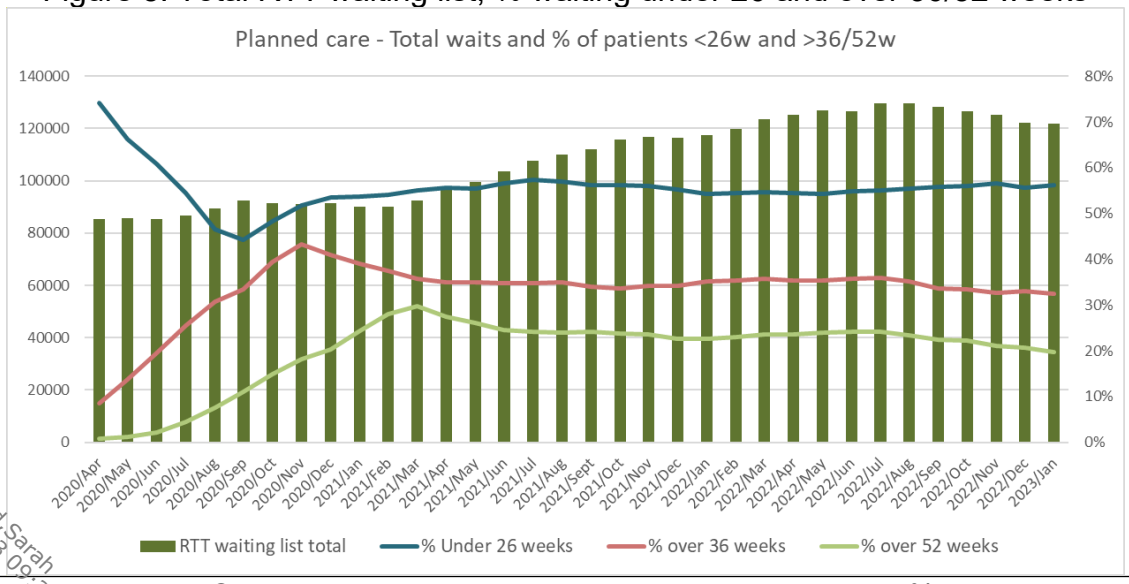
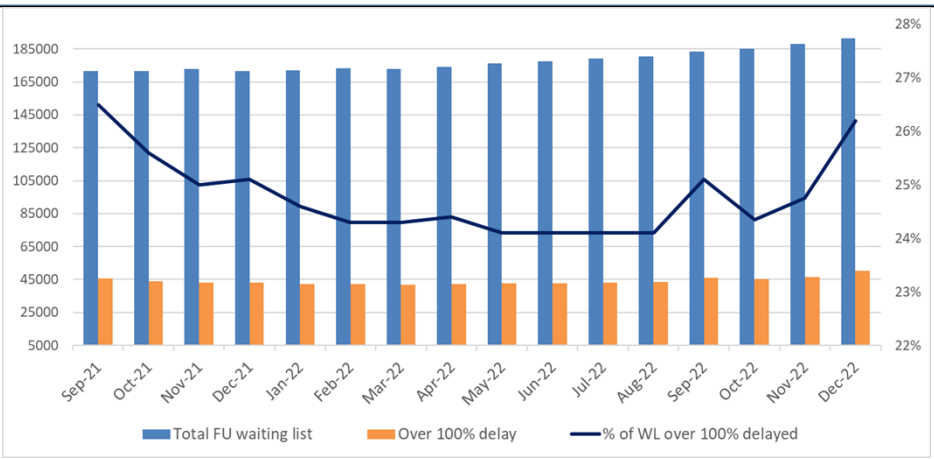


Figure 9: Outpatient Follow-ups – Total waiting list and 100% delayed



Diagnostics:

The volume of greater than eight-week ***Diagnostic*** waits has increased to 5,247 at the end of January 2023 from 3,654 in November 2022, largely driven by increased waits in Radiology (MRI). The number patients waiting over 14 weeks for ***Therapy*** has slightly increased to 1,220 from 1,209 in November 2022, as reported at the December Board Meeting.

Figure 10: Diagnostics 8 week waits

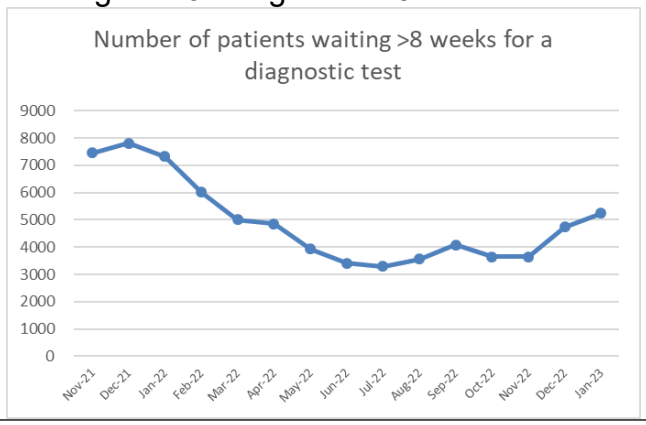
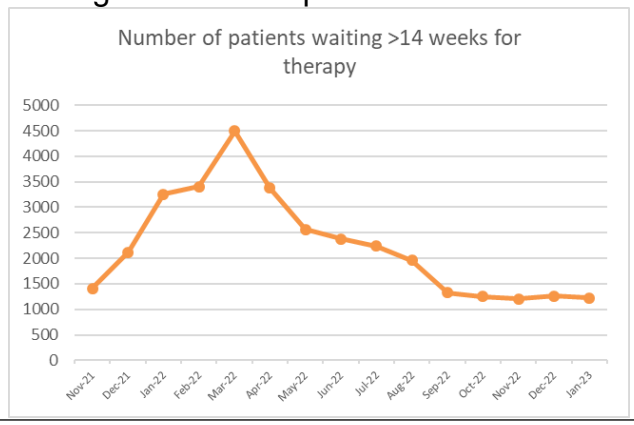


Figure 11: Therapies 14 week waits



Primary care:
The Health Board was 100% compliant in January 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour. For patients that required an 'Emergency' appointment at a primary care centre in January the Health Board was 100% compliant, with 6 of 6 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 11 practices reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 68% of pre-Covid activity in December. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

Figure 12: % of GP OOH appointments requiring a home visit provided within 1 hour

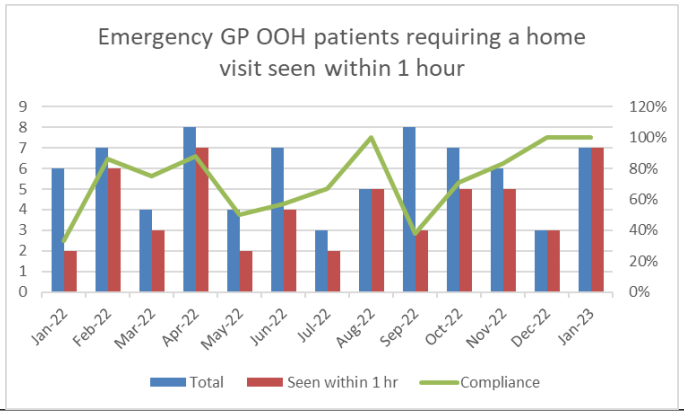
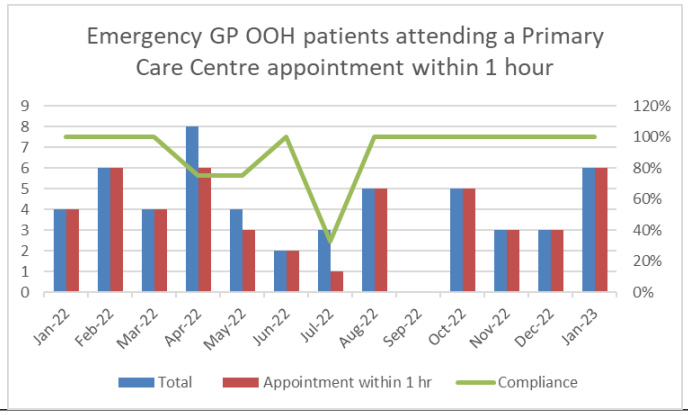
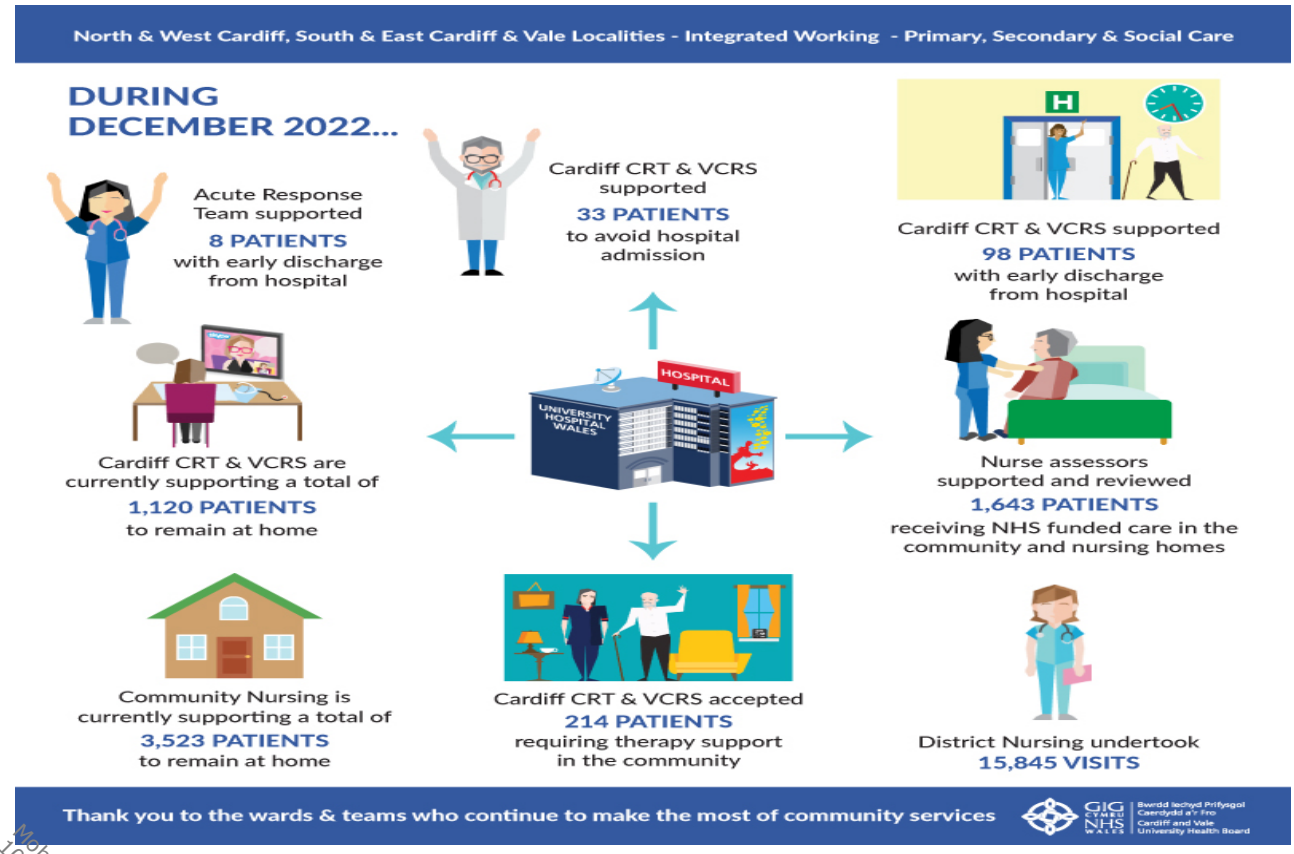


Figure 13: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



Integrated working

Our community teams continue to provide valuable services to the residents of Cardiff and the Vale. Our teams work to care for patients in the community and also provide timely and supportive discharges from secondary care. In December the community nursing team supported over 3,500 patients to remain at home and the District Nursing team undertook 15,845 visits – seeing 25% more patients than attend the EU each month. A breakdown of our teams' activity across primary, secondary and social care can been seen below:



Mental Health Measures:
Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 931 referrals in December 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.

Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services:

- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 98.1% overall in January 2023, reduced from 98.5% in December 2022. For CAMHs services, compliance reduced from 93.2% in December to 90.7% in January.
- Part 1b: 92.0% of therapeutic treatments started within 28 days following assessment at the end of January 2023, an reduction from the reported compliance in December 2022 (96.9%).
- Part 2: 84% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of December 2022
- Part 3: 75% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in December 2022

Figure 14: Mental Health Referrals

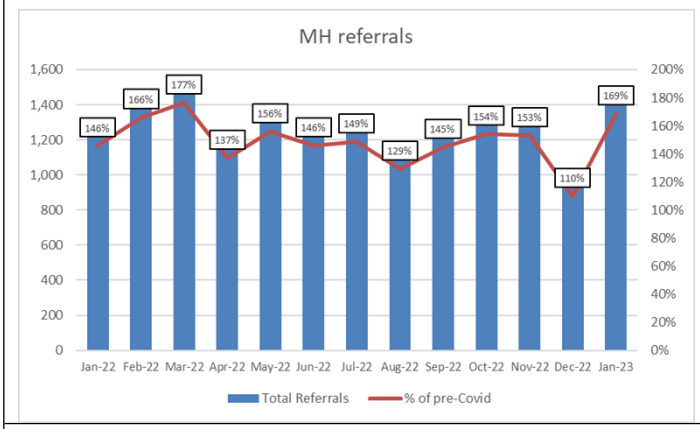


Figure 15: Performance against Mental Health Measures – Part 1a, 1b, 2, 3

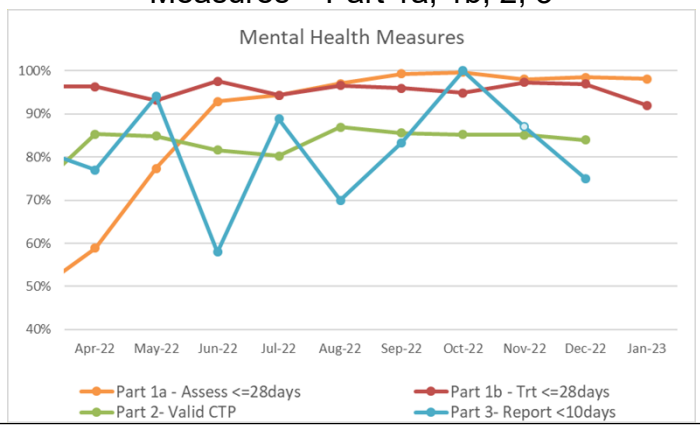
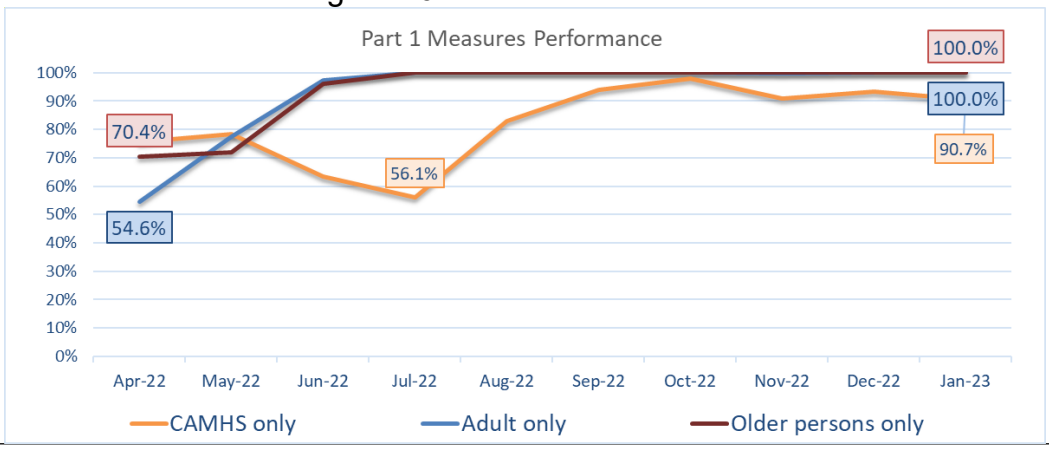


Figure 16: Part 1a Performance



Recommendation:

The Strategy and Delivery Committee is asked to:

a) **NOTE** the year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Report Title:	Strategic Equality Plan – Annual Review (6 month update)				Agenda Item no.	2.2	
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	14 March 2023	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Equity & Inclusion Senior Manager						

Main Report
Background and current situation:

The Strategic Equality Plan: Caring about Inclusion is our third, four-year Strategic Equality Plan (SEP) and is closely aligned to our ten-year strategy 'Shaping Our Future Well-being' and our IMTP, as well as to the organisation's values. Our ambition is that a person's chance of leading a healthy life is the same wherever they live and whoever they are. The current SEP sets out the most important outcomes we want to achieve and some of the ways in which we will deliver improvements between April 2020 and March 2024.

Progress on the report is monitored via the Equality Strategy and Welsh Language Standards Group (ESWLSG). The Plan outlines four key outcomes:

1. People are and feel respected this includes patients, carers and family members as well as staff and volunteers
2. We communicate and engage with people in ways that meet their needs (whether this is through written communication, face to face, signage, Welsh or other community languages including British Sign Language)
3. More people receive care and access services that meet their individual requirements, including those from socio-economic communities
4. Gender and any other protected characteristic pay Gaps are eliminated Under each of these headings are a set of objectives outlining the steps needed to achieve the outcomes.

Over the past months, the Equity and Inclusion Team have worked to establish a number of workstreams to support delivery of the SEP.

Please see highlights below:

- **Disability Confident Level 3**

A key objective of the SEP was met last autumn when the UHB achieved Disability Confident Leader (Level 3) status, meaning the UHB can promote itself as a leader in disability inclusion. The Disability Confident Leader logo is now included on our job adverts to promote the UHB as an inclusive employer.

- **LGBTQ+ - Pride & Stonewall**

At the end of August, the UHB once again joined other NHS Wales organisations at Pride Cymru, which was the first time the event had been held in person since the start of the pandemic. The UHB enjoyed an excellent turnout and had the privilege of leading the parade as part of NHS Wales, with some CAVUHB colleagues holding the Pride Cymru banner at the front.

Our activity around LGBTQ+ inclusion resulted in the UHB maintaining its Gold Award as part of Stonewall's Workplace Equality Index (WEI) and CAVUHB being ranked as the 80th most LGBTQ+ inclusive employer in the UK by the charity.

- **Staff Networks**

The organisation has continued to support our three staff networks, with some of the networks' highlights recorded below.

Access Ability Staff Network

As the organisation's newest staff network, Access Ability hosted events to promote the network and have provided advice and support in developing the 'Wellbeing Passport', which will be launched this year. The passport will help disabled employees to have discussions with their manager about creating a work environment where they can thrive.

LGBTQ+ Staff Network

The network has appointed a new committee and have hosted a couple of social events over recent months. The network supported the UHB with attendance at Pride Cymru and with its submission to Stonewall's WEI.

One Voice Staff Network

The One Voice Staff Network has been very active over recent months, which has included hosting awareness days on numerous UHB sites during Black History Month. The network has also worked with the UHB to develop the draft CAVUHB Anti-racist Action Plan and invited Prof. Anton Emmanuel, who was key to establishing the Workforce Race Equality Standards (WRES) in NHS England and has supported Welsh Government with the scoping of the Welsh version, to one of their staff network meetings to discuss the importance of collecting data. Race Equality First have recently delivered a training session to network members.

- **SharePoint**

The Equity and Inclusion Team have developed a SharePoint site to support colleagues throughout the organisation in better understanding how they can build inclusive environments for patients, service users, and staff. The site includes a library of resources, information and on our staff networks, and advice in completing an Equality Health Impact Assessment (EHIA), amongst other items.

- **Inclusion Calendar 2023**

The 2023 version of the UHB's Inclusion Calendar has been published, which raises awareness of different celebratory and commemorative events and dates throughout the year which relate to equity and inclusion. The calendar is available to staff via the Equity and Inclusion SharePoint.

- **Inclusion Ambassadors**

The UHB has Inclusion Ambassadors for each of the protected characteristics and Welsh language at Executive and Board level, as well as at senior leadership level in a number of the clinical boards. An 'Inclusion Ambassador Starter Pack' has been published, which aims to support Inclusion Ambassadors in undertaking their role. Accompanying resource lists have also been finalised, which will aid Inclusion Ambassadors in better understanding the lived experiences of those who have the protected characteristic which they represent.

- **Welsh Language**

Progress has been made in organisational compliance with the Welsh Language Standards and the UHB now reports compliance with 81 out of the 121 standards.

The recruitment of two Senior Welsh Language Translators has proved successful with the team translating over a million words in each of the past two years. The use of translation memory software led to an 11% increase in the number of words translated in 2022 in comparison with 2021, with the team translating 1,158,688 words last year. The team have supported with the translation of UHB communications, organisational strategy, and patient facing resources.

- **EHIA Training**

The development of an EHIA training package, co-designed with colleagues in Public Health, has supported departments in understanding the importance of EHIAs and how they are most effectively undertaken. Training can be booked through the Equity and Inclusion SharePoint.

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

The UHB has made good progress in meeting its objectives as set out in our SEP.

Over the coming months, the Equity and Inclusion Team will maintain a focus on key areas outlined below to support with the delivery of the SEP during 2023 and to make a difference to the experiences of our communities and colleagues.

- **Data**

The Equity and Inclusion Team will work with colleagues in People Analytics and the wider People & Culture function to improve the collection of equality monitoring and Welsh language skills data of staff, including that collected through ESR, through a proactive data campaign. The campaign will make it easier for staff to record their information through the creation of additional reporting channels.

- **Race Equality**

The UHB's Anti-racist Action Plan will be published in May 2023, following Board approval. In the meantime, work will begin on a number of actions, including undertaking listening exercises to better understand the experiences of our colleagues from ethnic minority communities.

- **Welsh Language**

Work will continue to improve our compliance with the Welsh Language Standards. The UHB will also establish a Welsh Language Staff Network to support employee engagement with the language.

- **Health Equality, Equity, Safety and Experience Framework**

A small task and finish group, with senior representation from Public Health, Quality and Safety, Patient Experience, and People and Culture, has been established to develop a framework which will support the UHB in tackling any inequalities and inequities experienced by our communities and colleagues. The draft framework will be completed by Quarter 1, 2023.

Recommendation:

The Strategy and Delivery Committee is requested to:

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

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

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

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

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

Risk: Yes

Safety: Yes
Risk to the safety of patients and staff who do not trust the organisation will treat them fairly.

Financial: Yes
Potentially through claims for discrimination.

Workforce: Yes
Attracting and retaining a diverse workforce

Legal: Yes
There is a legal requirement as part of the Public Sector Equality Duty under the Equality Act 2010 to publish equality objectives.

Reputational: Yes
CAVUHB viewed as an organisation that is not inclusive of its communities
Socio Economic: Yes
Linked to demographics served / represented.
Equality and Health: Yes
Health inequalities and inequities within our communities are exacerbated.
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	

Report Title:	**Board Assurance Framework** – Urgent and Emergency Care and Exacerbation of Health Inequalities				Agenda Item no.	2.3	
Meeting:	Strategy and Delivery Committee		Public	x	Meeting Date:	14th March 2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Main Report
Background and current situation:

At the May 22 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:

- Urgent and Emergency Care
- Exacerbation of Health Inequalities

These risks were last reported to the Board at the end of November 2022 and agreed, along with other risks on the BAF, to be the risks to our Strategic Objectives.

The purpose of discussion at the Strategy and Delivery Committee is to provide further assurance to the Board that these risks are being appropriately managed or mitigated, that controls where identified are working and that there are appropriate assurances on the controls. Where there are gaps in either controls or assurances there should be actions in place.

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

The Board Assurance Framework is presented to each meeting of the Board after discussion with the relevant Executive Director. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.

The attached Capital Assets, IMTP 22-25 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 26th May 2022.

Recommendation:

The Strategy and Delivery Committee is asked to:

(a) Review the attached risks in relation to Urgent and Emergency Care and Exacerbation of Health Inequalities
(b) Provide assurance to the Board on 30th March 2023 on the management /mitigation of these risks.

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

1.	Reduce health inequalities	x	6.	Have a planned care system where demand and capacity are in balance	x
2.	Deliver outcomes that matter to people	x	7.	Be a great place to work and learn	

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

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

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

Risk: Yes/~~No~~

At the Board Meeting to be held on 26th May 2022 the following nine risks were approved for inclusion on the BAF as the key risks to the Health Board delivering its Strategic Objectives:

1. Workforce
2. Patient Safety
3. Leading Sustainable Culture Change
4. Capital Assets
5. Risk of Delivery of IMTP 2022-2025
6. Staff Wellbeing
7. Exacerbation of Health Inequalities
8. Financial Sustainability
9. Urgent and Emergency Care

However, further risks were added to the BAF at the Board Meeting held at the end of November 2022. These are:

10. Cancer
11. Critical Care
12. Ditigial
13. Maternity
14. Stroke
15. Digital Strategy and Road Map

These additional risks align to other Committees of the Board so do not impact upon the programme of BAF risk reporting to this Committee.

