Strategy & Delivery Committee

Tue 12 July 2022, 09:00 - 12:30

Agenda

1. Standing Items

1.1. Welcome and Introductions

Michael Imperato

1.2. Apologies for Absence

Michael Imperato

1.3. Declarations of Interest

Michael Imperato

1.4. Minutes of the previous Committee meeting – 17th May 2022

Michael Imperato

1.4 SD public minutes 17.5.22 MD.NF. MI.pdf (16 pages)

1.5. Action log following the previous meeting – 17th May 2022

Michael Imperato

1.5 Public SD Action Log - July MD.NFv2.pdf (2 pages)

1.6. Chair's actions since previous meeting

Michael Imperato

2. Items for Review and Assurance

2.1. Shaping Our Future Wellbeing Strategy

Abigail Harris

2.1.1. Strategic Delivery Programme updates (previously Flash Reports)

Abigail Harris

a) Shaping Our Future Wellbeing - Strategic Portfolio and Programmes Delivery
b) 2022-25 Integrated Medium Term Plan: Quarter 1 Delivery Assurance

2.1.1 Strategic Portfolio - Update - July 2022.pdf (3 pages)
2.1.1a Appendix A - Strategic Programme Flash Reports May 2022.pdf (16 pages)
2.1.1b SD IMTP Q1 assurance paper June 2022 v2.pdf (3 pages)
2.1.1bb IMTP QTR1 update report_annex 1.pdf (18 pages)
2.1.1bbb IMTP delivery guidance and baseline_annex 2.pdf (18 pages)

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2.1.2. Performance Reports

Rachel Gidman / Caroline Bird

a) Key Workforce Performance Indicators

b) Key Operational Performance Indicators

- 2.1.2 P&C KPI Paper May-22 Data.pdf (6 pages)
- 2.1.2a WOD KPI Report May-22.pdf (2 pages)
- 2.1.2b Performance and Recovery report - Operational Indicators 12 07 22.pdf (9 pages)

2.2. Six goals for Urgent and Emergency Care

Caroline Bird

2.3. Planned Care Recovery

Caroline Bird

2.4. Health and Safety Culture Plan

Rachel Gidman

- 2.4 H&S Culture Plan.pdf (3 pages)
- 2.4a H&S Culture Plan.pdf (35 pages)
- 2.4b H&S Plan - combined objectives.pdf (9 pages)

2.5. National & local policy and planning framework – High Level Overview

Abigail Harris / Marie Davies

- 2.5 National & Local Policy & Planning Framework.pdf (11 pages)

2.6. Annual update on childhood immunisation

Fiona Kinghorn

- 2.6 Child Imms SD Committee paper.pdf (6 pages)

2.7. Board Assurance Framework

Nicola Foreman

- 2.7 BAF Covering Report..pdf (3 pages)
- 2.7a BAF Capital Assets - July 2022 updated.pdf (3 pages)
- 2.7b Leading Sustainable Culture Change.pdf (3 pages)
- 2.7c Workforce.pdf (4 pages)

3. Items for Approval / Ratification

No Items

4. Items for Information and Noting

4.1. Corporate Risk Register

Nicola Foreman

- 4.1 - Corporate Risk Register.pdf (3 pages)
- 4.1a-Strategy and Delivery Committee - Detailed Corporate Risk Register Entries May 2022.pdf (2 pages)

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4.2. Flu vaccination programme 2021/22

Fiona Kinghorn

- 4.2 SD Flu programme 21-22 and plan for 22-23.pdf (8 pages)

5. AOB

6. Private Agenda Items

Michael Imperato

i) Suspension Report

7. Review and Final Closure

Michael Imperato

7.1. Items to be deferred to Board / Committee

Michael Imperato

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

27 September 2022 at 09:00 Via MS Teams

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

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Unconfirmed Minutes of the Public Strategy and Delivery Committee Meeting
Held On 17th May 2022 at 09:00am
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Sara Moseley	SM	Independent Member - Third Sector
Ceri Phillips	CP	Vice Chair of the UHB
Rhian Thomas	RT	Independent Member - Capital & Estates
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Meriel Jenney	MJ	Executive Medical Director
Caroline Bird	CB	Interim Chief Operating Officer
Geoff Walsh	GW	Director of Capital and Estates
Jonathan Pritchard	JP	Assistant Director of People Resourcing
Ian Hardcastle	IH	General Manager - Integrated Medicine
Claire Whiles	CW	Assistant Director of Organisational Development
Lianne Morse	LM	Assistant Director of Workforce
Adam Wright	AW	Head of Service Planning
Mitchell Jones	MJ	Equality, Diversity, Inclusion and Welsh Language Senior Manager
Meredith Gardiner	MG	Head of Partnerships and Assurance
Alun Williams	AW	Welsh Language Officer
Navrov Masani	NM	Consultant Cardiologist / Clinical Board Director SSD
Mark Wardle	MW	Consultant Neurologist
Secretariat:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Fiona Kinghorn	FK	Executive Director of Public Health
David Edwards	DE	Independent Member - ICT
Gary Baxter	GB	Independent Member - University
Ruth Walker	RW	Executive Nurse Director
Rachel Gidman	RG	Executive Director of People and Culture

Item No	Agenda Item	Action
S&D 17/05/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 17/05/002	**Apologies for Absence** Apologies for absence were noted.	

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S&D 17/05/003	**Declarations of Interest** The Independent Member - Third Sector (IMTS) declared that she was an elected member of the General Medical Council (GMC).	
S&D 17/05/004	**Minutes of the Meeting Held on 15 March 2022** The minutes of the Committee meeting held on 15 March 2022 were received. **The Committee resolved that:** a) The minutes of the Committee meeting held on 15 March 2022 were approved as a true and accurate record of the meeting.	
S&D 17/05/005	**Action Log following the Meeting held on 15 March 2022** The IMTS stated that a date would need to be added to the poor compliance on training. **The Committee resolved that:** a) The Action Log from the meeting held on 15 March 2022 was noted.	Action Log
S&D 17/05/006	**Chairs Action** No Chair's Actions were raised.	
	Items for Review and Assurance	
S&D 17/05/007	**Shaping Our Future Wellbeing Strategy – Update Strategic Delivery Programme updates (previously "Flash Reports")** The Shaping Our Future Wellbeing Strategy Update was received. The Executive Director of Strategic Planning (EDSP) introduced the item and advised the Committee on the status of the Programmes. It was noted that the Executive Director of Public Health (EDPH) and Tom Porter were leading the Shaping Our Future Population Health work and there were delays due to Covid 19. A piece of work around strategic dials and metrics would be worked through as part of the Outcomes Framework. It was noted that Kings Fund had been commissioned to complete work around the early intervention prevention	

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	area. That would be brought back to a future Committee meeting. The UHB Vice Chair (UHB VC) stated that the University rankings had been published. The Welsh Universities did not do as well as their counterparts. It would be a good time to work with the Universities through co-operation and collaboration. The EDSP responded that Cardiff University was expecting a lower ranking score. One of the items noted in benchmarking was that the investment in Wales was lower compared to other areas. The Life Science work was really important to keep Wales at the forefront. **The Committee was updated on the following Deep Dives:-** **a) Staff Retention** The Assistant Director of Workforce (ADW) advised the Committee that the workforce position had been challenging. There had been a slight reduction in staff absences but it still remained high. The Assistant Director of People Resourcing (ADPR) highlighted the following information: • Staff turnover had increased since 2015 from 7.92% to 12.57%. The target rate was 9%. • The data had been skewed by Covid since a high number of staff had been recruited, which had added to the turnover rates. • The areas with the highest rates of turnover were additional Clinical Services, Estates, Ancillary and Healthcare Support Workers. • Medical staff, scientists and allied health workers had the lowest turnover rates. • The turnover rates for registered Nurses was 11.35% and had been the highest for the past 7 years. • The trend was not sustainable and there were many initiatives and actions implemented in the past two years. • There was a requirement to improve responses to exit questionnaires and interviews. • Starter and stay surveys also needed to be improved. • The retention plan had been finished. There was a number of wide-ranging actions and initiatives within it.	EDSP

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	The UHB VC commented that poor quality of management was the most important response in the leaving questionnaires. The UHB VC queried whether more analysis could be done to find out what the managerial issues were. The ADPR responded that previously the responses would be collated and a development plan would be implemented with the Sister Nurse. That had worked successfully in some areas. It was about “drilling down” into the information and using it so something positive could be done. The Independent Member - Capital & Estates (IMCE) queried the lack of data from the exit interviews and the plan to obtain a higher response rate. The ADW responded that the ADOD would give an update on that later in the agenda. The Director of Capital and Estates (DCE) stated that retention in Estates was of concern. They were in competition with other health boards and the industry. The rates of pay in the Private Sector are substantially more than the Public Sector. It was anticipated that they would lose more staff. Furthermore, the Minister’s office sent a letter recently stating that Estates and Facilities staff needed to be insourced rather than outsourced. The IMTS stated that on Patient Safety Visits nurses had expressed difficulty in moving from their home teams to provide cover. The ADPR responded that a lot of the actions in the implementation plan had already been implemented. Some of those were short term and others were long term. A labour turnover analysis was frequently completed and the team was analysing the information received. The CEO stated that trajectories should be set and the Committee should be advised against the achievement of the trajectories. The ADPR responded that trajectories were plotted for Nursing and Healthcare Support Workers on a monthly basis and he would be happy to share the information. **b) Key Workforce Performance Indicators**	

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	The CEO stated the flash report on the People and Culture Plan was green and that did not look right when looking at the key data points. The ADOD responded that the green showed that the team was on track for delivering the People and Culture Plan. However, the KPIs should be included to evidence the progress being made. **c) Outpatient Transformation** The Head of Service Planning (HSP) presented the Outpatient Transformation Programme and highlighted the following: • The aim was to provide oversight and leadership for transformation of Outpatient services to ensure patients were seen in the right place, time and by the right healthcare professional. • There was a real focus on reducing waiting times for patients. • The focus was on transformation and patient risk-based prioritisation. • A third of patients who came for an Outpatient appointment were then discharged into Primary Care. • The programme was divided into 5 work streams. There would be Clinical leads and Digital leads. • NHS Wales planned to transform the way it delivered services to Outpatients. That included a three-year strategy and action plan for 2020-2023. • Welsh Government priorities aligned with each of those. Transformation work needed to be undertaken with a focus on digitalisation. • Success stories so far had included validating 37,000 patients on the Outpatient waiting lists. 25% of appointments were delivered virtually. There were also 450 active health pathways. The next steps were revamping the programme and targeting the specialities. Three core areas which included capacity, efficiency and transformation, would be focussed upon. The IMTS queried “TBC” on patient experience and communications. The HSP responded that the team did not have someone from the Patient Experience and Communication team represented on the delivery group. A lot of work was being undertaken by Welsh	

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	Government and the Health Board on how to communicate with patients on the waiting list. The Interim Chief Operating Officer (ICOO) stated that how the Health Board supported and communicated to patients was important. The team was developing an external facing website which would be launched shortly. The HSP stated that many pathways had been developed to help with Primary Care. There was a lot of work being undertaken with GP interface roles and working with Secondary Care colleagues. **d) Key Operational Performance Indicators** The ICOO presented the Key Operational Performance Indicators and highlighted the following: • There were improvements made in several areas, including Cancer waits which had improved to 16.5%. • Good progress had been against the recovery plan. • One of the biggest challenges was the workforce. • The Stroke trajectory current improvement plan did not get the Health Board to where it needed to be and there was a measure missing. That would need to be brought back to the Committee. • Unscheduled care was also the biggest concern. A lot of work was being done to improve the position. • There was a specific Ambulance Handover improvement plan in place. • A more immediate Operational improvement plan was also in place. • The team was also developing a wider improvement plan aligned to the six national goals. An update would be provided in the next Committee meeting. Welsh Government had requested the Health Board to focus on “goal 3” (which was clinically safe alternative hospital admission). • Good progress had been made in the Same Day Emergency Care for surgery and more work was needed in the Medicine area. • The work with the Local Authorities had continued. In particular, national discussions were taking place with regards to Social Care.	ICOO ICOO

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	The IMTS queried the reduced rates in relation to red responses, which were life threatening, and whether that was due to the Health Board or Ambulance Services. The ICOO responded that it was mixed. The Health Board's task was to reduce ambulance handover delays. There was also a role for ambulances on how they deployed their resources and triage their calls. It was a joint action which required working together to improve matters. The CEO commented that there was a national response to the ambulance position. It was an indicator of a whole system under huge strain, with a quality impact upon patients. An expert panel has been put in place to look at the issue. A paper was to be presented to the NHS Leadership Board next week which set out a national mission to create additional capacity for the Autumn. The EDSP commented that she would bring a board briefing regarding the expert panels' considerations*.* **e) Clinical Strategy Update** The ESDSP stated that "Shaping Our Clinical Services" was one of the four Strategic Programmes which sat alongside the five Recovery Programmes. The EDSP described the architecture of the programme. The output was a series of individual service plans across fourteen domains which would give a plan for the transformation of services. Those were pathways developed within the Clinical teams. Grant Thornton would also provide expertise in terms of the process and knowledge of the future state. It was noted that there were a few stages to work through. The Consultant Cardiologist (CC) stated that a major issue was the lack of "head space" that Clinical teams had. <u>Service lines – Project 1</u> • LightFoot data was used to give a baseline. • Grant Thornton had been helpful. • The use of other subject matter experts would also be helpful. • There were also links to Ian Langfield's tertiary services strategy.	EDSP

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	• One of the key outputs would be informing the SOF programmes and providing a framework for SOFH Clinical Service pathways redesign. <u>Service line methodology testing – so far</u> • The first two Service Lines had commenced. GI & Urology and MDT's were set up with internal and external SME's. • There was a methodology which Clinical teams can use in the future. • There are good exemplars in place. <u>Service line methodology testing – to come</u> • It was noted that further reflection was required in relation to the Digital arena. • Workforce challenges had forced the Health Board to think of things differently. <u>Risks to delivery</u> • Shaping Our Future Hospitals (SOFH) – was highlighted "red" because the Programme Business Case had not been endorsed. The "red" status was misleading and a lot of good work had been carried out in relation to the Strategic Outline Case (SOC). The Health Board was working closely with government officials. There was a lot of work being undertaken around the Life Science element, and with the University and Cardiff Council. The Executive Medical Director (EMD) commented that it was very challenging to get the strategy in place and commented upon the importance of the governance of the strategy, the need for it to interface it with other programmes, and the need to engage with patients and users of the services at all stages. The UHB Vice-Chair stated it was very exciting but also daunting. He queried the involvement of Finance colleagues, should there be a reallocation of resources, and commented upon key practitioners' involvement. The CC replied that there was a governance structure in progress which included Finance and HR staff, and there was an intention to move care from hospital to community-based care if there was a crisis in Primary Care.	

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	The Independent Member – Capital & Estates (IMCE) queried the comments regarding the “head space” and time commitment. One of major challenges this year was cost reduction and retention rates. The CC replied that it was at the forefront of considerations, that there were service line discussions taking place with Medicine and Surgery, GPs, and Diagnostics and Radiology. The IMCE stated there was a lot of learning that was happening that would help with employee retention and other issues. . The CEO stated that strategic alignment was really important and she wanted teams to implement the “here and now” solutions, and solutions that aligned with the strategic objectives which led to quality of care improvement. **Values Based Appraisal Improvement Plan** The Assistant Director of Organisational Development (ADOD) gave an update on value-based appraisals. It was noted that value-based appraisals commenced in December 2019 to address the concern of low levels and engagement. The feedback was positive but the pandemic hit before it could be embodied across the organisation. It was noted that appraisals needed to be linked with the People and Culture Plan and the aspiration was to have a workforce that was valued and supported. There should be an emphasis on staff wellbeing and regular conversations with managers. The IMCE commented that annual appraisals were mandatory and explicitly linked with the organisation’s objectives. The IMCE queried if it was cultural as to why appraisals were not being done. The ADOD responded that annual appraisals should be done for everyone. Compliance is important but the benefits are also really important. The IMCE queried whether the take up was low because people felt that although they had an appraisal in the past, nothing had come out of it. It would be useful to	

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	complete mini case studies on people who had the value-based appraisals in the past. **The Committee resolved that:** a) The proposed approach to programme interdependency and risk management was noted. b) The proposed approach to developing an integrated monitoring tool for critical programme deliverables within a wider IMTP reporting framework was noted. c) The progress and risks described in the Strategic Portfolio Flash Reports was noted. d) The implementation of the Staff Retention action plan was supported and noted. e) The People Dashboard Key Workforce Performance Indicator report was discussed and noted. f) The Outpatient Transformation presentation was noted. g) The year to date position against key organisational performance indicators for 2021-22 and Recovery and Resign update was noted. h) The Clinical Services update was noted. i) The Values Based Appraisal Update report was noted.	
S&D 17/05/008	**IMTP Monitoring Proposal** The EDSP presented the IMTP Monitoring Proposal Paper. It was noted that Audit Wales had requested a regular update of the IMTP to the Committee meetings. The Assistant Director of Strategy and Planning had been working on that. The EDSP confirmed that the document would be taken to Board in May. The EDSP requested comments from colleagues. **The Committee resolved that:** a) The draft IMTP delivery assurance template which was under development was reviewed and noted. b) The routine quarterly reports would be bought to the Committee on a quarterly basis moving forward was noted.	

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S&D 17/05/009	**Sustainability Action Plan Update** The EDSP presented the Sustainability Action Plan Update Paper. It was noted that there were a couple of items which were outstanding. They were still working on the Committee oversight needed. It was noted that it had taken a while to recruit a Project Lead to formulate the reporting. The individual was due to start next month. The IMCE queried whether there were pockets of existing activities in the organisation that could be put through a "sustainability lens" and more pockets of good practice could be replicated. The EDSP responded that the aim was to develop the Sustainability Action plan so that it became business as usual and to document what was being done against the action plan. **The Committee resolved that:** a) The progress being made against the action plan and that there remained much more to be done and commitment to be sought to make meaningful inroads into the carbon footprint were noted.	
S&D 17/05/010	**Capital Plan 2022/23 Delivery** The EDSP presented the Capital Plan 2022/23 Delivery Paper. It was noted that the Welsh Government required a 10-year prioritisation list of schemes that the Health Board would need. It was the Director of Capital Estates and Facilities' best estimate of what the costs might be. 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. The Chair stated that the Capital Plan would be reviewed in the next Committee meeting. **The Committee resolved that:**	EDSP

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	a) The content of the paper including the reduced level of funding which would be challenging to manage in year, were noted. b) The Health Minister's expectation and advice were noted. c) The proposed Capital Plan attached as Appendix 1 was noted and recommended to be presented to Board for approval. d) All Business Cases would follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board, was noted. e) The schemes that the Health Board was developing through the Business Case process pending WG approval were noted.	
S&D 17/05/011	**Action around Race Equality Action Plan (REAP)** The Equality, Diversity, Inclusion and Welsh Language Senior Manager (EDIM) presented the Race Equality Action Plan (REAP) Paper and highlighted the following: • It was noted that it would now be called an anti-racist Wales action plan. • The action plan was due for publication next month. Once published it would give a steer on what would be needed to be done as an organisation. • The plan would set objectives for the organisation. • The One Voice Staff Network was launched within the Health Board. The purpose was to help ethnic minority staff and shape the organisation through collaboration and to help become an anti-racist organisation. • Professor Uzo Owobi was integral to drafting the action plan and was invited to give a talk. She confirmed that the Health Board should start from a place of honesty, work with the ethnic diverse community and gain senior leadership support. • The Race Equality Task Force released their report recently and identified 3 recommendations. • The next steps were to start an organisational action plan and to sign the zero racism pledge. • It was noted that Race Equality First would be invited to a Board Development Session. The IMTS queried how the One Voice Staff Network was being supported.	

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	The EDIM responded that there was a team member was providing administrative support and that going forward the Health Board would need to find out how to support staff networks. The IMTS stated that it should be linked with the People strategy. **The Committee resolved that:** a) The contents of the report were noted. b) The plans were currently in development to support an organisational REAP, with actions already being undertaken were supported.	
S&D 17/05/012	**RPB Q4 Plan – Progress Monitoring** The Q4 reports for all RPB short term funding streams paper was presented. It was noted that it described the work the team had achieved in the final quarter of the year. It was noted that a new plan was being developed this year. Conversations had started with the two Local Authorities on making sure the right governance structure was put in place. **The Committee resolved that:** a) The Quarter 4 performance reports for all funding streams were noted. b) The evaluations and the intention to include lessons learned were noted.	
S&D 17/05/013	**A Healthier Wales: Long term plan for Health and Social Care – *Verbal Update*** It was noted that this year would be spent on updating the strategy following the guiding Government strategy for Health and Social Care in Wales. **The Committee resolved that:** a) The Verbal Update was noted.	
S&D 17/05/014	**Board Assurance Framework** The Board Assurance Framework (BAF) was presented.	

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	It was noted that a programme of risks associated with the Strategy and Delivery Committee was agreed for reporting purposes. For the new financial year, a BAF would be presented to the Board in May 2022. That would include some new risks to the achievement of Strategic Objectives and/or to reflect that some of the risks from 2021 – 2022 may have been removed. The purpose was to provide further assurance to the Board that these risks were being appropriately managed or mitigated. **The Committee resolved that:** a) The attached risks in relation to Delivery of Annual Plan and Staff Wellbeing were reviewed. b) Assurance would be provided to the Board on 28th May 2022 on the management /mitigation of those risks.	
S&D 17/05/015	**Committee Self Effectiveness** The Committee Self Effectiveness Paper was presented. It was noted that the results had gone to the Audit Committee already. There was now an action plan in place to tackle the key issues of the Committees. There were plans to review the Health Board strategy and then the Committees would be aligned with that. It was noted that there was a much better response to the questionnaire this year as it was broadened to include both Members and attendees of Committees. The Chair queried if there was a Board Committee that was identified as being good and others could learn from. The DCG responded that it would be difficult to compare the Board Committees. However, there are 6 statutory Committees and 4 non-statutory Committees and they would need to be aligned to the strategy of the Health Board. **The Committee resolved that:**	

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	a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Strategy and Delivery Committee were noted. b) The action plan developed for 2021-2022, which would be progressed via Board Development sessions was noted.	
	Items for Approval / Ratification	
S&D 17/05/016	**Welsh Language Policy** The Welsh Language Policy was presented. It was noted that the Welsh Language Standards were placed on the Health Board in 2019. There was a requirement to develop a policy to ensure the use of the Welsh Language was facilitated and promoted. It was noted that the Welsh policy was extensive. A lot of work should be done with front line staff to make sure the policy was a reality. The IMTS queried how the low levels of staff who spoke Welsh would be tackled. The Welsh Language Officer (WLO) responded that there had been an effort to engage with local schools for new members of staff to come into the organisation. They are actively trying to recruit staff who speak Welsh. The UHB VC stated that other Health Boards provide bilingual versions of agendas and signatures are also bilingual. The CEO stated there was a lot of work to be done and queried how it would be measured. The WLO responded there were three Welsh Language Lead Champions in the Clinical Board but that more were needed. **The Committee resolved that:** a) The draft Welsh Language Corporate Policy (the Policy) attached to the report, was considered. b) The draft Policy should be presented to the Board for formal approval.	
S&D 17/05/017	**Naming of the Wellbeing Hub @ Maelfa** The Naming of the Wellbeing Hub at Maelfa Paper was presented.	

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	It was noted that the Wellbeing Hub was almost completed. There was a proposal to call it the "Wellbeing Hub @ Maelfa". The signage should be in Welsh. The IMCE commented that the "@" sign was not required in the Welsh translation. It was confirmed that the Welsh translation would be changed and taken to Board. **The Committee resolved that:** a) The Management Executive Team had supported and endorsed that formal approval be sought of the proposed name of Wellbeing Hub@Maelfa in respect of the wellbeing hub on the Maelfa development, was noted. b) Board approval be granted to name the wellbeing hub on the Maelfa development "Wellbeing Hub@Maelfa",was recommended.	Action Log
	Items for Information and Noting	
S&D 17/05/018	**Corporate Risk Register** The Corporate Risk Register was presented. **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 17/05/019	**Any Other Business** No other business was discussed.	
	Date & time of next Meeting 12th July 2022 at 09:00 Via MS Teams	

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Public Action Log

Following Strategy & Delivery Committee
Held on 17 May 2022
(For the meeting on 12 July 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 17/05/007	**Key Operational Performance\ Indicators**	Provide a briefing regarding the expert panels' considerations on the ambulance position.	**12/07/2022**	Abigail Harris	**Complete – On the agenda for** July S&D Committee (see agenda item 2.1 2) b).)
S&D 17/05/007	**Key Operational Performance\ Indicators**	Provide update on stroke trajectory current improvement plan.	**12/07/2022**	Caroline Bird	**Complete–** On the agenda for July's S&D Committee (see agenda item 2.1 2) b)).
S&D 17/05/007	**Key Operational Performance\ Indicators**	Provide update on wider improvement plan aligned to the national six goals.	**12/07/2022**	Caroline Bird	**Complete–** On the agenda for July's S&D Committee (see agenda item 2.2)
Actions In Progress					
S&D 17/05/007	**Key Operational Performance\ Indicators**	It was noted that Kings Fund had been commissioned to complete work around the early intervention prevention area. That would be brought back to a future Committee meeting.	**TBC**	Abigail Harris	**In Progress** Date requested from Abigail Harris
SDC 11/01/012	**Key Operational Performance\ Indicators**	To report back to the Committee in July on the wellbeing plan.	**27/09/2022**	Rachel Gidman (Rachel Whiles)	**In progress** – Going to September S&D Meeting
S&D 17/05/007	**Capital Plan 2022/23 Delivery**	To look at the capital plan and how it affects the whole piece.	**27/09/2022**	Geoff Walsh	**In progress** – on September Agenda.

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Actions referred to committees of the Board					
MHCL 19/06/008 **MHCL 20/02/005**	**Mental Capacity Act Monitoring Report**	To discuss at HSMB whether it would be sensible to link up mandatory training (including MCA) compliance with doctors' access to study leave. The issue regarding poor compliance on Medical Training be reviewed by the **Strategy and Delivery Committee**.	Date to discuss at HSMB required	Meriel Jenney	Agreement not reached with LNC at present. Discussions are ongoing. This item will be reviewed by the S&D Committee and reported back to S&D Committee. **Meriel to provide verbal update 12.07.22**
S&D 22/03/007	**Scoping of the Long-Term Strategy**	It was agreed that a Board Development session in relation to the Strategy refresh would be helpful	**30/06/22**	Abigail Harris / Nicola Foreman	Completed – the Strategy refresh was discussed at the June Board Development Session.
S&D 22/03/007	**Digital Transformation**	**Referred to Digital Health & Intelligence Committee:** Flash reports to focus on the programmes being done within IT.	**07/06/2022**	David Thomas	Completed Actioned at the DHIC meeting in June 2022 (see agenda item 3.4 of DHIC's June agenda)
S&D 17/05/017	**Naming of the Wellbeing Hub @ Maelfa**	To change the welsh translation of the hubs name.	**26/05/2022**	Abigail Harris	**COMPLETED** Discussed at May's Board meeting and approved by Board.