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

12 July 2022

Workforce
Leading Sustainable Culture Change
Capital Assets

27 September 2022

Risk of Delivery of IMTP 22-25
Staff Wellbeing

Exacerbation of Health Inequalities

15 November 2022

Emergency and Urgent Care
Workforce
Leading Sustainable Culture Change

24 January 2023

Capital Assets
Risk of Delivery of IMTP 22-25
Staff Wellbeing

14 March 2023

Emergency and Urgent Care
Exacerbation of Health Inequalities

Safety: ~~Yes~~/No
Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	30th March 2023

1. Urgent & Emergency Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.

Risk **Date added: 09/05/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable urgent and emergency care as close to home as possible.
Cause	• The impact of the covid pandemic has resulted in sustained pressure across the urgent and emergency care system. Five factors have combined to cause current operational challenges: (i) Non-covid occupancy remains at a high level and we continue to experience challenges in our ability to achieve timely discharge of patients (ii) Covid continues to add an increased layer of complexity in managing patient flow (iii) Patients presenting and subsequently admitted have a higher acuity and complexity (iv) We have sustained workforce challenges (v) Social Care are experiencing similar workforce and demand challenges • Sustained pressure in Primary and Community Care, including an increased number of GP practices operating at a higher level of escalation, temporary list closures and practice closures • Poor consistency in referral pathways, and in care in the community leading to significant variation in practice • Rollout of multi-disciplinary team cluster models only in limited number of clusters • Lack of co-ordination and / or streamlined services across Health and Social care to ensure a joined-up response is provided and the patient gets the right care, in the right place, first time • Poor response times in the community from WAST due to significant delays in ambulance handovers • Longer length of stay for both medically fit patients and clinically unfit patients, significantly above pre-covid levels

Impact	• Long waiting times for patients to access a GP • Patients attend the Emergency Department because they cannot get the care or timely care they need in Primary and Community Care • Referrals and admissions into hospital because there are no alternative options or staff are unaware of alternative options • Congested ED department and long waits for patients to be seen • Increase in ambulance handover delays and challenges in timeliness of ambulance response to community demand • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety)		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**
Current Controls	• Development of Primary Care Support Team to provide proactive support to fragile practices • Plans agreed and implemented for contract resignations and list closures • Rollout of MDT cluster model to further 2 clusters (1 already implemented) • Urgent Primary Care hubs in the Vale – c.2500 appointments per month • Cardiff CRT and Vale CRT support people to remain at home, avoid hospital admission and be discharged from hospital – but challenges do remain on capacity and timeliness • Implementation of CAV24/7 and transition to NHS Wales 111 • Strengthened site-based leadership and management • Urgent & Emergency Care is one of the five delivery programmes in the 2022/23 Operational Plan. Delivery Group in place. Urgent and Emergency Care System Plan developed, aligned to the National six goals – see actions. • Ambulance handover improvement plan developed and being implemented • Workforce team continue to support recruitment and retention • Local Choices Framework governance in place and utilised when appropriate to support operational pressures		
Current Assurances	• Operational position reported into Management Executive (weekly) (1) • Mechanisms in place to monitor key schemes in Urgent & Emergency Care Operational Delivery Plan (1) • Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee. Specific focus on Six Goals for Urgent & Emergency Care on 12th July 2022. (1) • Urgent and Emergency Care reported as part of the Board Integrated Performance report (1)		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	Actively scale up multidisciplinary cluster models Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce) Developing an effective, high quality and sustainable Acute Medicine model Reconfiguring our in-hospital footprint to improve efficiency and patient flow		
Gap in Assurances	Whilst an Urgent & Emergency Care Delivery Group is in place, the Six Goals Integrated Urgent & Emergency Care Transformation Board is yet to be established		

Actions	Lead	By when	Update since January 2023
1. Secure funding and develop implementation plan for further MDT cluster rollout and Urgent Primary care Centre in Cardiff	LD	30.11.22	UPPC in Cardiff CRI went live in December. Further roll out in Cardiff North planned for Feb. MDT Cluster work is separate and ongoing.

2. Develop acute admission protocols		PB	30.11.22	Action ongoing – aim for completion in February.
3. Continued development of joint Health and Social Care strategies to allow seamless solutions and services for patients with health or social needs		AH / PB	31.03.23	Partnership working continues. Joint action plans in place. Work progressing through RPB, SLG and JME with new IMT introduced bi-weekly chaired by SR to increase focus on actions
4. Implementation of the UHW site masterplan, including de-escalation of additional capacity and reconfiguration of the EU		PB	31.03.23	Implementation of de-escalation plan commenced – but behind timescale due to ongoing operational pressures and recent increase in covid admissions.
5. Development of recruitment and retention strategies		RG	31.03.23	See separate BAF risk on workforce
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		**10 (high)**

2. Exacerbation of Health Inequalities in C&V – Executive Director of Public Health (Fiona Kinghorn)

The COVID-19 pandemic has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.

The vision of our Shaping Our Future Wellbeing strategy is that *"a person's chance of leading a healthy life is the same wherever they live and whoever they are"*. Our goal is to reduce health inequalities – reduce the 12-year life expectancy gap, and improve the healthy years lived gap of 22 years. Addressing inequality linked to deprivation is also a clear commitment of both Cardiff and Vale of Glamorgan PSB Well-being Plans 2018-23.

Our focus on reducing inequalities locally in health and wellbeing are underpinned by both 'Prosperity for All' and 'A Healthier Wales'. The Wellbeing of Future Generations Act also sets out Health and Equality as two main goals and the Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Risk	There is a risk that the exacerbation of inequalities due to the harms caused by the COVID-19 pandemic and cost of living crisis will reverse progress in our goal to reduce the 12-year life expectancy gap, and improvements to the healthy years lived gap of 22 years.
Date added:	29.07.21
Cause	• Deaths from COVID-19 have been almost double in the most deprived quintile when compared with the least deprived quintile of the population in Wales, and there has been a disproportionate rate of hospitalisation and death in ethnic minority communities • In Wales, socio-economic health inequalities in COVID-19 become more pronounced further along the hospital treatment pathway. Based on data from the first few months of the pandemic we can see that inequalities were not particularly pronounced for confirmed cases (unlike England) but the gradient became bigger for admissions, ICU and deaths. This may be related to the idea of staircase effects whereby health inequalities accumulate across the system and the 'inverse care law' whereby people from deprived areas may not seek help until later when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time. The role of the healthcare organisation in flexing to provide effective treatment according to individual need along that pathway is key • It is recognised that the COVID-19 pandemic is responsible for five harms to population health, all of which are experienced inequitably. These are the direct harm caused by infection, indirect harm due to surge pressures on the health and social care system, harms caused by population based health protection measures (e.g. lockdown), economic harm and harms caused by exacerbaing inequalities in our society. • Health inequalities arise in three main ways, from o structural issues, e.g. income, employment, education and housing o unhealthy behaviours

	○ inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs • It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality • The impact of inflation leading to the 'cost of living crisis' currently being experienced in the UK, with rising prices for energy (gas, electricity) and fuel (petrol, diesel) food and other goods and services has a negative impact on health as real disposable incomes fall with this being more marked in lower income households. High inflation also risks exacerbating mental health challenges with concerns about debt being a leading cause of anxiety
Impact	• The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include: ○ Children and young people ○ Minority ethnic groups, especially Black and Asian populations ○ People living in (or at risk of) deprivation and poverty ○ People in insecure/low income/informal/low-qualification employment, especially women ○ People who are marginalised and socially excluded, such as homeless persons • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Underlying chronic conditions, as well as unequal living and working conditions, have been found to increase the transmission, rate and severity of diseases including COVID-19 infections • COVID-19 and its containment measures (e.g. lockdowns) can, directly and indirectly, increase inequity across living and working conditions; as well as inequity in health outcomes from chronic conditions. For example, working from home may not be possible for many service sector employees. Marginalised communities are more vulnerable to infection, even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression • The longer-term, and potentially largest, consequences for widening health inequalities can arise through political and economic pathways. Areas with higher unemployment have greater increase in suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm • This is not simply a social injustice issue, health inequalities are also estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness • Winter 2022/23 is an uncertain time with concerns about resurgence of COVID-19 and/or influenza which disproportionately impact the most vulnerable in society, together with the economic impact of the rapid increase in inflation. This may mean that health inequalities widen if public policy and local interventions do not act to rectify this imbalance swiftly. However, most levers for economic action are at the UK government level. Warmth and food availability will be key issues locally

Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 Extreme**
Current Controls	**1. Statutory function** The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the		

inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB

2. Role as an Employer

- In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner
- Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the Strategy and Delivery Committee, Reports/Updates to the Centre for Equality and Human Rights, Outcome Report to the Welsh Government Equalities Team regarding sensory loss, provision of evidence to the Health and Care Standards self-assessment, Equality and Health Impact Assessments
- All our Executives have taken up a leadership role across the nine protected characteristics specified in the Equality Act 2010 - age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation - our CEO is the lead for race
- In August 2022 the Chancellor recognised that support is needed even for staff on wages up to £45,000 and included senior nurses in this description to manage increased energy bills. Staff have been signposted to resources to help them to cope with the cost-of-living crisis this winter

3. Refocused Joint strategic and operational planning and delivery

- Each of our strategic programmes within Shaping our Future Well Being Strategy will consider how our work can further tackle inequalities in health
- Our Shaping our Future Public Health strategic programme has a focused arena of work aimed at tackling areas of inequalities. We are working closely with the two local authorities and other partners, through our PSBs and RPB partnerships to accelerate action in our local organisations and communities, particularly in relation to healthy weight, immunisation and screening. This includes building on local engagement with our ethnic minority communities during the Covid-19 pandemic. Such focused work is articulated in 'Cardiff and Vale Local Public Health Plan 2022-25' within our UHB three-year plan, and will be strengthened in 2022/23 by the development of a strategic framework for tacking inequalities
- Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB will further identify collective actions
- The Youth Justice Board is implementing the recommendations of our Public Injecting & Youth Justice Health Needs Assessments in Cardiff
- Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board are implementing the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work

	• Our Suicide and Self-Harm Prevention Strategy has been published • The multi-agency approach to Seldom Heard Voices, which targeted initiatives towards areas of deprivation during the pandemic e.g. walk in vaccine clinics, will continue as we move through recovery. • The Annual Report of the Director of Public Health (2020), published in September 2021, focusses on reducing inequity and sets out a vision for future partnership working that will enable us to recover strongly and more fairly. • The latest Annual Report of the Director of Public Health report on value, (in draft) also contains a chapter which focuses on the relationship between a Value-based approach and reducing inequities.		
Current Assurances	We have identified a bellwether set of indicators to help measure inequalities in health in the Cardiff and Vale population through which we will develop further to measure impact of our actions. This formed part of the Annual Report of the Director of Public Health 2020, published September 2021 (1). Examples include: • The inequality gap in healthy life expectancy at birth in Cardiff and Vale UHB for males, increased from 20.4 years in 2005-2009 to 24.4 years in 2010-2014 • The gap in coverage of COVID-19 vaccination between those living in the least deprived and most deprived areas of Cardiff and Vale UHB, aged 80 years and above, reduced from 8.8% to 8.4% between May and June 2021. • Discussions with Public Health Wales have been held to support the development and regular monitoring on health inequities.		
Impact Score: 4	**Likelihood Score: 3**	**Net Risk Score:**	**12 (High)**
Gap in Controls	• Uncertainty around progress of the pandemic due to uncertainly of population spread as we move towards endemicity, and future risk of variants • Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work		
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales		

Actions	Lead	By when	Update since January 2023
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty	Fiona Kinghorn /Rachel Gidman	Draft framework by March 2023	For 2022/23, we plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. The EHIA process will be reviewed (when capacity allows) with the aim of simplifying it where possible. The new process will consider proportionality, so that the level and depth of the EHIA undertaken is proportionate to the change being introduced. Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.

2. Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health	Fiona Kinghorn	January 2023 April 2023	The Executive Director of Public Health has agreed a collaborative partnership approach to 'Amplifying Prevention' with both local authorities and action plan agreed. Delivery to date includes a partnership workshop agreeing regional opportunities for healthier advertising, TTP contact tracers contacting parents whose children have missed childhood vaccination to offer a replacement appointment, and development of staff training resources. Targeted immunisation/bowel screening communications to cluster areas and communities with lower uptake, and eligible staff groups, will commence in January 2023. A set of indicators will be agreed to measure impact for 2023. A strategic framework for tacking inequalities is being planned and has had agreement in direction across the Executive team. Following publication of the Population Needs Assessment and the two Wellbeing Needs Assessments, tacking inequalities is recognised as a priority for all local and regional partner organisations A comprehensive Health Needs Assessment for Inclusion Health has been completed, with Board level support for development of a new clinical model, a programme board established, and Executive

			and Clinical leadership agreed.
3. Improve the routine data collection in relation to equality and inequity, both across the UHB and with partner organisations, and develop a broader suite of indicators to monitor progress	Fiona Kinghorn	March 2023	Amplifying prevention indicators being developed
Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**	**11 High)**

Report Title:	Anti-racist Wales Action Plan Update				Agenda Item no.	2.4	
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	14 March 2023	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Equity & Inclusion Senior Manager						

Main Report
Background and current situation:

The Anti-racist Wales Action Plan was published in June 2022 outlining the vision to create and Anti-racist Wales by 2030. Included in the plan are specific actions for 'Health' which are set out under five headings:

- Goal 1: Leadership & Accountability
- Goal 2: Workforce
- Goal 3: Data
- Goal 4: Access to Services
- Goal 5: Tackling Health Inequalities

As an action, the UHB is required to develop an organisational anti-racist action plan. The CAVUHB Action Plan will align closely with the all Wales version and will set out how the UHB will go about building an anti-racist organisation.

In line with advice from experts in race equality, including Prof. Uzo Iwobi and Race Equality First, the UHB is co-designing its action plan alongside colleagues from the One Voice Staff Network and trade union partners.

A draft action plan has been developed and discussion regarding feasibility and delivery with the identified action leads is underway.

The Equity & Inclusion Senior Manager and Assistant Director of OD, Wellbeing and Culture presented CAVUHB's approach to the Welsh Government's steering group responsible for the delivery of health actions under the Anti-racist Wales Action Plan. The group were pleased with CAVUHB's proactive approach.

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

It is intended that the action plan will go to Board for approval in May 2023.

In the meantime, work has already begun to take forward some of the key actions with plans in place to progress others. Some of the key areas of focus over the coming months will be:

- Improving data collection
- Continuing to develop the Inclusion Ambassador programme
- Continuing to deliver anti-racist sessions for Board through Race Equality First
- Supporting the One Voice Staff Network
- Undertaking an organisational listening exercise to better understand the experiences of our colleagues from ethnic minority communities
- Developing a Health Equality, Equity, Safety and Experience Framework

Recommendation:

The Strategy and Delivery Committee is requested to:

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

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Safety: Yes
Risk to the safety of patients and staff who do not trust the organisation will treat them fairly.
Financial: Yes
Potentially through claims for discrimination.
Workforce: Yes
Attracting and retaining a diverse workforce
Legal: Yes
There is a legal requirement as part of the Public Sector Equality Duty under the Equality Act 2010, with race being a protected characteristic.
Reputational: Yes
CAVUHB viewed as an organisation that is not inclusive of our communities.
Socio Economic: Yes
Linked to demographics served / represented.
Equality and Health: Yes
Health inequalities and inequities within our communities are exacerbated.

Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	

Report Title:	Decarbonisation Plan					Agenda Item no.	2.5
Meeting:	Strategy and Delivery Committee		Public	X		Meeting Date:	14.3.2023
			Private				
Status *(please tick one only):*	Assurance	X	Approval	X		Information	
Lead Executive:	Abigail Harris, Executive Director for Strategic Planning						
Report Author (Title):	Calum Shaw, Environmental Sustainability Project/Planning Manager						

Main Report
Background and current situation:

The purpose of this paper is to update Strategy & Delivery Committee on the collaborative effort through the Decarbonisation Delivery and Working Groups to create a new 2023/24 Decarbonisation Action Plan that it is on track to be presented in a final form to the March 2023 Board. *The plan is presented to the Strategy & Delivery Committee in a draft form prior to illustration and graphic design.*

Context

CVUHB declared a climate emergency in January 2020, with a first 'Sustainability Action Plan' published later that year. In November 2021, the Board approved the second and current Sustainability Action Plan and defined a series of actions, owned across the UHB. A third action plan described in this paper builds upon the learning of the last three years and seeks to further mature the carbon literacy of the organisation. A paper was brought to Strategy & Delivery Committee in November 2022 explaining the need to refresh the plan and again in January 2023 to update Committee Members on the development progress of the plan.

NHS Wales had set a target of a 16% reduction in emissions by 2025 and a 34% reduction by 2030, from a 2018/19 baseline. Welsh Government will be reviewing the continued appropriateness of these targets during 2023. It had been previously reported to this Committee that CVUHB and other organisations have no line of sight to these targets. CVUHB have estimated to have saved 1% of emissions since 2018/19 (excluding supply chain emissions). More needs to be done, but gains will be hard won. The last paper to this Committee demonstrated some hypothetical scenarios, where even a 50% reduction in electricity use would only deliver a 2% emissions saving. A 5% reduction in pharmacy spend would only deliver a 1% saving. It is only through the positive action of many people, that big shifts in emissions can be achieved.

Audit Wales

In July 2022, Audit Wales published the Public Sector Readiness for Net Zero Carbon by 2030 report. This report called for an increase in pace of activity amid clear uncertainty about whether it is possible for the Welsh Public Sector to achieve the ambition for net zero carbon emissions by 2030 setting out 5 calls to action for public bodies: setting out 5 calls to action:

1. Strengthen your leadership and demonstrate your collective responsibility through effective collaboration;
2. Clarify your strategic direction and increase your pace of implementation;
3. Get to grips with the finances you need;
4. Know your skills gaps and increase your capacity; and
5. Improve data quality and monitoring to support your decision making.

In response to these recommendations, **Welsh Government said that it is expected that public sector organisations should manage the transition within their own budgets.** This presents a challenge balancing ongoing service delivery with the costs of decarbonisation.

CVUHB have used these recommendations to ensure the actions set out in the Audit Wales report are addressed.

Executive Director Opinion and Key Issues to bring to the attention of the group:

This section summarises the Decarbonisation Action Plan.

Vision

The plan presents the following vision:
CVUHB will be an exemplar in the delivery of sustainable healthcare, setting the pace that others will follow and learn from. Low environmental impact will be a business as usual consideration where all of our colleagues will be encouraged to make changes to working practices that we see our carbon emissions reduce initiative by initiative.

Decarbonisation is therefore forming a part of CVUHB's strategy refresh, fully synergised with the avoidance of harm, waste and variation that the current strategy advocates: sustainably making best use of the resources available to us.

We will continue to work with our PSB colleagues to deliver any actions collaboratively and support each other in generating additional benefits and emissions savings across Cardiff and the Vale of Glamorgan.

Collaborative Approach Taken
The Decarbonisation Working Group (representing most of the UHB functions) were asked to nominate the actions they would recommend are considered in the next action plan. This was achieved in a collaborative way over two workshops in November and December 2022. The result was a lot of potential actions. These have been shown to the Decarbonisation Delivery Group and advice provided on an approach to the action plan that is strategic and not too granular.

Ambition
Why is this plan ambitious? Audit Wales are asking public sector organisations to build low carbon behaviours into their day to day activity. This plan asks the organisation to invest the time of colleagues and money into making a positive impact on our carbon footprint. Decisions will need to be made taking carbon impact as a factor for consideration, our energy efficiency will need to be invested in, we need to change the way our 16,000 colleagues approach their work and how they travel to our sites. There is much to do.

Action Plan
At the time of writing, the full action plan contains 56 actions, however these can be encapsulated into the following 13 which set the direction and create the environment for colleagues to enable change. They have been mapped against the Audit Wales recommendations. Furthermore, the actions that have been described generally do not seek to target particular carbon savings, rather focus on the right things to do. What is the point of having an action though if you can't describe its impact. The actions therefore are categorised into five impact criteria:

- Direct Saving – where the carbon benefit of an action can be quantified up front
- Direct Saving Non-Quantifiable – where carbon can be saved, but it can't be quantified prior to actioning
- Climate Conscious Leadership – where the action is demonstrating emissions reduction leadership
- Carbon Literacy – where the education of our colleagues has been improved
- Supporting Transition – where the action transitions towards low carbon solutions create the leadership and environment for the organisation to deliver success:

Action	Impact	Audit Wales Check
Decarbonisation to be an agenda item on all relevant executive meetings (with any ToRs amended).	Direct Saving Non-Quantifiable/ Carbon Literacy/ Leadership/ Supporting transition	Leadership/Pace
Decarbonisation to be a central pillar of decision making across all leadership functions from Board through to at least department/clinical board. This action is sourced from the Audit Wales report cited at the top of this paper.	Direct Saving Non Quantifiable / Leadership/ Carbon Literacy	Leadership/Pace
Executive colleagues to continue to take an annual objective to impact carbon emissions.	Direct Saving Non Quantifiable / Leadership/ Supporting transition/ Carbon Literacy	Leadership/Pace
Investigate ways to measure the carbon footprint of departments/clinical boards. This addresses Audit Wales recommendation of improving data quality to support decision making.	Leadership/ Carbon Literacy	Data
Decarbonisation to form a part of the SOFW strategy refresh.	Leadership/ Supporting Transition	Strategic Direction

Sponsorship of Climate Champions across the organisation with either dedicated time allocated to research and recommend change or to drive change that is known to have worked elsewhere.	Direct Saving Non Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Leadership/Skills /Capacity
Consider proposing Board level training on Decarbonisation to increase awareness and be able to be seen as evangelists to the rest of the organisation.	Leadership/ Carbon Literacy/ Supporting Transition	Leadership/Skills
Sponsor a decarbonisation behaviour change programme with an associated communications campaign to activate change, encourage self-participation and increase skills and capacity.	Direct Saving Non Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Skills/Capacity
Leaders are prominent in sharing, promoting, valuing and reinforcing decarbonisation actions to all staff	Leadership/ Carbon Literacy/ Supporting Transition	Leadership
Look for opportunities to decarbonise our estate through funding routes such as the Re:Fit and EFAB	Direct Saving Non Quantifiable /Supporting Transition	Finances
Consider a proposal to implement a Level 2 Healthy Travel Charter into CVUHB promoting active travel, allocating a recurring budget to improve active travel facilities.	Direct Saving Non Quantifiable /Supporting Transition	Leadership
Decarbonisation Identified as a risk on the corporate risk register	Leadership/ Carbon Literacy/ Supporting Transition	Leadership
Decarbonisation embedded into Value Based Healthcare and Quality & Safety	Leadership/Supporting Transition	Leadership/ Pace

Costs

The cost of implementation of the plan will be taken through Investment Group. It is anticipated a recurring budget of c£100k in discretionary capital is required to support the Level 2 Healthy Travel Charter. The delivery of the plan will also require revenue funding to support a biodiversity assessment and up to three dedicated roles for culture change, sustainable travel and transport (Level 2 Charter) and strategic leadership. A way to deliver culture change that is part of an existing change programme is being planned with the Shaping Change Team which would offer better value than a standalone programme. These costs will also be presented in a coherent whole.

The above aside, the candidate set of leadership actions, are generally not requesting direct funding. The allocation of champions is expected as part of business as usual improvement activity so no funding is being requested to enable this.

Conclusion

After creating the environment, our colleagues will be encouraged to deliver change. To make inroads into our carbon emissions in a meaningful way, there will need to be a lot of activity on the ground. Informing colleagues of the easy things they can do and apply to their roles will be crucial.

This action plan will be taken to the UHB Board in March 2023. It will also be taken to Senior Leadership Board after this Strategy & Delivery Committee due to the way the meetings have fallen and the need to prioritise the 2/3/23 meeting on operational matters.

Recommendation:

The Committee is requested to:

a) **REVIEW** the 2023/24 Decarbonization Action Plan and

b) **RECOMMEND** the 2023/24 Decarbonization Action Plan to the Board for approval.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: ~~Yes~~/No
Safety: ~~Yes~~/No
Financial: Yes/~~No~~
To meet the actions in the audit report there is likely to be some financial budget required. This has not yet been defined.
Workforce: Yes/~~No~~
The current workforce is not set up to deliver significant decarbonisation requirements over the period required. Meeting these requirements is likely to need additional posts but also give time to all staff to contribute towards the agenda.
Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
There is a risk that as a public body, not showing leadership on decarbonisation will cause reputational damage amongst our colleagues, Welsh Government, public sector bodies and our population. The mitigation is to demonstrate results and share these successes through internal and external channels.
Socio Economic: ~~Yes~~/No
Equality and Health: Yes/~~No~~
There is a risk that not adapting to the impacts of a changing climate, the health of the most vulnerable in society could decrease. The mitigation is to consider widespread adoption of adaption strategies.
Decarbonisation: Yes/~~No~~
There is a risk that NHS Wales carbon saving targets of 16% by 2025 and 34% by 2030 are not met. The mitigation is to increase and accelerate participation and ownership of decarbonisation across the UHB through an updated Decarbonisation Action Plan. WG are also considering the continued appropriateness of these targets saying they are

likely to evolve over time and are currently advocating Health Board focus upon action and delivering against plans to meet the overarching Wales public sector net zero ambition.