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Report Title:	Shaping Our Future Wellbeing - Strategic Portfolio and Programmes Delivery				Agenda Item no.	2.1.1	
Meeting:	Strategy & Delivery Committee		Public	x	Meeting Date:	12th July 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Abigail Harris – Executive Director of Strategic Planning						
Report Author (Title):	Marie Davies – Deputy Director of Strategic Planning						

Main Report
Background and current situation:

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

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

In addition to overseeing the delivery of the strategic programmes, the SPSG is also maintaining 'line of sight' with the recovery portfolio and the critical enabling programmes of workforce, digital and infrastructure to ensure that dependencies and 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.

4. Current status, key progress, planned actions, risks and mitigations for each of the programmes are presented on the appended flash report

5. As the process and resources for programme and project planning and delivery mature, the milestones for delivery will be develped and linked with the UHB and regional outcomes framework to provide assurance and will ultimately form an integrated component of our wider quarterly assurance on the delivery of the IMTP.

Recommendation:

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The Committee is requested to:

1. Note the progress and risks described in the Strategic Portfolio Flash Reports.
2. Note the proposed approach to developing an integrated monitoring tool for critical programme deliverables within a wider IMTP reporting framework (5 above)

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 – status indicates risk to delivery milestones against strategic objectives
Safety: No
Financial: Some of the constraints are resource related – where there is a financial impact
Workforce: Not directly related to this report, but workforce transformation is a core component of the transformation set out in the strategic programmes.
Legal: /No
Reputational: There is reputational risk if deliver of our programmes is compromised and our performance slips.
Socio Economic: /No
Equality and Health: Yes – the population health programme has at its core tacking the health inequalities we see in our population.
Decarbonisation: Decarbonisation is a major factor in both our clinical services plan and Our Future Hospitals Programme.

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

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06/07/2022 10:41:00

APPENDIX A

Combined Programme Flash Reports - May 2022

Strategic Portfolio

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

Recovery Portfolio

5. Update Presentation slides (slide 7 -15)

Enabling Programmes/Support Functions

6. People & Culture Flash Report (slide 16)

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Shaping our Future Population Health (1 / 2)

Update: 28 Apr 2022

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

Exec Summary:

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

Headline measures:

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

Overall Programme / Project Report

Programme/ Project Lead	Dr Tom Porter	**Current Status**	Delays in some targets due to Covid-19	**Next Programme / Project Milestone:**	See targets below
		Previous Status			

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

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Shaping our Future Population Health (2 / 2)

Update: 21 Apr 2022

GIG CYMRU NHS WALES
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Cardiff and Vale University Health Board

Exec Summary:

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

Headline measures:

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

Summary project status		Done this quarter (Jan-Mar 22):	Targets for next quarter – Q1 (Apr-Jun 22):
King's Fund recommended programmes	Amber	• Revised project plan agreed with King's Fund, with phased delivery over Q4 (2021/22) and Q1 (2022/23). Literature review commenced. • First local Steering Group held for the All Wales Diabetes Prevention Programme (AWDPP) national evaluation for people with pre-diabetes. Three Clusters participating and one Cluster (South-East) has commenced delivery. Recruitment of support workers for two remaining Clusters (City & Cardiff South and Central Vale) underway	• King's Fund – Stakeholder interviews to take place in April/May 2022. Report expected June 2022 • AWDPP in Primary Care Clusters: • Implementation to commence across remaining two Clusters
Vaccination and immunisation	Green	• Flu vaccination programme completed. Target met for people aged 65y and over. • Covid-19 booster vaccination programme delivered and commencement of Spring booster programme and universal offer of vaccination to 5-11 year olds • Revised Governance arrangements to support future service model agreed at Covid-19 Vaccination Programme Board	• Continued delivery of Spring Booster and children's vaccination to eligible groups • Planning to commence for flu vaccination programme 2022/23 • Interim Vaccine Programme Board to convene May & June 2022. Immunisation Operational Board – led by PCIC and C&W Clinical Boards – to commence from June/July 2022

Major Programme / Project Risks:	Mitigating Actions:	Decision / Intervention required from Execs:
• MMEW - Availability of future data to track overarching project outcomes • King's Fund – delay in delivery confirmed by King's Fund • Healthy travel – work delayed due to Covid-19 specialist support • Vaccination – pending JCVI announcement on autumn booster programme	• MMEW - Concerns raised with PH observatory /HWHW surveillance T&F group • King's Fund – revised, phased plan will see full delivery by end of Q1 2022/23 • Vaccination – planning for most likely and surge scenarios in relation to Covid-19 vaccination	• No decisions or interventions required currently

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

Fortnightly Update

@Home / Shaping our Future Community Services

Update Date: 25.04.22

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

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

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

Overall Programme Report

Programme Lead	**Cath Doman**	**Programme Status**	Delays in moving into delivery phase. Delivery resourcing uncertain at present. TOM, delivery plans and metrics undefined.	**Next Major Milestone:**	• Securing WG funding through the Regional Integration Fund • Defining and mobilising project delivery groups • Developing detailed project plans, timelines and interdependencies • Defining the benefits and outcomes metrics for tracking and reporting • Establishing East and North accelerated cluster sites
		Previous Status	Delays in moving into delivery phase. Delivery resourcing uncertain at present. TOM, delivery plans and metrics undefined.		

Done this period:

1. Investment proposal for 'embedding' funding submitted to WG, 'acceleration' proposals in development
2. First draft of programme prospectus completed and shared with the AWP. Further iterations required in line with development of detailed locality plans
3. Business intelligence: Lightfoot creating intel and viewers id. nature of demand and opportunities for new care model to impact on.
4. Individual projects have continued to progress with their planning work, with ongoing risks around delivery capacity due to impact of the pandemic on the system
5. Digital Care Region bid submitted to WG to fund capacity and capability across organisations to scope the digital programme to support @home
6. Initial scoping of locality model commenced to define model beyond that of Accelerated Cluster Development
7. Vale Alliance proposal agreed by VoG Scrutiny Committee and CAVUHB Board

Targets for next period:

1. RIF acceleration proposals to be finalised for IC and MDT cluster
2. Finalise prospectus and agree engagement plans, aligned to CVUHB strategic programmes
3. Workforce programme definition and priorities inc. OT pay parity across organisations
4. Develop and agree proposal for extended locality working and associated estates implications
5. Receive Lightfoot demand profiling
6. Vale Alliance scope to be presented at CAVUHB and VoG Cabinet
7. Consistent project documentation to be developed and detailed plans reviewed by programme board

Major Programme Risk:

1. Lose momentum as the programme shifts from scoping to delivery
2. Not getting buy-in from service leads incl GPs
3. Failure to align with other major programmes (SOCS, Primary care transformation, Recovery, CC Ageing Well Strategy) and risk of gaps/duplication
4. Digital capability and maturity to support multi-agency integrated care model
5. Programme delivery and leadership capacity
6. Operational capacity unavailable due to ongoing pressures of C19
7. Vale alliance: scope reduction implications on benefits

Mitigating Action:

1. Clearly defined programme scope and deliverables with clear governance
2. Development of engagement plan
3a. Close liaison with PCIC leads and programme directors
3b. Interdependencies mapping across key programmes
4. RPB-wide digital maturity programme to be established
5. Plans developed to redistribute current assets and bring in additional capacity
6. Working closely with colleagues to understand pressures and reviewing delivery timelines
7. Review of detailed plans and timelines once defined

Decision / Intervention required from Execs:

1. RPB exec leads to confirm scale and scope of programme, to provide service leads with clarity on expectations.
2. Delivery leads raising concerns about programme demands on their capacity.
3. Definition and confirmation of long-term ambitions for integrated care models across the Region.

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

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Shaping our Future Clinical Services

Update: 14/04/22

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

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

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

Overall Programme Report

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

Done this month:

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

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Targets for next month:

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

Major Programme Risks:

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

Mitigating Actions:

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

Decision / Intervention required from Execs:

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

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

Programme Name: Shaping Our Future Hospitals

Date: 25/04/22

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

Exec Summary:

WG indicating intent that PBC will still be considred by Ministers in July rather than June.

Headline measures:

Deliver SOC within 12-15 months of commencement

Overall Programme Report

Programme Lead	Ed Hunt	Programme Status	Ministers have not endorsed the business case as yet	Next Major Milestone:	July 2022 – Endorsement of PBC by Ministers

Done this week:

- WG inform that the SOFH business case is scheduled to be considered by Cabinet on 11/7. Risk that if this slips, consideration will not happen until autumn after recess.
- High level SOC scope discussed and agreed at 6/4 SOFH programme board
- Met with WG to discuss 10yr capital plan with request for SOFH costs to be included.
- 10yr capital plan had updated SOFH costs added in (reflecting 2032 and corresponding estimate for inflation). Agreed by CMG.
- Life sciences vision work continues

Targets for next week:

- Continue work on SOC scoping – Ian Gunney being walked through principles on 28/4 to seek feedback
  - More detailed content consideration will follow initial feedback from WG
- Further WG meeting to discuss 10yr capital ask and SOFH scheduled for 4/5
- Intelligence sharing meeting with Hywel Dda scheduled for 27/4
- Glean further evidence to inform the Life Sciences vision.

Major Programme Risk:

- Lost momentum after PBC not being endorsed
- PBC endorsement doesn't happen in July

Mitigating Action:

- Understand current landscape and plan response and consequences
- Minister visit to see UHW on 9/6

Decision / Intervention required from Execs:

- Communicate consequences for Wales if infrastructure future is not considered.
- Support the construction of the visit

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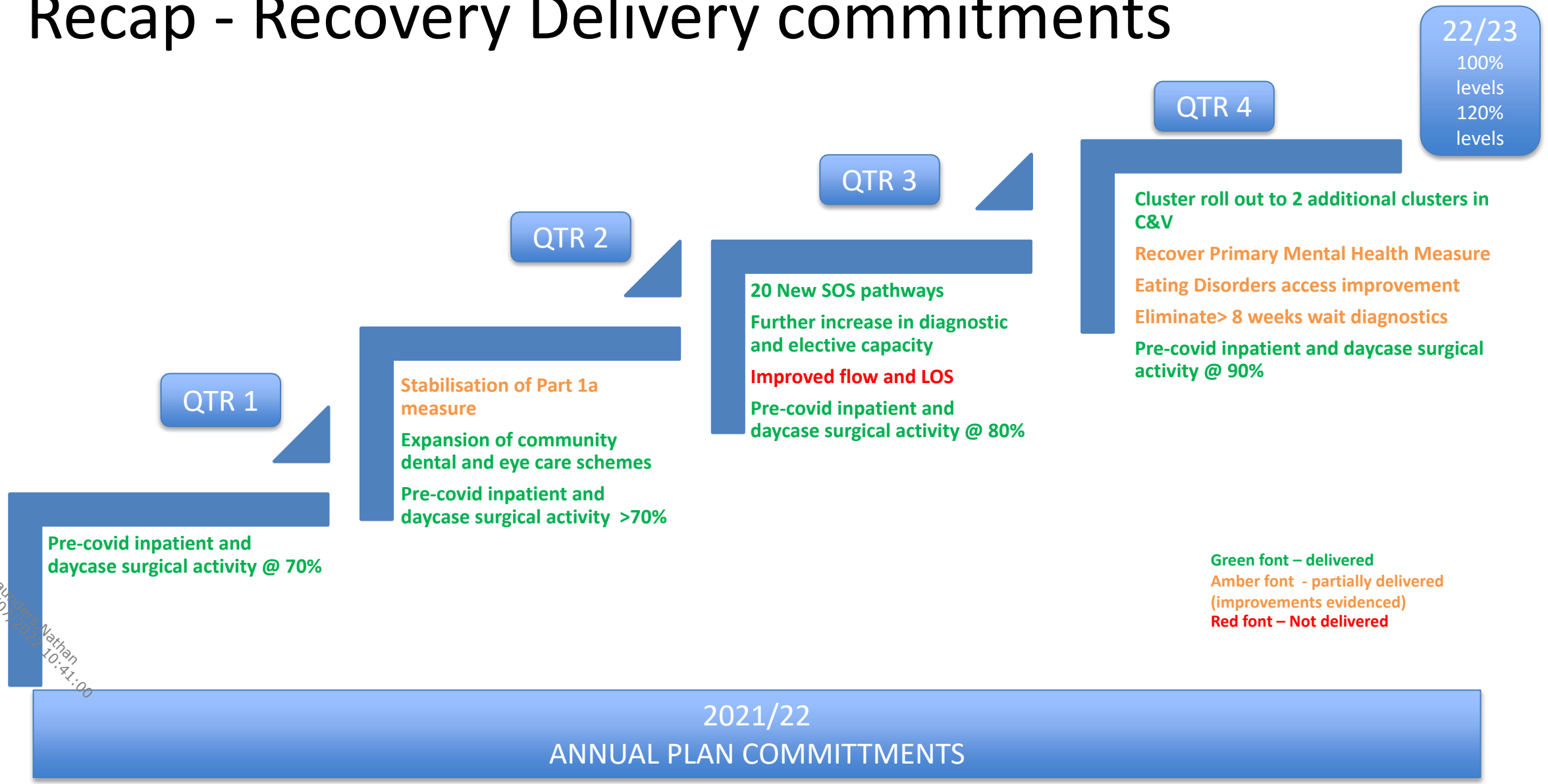
Not started | On Track | At Risk | Off Track | Complete

Recap - Recovery Delivery commitments



Green font – delivered
Amber font - partially delivered (improvements evidenced)
Red font – Not delivered

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DELIVERY PROGRESS

PLANNED CARE

Plans

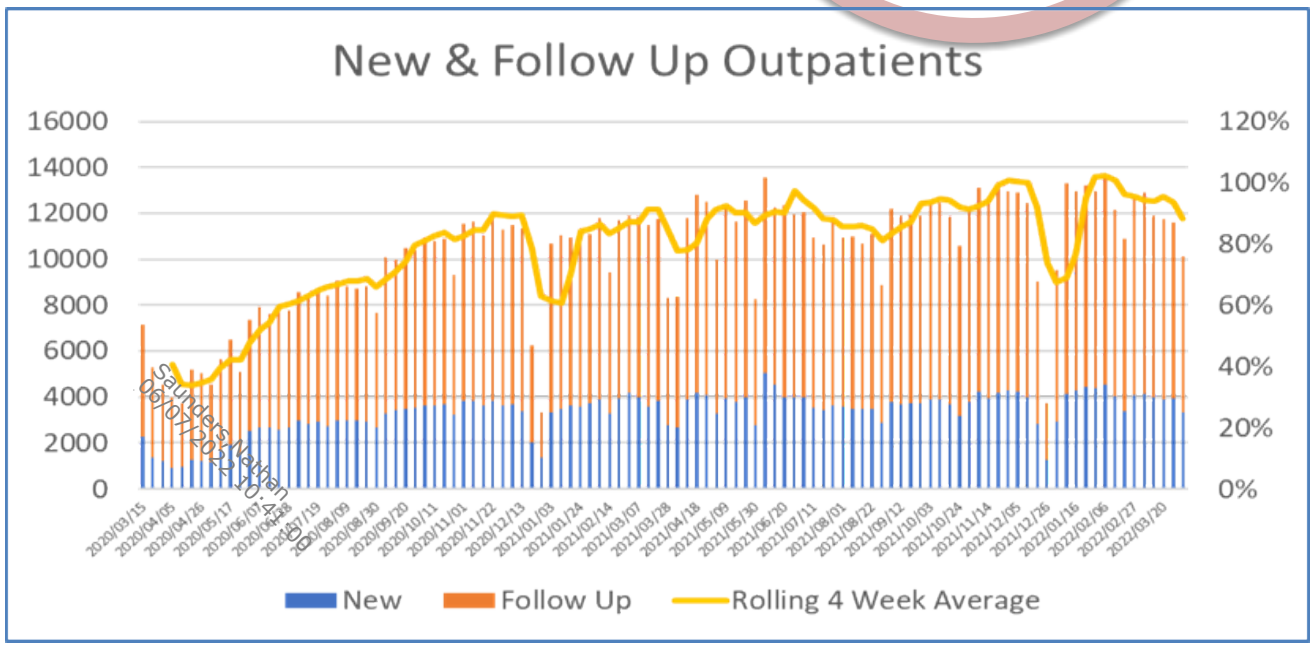
- £13.5m value of schemes a
- Reduce harm for patients waiting through clinical prioritisation and assessment
- Improve access to services through an increase in capacity
- Redesign pathways to bring care closer to home
- Support patients whilst waiting
- Accelerate and spread transformational models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

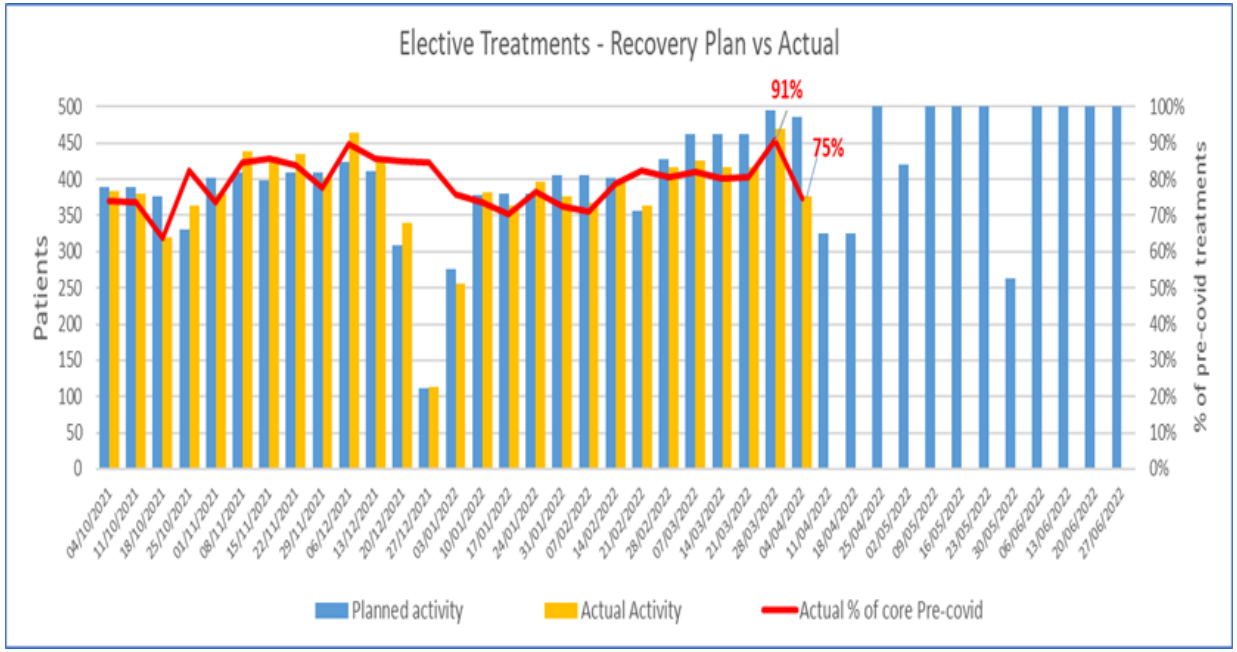
Delivered

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

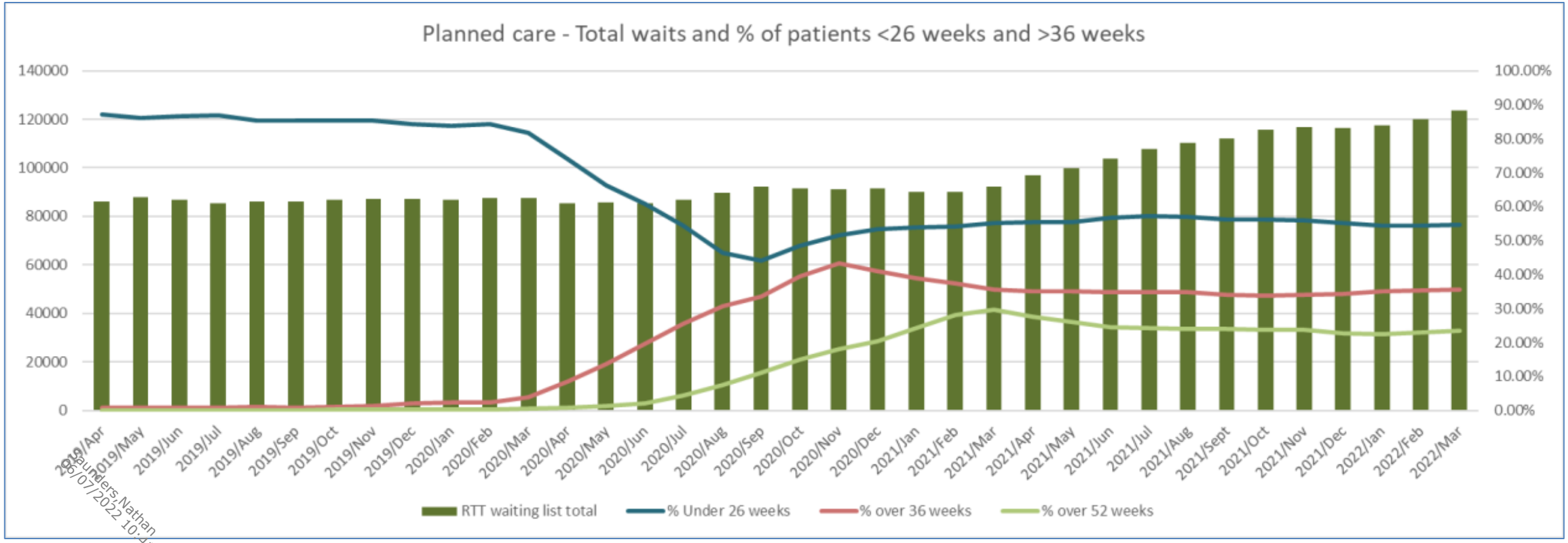
Next

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





Waiting list – volume and time



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DIAGNOSTICS

Plans

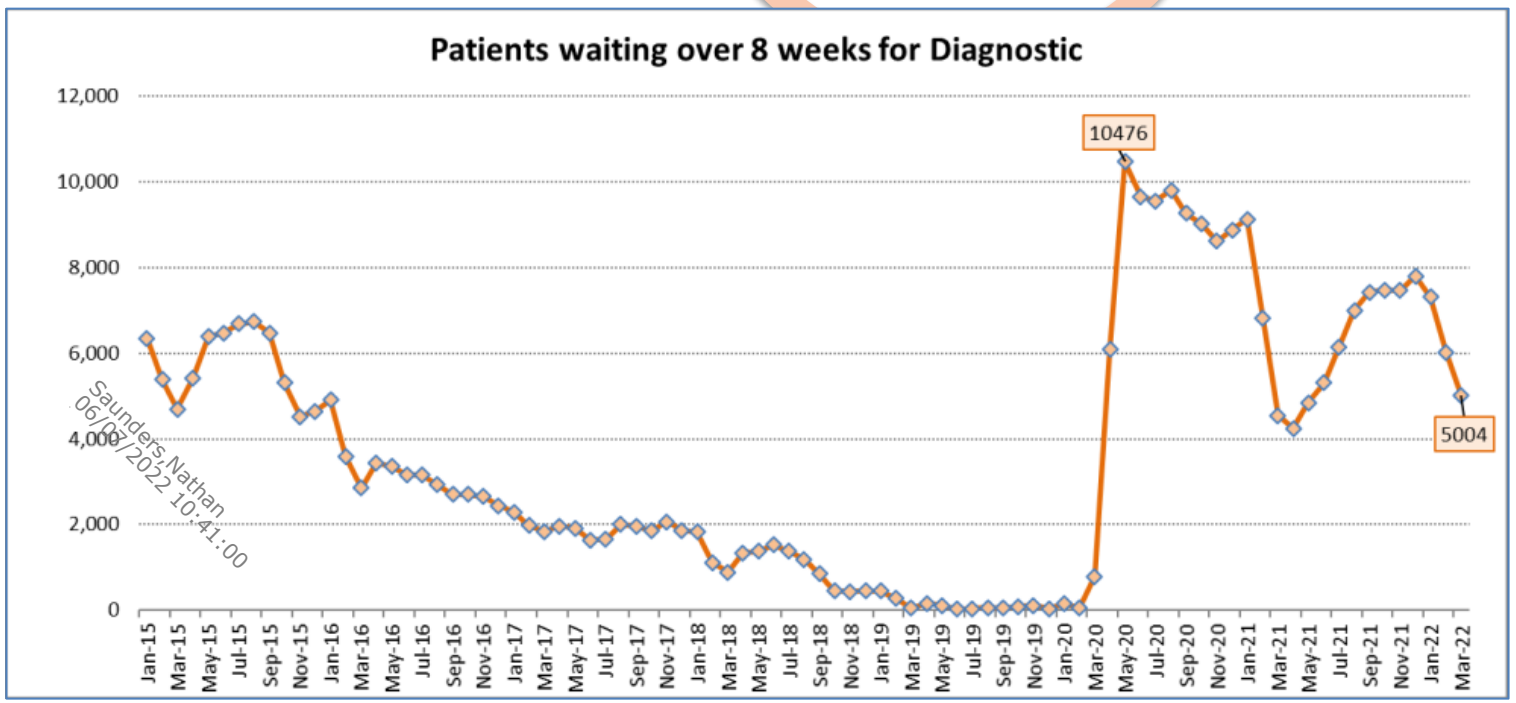
- £5.6m value of schemes
- Reduce harm for patients waiting through clinical prioritisation and assessment
- Improve access to services through an increase in capacity, core, insourcing and outsourcing
- Redesign pathways, straight to test, direct access
- Accelerate and spread transformational models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