2023/24 Decarbonisation Action Plan

This version is being made into a publishable quality ready for the March 2023 Board.

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Foreword

The impacts of climate change – many of which are already being felt globally including extreme weather events, sea level rises, mass species loss and extinction. These impacts will have dramatic effects in the UK and Wales also impacting infrastructure, food availability, health and migration.

As a result, in 2020 Cardiff and Vale UHB declared a climate emergency to take a stand and show our commitment to the climate crisis. This is now our third action plan to tackle our impact on the environment. Each plan has increased out maturity from a standing start, but we still emit an estimated 202,000 tonnes of CO2e (carbon dioxide equivalent) – equivalent to the number of residential properties in Barry in our own region.

Since this declaration, all Health Boards across Wales are now committed to supporting the Welsh Government's Net Zero Public Sector emissions ambition by 2030 and targets set by NHS Wales. 'More of the same' therefore is not sufficient and we recognise that simply issuing a statement declaring a climate emergency is, by itself, of limited value unless backed up by action – we know we, as a Health Board, need to do more. This plan plays a critical role in supporting the organisation improve its infrastructure's reliance on fossil fuels as well as seeking efficiencies in the way products are used thus having a positive impact on the environment.

The International Panel on Climate Change (IPCC) has warned "Without immediate and deep emissions reductions across all sectors, limiting global warming to 1.5°C is beyond reach" with their Chair, Hoesung Lee saying in their latest report that "We are at a crossroads. The decisions we make now can secure a liveable future. We have the tools and know-how required to limit warming". The Health Board takes these words seriously and want to play our role in limiting the impacts we create through our operations.

Climate change represents a significant risk to the health board and the health of the populations we support. If reduction action is not delivered across society, we will see increased demand on our services from extreme weather events, more regular adverse business continuity events and increased air pollution, with impacts on respiratory health. Our infrastructure will require significant

investment and adaption to cope with warmer temperatures and more extreme and volatile weather.

We are already undertaking work across the organisation, with other Health Boards and other Welsh public bodies to develop solutions which will enable us to reduce emissions across the health service. For example, Cardiff and Vale UHB has decommissioned Nitrous Oxide gas manifolds in our two largest sites, saving money and around 500 tonnes of (CO2e) greenhouse gasses caused through the use of this product. This work has led the way for a national transformation, with other Health Boards in Wales now implementing the same initiative. We have played a role in piloting other decarbonisation focused projects and a selection of our staff are integrated into regional and national programmes which aim to develop low carbon change.

We know that this is not a challenge that can be tackled by a few colleagues, but needs everyone to play their part and that is why we are ensuring this plan is owned by the whole health board, through our Board. We will set the example as a Board and give our colleagues the tools, the space and know how to make a difference.

It will be challenging to make a meaningful difference to our carbon emissions, but it's essential we put more effort than ever behind it. We look forward to working with our colleagues and partners in making a difference to our carbon impact.

Charles Janczewski

Suzanne Rankin

Executive Summary

Cardiff and Vale UHB estimated its annual emissions at 202,000 tonnes of CO2e for 2021/22 – this is greater than the household emissions generated by the town of Barry in the Vale of Glamorgan[1]. 81% of these emissions are from the products and services used to operate and deliver health services and roughly 18% from the energy used to provide those services.

This action plan builds upon our previous two action plans from 2020 and 2021. The Health Board has learned much in the last few years, but there is still a long way to go to make a meaningful impact to our emissions levels. One of the aims of this action plan is to become much more mature and carbon literate as an organisation across the range of services offered.

Reducing our carbon impact will be challenging as our experience has proven that gains from improvement initiatives tend to be small. There is no small number of initiatives that will save large amounts of carbon. In fact, it is estimated that even a 50% reduction in electricity consumption would reduce total emissions by just 2%.

Decarbonising healthcare is an immature discipline, but it is known that it requires every one of our 16,000 colleagues to make a number of small but frequent acts to make a difference. The Health Board needs to create the environment from the top which will equip and encourage our colleagues to make a difference.

Actions in this plan have been identified through the themes of Leadership, Estates, Transport, Procurement, People and Communications and Clinical Practice. They span the year 2023/24. Actions have also been suggested which lead the organisation towards 2025.

Summary Of New Actions

[1] Assuming 8.1t per household with 22,267 households in Barry (https://www.valeofglamorgan.gov.uk/Documents/Our%20Council/Achieving%20our%20vision/Public-Services-Board/Well-being-Assessment/FINAL-ENGLISH-VERSIONS/Community-Profile-%E2%80%93-Barry-Final-Version-at-March-2017.pdf)

The actions that have been described in this plan seek to obtain carbon savings but for many its not possible to obtain an up-front estimated carbon saving value. What is the point of having an action if you can't describe its impact? This plan seeks to answer that with each action categorised according to five criteria:

- Direct Saving – where the carbon benefit of an action can be quantified before the event.
- Direct Saving Non-Quantifiable – where carbon can be saved, but it can't be quantified prior to actioning.
- Climate Conscious Leadership – where the action is demonstrating emissions reduction through leadership and decision making.
- Carbon Literacy – where the education of our colleagues has been improved.
- Supporting Transition – where the action transitions towards low carbon solutions.

As part of the 2022 – 2023 Sustainability Action Plan, the Board established an executive led Decarbonisation Delivery Group supported by a cross-health board Working Group to lead the development of the refreshed Decarbonisation Plan and to oversee delivery of the actions. The members will continue to engage others across Cardiff and Vale UHB; spanning estates and facilities, planning, transport, procurement, clinical, and wider stakeholder groups, to ensure that the actions within this Decarbonisation Action Plan are taken forward and implemented.

The costs and resources required to deliver this plan will be fully costed and presented to the Health Board's Investment Group for approval. It is anticipated that a minimum of £100,000 per annum recurring discretionary capital budget should be set aside to cover an ongoing programme of active travel improvements if a Healthy Travel Charter is adopted by the Health Board. There is also anticipated to be a revenue implication to cover additional resource (up to three) to oversee and deliver estate schemes and provide further delivery support. Finally, the outcomes of feasibility studies will require capital funding where the Health Board will look to bid into Welsh Government grant/funding schemes between now and 2030. These bids are likely to form substantial sums when complex acute infrastructure intervention is explored.

To avoid looking only inwards, opportunities to collaborate with our Public Service Boards will be sought to find ways to collectively improve Members' environmental impact.

This Decarbonisation Action Plan should be considered a working document by Cardiff and Vale UHB, where costs and funding can be updated as certain actions and policy decisions become clearer.

Why Cardiff and Vale UHB Needs to Act Now

Are health services causing emissions that cause climate change? If the global health sector was a country, it would be the 5th largest carbon emitter. The Welsh NHS is part of the problem.

2022 saw extreme weather events, not in remote parts of the world, but also in Wales where temperatures in the summer nudged 40 degrees, with very warm and wet periods at the beginning and end of the year. These changes to our climate are impacting on our people and facilities. Our facilities had to deal with temperatures which they were never designed to cope with, having negative implications for our staff and patients. The NHS will be put under increased strain from the impacts of climate change and air pollution, in turn having an impact on the health of people in

Wales[2]. People are already feeling the effects of these changes particularly our young and aging population who are susceptible to heat related and poor air quality related illnesses. As these weather events become more frequent and extreme it will exacerbate the health impacts. Through changing the way healthcare is delivered to make it more resource efficient, Cardiff and Vale UHB is playing its part in mitigating the wider environmental impacts.

Welsh Government and NHS Wales Ambitions for Public Sector Decarbonisation

Welsh Government declared a climate emergency in 2019 and set the goal for a net-zero public sector by 2030. The NHS Wales Decarbonisation Strategic Delivery Plan was published in March 2021 with the plan acknowledging the role the NHS in Wales has to play in contributing towards Welsh Government's ambition. It recognises that low carbon must be core to decision making and embedded into processes. This plan also set out a target for NHS Wales of achieving a 16% and 34% emissions saving from a 2018/19 baseline by 2025 and 2030 respectively. Since this time, the method of calculating emissions has changed and at the time of writing, the targets are being reviewed. Along with other organisations, Cardiff and Vale UHB had no line of sight to 16% savings by 2025 and this plan does not look to set a saving target, rather encourage the right behaviours that over time will see low carbon decision making and solutions embedded into day-to-day operations.

This action plan is developed as part of our Integrated Medium-Term Plan, with key actions summarised in that plan.

In July 2022, Audit Wales published the Public Sector Readiness for Net Zero Carbon by 2030 report[3]. This report called for an increase in pace of activity amid clear uncertainty about whether it is possible to achieve an ambition for net zero emissions by 2030 for the Welsh Public Sector. They set out five calls to action.

These actions have been taken into consideration throughout the development of this plan.

[2] https://phw.nhs.wales/news/new-resource-highlights-health-impacts-of-climate-change/
[3] https://www.audit.wales/publication/public-sector-readiness-net-zero-carbon-2030

Further Influences/ Additional Considerations

There have been a number of further influences which have helped with the production of this action plan. These include The Well-Being of Future Generations Act, the Health Board's Shaping Our Future Wellbeing Strategy and our Director of Public Health's Annual Report for 2021.

Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 ensures consideration of the social, cultural, economic and environmental impacts of our decisions, both now and for the long-term. The statutory well-being objectives under the Act are reflected in our 10-year strategy Shaping Our Future Wellbeing[4]. As the Health Board refreshes its strategy for the next ten years, the organisation will need to restate our well-being objectives and demonstrate alignment with those of our two Public Service Board's.

Cardiff and Vale UHB is committed to delivering against the requirements set out in the Well-being of Future Generations . This plan has been developed taking account the ways of working and will contribute towards a prosperous, resilient, healthier and globally responsible Wales.

Shaping Our Future Wellbeing - Avoid Harm, Waste & Variation

Our Shaping Our Future Wellbeing Strategy contains a number of objectives. One of those objectives is to Avoid Harm, Waste and Variation which has direct relevance to efforts to reduce our environmental impact by doing things consistently and respectful of the resources available to us. The objective says:

- Adopt best practice, standardising as appropriate.
- Fully use the limited resources available, living within the total
- Minimise avoidable harm
- Achieve outcomes through minimum appropriate intervention

What does this mean? By using treatments that are the most effective, utilising the resources we have available to the maximum and intervening in a minimal way, our impact on the environment can be minimised.

Cardiff and Vale's Director of Public Health Annual Report

Cardiff and Vale UHB's Director of Public Health published an Annual Report in January 2023[5] which was based on the theme of value. It advocates that in the current economic circumstances, our services must make best use of public money to meet the needs of local people. It presents four pillars to value: the value that is important to the person from the health services they receive; the allocative value which includes how to distribute resources to best effect; the technical value which asks how well resources allocated are meeting goals; and societal value which considers how services contribute to society. These are in tune with the Health Board's aim to avoid harm, waste and variation plus makes a link to efforts to decarbonise though our impact on society in particular.

[4] https://cavuhb.nhs.wales/about-us/our-mission-vision/shaping-our-future-wellbeing-strate objectives/

[5] https://cavuhb.nhs.wales/files/annual-report-of-the-director-of-public-health-2021/?showMeta=2&ext=.pdf

This action plan recognises Value Based Healthcare and the need to build sustainability into our services. Clinical colleagues will be influencing the Value Based Healthcare agenda and is highlighted in the clinical actions described in this plan.

Our Environmental Impact

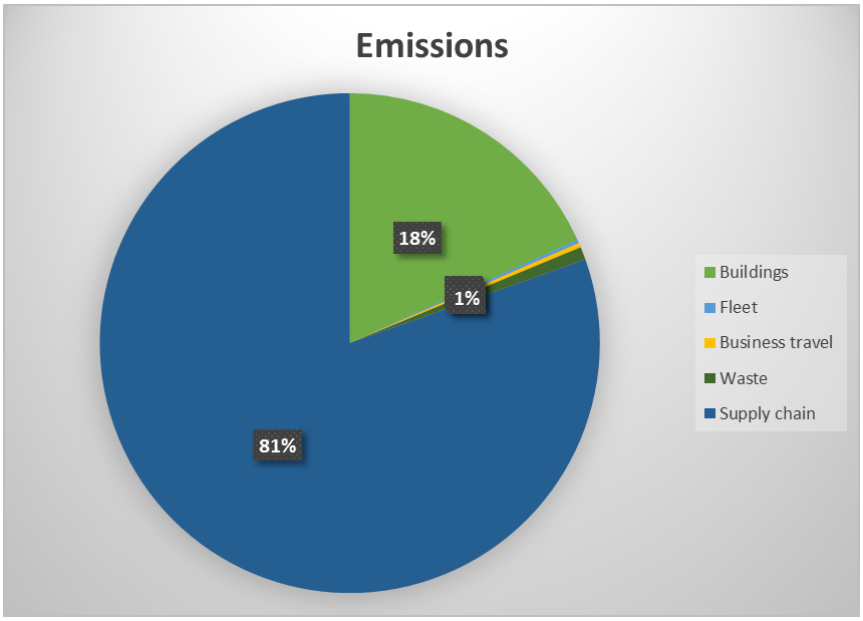
As highlighted, Cardiff and Vale UHB has emissions estimated to be 202,000 tonnes of CO2e for 2021/22. This level of emissions will have an effect on Cardiff, Vale of Glamorgan and South Wales and the impact on the environment needs to be lower. Emissions are generated through our functions such as energy consumption, over 4,000 tonnes of waste generated each year and the impact on local air quality through our business travel and commuting.

The most sustainable form of healthcare is healthcare that doesn't have to be delivered. A preventative approach to avoid ill health and medical treatment in the first place is optimal. In the meantime, action to mitigate emissions are required.

Being conscious of the wider impacts healthcare is having on the environment is part of the education journey. Having an understanding the real cost of medical products, not just financial, will give a greater insight of what should be purchased. Often, it's the case that low-cost products are purchased with only some or no regard of the environmental impact it will have in its lifecycle. The current route for many products is created form virgin plastic, produced in a faraway country, shipped or flown to the UK heavily packaged in more single use plastic, used once then disposed of to be incinerated. This approach is not sustainable.

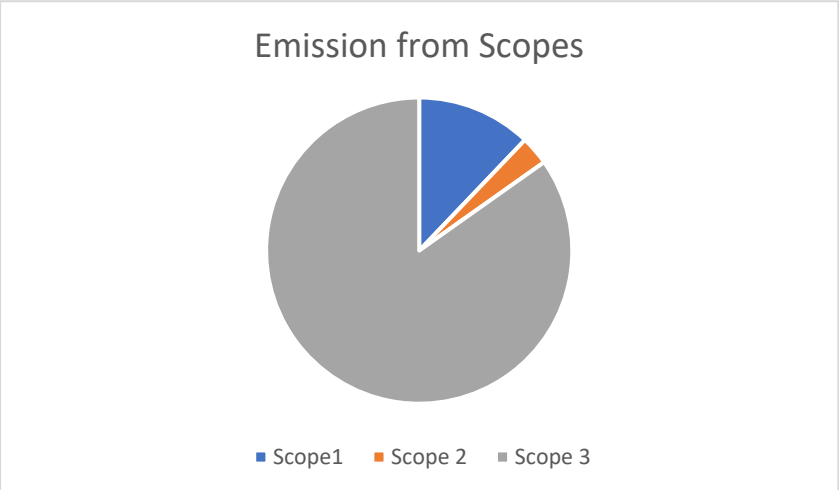
2021/22 Estimated Emissions profiles in tonnes (CO2e)

Scope 1	2021/22
Building emissions	24167
Fleet	370
Scope 2	
Building energy	6178
Scope 3	
Buildings	6525
Waste	1690
Business travel	589
Fleet	86
Procurement	162541
Total Emissions	**202,146**
Renewables	297

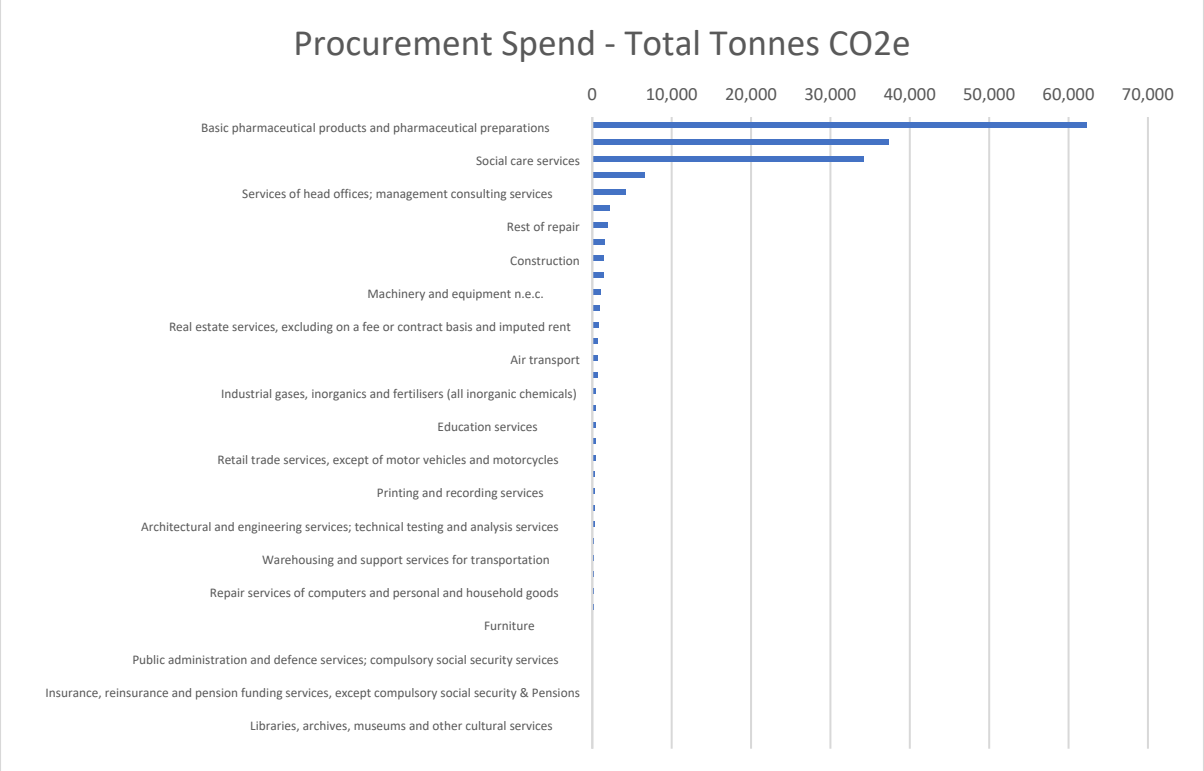


Most of our emissions, 81%, are made up of the products that are purchased to deliver healthcare and run a healthcare organisation. Of this 81%, the two biggest categories of emissions are pharmaceuticals and manufactured products as shown in the following graph (based on an

interpretation of Standard Industry Codes which is being updated for 2023). A further breakdown of our procurement spend against Standard Industry Codes is in contained in Appendix 2.



Emissions by scope	
Scope1	24,538,184
Scope 2	6,178,314
Scope 3	171,432,952



The Carbon Emissions from The Products and Services Purchased by Cardiff and Vale UHB

18% of our emissions come from the electricity and gas used to run services in our buildings plus the waste generated.

Views of Colleagues

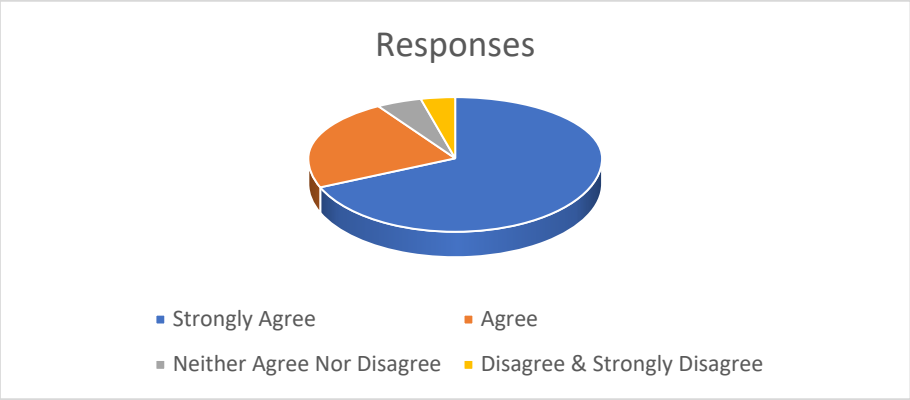
A January 2023 survey undertaken with our Therapies department colleagues showed people are making small changes, though they tend to be personal in nature where they can directly influence, such as recycling or walking to work. There were also, however, barriers mentioned such as lack of

understanding of decarbonisation in the work environment, perceived infection risks and lack of digital records negating paper. Lack of time and headspace to enact change was also highlighted.

A challenging theme that is commonly expressed however is summarised in the following quote:

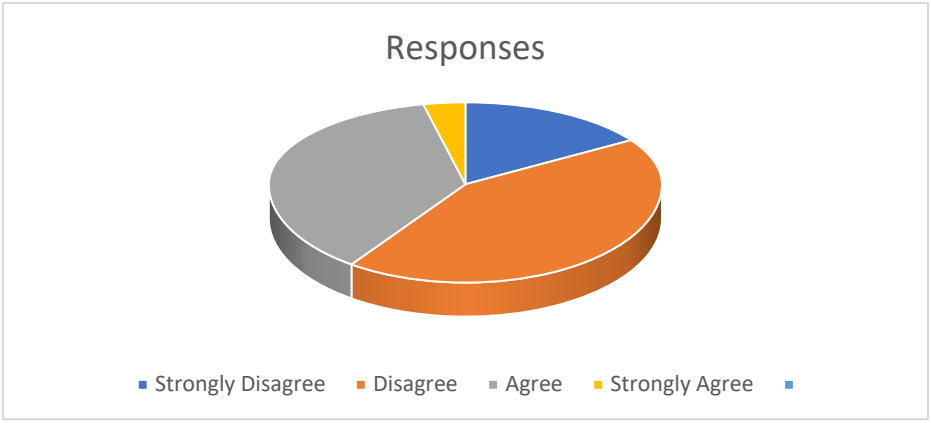
“Looking at sustainability and climate change at a time when different areas of the health board are struggling to manage safe patient care should be aspirational but lower on the scale of priority.”

That said, Therapies overwhelmingly agree (90%) that action should be taken to reduce their environmental impact. Only around 30% however agree that enough is being done.



Question: I believe that Therapies should take climate change seriously and should take appropriate action to reduce its carbon emissions/impact

A survey of nurses in autumn 2022 revealed that over 50% of respondents were not aware of CVUHB’s sustainability initiatives. Encouragingly, a January 2023 survey of nurses in the Surgery Clinical Board revealed that there is a desire to learn more about sustainable practices.



Question: Are you aware of Cardiff and Vale’s current sustainability initiatives?

More needs to be communicated about what part people can play on the job and time needs to be set aside for some colleagues to be able to enact improvement initiatives.

Views of the Public

Public Health Wales and Bangor University published a report in 2022 presenting findings from a national survey in Wales on public attitudes towards climate change[6]. It found that:

- Most people (82%) were concerned about climate change.
- Over half (56%) believe that climate change would have mostly negative effects on population health.
- Most people (88%) report always recycling, but levels of engagement in other climate friendly actions (e.g. minimising energy use, buying local products) are much lower and could be improved.

However:

- Almost a quarter of people (23%) believe they can have no personal influence on climate change.
- Almost a third (31%) strongly agreed that it was their responsibility to do something about climate change but almost three quarters (72%) strongly agreed that big business needed to do more to help people change their behaviour.

Therefore, as our colleagues who work for Cardiff and Vale UHB are also members of society, these findings indicate that more needs to be done to help them appreciate how their individual actions can contribute to a much larger societal effort towards change.

Progress to Date

Graphic inserted here to explain what we've done

- An Executive level sponsor is in place, Governance put place and Board have committed to a Board champion
- Hired a sustainability improvement manager
- Each executive director has taken a sustainability objective
- We are tracking our emissions annually using a Welsh Government approved method
- We are sending no waste to landfill
- We have improved our metering to better understand where electricity is being consumed
- We have invested in a new cycle locking facility at UHW
- 10 x Sustainability scholars received training from CSH in Sustainable Quality Improvement and over a 10 month period saved a total of 40 tonnes of CO2.
- NOX project closed down the pipework that provided NOX to most of UHW and UHL. This saved 500 tonnes and has been shared by Health Boards across Wales who are looking to replicate.
- Installed secure bike locking outside the children's hospital in UHW (insert a picture too)
- Decreased energy use since 2018 by 1%
- Installed 300k kwh of renewables
- 3,800 tCO2e saved through energy efficiency measures since 2018
- Awarded our first staff award for Most Sustainable Team
- Funded along with HEIW our third Sustainability Fellow
- Appointed temporary leaders in Nursing, Therapies and Clinical specialisms to act as beacons to their colleagues
- Formation of the Cardiff and Vale University Health Board Green Group
- Regular communications about green matters

[6] Climate-Change-and-Health-report-Eng-FINAL.pdf (phwwhocc.co.uk)

Experience To Date

We have gained vast experience through running the previous two action plans. There is more activity being undertaken, stakeholders are more aware, but still not enough is being done to achieve NHS Wales targets. When assessing and putting into context the 2025 and 2030 targets of a 16% and 34% emission reduction target, a number of red flag findings can be concluded:

Depict As Red Flags

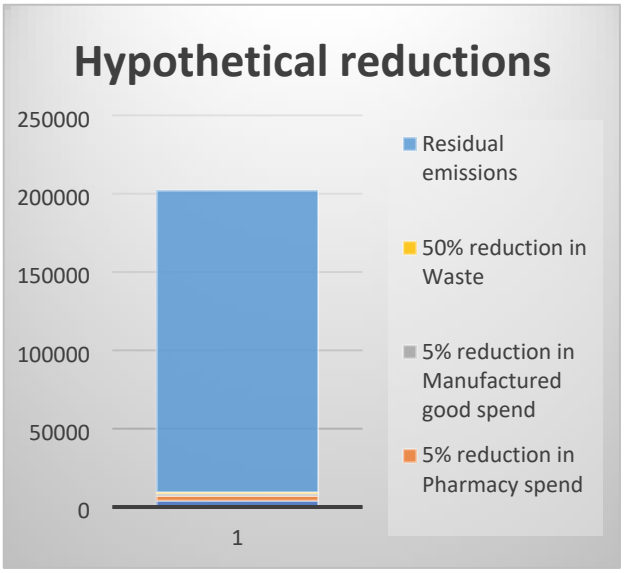
- The current financial landscape doesn't allow CVUHB to meaningfully develop plans to hit NHS Wales targets.
- The NHS supply chain business model is largely based upon the consumption of single use/disposable products.
- The existing method for calculating supply chain emissions is immature, being based upon spend rather than a true reflection of carbon contained with products.
- Sustainability is not embedded throughout decision making (operational, clinical, corporate).
- COVID-19 recovery focusses on increasing the amount of clinical activity to address the backlog.
- Sustainable healthcare is not a mature discipline and across the globe, decarbonisation remains an emerging science. Many of the innovations and solutions to the challenges the Health Board face do not yet exist.
- Unless dedicated resource or time is provided to already stretched and overburdened staff, sustainability will continue to be seen as an add-on to existing work and priorities.
- Even if all energy consumption could come from renewable sources so that gas and grid electricity were eradicated, the NHS Wales 34% target by 2030 would not be met.

This action plan has been written to address some of this learning which is in our control.

Evolving science

Experience and evidence is informing us that at present, there is not a fixed set of actions that can deliver the NHS emissions targets. This means that as new evidence and knowledge emerges, our action plan will need to be updated. To exemplify the scale of the challenge, the following hypothetical scenarios were applied to the 2021/22 Health Board emissions calculation submitted to Welsh Government. These scenarios outline the emissions reductions of various large and challenging actions at a level beyond what could be delivered in the short-term.

- A 50% reduction in electricity use would save 2% of total emissions (4040 tonnes CO2e)
- A 5% reduction in Pharmacy spend would generate 1.5% savings from total emissions (3030 tonnes CO2e)
- A 5% reduction in spend on manufactured goods would generate 0.75% savings from total emissions (1515 tonnes CO2e)
- A 50% reduction in waste would save 0.4% saving of total emissions (808 tonnes CO2e)



All of these hypothetical actions combined would contribute less than a 5% emissions saving.

Furthermore, in 2021/22 an initiative titled 'Sferic Scholars' was run, where 10 volunteers undertook a sustainable quality improvement project each and received training in Sustainable Quality Improvement (SusQi) from the Centre for Sustainable Healthcare. The participants came from a range of backgrounds including administration, management, nursing and surgery. Of these 10 initiatives, a combined total of 41 tonnes of carbon was estimated to have been saved.

This built our understanding that there aren't small numbers of large projects that will make significant carbon gains, rather many people making small contributions each and every day will be how the dial shifts. This requires the whole organisation to be involved therefore, in our transition.

Our Vision

Cardiff and Vale UHB will be an exemplar in the delivery of sustainable healthcare, setting the pace that others will follow and learn from. Low environmental impact will be a business as usual consideration where all of our colleagues will be encouraged to make changes to working practices that we see our carbon emissions reduce initiative by initiative.

Actions

This 2023/24 action plan was built based on the learning from our previous plans, some of which has been mentioned earlier in this document, along with the knowledge and views of enthusiastic colleagues who have contributed to devising these actions.

What Works

The following exemplify the things people can do to conserve energy and resources:

Include graphics

- Reducing consumption of single use plastics
- Switching off idle equipment overnight: PC's, monitors, etc.
- Switching off lights
- Closing windows in cold weather
- Reducing consumption of products
- Using petrol/diesel cars less
- Using public transport more
- Increasing active travel participation
- Switching to LED lights, insulating hot water pipes and other building efficiency measures

There are also things that relate to the delivery of healthcare that can make a difference that are best defined by experts within specialisms. It is known that:

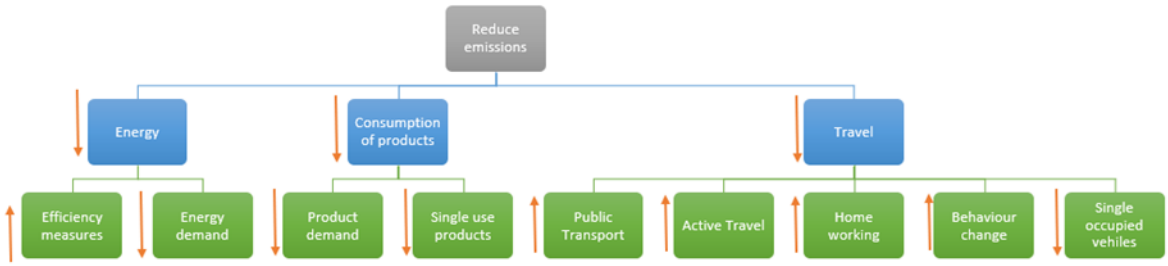
- Switching from liquid to tablet based medicines is better for the environment
- Not over intervening and only undertaking what is necessary
- Use of reusable products generally have a better environmental footprint in the long run
- Focussing on preventative measures to avoid illness or catch a condition is less intensive to treat, reducing the demand for product use
- Using technology to reduce patient travel reduces road traffic and therefore emissions and improves air quality
- Using non-sterile gloves only where required reduces waste

As not all colleagues have the knowledge to make an impact it is therefore necessary to take steps to address this gap.

Despite our leadership and the work undertaken so far, there remains much more to be done to reduce the organisation's carbon footprint. Tackling our carbon footprint requires the following broad approach to reducing energy and product demand, plus re-thinking how we get around.

The diagram below summarises the actions to be adopted collectively as an organisation and as individuals. These are through the categories of Energy, Products and Travel.

- Energy – whilst there is a need to increase energy efficiency measures (installation of LED lights for example) there is a need to also look to reduce demand such as switching lights off when not needed.
- Consumption of products – Reduce product demand (where appropriate) and limit the amount of single use products purchased. Dispose of any products correctly where there is waste, maximising the opportunity for recycling where possible.
- Travel – Decrease the amount of single passenger car journeys whilst increasing our use of public transport, active travel and home working habits.



Our key themes for 2023/24 are:

1. Leadership
    - Creating the environment to build low carbon practices into business as usual operation
2. Estates
    - Finding ways to be more efficient in the use of energy resources
3. Travel
    - Encouraging patients and staff to use sustainable means of travel to our sites
4. Procurement
    - Buying low carbon products and contributing to the local economy
5. People
    - Engaging our 16,000 colleagues to make the many small changes required to reduce our impact on the environment
6. Clinical Care
    - As an organisation delivering health services, have the ambition to deliver high quality patient care, though with a lower impact on the environment

A summary of the actions to be delivered by 31st March 2024 follow. Full details of all actions can be found in Appendix 3.

Leadership – Creating the right climate and activating culture change

The leadership of Cardiff and Vale UHB need to set the example, the direction and tone, encouraging their teams to participate in carbon reduction and reinforce the importance to act. Also, setting out the expectation around decision making that takes environmental impact into account. The actions below set the approach to be implemented from the top of the organisation. All actions that appear in later sections evolve from these commitments. These actions will not have a direct carbon saving but will set the structure and culture for the organisation that reducing emissions is taken seriously and valued.

Owned by the Board and the Executive Team:

- We will ensure decarbonisation forms part of the Shaping Our Future Wellbeing strategy refresh.
- We will build decarbonisation into our key decision making . Additionally, by amending the Terms of Reference for relevant meetings led by executives to ensure decarbonisation is an agenda item.
- We will explore ways to measure emissions at a more granular level than present, such as by department.
- We will value and encourage our teams to make improvements in carbon emissions. This could be by allocating time for quality improvement initiatives or allocating Green Champions to undertake beneficial research or implementation work.
- We will continue to ask our executive team to take an annual objective to reduce carbon emissions.
- We will take on board the recommended actions articulated by Audit Wales in July 2022 .
- We will recommend Board level decarbonisation/carbon literacy training.
- We will consider any emerging collaboration opportunities with our Public Sector Board colleagues.
- We will sponsor a decarbonisation education/behaviour change/communications programme.
- We will support proposals to increase our energy efficiency.
- We will consider a costed proposal to implement a healthy travel charter which will encourage our staff to travel sustainably.
- We will share our experience to any other Health Board in Wales to aid learning.

Impact

Implementing these actions won't make an up-front quantifiable impact upon our carbon emissions, but will establish the environment for the organisation to deliver emissions reduction.

Improvements in carbon literacy, leadership, supporting transition and some carbon savings will be achieved by the end of this plan.

Cost

A budget will be requested through our investment committee to start a behaviour change programme and develop a method of developing a measurement/reporting method at a more granular level such as by department and training for our Board. This is estimated to be up to £70k.

The full set of Leadership actions are contained in Appendix 3.

Estates

It is estimated that 18% of our 2021/22 carbon emissions came from the electricity and gas used plus the waste generated. Our estate accounts for 99% of our scope 1 and scope 2 emissions, i.e. those the Health Board are in control of. Our estate is ageing and will require significant improvements to be truly low carbon so action is required. The long-term future of our estate is being considered in the Shaping Our Future Hospitals and Shaping our Future Wellbeing in the Community programmes, but short to medium term optimisation opportunities should be sought to reduce energy usage and save on utilities.

Owned by the Estates Department:

- We will commission a programme of studies to understand the range of energy saving, energy efficiency and renewables opportunities for those buildings that have a long-term future. Those studies that prove viable will be brought forward for implementation using the funding schemes open to the public sector.
- We will complete a programme of work funded through the UHB and EFAB worth £381,000 by financial year 24/25. This is estimated to save around 300 tonnes of carbon.
- We will assess the future of UHW and UHL through a Strategic Outline Case for Shaping Our Future Hospitals programme to inform long term decarbonisation investment proposals.
- We will monitor electricity usage and identify high consumption areas for investigation.
- We will create Green Waste Champions to ensure the correct treatment of clinical waste
- We will continue to monitor water conservation and search for efficiencies across the estate.
- We will commission a specialist biodiversity assessment and audit and will develop prioritised and costed recommendations to receive compliance with Section 6.
- We will consider collaboration opportunities with PSB partners on energy efficiency should they arise, such as district heating proposals in the Vale of Glamorgan

Delivery challenges to consider

- We are already installing renewable energy schemes where we can and have installed approx. 300,000kwh of capacity. Other opportunities across our sites will be searched for. Our highly complex acute hospital sites will require complex and costly solutions that should be considered at the same time as our Shaping Our Future Hospitals Strategic Outline Case that will devise a preferred way forward for this estate.

Impact

Whilst continuing to make inroads into the emissions resulting from the running of our estate, implementing these actions will also provide a view of the cost of decarbonising our estate.

Cost

Revenue funding of around £30k is required to undertake a biodiversity assessment. Other actions will be managed within the Estates department.

The full list of Estates actions can be found in Appendix 3.

Case Study

REFIT

The Health Board through the Re:fit programme has delivered significant energy, carbon and cost reductions and to help support our decarbonisation aims. The first phase of Re:Fit delivered a selection of non-complex Energy Conservation Measures which included:

- Nearly 7,000 lights replaced with LED including emergency light fittings and smart controls.
- Over 100 replacement fans, replacing existing less efficient fan motors, belts and fan assemblies in Air Handing Units.
- Pipework Insulation and other miscellaneous schemes.
-

The annual estimated carbon emission reduction and energy cost savings are 700 tonnes and £300k - £350k per annum respectively. Furthermore, the measures have also improved environmental comfort conditions in a range of areas and the infrastructure of the Estate.

Active and Sustainable Travel

Although the use of cars for Cardiff and Vale UHB's own day to day operations contribute just 1% to the 202,000 tonnes of carbon, it does not mean we should completely avoid addressing it. Staff travelled over 1.6 million miles for business use in 2021/22 by car. This is the distance to the moon and back three time or 64 times around the world. It is an aim that our colleagues are using sustainable modes of transport to come to work and deliver services. To reduce our impact we need to transition to a low carbon fleet, reduce single passenger usage for both staff and patients and utilise public and active travel to its maximum potential. Cardiff and Vale UHB employ around 16,000 staff who are predominantly based at acute sites. This issue presents a great opportunity to develop solutions at scale. Supporting their transition away from single passenger vehicles will significantly improve local air quality and reduce traffic volumes.

Shaping Our Future Wellbeing and our outline clinical services plan describe our model of care being centred on 'at home', with as much care provided at home or as locally as possible. Where people do need to come to our acute hospitals, their stay should be for the minimum amount of time.

Picture of car going to moon or some other graphic?

Owned by our Executive Team

- We will consider a costed plan to formally adopt the Level 2 Healthy Travel Charter[7] to encourage sustainable travel to our sites by staff and the public. This charter advocates a rolling programme of investment to improve cycle storage, changing and shower upgrades to increase uptake of sustainable travel.

Owned at Department Level

[7] https://www.healthytravel.wales/level2.html

- We will continue to offer an all year around cycle to work scheme.
- We will promote the salary sacrifice scheme allowing staff to obtain an electric vehicle.
- We will transition our fleet to EVs where practical when they need replacing and where vehicles are available.
- We will monitor air quality at our acute sites.

Side pic of Healthy Travel Charter:

Healthy Travel Charter
Level 2

The Level 2 Healthy Travel Charter was launched in September 2022. It is suited to public, private and third sector organisations in Wales who want to show true ambition and leadership in the area of healthy and sustainable travel.

Impact

With our staff, patients and visitors coming to our sites, the improvement in facilities will increase uptake of active and sustainable travel options, making the local air quality better.

Cost

The Healthy Travel Charter requires a recurring budget to be set aside to support healthy and sustainable travel. A proposal will be made to the Health Board with an indicative estimate of £100k per annum.

The full list of Action and Sustainable Travel actions can be found in Appendix 3.

Case Study **– Supporting Sustainable Travel with The Introduction of A New Cycle Hub at UHW**

Supporting sustainable travel with an introduction of a new Cycle Hub

As part of our commitment to encourage sustainable travel, Cardiff and Vale UHB has opened its new cycle facility at the University Hospital of Wales (UHW) site. The new hub was developed following feedback from staff on how to improve cycling and active travel facilities across the health board. The cycle hub contains two-tier storage for 90 bikes as well as changing facilities, two unisex showers, a toilet and a drying room. The new facility has been designed using the latest technology and is timberclad and well insulated to reduce energy.

The full list of Transport actions can be found in Appendix 3.

Procurement

Procurement at 81% of our emissions has by far the greatest impact on our carbon footprint. The exacting requirements of healthcare have led to much protective packaging and single use devices that are safely discarded after use on a patient. Colleagues will play a key role in coming up with areas for investigation, working with procurement colleagues to understand possibly more sustainable options. Procurement colleagues in NHS Wales Shared Services Partnership have their own action plan[8] to reduce emissions, however Cardiff and Vale UHB in partnership with Procurement colleagues will go further.

Owned at Department level from within Procurement:

- We will review what we buy from some of our top suppliers to assess any carbon savings opportunities.
- We will provide a route for colleagues to suggest low carbon alternatives to products we currently buy so they can be considered.
- We will maximise circular and foundational economy opportunities through our procurement operations.
- We will disqualify any bidder who does not have a decarbonisation plan for contracts of value over £5m.

Impact

- We will search for opportunities to influence suppliers along with English and Scottish colleagues to package products in the minimum safe way.
- We will create a pipeline of products that have the opportunity to be purchased in a more sustainable way.
- We will attempt to spend more money in Wales.
- We will only let large contracts to suppliers who have serious plans to decarbonise.

Cost

There will be no additional cost

The full list of Procurement actions can be found in Appendix 3.

[8] P77, https://www.gov.wales/sites/default/files/publications/2021-03/nhs-wales-decarbonisation-strategic-delivery-plan.pdf

People & Communications

It is through the ingenuity, knowledge and experience of our staff that will see Cardiff and Vale UHB reach its carbon reduction ambitions. As one of the largest employers in Cardiff therefore, it is reasonable to say the Health Board is a large emitter. A few eager participants won't move the dial, rather significant collective action is required. Doing many little things often such as, adapting the way we commute and travel, dispose of waste and using more sustainable practices will not only support emissions reduction but also reduce local environmental impact. Leadership need to create the environment for colleagues to instinctively know what the low carbon thing to do is.

Owned at Department Level:

- We will create a behaviour change and communications programme to equip colleagues with the know-how to make a difference to theirs and their team's carbon footprints and present an implementation proposal to the Health Board. Delivery methods will vary but could include events, corporate messaging, videos, leadership networks, toolkits, etc. Subject matter could include energy reduction, new cycle routes, air quality levels, successes, etc. The aim is to not be prescriptive, rather point people in the right direction and allow them to deliver in their own way. Resources have been gathered by Public Health Wales to assist organisations: https://phw.nhs.wales/news/public-health-wales-launches-resources-for-sustainable-health/resources-for-sustainable-health-e-catalogue/.
- We will include decarbonisation within new employee inductions and newly written job descriptions, expecting colleagues to play their part in the decarbonisation effort
- We will investigate the practicality of including decarbonisation in the annual appraisal process to encourage colleagues to tell us the good things they've done to reduce our environmental impact.
- We will publicise public transport options/discounts for accessing our main sites, working with bus and train operators.

Owned by our people

- We will encourage staff to undertake decarbonisation training.
- We will encourage membership of our Green Group and Green Health Wales.
- We will ask colleagues to volunteer to make simple pledges e.g. reduce use of single use plastic water bottles.
- We will ask colleagues to think sustainably in their day to day work.
- We will ask staff to participate in decarbonisation challenges

Impact

So far, the decarbonisation message has not permeated enough through the organisation. These actions will increase penetration, knowledge and action ranging from the simple actions that everyone can do through to applying successes achieved elsewhere into their areas of specialism. The allocation of champions mentioned elsewhere in this action plan, provide a localised 'go-to' for help and advice.

Cost

A proposal will be costed for consideration by the Health Board to undertake behaviour change work, where possible, integrating with existing programmes.

Case Study - Walking Aid Amnesty

In early 2023 Cardiff and Vale UHB relaunched its Walking Aids Recycling Scheme.

As part of our commitment to recycle and prevent unwanted walking aids ending up in landfills, drop zones for medical equipment such as crutches, walking sticks and frames have been set up across our estate where items can be dropped off for cleaning and refurbishment by our Physiotherapy team support staff.

So far, the service team has been able to recycle over 1,500 walking frames and 2,000 pairs of crutches (worth over £28,000) that would have otherwise ended up in landfill sites.

The scheme works in partnership with HM Prisons Probation Service, who provide extra support to clean and refurbish this equipment while also providing the opportunity for ex-offenders to take part in meaningful work and develop their skills.

The full list of People & Communications actions can be found in Appendix 3.

Clinical Service Model

Our business is to deliver high quality healthcare to our population and to support our communities to live healthy lives. Around 75% (12,000) of our staff are patient facing. This action plan has already set out the actions which will generally give our people the knowledge to impact on their carbon footprint. There are also things that can be done to the way clinical services are delivered now and in the future to embed low carbon principles. Clinical colleagues advocate that Value Based Healthcare and Quality & Safety are two key areas to build in low carbon thinking operationally. Pharmaceutical spend in the Health Board is high, therefore a number of initiatives to reduce waste are going to be trialled. Looking longer term, the Shaping Our Future Clinical Services programme will lay out the future of service delivery and will have low carbon built into it from the ground – the first phases of work start in Q1 2023/24.

Owned at Executive level:

- We will ensure decarbonisation is part of our Value Based Healthcare implementation
- We will embed decarbonisation into quality & safety across nursing, therapies and clinical colleagues.
- We will maintain support for allocated time (a day a week) for a leader in Clinical, Therapies and Nursing disciplines.
- We will allocate time to a limited number of colleagues so they can carry out specialism related research into decarbonisation and/or implement specific improvement projects.

Owned at Department level:

- We will bid for our 4th HEIW Leadership Fellow in Sustainability for a nominated start date of September 2023 for a year.

- Our Shaping Our Future Clinical Services programme will have environmentally sustainable principles embedded into it.
- We will become a Centre for Sustainable Healthcare Beacon Site.
- We will reduce waste in pharmacy, being more efficient in how we stock and track pharmaceutical products.

Impact

These initiatives once delivered will embed environmental sustainability into working practices. There will be recognised champions within Nursing, Therapies and the Medical communities who will be able to be a focal point and guide their fellow specialists in advancing their knowledge and impact.

Cost

No additional funding is being sought to undertake these actions.

NO2 – Nitrous Oxide – Case Study

Main nitrous oxide manifold decommissioned at University Hospital of Wales - Cardiff and Vale University Health Board (nhs.wales)

The main nitrous oxide manifold at University Hospital of Wales has been successfully decommissioned, marking a huge step forward in the Health Board's commitment to reducing its emissions.

Nitrous oxide was commonly used in healthcare, but has become less so. The pipework used to distribute had also been prone to wastage due to leaks. As it is a harmful greenhouse gas, opportunities were sought to reduce supply and use. Studies show nitrous oxide has more than 265 times the global warming potential than CO2.

Following a successful pilot, a team from across the Health Board decommissioned much of the infrastructure that distributed nitrous oxide around UHW and UHL because it was no longer needed (leaving just the dental hospital and St David's Hospital with a piped supply) and practice changed such thar it can be delivered in portable cylinders when it is needed.

The Health Board has projected savings of 1.15 million litres of nitrous oxide or 679 tonnes of CO2e each year. The experience of running this project is also being shared with colleagues across other Welsh Health Boards.

The full list of Clinical Service actions can be found in Appendix 3.

How are we going to do it?

Implementation Capacity

Today's implementation capacity comprises a full time Sustainability Improvement Manager, with part time leadership from the Programme Director for Shaping Our Future Hospitals. There are temporary part-time funded positions held by a nurse, two doctors and two therapists to provide leadership within their organisations. These positions need to continue. Wherever possible, implementation will be embedded into business as usual, allocating peoples' time onto initiatives.

To implement this action plan however, additional resource is anticipated to be required in the following three areas:

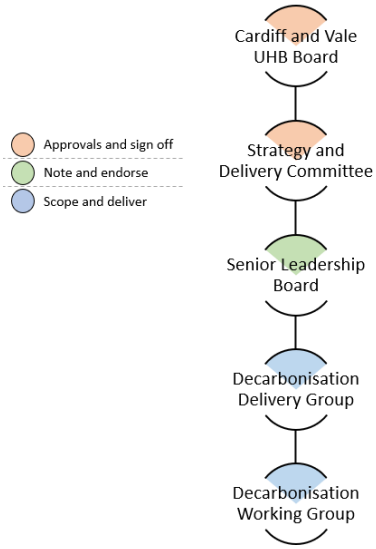
- Culture change leadership and communications.
- Sustainable travel & transport manager to drive the Level 2 charter if implemented.
- Full time strategic leadership.

A costed proposal to increase capacity will be taken to the Health Board for consideration.

Governance

Governance was established in 2022.

Reporting into Senior Leadership Board, a Decarbonisation Delivery Group provides oversight of the decarbonisation action plan, embed sustainability into the Health Board and break down any barriers. Members comprise a mix of Executive Directors and Assistant Directors. A Decarbonisation Working Group reports into the Delivery Group, delivering the action plan and acting as advocates within the Health Board.



2024 Onwards

This action plan takes a step beyond the plans that have gone before, but this plan won't be the end. Cardiff and Vale UHB wish to mature its thinking and levels of participation therefore the kind of actions relevant for the years leading to 2025 could include:

2024 – Learn lessons from 23/24 action plan, assessing the impact it has made on carbon emissions and behaviour

2024 – Improve further levels of awareness amongst colleagues leading to action amongst colleagues. People will be more aware they have an individual and team part to play on reducing environmental impact.