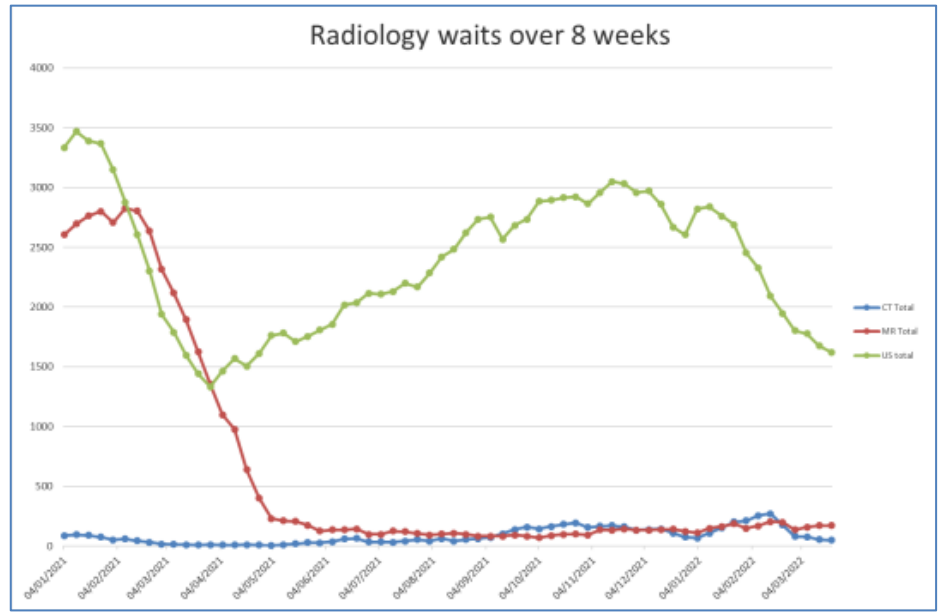
Delivered

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

Next

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





MENTAL HEALTH

Plans

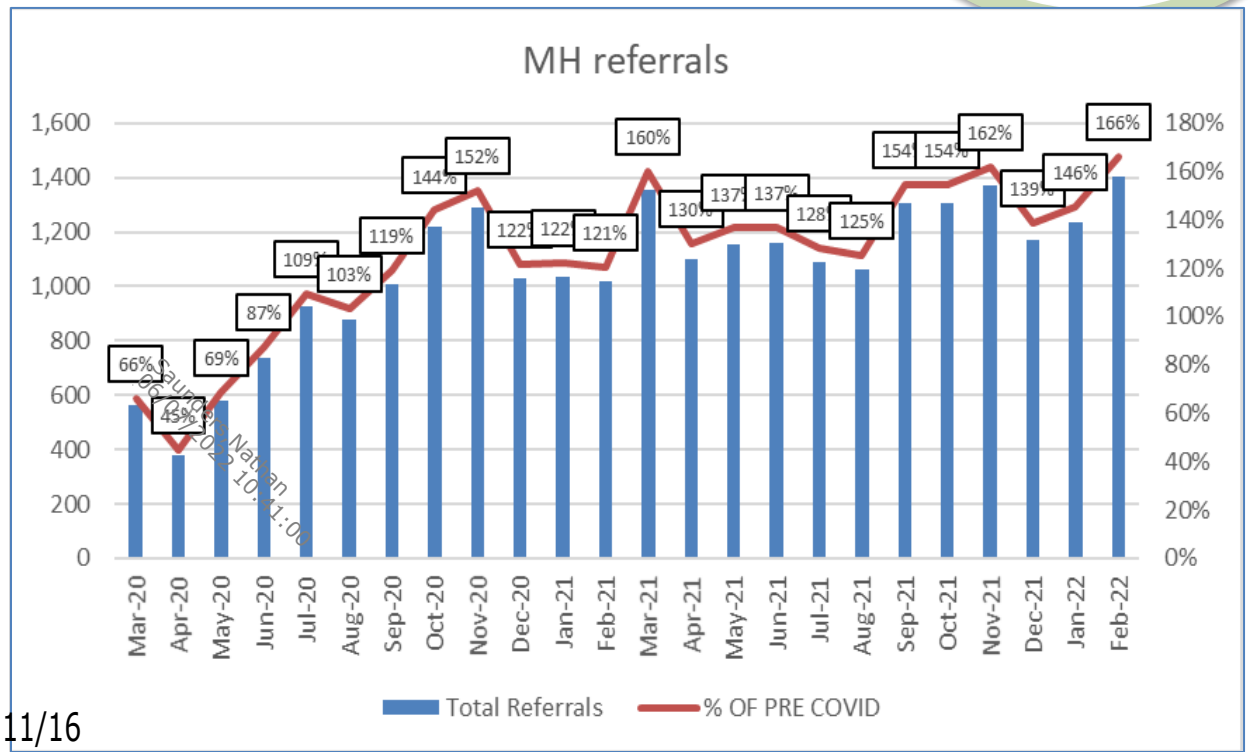
- £1.4m value of schemes
- Services to improve access for primary care mental health assessments and interventions (adults and CYP)
- Improving access to eating disorder services (adult and CYP)
- Increase coverage of Crises services
- Increasing support at tier 0 through innovations such as Recovery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

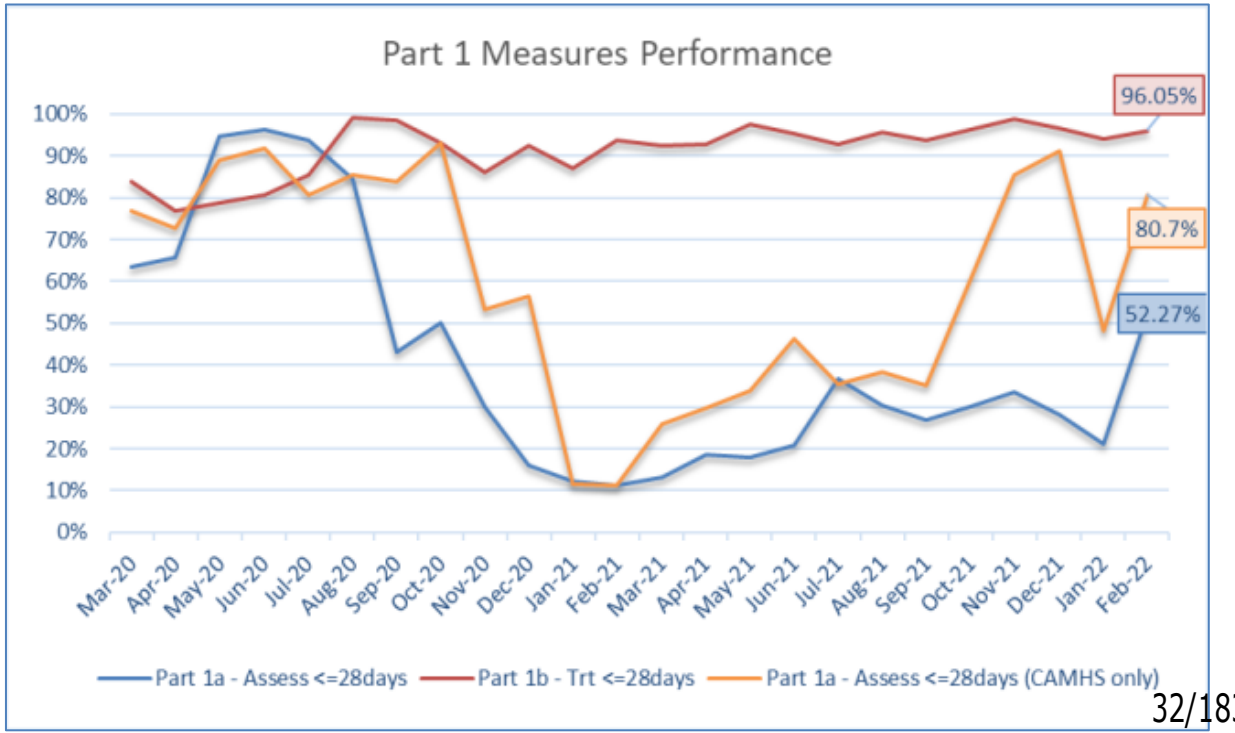
Delivered

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

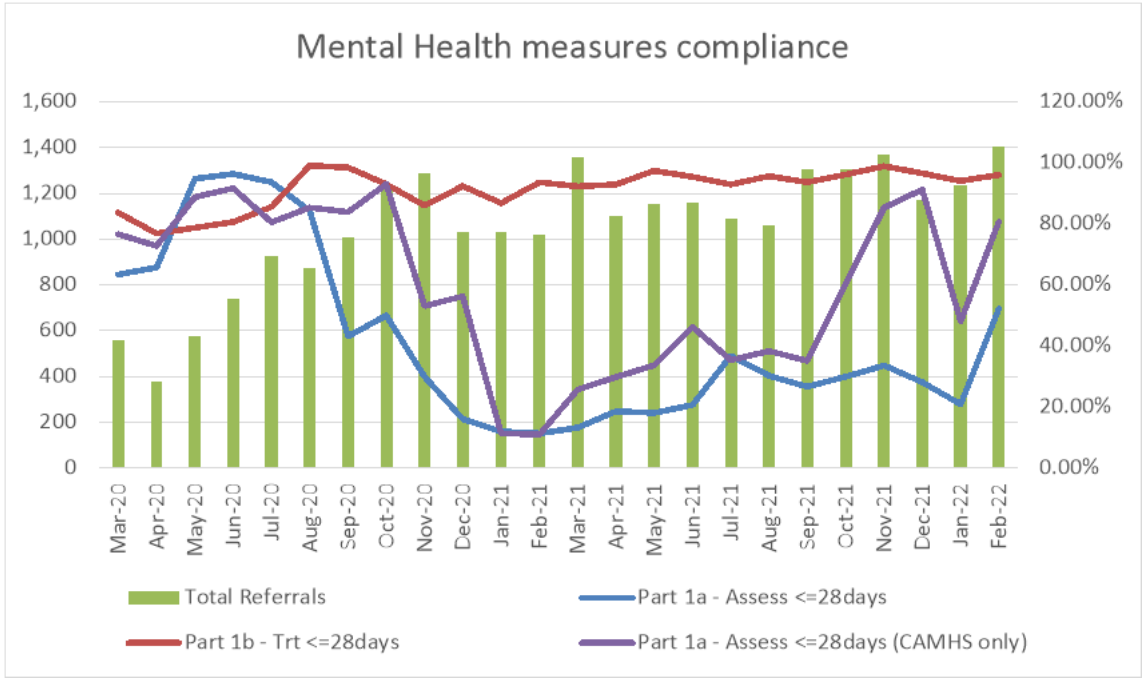
Next

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





MENTAL HEALTH



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

UNSCHEDULED CARE

Plans

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

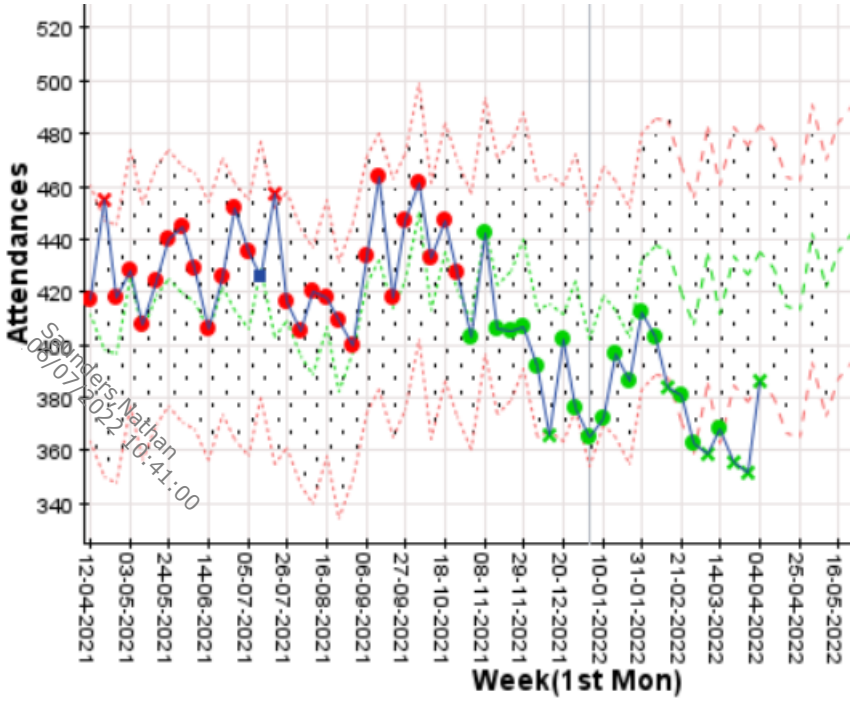
Delivered

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

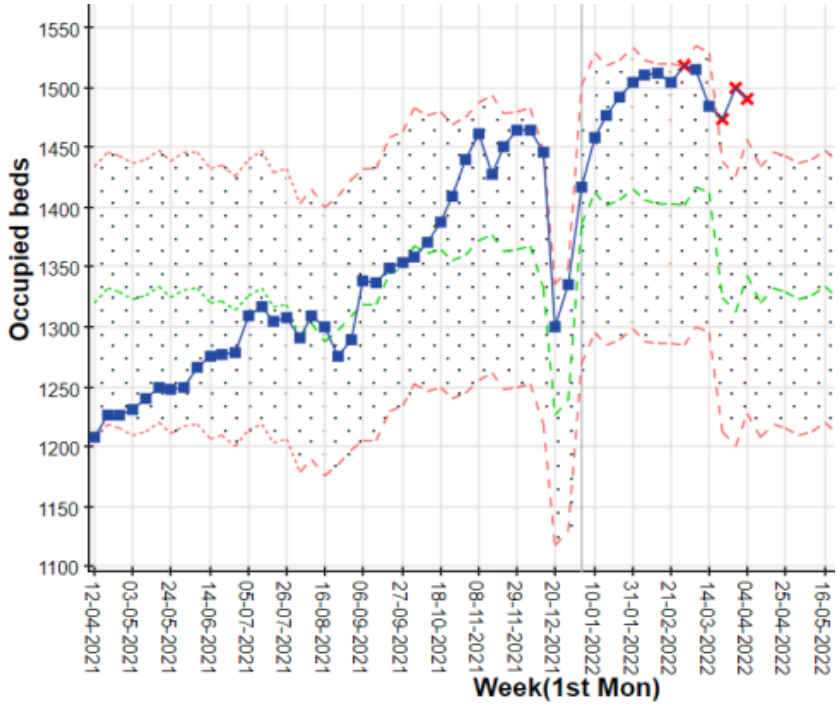
Next

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

Emergency Admissions



Occupancy



PRIMARY CARE

Plans

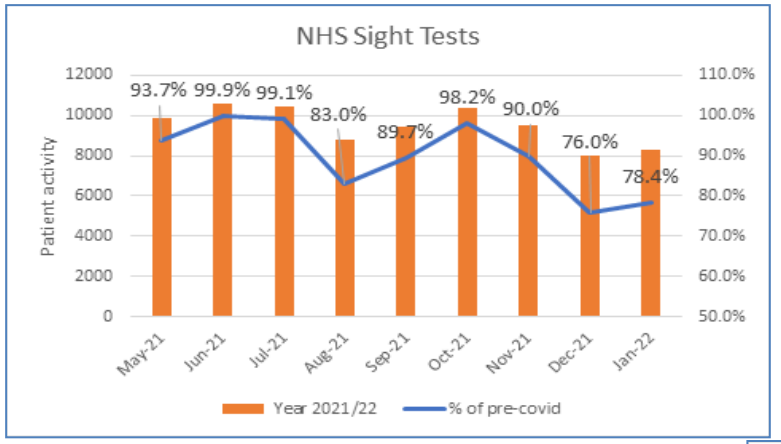
- £2.1m value of schemes
- Improving access to primary care
- Redesign pathways to bring care closer to home
- Accelerate and spread transformational models

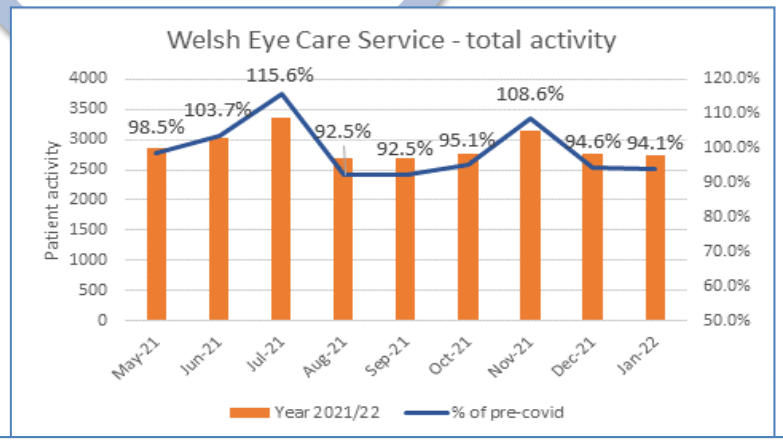
Delivered

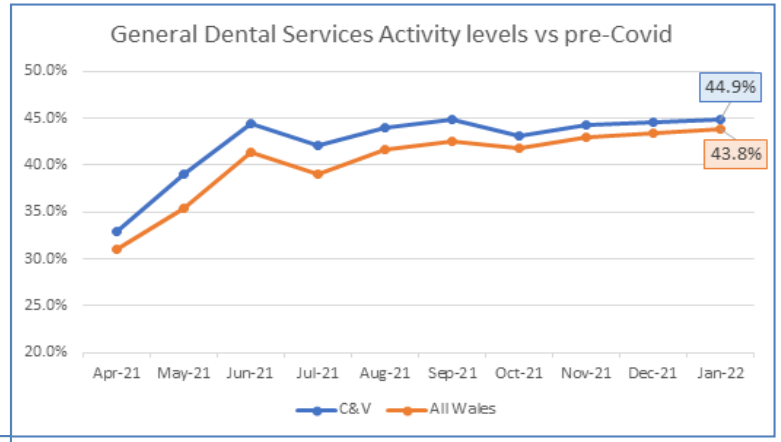
- 5 x Interface GPs in place Rheum, Derm, Gynae, Acute med, Gastro, surgery
- Eye Care pathway redesign (award winning)
- Dental schemes to improve access
- Enhanced MSK in primary care services
- 2 MDT Cluster model roll out – First MDTs in new clusters in Dec

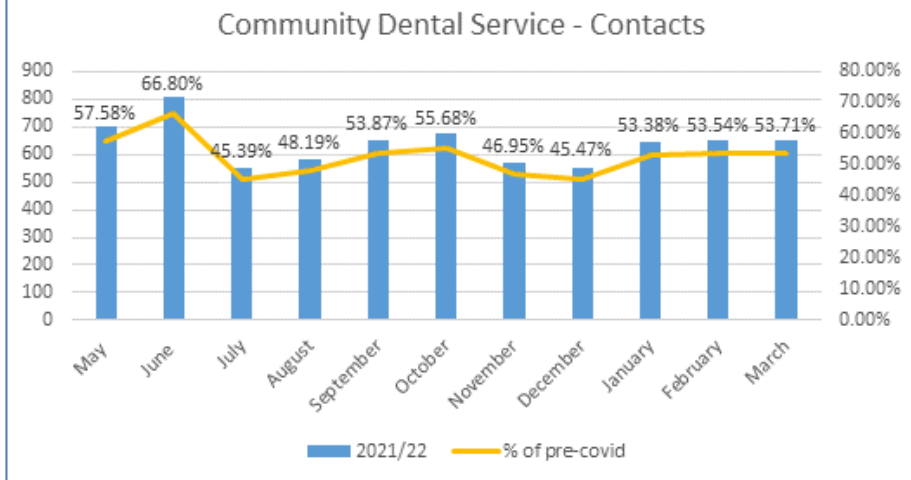
Next

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









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ENABLERS

Plans

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

Delivered

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

Next

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

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Flash Report: People and Culture Plan Date:21/04/22

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

Overall Programme Report

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

Focus to Date:

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

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Next Step Priorities:

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

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

Major Programme Risk:

- Staff 'burnout' leading to increase sickness, decreased engagement, more conflict
- Whole system pressures and COVID uncertainty
- The quality of patient care/service provision will be

Mitigating Action:

- Monthly progress meetings to identify any delays and identify contingency plans.

Decision / Intervention required from Execs:

- Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised.

Report Title:	**2022-25 Integrated Medium Term Plan: *Quarter 1 Delivery Assurance***			Agenda Item no.	2.1.1
Meeting:	**Strategy and Delivery Committee**	Public	x	Meeting Date:	**12 July 2022**
		Private			
Status *(please tick one only):*	Assurance	x	Approval		Information
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**				
Report Author (Title):	**Head of Strategic Planning**				

Main Report
Background and current situation:

On the 31st March 2022 Board approved a draft 2022-25 Cardiff and Vale UHB IMTP. On the 30th June Board will subsequently consider a final version of the plan for approval (or not) and onward submission to Welsh Government.

Whilst work has been underway to finalise the plan it has also been necessary to, in parallel, ensure that appropriate mechanisms are in place to assure Strategy and Delivery Committee and Board on 'in year' progress of plan delivery.

The robustness of current mechanisms has been the focus of both Audit Wales and Internal audit reports as well as conversations with Welsh Government (who are also required to see how the UHB is assuring Board on plan delivery). Audit reports and government feedback remarked that arrangements required strengthening.

Strategy and Delivery committee will be aware that in previous meetings a revised approach to providing assurance on plan delivery has been tested with members.

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

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

Annex 1 provides the UHBs position regarding 22-23 plan delivery as at quarter one.
Annex 2 provides a summary of the UHBs baseline position i.e. what the original plan stated would be achieved.

Strategy and Delivery committee are asked to note the following as part of considering **annex 1**;

I. **The level of information**. Whilst this is a 'highlight' report it is recognised that this still contains a large amount of information to digest and understand.

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This remains a maturing process and very much the start of the journey regarding how the UHB even more effectively reports on plan delivery to committees and Board NOT the final product.

Strategy and delivery committee are asked to consider if this a helpful approach to providing assurance now they have seen the template fully populated. Or, for example, the format

needs changing / level of detail needs addressing or if periodic 'deep dives' into specific areas once or twice a year maybe more helpful.

II. **Triangulation with wider organisational intelligence**. As the title of our plan suggests, it is an integrated finance, workforce, operational and quality plan. As such this assurance report should not be considered in isolation of wider finance and operational performance reports (for example) which will give important context and the wider holistic picture of the issues which the organisation is facing. Issues which are highly likely to impact on the organisations ability to deliver its wider medium-term plan.

III. **Timing.** Whilst this is a quarter 1 update report the timing of when papers need to be finalised for committees mean that that this update was produced shortly before the end of the quarter and prior to a number of data sources being updated and re-freshed. Consideration should be given to this when the position and progress of work is being scrutinised- this will be a 'moment in time' snapshot.

IV. **The outcomes framework.** The intention in future quarterly updates is to provide a 'heat map' of the UHBs outcomes framework. Alongside an update of all the activities that the organisation is progressing this will, at a high-level begin to address the 'so what' question by showing the impact that these activities are having (or not) of the organisations desired outcomes.

The development of this 'heat map' is however in the final stages of development and will likely not be ready until quarter 2.

Even when ready it will be important to note that progress against the outcomes will need to be taken in the context of *'the sum of the whole rather than the individual part'*. A level of sophistication will not yet exist to understand what proportion of impact any one individual intervention is contributing; although there is clearly an ambition to get to this point.

There will be some key inter-dependencies upon which this heat map will rely. A key one is the design architecture, capacity and capability pertaining to the UHB's ability to fully exploit the data and intelligence which is available from the *Signals from Noise (SfN)* system.

V. **Onward assurance to Board.** Strategy and Delivery committee are (appropriately) the forum which will take the lead for undertaking the detailed assurance on plan delivery. Work is ongoing to consider which of the following is then the best approach to providing onward Board with line of sight on plan implementation.

- Subsequent submission of this report for noting by Board. Or,
- A summary of this update within the refined UHB integrated performance report (IPR) which is currently under development.

Recommendation:

The Strategy and Delivery Committee are requested to:

NOTE the status of plan implementation as at Quarter One and in doing so the five caveats provided above in this paper.

Saunders Lisa 1 (NHS) 06/09/21 13:41:00

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

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

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2022 – 2025 CARDIFF AND VALE INTEGRATED MEDIUM TERM PLAN

Update Report: Quarter One

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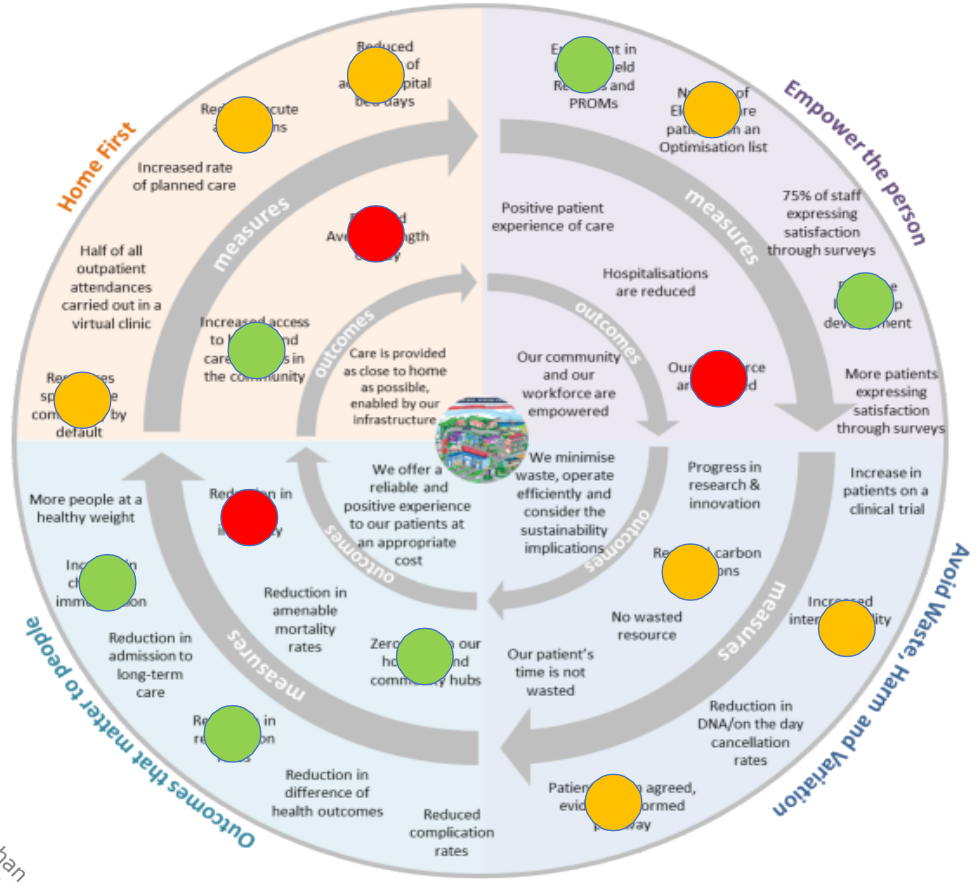
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Outcomes framework: A Heatmap



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Under Development

The golden thread of our plan: *Quality, Safety and Patient Experience*

See page 4 in the background document

Quality, Safety and Patient Experience

What we said we would do in last Qtr:	What's actually been undertaken in last Qtr:	Targets for next Qtr;
• Quarter 1 to establish the governance structure to deliver, embed and monitor the framework • **Facilitation of Medical Examiners** process and **Level 2 Mortality reviews** • Development of Clinical Board QSE Metrics	• Several of the groups have been established • Clinical Effectiveness group • NRI/ CONCERNS-QSE assurance weekly meetings • Development of the dashboards progressing • Clinical Board QSE metrics progressing • Effective process for level 2 Mortality reviews	Priorities for 22 Establishment of the Organisational Learning Committee with themes identified and UHB wide improvements monitored Establishment of the Clinical Safety Group **Psychological safety of staff** **Human Factors awareness/investigations** **What Matters to you questioning approach**

Major Risks / Issues:	Mitigating Action:

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For more detailed information please see the following papers:

Guidance – Any additional context papers (board, committee papers, programme documentation etc) which you believe the reader may find helpful to be sighted on can be embedded, link provided or merely referenced (with details on how they can be obtained)

Recovery and Redesign:

See pages 5,6,7,8 in the background document

Primary Care

What we said we would do in last Qtr:	What's actually been undertaken in last Qtr:	Targets for next Qtr;
• Increase activity in dental services • Prepare for Dental contract reform • Conduct evaluation of Vale UPCC model • Planning for Accelerated Cluster model – Pan Cluster groups and Collaboratives	✓ Progressed the preparation for the Accelerated Cluster model in terms of Pan Cluster Planning Groups, Clusters and Professional Collaboratives for pharmacy, optometry and dental collaboratives – wide engagement across GP practices and Cluster leads. Plans in place to host first PCPGS for Cardiff and Vale of Glamorgan. ✓ Progressed General Dental Contract negotiations and reform agenda with over 70% of practices opting for reformed contract as at mid June 2022 ✓ Mobilised Multi Disciplinary Team meetings in the North Cluster ✓ Undertaken an evaluation of the Vale Urgent Primary Care Centre model ✓ Eye Care – continued transformation plan with optometrist being trained up in additional skills e.g. biometry for cataract listing. ✓ Interface GP for Respiratory progressing options to provide Primary Care access to Spirometry testing. ✓ CAVHIS continues to provide services in response to the Afghan resettlement scheme and is responding to the continuing situation in Ukraine. ✓ Initiating a response to the outbreak of Monkeypox in line with UKPH Guidance. ✓ Interface GP for Gynae has established Clinical Working Group (CWG) focusing on menopause service provision. Three streams of work emerging.	• Further increase in dental activity in line with GDS contract reform opportunities • Scope options for Cardiff Urgent Primary Care Centre (UPCC) model • Based on Evaluation, review and consolidated the Vale UPCC model • Review the capacity of CAV 247 following go live of 111 (Qt4 21/22), to inform further integration of the model in line with UPCC Models. • Progressing the ACD Programme for CAV. First PCPGs for Cardiff and Vale of Glamorgan to have met. • Further increase in dental activity in line with GDS contract reform opportunities • Scope options for Cardiff Urgent Primary Care Centre (UPCC) model • Based on Evaluation, review and consolidated the Vale UPCC model • CWG Menopause to work through opportunities for Outpatient Transformation support to deliver service redesign. • Spirometry service specification developed and delivery plan in place.

Major Risks / Issues:	Mitigating Action:
• Funding to support 2nd UPCC in Cardiff • Dental access	• Review of Vale model to identify opportunities to consolidate across Vale and Cardiff • Lever benefits of GDS contract reform to increase activity and improve access

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For more detailed information please see the following papers:

Guidance – Any additional context papers (board, committee papers, programme documentation etc) which you believe the reader may find helpful to be sighted on can be embedded, link provided or merely referenced (with details on how they can be obtained)

Recovery and Redesign:

See pages 5,6,7 in the background document

Urgent and Emergency Care

What we said we would do in last Qtr:	What's actually been undertaken in last Qtr:	Targets for next Qtr;
• Review and reset our strategic and operational programme for Urgent and Emergency Care in line with 6 Goals policy direction • Establish Same Day Emergency Care (SDEC) models in surgical pathways • Recruitment to extend medical SDEC to 7 days a week • Launch 111 in Cardiff and Vale	• Established an Urgent and Emergency Care Operational Delivery Group with key deliverables • Surgical SDEC phase 1 launched and recruitment to medical SDEC expansion • Carried out a proof on concept for trauma SDEC in UHW • Launched Virtual ward in UHW and undertaken evaluation – currently manged up to • Reconfigured EU/AU footprint to collocate functions and improve efficiencies where able • Developed Ambulance handover improvement plan which is showing early signs of traction • Scheme to locate GP (CAV 247) at UHW front door to redirect urgent care cases away form EU as appropriate • Recruitment to Acute Care Physician (ACP) workforce	• Establish system wide 6 Goals Transformation Board • Open phase 2 of surgical SDEC model in UHW • Extended opening of medical SDEC in 7 days a week • Undertake a Proof of concept test of change for a diagnostic SDEC service in UHW • Extend capacity in the Rapid Assessment Treatment Zone • Planning for 111 Press 2 for Mental Health (Ambition to go live Q3) • Work with partners on response to "1000 beds/bed equivalents challenge and align with 2022 Winter plan and emerging work on flow programme. • Alignment of the ACP workforce to support 3 test of change workstreams – Acute Clinics within Virtual Ward, Ringfenced Short Stay Beds and GP Telephone Access to ACP

Major Risks / Issues:	Mitigating Action:

For more detailed information please see the following papers:

Guidance – Any additional context papers (board, committee papers, programme documentation etc) which you believe the reader may find helpful to be sighted on can be embedded, link provided or merely referenced (with details on how they can be obtained)

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Recovery and Redesign:

See pages 5,6,7 in the background document

Planned Care

What we said we would do in last Qtr:

- Increase planned care activity in outpatients and treatments to 100% as compared to pre-covid levels of activity
- Reopen elective (green) capacity post urgent and emergency care pressures and application of local choices framework in UHL and UHW
- Target cataract patients through mobile eye unit in UHW
- Open mobile endoscopy unit in UHW
- Developed focused plans for improving access and reducing wait times for paediatric surgery
- Engage in "Getting it Right First Time" (GIRFT) review into orthopaedics to identify opportunities for quality and process improvements.

What's actually been undertaken in last Qtr:

- Increased elective theatres activity to over 90% and outpatient activity to nearly 90%
- A focus on reducing long waiting patients across all stages
- Reduced numbers of patients waiting > 8 weeks for radiology tests from 3354 Nov 21 to 1450 In June 22
- Reopened elective capacity post unscheduled care pressures
- GIRFT review in orthopaedics undertaken with indication of areas for outcome and efficiency improvement
- Theatres Efficiency programme embedded with a focus on driving productivity through existing and new facilities
- Relocated and expanded Pre-assessment services from UHW outpatients into Lakeside wing, UHW
- Development and initial launch of an electronic Pre-op assessment (ePOAC) system to digitise and streamline the pre-operative assessment process.
- Successful uptake across specialties of Attend Anywhere digital technology to facilitate virtual and flexible outpatient attendances

Targets for next Qtr;

- Maintain pace and focus on reduction long waiting outpatient patients through increase in activity and validation of lists – focus on specialities where national performance ambition is deliverable by Dec and on improvement plans for high volume areas
- Sustain the increase in activity with Eye theatres and continue to explore short and medium term regional solutions for eye care.
- Commence activity through the mobile endoscopy unit in UHL and continue to engagement in the scoping of regional endoscopy and diagnostic opportunities.
- Commission the spinal facility in UHW to enable spinal outpatient and treatments to take place.
- Deliver key milestones in the orthopaedic recovery plan including GIRFT response, fracture clinical repatriation and scoping regional opportunities
- GIRFT reviews in gynaecology and general surgery
- Focus on our trajectories to improve paediatric surgery access times
- Launch of national "See on Symptoms" (SOS) and "Patient Initiated Follow Up (PIFU) website
- Full roll-out of ePOAC system across all specialties

Major Risks / Issues:

- Availability of workforce to run additional capacity
- Availability of capital to enable transformational change
- Ability to deliver national delivery ambitions in timescales

Mitigating Action:

- Reviewing skills mix in delivery of planned care, working with insourcing companies where appropriate
- Clear, prioritised and Exec supported site masterplan in place to support targeting of resources
- Determined specialties where 52 week Op wait can be achieved and improvement plans in high volume specialties

For more detailed information please see the following papers:

Guidance – Any additional context papers (board, committee papers, programme documentation etc) which you believe the reader may find helpful to be sighted on can be embedded, link provided or merely referenced (with details on how they can be obtained)

Recovery and Redesign:

See pages 5,6,7 in the background document

Mental Health

What we said we would do in last Qtr:	What's actually been undertaken in last Qtr:	Targets for next Qtr;
• Improve compliance with Part 1a 28 day assessment in child an young peoples services and adults	• Delivered and sustained improvements in part 1a assessment	• Sustain improvements in delivery against part 1a for all ages
• Review approach to Eating disorders pathway and service model with intent to improving access and outcomes	• Established all ages Eating Disorder working group (across clinical boards) and developed vision and priorities for Eating Disorder services. • Improved access to Eating Disorder services (for example > 90 to 40 since Dec 21 for EDSOTT service)	• Complete scope and deliverables and critical path for all age Eating Disorders pathway and improvements • Feasibility and critical path in place for "return to footprint" plan for adult services, including for example the repatriation of PICU service users form out of county
• Scope out delivery plan for 111 press 2 for mental health	• Established Project Board and team for 111 press 2. Working with national 111 team on scoping service model and options for delivery. • Established Project Board for Inpatient Stability workstream. • Established overarching Programme Board meeting.	• Progress planning for 111 press 2 with initial Go Live of Q3 • Progress recruitment and preparation for combines assessment and intervention team for CAMHS with full implementation expected in Q3 • Progress plan for neuro developmental services in children's services

Major Risks / Issues:	Mitigating Action:
Increasing demand into mental health services as compared to pre-covid and potential further impact of prevailing economic (cost of living) challenges across communities. Workforce recruitment and retention	Increase support into teir 0 (website) and recovery college to get upstream of ore urgent and acute demand Contniue to develop innovate workforce solutions, for example peer support and work

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For more detailed information please see the following papers:

Guidance – Any additional context papers (board, committee papers, programme documentation etc) which you believe the reader may find helpful to be sighted on can be embedded, link provided or merely referenced (with details on how they can be obtained)

Recovery and Redesign:

See pages 4 in the background document

Shaping our Future Clinical Services(SOFCS)

What we said we would do in last Qtr:	What's actually been undertaken in last Qtr:	Targets for next Qtr;

• Commence recruitment to programme team
• Further develop the programme governance, ensuring continued alignment with the National Clinical Framework, mapping of interdependencies and further building relationships with stakeholders.
• Develop communication and engagement plan in line with other SOF programmes.
• Undertake lessons learned from other similar programmes both from across the NHS and internationally
• Deliver a pilot for project 1 - 2 of 14 service lines. Product to include:
  ◦ Demand and Capacity projections
  ◦ Metrics and assurance process
  ◦ A high-level implementation plan with interventions for Digital, Workforce, Pathways for the short, medium and long term
• Scope projects 2 & 3 – whole pathway redesign & 'cross cutting themes' to apply in the redesign of pathways.
	• Recruitment commenced for programme manager and programme support
	• Programme Governance developed with Board in place and SRO confirmed as Medical Director.
	• Interdependencies mapped with other strategic programmes
	• Strategic comms and engagement group developed to oversee development of strategy and plan for effective continuous engagement
	• Commenced lessons learned
	• Pilot of 2 service lines almost completed (completion due mid-July)
	• Stakeholder mapping and connections made with key partners
		• Further development of programme governance to include high level critical path in line with strategic programmes
		• Completion of service line pilots
		• Completion of a lessons learned report for project 1 to inform future approach to service line work
		• Complete scoping for projects 2 & 3
		• Development and approval of strategic communication and engagement strategy and plan with activities and timelines
		• Development and approval of Programme Initiation Document at Programme Board
		• Formal commencement of Projects 1,2 & 3

Major Risks / Issues:	Mitigating Action:
• Organisational capacity for strategic development • Programme capacity and resource is limited	• Approach for pilot work adapted to maximise clinical teams time • Lessons learned to support future approach to enable most efficient use of time with teams across the organisation & ensure protected time is allocated • Grant Thornton currently procured to support programme capacity for service line work

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For more detailed information please see the following papers:

- Shaping Our Future Clinical Services - Shaping Our Future Wellbeing - Cardiff and Vale University Health Board

Our continued Covid-19 Response:

Our continued Covid-19 Response

What we said we would do:	What's actually been undertaken in last Qtr:	Targets for next Qtr;
• Continue to deliver mass immunisation programme in line with WG guidance • Continue to deliver Covid Operating Model to ensure responsive to covid related demands • Balance the risk to essential services including urgent and emergency care and cancer and accelerate the recovery of non-covid services	Spring vaccination programme • Six months after last dose for adults aged 75+, care home residents and immunosuppressed individuals aged 12+ • Due to be completed by 30th June 2022 Covid Operating Model • Step down of daily acute site reporting in line with national changes in testing and reporting. Continue monitoring of covid position through public health • Implementation of new IP&C rules including move to "respiratory pathways" approach and move away from dedicated "covid streams" • Continued response to increases in covid demand including recent increase in admissions, led through the Operations, Planning and Transformation Centre (OPAT) Essential Services and Non-Covid Recovery • Reconfigured Eu and AU footprint in UHW to improve flow in line with changes to IPC guidance • Developed Ambulance handover improvement plan which is showing early signs of traction • Increased elective theatres activity to over 90% and outpatient activity to nearly 90% • Reopened elective capacity post unscheduled care pressures	• Work ongoing to find alternative plan for MVC to deliver these – initial options considered at BCAG • Next Booster likely in Autumn (six month intervals) • Complete de-escalation of dedicated covid capacity in line with IP&C advice • Develop essential urgent and planned care services as detailed in previous slides.

Major Risks / Issues:	Mitigating Action:
• Future peaks of covid demand • Impact of significant winter peak in respiratory demand due to reduced exposure and continued increased social interaction • Ability to balance future demands with the continued recovery of services • Reduced sensitivity of modelling and demand predictions (less testing)	• Continue monitoring of covid demand through combination of public health and operational intelligence • Develop winter plan to meet needs of covid and non-covid demand • Continued partnership working to deliver improvement across unscheduled care

For more detailed information please see the following papers:

Saunders Nathan
08/09/2022 10:41:00

Digital Infrastructure

See page 9 in the background document

Digital

What we said we would do in last Qtr:	What's actually been undertaken in last Qtr:	Targets for next Qtr;
• The 22-23 IMTP outlines 39 key digital projects which are being progressed by the UHB. 17 shown as 'on track' 10 'off track' 1 complete 5 'going off track' The remaining have no status. The attached digital milestone progress report below provides a detailed summary of each of the above projects.	• The attached digital milestone progress report below provides a detailed summary of each of the above projects and the progress made over the last quater.	

Major Risks / Issues:	Mitigating Action:
• Lack of resource and funding continue to be the major causes for projects that are either off track or going off track.	• attached digital milestone progress report below provides a summary of many of the mitigating actions being taken.

Saunders,Nathan
06/07/2022 10:41:00

For more detailed information please see the following papers:

Microsoft Excel Worksheet

Integration with Community Services

See page 10 in the background document

@Home

What we said we would do in last Qtr:	What's actually been undertaken in last Qtr:	Targets for next Qtr;
1. Re-energise the programme after winter pressures which saw project leads focussed on operational issues 2. Establish programme overview milestones and deliverables 3. Develop and submit funding proposals for continued funding through the Regional Integration Fund 4. Create a programme prospectus which clearly outlines the scope and ambition of the programme both for the public and workforce 5. Viewer to be developed by Lightfoot to identify nature of demand and opportunities for new models 6. Create a Digital Care Region programme to address partnership digital and intelligence needs.	1. Project leads have regrouped and clear definition work emerging to be able to move projects into delivery 2. Proposals submitted and agreed for funding over at least the next 2 years 3. Draft prospectus delivered for review which will set out the agreed target operating model 4. Viewer developed, with work ongoing to make this live and align with the Regional Outcomes Framework including data from across statutory organisations 5. Clinical leadership capacity secured 6. Digital Care Region funding not secured. 7. PCPG footprints agreed for Cardiff and for Vale of Glamorgan 8. Alignment of programme activity to support delivery of 6 Goals programme 9. Alignment of programme activity to support delivery of +1000 beds national initiative	1. To coproduce the target operating model fpr integrated locality delivery across health and social care, defining new ways of working including IT/systems, workforce and estates with a view to building detailed plans around each of these key areas moving forward 2. To finalise programme and project deliverables, milestones and benefits for baselining and ongoing reporting 3. To develop an engagement/consultation plan to begin workforce and public engagement, utilising the 'prospectus' as the basis for this. 4. To work with Lightfoot to build a system-wide view of our data and to use this for tracking the impact of the programme 5. To utilise the funding to begin recruitment to new posts identified and begin project delivery 6. Inaugural PCPGs to meet and scope role/function 7. Intermediate care delivery plan to feed into 6 Goals and +1000 beds.

Major Risks / Issues:	Mitigating Action:
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) and risk of gaps/duplication 3. Digital capability and maturity to support multi-agency integrated care model 4. Operational leadership capacity compromised due to ongoing pressures 5. Not securing cross-partnership agreement of the future TOM 6. Not defining clear benefits/metrics and interdependencies 7. Not including tapering of RIF funding over lifetime of the 5yr programme into organisational financial planning and not securing local funding to replace it. 8. Ability to create investment and growth in community, primary and social care services to deliver more activity and impact in out of hospital settings	1. Clearly defined programme scope and deliverables with clear governance 2a. Close liaison with PCIC leads and programme directors 2b. Interdependencies mapping across key programmes 3. RPB-wide digital maturity programme to be established 4. Provide direct support and ensure programme supports operational priorities 5. Co-production of future TOM with org leads and seek agreement of execs 6. Alignment of organisational metrics to programme 7 and 8. Work with DOFs and service leads. Establishment of robust business cases with evidence of impact

28/06/2022 - Item 4.1.03

For more detailed information please see the following papers:

Guidance – Any additional context papers (board, committee papers, programme documentation etc) which you believe the reader may find helpful to be sighted on can be embedded, link provided or merely referenced (with details on how they can be obtained)

- Programme board minutes from 6.6.22 are available via the programme manager, Chris Ball Christopher.ball@wales.nhs.uk
- Note that this programme is a partnership programme and as such is Regional Partnership Board-led, with the CVUHB as a major partner. It is also one of the CVUHB's strategic programmes

Our People and Culture

See pages 11 & 12 in the background document

Shaping our Future Workforce

What we said we would do in last Qtr:

- Focus on the health & wellbeing of our people..
- Improve the way we engage with and actively listen to our people.
- Develop a culture where everyone feels valued.
- Develop a learning culture.
- Improve the way we attract, recruit and retain.
- Invest in education and learning to deliver the skills and capabilities needed.
- Build a digitally ready workforce.
- Continue to encourage our staff to use their welsh language skills.
- Improve compliance with the Welsh Language standards.
- Increase the diversity of our people
- Increase management & leadership development offerings.
- Develop a coaching network.
- Implement workforce systems that improve efficiency
- Improve accuracy & accessibility of workforce data.
- Introduce new role/extended roles

What's actually been undertaken in last Qtr:

<u>Please refer to the detailed Flash Reports and papers attached.</u>

A few examples of what has been achieved:

- To improve the wellbeing of our staff, additional investment was secured: 30 staff room refurbishments agreed, 13 hydration stations procured and schwartz rounds are in the planning stage.
- The number of staff on long term absence suffering with long Covid has reduced to 32 and long term cases of anxiety or depression have reduced.
- HealthRoster has been implemented in 50 Nursing ward areas.
- Workforce data has been made accessible through the development of a Sharepoint site.
- Wellbeing survey for our Medical & Dental teams is now live and closes on 31st July 2022.
- 'Winning Temp' engagement tool has been procured.
- NHS Pension Scheme awareness sessions have been organised, focusing initially on the McCloud judgement.
- Rolling programme of Recruitment Events/Careers Fairs which is proving to be very successful. Retention Plan agreed.
- Leadership programme (Acceler8) Cohort 1 delivered.

Targets for next Qtr;

- Continue to focus on staff health & wellbeing, reduce sickness absence %.
- Focus on actions within the Retention Plan to move towards a more sustainable turnover %.
- Prioritise appraisals to ensure our staff feel valued
- Advertise and appoint to vacancies in a timely manner, reduction in vacancies.
- Increase the capture of EDI data in ESR %.
- Complete the implementation of HealthRoster to all 12.5hour ward areas.
- Start to build internal workforce planning capabilities.
- Increase the number of apprenticeships.
- Introduce bitesize leadership & development opportunities.
- Continue to improve the way we engage and listen to staff.
- Revisit talent management programme.

Major Risks / Issues:

- Whole system pressures and COVID uncertainty, lack of development for staff.
- Staff wellbeing - Absence may rise again as we move into Winter, burnout,
- Turnover is extremely high.
- Quality of patient care/service may be impacted by turnover, absence, vacancies, etc.
- Ongoing funding for International Nurse Recruitment campaign.
- Extension of Medacs contract – Medical & Dental staff bank.

Mitigating Action:

- WOD alignment to strategic programmes.
- Effective partnership working with TU representatives.
- Quarterly meetings to discuss progress against P&C Plan.
- Clinical Board Performance Reviews.

Saunders, Nathan
05/07/2022 10:31:00

For more detailed information please see the following papers:

Microsoft werPoint Presentat | Microsoft werPoint Presentat | Microsoft werPoint Presentat | Microsoft werPoint Presentat | Microsoft werPoint Presentat | Microsoft werPoint Presentat | Microsoft werPoint Presentat | Microsoft Word Document | Microsoft Excel Worksheet

See pages 13 in the background document

Our Physical Infrastructure

Shaping our Future Hospitals

What we said we would do in last Qtr:	What's actually been undertaken in last Qtr:	Targets for next Qtr;
• Progress programme of work following endorsement of the PBC • Facilitate a ministerial visit to UHW • Progress, where appropriate, stakeholder management work	• WG still inform that the SOFH business case is scheduled to be considered by Cabinet on 11/7. Risk that if this slips, consideration will not happen until autumn after recess. • SPADs reviewed and interrogated a paper on 22/6. Will go to Minister on 23/6 and First Minister on 27/6. The ask of the paper is whether Ministers wish Officials to continue working with C&V (and HD) on next stage of business case. If affirmative, Officials will then deliver formal advice to Minister to endorse. • Successful visit to UHW by Minister showing EU, Cardiology and ICU. A roundtable held also where key messages from C&V were put across regarding SOFH. Actions being followed up including a request for further visits focussing on research and other functions of C&V. Officials fed back that it was a good visit and no negative feedback received from Minister. • Life sciences vision work being shared with colleagues. • Push on stakeholder management underway.	• Keep close to WG to receive any intelligence around 11/7 Cabinet considerations. • Follow up on actions agreed at Minister visit. • Holding special programme board on 24/6 to reflect on lessons from recent work and plan the management of scenarios resulting from the range of decisions Cabinet could make. • Continue to socialise Life Sciences vision with colleagues. • Meet with Cardiff University Med School Dean regarding Heath Park West plans • Reference discussions with Leeds, Whipps Cross, Toronto,

Major Risks / Issues:	Mitigating Action:
• Lost momentum after PBC not being endorsed • PBC endorsement doesn't happen in July	• Understand current landscape and plan response and consequences • Stakeholder influencing prior to 11/7

Saunders,Nathan
06/07/2022 10:41:0

For more detailed information please see the following papers:

Guidance – Any additional context papers (board, committee papers, programme documentation etc) which you believe the reader may find helpful to be sighted on can be embedded, link provided or merely referenced (with details on how they can be obtained)

A shift towards a system focusing on prevention

See pages 16 & 17 in the background document

Shaping our Future Population Health

What we said we would do in last Qtr:

- Vaccination and immunisation
  - Review 2021-22 flu vaccine programme and start planning for flu vaccine programme delivery for 2022/23
  - Deliver Spring booster programme to eligible groups according to JCVI guidance
  - Deliver Covid-19 vaccination offer to all 5-11 year olds
  - Establish new governance arrangements for future immunisation model
  - Undertake Stakeholder Experience Review in relation to childhood immunisations
- Healthy weight: move more eat well
  - Implementation plan to improve food and physical activity offer in school settings commenced
  - Action against the roadmap for healthy workplace principles taken forward by PSB organisations
  - Food Vale Sustainable Food Places Bronze Award achieved
  - Delivery of pilot for children and families age 3-7 from ethnic minority communities commenced
  - Cardiff Physical Activity and Sport Strategy(2022-2027) launched and monitoring framework established
  - Edible Cardiff to host second annual festival of food growing
  - Key actions for a partnership approach to restricting junk food advertising locally agreed

What's actually been undertaken in last Qtr:

- Vaccination and immunisation
  - Planning commenced for flu programme delivery in 2022/23 following CMO letter.
  - Covid-19 spring booster vaccination programme completed by end June 2022. Over 40,000 spring boosters delivered across eligible groups.
  - 26% of 5-11 year olds vaccinated against Covid-19
  - New Governance arrangements to support future service model implemented.
  - Establishment of Immunisation Operational Group led by Clinical Boards.
  - New Immunisation Coordinators in post
  - Stakeholder engagement review underway
- Healthy weight: move more eat well
  - Implementation plan to improve food and physical activity offer in school settings commenced
  - Action against the roadmap for healthy workplace principles taken forward by PSB organisations
  - Food Vale Sustainable Food Places Bronze Award achieved
  - Delivery of pilot for children and families age 3-7 from ethnic minority communities commenced (by Q1 end)
  - Cardiff Physical Activity and Sport Strategy(2022-2027) launched
  - Edible Cardiff to host second annual festival of food growing (Edible Cardiff Spring Festival 2022)
  - Key actions for a partnership approach to restricting junk food advertising locally agreed (in progress)

Targets for next Qtr;