2024 – Clinical colleagues view decarbonisation as part of quality improvement and Value Based Healthcare.

2024 – Shaping Our Future Hospitals and Shaping Our Future Clinical Services programmes have decarbonisation as themes through them.

2024 – Maintaining a leadership position amongst Health Boards in Wales

2024 – Departments are making tailored changes to the way they deliver healthcare to make it more sustainable.

2024 – Departmental measurement of emissions becomes available

2024 – Delivery of energy improvement schemes identified during 2023/24 commence

2025 – Light fleet transition to ULEVs

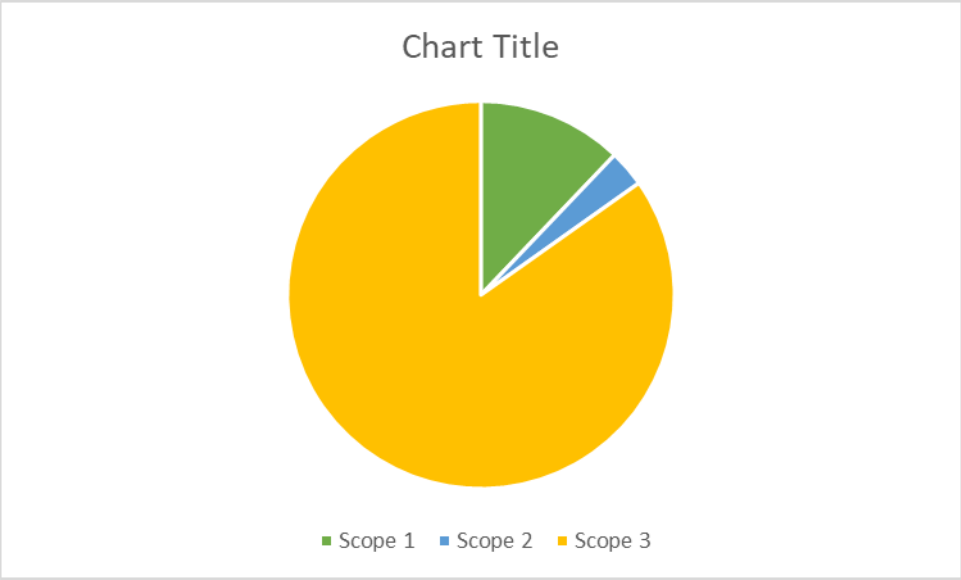
Conclusions

As our third action plan, this is the most far reaching yet. It is being driven from the top of the organisation and asking in particular for time to be allocated to colleagues to deliver change. It is also seeking to do more to embed the low carbon thinking into the organisation in order to deliver emissions reductions.

The climate is changing, its getting warmer and wetter, not just in far reaches of the world, but locally. The air quality of Cardiff and Vale of Glamorgan could be cleaner. Cardiff and Vale UHB will play its part in reducing its impact on the environment.

Appendices

Appendix 1 – Cardiff and Vale UHB Emissions by Scope



	Scope 1	Scope 2	Scope 3
Buildings	24,167,253	6,178,314	6,525,582
Fleet	370,931	-	86,653
Business travel	-	-	589,493
Waste	-	-	1,690,170
Supply chain			162,541,053
Totals	24,538,184	6,178,314	171,432,953
Total Emissions	202,149,451		
Renewables - on site	297,920	savings (through reduced usage)	
Renewables Purchased	29,097,695	not recognised	

Emission Scope Definition

- Scope 1 - Direct emissions of an organisation, including combustion of fuels and fugitive emissions.
- Scope 2 - Indirect emissions of an organisation, including purchased electricity and heat.
- Scope 3 - Other indirect emissions associated with an organisation, including the supply chain, transport and distribution, business travel and commuting, use of products, waste, investments and other leased assets or franchises.

Appendix 2 – Standard Industry Code Breakdown of Procurement Spend in Cardiff and Vale UHB

Product category	Total kg CO2e	Percent of total
Printing and recording services	311,199	0.15%
Industrial gases, inorganics and fertilisers (all inorganic chemicals)	493,146	0.24%
Basic pharmaceutical products and pharmaceutical preparations	62,265,567	30.82%
Computer, electronic and optical products	631,082	0.31%
Machinery and equipment	1,107,978	0.55%
Furniture	65,610	0.03%
Other manufactured goods	37,400,231	18.51%
Rest of repair; Installation	1,902,214	0.94%
Construction	1,497,510	0.74%
Wholesale and retail trade and repair services of motor vehicles and motorcycles	59,138	0.03%
Wholesale trade services, except of motor vehicles and motorcycles	1,559,607	0.77%
Retail trade services, except of motor vehicles and motorcycles	382,891	0.19%
Railway transport	171,364	0.08%
Air transport	659,906	0.33%
Warehousing and support services for transportation	212,568	0.11%
Motion picture, video and TV programme production services, sound recording & music publishing & programming and broadcasting services	452	0.00%
Telecommunications services	269,409	0.13%
Computer programming, consultancy and related services	132,393	0.07%
Insurance, reinsurance and pension funding services, except compulsory social security & Pensions	22,337	0.01%
Services auxiliary to financial services and insurance services	316,066	0.16%
Real estate services, excluding on a fee or contract basis and imputed rent	829,963	0.41%
Legal services	1,407,536	0.70%
Services of head offices; management consulting services	4,175,001	2.07%
Architectural and engineering services; technical testing and analysis services	255,494	0.13%
Advertising and market research services	227,964	0.11%
Other professional, scientific and technical services	890,232	0.44%
Rental and leasing services	2,251,624	1.11%
Employment services	29,475	0.01%
Security and investigation services	433,598	0.21%
Services to buildings and landscape	668,771	0.33%
Office administrative, office support and other business support services	407,301	0.20%
Public administration and defence services; compulsory social security services	50,624	0.03%
Education services	420,723	0.21%
Human health services	6,610,981	3.27%
Social care services	34,237,227	16.95%
Libraries, archives, museums and other cultural services	7,172	0.00%
Repair services of computers and personal and household goods	163,555	0.08%

Other personal services	13,144	0.01%

Appendix 3 – Detailed Action Plan by Theme

Leadership

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon Benefits	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
Leadership	Decarbonisation to be an agenda item of all relevant executive meetings (with any ToRs amended).	James Q	Corporate Governance	Decarbonisation team	£0	£0	Marcia Donovan	Direct Saving Non-Quantifiable/ Carbon Literacy/ Leadership / Supporting transition	Audit of Exec and Department meetings.	2023	2/3	Strengthen Leadership. Pace
Leadership	Decarbonisation to form a part of the SOFW strategy refresh.	Abi Harris	Strategy	Decarbonisation Team	£0	£0	Abi Harris/Marie Davies	Leadership/Supporting Transition	Refreshed strategy having completed public engagement	8/23	2/3	Leadership/Pace
Leadership	Executive colleagues to continue to take annual objective to impact carbon emissions.	Executives	Executives	Corporate Governance/ Decarbonisation Team /Workforce	£0	£0	Rachel Gidman	Direct Saving Non Quantifiable / Leadership/ Supporting transition/ Carbon Literacy/	Impact as a result of taking an objective.	Ongoing	3	Strengthen Leadership Pace
Leadership	Decarbonisation Identified as a risk on the corporate risk register	Calum/Ed	Decarbonisation team	PHW and Corporate Governance	£0	£0	TBC	Leadership/ Carbon Literacy/ Supporting Transition	Board assess the risks of mitigation and adaptation to the Health Board	2023-Ongoing	3	Management action
Leadership	Decarbonisation to be a central pillar of decision making across all leadership functions from Board through to at least department/clinical board.	Executives	All	Department and Clinical Boards	£0	£0	Corporate Governance?	Direct Saving Non Quantifiable / Leadership/ Carbon Literacy	TBC	2023	3	Strengthen Leadership Pace
Leadership	Investigate how to measure emissions at a departmental level with the aim of monitoring savings and actions for decarbonisation	Calum?	Decarbonisation Team	Departments and Clinical Boards	£60,000	£0	Calum Shaw/ Edward Hunt	Leadership/ Carbon Literacy	Record keeping and tracking against historical emissions	Ongoing	2	Data
Leadership	Sponsorship of Climate Champions across the organisation with either dedicated time allocated to research and recommend change or to drive change that is known to have worked elsewhere.	Executives	Executives	Departments and Clinical Boards	£0	0	TBC	Direct Saving Non Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Each champion to keep a record of delivery against their champion assignment specification.	2023 – Ongoing	2	Leadership, Skills
Leadership	Proposen Board level training on Decarbonisation to increase awareness and be able to be seen as evangelists to the rest of the organisation.	Calum/Ed	Decarbonisation	Workforce/ Corporate Governance	£0	£4,000 est	Calum Shaw	Leadership/ Carbon Literacy/ Supporting Transition	Audit of attendance	2023	3	Leadership
Leadership	Sponsor a decarbonisation behaviour change programme with an associated communications campaign to	Senior Leadership Board	Executives/ Clinical Boards	Workforce/Comms	£20k	£0	TBC	Direct Saving Non Quantifiable / Leadership/	Audit and assessment of delivery	2023-2025	2	Skills

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon Benefits	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
	encourage self participation and increase skills.							Carbon Literacy/ Supporting Transition				
Leadership	Leaders are prominent in sharing, promoting, valuing and reinforcing decarbonisation actions to all staff	Executives	Executives/ Clinical Board leads	Comms	£0	£0	Comms TBC	Leadership/ Carbon Literacy/ Supporting Transition	Log/ assessment of content. Ask Suzanne Executive bulletins News articles	Ongoing	3	Leadership

Estates (inc Waste)

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon Benefit	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
Estates	Decisions on estate and new buildings made with decarbonisation as a central pillar	Executives	CEF	Finance	£0	£0	TBC/ Cap estates	Direct saving/ Leadership/ Supporting transition	Implementation of projects with measures included.	Ongoing	Int 4/ 5/ 6/ 7/8/9/10/11/ 12/13/ 16/	Leadership, Pace
Estates	Assess the future of UHW and UHL through a Strategic Outline Case for Shaping Our Future Hospitals to inform long term decarbonisation investment bids.	Ed Hunt	Strategy	Estates	£0	£0	Ed Hunt	Supporting Transition	Complete pending approval	31/3/24	11/ 12/13/ 16/	Pace
Estates	Commit to undertaking a programme of feasibility studies to decarbonise our estate to understand the potential projects, the costs and carbon benefits.	Geoff Walsh	Energy	N/A	£0	TBC	Jon M	Direct saving Non Quantifiable/ Leadership/ Supporting transition	Feasibility studies delivered	31/3/24	Int 7/ 8/ 9/ 10/15/	Pace, Finances
Estates	Consider external opportunities such as district heating to reduce estate emissions. An early stage proposal has been developed for Barry.	Geoff Walsh	Capital estates	Energy Team	TBC	TBC	TBC	Supporting Transition	Assessment of viability of proposed Barry scheme	TBC	7	Pce
Estates	Implementation of RE:FIT/ EFAB and other energy conservation and decarbonisation scheme planned for 2023/24 and 24/25.	Geoff Walsh	Energy	N/A	£381k	TBC	Jon M	Direct Saving – c300 tCO2e Supporting transition		31/3/25	4, 5	Pace
Estates	Investigate options to increase sequestration	Calum/Ed	Decarb	TBC	TBC	TBC	TBC	Leadership/ Supporting transition	Proposal made	31/12/23		Leadership

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon Benefit	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
	as much as possible across the estate											
Estates	Commission a specialist Biodiversity audit across our estates	Geoff	Biodiversity	Estates	c£30,000	TBC	John N	Leadership	Complete and action plan adopted	30/9/23		Pace
Estates	Allocation of champions and staff training and support to reduce waste and energy usage.	Geoff Walsh	Energy/ Waste /Comms	Clinical Boards/ Workforce (ESR)	£0	£0	TBC	Direct Saving Non-Quantifiable / Carbon Literacy	TBC	6 monthly	2, 44	Leadership/Pace
Estates	Search for savings opportunities as a result of a developing electricity metering programme	Jon M	CEF	All departments	£0	£0	Jon M	Direct saving non-quantifiable / Supporting transition	Closing off of identified opportunities	Quarterly	4	Pace
Estates	Water conservation – Across large estate, work with Welsh Water to identify/avoid/address any instances of leakage.	Jon M	CEF	N/A	£0	£0	Jon M	Direct saving non-quantifiable / Supporting transition	Rectifying any identified leaks.	31/3/24	4	Leadership

Travel/ Fleet

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon Benefit	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
Transport	Recommend with a costed plan that our SLB formally sign Level 2 Healthy Travel Charter, with agreed capacity to implement.	Executive Team	Executive	PH/ CEF	TBC	TBC	Tom/ Colin	Direct Saving Non Quantifiable / Leadership/ Supporting transition	Approved y/n	30/6/23		Pace/Leadership

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon Benefit	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
Transport	Promotion campaign for new cycleway linking city centre to UHW when opens in 2023	Tom	PH	Comms	£0	£0	Tom P	Leadership/ Supporting transition/ Carbon literacy	Promotion campaign run	30/6/23	2	Pace
Transport	Review trend in air quality on UHW and UHL sites	Tom	PH	CEF	£0	£	Tom Porter	Carbon Literacy/ Supporting Transition	Measurement of trend	Quarterly		Pace
Transport	Fleet transitioning to EV as a preference and where practical.	Colin M	Transport		TBC	TBC	Colin	Direct saving non quantifiable / Supporting transition	All new cars and light goods fleet vehicles procured across NHS` Wales after April 2022 will be battery-electric wherever practically possible	31/3/24	19	Pace

Procurement

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon Benefit	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
Procurement	Review top suppliers and seek ways to reduce emissions from products/services / packaging in CVUHB to assess high value gains.	Claire S	Procurement	Clinical Boards	£0	£0		Direct Saving Non Quantifiable / Carbon Literacy/ Supporting transition	Number of suppliers reviewed and issues/opportunities fed back	31/3/24		Pace/Leadership
Procurement	Clear process for clinical staff and procurement to engage with each other on the purchase and use of more sustainable products	Claire S	Procurement	All	£0	£0	Calum/Claire S	Supporting transition	Operating process and pipeline of opportunities	30/9/24		Leadership/Skills
Procurement	Embed circular economy principles in our procurement.	Claire S	Procurement	Waste/ Clinical Boards	£0	£0	Claire S	Leadership/ Supporting transition	£ Value	31/3/24		Leadership
Procurement	Embed foundation economy principles in our procurement	Claire S	Procurement	N/A	£0	£0	Claire S	Leadership/ Supporting transition	£ Value	31/3/24		Leadership
Procurement	Instant fail on procurement assessment for any organisations who do not have a carbon reduction plan. For tenders > £5m.	Claire S	Procurement	N/A	£0	£0	Claire S	Direct saving non quantifiable / Leadership/ Supporting transition/ carbon literacy	Implementation y/n and evidence of operation	31/3/24		Leadership

Clinical

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon Benefit	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
Clinical	Decarbonisation embedded into Value Based Healthcare	Fiona B	Clinical	VBH team	£0	£0	Fiona	Carbon Literacy /Climate Conscious Leadership/Supporting Transition	Embedded and operating with results	31/3/24		Skills
Clinical	We will bid for our 4th HEIW Leadership Fellow in Sustainability	Fiona B	Clinical	N/A	£0	£0	Fiona	Carbon Conscious Leadership	In place y/n	30/9/23		Skills
Clinical	Develop a Sustainable value working group in each CB (procurement/clinical interface)	Fiona	SV team	Clinical Boards	£0	£0	Fiona	Carbon Literacy/ Supporting transition/ Climate Conscious Leadership	Implemented y/n	30/9/23		Skills
Clinical	Decarbonisation embed into quality and safety (investigate/propose)	Fiona B	Clinical	Decarb Team	£0	£0	TBC	Carbon Literacy/ Supporting transition/ Climate Conscious Leadership	Embedded y/n	30/6/23		Leadership
Clinical	Allocate time to staff to research and/or implement environmental improvement. This is a limited proposal for specific benefit and not universal to all staff.	Nursing, Clinical, Therapies, Clinical Boards	Nursing, Clinical, Therapies, Clinical Boards	?	£0	£0		Direct Saving Non-Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Body of work demonstrating education, adoption, direct improvement	31/3/24		Pace, Leadership
Clinical	Embed sustainable principles into "Shaping our future Clinical services" programme.	Nav/ Vicky	SOFCS	All	£0	£0	Nav/Vicky	Climate Conscious Leadership/ Carbon Literacy/ Supporting Transition	Clinical Services Plan complete y/n	31/12/23		Leadership
	Investigate becoming a Beacon site and implementing SusQI into Quality Improvement	Mark Thomas	Shaping Change	Decarb/Clinical	£0 – see comment	£0	Mark Thomas	Carbon Literacy	Implemented y/n	31/12/23		Leadership, Skills
Clinical	Create a Digital Strategic Outline Case for the modernisation of the Digital capability in C&V on the condition of WG fundings in 23/24.	Angela Parratt	Digital	All	£0	£0	Angela Parratt	Leadership/ Supporting Transition	Complete and approved y/n	31/3/24		Pace/Finances

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon Benefit	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
Clinical	Commit to providing time to leaders in Nursing, Therapies and Clinical specialities at least on the scale of that committed to in 22/23.	Meriel, Jason, Emma	Clinical, Nursing, Therapies	Clinical Boards	£0	£0		Direct Saving Non Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Leaders appointed	30/6/22		Leadership/Skills/Capacity
Clinical	Establish good linkages/ Robust relationship with PHW on with the impacts of Decarbonisation on public health	TBC	Value Based Healthcare/Public Health	N/A	£0	£0		Carbon Literacy/ Supporting Transition	TBC	30/6/22		Leadership
Clinical	Pharmacy – Commence a pilot medicines waste avoidance project, where pharmacy manage and rotate ward stock.	Elaine Lewis	Pharmacy		Existing BAU budget	TBC	Elaine Lewis	Direct saving non quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Measure of waste avoided	31/3/24		Leadership/Pace
Clinical	Pharmacy – Support the introduction of EPMA in Q4 23/24 on a pilot ward.	Elaine Lewis	Pharmacy		Existing BAU budget	TBC	Elaine Lewis	Direct saving non quantifiable / Carbon Literacy/ Supporting Transition	First ward live in Q4 23/24	Q4		Leadership
Clinical	Introduce Kids Med Cymru – moving from liquid to tablet based products which are more sustainable. Testing in respiratory.	Elaine Lewis	Pharmacy		Existing BAU budget	TBC	Elaine Lewis	Direct saving non quantifiable /Carbon Literacy/ Supporting Transition	Reduction in use of liquid based drugs	31/3/24		Leadership/Pace

People and Communications

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
People and Comms	Incorporate Decarbonisation into a Culture Change Programme, considering an ERG (Employee Resource	TBC	Change Hub/Decarb/ Workforce/C omms/Clinic al	Decarb/W orkforce/ Comms/C linical	£10k	TBC	Change Hub	ST	Survey results showing movement in level of awareness and ability to act	31/3/24		Pace Leadership Skills

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
	Group), proposing a programme if going beyond set aside budget.											
People and Comms	Include decarbonisation in the induction material for all staff.	Calum/Clinical Leaders	Decarb	Workforce	£0	£0	Workforce	ST	Complete y/n	30/6/23		Pace Skills
People and Comms	Feasibility for inclusion of decarbonisation into staff annual appraisals (for VBA community).	Claire W	Workforce	Decarb	£0	£0	Workforce	ST	Complete in appraisal document y/n	30/6/23		Pace Skills
People and Comms	Decarbonisation to be included in job descriptions	Calum	Decarb	Workforce	£0	£0	Workforce	CCL	Integration in template	30/6/23		Pace Skills
People and Comms	Encourage staff to undertake Decarbonisation training. This may include Welsh e training and other delivery methods including a Masterclass	Calum	Decarb	Workforce/Comms	£0	£0	Decarb	CLBC	Number of training courses accessed	Quarterly		Pace Skills
People and Comms	Leadership and Management - Review opportunities to influence internal course materials	Claire W	Workforce	HEIW	£0	£0	Workforce	Leadership/ Carbon Literacy/ Supporting Transition	State where included	31/3/24		Skills
People and Comms	Communicate case studies, successes, energy saving opportunities, events, etc to UHB colleagues.	Calum	Decarb	Comms/Estates/Clinical	£0	£0	Comms	ST	Number stories	Monthly		Skills
People and Comms	Spread the word using existing leadership networks such as the alumni programme	Calum	Decarb	Workforce	£0	£0	Decarb/Clinical leaders	ST	Number presentations	30/6/23 & 31/3/24		Pace Skills

Sector	Action	Owner	Team	Support team	Development Cost	Investment Cost	Implemented By (Name)	Carbon	Measure	By when	NWSSP ACTION ref	Audit Wales/Int Audit Ref
People and Comms	Continue sustainability award at annual staff awards	James Gibbons	Workforce	Decarb	£0	£0	Workforce	CCL	Judged candidates and award made	31/3/24		Pace Skills
People and Comms (	Incorporate air quality and climate change impacts into sustainable travel messaging	Tom	PHW	Comms/ Decarb/ Transport	£0	£0	PH & Workforce	ST	At least four updates	30/6/23 & 31/3/24		Pace Data
People and Comms	Regular cross-channel promotion of public transport discounts and options for reaching main sites, working with bus and train operators	Claire Whiles	Workforce	Transport/ Comms & Workforce (staff discounts)	£0	£0	Comms	ST	At least 4 quarterly updates	31/3/24		Pace

Report Title:	Committee Self Effectiveness Survey			Agenda Item no.	2.6
Meeting:	Strategy and Delivery Committee	Public	X	Meeting Date:	14 March 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Interim Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				

Main Report
Background and current situation:

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

The Health Board undertook an annual review of the effectiveness of its Board and its Committees in February to March 2023 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:

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

For the 2022-2023 self-assessment, surveys were disseminated via Microsoft Forms to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.

The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2022-2023, which relate to the Strategy and Delivery Committee (attached as **Appendix 1**).

This year, as part of the annual review, it is proposed that a workshop will take place with the Board Committee Chairs to discuss any common themes and Committee wider learning from the Committees' survey results. Any actions flowing from the same will be set out in the action plan to be presented to the Audit and Assurance Committee on 11 May 2023.

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

- The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2022-2023 were issued in February 2023. At the time of writing, only two of the Board's Committee surveys (which includes the Strategy and Delivery Committee survey) have closed.

- The individual findings of the Annual Board Commmittee Effectiveness Survery 2022-2023 relating to the Strategy and Delivery Committee are presented at Appendix 1 for information. There were no areas identified for improvement.

- Overall the findings were positive and that provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committee is effectively supporting the Board in fulfilling its role.

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

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

The next self-assessment will be undertaken in March/April 2024 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2023-2024.

Recommendation:

The Committee is requested to:

(a) **Note** the results of the Annual Board Effectiveness Survey 2022-2023 relating to the Strategy and Delivery Committee.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
n/a
Safety: Yes/No
n/a
Financial: Yes/No
n/a
Workforce: Yes/No
n/a

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

Annual Board Effectiveness Survey - Strategy & Delivery

3

Responses

1. The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

Strong	3
Adequate	0
Needs Improvement	0

2. The Board was active in its consideration of Committee composition.

Strong	2
Adequate	1
Needs Improvement	0

3. Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?

Yes	3
No	0
Unsure	0

4. Has the Committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?

Yes	3
No	0
Unsure	0

5. Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?

Yes	3
No	0
Unsure	0

6. The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

Strong	3
Adequate	0
Needs Improvement	0

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

Strong	3
Adequate	0
Needs Improvement	0

8. The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.

Strong	1
Adequate	2
Needs Improvement	0

9. Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the Committee's responsibilities.

Strong	2
Adequate	1
Needs Improvement	0

10. Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.

Strong	3
Adequate	0
Needs Improvement	0

11. The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.

Strong	3
Adequate	0
Needs Improvement	0

12. Are changes to the Committee's current and future workload discussed and approved at Board level?

Yes	3
No	0
Unsure	0

13. Are Committee members independent of the management team?

Yes	3
No	0
Unsure	0

14. The Committee agenda-setting process is thorough and led by the Committee Chair.

Strong	3
Adequate	0
Needs Improvement	0

15. Has the Committee established a plan for the conduct of its work across the year?

Yes	3
No	0
Unsure	0

16. Has the Committee formally considered how its work integrates with wider performance management and standards compliance?

Yes	2
No	0
Unsure	1

17. Is the Committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?

Yes	3
No	0
Unsure	0

18. The Committee's self-evaluation process is in place and effective.

Strong	3
Adequate	0
Needs Improvement	0

19. What is your overall assessment of the performance of the Committee?

- good
- The Committee's agenda is probably too large and excessive emphasis is on the 'delivery' rather than 'strategy' component. The revised committee structure should provide greater demarcation and clarity.
- Committee performs well and covers both operational and strategic considerations. Scope of committee business is arguably too wide-ranging, potentially impacting agility and sustained focus.