- Vaccination and immunisation
  - Completion of outstanding Covid-19 Spring boosters (e.g. for people too unwell to receive it prior to July 2022)
  - Increase vaccination of 5-11 year olds to c.30%
  - Closure of Splott and Bayside MVCs and opening of new MVC for Cardiff
  - Planning for flu and covid-19 autumn booster for autumn/winter 2022/23
  - Commence and implement 'Amplifying Prevention' actions agreed jointly with Cardiff and Vale Councils
  - Final report following Stakeholder Engagement Review for childhood imms.
  - Commence bespoke communications / PR work to address low childhood immunisation uptake over summer holiday period
  - Targeted work with GP practices and Primary Care Clusters where uptake is low
  - Targeted work with GP practices and schools to address low MMR uptake at school level
- Healthy weight: move more eat well
  - Action to restrict junk food advertising across Cardiff and Vale progressed
  - Delivery of Cardiff Physical Activity and Sport Strategy Year 1 implementation plan commenced (Active Environments, Active Societies, Active Systems and Active People)
  - At least 40 schools in Cardiff running the School Holiday Enrichment Programme, (Food and Fun)
  - Peas Pleas Veg Advocates delivering community action projects to increase veg consumption in Cardiff
  - Food Related Benefits digital package agreed with partners and launched on the MMEW website.
  - Engagement underway with retailers to accept Healthy Start cards
  - Development of the process for UHB response to planning applications from a health and healthcare perspective

Major Risks / Issues:

- Vaccination – pending final JCVI announcement on Covid-19 autumn booster programme
- Vaccination – closure of two Cardiff MVCs
- Vaccination – childhood immunisation uptake (latest quarterly data Jan-Mar 2022)
- MMEW - Availability of future data to track overarching project outcomes

Stuart.Nathan 06/07/2022 10:41:00

Mitigating Action:

- Vaccination – planning on basis of interim JCVI advice and Welsh Govt letter for most likely and surge scenarios in relation to Covid-19 vaccination
- Vaccination – opening of new MVC for Cardiff
- Vaccination – establishment of new operational board to include childhood imms, recruitment of new ICs and targeted work with clusters / practices to address low uptake
- MMEW – improving surveillance for Healthy Weight - HWHW priority /concerns raised with PH Observatory/HWHW Surveillance Group

For more detailed information please see the following papers:

- Shaping our Future Population Health plan 22-25
- Shaping our Future Population Health flash reports to Strategy and Delivery Committee
- Move More Eat Well plan

A shift towards a system focusing on prevention

See pages 16 & 17 in the background document

Shaping our Future Population Health

What we said we would do in last Qtr:

- Systematically tackle inequalities
  - 2021/22 Action plan for engagement coordinator role delivered and plan for 2022/23 in development;
  - Ethnic Minority Subgroup development to focus on promoting bowel screening and childhood immunisations
  - Meet local authorities to learn lessons from COVID-19 and transfer to other work with a focus on addressing inequity linked to childhood immunisation, bowel screening and MMEW
- Sustainable and healthy environment
  - Level 2 Healthy Travel Charter finalised
  - Healthy travel comms toolkit final draft complete - to finalise, translate and publish
  - Restarted regular liaison with Cardiff and Vale LA transport teams, to provide health lens on transport developments, and link with wider public sector
  - Active shaping of national transport policy to support healthy and sustainable travel via Transport Performance Board
  - Comments provided on health and well-being section of the Integrated Sustainability Assessment for Vale

What's actually been undertaken in last Qtr:

- Systematically tackle inequalities
  - 2021/22 Action plan for engagement coordinator role delivered and plan for 2022/23 in completed; Network of stakeholders expanded; Survey on barriers to bowel screening completed; Bowel Screening engagement month promotional activities delivered.
  - Ethnic Minority Subgroup – membership expanded; agreement to focus on promoting bowel screening and childhood immunisations; actions identified to in support bowel screening
  - SMTs of both local authorities have agreed a joint approach to amplifying prevention, with a focus on addressing inequity linked to childhood immunisation, bowel screening and MMEW
- Sustainable and healthy environment
  - All planned actions completed

Targets for next Qtr;

- Systematically tackle inequalities
  - Further expand stakeholder engagement and networking opportunities
  - Begin to address barriers to bowel screening identified by the survey
  - Co-produce an approach to promotion of bowel screening with the Ethnic Minority Subgroup, and begin to address childhood immunisation
  - Convene an operational workshop with LA partners and begin implementation of a partnership approach to amplifying prevention
  - Initiate the development of a strategic framework for tackling inequalities
- Sustainable and healthy environment
  - Completion of Cardiff Healthy Travel Charter in commitments, with celebration event
  - Confirmation of organisations signing up as initial cohort for Level 2 Charter (target >5 organisations by end of 22/23, including UHB)
  - Updated healthy travel implementation toolkit published
  - Successful second Healthy Travel Wales day run
  - Respond to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites

Major Risks / Issues:

- None identified

Mitigating Action:

- n/a

Saunders, Nathan
06/07/2022 10:41:00

For more detailed information please see the following papers:

- Shaping our Future Population Health plan 22-25
- Shaping our Future Population Health flash reports to Strategy and Delivery Committee

A shift towards a system focusing on prevention

See pages 16 & 17 in the background document

Shaping our Future Population Health

What we said we would do in last Qtr:

- King's Fund recommended programmes
  - King's Fund – Stakeholder interviews to take place in April/May 2022. Report expected June 2022
  - AWDPP in Primary Care Clusters:
    - Implementation to commence across remaining two Clusters
- Tobacco
  - Reduce the percentage of adults (aged 16+) reporting that they smoke either daily or occasionally by:
  - Increasing the percentage of smokers who make a quit attempt via smoking cessation services (Welsh Government target 5%) by:
    - a. offering flexible tailored support, including face-to-face group or 1:1, telephone or online services targeting areas of higher deprivation in community and hospital settings
    - b. implementing a smoking and pregnancy programme (Model for Access of Maternal Smoking Services) to reduce smoking in pregnancy (MAMSS Programme)
    - c. Progress the delivery of an inpatient smoking cessation service based on the 'Ottawa' model
  - Reducing the number of children and young people taking up smoking as part of targeted prevention programme
  - Implementing the Smoke-Free (Wales) Regulations by offering 'enhanced enforcement' on hospital sites

Saunders,Nathan
06/07/2022 09:41:00

What's actually been undertaken in last Qtr:

- King's Fund recommended programmes
  - Revised project plan agreed with King's Fund, with phased delivery over Q4 (2021/22) and Q1 (2022/23). Interviews and literature review well advanced. Regular meetings between UHB leads and King's Fund project team
  - All Wales Diabetes Prevention Programme (AWDPP) clinics commenced in South East Primary Care Cluster. Health Care Support worker recruited in Central Vale. Recruitment of support workers underway in City & Cardiff South Cluster.
  - 364 patients identified with pre-diabetes in South East Cluster.
  - Bids submitted to Primary Care Strategic Programme and value-based healthcare programmes to expand AWDPP to additional Primary Care Cluster(s)
- Tobacco (data for 2022-2023 not available currently)
  - The smoking prevalence rate for Cardiff and Vale of Glamorgan is 14% (NSW, 2019-2020) - the lowest rate in Wales
  - 2.1% of smokers made a quit attempt 2021-2022 which reflects a static position when compared to 2020-2021 (2.2%)
  - 74% of 'Treated smokers' quit smoking at 4 weeks (self-reported) which is an increase from 66% the previous year
  - Both the hospital and community smoking cessation services achieved over 70% 4 week quit rates for all quarters of 2021-2022
  - A MAMSS Programme was implemented in April 2021. 64% (Qtr 3, 2021-2022, last available data) of pregnant smokers accepted a referral for smoking cessation advice – an increase from 38%, pre-MAMSS implementation.
  - The hospital smoking cessation service achieved a 75% 4 week quit rate 2021-2022
  - A Children and Young People's Prevention Programme has been established with a Steering Group formed and Action Plan agreed.
  - A No Smoking Enforcement Officer, (managed by UHB Security Services) challenges smokers on UHW site (to be extended to UHL). 423 smokers have been challenged from February 2022- 16 June 2022, 53% visitors, 23% staff

Targets for next Qtr;

- King's Fund recommended programmes
  - King's Fund – Report expected July 2022. Results to inform future work programme.
  - Commencement of AWDPP clinics across all three Clusters
- Tobacco
  - Smoking cessation services will increase face-to-face consultations in all settings to increase the number of smokers quitting smoking
  - Working with key stakeholders, further implementation of measures needed to implement an integrated 'Ottawa' model for hospital smoking cessation will commence to include routine NRT prescribing for all admissions
  - Increased referrals to MAMSS by ensuring smokers are targeted by specific scan clinics where the MAMSS Worker is present and routine NRT provision is offered
  - Smoking cessation support to children and young people in areas of high deprivation and need (such as those in Pupil Referral Units)
  - Working with Regulatory services, formal patrols (as part of 'enhanced enforcement' will take place to issue Fixed Penalty Notices to smokers on hospital grounds from 1 August 2022

Major Risks / Issues:

- King's Fund – initial delay in delivery confirmed by King's Fund, but project now well underway. Minor further delay to production of report, but first drafts expected July 2022

Mitigating Action:

- King's Fund – revised, phased plan will see full delivery by early Q2 2022/23

For more detailed information please see the following papers:

- Shaping our Future Population Health plan 22-25
- Shaping our Future Population Health flash reports to Strategy and Delivery Committee

Collaboration with our partners

See page 18 in the background document

Our Tertiary Services Strategy

What we said we would do in last Qtr:	What's actually been undertaken in last Qtr:	Targets for next Qtr;
• Continue to develop an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales. • Work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications (specialised and non-specialised) to inform service delivery and commissioning. • South Wales Spinal Network launch, and address key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN. • Address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification. • Finalise and implement the clinical model for SBUHB and commence work to developing the clinical model for the other service spokes in South and West Wales.	• SLA in place with SBUHB to support delivery of specialised endocrinology surgery • Draft service specification developed with task and finish group – currently out for consultation. • Non-specialised service specification approved in principle by the NHS Wales Health Collaborative Executive. • ODN implementation board established. Supported WHSSC in developing the ODN service specification – document now approved and published. Review of business case for ODN with the SWTN. • Clinical guideline groups established for Cauda Equina, MSCC, and Spinal Trauma. • Project established for HPB surgery service model. • First meeting of Project Board • Draft service model developed for SBUHB	• Review consultation responses, finalise service specification and EQIA, and identify implications for implementation, and submit to the NHS Wales Health Collaborative Executive for approval in principle. • Work with Welsh Government to support the development of the Welsh Health Circular on Paediatric Orthopaedic Surgery. • Work with WHSSC on development of the resource transfer approach to support transfer of commissioning responsibility. • Submit revised funding release to WHSSC to establish South Wales Spinal Network. • Finalise clinical guidelines for Cauda Equina, MSCC and Spinal Trauma • Finalise acceptance and repatriation policies • Prioritise and implement short term actions, prioritise medium term actions to inform CVUHB plan for 23/24 • Agree short list of options and benefit criteria – based upon agreed success measures with stakeholders • Agree draft service model, engage with patients, carers and staff.

Major Risks / Issues:	Mitigating Action:
• South Wales Spinal Network – Delay with funding release, as recurrent cost of revised business case subject to further discussion with WHSSC. • Delay in agreement of definitive OG cancer service model for SBUHB	• Contingency plan in development to establish Network within agreed financial envelope. • Continue to support SBUHB OG cancer service through outreach surgeon

For more detailed information please see the following papers:

Saunders,Nathan
06/04/2022 10:41:00

See page 17 in the background document

Collaboration with our partners

Wider Regional Working with our South East Wales partners

What we said we would do in last Qtr:

Vascular
- South East Wales vascular network goes live.

Formalised arrangement for a South East Wales collaboration
- Formalised arrangement for a South East Wales collaboration across Ophthalmology, Diagnostics and Orthopaedics.

CAVUHB / VNSHT partnership
- Agree the research and development hub proposal for progression
- Continued implementation of AOS at UHW following business case approval.
- identify 3 tumour sites; develop and end-to-end pathway improvement approach at a SE Wales system level

What's actually been undertaken in last Qtr:

Vascular
- Delayed Go live following final few clinical arrangements had to be worked through

Formalised arrangement for a South East Wales collaboration
- CEOs across CAV,CTM,AB have agreed a comprehensive collaborative arrangement which will see appointment of dedicated programme director, programme leads and clinical leads (see documents attached).
- CAVUHB leading Orthopaedics, ABHB Ophthalmology, CTM Diagnostics
- Ophthalmology the most progressed area as it builds on existing regional working arrangements.

❑ Consultation currently taking place on a regional eye care strategy
❑ Work to explore the potential for regional working arrangements regarding Cataract services

CAVUHB / VNSHT partnership
- research and development hub proposal agreed by Board earlier in Q1
- implementation of AOS progress inline with plan
- Successful workshop lead the regions cancer care leadership group to support identification of 3 tumour sites

Targets for next Qtr;

Vascular
- Go live now taking place in Qtr 2

Formalised arrangement for a South East Wales collaboration
- Recruitment of dedicated programme director, programme leads and clinical leads.
- Formal scope for the Orthopaedics and Diagnostics programmes

Ophthalmology
❑ Finalise regional eye care strategy
❑ Options appraisal completed re: regional working arrangements regarding Cataract services

CAVUHB / VNSHT partnership
- Dedicated strategic planning manager (joint appointment between CAV&VCC) starts. Immediate priorities will be;

❑ Review governance arrangements
❑ Provide resources to Haematology/Oncology workstream where minimal progress has yet to be made.
❑ Formalise arrangements for the progression of the three tumour site work.

Major Risks / Issues:

- Capacity is a significant barrier to swift progress

Mitigating Action:

- Increasing number of dedicated posts due to on-board through Qtr 2

Saunders, Nathan
06/07/2022 10:40:00

For more detailed information please see the following papers:

Microsoft Word Document

2022 – 2025 CARDIFF AND VALE INTEGRATED MEDIUM TERM PLAN

Background, context and baseline information booklet

Saunders, Mathan
06/07/2022 10:41:00

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

Introduction: *How to read the IMTP Quarterly Update*

This background, context and baseline information booklet provides a reference point / overview of the following which were described in the UHBs 22-23 Integrated Medium Term Plan;

- ❑ Our operational performance ambitions
- ❑ The objectives / ambitions of our strategic programmes (Shaping our future clinical services, Shaping our future hospitals, Shaping our population health, @Home and Delivering Digital)
- ❑ Our people and culture ambitions
- ❑ Priority areas for the Minister of Health and Social Care

Each quarter an IMTP update report will be produced that sits alongside this booklet and will provide a moment in time summary of the progress.

The IMTP is of course a strategic level plan. Consequently the quarterly update report on implementation is also set at strategic level. Where additional information is required regarding the specifics of a particular project/programme further information can be found from other sources (which are signposted to).

Quarterly update reports should always be read in conjunction with other key papers which the UHB routinely produces for Board and its sub committee's. For example the Director of Finance Financial report.

These update reports merely provide progress against specific actions/ambitions/targets. The impact that these actions are having is however equally important. As such it is also recommended that the update report provided is also considered in the context of the UHBs outcomes framework *heatmap* which is shown at the front of the update report.

Whilst this delivery report is shaped around the UHBs 9 priorities for 22-25 it is important to recognise that these priorities are not mutually exclusive. Actions being progressed against one priority will often also be materially progressing another priority. On this basis in two cases it is not be possible to specifically report against the priority. Both *address the main burdens of disease in Wales* and *Our continued covid-19 response* can not be reported on in isolation as they inherently sit across all of our other priorities.

Saunders Nathan
06/07/2022 10:41:00

Our priorities for 2022-2025

Our workforce and OD development and design

- Seamless workforce models
- Engaged, motivated and healthy workforce
- Attract, recruit, retain
- A digitally ready workforce
- Excellent education and training
- Leadership and succession
- Workforce supply and shape

Addressing the top burdens of disease in Wales

- Cancer
- Cardiovascular

Integration with Community Services

- @home programme
  - Primary care infrastructure projects
  - Intermediate care
  - The Vale Alliance
  - Accelerated MDT Cluster development
  - Single Point of Access

Our Physical Infrastructure

- Shaping our future wellbeing in the community plan
- Acute infrastructure plan
- Shaping our Future Hospitals programme

Saunders Nathan 26/07/2022 10:41:00

Our continued Covid-19 response

- Managing the five harms associated with Covid-19

Our system renewal and redesign

- Planned care
- Unscheduled Care
- Primary Care
- Diagnostics
- Mental Health
- Shaping our Future Clinical Services Programme

Our digital Infrastructure

- Progressing our five year digital plan
  - Electronic patient record
  - A digital front door
  - E-consent
  - Patient facing content
  - Digital communications- choose and book
  - Shared health and care records
  - Self directed enquiry management
  - Outpatients transformation
  - Digital dictation and transcription
  - Clinical / speciality applications
  - Interoperability
  - Sac4Safety
  - Use your own device
  - Managed print / follow me print
  - Community, MH and PCIC services

Our Collaboration with partners

- Regional working where clinically appropriate;
  - Tertiary services with Swansea Bay UHB
  - Cancer services with Velindre NHST
  - South East Wales vascular services
  - South East Wales eye care
  - South East Wales Pathology and diagnostics
  - Stroke and Thrombectomy

A shift towards a system focusing on prevention

- Shaping our future population Health ;
  - Vaccination and Immunisation
  - Systematically tackle health inequalities
  - Healthy weight: Move more eat well
  - Sustainable and healthy environment
  - Kings Fund recommendations

The golden thread of our plan: *Quality, Safety and Patient Experience*

If we are to move to a we describe in *Shaping of Future wellbeing,* then a bold approach to quality, safety and patient experience will be required.

Our IMTP put these at the heart of the plan when it described the UHBs five year QSE framework. The plan did not list QSE as a discrete priority recognising instead it was more fundamental than this. It is a golden thread which should sit across everything the UHB does.

Eight key enablers in the revised QSE framework for the next five years were outlined:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance

TIMESCALE	AMBITION
22-23 Qtr 2	❖ Development of the support framework for staff involved in inquests ❖ Implementation of the "What matters to me" conversations ❖ Align some aspects of the QSE Framework all Wales experience self-assessment framework with Perfect Ward and the ward accreditation process (Gold, silver, bronze)
22-23 Qtr 3	❖ Agreement of a Humans Factor Framework and Implementation plan
22-23 Qtr 4	❖ Maximise the learning from near misses (to include the work currently being taken forward with Cardiff University to examine covid related incidents) ❖ Establishment of the UHB stakeholder panel ❖ Development of the organisational learning committee ❖ Implement AMAT to strengthen governance in relation to National and Local audits, NICE Guidance and Patient Safety Solutions ❖ Work with Welsh Government to implement the requirements of the Health and Social Care (quality and Engagement) (Wales) Act 2020 ❖ Establish CAVQI as work stream to roll out of the current outputs from Health Foundation research project ❖ Implement the CIVICCA - Once for Wales service user experience system ❖ Complete the implementation Once for Wales Concerns Management System ❖ Development of a QSE accreditation/ syllabus

Saunders,Nathan 06/07/2022 10:43:00

Priority 1: Recovery and Redesign

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

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

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

This section of the delivery report provides a 'moment in time' position for the UHB against the ambitions provided across these areas.
Further information regarding *how* progress is being made, *why* progress is on track (or off) can be found via the following documentation;

Saunders,Natalie
06/07/2022 16:41:10

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

Recovery and Redesign

Across a series of service the UHB set a number of ambitions. These are highlighted below.

Recovery & Redesign
Adfer ac Ailgynllunio

Speciality	Q1 Where we said we would be	Q2 Where we said we would be	Q3 Where we said we would be	Q4 Where we said we would be
Primary Care	Increased % of dental activity vs. pre-covid levels (subject to IPC guidance)	Increase in Eye Care Treatment by primary care Deliver option appraisal and develop plan for next UPCC centre	Reduction of emergency admissions for over 65s	Delivery of diabetes performance measures in line with WG targets
Unscheduled Care	Reduce ambulance lost hours by 25% above March '22 position 90% surgery patients via surgical SDEC	Reduce 21-day length of stay to pre-covid levels Medical SDEC at UHW open 7 days a week	Compliance with latest SNAPP targets	Eliminate 12 hour ED wait
Planned Care	• 100% of pre-covid levels for elective surgery • 100% of pre-covid activity levels for new OP	• 110% of pre-covid activity levels for new OP • Increase SOS / PIFU pathways	• 110% of pre-covid activity levels of elective activity • 110% of pre-covid activity levels for new OP • Achieve 33% of outpatients via virtual • Reduce volume of 104 week waits for treatment	• Eliminate 104 week waits for outpatients • Eliminate 104 week waits for treatment • 120% of pre-covid levels of elective activity • 120% of pre-covid levels for new OP • Achieve >65% Single Cancer Pathway target • Deliver 30% reduction in delayed follow ups (>100%)
Mental Health	• Deliver 80% compliance with Part 1a 28-day assessment target in CYP and Adults • Improvement in Eating Disorder access times	• Deliver NHS 111 (press 2) programme • Go live with sanctuary provision for crisis care in adults • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times	• Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments	• Implement repatriation plan for delivery of trauma informed care services close to home • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments
Diagnostics and Therapies	• Eliminate 8 week waits for all modalities excl. US, Echo and Endoscopy	• Eliminate > 8 week waits for US and Echo • Endoscopy activity to exceed 125% of pre-covid activity levels	• Endoscopy activity to exceed 130% of pre-covid activity levels	• 50% reduction of >8 week wait in endoscopy (aim to clear by March '24) • 50% reduction of >14 week wait in Therapies (aim to clear by March '24)

Saunders,Nathan
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Recovery and Redesign

Falling within the recovery and redesign priority are also three areas which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.

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

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

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ACCESS TO TIMELY PLANNED CARE

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

INFECTION, PREVENTION AND CONTROL

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

Saunders,Nathan
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N.B. these issues extend beyond purely recovery and redesign they are situated here for reporting purposes only).

Priority 2: Digital Infrastructure

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

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

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

Saunders,Nathan
06/07/2022 10:41:00

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

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

Falling within the digital priority is also an action which the Minister for Health and Social Care has directed Health Boards to make certain improvements.

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

Priority 3: Integration with Community Services:

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

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

Across this programme of work the UHB set a number of ambitions. These are highlighted below.

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

Saunders, Cath
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Priority 4: Shaping our Future Workforce

To meet our population's health and care needs effectively and deliver upon our quality improvement, recovery and transformation agendas we are completely dependent on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

A 3-year People and Culture Plan has been developed and is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

As part of the IMTP and supporting delivery of this people and culture plan the UHB set a number of ambitions. These are highlighted below.

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

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Falling within the people and culture priority of the UHB are also three areas which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.

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

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Priority 5: Our Physical Infrastructure:

Across our physical infrastructure priority our plan focused on three key areas;

1. Community Infrastructure

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

2. Hospital based infrastructure

To continue to develop UHL as a site for ambulatory, diagnostics and low-risk, routine surgical care as well as rehabilitation and mental health inpatient care.

3. UHW2

The replacement of UHW is critical to support our long-term strategy the existing infrastructure is failing and much of the current hospital accommodation and departments are no longer fit for purpose in terms of functional layout, environmental suitability or physical condition.

Across these three areas the UHB described a number of ambitions and/or schemes which would be progressed

Falling within the physical infrastructure priority of the UHB are also two areas which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below

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

Saunders Nathan
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N.B. these issues extend beyond purely physical infrastructure they are situated here for reporting purposes only).

Our Physical Infrastructure

Major Capital Schemes in Construction: Our acute infrastructure programme Update

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

Major Capital Business Cases in Development: Our acute infrastructure programme

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

Saunders, Jonathan
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Our Physical Infrastructure

Shaping our Future Hospitals

Major Capital Schemes in Construction: In Our Community

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

Major Capital Business Cases in Development: In Our Community

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

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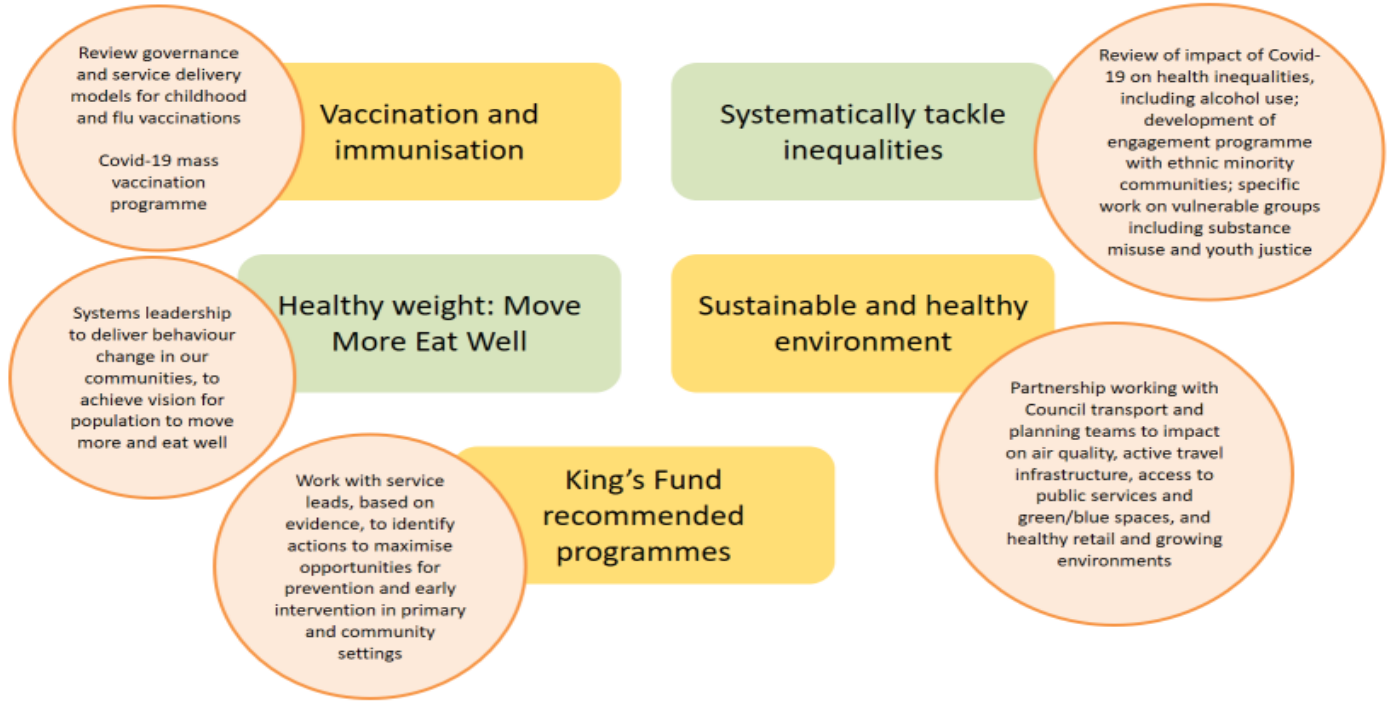
Priority 6: A shift to prevention

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



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Falling within shift towards prevention priority of the UHB are also a series of measures which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.