Report Title:	Annual Equality Report 2021/22			Agenda Item no.	3.1
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	14 March 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Equity & Inclusion Senior Manager				

Main Report
Background and current situation:

The Public Sector Equality Duty as set out under the Equality Act 2010 requires the UHB to report annually on its progress against its strategic equality objectives.

CAVUHB's objectives are set out in the *Strategic Equality Plan: Caring about Inclusion 2020-2024*.

The Annual Equality Report 2021-2022 (Appendix 1) captures organisational progress in meeting the objectives between April 2021 – March 2022.

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

The publishing of this report discharges a legislative duty under the Equality Act 2010 and will need to be published by 1st April 2023.

A copy of the report will be publicly available on the UHB's website.

Recommendation:

The Strategy and Delivery Committee is requested to:

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

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

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Safety: Yes
Risk to the safety of patients and staff who do not trust the organisation will treat them fairly.
Financial: Yes
Potentially through claims for discrimination.
Workforce: Yes
Attracting and retaining a diverse workforce
Legal: Yes
There is a legal requirement as part of the Public Sector Equality Duty under the Equality Act 2010 to report annually against the organisation's strategic equality objectives.
Reputational: Yes
CAVUHB viewed as an organisation that is not inclusive of our communities.
Socio Economic: Yes
Linked to demographics served / represented.
Equality and Health: Yes
Health inequalities and inequities within our communities are exacerbated.
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	

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

Cardiff & Vale University Health Board

Annual Equality Report

2021 – 2022

This document is available in Welsh and on request in a range of accessible formats.

Please email EquityAnd.Inclusion@wales.nhs.uk

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Introduction & Background

The Cardiff & Vale UHB Annual Equality Report 2021-2022 provides an overview of the progress we have made in delivering our outcomes as set out in our Strategic Equality Plan 2020-2024. To learn more about our work, we recommend reading the Cardiff & Vale UHB Annual Report 2021-2022 and our Integrated Medium Term Plan 2019-2022.

Cardiff & Vale UHB is responsible for the care of over 500,000 people living throughout Cardiff and the Vale of Glamorgan. In 2021/22 we employed 15,915 members of staff across the organisation.

Our work aims to support everyone to ensure that they are treated fairly and with respect, and we work within a number of different legislative requirements including the Human Rights Act 1998 and the Equality Act 2010. The Public Sector Equality Duty places a statutory Duty on Cardiff & Vale UHB to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

The Health Board aims to discharge this duty through delivering on our Strategic Equality Plan 2020-2024. Our Plan sets out our equality objectives to support the delivery of our strategic aims. Our Annual Report describes our work towards implementing the objectives during 2021/22. This includes highlighting achievements and identifying areas where further work needs to be done.

Our objectives were developed through engagement with patients, staff, partners, equality organisations, and other stakeholders in partnership with Wales' Public Body Equality Partnership.

The four outcomes set out in our Strategic Equality Plan 2020-2024 are:

1. People are and feel respected, this includes patients, carers and family members as well as staff and volunteers.
2. We communicate and engage with people in ways that meet their needs.
3. More people receive care and access services that meet their individual requirements, including those from socio-economic communities.
4. Gender and any other protected characteristic pay gaps are eliminated.

These outcomes are aligned to our Shaping our Future Wellbeing Strategy (https://cavuhb.nhs.wales/about-us/our-mission-vision/shaping-our-future-wellbeing-strategy/), our Integrated Medium Term Plan (IMTP) (https://cavuhb.nhs.wales/files/cardiff-and-vale-integrated-medium-term-strategy/cardiff-and-vale-uhb-imtp-2019-to-2022-pdf/), and the Well-being of Future Generations Act 2015 (https://www.futuregenerations.wales/wp-content/uploads/2017/02/150623-guide-to-the-fg-act-en.pdf) goals.

Reflecting on 2021 – 2022...

In the following section, we reflect upon the work undertaken in Cardiff & Vale UHB to deliver the four outcomes set in our Strategic Equality Plan 2020-2024.

Outcome 1: People are and feel respected

Promoting Cardiff & Vale UHB as a great place to work

The People Resourcing Team

During 2021 – 2022, the newly established People Resourcing Team promoted the Health Board as a great place to work to our diverse communities. Some of the ways in which they achieved this are detailed below.

The work carried out by the team engaged with over 10,000 people within Cardiff and the Vale regarding the many job opportunities and career pathways available with the Health Board and planted the seeds for our future workforce. The Health Board obtained over 500 applications and enquiries as a result of our attendance at recruitment events, such as the Virtual Careers Fair held with Careers Wales, which had over 350 participants viewing and engaging with the Health Board's virtual booth. The team also attended two Career Transition Partnership recruitment events to promote employment within the NHS to the military personnel who are reaching the end of their time within the military. This focused on roles in the area of project management.

Adverts have been redesigned to include a more inclusive representation of the of the workforce to attract diverse talent.

A Work Experience Framework has been developed to reinvigorate and expand the wide variety of work placements within the Health Board to include Job Taster Sessions, Internships, and work experience placements for school and university students and the long term unemployed.

Stonewall's Workplace Equality Index 2022

The Health Board participated in Stonewall's Workplace Equality Index 2022 to assess our LGBTQ+ inclusion as an organisation. The Workplace Equality Index is a national ranking of the most LGBTQ+ inclusive organisations both in the UK and globally. The Health Board were awarded the Gold Employer status and ranked as the 37th most LGBTQ+ inclusive employer by the charity. The Health Board ranked 10th in the index when considering Welsh employers and 3rd for health and social care organisations. The Health Board scored well for employee lifecycle and empowering individuals, with areas of focus for the forthcoming year being policies and benefits and increasing responses to the staff feedback questionnaire. This score has enabled us to promote the Health Board as an excellent place to work for members of the LGBTQ+ community and demonstrates our wider commitment to equality and inclusion.

Staff Networks

- Access Ability Staff Network

The Health Board's Access Ability Staff Network launched in January 2021 and supports disabled members of staff and volunteers living with a long-term health condition. Being at the beginning of their journey, the network has focused on awareness and engagement to encourage the attraction of new members.

- LGBTQ+ Staff Network

Following a successful relaunch of the LGBTQ+ Network in early 2021, the network's committee continues to work towards increasing awareness of LGBTQ+ matters, with a focus on recruiting new members and expanding the network. The network supported the Health Board in promoting LGBTQ+ awareness events, including Pride Month and Trans Day of Remembrance. The network also contributed to the Stonewall Workplace Equality Index submission for 2022.

- One Voice Staff Network

This year saw the launch of the OneVoice Staff Network, an employee group for colleagues from ethnic minority communities. The network aims to support the Health Board in becoming an anti-racist organisation and acts as a safe space for colleagues to share experiences. The One Voice committee has started to establish roles and responsibilities, and is being supported by the Equity and Inclusion Team. The Health Board has launched a website page for the OneVoice Staff Network to support our recruitment efforts and to raise awareness of the network.

Visit to local mosques

The Executive Director of People & Culture, an Independent Member, and a member of the People Resourcing Team attended one of the local mosques in Cardiff to promote the NHS as an inclusive employer, explain the variety of opportunities and career pathways available in healthcare, and explain the submission process for applications.

The People Resourcing Team also attended a Recruitment Fayre held in another local mosque to engage with our diverse communities and promote the Health Board as an inclusive employer and a great place to work.

Inclusion Calendar 2022

At the beginning of 2022, the Health Board launched its first organisational 'Inclusion Calendar'. The document highlights key awareness dates relating to different characteristics and publicises our staff networks and other services available to staff within the Health Board, such as the Employee Wellbeing Service and our Chaplaincy team. The calendar encourages members of staff to connect with the Equity and Inclusion Team and other services.

Employment initiatives

DFN Project Search

DFN Project Search Interns

The Health Board has developed a partnership approach with DFN Project Search. DFN Project Search is a one year, employment preparation programme that takes place entirely in the workplace. The programme helps to deliver the best employment outcomes for young adults with learning disabilities and/or autism from the Cardiff and Vale area who are studying with Special Education Needs providers. During 2021/22, the Health Board hosted seven interns, six of which went on to gain employment within the organisation, with the remaining individual choosing to return to further education.

"Working alongside Charlotte and training her has been a rewarding experience. Charlotte has been a hardworking and enthusiastic member of the housekeeping team and it has been an absolute pleasure to train Charlotte."

- *Gina Mather*
  Operational Services Manager

"It has been a real pleasure to be involved with Project Search and the team. The help that the interns have given in processing the returned medication has been invaluable and has saved us both time and money. I would recommend anyone to sign up for the project and become involved.

- *Ruth Holland*
  Senior Pharmacy Technician

KICKSTART

As a consequence of the pandemic and economic climate, many people found themselves without employment, with a high proportion of these individuals being within the 16-24 age group. In response, the government launched an innovative KICKSTART scheme in March 2021 which provided 16-24-year olds, who were in receipt of Universal Credit, a future of opportunity by creating high-quality, government-subsidised jobs across the UK. The scheme supported and enabled the employment of 160 young people throughout the Health Board on 6-month placements.

Overseas Nursing Programme

This programme has continued to support the Health Board's international nurses recruitment workstream with cohort sizes increasing to 28 nurses per month. A total of 245 nurses completed the programme and have joined the Health Board since the programme's inception.

Work with the Department of Work and Pensions

The People Resourcing Team worked closely with the Department of Work and Pensions to promote careers to the long-term unemployed. This led to a number of work placement taster sessions for them to experience the Health Board as an employee.

Apprenticeship Academy

The Apprenticeship Academy experienced a challenging time during the pandemic and recruited five Business Administration Apprentices during 2021/22. All apprentices were under the age of 25, supporting younger people to gain valuable in work experience whilst also gaining a qualification.

Apprenticeship Academy Case Study – Rhys Pepper, Business Administration Apprentice

To begin the journey, I think it is necessary to rewind to my mindset at 17 having a year left before sitting my A-levels. I didn't want to go to university and thought an apprenticeship would best benefit my future.

I started looking for an apprenticeship that would interest me on a day to day basis and where I could use my skill set both for my benefit and that of the community. Having looked at lots of apprenticeship vacancies I saw the role in the health board as being ideal. Caring for people, keep people well. A phrase we frequently hear in the health board. When considering apprenticeships, I thought what other job I could find that would better these ideals. This helped influence my decision as I had no firm idea on what career path I would follow.

So far during my time as an apprentice I have spent four months at West Quay Surgery working through various areas, for example;

- Being a receptionist on the desk dealing with the public face to face
- Dealing with patients whilst on the telephone
- The administration side of the general practice
- Accompanying nurses on home visits conducting the admin side of the flu vaccine program
- And I also spent time shadowing the roles of the managers.
- Overall, I loved my time at West Quay, everyone helped push me forward to broaden my ability, and supported me in the process.

I have now started my second four-month placement with the primary care team where again I expect to have experience in various aspects of the role and a broader view of primary care. I am excited to fulfil the remainder of my apprenticeship, gaining valuable experience along the way.

How has this experience affected my future career plans? Well this is interesting because from the outset my intention has been to learn as much as I can and improve my skill set on a daily basis. This is still my aim. However, during these months I find myself leaning more towards the management side of the role and have discussed this with the practice manager at West Quay. He has agreed to help build my skills in the managerial role when I resume for my second four-month period at West Quay.

I feel at this stage it is far too early to decide on where my career path will lead and feel it is about making constant improvement and at the end of the apprenticeship deciding how my skill set could best benefit the organization whilst meeting my own needs.

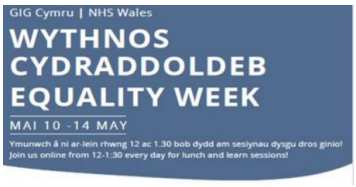
Engaging with stakeholders

NHS Virtual Pride

Our Equity and Inclusion Team took part in NHS Virtual Pride 2021 with sessions being promoted throughout the Health Board. Our participation included:

- Signing the 'Be A Better Ally Pledge' for Glitter Cymru.
- Chairing the 'Can You Hear Us' session with Deaf Pride Cymru.
- Dr Sophie Quinney, a Gender Specialist within our Welsh Gender Service, represented the Welsh Gender Service for the 'Trans Healthcare Session' alongside one of the founders of Trans Aid Cymru.

Equality Week 2021



During Equality Week, which took place between 10th – 14th May 2021, the Health Board worked in partnership with colleagues from across NHS Wales to facilitate a range of interactive workshops. The sessions raised awareness of equality related matters with the aim of creating more inclusive workplaces for colleagues and services for patients. Sessions covered topics including "banter" and harassment, autism, and race equality.

The Ethnic Minority and Cultural Awareness Team

In December 2021, with funding from the British Association of Critical Care Nurses (BACCN), the Specialist Services Clinical Board embarked on a project to improve cultural awareness and that of the lived experience those from ethnic minority communities. The work led to the establishing of the Ethnic Minority and Cultural Awareness Team (EMCA Team), which is comprised of a group of nurses who are focussed on helping to break down cultural barriers and build cultural connections. The team achieve this through raising awareness and providing education on the experiences of people from different ethnicities and cultural backgrounds we face in our line of work.

Through being culturally aware, the Health Board can build an appreciation for the values of others, their customs and beliefs, without judgement or prejudice. Through embracing cultural sensitivities and educating staff about cultural differences, the organisation worked to influence perceptions and interactions had with one another. Through finding common ground and discovering similarities, the

Health Board sought to open up channels for respectful conversations and create a fairer workplace.

The EMCA Team seek to improve organisational understanding of cultural differences and through exploring the healthcare needs of our communities and aim to create a diverse Critical Care Unit which is inclusive and respectful.

The EMCA Team created a world map to represent the diverse countries that the staff originate from to recognise and celebrate the many backgrounds of our Critical Care workforce.

Cardiff & Vale Youth Board

The Youth Board was formed in 2018, giving young people in the Cardiff and Vale area a voice and active involvement in key decision-making processes, change implementation and improving services across the Health Board.

The Youth Board is made up of young volunteers aged 13-25 from a range of backgrounds and communities across Cardiff and the Vale, each bringing their own experience, knowledge and valued opinions to the table for discussion.

The Youth Board is a representative group and has acted as a review for many of the Health Board's initiatives, including advising on emotional wellbeing, mental health, and website development.

Digital Stories

The Patient Experience Team uses Digital Stories to empower individuals to share their experiences of our care, we use these stories to highlight when things have gone well and where we can improve. The link below is for one of our digital stories relating to the accessibility of our services, this story was shown at a Board Meeting to highlight how important having an accessible service is to patients:

https://youtu.be/Etd9YL9q8JI

People are respected and free from abuse, harassment, bullying and violence

Safeguarding

Safeguarding people must be inclusive and encompasses everyone in society, including those with specific characteristics that could result in an individual being discriminated against, as per legislation within the Social Services and Wellbeing Act (2014). The Wales Safeguarding Procedures (2019) outline the legislative requirements for safeguarding practices. The Health Board are committed to ensuring people are treated with respect and without discrimination.

To ensure patients and employees are protected from abuse, work continues around maintaining safeguarding reporting mechanisms to provide support and advice to staff across the Health Board, ensuring that abuse is identified and staff are aware of their statutory duty to report concerns. This provides assurance that the diverse population across Cardiff and the Vale who are accessing services and interacting with healthcare staff are treated equally and safeguarded whilst respecting individual differences. The Health Board's Safeguarding Team continues to facilitate safeguarding training which incorporates indicators of abuse and neglect.

Partnership working is at the core of safeguarding practice and the Health Board's Safeguarding Team have forged links with statutory partners, including South Wales Police and Local Authorities.

The Team has worked to ensure that staff are aware that safeguarding is everyone's responsibility and that everyone has a right to live free from abuse.

Training, support and development

Treat Me Fairly

Equality and diversity training is mandated in the Health Board with staff required to complete the 'Treat Me Fairly' eLearning module. As of 31st March 2022, 72.7% of the workforce completed the training.

Brain Awareness Week Talk

On 15th March 2022, Delsion delivered a session for Brain Awareness Week which covered cognitive function, brain fog, emotional issues linked to brain health, mental health and best practice

'First Steps to Trans Inclusion' session

The LGBTQ+ charity Stonewall delivered an awareness session on Friday 2nd July 2021 titled *"First Steps to Trans Inclusion*". The session introduced trans identities and how staff can support trans people inside and outside of the workplace.

Welsh Gender Service sessions

The Welsh Gender Service delivered educational sessions to Health Board staff throughout 2021 – 2022 to raise awareness of the lived experience of people from gender diverse communities and how to provide the best care for transgender patients.

Diverse Cymru training

The Mental Health Clinical Board commissioned Diverse Cymru to support 20 service areas to undertake the Black, Asian and Minority Ethnic Cultural Competence Certification Scheme, promoting cultural competence good practice in the workplace. The areas continue to work to work towards certification.

The Mental Health Clinical Board also created the first Head of Recovery College and Lived Experience Workforce position in Wales. This is a strategic post for a person with lived experience of mental health challenges at senior manager level to develop and deliver our Peer Workforce. Peer Workers are people who have lived experience of recovery and use their lived experience intentionally to inform, inspire, encourage and show service users that progress and recovery is possible.

The Mental Health Clinical Board employ a number of peer workers within the Recovery College. The role of the Peer Workers is to co-produce alongside health professionals' courses about mental health related issues for Recovery College students. College students can include staff, service users, carers, or supporters, and are free and accessible to all.

The Recovery College has also trained and developed the first Digital Peers in Wales who work with students to help them access online resources and support.

For more information about the Recovery College visit the website at Recovery College - Cardiff and Vale University Health Board (nhs.wales) (https://cavuhb.nhs.wales/recovery-college/).

Inclusion Ambassadors (previously Equality Champions)

The Equity and Inclusion Team worked with senior staff to appoint Equality Champions for those with different characteristics, as well as the Welsh Language. Champions were established at Executive and Board level with a number of clinical boards also appointing to roles. The Equality Champion (now Inclusion Ambassador) role has initially focused on

senior management, with the expectation that Champions raise awareness of the lived experience of others through self-education around their assigned characteristic. Doing so improves the understanding of the lived experiences of others, leading to more inclusive environments and decision making for our staff and service users.

The Clinical Diagnostics and Therapeutics Clinical Board arranged monthly Equality Champions meetings with each member of the Senior Management Team taking on the role of champion for a specific characteristic. A SharePoint site was developed for sharing content linked to the different Equality Champion role. Equality, diversity and inclusion is a standing agenda item on its Partnership Forum and Quality and Safety Sub-Committee agendas.

Outcome 2:We communicate and engage with people in ways that meet their needs

Accessible communication and information

Information and Support Centres

All of the Health Board's Information and Support Centres maintain a stock of leaflets on a range of conditions in easy read, audio and large print format, where available. When information is not readily available in a visitor's preferred format or language, staff and volunteers are able to support by ordering information to be sent directly to the visitor, or printing off the information. However, this support does depend on the availability of such materials from the organisations themselves. The centres are also equipped with hearing loops which staff have been trained how to use.

Editorial Panel & Guidance

A guide for staff on how to make written information accessible has been developed and is available on our SharePoint pages for staff to use.

The Patient Experience Team also run a Volunteer Editorial Panel allowing teams to have any new leaflets/information that they are developing reviewed by members of the public to give their opinion on the accessibility of the layout and content.

Interpretation services

The Health Board continues to use the Wales Interpretation and Translation Service (WITS) to support patients and service users who require interpretation when accessing care. In the case of emergencies where WITS is not available, or where interpreters cannot be agreed, the Health Board has two online interpreting services available, one being Sign Live which supports with British Sign Language (BSL) interpretation.

Sign Live allows BSL Users to communicate with anyone, at any time, using the app to connect them to a qualified BSL Interpreter. A number of devices in the Health Board that have this app it can also be used via a computer, making it easily accessible. The Health Board also uses Language Line, which has the option of BSL and American Sign Language (ASL). Available within seconds at the touch of a button, Language Line's award-winning video interpreting is available in over 40 of the most requested languages.

Text messaging service

The Health Board established a text messaging service to remind patients and service users about their upcoming appointments. The service improved accessibility and helped to avoid missed appointments.

Maternity Services Dashboard

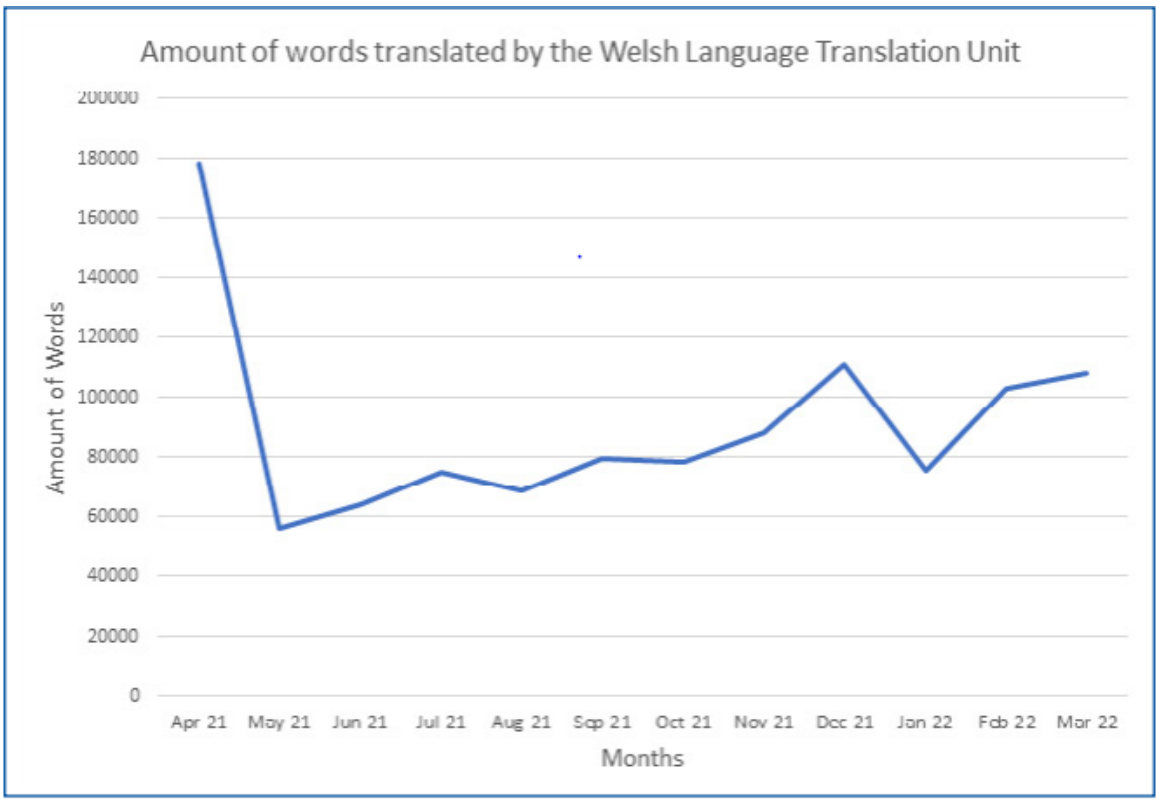
The Women and Children Clinical Board have created a dashboard in Maternity Services that includes a section on ethnicity and language, as the evidence has shown that both these individual aspects can have a negative impact to mortality and morbidity in maternity. Including this information as part of the dashboard enables the Clinical Board to better understand the needs of its patients and service users and ultimately improve their experience.

Welsh Language Standards

The organisation made good progress on the Welsh Language agenda, continuing to work on its compliance with Welsh Language Standards and the '*More than Just Words'* strategy.

Under the banner of the "Meddwl Cymraeg – Think Welsh" campaign, the Health Board continues to highlight the importance of providing a Welsh Language service for patients and service users. 'Iaith Gwaith' badges were distributed to staff to help identify them as Welsh speakers, enabling patients and service users to receive care in their preferred language.

The Welsh Language Translation Unit supported the Health Board in its compliance with the Welsh Language Standards having translated over 1,000,000 words during 2021 – 2022. The Unit translates a range of documentation, including public facing documents to improve accessibility for Welsh speakers, posters, signs and leaflets.



The Equality Strategy and Welsh Language Standards Group provide a governance structure for organisational compliance with the Welsh Language Standards.

For further information on Cardiff and Vale UHB and the Welsh Language, please see our Welsh Language Report 2021-2022 (https://cavuhb.nhs.wales/files/welsh-language-in-healthcare/welsh-language-standards-annual-report-2021-2022/).

Equality Health Impact Assessment (EHIA)

The Health Board continues to use EHIAs as a tool to support the organisation with inclusive planning and decision making. EHIAs ensure that anyone involved in looking at a change or development within the organisation considers the impact that it could have on people with different protected characteristics, from different socio-economic backgrounds, and the Welsh Language. The EHIA form provides a template to ensure that consideration has been given during the planning stage and also outlines any mitigations that may be needed to reduce negative impact.

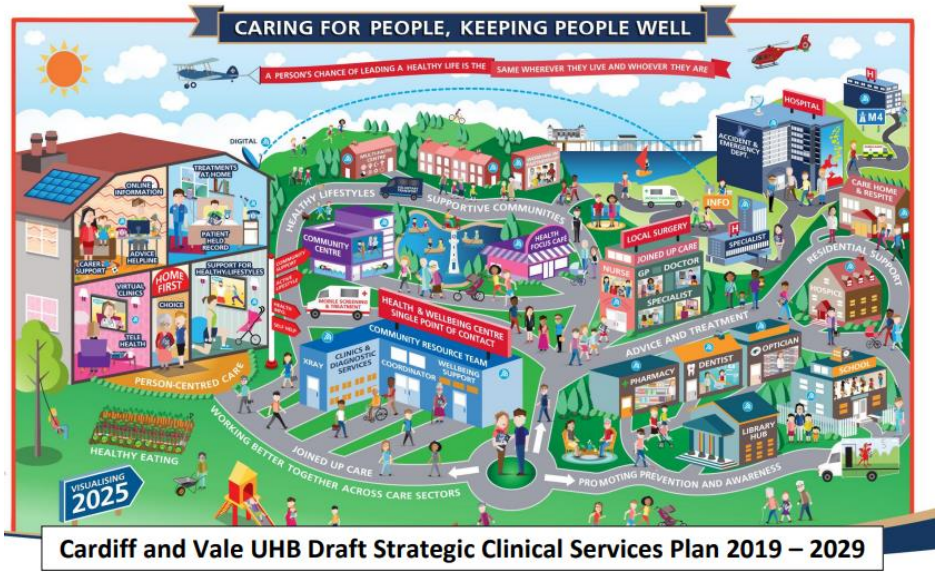
Further information on the EHIA toolkit can be found on our website:

EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales) (https://cavuhb.nhs.wales/staff-information/toolkits/ehia-toolkit/)

Outcome 3:More people receive care and access services that meet their individual requirements

Clinical Service Plan

Early in 2021, the Health Board engaged with the local community on the principles informing our outline Clinical Services Plan. People were able to engage online via a number of online public meetings that were facilitated with South Glamorgan Community Health Council. The outcome of this engagement helped shape our high-level clinical services plan which was approved by our Board.

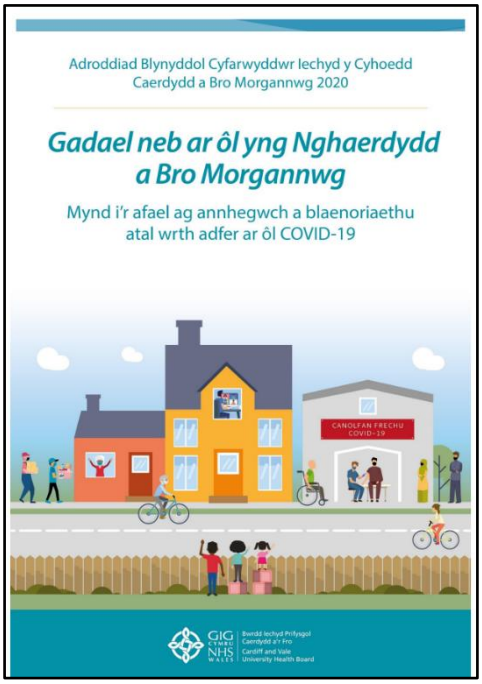


Efforts to reduce health inequities

Addressing inequity is at the heart of the work of the Health Board, and included in the vision of our Shaping Our Future Wellbeing strategy which is that *"a person's chance of leading a healthy life is the same wherever they live and whoever they are".* This strategy articulates a clear goal to reduce health inequalities, and addressing inequality/inequity is also a clear commitment of both Cardiff and Vale of Glamorgan Public Sector Boards' Well-being Plans 2018-23.

To further emphasise the importance of tackling inequity to the organisations, *'Exacerbation of Health Inequalities in Cardiff and the Vale of Glamorgan'* was included as one of the top ten risks within the Health Board's organisational risk register in July 2021. As a result, actions and controls to mitigate this risk are monitored bi-monthly via the Board Assurance Framework.

Annual Report of the Director of Public Health 2020 – 'Let's leave no one behind in Cardiff and the Vale of Glamorgan'



In September 2021, the Health Board's Executive Director of Public Health published their Annual Report for 2020. In this important document, they focussed on how the populations of Cardiff and the Vale of Glamorgan could emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing inequities. The report describes the impact of the pandemic on our population, demonstrating how it has exposed and exacerbated the inequalities and inequities that were already present in our communities. It advocates that a collective partnership approach, working truly alongside our local communities and drawing on the learning from the pandemic, is required to halt and reverse this trend, ensuring that we 'level up' in the process. The report recognises the huge amount of work already undertaken by partner organisations in addressing inequity, but identifies priority areas for attention and sets out a vision for future partnership working that will enable the region to recover stronger and more fairly. Acknowledging that tackling inequity is complex and involves addressing the wider determinants of health over time, the report advocates an 'Amplifying Prevention' approach which identifies collective actions that could begin immediately, starting to address the inequities made worse by the pandemic. The topics identified for focussed attention were Childhood Immunisation, Bowel Screening, Move More, Eat Well and Air Quality. This proposal gained support from the Health Board and partner organisations for implementation in 2022/23.

Please find a link to the report below:

Annual Report of the Director of Public Health 2020 – 'Let's leave no one behind in Cardiff and the Vale of Glamorgan' (https://sway.office.com/kRW7tnsthFPPHgJZ?ref=Link)

Inequalities in health are gaps in health status between different groups, for example those who live in different areas, or of different ethnicity or socioeconomic status; such differences can be caused by a variety of factors, not all of which are possible to change e.g. inherited characteristics or geographical location. However, health inequity is a difference in health that is unnecessary, avoidable, unfair or unjust; such differences are amenable to action and is therefore the term used predominantly in this report.

Other Key Actions

Other key actions which contributed to the work to reduce health inequity 2021/22 include:

- Each of the strategic programmes within Shaping our Future Well Being Strategy considered how our work can further tackle inequalities in health.
- Our Shaping our Future Public Health strategic programme had a focused arena of work aimed at tackling areas of inequalities. We worked closely with the two local authorities and other partners, through our PSBs and RPB partnerships to accelerate action in our local organisations and communities, particularly in relation to healthy weight, immunisation and screening. This includes building on local engagement with our ethnic minority communities during the Covid-19 pandemic. This focused work was articulated in 'Cardiff and Vale Local Public Health Plan 2022-25' within the UHB three-year plan, and will be further strengthened in 2022/23 by the development of a strategic framework for tacking inequalities.
- The Youth Justice Board began implementing the recommendations of the detailed local Public Injecting & Youth Justice Health Needs Assessments in Cardiff.
- Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board began implementing the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work.
- Our Suicide and Self-Harm Prevention Strategy (2021 – 2024) was published in November 2021, and sets out how local organisations will work together to reduce suicide and self-harm over the next three years; this includes action to address inequalities (Cardiff and Vale of Glamorgan Suicide and Self Harm Prevention Strategy, 2021-24 - Cardiff and Vale University Health Board (nhs.wales)).
- The multi-agency approach to Seldom Heard Voices, which targets initiatives towards areas of deprivation during the pandemic e.g. walk in vaccine clinics, continued as we move through recovery.

- Representatives from the University Health Board participated in the work of Cardiff Council's Race quality Taskforce between July 2020 and March 2022, contributing to the final report (published March 2022) and committing the organisation to a set of ongoing actions within it, including improving data quality and effective engagement with ethnic minority communities (see theme 4, pages 62 – 69) Cabinet 10 March 2022 Race Equality Task force.pdf (moderngov.co.uk) (https://cardiff.moderngov.co.uk/documents/s56468/Cabinet%2010%20March%202022%20Race%20Equality%20Task%20force.pdf?LLL=0)

Ethnic Minority Engagement Co-ordinator

Throughout the course of the pandemic, local partner organisations have worked together to develop and deliver Test, Trace and Protect (TTP) services, the aim of which was to minimise risks to the local population from COVID-19 infection. As part of this response, the

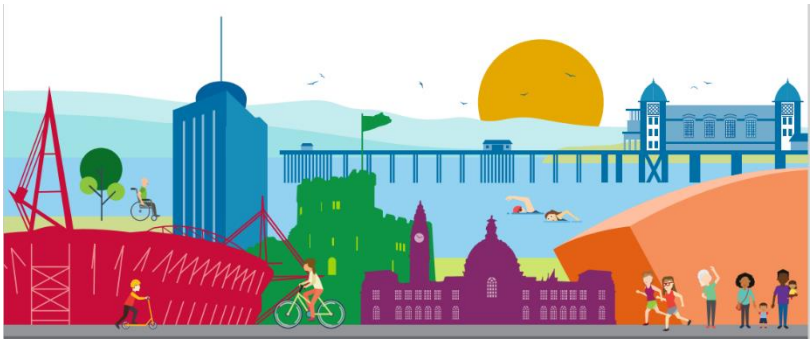
Regional Operational TTP Board established an ethnic minority work stream to identify how best to engage with ethnic minority communities, and support the delivery of public health messages, the work of TTP and the mass vaccination programme. The outcome was the formation of a highly successful Ethnic Minority Subgroup, where key partners from the local community co-produced an effective communications and engagement programme with TTP partner organisations.

A full report of this work can be found here -

Test Trace Protect supporting ethnic minority communities (office.com)
(https://sway.office.com/JPSiiWHrHeTjdfSf?ref=Link)

In order to create a legacy from this work, build upon the relationships developed during the pandemic, and on the recommendation of the Race Equality Task Force, a dedicated post was created with the intention of moving from COVID-19 specific engagement work to incorporate areas where we have evidence of lower take up of preventative services. An Engagement Coordinator (Ethnic Minority/Health), funded through Cardiff and Vale University Health Board with Prevention and Early Years' monies, was appointed in August 2021 and hosted within the Policy, Partnerships and Community Engagement team of Cardiff Council. The initial focus of the work for 2021/22 was to increase uptake of childhood immunisations and bowel screening.

Healthy, Aspiring, Prosperous and Inclusive Project (HAPI) Project



The Healthy, Aspiring, Prosperous and Inclusive (HAPI) Project launched on 12th May 2021 in Cardiff and the Vale of Glamorgan. The project is led by Newydd Housing and focuses on the most disadvantaged communities. It is funded through Welsh Government Prevention and Early Years funding in collaboration with Cardiff and Vale UHB. The key vision is for people to move more and eat well. The priorities are aligned to our Move More, Eat Well Plan (https://movemoreeatwell.co.uk/wp-content/uploads/2020/07/Move-more-eat-well-plan_Jan-2020_FINAL2-3.pdf), our partnership plan across Cardiff and Vale of Glamorgan. Newydd Housing have collaborated with others to promote and deliver activities such as Get Fit Wales, Get Cooking and Move and Munch.

Outcome 4: Gender and any other protected characteristic pay Gaps are eliminated

Gender Pay Gap

Cardiff & Vale's Gender Pay Gap Report 2022 can be found under Appendix 1. The report outlines the current Gender Pay Gap within the Health Board, the steps that have been take to reduce it, and the actions that will be taken to eliminate it.

Disappointingly, the Gender Pay Gap within the Health Board has increased slightly in the last year with the mean Gender Pay Gap being 32.56% as of 31st March 2022.

Conclusion and Vision 2022 – 2023

The Health Board has made good progress in taking forward its Strategic Equality Plan 2020 – 2022 objectives during the 2021/22 period. The introduction of two new staff networks has supported the organisation in celebrating the diversity of its workforce and better understanding the lived experience of all its people. The work undertaken by the People Resource Team has been invaluable in promoting the Health Board as a great place to work and is helping us in taking meaningful steps to improve the diversity and inclusivity of our workforce.

During 2021/22 the Health Board worked with our community partners to shape our services and we will continue to do so going forward, understanding the importance of having diverse voices in developing strategies and processes that are inclusive.

Cardiff and Vale University Health Board intends to use the 2022-2023 period to meet its Strategic Equality Plan objectives by:

- Developing an Inclusion Ambassador programme (formerly Equality Champions).
- Progressing the Anti-racist Wales Action Plan.
- Improving its data collection processes, for patients and staff.
- Continuing to engage with community partners, including when developing strategy and promoting the organisation as an inclusive employer.
- Continuing the development of its staff networks.
- Increasing the use of the Welsh language throughout the Health Board.
- Working to reduce the Gender Pay Gap.

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

Cardiff and Vale

University Health Board

Gender Pay Gap Report 2022

Introduction

Cardiff and Vale University Health Board aims to ensure that people are treated fairly and equitably at work. Our focus ensures that staff have the same access and opportunities to reward, recognition, and career development.

Gender pay gap legislation (developed by the Government Equalities Office), whilst a statutory responsibility for all employers of 250 or more, provides a useful mechanism with which we can measure our progress toward gender pay equality.

At 31st March 2022 we employed 16,687 staff as defined by the gender pay reporting guidelines [1], of which 76.27% were female and 23.73% male. These staff are engaged in a wide variety of activities, and cover a number of different grades and pay scales. Female employees make up the majority of staff on bands 1 to 8, with 1 more male employee in a band 9 role, and more male employees in Medical & Dental roles.

Pay Band	Female	%	Male	%	Total	%
Band 1	37	0.22%	34	0.20%	71	0.43%
Band 2	2395	14.35%	985	5.90%	3380	20.26%
Band 3	1393	8.35%	452	2.71%	1845	11.06%
Band 4	1041	6.24%	216	1.29%	1257	7.53%
Band 5	2620	15.70%	463	2.77%	3083	18.48%
Band 6	2574	15.43%	477	2.86%	3051	18.28%
Band 7	1382	8.28%	346	2.07%	1728	10.36%
Band 8a	403	2.42%	122	0.73%	525	3.15%
Band 8b	171	1.02%	67	0.40%	238	1.43%
Band 8c	71	0.43%	35	0.21%	106	0.64%
Band 8d	32	0.19%	23	0.14%	55	0.33%
Band 9	15	0.09%	16	0.10%	31	0.19%
Medical & Dental	550	3.30%	681	4.08%	1231	7.38%
Other	43	0.26%	43	0.26%	86	0.52%
Grand Total	**12727**	**76.27%**	**3960**	**23.73%**	**16687**	**100.00%**

[1] We have decided to publish our numbers in line with the gender pay gap reporting guidelines. Although this is not a legal requirement in Wales, this is an important aspect of our commitment to transparency about pay. We are serious about, and committed to, identifying the causes of the pay gap and work to find solutions to address this.

What is the gender pay gap?

The Gender pay gap shows the difference in the average pay between men and women in the workforce.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6th April 2017, which requires employers in England with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees.

What is our pay gap?

The Gender Pay Gap in Cardiff and Vale University Health Board can be found in this table.

Gender	Avg. Pay	Median Pay
Male	13,101.51	10,002.00
Female	8,824.34	6,668.02
Difference	4,277.17	3,333.98
Pay Gap %	32.65	33.33

Yearly Comparison of our Mean Pay Gap

We first started reporting our Gender Pay Gap in 2017. In subsequent years, our pay gap has increased each year except 2021, where there was a decrease. Our pay gap has slightly increased in 2022 and we will continue to monitor and work on improving our pay gap over the coming year.

Year	Mean Pay Gap
2017	20.16%
2018	21.34%
2019	22.60%
2020	36.23%
2021	32.04%
2022	32.65%

What is the difference between the mean pay gap and the median pay gap?

The mean pay gap is the difference between the average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women.

Understanding the pay gap

We recognise that gender pay gap is disappointing and needs to be addressed.

In Cardiff and Vale University Health Board, the gender pay gap exists as a result of the makeup of our workforce; although there are more women than men in senior roles, there is also a higher proportion of women relative to men in the lower grades.

The proportion of men and women in each quartile of our pay structure is shown in this table:

Number of employees | Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	2968.00	1055.00	73.78	26.22
2	3136.00	893.00	77.84	22.16
3	3327.00	702.00	82.58	17.42
4	2798.00	1231.00	69.45	30.55

Understanding the bonus pay gap

Bonus pay is defined as remuneration relating to profit sharing, productivity, performance, incentive or commission for the period 1st April 2021 to 31st March 2022.

All analysis taken with regards to bonus payments only includes Consultants in receipt of Clinical Excellence Awards of Commitment Awards. The figures given in table below show recipients of these awards as a percentage of the whole Health Board workforce. The gender split is 36% female and 64% male. This is an improvement on last year's split of 24% female and 76% male. Further work is needed to understand the implications of this and to continue these improvements.

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	136.00	14428.00	0.94%
Male	242.00	4692.00	5.16%

Working to close the gender pay gap in CAVUHB

Cardiff and Vale University Health Board is committed to addressing workplace barriers to equality, supporting diversity and creating an open and inclusive community. This is underpinned by our values of being kind, caring and respectful whilst demonstrating trust, integrity and personal responsibility.

Some of the work we have undertaken included the following:

- Continued discussions about agile working within the organisation
- Monitored job adverts for inclusive language through sampling
- Promoted our work in schools, avoiding the use of stereotypes
- Reducing the Gender Pay Gap is a Strategic Equality Plan Objective

The impact of these actions will not be seen immediately and a positive impact is likely to show in future Gender Pay Gap figures.

As our journey continues, we have identified the following actions:

- Executive Board sponsor for the gender 'protected characteristic' to work with the Equality Manager to plan further actions around the gender pay implications.
- To promote and encourage agile/flexible working
- Monitor the number of male and female applicants for jobs, including part time workers
- Continue to raise awareness through speakers, factsheets and staff training
- Develop an organisational action plan setting objectives and outlining steps as to how the organisation will reduce its Gender Pay Gap.

Declaration

This data has been calculated according to the requirements of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

Report Title:	Strategy and Delivery Committee draft Annual Report 2022/23			Agenda Item no.	3.2
Meeting:	Strategy and Delivery Committee	Public	X	Meeting Date:	14.03.2023
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				

Main Report
Background and current situation:

An Annual Report from the Committee is produced to demonstrate that it has undertaken the duties set out in its Terms of Reference and to provide assurance to the Board that this is the case.

The purpose of the Annual Report is to provide Members of the Strategy and Delivery Committee with the opportunity to discuss the attached draft Annual Report before being submitted to the Board for approval by the end of March 2023.

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

At the time of writing this covering report, the Committee has achieved an overall attendance rate of 83% from the period 1 April 2022 to date and has met on five occasions (not including this meeting) during the year. Subject to the Committee approving the recommendations set out below, the Annual Report will be updated to reflect the business discussed at the meeting today together with the attendance rate and forwarded to the Committee Chair for approval.

The attached Annual Report 2022/23 of the Strategy and Delivery Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

Recommendation:

The Committee is requested to:

a) **REVIEW** the draft Annual Report 2022/23 of the Strategy and Delivery Committee; and

b) **RECOMMEND** the Annual Report to the Board for approval.

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	30 March 2023

Mohamed,Sarah
10/03/2023 09:34:13

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

Draft Annual Report of the Strategy & Delivery Committee 2022/23

1.0 Introduction

In accordance with best practice and good governance, the Strategy & Delivery Committee (the Committee) produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership comprises of the Chair (who must be an Independent Member of the Board) plus a minimum of three other Independent Members of the Board. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of People and Culture, Executive Director of Finance or nominated deputy, Executive Director of Public Health or nominated deputy, and the Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

3.0 Meetings & Attendance

The Committee met six times during the period 1 April 2022 to 31 March 2023. This is in line with its Terms of Reference.

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Strategy & Delivery Committee achieved an attendance rate of X% during the period 1st April 2022 to 31st March 2023 as set out below:

Commented [SM(aVU-CG1]: To be confirmed following March meeting

	17.05.22	12.07.22	27.09.22	15.11.22	24.01.23	14.03.23	Attendance
Michael Imperato (Chair)	✓	✓	✓	✓	✓		
Sara Mosely (Vice Chair)	✓	✓	✓	✓	✓		
Prof. Gary Baxter (until 16th December 2022)	X	✓	✓	X	NA		
Dr Rhian Thomas	✓	✓	✓	✓	✓		
Ceri Phillips	✓	X	✓	✓	X		
Total	**80%**	**80%**	**100%**	**80%**	**75%**		

Commented [SM(aVU-CG2]: To be completed following March meeting

4.0 Terms of Reference and Workplan

Subject to Board approval, the Strategy and Delivery Committee will be dissolved with effect from 1 April 2023. Accordingly, there will be no Terms of Reference and Workplan for this Committee from 1 April 2023.

5.0 Work Undertaken

The purpose of the Committee is to advise and assure the Board on the development and implementation of the Health Board's overarching strategy, namely the Shaping our Future Wellbeing Strategy (SOFW), and key enabling plans.

As set out in the Committee Terms of Reference, the role and responsibilities of the Committee are divided into four categories as shown below:

- Strategy – this includes the SOFW and National Strategies (e.g. Welsh Government's Health and Social Care Strategy, in addition to (i) the Well-being of Future Generations (Wales) Act, and (ii) Socio-economic Duty and Equality Act.

- Delivery Plans – including the Health Board's Integrated Medium-Term Plan (IMTP), the Workforce Plan and the Capital Plan.

- Performance – The Committee scrutinises and provides assurance to the Board that key performance indicators (e.g. key Operational Performance Indicators which are relevant to the Committee and Workforce Key Performance Indicators) are on track. Where appropriate, it also undertakes closer scrutiny (by way of "deep dives") on areas of concern.

- Other Responsibilities – including providing assurance to the Board with regards to the wellbeing of its staff, and in relation to Equality and Health Impact Assessments.

During the financial year 2022/23, the Committee reviewed the key items at its meetings as set out in this Report.

In addition to the routine business of the Committee, which is set out below, the Committee also had more detailed reviews and "deep dives" in the following key areas:

- Staff Retention
- Outpatient Transformation
- Clinical Strategy Update
- Managing Attendance
- Cancer Services
- Musculoskeletal & Primary liaison workers
- Delayed Transfer of Care and work with Social Services
- Cost of living crisis impact upon Mental Health Services

These detailed reviews and “deep dives” included presentations from key staff and enabled the Committee Members to gain an in depth understanding of the work undertaken in these areas.

PUBLIC STRATEGY & DELIVERY COMMITTEE

Key matters which were reviewed and discussed by the Committee included the following: -

Capital Plan 2022/23 Delivery

In May 2022, the Committee received the Capital Plan Delivery for 2022/23. It was noted that there was a reduction in Discretionary Capital since last year which left a balance of just over a £1 million to support other projects.

Race Equality Action Plan (REAP)

The Committee were presented with the Race Equality Action Plan (REAP) Paper in May 2022. The plan would set objectives for the organisation. The next steps were to start an organisational action plan and to sign the zero-racism pledge. Race Equality First were also invited to a Board Development Session later on in the year.

Strategic Equality Plan Update

In May 2022, the Committee received an update in relation to the Strategic Equality Plan - Caring about Inclusion 2020-2024 (which had been endorsed by the Committee in September 2020). As part of that update, the Committee was informed of the priority interventions that had been identified for the coming year and the associated first year action plan that had been developed.

It was noted there were many areas of inequalities that required action and that there was more work to be undertaken and much wide-reaching consideration should be given as to how this work was reported.

The Committee received a further Strategic Equalities Update at its January meeting.

Six Goals for Urgent and Emergency Care

In July, the Committee was advised that the Welsh Government programme spanned a five-year period and was supported by £25m of funding in Wales, of which the Health Boards share was £2.960m. It was noted that the six goals covered a wide range of areas within Healthcare.

The Committee were also informed of the five goals for Planned Care recovery and the actions which followed from the same, namely: -

- Nobody would wait longer than a year for their first outpatient appointment by the end of 2022.
- The number of people waiting longer than 2 years in most specialties would be eliminated by March 2023.
- The number of people waiting longer than 1 year in most specialties would be eliminated by Spring 2025.
- Increased speed of diagnostic testing and reporting to 8 weeks and 14 weeks for therapy interventions by Spring 2024.
- Cancer diagnosis and treatment would be undertaken within 62 days for 80% of people by 2026.

The Committee was advised of the Health Board's delivery ambitions and it was noted that they reflected the Ministerial priorities and the performance outcomes framework.

Sustainability Action Plan

In the November meeting, the Committee was advised that Audit Wales had issued a report (Public Sector Readiness for Net Zero Carbon by 2030) which set out five calls for actions for organisations to tackle common barriers to decarbonisation in the Public Sector. It was noted that the Strategy refresh would have a strong commitment to this area and the decarbonisation action plan would form part of the Health Board's IMTP.

It was noted that whilst the decarbonisation agenda raised many challenges, the Committee discussed some potential ways in which the Health Board's carbon footprint could be reduced. For example, using more recyclable devices rather than single use and embedding decarbonisation into staff Value Based Appraisals.

In January 2023, the Committee was presented with the 2023/24 Decarbonisation Action Plan. The next steps were to mature key actions, estimate cost and give responsibility to owners. It was noted that the Committee would receive a copy of the proposed Decarbonisation plan before the same was presented to the Board in March for approval.