POPULATION HEALTH		
Priority Measure	Target	Baseline
Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Current systems don't enable this data collection as paper records to date. L3 service now on Paris but not yet able to extract outcome data - database development needed. L2 and children - data collection systems available from April 2022; however, weight is not routinely collected in virtual clinics (patients not comfortable weighing at home; home scales may not be suitable; cannot guarantee robustness of data)
Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Report due for submission to WG at end of March 2022. Embedded slide shows service areas developed / in progress
Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Baseline: 14% Cardiff and Vale of Glamorgan (National Survey for Wales 2019-2020) Trajectory: Reduction in Smoking Prevalence, 5% by 2030 2023 12% 2024 11% 2025 10%
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Baseline: 2.2% Cardiff and Vale of Glamorgan (PHW/CVUHB/NWISS 2020-2021) Trajectory: Increase in the percentage of adult smokers making a quit attempt via smoking cessation services 2023 2.5% / 2024 3% / 2025 3.5%
Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Evidence of Improvement	**In-patient Smoking Cessation Service** Baseline: CVUHB have an established hospital in-house Smoking Cessation Service for patients and staff. Working to progress a more integrated model of service delivery with Help Me Quit and Enhanced Services, Community Pharmacy. To establish a baseline of the number of in-patients, smoking on admittance and accepting a referral to smoking cessation services Trajectory: Increase in number of in-patients systematically recorded as smokers (from the baseline) and referred to in-house Smoking Cessation Services **Reduction of Maternal Smoking Rates** Baseline: 10% of Pregnant Women smoking on booking 25% of pregnant women on booking, accepting a referral to Smoking Cessation Services (CVUHB, 2020-2021) Trajectory: To reduce the number of pregnant women smoking on booking and increase the numbers accepting a referral to Smoking Cessation Services 2023 9% Smoking at Booking / 2024 8% Smoking at Booking / 2025 7% Smoking at Booking 35% of Pregnant Women who smoke accepting a referral to Smoking Cessation Services 2023 / 45%, 2024 / 50% 2025

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Priority 7: Collaboration with our partners:

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

The Regional and Specialised Services Programme

Our plan described a collaboration between the UHB and Swansea Bay UHB and looks to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales.

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

Cancer services partnership

Our plan described a collaboration between the UHB and VNHST to progress work across acute oncology, a research and development hub, haematology/oncology and unscheduled care pathways.

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26/07/2022 10:41:06

South East Regional working

Our plan also described the wider South East Wales regional work which the UHB would progress with its local partners.

- ✓ Vascular services
- ✓ Stroke and Thrombectomy
- ✓ Regional eye care services
- ✓ Sexual Assault Referral Centre
- ✓ Stroke
- ✓ Orthopaedics
- ✓ Robotics
- ✓ Endoscopy (Diagnostics)

Report Title:	Key Workforce Performance Indicators - People Dashboard				Agenda Item no.	2.1.2 a)	
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	12 July 2022	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Assistant Director of People & Culture / Head of People Analytics						

Main Report
Background and current situation:

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

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- **Variable pay** trend has remained in the 10-11% range over the last 12 months, but the percentage for May is lower than for the same period in 2021, at 10.29% UHB-wide.

- Total **pay bill** peaked as expected in March due to year end accruals; the April and May pay bills were broadly similar to February.

- **Turnover** rates have increased month-on-month over the last year, and is now 13.65% UHB wide. An empirical analysis of the leavers indicates that approximately 1% of the turnover is due to the end of fixed-term contracts issued to staff to work in new teams created to respond to the COVID-19 pandemic (such as the Mass Immunisations team). There has been a 2.48% increase in turnover during the last 12 months, which equated roughly to an additional 388 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'End of Fixed Term Contract'.

- **Sickness Absence** rates remain high at 6.50% in May and are 0.60% higher than they were 12 months ago. The rate is however the lowest it's been since July 2021 which is promising. The cumulative rate continues to rise at 7.14%, this figure is derived from absence over the last 12 months.

  The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'

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  The number of staff on long term sick leave suffering with 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 31/05/22 there was 252 (a reduction of 32 – 11.27%). The number of staff on long term absence suffering with long Covid has reduced to 32.

- Employee Relations caseload is the lowest it has been in over 5 years; the reduction is attributable to the change in the People Services Team operating model and continuing to embed the 'Restorative & Just Culture' principles. An update has been provided later in the report.

- Statutory and Mandatory training compliance rate continues at just over 13% below the overall target. It is likely that operational pressures continue to adversely affect compliance.

- Compliance with Fire training is continuing to improve, although the rate of improvement has slowed. In May the compliance with Fire training was 64.91%.

- By the end of May 2022, 83% of consultant job plans were under construction in the e-system, including 28% that have been signed-off.

- The rate of compliance with Values Based Appraisal remains very low; the compliance at May 2022 was 32.45%. It is likely that operational pressures continue to adversely affect compliance.

Below is an update on some of the work that has been undertaken/achieved since the last report. The update is longer than normal but we feel it is important to showcase the progress that is being made:

People Resourcing

- 200 people participated at CAVUHB Careers Fair at Hilton Hotel, Cardiff on 04/05/22. 130 applications were received in total and 99 candidates successfully appointed. Due to success of the event another two are planned for later in the year.
- 130 Facilities applications received since February 2022. 60 of which have been appointed and have started in post.
- Temporary Staffing Department (TSD) have recommenced advertising HCSW vacancies. 132 applications were received in their most recent recruitment. 98 applications have been short listed and invited for interview.
- An action plan has now been developed in response to the TSD Audit and is in the process of being implemented to respond to the recommendations.
- Retention Plan has been finalised and will now be implemented across the UHB.
- Developing virtual work experience programs in conjunction with University of South Wales to promote the UHB to students.
- Attended DWP Job Centre event in Barry & Penarth 12/05/22 – with great interest. Resulting in 4 applicants being appointed and numerous leads progressing.
- Nomination for 'Macro Employer of the Year' submitted for the Apprenticeship Awards Cymru. Finalists will be announced in October 2022.
- Online promotion of apprenticeships for new recruits took place during 'Learn at Work Week' 16th – 20th May 2022.
- Career Profiles meetings have been started, to develop a network with managers and to understand careers on offer within the NHS.

Engagement:

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- Preparations for the Staff Recognition Awards, including arranging Choir/ Master of Ceremonies, confirming attendance, nominators videos are ongoing.
- Winning temp – information governance approval finalised, training and awareness sessions planned for mid/ end June with launch end June 2022.
- Schwartz Round - meetings with interested areas held to share roles and responsibilities.

- Increased requests received for Team Development; Cultural Survey Work, etc.
- Support continues with the MES follow-up engagement
- OD Support conversations starting linked to the strategic programmes.

Health & Wellbeing

- Wellbeing survey distributed to Medical teams, the closing date is 31st July 2022.
- 30 Staff room refurbishments progressing with Estates colleagues.
- Inner Wellness webinars for all staff arranged for July, August and September.
- Wellbeing retreats starting 1st July 2022 initially targeted at Medical Workforce.
- People Services Team have been providing specialist advice and support to managers and staff on matters relating to managing attendance. They have been collaborating with the People Health and Wellbeing Service to ensure our staff are supported in the most appropriate way. Update below.

Leadership and Management Development

- Acceler8 Cohort 1; Module 4 completed at 4PI with support from Executive Director of Planning and Performance. Positive feedback received from participants.
- Collabor8 programme is now in development, including engagement with interested individuals who did not get onto Acceler8. Programme will be launched in September 2022.
- VBA training continuing, focused and targeted support being offered to areas/ managers requiring VBA to ensure pay progression is completed effectively.
- Coaching supervisors identified, training provision in development.

Workforce Systems and People Analytics

- The new e-rostering system (HealthRoster) has now been implemented in 50 ward areas. Both the new system and roster principles are being well received.
- Job Planning compliance is 83%, focus now is on sign off and ensuring that job plans are reviewed on an annual basis.
- Nurse establishments have been agreed and are being updated in ESR to ensure that our workforce data is accurate.
- We are engaging with the NWSSP Recruitment and Payroll modernisation programme, with a view to streamlining processes for our managers and staff.
- The Workforce Data SharePoint site has been further developed to ensure data is accessible.

Education

- Working group under development to support the progression of the Academy of Support Services. Key stakeholders currently being identified and include staff side representation. First meeting set for first week of July.
- 289 overseas nurses have now achieved registration.
- Advanced practice funding allocation finalised for clinical education. Increased access to HEI based community funding achieved.
- Flexible part-time undergraduate programmes are now available for Physiotherapy and Occupational therapy and HEIW funding has been provided to support one member of C&V staff to complete each programme. Programmes commence in Sept 2022 and staff have been identified to complete.
- Work has commenced regarding development of UHB framework to support HCSW career development and associated career development pathways.
- UHB professional development nurse/midwife forum relaunched.

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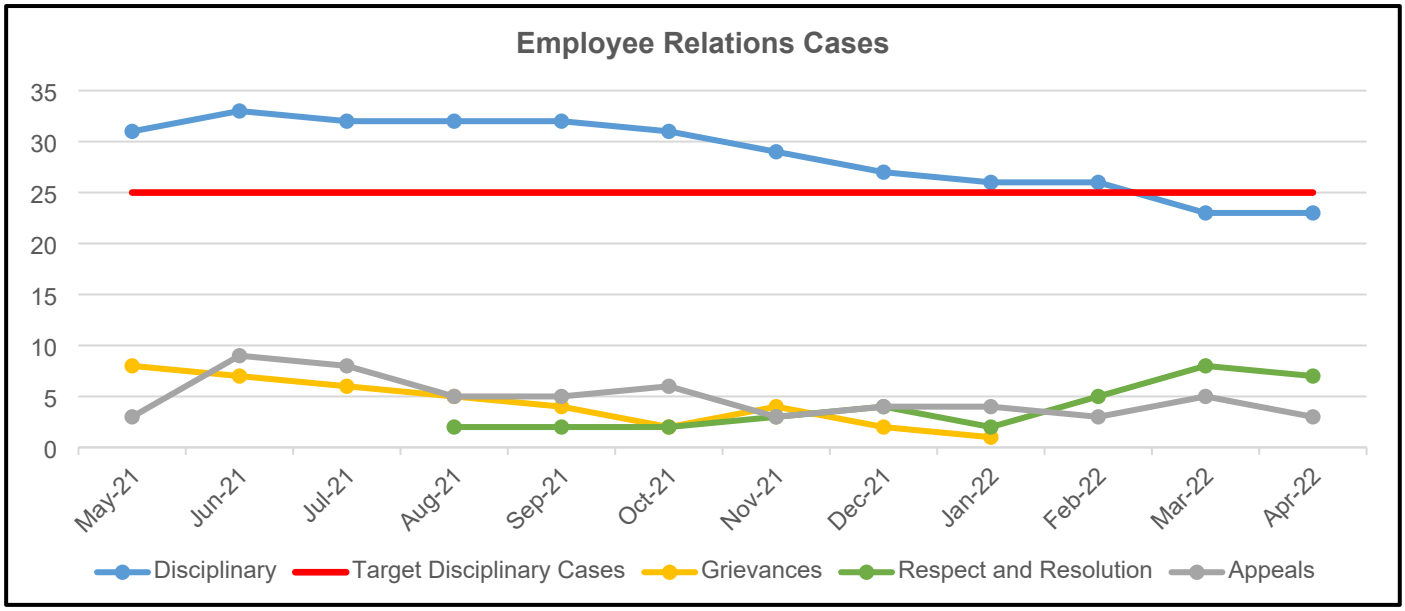
- First cohort of the RCN cadets' scheme will commence on 25th July 2022. 21 in cohort with 20 being from BAME backgrounds from a local high school. All will be offered the opportunity to interview for a nursing HCSW bank post.

People Services Team (*formerly HR Operations team)*

A detailed update has been provided demonstrating the positive impact working in the new model is having on performance/outcomes and how the team are building both the capability and confidence of our managers. The update focuses on the specialist Employee Relations, Managing Attendance and Change Management Teams.

Employee Relations
The graph below shows the reduction in formal disciplinary cases. Although the graph shows 23 in April, it has reduced further to 21, which is below the target set.



- Virtual training has taken place with Legal and Risk for Disciplining Officers to understand their role and responsibilities. This will be followed up with the development of a toolkit clarifying their responsibilities.
- Additional training has been arranged for Investigating Officers.
- Respect and Resolution Training has been revised in partnership with Trade Union colleagues and dates are available via ESR.
- Guidance has been developed focusing on 'How to conduct an initial assessment'. This includes the importance of completing the IA quickly and what support is available for staff.
- The team have reviewed the information and support available to all staff who are affected by a formal process and are are working collaboratively with Trade Union colleagues, Occupational Health and the Employee Wellbeing team to ensure staff feel supported.
- Developing a framework/terms of reference for the de-brief process following any formal ER case, to ensure that lesson learnt are identified and acted upon.

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Managing Attendance

- Training on Managing Attendance at Work has been completed for **137** managers, through a mixture of face-to-face and virtual sessions. Another **186** sessions are planned, a total of **323** managers will be trained by the end of 2023.
- Collaborating with the Equality, Diversity and Inclusion Team to develop a Work and Wellbeing passport, which will focus on making reasonable adjustments for disabled people at work and meeting their individual needs.
- Planning regular training for managers on the Ill Health Retirement process. Sessions concentrate on supporting staff through the process, completion of documentation and a detailed overview of the process.
- Working closely with the Health Improvement Team (HIT) on Mental Health guidelines, long Covid principles, etc.
- Working in partnership with TU colleagues to ensure staff that are suffering from long COVID are managed in a compassionate way and that the changes in pay arrangements from 30th June 2022 do not influence how staff are supported.

Change Management

- The team are in the process of updating the existing the Change Management Toolkit to ensure that managers and leaders have a resource that they can refer to before they start any organisational change, it will also support them during the process.
- Training is being developed for managers focusing on the importance of engagement, understanding different change models, understanding the reasons people react differently to change and how best to support staff, etc.

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

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

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

Recommendation:

The Strategy and Delivery Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x

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4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

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

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

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

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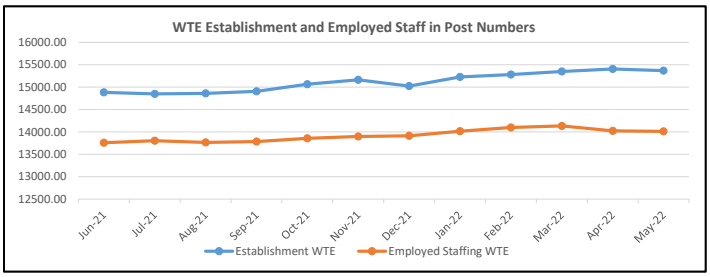
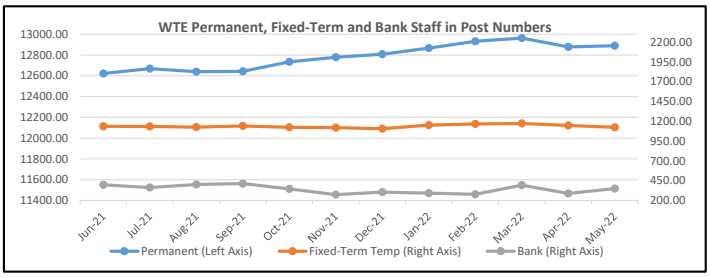
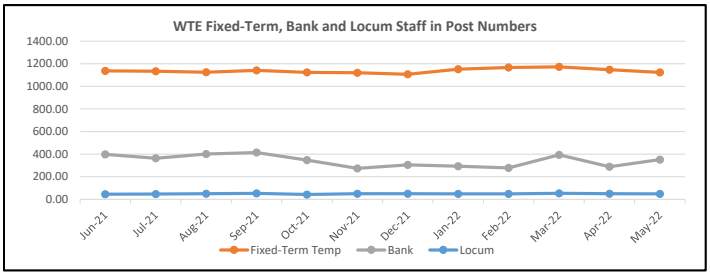
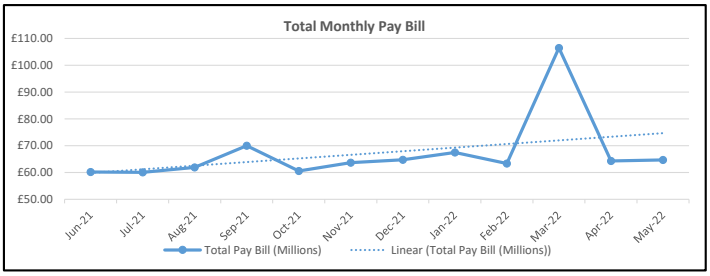
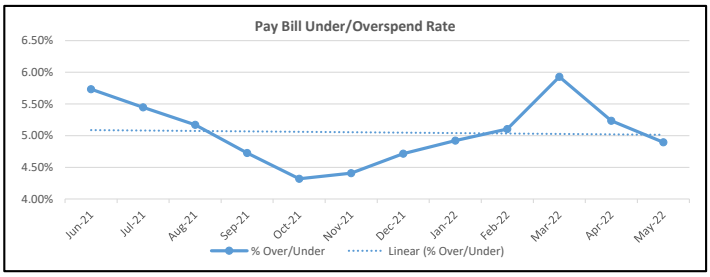
Workforce Key Performance Indicators Trends May 2022

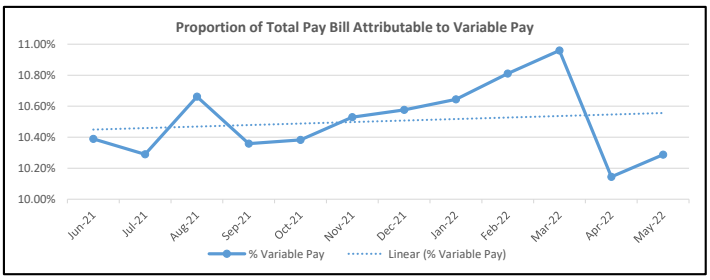


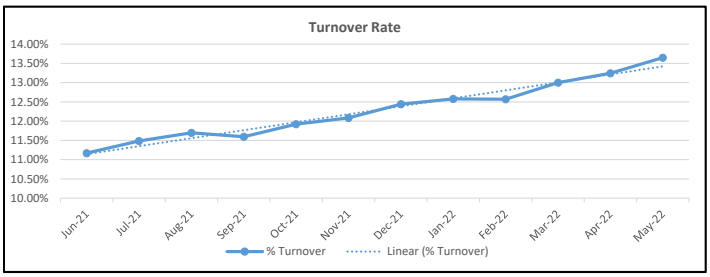


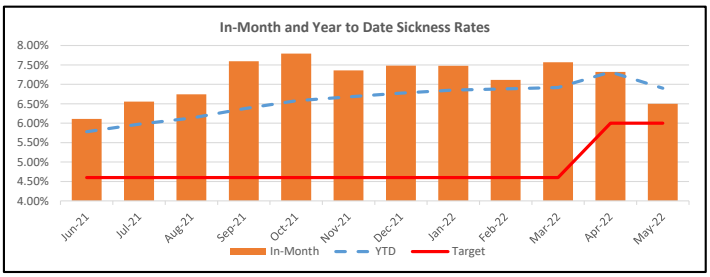


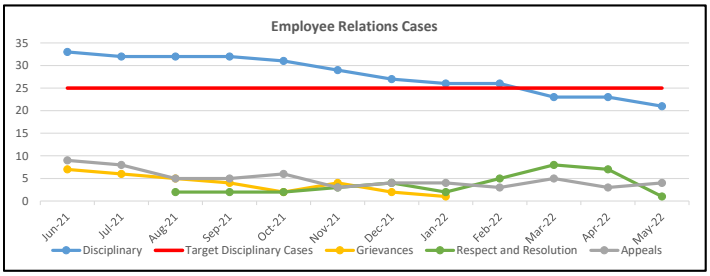


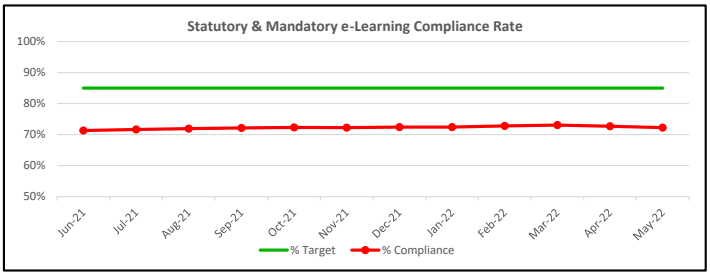


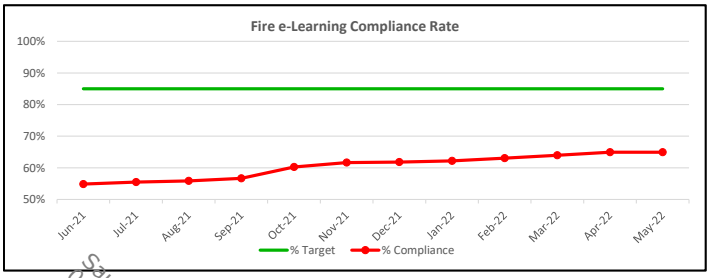


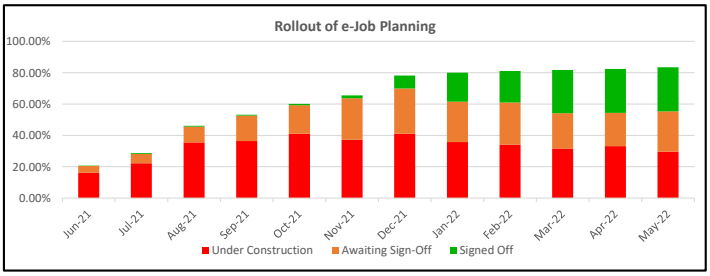


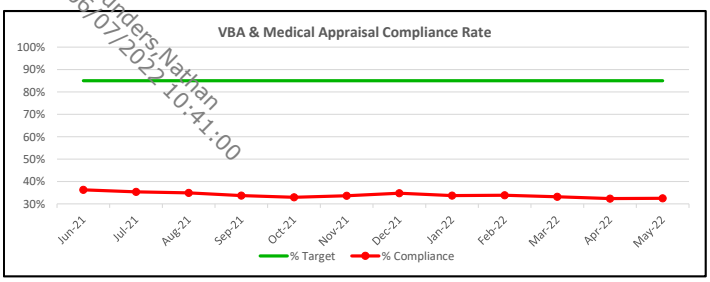












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Report Title:	Key Operational Performance and Recovery Indicators			Agenda Item no.	2.1.2b
Meeting:	Strategy and Delivery Committee	Public	✔	Meeting Date:	12/07/2022
		Private			
Status *(please tick one only):*	Assurance	✔	Approval		Information	
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Performance and Planning Manager – Operations, Recovery and Redesign Programme Director				

Main Report
Background and current situation:

Background and current situation:

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 modernizing 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. In future reports to the Committee, updates will be provided on progress against these ambitions.

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

Performance update

Unscheduled Care:

- Emergency Unit attendances decreased in April 2022 (11,238) from the numbers reported in March 2022 (12,664), however figures returned to similar levels in May 2022 (12,638).
- 4-hour performance in EU increased to 60.6% in May 2022 from 58.3% in March 2022. In May 2021, the 4-hour performance was 76.9%. 12-hour waits remain high with 1,258 reported in May 2022, although this is a decrease from the 1,505 reported in March 2022.
- 762 Ambulance handovers took place in over 1 hour during May 2022. This compares with 831 in March 2022.
- The percentage of red calls responded to within 8 minutes decreased from March 2022 to April 2022 (3% decrease), however the figure returned to 64.6% in May 2022.
- In May 2022, 4.8% of patients were directly admitted to an acute stroke bed within 4 hours, with 58.2% of patients being assessed by a Stroke Consultant within 24 hours.

Stroke:

Improvement trajectories were presented to the Committee meeting in May 2022. Subsequently, trajectories have also been developed for thrombolysis. Performance against the improvement trajectories is as follows:

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		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
% of all stroke patients thrombolysed	Improvement trajectory						13.6%	13.8%	14.0%
	Actual	8.3%	5.2%	5.3%	13.1%	6.0%			
% of eligible stroke patients thrombolysed	Improvement trajectory						100%	100%	100%
	Actual	80.0%	60.0%	66.7%	100.0%	75.0%			
CT scan within 1 hour	Improvement trajectory				40%	50%	55%	60%	65%
	Actual	45%	35.10%	36%	44.0%	49.3%			
Swallow screen within 4 hours	Improvement trajectory				45.0%	50.0%	55.0%	60.0%	65.0%
	Actual	34.6%	48.1%	27.1%	42.0%	53.2%			
Direct admission to Acute stroke ward within 4 hours	Improvement trajectory				10.0%	14.0%	20.0%	26.0%	30.0%
	Actual	10.0%	8.3%	7.1%	8.0%	4.8%			
Assessed by a stroke consultant < 24 hours	Improvement trajectory				60.0%	65.0%	65.0%	65.0%	65.0%
	Actual	63.3%	57.9%	56.0%	60.0%	58.2%			
Assessed by a stroke specialist nurse < 24 hours	Improvement trajectory				80.0%	82.0%	84.0%	85.0%	86.0%
	Actual	80.0%	82.5%	80.0%	85.0%	85.1%			

- Last month saw a reduction in the percentage of all stroke patients thrombolysed. 75% of the patients that were eligible for thrombolysis received the treatment.
- Operational pressures at UHW and a poor discharge profile in SRC, UHL impacted on performance against the direct admission to an acute ward within 4 hours. Work done by the team has improved the SRC discharges but the UHB, at this current time, is unable to ringfenced acute stroke beds due to balancing system wide urgent & emergency care risks.
- Workforce constraints, in particular staff sickness, impacted on the percentage of patients assessed by a stroke consultant within 24hours. It is anticipated that performance will improve in June 2022.
- A dedicated Service Manager for Stroke will be in post from mid-July. Work ongoing to recruit a CD for Stroke Service.