King's Fund Reports – Early Intervention

In January 2023, the Committee was presented with the King's Fund Reports. The Reports followed on from work previously completed with the King's Fund in 2021. They addressed ways to create sustainable systems which supported and improved the health of populations and tackled inequalities.

It was noted that the Integrated Health and Care System Report had identified that the Health Board had made significant progress towards delivering a more integrated care system.

The Preventative Approach within Primary and Community Services Report also found that the Health Board had made significant progress towards delivering preventive approach in Primary and Community services.

The Reports had recommended opportunities for further progress which included strengthening a culture of innovation, doing more with data, closer working with patients and communities and managing resource collectively.

Shaping Our Future Wellbeing Strategy (SOFW) Update

At each of its meetings, the Committee received an update and a composite overview of the SOFW and the Strategic Programmes portfolio, by way of flash reports.

In November 2022, the Committee was informed that the refresh of the Strategy was ongoing with the draft of the refreshed Strategy due to go to full Board in March 2023.

The Committee received an update with regards to each Strategic Portfolio:

(i) Shaping our Future Population Health
(ii) Shaping our Future Community Services
(iii) Shaping our Future Clinical Services
(iv) Shaping our Future Hospitals Services

With regards to (iv), it was noted that the Health Board might have to bring in specialist expertise to advise/assist on the Future Hospital Programme. The Committee was also advised that "do nothing" was not an option if that Programme did not go ahead. The Committee also discussed what role the University could play in considering new models of delivery/health care provision under the new hospital programme. The Committee was informed that the Vice Chancellor of the University sat on the Health Board's Future Hospital Programme Board.

In order to assure the Committee, at every meeting the current status, key progress, planned actions, risks and mitigations for each of the programmes were presented to the Committee Members.

Key Workforce Performance Indicators

At each meeting, the Committee received regular Key Performance Indicator updates and was provided with an overview reported against sickness absence rates, statutory and mandatory training, Value Based Appraisals and health and wellbeing.

Key Operational Performance Indicators

At each meeting, the Committee received Key Operational Performance Indicators which included updates on the following:

- Urgent and Emergency Care
- Planned Care
- Primary Care
- Mental Health Measures

- Cancer service
- Stroke services

In January 2023, the Committee were presented with an industrial action update. Committee Members were informed that the Health Board had the lowest number of derogation requests. The first two strike days had involved cancelling 1,000 outpatients, of which 500 outpatient appointments were cancelled the next day. It was noted that cancer patient appointments were not cancelled and there were no additional issues with Ambulance handover as a result of the strikes.

IMTP

In May 2022, the Committee was presented with the IMTP Monitoring Proposal. It was noted that Audit Wales had requested a regular update of the IMTP to the Committee meetings.

A quarterly progress update was presented to the Committee at each meeting.

In May the Committee was informed that, in March 2022 the Board had approved a draft 2022-25 Cardiff and Vale UHB IMTP on the assumption that ongoing work through the first quarter of 22-23 would take place to address the £20.8M deficit which the plan was articulating.

Later in the year, due to the Health Board's financial deficit, the Committee was advised that the Health Board would be unable to provide a financially balanced IMTP for 2022-25, and that the Health Board had approved an Annual Plan for 2022/23 which was set in a three-year context.

Policies approved by the Committee

The Committee considered and approved/adopted a number of Policies and Procedures during the year which included the following: -

- Recruitment and Selection Policy
- Adaptable Workforce Policy
- Employee Health and Wellbeing Policy
- Learning, Education and Development Policy
- Maternity, Adoption, Paternity and Shared Parental Leave Policy
- Relocation Reimbursement Policy for Doctors and Dentists in Training
- Staff Winter Respiratory Vaccination (Flu and Covid 19) Policy
- Business Continuity Policy
- Adverse Weather – Heatwave Plan Policy
- Adverse Weather – Cold/Snow Plan Policy

At its meeting in May, the Committee also considered the Welsh Language Corporate Policy and recommended the following to Board for approval.

In September, the Committee:-

a) noted that the All Wales Relocation Reimbursement Policy for Doctors and, Dentists in Training had been published by HEIW; and
b) rescinded the Relocation Costs and Associated Provisions for Doctors and Dentists in the Training Grades Policy (ref UHB 059).

Other Business

During the year the Committee also received and discussed the following matters: -

- Board Assurance Framework – at each meeting, the programme of risks associated with the Committee, were reported to the Committee, with specific risks being discussed at the individual Committee meetings.

- Health and Safety Culture Plan– in July the Committee received the draft Health and Safety Culture Plan which provided a structured, prioritised approach to underpin the Health Board's Health and Safety aims and objectives.

- Annual update on Childhood immunisations

- Capital Plan/Capital Programme Status reports – were presented to the Committee in September and November.

Private Strategy & Delivery Committee

May, July, September, November 2022 & January, March 2023

The Suspension Report was presented to each Private session of the Committee for the financial year 2022/23.

6.0 Reporting Responsibilities

The Committee had reported to the Board after each Committee meeting by presenting a summary report of the key discussion items at the Committee. As per the Committee's Terms of Reference the report is presented by the Committee Chair in which he must:

1. report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports throughout the year;

2. bring to the Board's specific attention any significant matters under consideration by the Committee;

3. ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any

urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.

7.0 Opinion

The Committee is of the opinion that the draft Strategy & Delivery Committee Annual Report 2022/23 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

This is the last Strategy and Delivery Committee Annual Report. The strategy element will be discussed more fully at Board level and the delivery element will be discussed at future Finance Committee meetings. The Independent Member for Legal will also be chairing the Finance Committee which will provide continuity.

Michael Imperato

Committee Chair

Report Title:	Corporate Risk Register			Agenda Item no.	4.1
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	14.03.2023
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Interim Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				

Main Report
Background and current situation:

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

Each of these risks are linked to a Committee of the Board and the Board Assurance Framework. Those risks which are linked to the Strategy and Delivery Committee (the "Committee") and were reported to Board on the 26th January 2023, are attached at Appendix A for further scrutiny and to provide assurance to the committee that relevant risks are being appropriately recorded, managed and escalated.

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

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

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

Alongside this process the Risk and Regulation Team continue to provide ongoing support and training to risk leads across the Health Board. During January and February 2023, the Head of Risk and Regulation has also met with Risk Leads within Clinical Board Triumvirates and Corporate Directorates to provide additional support and guidance in advance of submission of updated risk registers for the January and March 2023 Board meetings. During February the Head of Risk and Regulation has also attended and advised at the Obstetrics and Gynaecology Risk Management Meeting and at the

Specialist Services Quality, Safety and Experience Committee to ensure that appropriate Risk Management support is provided where required.

At the Health Board's January 2023 Board meeting a total of 17 (from a total of 22 risks scoring 20 or above) Extreme Risks reported to the Board were linked to the Strategy and Delivery Committee for assurance purposes.

Details of those risks are attached at Appendix A but can be summarised as follows:

Risk Score (1 to 25) - Clinical Board	20/25	25/25
CD&T	1	
Medicine	5	1
PCIC		
Specialist Services	4	
Surgery		
Digital Health		
Children and Women	2	
Mental Health		
Capital Estates and Facilities	**4**	
Workforce and OD		
Total:	**16**	**1**

An updated Register will be shared with the Board at its March 2023 meeting. It should also be noted that each Clinical Board shares the detail of their Extreme Risks with Executive and Operational colleagues bi-monthly at Clinical Board Operational Meetings to ensure that they are continually monitored and proactively managed.

ASSURANCE is provided by:

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

Recommendation:

The Committee is requested to:

a) NOTE the Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which is now progressing with Clinical Boards and Corporate Directorates.

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

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

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

Prevention	x	Long term		Integration		Collaboration		Involvement	x

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

Risk: Yes

The paper relates to the Health Boards management of extreme risks in line with the Health Board's Risk Management and Board Assurance Framework Policy

Safety: Yes/No

No

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

CORPORATE RISK REGISTER JANUARY 2023

Clinical Board/Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Capital Estates and Facilities	1	Mar-21	**Obsolete Medical Gas and Air Delivery Equipment and Plant** **Risk/Issue**: Medical Gas (Oxygen) Manifold is obsolete at UHW Maternity (manifolds 1&7), In addition the UHW Medical Gas Pressure reducing set is obsolete. Helipad and Ambulatory Care Medical Air Plant areare non compliant to HTM02-01 MGPS Standards. **Impact:** Equipment failure leading to Loss of Service and interruption of supply. This would adversely impact on patient safety. quality of service and HTM regulatory compliance.	5	4	20	Regular inspection and maintenance	5	4	20	New manifolds and pressure reducing sets required	5	1	5	Feb-23	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	2	Mar-21	**Risk/Issue**: UHW Tunnels corroded Main O2 Pipeline due to building leakage **Impac**t: Equipment Failure leading to Loss of Service and Interruption of oxygen supply to whole of UHL - impacting on patient safety and failure to meet HTM regulations.	5	4	**20**	Regular inspection and maintenance.	5	4	**20**	Repair building leak and renew section's of corroded pipework.	5	1	**5**	Feb-23	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	3	Mar-21	**Risk/Issue**: UHL Main Boiler F&E TANKS are badly corroded and require renewing **Impact**: Corrosion causing tanks to leak and loss of Heating throughout Hospital	5	4	20	No controls in place as cleaning tanks may result in leakage	5	4	20	Renew or reline tanks to prevent leaks.	5	1	5	Feb-23	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	4	Jun-21	**Risk/Issue:** Ventilation verification of critical systems has identified UHW ITU A3N, UHW ITU B3N North, UHW Cardiac ITU C3 Link does not comply with HTM's for Ventilation. **Impact:** Adverse impact on the safety of staff working in these areas, faiulre to comply with HTM regulations.	5	4	20	System is subject to statutory testing and inspection in line with legislation and HTM regulations. Regular maintenance.	5	4	20	Preparing plans to renew the AHU. Look at improving the sytem to comply with current HTMs	5	1	5	Feb-23	Quality, Safety & Experience Committee Strategy and Delivery Committee	Workforce Patient Safety Capital Assets Staff Wellbeing
	5		**Risk/Issue**: Energy Cost pressures. Energy Markets are very unstable which is resulting in dramatic tariff increases for the remainder of 21/22 and for the entire 22/23 financial year. **Impact**:Estimated cost pressures are £2.1 million for 21/22 and £4.6 million for 22/23 (total estimated expenditure is therefore £15 million).	4	5	20	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings.	4	5	20	Assurances are through monthly reporting and meetings with finance.	4	4	16	Feb-23	Finance Committee	Financial Sustainability
	6	08/2022	There is a risk of physical and emotional harm to patients and staff due to the number of nursing vacanies across the Clinical Board. Secondary to this is the risk of failure to comply with regulatory staffing requirements (Nurse Staffing Levels (Wales) Act 2016).	5	5	25	Posts advertised in a timely manner. Authorisation of vacancies reviewed efficiently. Maximsation of medical ward float staff. Dedicated recruitment officer in post. Bimonthly recruitment events held. Engagement with Project 95, overseas recruitment, adaptation programmes, student streamlining and staff return to practice. Risk staff framework completed daily by the Clinical Board and shared at daily OPAT UHB meetings	5	5	25	Ongoing support and escalation via OPAT. Overseas nurses coming on board October 2022 to support staffing shortfalls. Focused work on staff exit questionairres and engagement with established staff to protect establishment.	5	3	15	Feb-23	Strategy and Delivery Committee Quality, Safety and Experience Committee	Workforce Patient Safety Staff Wellbeing Urgent and Emergency Care
	7	08/2022	Patients with suspected (Basal cell carcinoma) BCC are added to a routine waiting list, due to this there is a risk that these patients may actually be unusual presentation of a higher risk Squamous cell carcinoma (SCC). Secondary to existing RTT waiting times for routine referrals (target 36 weeks) there is a risk that increased waits could impact on a patients prognosis.	5	5	25	Ongoing work within the Directorate with Clinical Board oversight to reduce waiting times	5	4	20	Waiting list initiatives ongoing as part of recovery plan to reduce overall waiting position. Triage system in place for referrals: teledermatology review of photographs to support clinical prioritisation	5	1	15	Feb-23	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety Cancer Planned Care
	8	08/2022	There is a risk of patient harm due to delays in patient treatment and flow following a speciality referral from the Emergency Unit.	5	5	25	Engagement across Clinical Board specialities to review patients within 30 minutes of referral and make a plan within 60 minutes. Implementation of internal escalation cards within Emergency Medicine. Delays documented within EU Safety Huddles Report.	5	4	20	To facilatate seven day 12 hour per day presence of an Acute Medicine Consultant as per Royal College of Physician guidelines	5	3	15	Feb-23	Quality, Safety and Experience Committee	Patient Safety, Urgent and Emergency Care
	9	08/2022	There is a risk of Patient Harm due delays in the delivery of patient care and subsequently NRI's reported to the Delivery Unit for delayed cancer diagnosis secondary to the accumulation of therapeutic and surveillance backlog for Endoscopy and due to Covid restrictions. Change in the local lower GI pathway has shifted all USC priority CT pneumocolon requests into secondary care. Implementaton of FIT stool testing into pathway now requires result for some patient groups delaying decision making and waiting times for USC referral.	5	5	20	Clinical validation of lists. Corporate risk stratification cub available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification. High risk surveillance patients started to be listed for procedures.	5	4	20	Directorate to utilise BIS risk surveillance to prioritise patients and reduce potential harm. Administrative team to send patient risk letters for delayed surveillance cases to manage patient risk. Directorate to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance. Clinical validation continues risk assessing using a clinical tool recommended by steering group. Table top exercises undertaken to ensure all actions aligned and updated and will continue to be reviewed.	4	2	8	Feb-23	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety Planned Care Cancer

Medicine Clinical Board	10	01/03/2019	There is a risk to patient safety and wellbeing due to patients remaining on WAST ambulances for above the agreed 15 minute Welsh Government turn around time secondary to lack of capacity within the Directorate and UHB. This results in delays for patient assessment and treatment with the potential to cause patient harm.	5	5	25	When patient arrives by WAST, patient is booked in and major assessment nurse (MAN) is alerted to immediately triage patient and handover taken. If there is any change in the patients condition, the WAST crew will immediately inform the MAN. All non paramedic crews are assessed by the Triage Nurse/MAN to ensure a patient clinical assessment is conducted. Concern by either party about the length of any dealy or volume of crews being held is escalated to the Senior Controller/EU nurse in charge to Patient Access for usual UHB escalation procedures, or by WAST via Silver Command. WAST have introduced a number of hospital avoidance initiatives with some evidence this has reduced ambulance transfers. Protection of Resus capacity when possible including one buffer. Standard operating procedure in place within EU to support 'immediate release' requests by WAST. Joint CB/WAST partnership meeting in place to focus on improvement. The CB is engaged with the NRI process for reporting incidents where WAST delays have resulted in major harm. The Clinical Board work with OPAT and the completion of 'on boarding' and FCP when ambulances have been held for 3 hours. Transformational work undertaken across Acute and Emergency Medicine to support flow including RATZ, virtual ward and speciality hub. The appointment of two Band 7 registered nurses to work with Patient Access to support patient flow.	5	4	20	Daily review and risks noted within Safety Huddles and EU controller reports. Escalation via MCB HUB and Patient Access Services. Evaluation of Standard Operating Procedure to reflect changes required. WAST immediate release Standard Operating Procedure in use to support 'red' calls in the community. OPAT across both UHW and UHL sites to support WAST and patient flow.	5	2	10	Feb-23	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Urgent and Emergency Care
	11	01/01/2021	There is a risk of patient and staff harm due to an inability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment, resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	25	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	20	Medical staffing reviewed as part of the daily OPAT meeting with ongoing planning to ensure safe staffing. Work ongoing with Medi Team and Locums to support the Emergency footprint. Ongoing recruitment into F3 posts	5	2	10	Feb-23	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patienty Safety Staff Wellbeing Workforce
	12	01/12/2021	There is a risk of patient harm due to overcrowding within the Emergency and Acute Medicine footprint secondary to no flow or lack of UHB capacity. This results in the inability to provide and maintain key quality standards as patients are being nursed in inappropriate areas affecting timely access to treatment and discharge.	5	5	25	UHB and local escalation policy and implementation led by MCB Hub and Patient Access Services working in partnership with the EU Controller and Senior Floor cover to improve flow. Escalation of all constraints to all Directorates. Internal escalation to key clinicians/staff to assist with flow across the department. All vulnerable patients escalated to ensure timely bed allocation. Standard Operating Procedure in place for all ambulatory areas. Clinical Board engaged and supportive of 'on boarding' to facilitate flow. Change in the Emergency Unit footprint to support flow, eg speciality hub.	5	4	20	Appropriate escalation and discussion with MCB HUB, Patient Access Services and OPAT regarding safe and timely patient flow. Introduction of two Band 7 nurses to support flow and patient access.	5	3	15	Feb-23	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
Children and Women Clinical Board	13		Due to Fetal Medicine capacity shortfall and breach of ASW 5 day referral standard, there is an increased risk of harm to compromised fetuses and reduced options for termination of pregnancy if delayed beyond 21+6 weeks	5	5	25	Fetal medicine lead is keeping accurate data regarding breach figures, along with demand and capacity data. Clinics are being overbooked to absorb urgent referrals and active triage to allow joint shared care with local delivery where possible. Twice Weekly Staffing Meetings. Monitoring of Demand and Capacity figures	5	4	20	The fetal medicine service is actively triaging on a daily basis and managing patients locally where possible and declining to accept referrals when safe to do so. A locum consultant with appropriate experience is providing 2 clinic sessions a week. Extra additional clinics are being put on where possible and will continue to be explored, however this is not always possible due to consultant availability and there still not being enough sessions available to meet the demand on the service. The fetal medicine service will continue to try manage the risk by vigilant triaging to pick off the highest risk cases and trying to manage joint care with local units when possible. Additional clincial space (current antenatal phlebotomy room) is being prepared to reduce crowding in clinics and improve efficiency.	5	1	5	Feb-23	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety Maternity
	14	01.05.22	Due to staffing levels within Maternity services there is a risk that: - there will be delay and interruption to induction of labour and the potential risk of poor patient experience and poor outcomes for mothers and babies. Home Birth Services will be withdrawn resulting in the loss of choice for women. This has the potential for reputational harm to the Health Board. - the Midwifery Led Unit will have to close resulting in the loss of choice for women. This has the potential for reputational harm to the Health Board	5	5	25	1.Undertaking an in depth review of our that there is continued assurance that sickness is being managed according to the policy. 2. Introduced a weekend planning meeting each Friday at 12pm so that we have assurance that weekends are covered 3. Introduced a postnatal / newborn spot screening clinic at UHW on the weekends. This means that women will attend ANC at UHW or UHL for their care rather than a midwife visiting. This will release a community midwife to come in to support the hospital setting but keep the home birth service going. 4. Midwives offered bank / additional hours and overtime Enhanced overtime approved	5	4	20	1. Ongoing recruitment of band 6 midwives. Band 5 vacancies have been filled and starting in October 2022. 2. Improved sickness review in place. 3. Staffing planning meetings to continue. 4. Communication to internal and external bodies including WG 5. Weekly internal escalation regarding staffing levels. 6. Ehanced overtime to continue to be offered to midwives and nurses. 7. Communication to the public regarding changes to service and MLU closures.	5	2	10	Feb-23	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety Workforce Maternity

CD&T	15		**Estates and Medical Equipment** There is a risk to the delivery of modern, safe and sustainable healthcare due to suboptimal estate. Significant aggregated risks acorss the Clinical Board Directorate risk registers including: 1. Mortuary - failure to meet HBN20 with potential for improvement notice or closure from the regulator (HTA) 2. Radiopharmacy - failure to meet the requirements of the regulator (MHRA) with potential for improvement notices or closure from the regulator - regional impact on delivery of diagnostic services 3. Stem Cell Processing Unit - inadequate accommodation, compressor failures, failure of supply of liquid nitrogen from the external tank, impact - failure to deliver liquid nitrogen to the cryogenic freezer holding patient stem cells for transplantation. 4. Health Records - inadequate storage capacity, security of the Health record, potential for data loss, health and safety risks 5. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW, no space to clean returned equipment 6. Insufficient accommodation for a number of clinical board services including - Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, physio, Cedar 7. Air tube for lab specimens sitting under contract for maintenance with CD&T, regular breakdowns and damage resultig in unable to use the system to deliver specimens ina timely manner 8. Air handing and chiller units - not in place, subject to regular breakdowns, impact on temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners leading to loss of service 9. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, leading to inability to deliver services 10. UHL Main Occupational Therapy Department - Fabric of building is deteriorating , room unusable , leaks throught the area .Patient records damaged as a result . Poor condition of outpatient portacabins	5	5	**25**	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework	5	4	**20**	Further work with Capital and Estates to develop prioritised timetabled plans to address known risks Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies Engage with TRaMS project for proposed regional solution to Radiopharmacy Engage with Capital Planning with regards to Mortuary refurbishment project	5	2	**10**	Feb-23	Strategy and Delivery Committee Quality, Safety and Experience Committee	Capital Estates Patient Safety
Specialist Services Clinical Board	16	Sep - 21	**Critical Care - Nursing Workforce** There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, sheilding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.	5	5	**25**	Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.	5	4	**20**	Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group	5	2	**10**	Feb-23	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety Staff Wellbeing Workforce Critical Care
	17	08/2022	**Critical Care - Bed Capacity** Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030. Delays in Emergency admission to Critical Care present a risk of avoidable deaths and impaired functional outcomes. Emergency Critical Care has 35 Level 3 commissioned beds. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	5	5	**25**	Currently the directorate are occupying the use of a surge ICU area (C 3 Link) to provide 10 additional physical beds. Capital Planning are in the design process for refurbishment and expansion of Critical Care.	5	4	**20**	Undertake Design work to produce an outline cost for refurbishment and expansion of Critical Care beds, overseen by Program Board.Seek funding for expansion and refurbishment. Clarify commissioning arrangements	5	2	**10**	Feb-23	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety Critical Care
	18		**Critical Care - Estates** There is a risk of patient and staff harm due to aging and obsolete estates and equipment coupled with reduced capacity within the Critical Care Directorate. Aggragated Risk following risk of harm in the following areas: - HCID Level 2 and 3 (Reduced Capacity) - Sub-standard Heating, Ventilation and Air Circulation - Isolation Facilities - LTV unit - Substandard Infrastructure and plumbing leading to flooding - Obsolete Pendants System providing medical gasses.	4	5	**20**	Prioritisation of clinical need, use of neighbouring facilities and acquiing temporary mobile structures.	4	5	**20**	Business cases to be developed to secure renovation and replacement funding.	4	2	**8**	Feb-23	Quality, Safety and Experience Committee Strategy and Delivery Committee	Capital Assets Patient Safety Critical Care

	19	Jan - 2010	**Haematology and Immunology - Clinical Environment** There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	**25**	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green). HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved. A number of options for the relocation of the service have been explored over the past 10 years but have not been successfully adopted. The directorate and Clinical Board are currently working with Estates and Operational Colleagues as part of the Health Board's Acute Sites Master Plan work to develop plans for relocation to the current Outpatient site at UHW.	5	4	**20**	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	**5**	Feb-23	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
Finance	20	Apr 22	Risk: The submitted IMTP has a planned deficit of £17.1m for 2022/23 and The Health Board does not have a plan to achieve its revenue statutory breakeven duty without reliance on WG financial support. There is a risk failure to have a three year IMTP approved by the Welsh Ministers due to an inability to achieve its revenue statutory break even duty.	5	4	**20**	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board	5	4	**20**	Development of plan to address the deficit in line with WG expectations in 2022/23 and continue to plan to break even in FY24 and FY25. Submission of IMTP to WG at end of Q1.	5	2	**10**	Feb-23	Finance Committee	Financial Sustainability
	21	April 22	Risk: Due to a planned deficit of £17.1m for 2022/23 there is a risk of failure to achieve an Approved Three year Financial plan (IMTP) with potential for additional escalation and intervention arrangements following Enhanced Monitoring arrangements being imposed by Welsh Government.	5	4	**20**	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board Work continues to address the recurrent deficit in the UHB's financial position. WG have note but not approved the IMTP submitted in June 2022 and are approaching the plan on a one year basis.	5	4	**20**	Developing a plan to address the £20.8m deficit is underway. The work will be completed to inform submission of IMTP at end of Q1.	5	2	**10**	Feb-23	Finance Committee	Financial Sustainability
Digital Health	22	06/08/2011	Cyber Security - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interuption and potential impacts on the safety of patients due to an inability to access electronically stored data.	5	5	**25**	The UHB has in place a number of Cyber security precautions. These include the following: - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Softare - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns.	5	4	**20**	The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. (May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. Continued efforts need to be made to improve compliance with the Health Board's Cyber Security Mandatory Training and to increase awareness of and engagement with the Health Board's Phishing Campaigns. Compliance with/completion of Cyber Resilience Unit Recommendations.	5	3	**15**	Feb-23	Digital Health Intelligence Committee	Capital Assets Digital Strategy and Road Map