Figure 1: A&E Attendances

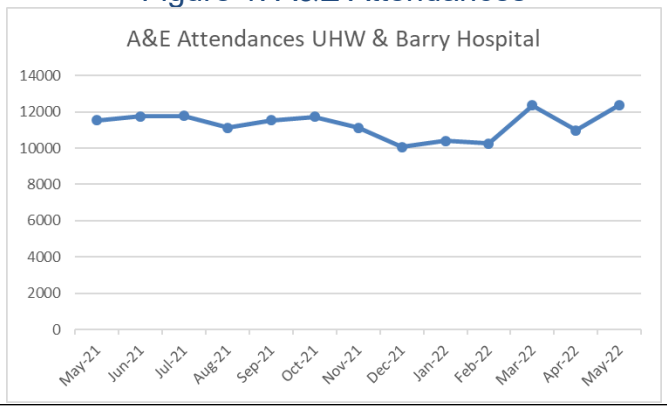


Figure 2: A&E waits – 4/12 hours

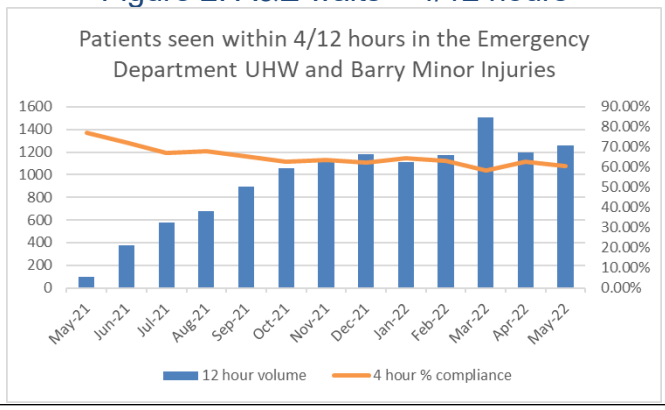
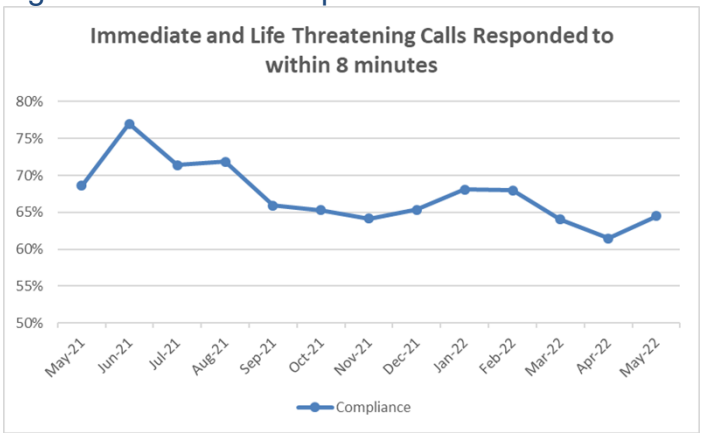


Figure 3: Red calls responded to within 8 minutes



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Primary care:

In relation to General Medical Services (GMS):

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

In relation to GP Out of Hours (GPOOHs):

- In April 2022, 88% of patients prioritised as 'emergency' requiring a home visit were seen within one hour.
- In April 2022, 75% of patients prioritised as 'emergency' requiring a primary care centre appointment were seen within one hour.

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

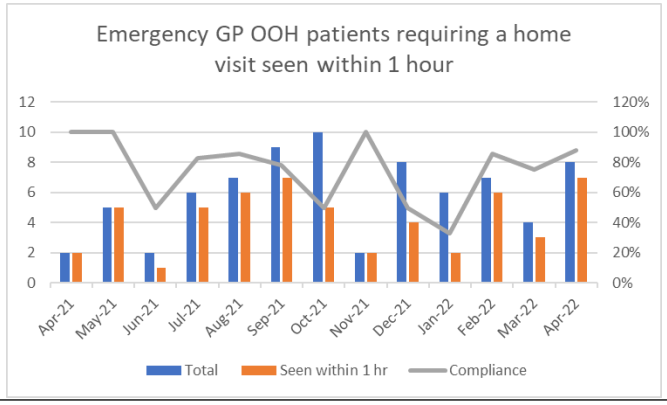
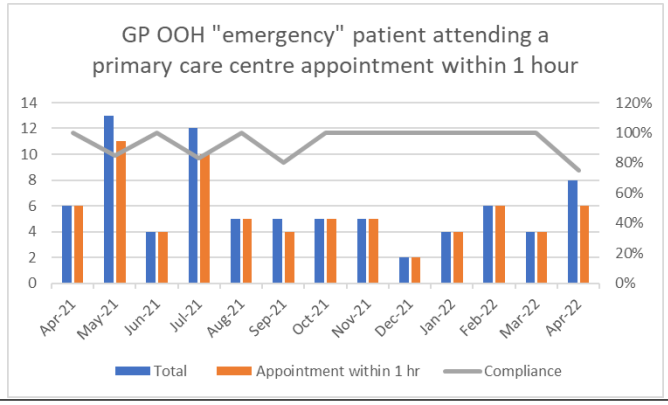


Figure 5: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



Mental Health Measures:

- Levels of referrals still remain significantly higher than pre-Covid levels. However, referrals in May 2022 (1,319) were lower than March 2022 (1,159).
- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 77.4% overall in May 2022, increased from 58.9% in April 2022. For CAMHs services, compliance reduced from 88.0% in March 2022 to 78.2% in May 2022.
- Part 1b: 93.1% of therapeutic treatments started within 28 days following assessment at the end of May 2022, a slight decrease from the previous month (96.3% in April 2022).
- Part 2: 85% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of April 2022 compared to 72% in March 2022.
- Part 3: 77% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in April 2022 decreasing from 82% in March 2022.

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Figure 6: Mental Health Referrals

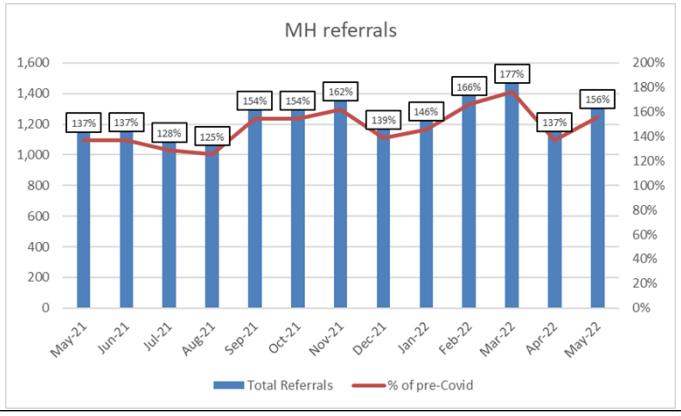


Figure 7: Performance against Mental Health Measures – Part 1a, 1b, 2, 3

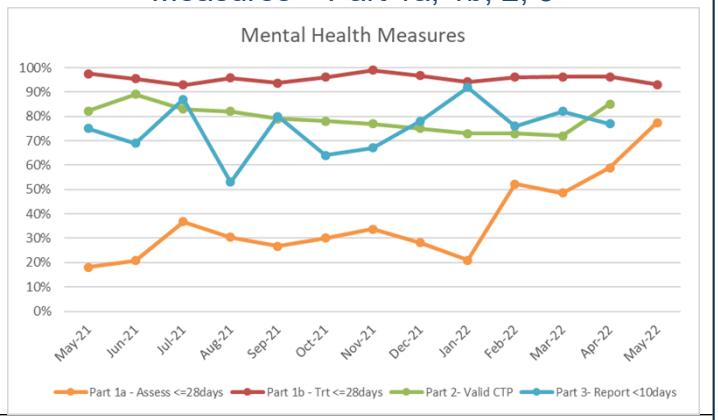
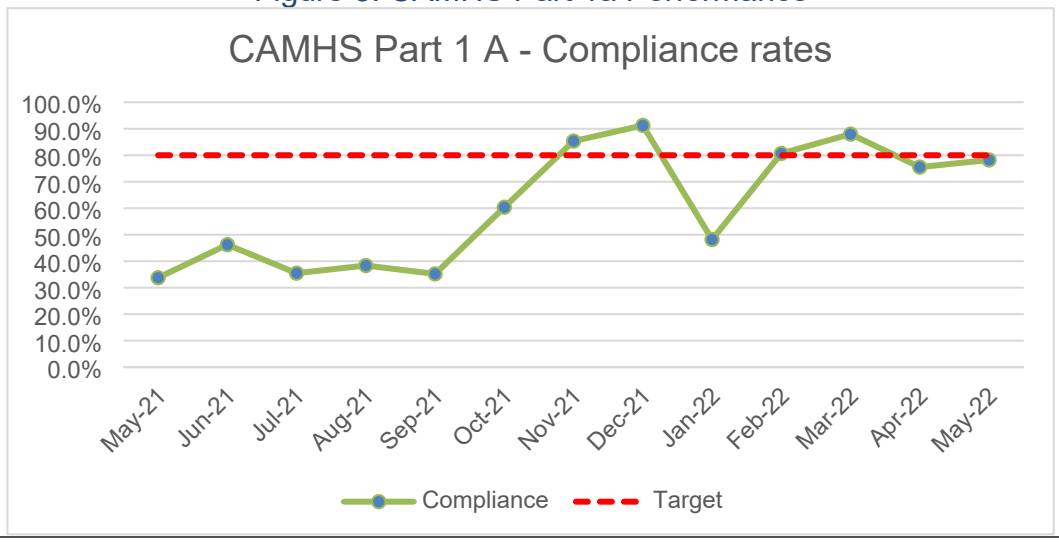


Figure 8: CAMHS Part 1a Performance



Cancer:

- Referrals for patients with suspected Cancer have exceeded pre-Covid levels. There were 1,769 referrals in March 2022 and 1,502 referrals in April 2022.
- SCP performance was 61.6% in April 2022, increased from 59.1% in February 2022.

Figure 9: Cancer referrals

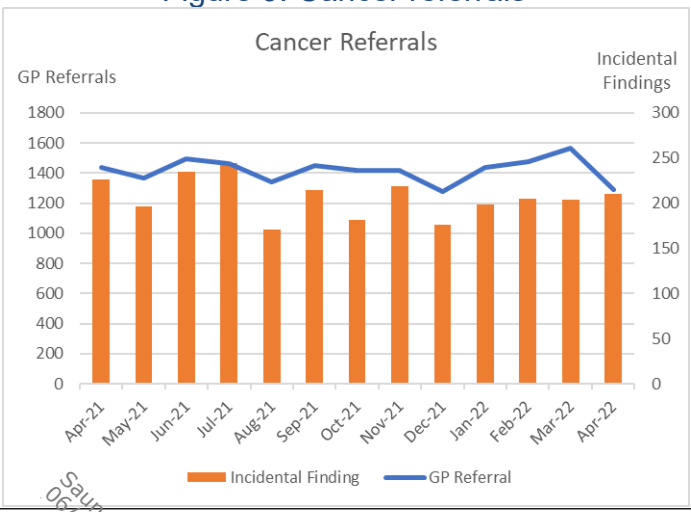
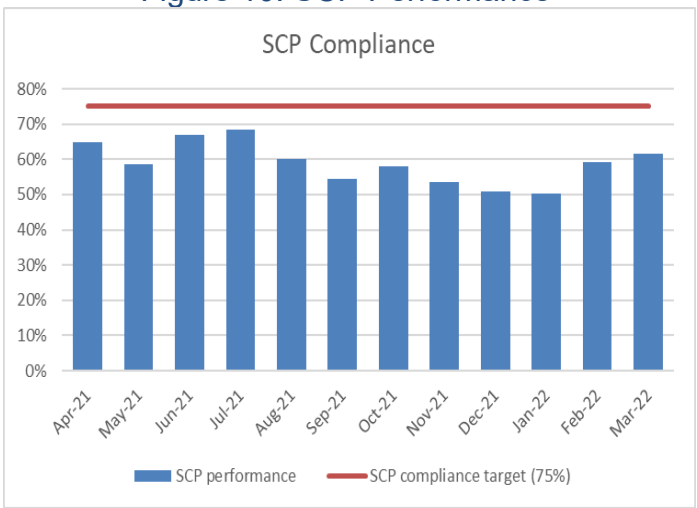


Figure 10: SCP Performance



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Elective Access:

- The overall Referral to Treatment (RTT) waiting list increased to 126,960 at the end of May 2022. There were 44,830 patients waiting over 36 weeks at the end of May 2022, compared to 44,083 at the end of March 2022.
- Patients waiting greater than 8 weeks for a diagnostic test has continued to decrease since March 2022 (5,001) to 3,940 in May 2022.
- The total number of patients waiting for a follow-up increased to 176,446 at the end of May 2022. The number of follow-up patients waiting over 100% beyond their target date has increased to 42,558 patients.
- In May 2022, 95.5% of patients waiting for eye care had an allocated health risk factor against a target of 98%. 69.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

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

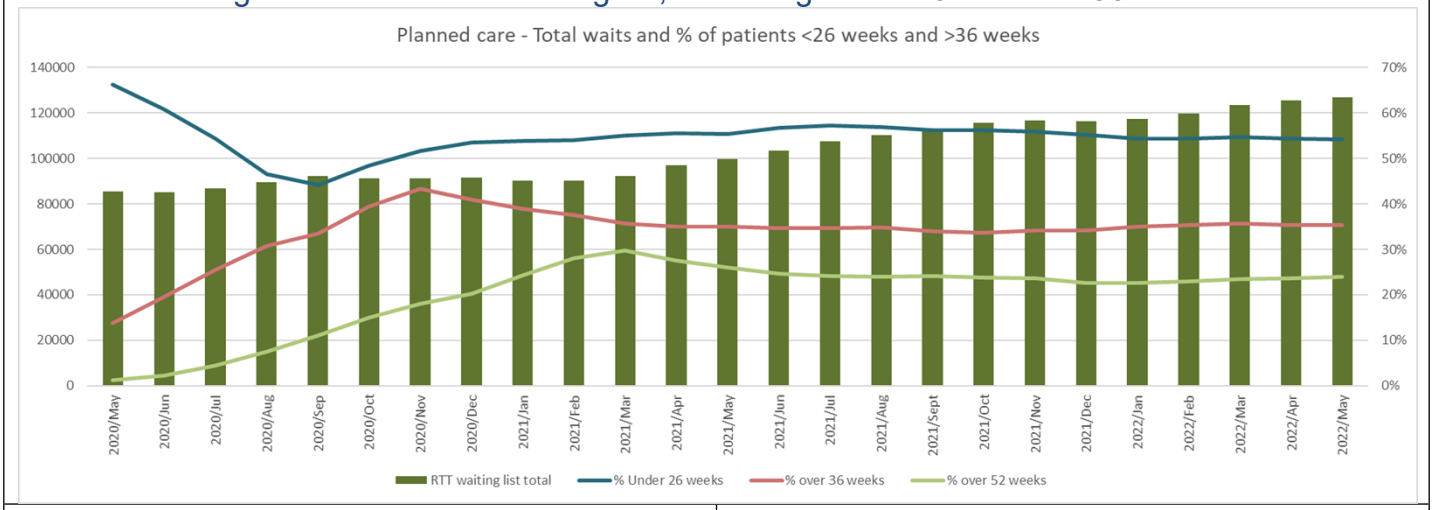


Figure 12: Diagnostics 8 week waits

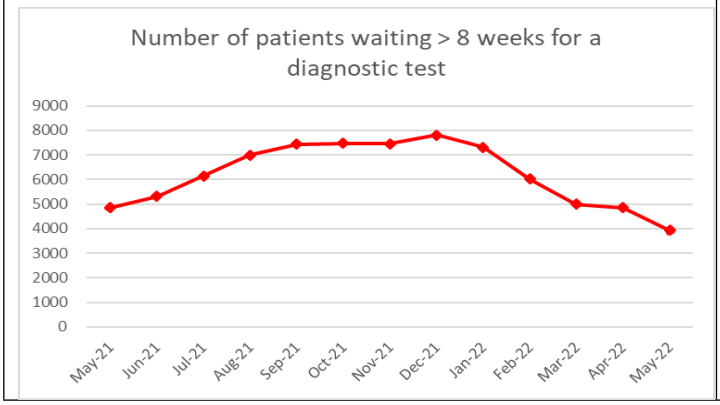
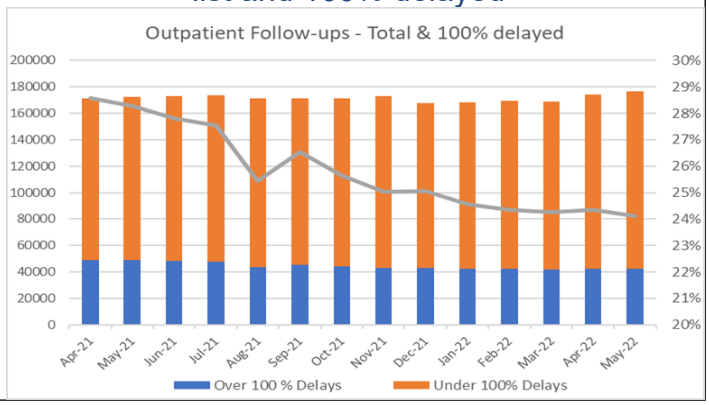


Figure 13: Outpatient Follow-ups – Total waiting list and 100% delayed



Saunders,Nathan
06/07/2022 10:41:00

Operational Plan - Programme Updates

The following section provide an update against the five programmes under the Operational Plan. The update provides detail of the plans, what has been delivered and plans for the next period.

PLANNED CARE (outpatients & treatments)

DELIVERY PROGRESS

Plans

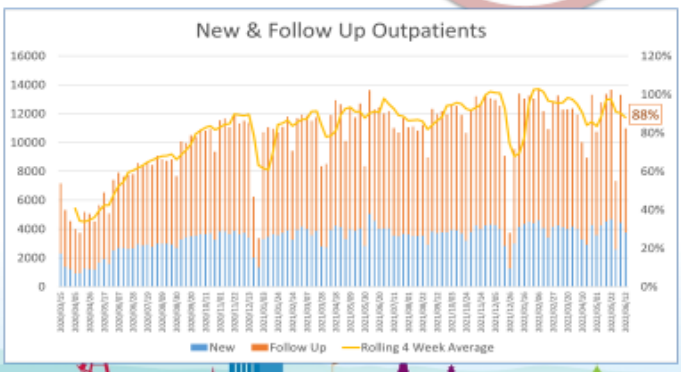
- Blended approach including both transaction productivity and efficiency improvements and transformational models with a focus on:
  - Reducing harm for patients waiting through clinical prioritisation and assessment
  - Improving access to services through an increase in capacity
  - Reducing waiting times for patients
  - Redesigning pathways to bring care closer to home
  - Supporting patients whilst waiting
- Delivery ambition milestones by quarter aligned (where achievable) to Ministerial delivery ambitions

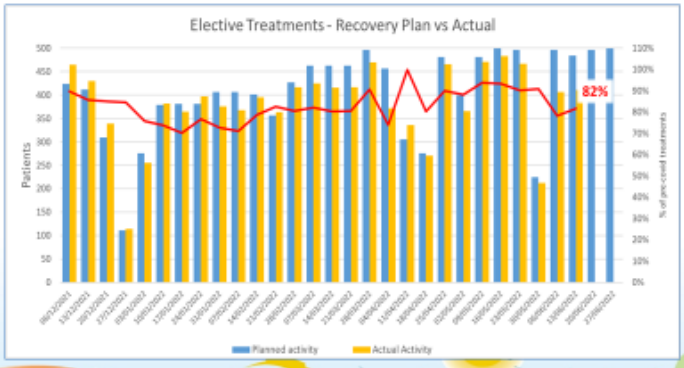
Delivered

- Steady growth in core capacity and activity from 70% to over 80% with ambition to hit 100% end of Q1.
- Focused on long waiting patients with reduction from > 300 to 180 for >3yrs and cohort of > 52 weeks (by Dec 22) reduced from over 40k in April to circa 33k as at mid June
- Delivered first key elements of site masterplan with physio and POAC moving to LSW – freeing up OP capacity
- Ophthalmology mobile theatres x 2 to address cataracts waiting lists – operational Feb 22 – numbers are increasing weekly
- Use of St Joes and Independent sector

Next

- Focused speciality based plans to address long waiting outpatients of > 52 weeks
  Deliver orthopaedic GIRFT improvement plan
- GIRFT process for Gen Surgery and Gynae
- Delivery critical masterplan priorities to facilitate further activity increases
- Complete Theatre Efficiency work programme and demonstrate benefits. Ensure improvements sustained
- Initiate Outpatients Efficiency Programme
- Schemes in Gynae and Spinal operational (w/c 19 April and May respectively) to provide alternative solutions to theatres
- Sustain and increase activity levels in Q2





DIAGNOSTICS

Plans

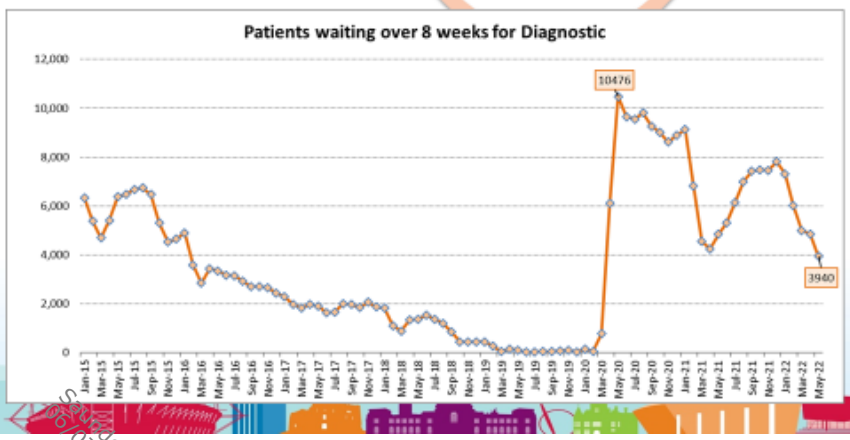
- Blended approach including both transaction productivity and efficiency improvements and transformational models with a focus on:
  - Reducing harm for patients waiting through clinical prioritisation and assessment
  - Improving access to services through an increase in capacity, core, insourcing and outsourcing
  - Redesigning pathways, straight to test, direct access
  - Accelerating and spread transformational models
- Delivery milestones by quarter focused on % activity and > 8 week waits

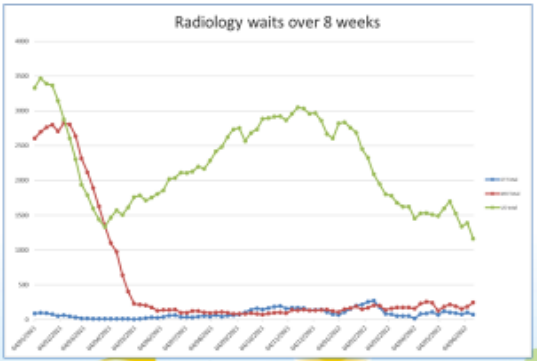
Delivered

- Reduction of > 8 weeks for CT and MRI from 2600 to 250 through increase in capacity
- Significant improvement on > 8 weeks wait for ultrasound due to focused plan (>3000 Nov 21 to 1171 mid June 22)
- Increase productivity through air filtration units in endoscopy
- Through focused plan for echos, >8week improved from over 2500 in January to 160 in mid June 22
- CT, US & Endoscopy now running at > 100% activity
- Key role in emerging regional models for Community Diagnostic Hubs

Next

- Mobile Endoscopy unit in UHL – on site and commissioning underway – opening stalled due to installation issues – staff redirected to fallow lists
- Engaging with regional endoscopy plans
- Continued impact of plan for Ultrasound including locums and insourcing to eliminate > 8 weeks
- Continue backlog plan for echos and work up sustainable options.
- Develop plan for angio backlog
- Secure WG Support for Community Diagnostic Hub and pathways that bring forward diagnostic element





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26/07/2022 10:41:00

MENTAL HEALTH

Plans

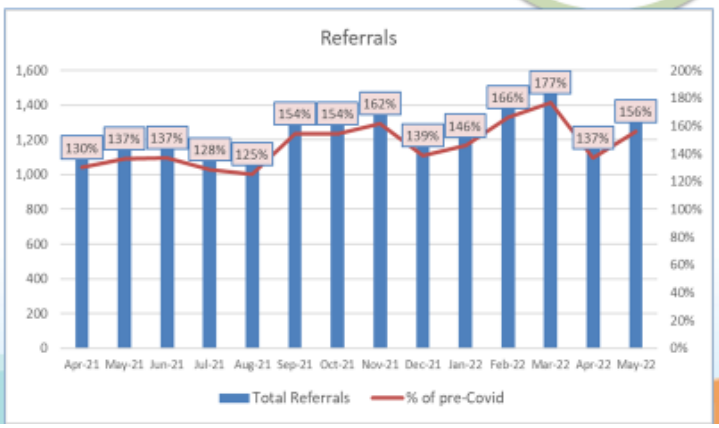
- Services to improve access for primary care mental health assessments and interventions (adults and CYP)
- Improving access to eating disorder services (adult and CYP)
- Increase coverage of Crises services
- Increasing support at tier 0 through innovations such as Recovery college
- Focus on Eating disorder access and pathway across all ages
- For adult services a focus on inpatient footprint and stability
- Delivery milestones by quarter [illegible] performance against measures

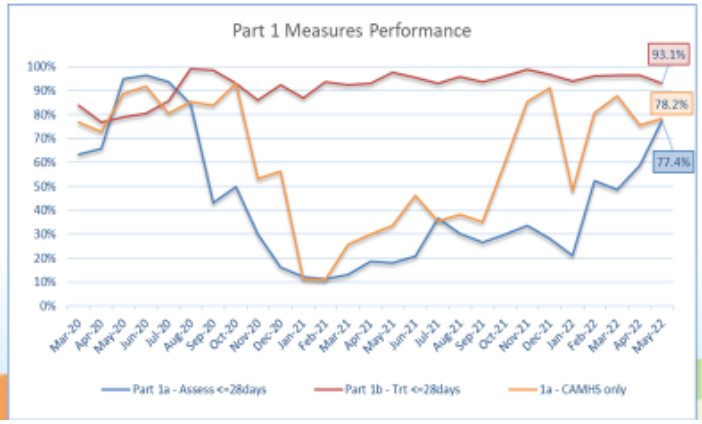
Delivered

- Significant and sustained improvement in part 1a CAMHS
- Significant improvement in part 1a adults
- Sustaining Part 1b performance in spite of increased referrals
- Website to support CYP with mental health and wellbeing launched
- CRHTT referrals 100% compliant with 4 hour target
- Established 111 Press 2 for mental helath project board and plan
- Improvement in in waiting times for PMHSS (down to under 28 days from over 50 days)
- New PMHSS courses developed
- Adult Eating disorder assessment time down from 4 months to 6 weeks

Next

- 111 Press 2 for Mental Health – Q3 22/23
- CAMHS Crisis services extending hours - Q1 22/23 08.00 – 00.00
- Progress planning and preparation for 111 press 2 (testing a Q3 go live)
- Combined team for assessment and intervention in CAMHS
- Intensive Home Treatment Service new model in place (reduce inpatient admissions and length of stay)
- Eating Disorders – reduce waiting times through expansion of capacity through recruitment and focus on transitional pathways
- Progress Sanctuary planning with





UNSCHEDULED CARE

Plans

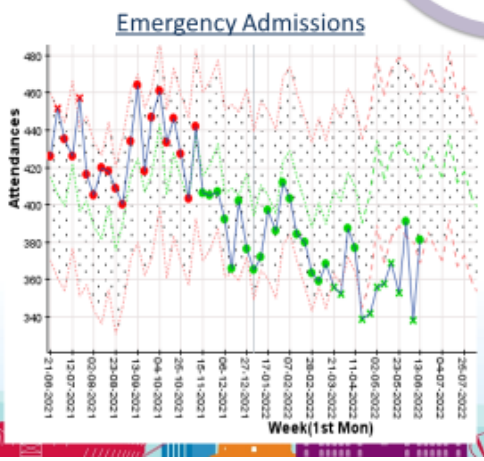
- Review and reset our strategic and operational programme for Urgent and Emergency Care in line with 6 Goals policy direction focus on:
- - Admission avoidance and resilient urgent primary care and WAST pathways
- Focus on rapid assessment and diagnoses and "ambulation" of patients
- Efficiency admission and flow processes, removing waste and standardising good practice
- Improving Discharge and outflow

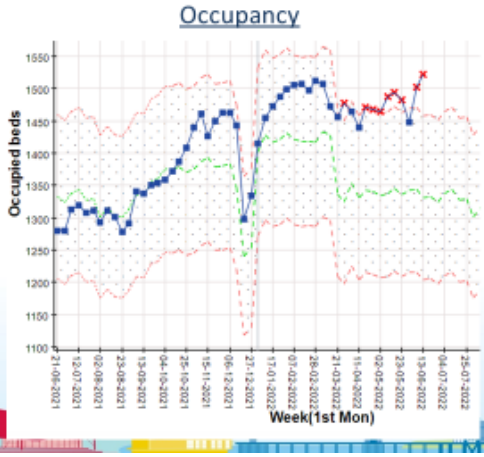
Delivered

- Surgical Same Day Emergency Care (SDEC) new facility and service model implemented in UHW incorporating consultant connect with access to hot clinical and hot slots for radiology
- Virtual ward established to support management of patients presenting at UHW – early evaluation shows
- Rapid Assessment and Treatment Zone (RATZ) model established
- Reconfigured Eu and AU footprint to maximise flow and workforce
- Continue to increase benefits from virtual ward model
- Evaluation of Vale Urgent Primary care centre
- Proof of concept for trauma SDEC

Next

- Phase 2 Surgical SDEC which will extend surgical specialities into unit and increase capacity
- Extension of medical Same day emergency care to weekends from July
- Delivery of Ambulance handover Improvement Plan
- Admission avoidance enhancements (Falls, PRU, Community Rapid Response)
- Dedicated ED support for avoiding high risk and frail elderly patient admissions
- Proof of concept for diagnostic SDEC





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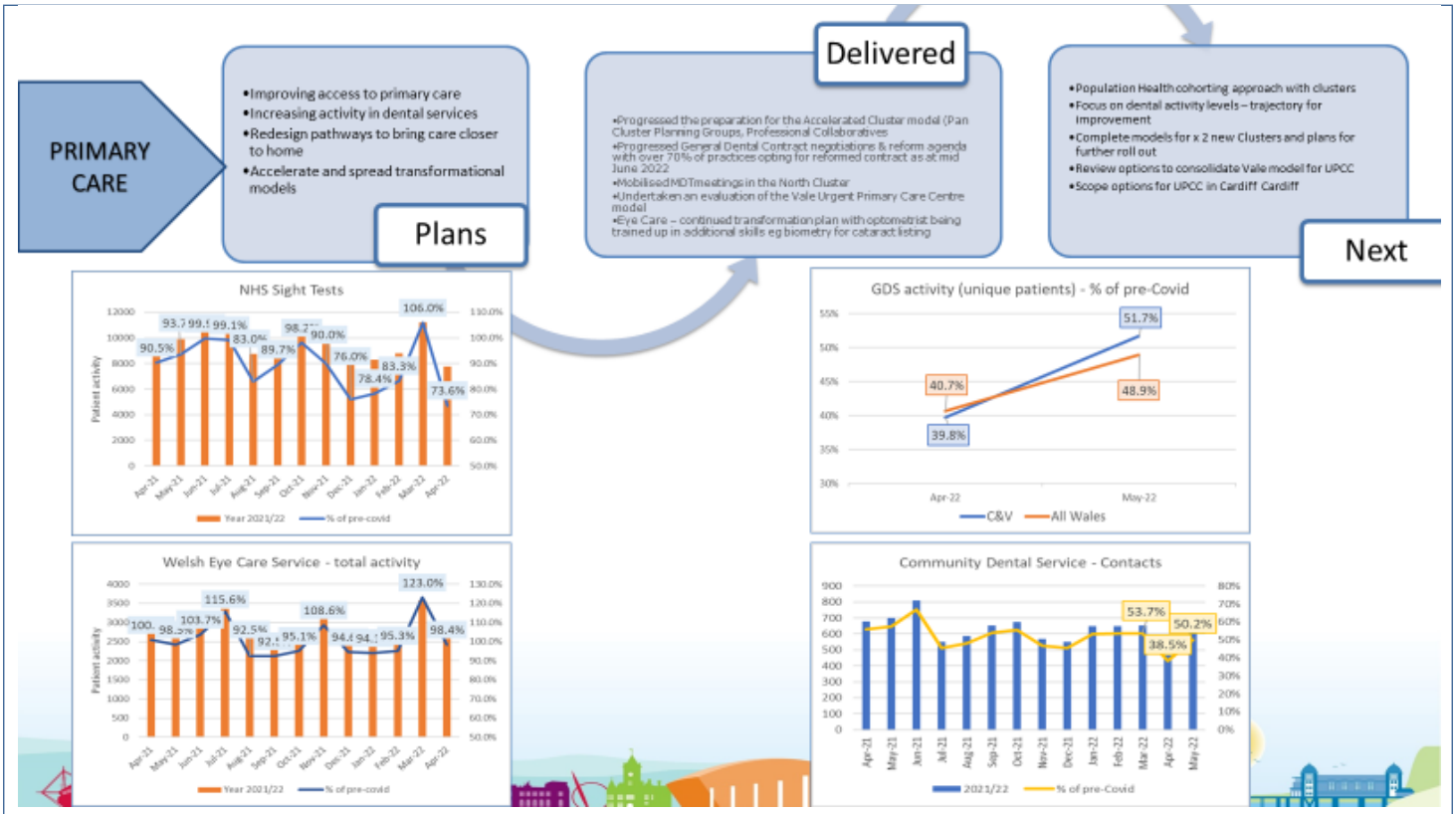

Recommendation:

The Strategy and Delivery Committee is asked to **NOTE** the year to date position against key organisational performance indicators for 2021-22 and 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	

Sanjeev Nathan
09/07/2022 10:41:00

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:

Saunders,Nathan
06/07/2022 10:41:00

Report Title:	Health and Safety Culture Plan				Agenda Item no.	2.4
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	12/07/2022
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Executive Director People and Culture					
Report Author (Title):	Head of Health and Safety					

Main Report
Background and current situation:

Background
The Health and Safety Culture Plan 2022-2025 has been developed to provide a structured, prioritised approach to underpin Cardiff and Vale University Health Board's H&S aims and objectives. It has been established from drawing on the experience of the new Head of Health and Safety, the findings of the independent external review conducted in 2021, and a full department workshop session conducted in October 2021.

Situation

The Health and Safety Culture Plan sets out the actions we will take over the next three years, with a clear focus on improving the H&S culture within the organisation. It is built around 6 themes each with a competent departmental lead:

1. **Achieving Training and Competence Excellence** – to develop H&S education which inspires and empowers people to work safely within their capabilities. To create a workforce that is competent in everything they do.
2. **Achieving Health and Safety Risk & Incident Management Excellence** – to embed a process for identifying and mitigating risk at all levels. To develop a suite of lagging and leading performance indicators. To introduce a robust system for investigating incidents at a proportional level with a feedback mechanism to review and share the relevant findings.
3. **Achieving Communication Excellence** – to create an environment to enable collaboration and open discussion ensuring clear, consistent communications utilising a range of channels to reach all stakeholders both internal and external.
4. **Measuring Performance** – to create a stakeholder adopted management system and ensure it is consistently applied throughout the UHB
5. **Audit & Review** – to create a leading audit process by which we identify non-conformances, rectify in an appropriate time bound fashion, and share these improvements with Clinical and Service Boards
6. **Achieving Fire Safety Excellence** – to develop leading fire safety preventative and protective measures that provide a robust, compliant, and resilient approach to fire safety management

Within each theme are a number of SMART objectives and agreed actions, with identified owners.

It has previously been agreed by the Health and Safety Committee that this plan is to supersede the Health & Safety Priority Improvement Plan.

Saundras Naman
06/07/2022 10:41:09

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:
The plan commits the Health Board to continually improve the health and safety of its staff and other persons affected by its activities and will evidence a step change in H&S culture at CAVUHB. Assurance is provided by demonstrating progress through the 2022 Health and Safety Culture Plan which will be monitored at the Operational Health and Safety Group meeting and progress reported at each Health and Safety Committee meeting.

Recommendation:

The Committee is requested to: **Note** the findings of the plan and the objectives identified to improve H&S. The H&S Committee will receive regular progress updates.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	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
No
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

Saunders,Natalie
06/07/2022 10:41:00

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Delivery and Strategy	12/07/2022

Saunders,Nathan
06/07/2022 10:41:00

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

Health and Safety Culture Plan 2022-2025

Llunio ein
Gweithlu
i'r Dyfodol

Shaping Our Future
Workforce

Saunders,Nathan
06/07/2022 10:41:00

Welcome

From the Executive Director of People and Culture

Health and Safety Culture is an important topic, but not an easy one to tackle. You may have seen me write previously about culture in general and its relationship with our strategy, as I believe that aligning the two together is key. A strategy in which a healthy, vibrant, inclusive and compassionate culture is a key part is more likely to succeed than a strategy in which culture is ignored in the hope that it will follow suit.

An organisation's culture can be a big influence on its health and safety outcomes. By this, I am not referring to compliance rates and conforming to a set of rules. As employees, we all have a personal responsibility to ensure that our working environment and working practices are safe: for ourselves; our colleagues; and our patients. In a positive culture, conversations about health and safety should be an everyday occurrence and as managers, we should actively listen to what our employees are telling us, and take it seriously. Engaging our workforce in safety is important, as no-one knows their work and work environment better than they.

Safety culture has been described as an organisation's personality, or 'the way things are done around here'. A great organisation is one where everyone works together to achieve the organisational objectives, gives their personal best, and where we can work together as a team in an environment of trust. There is no doubt in my mind that we have achieved this over the past two years in response to the Covid-19 pandemic and the subsequent recovery period. However, we know that our staff are tired, that many are suffering from work-related stress and burnout and we need to tackle this.

Saunders,Nathan
06/07/2022 10:40:00

A safer workplace is a happier workplace. Through our Health and Safety Culture Plan we will protect our people, ensuring that health and safety is an integral part of our business. We will improve understanding, reduce risks and learn from our mistakes to help ensure that we will Care for People, Keep People Well.

Introduction

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

An independent external review of H&S arrangements within the UHB was conducted in May 2021. The Health and Safety Culture Plan 2022-2025 has been developed in line with this review to provide a structured, prioritised approach to underpin the UHB's H&S aims and objectives. It commits the Health Board to continually improve the health and safety of its staff and other persons affected by its activities.

As stipulated by the Health and Safety Executive (HSE), the Board should set the direction for effective H&S management. This starts with the H&S policy which should be an integral part of the organisations culture, values and performance standards. The Health and Safety Culture Plan builds on this policy foundation, existing systems and the strong Health and Safety departmental competence. It strengthens what we already do and introduces new key systems and processes that are fundamental to managing H&S. It introduces forward thinking, providing a proactive approach which will further embed H&S into the operations of the UHB, leading to an improved culture from top to bottom.

The HSE lay out a four-part approach for the management of H&S based on a Plan, Do, Check, Act principle –this helps us achieve a balance between the systems and behavioural aspects of management. It also treats H&S management as an integral part of good management, rather than as a stand-alone system. This principle has been incorporated into the plan and is covered within the proposed management system which incorporates all the departmental elements of Health and Safety, Personal Safety/Case Management, Manual Handling, Fire Safety and Health and Safety Training.

Saunders Mathan
06/07/2022 14:41:00

To truly change the culture of the organisation this plan requires the full 'Buy in' from everyone at all levels of the organisation. It is very difficult for a single site or department to be on a lone journey to 'World Class H&S Performance'. All parts of the organisation need to be aligned, including supporting systems and processes and it requires a consistency of continued effort and focus by all. Whilst this plan is led by the H&S department everyone in the organisation must play their part in it's successful implementation. We are all leaders in terms of H&S and only by working together can we fully realise our potential in driving the necessary change at CAVUHB.

Graphic required – Working together/inclusion/collaboration

At its most effective, full involvement of our workforce creates a culture where relationships are based on collaboration, trust and joint problem solving. All UHB staff should be involved in assessing workplace risks and the development and review of workplace H&S policies in partnership working.

"I find it hard to imagine how one could ever put in place an effective workplace health and safety system that did not include real participation and engagement of the workforce."

Judith Hackitt, Chair of the HSE

Saunders,Nathan
20/07/2022 10:41:00

About This Plan

The Health and Safety Culture Plan sets out the actions we will take over the next three years, with a clear focus on improving the H&S culture within the organisation. The Health and Safety Culture Plan is built around 6 themes:

Achieving Training and Competence Excellence – to develop H&S education which inspires and empowers people to work safely within their capabilities. To create a workforce that is competent in everything they do.

Achieving Health and Safety Risk & Incident Management Excellence – to embed a process for identifying and mitigating risk at all levels. To develop a suite of lagging and leading performance indicators. To introduce a robust system for investigating incidents at a proportional level with a feedback mechanism to review and share the relevant findings.

Achieving Communication Excellence – to create an environment to enable collaboration and open discussion ensuring clear, consistent communications utilising a range of channels to reach all stakeholders both internal and external.

Measuring Performance – to create a stakeholder adopted management system and ensure it is consistently applied throughout the UHB

Audit & Review – to create a leading audit process by which we identify non-conformances, rectify in an appropriate time bound fashion, and share these improvements with Clinical and Service Boards

Achieving Fire Safety Excellence – to develop leading fire safety preventative and protective measures that provide a robust, compliant, and resilient approach to fire safety management

Saunders.Nathan
06/07/2021 10:41:00

Within each theme are a number of objectives and agreed actions, with identified leads and this plan describes these.

The Health and Safety Culture Plan can only be delivered through engagement and partnership working with our staff

Saunders,Nathan
06/07/2022 10:41:00

Theme 1: Achieving Training and Competence Excellence

The Health and Safety Department aim to have a workforce that are informed, suitably trained and competent to improve the H&S culture across the UHB.

The overall aim of this theme is to ensure we provide a programme of H&S courses and interventions to improve the H&S for all staff working within the UHB and that this training is accessible, relevant and appropriate.

Achieving this aim will provide assurance that the UHB is fulfilling its legal responsibilities in relation to H&S Legislation, ensuring that there is a skilled workforce, resulting in a reduction of H&S incidents across the UHB.

The challenges we face under this theme include:

- A number of the actions require joint working with other stakeholders across the UHB
- Staffing numbers in wards/departments allowing staff time to be released to complete mandatory training requirements
- Training team establishment – having adequate resource to be able to deliver to Training Needs Analysis (TNA)
- Training venues – limitation on numbers due to number and size of training venues under control of the Health and Safety department
- Staff not having allocated time to meet their training needs
- Developing effective, inclusive and accessible ways of enabling employees to meet their training needs

Saunders,Nathan
06/07/2022 10:41:00

How we will overcome these challenges:

- Create a training strategy and action plan that has measurable outcomes
- Review and enhance the booking process to ensure access to training is easier for staff
- Explore alternative avenues for staff to meet their training needs, to include wider use of Workplace Assessors, expand online and face to face training provisions and explore more flexible ways of delivery
- Explore 'protected time' for staff to be able to meet their H&S mandatory training needs
- Identify those staff most 'at risk' and offer training in a timely manner to address this risk
- Continue to support our employees to improve their own H&S, ensuring that they have access to the right information, services and activities
- Provide departments with up-to-date training compliance data for monitoring and improvement purposes

Character image to show training link

Improve accessibility of courses and training through ESR

The current ESR system is not easy for staff to navigate when booking onto training courses. This objective hopes to address this issue by ensuring the process is as clear and easy as possible. To achieve this, work is ongoing with LED to ensure that there are clear links and access to the ESR system for all UHB staff. Monthly meetings are in place to address concerns raised and progress issues. The objective should lead to an increase in training compliance and a general reduction in errors with staff booking on inappropriate training courses.

Saunders Nathan
05/07/2022 10:41:00

Action plan to influence UHB wide mandatory training is up to date and completed as planned

LED lead on the UHB's mandatory training action plan. A number of the training courses included within this action plan are owned by the Health and Safety department. The purpose of this objective is to influence and contribute to the corporate action plan by enabling departments to monitor their training compliance via the monthly H&S training dashboards and by providing reports on request. This will highlight areas that are failing to meet their mandatory training targets and allow managers within the Clinical and Service Boards to take more ownership/responsibility to improve the situation.

In addition to managers having more responsibility for ensuring their staff are compliant there is an aim to have mandatory training requirements reintroduced to the standard Values Based Appraisals (VBA) template to ensure that everyone within the UHB has an identified responsibility to attend identified training and that this training is linked to their KPIs.

Whilst each member of staff has an identified number of mandatory training requirements that are linked to their role and recorded on ESR, there is currently no 'protected time' to enable this to be completed. The H&S Team aim to explore the possibility of each staff member being allocated (pro rata) specific protected time to achieve compliance .

Review of statutory and mandatory requirements to ensure requisite competencies identified, delivered and maintained to include all aspects i.e. manual handling, V&A and fire

Currently, the way in which mandatory training requirements are allocated may result in some staff undertaking training that is not relevant/needed and others not completing training that is. This objective aims to rectify this, to try to ensure staff have training that is identified by individual roles to ensure training is relevant.

A review of training requirements at point of recruitment/application will be undertaken and consideration for specific courses for new starters will explored to ensure all relevant mandatory training is undertaken as soon after appointment as possible, with protected/allocated time to do so.

A review of all existing H&S training will be undertaken to identify any gaps and training requirements.

Saunders Nathan
06/07/2022 11:41:00

Increase the utilisation of digital technology for training purposes

At present the majority of training materials/resources used for H&S training are paper based. Digital technology will be explored to reduce training paperwork. This will ensure training records are more accurate, less likely to be misplaced, and able to be held for longer periods of time as evidence of training for potential personal injury claims against the UHB (? Include this last bit).

Having a more digital approach will modernise the way training is delivered/managed and enable delegates to have a digital record of evidence for training rather than paper copies which often get lost. This will enable staff to provide evidence more easily when changing roles in the future.

Full implementation of Manual Handling Workplace Competency Assessment course

The Health and Safety department reintroduced a training programme for manual handling workplace competency assessors (MHWCA) in September 2021 for patient handling staff. This was a pilot scheme for 6 months which has now been rolled out across the UHB. The aim of the MHWCA is to reduce the frequency of classroom manual handling training by undertaking a workplace competency assessment at specified intervals. The MHWCA can carry out competency assessments at any time during the working day/night thus affording much more flexibility for staff to achieve their competence for manual handling without needing to be released from the clinical area for a whole shift at a time. The assessments take approx. 40 mins thus each assessment is saving precious time away from the workplace. The goal is to expand the number of patient handling MHWCA across the UHB and a similar programme for inanimate handling staff will be implemented across the UHB.

The project will be constantly monitored to ensure standardised assessments are completed and submitted. There is a quality assurance process in place for the MHWCA to resolve concerns raised by the MHWCAs

Saunders,Nathan
06/07/2022 10:41:00

Integrate training requirements on the use of the H&S management system

The Health and Safety department are implementing a H&S management system to be rolled out across the organisation. A comprehensive training programme will be developed to support Clinical and Service boards for this project.

Review H&S induction training and mandatory training

At present a number of H&S topics are included in the induction and mandatory training programmes.

A review will be undertaken to identify any gaps in delivered information. This review will ensure relevant H&S subjects are included and to determine if this is the most appropriate way to cascade this training

Review of technology-based training delivery

H&S E-learning mandatory training programmes are available for all staff to complete on ESR. A review of the content will be undertaken to ensure relevance and accuracy.

Measures of success for this theme include:

- Improvement in training compliance
- A reduction in reported H&S incidents
- Improved organisational H&S culture
- Positive impact on patient experience
- Provide compliance with H&S legislation for the UHB

Saunders,Nathan
06/07/2022 10:41:00

Theme 2: Achieving Health and Safety Risk & Incident Management Excellence

To embed a process for identifying and mitigating risk at all levels. To develop a suite of lagging and leading performance indicators. To introduce a robust system for investigating incidents at a proportional level with a feedback mechanism to review and share the relevant findings.

This theme contains two key elements – incident management and risk management. These components will be addressed separately.

Incident Management

The challenges we face for incident management under this theme include:

- Implementation of Datix Cymru
- Maintaining a good reporting culture
- Competence in undertaking an appropriate and thorough investigation
- Monitoring and follow up of investigation findings and recommendations
- Support from management and workforce towards behavioural safety

Saunders,Nathan
06/07/2022 10:41:00

The UHB is committed to the health, safety and welfare of our staff, patients, visitors and all users of our premises and services, and our impact on the environment by being proactive in our approach to reduce the number of untoward incidents.

An Adverse Incident is defined as

"Any unplanned event that resulted in, or had the potential to result in, an injury or the ill health of any person, or the loss of, or damage to, property"

Every year staff are injured at work. In our UHB, between 1st April 2021 and 31st January 2022 there were 11,155 working days lost due to work related incidents reported during this period. Adverse events have many causes and what may appear to be bad luck (being in the wrong place at the wrong time) can, on analysis, be seen as a chain of failures and errors that lead inevitably to the adverse event -this is often known as the Domino effect. Clearly, there are good financial reasons for reducing accidents and ill health but the safety of our staff must be at the heart of everything that we do.

How the challenges will be overcome

- Close working with the Patient Safety Team to provide support and guidance for staff in the use of Datix Cymru
- Implementation of incident investigation tools
- Incident investigation training including appropriate levels of investigation
- Arrangements to ensure action plans are implemented and progress monitored
- A structure to share lessons learned
- Implementation of a behavioural safety programme
- Review incident investigation process
  - Incident investigation flowcharts and templates will be developed and rolled out across the organisation. Training programmes will be enhanced to provide managers with the necessary skills.
  - Identification of clear roles and responsibilities for incident management will be established.
  - A process will be developed and implemented to review and monitor actions from RIDDORs and incident investigations. This will be rolled out across the Clinical and Service Boards to ensure a consistent and clear approach. Monthly meetings will be established with senior managers to review the status of serious incident investigations and monitor outstanding agreed actions.

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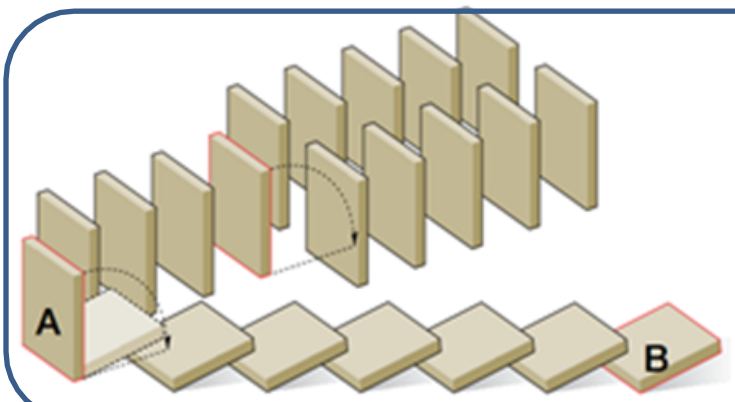


Each domino represents a failing or error which can combine with other failings and errors to cause an adverse event. Dealing with the immediate cause (B) will only prevent this sequence. Dealing with all causes especially root causes (A) can prevent a whole series of events.

There are hazards in all workplaces; risk control measures are put in place to reduce the risks to an acceptable level to prevent accidents and cases of ill health. To prevent adverse incidents, we need to provide effective risk control measures which address the immediate, underlying and root causes. The fact that an adverse incident has occurred suggests that the existing risk control measures were inadequate. Learning lessons from near misses can prevent costly accidents and improve employee morale and attitude towards H&S.

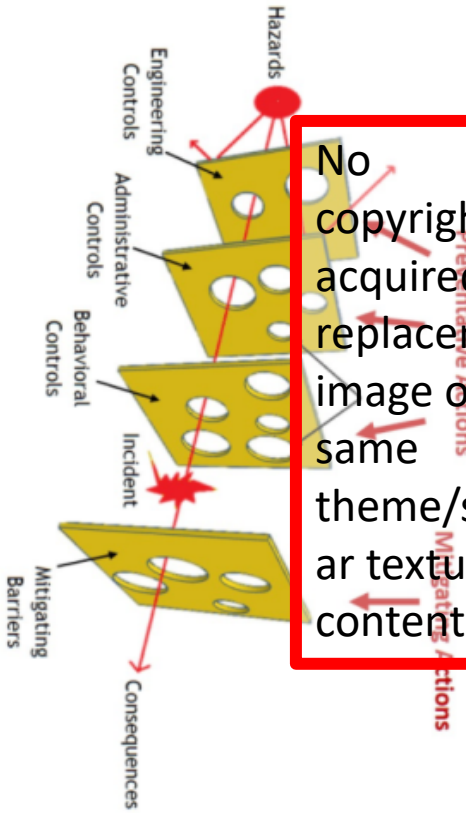
It is essential that all incidents, near misses and hazards are reported so that appropriate action can be taken to try to prevent their reoccurrence, improve the environment, patient experience and services where appropriate. The Health Board utilises an electronic reporting system, Datix, and encourages a fair and open culture where there is willingness to report so that lessons can be learned, and risks reduced as far as is reasonably practicable. The E-Datix system was replaced with a new reporting system from 1st March 2022 – Datix Cymru.

Saunders-Nathan
28/07/2022 10:41:00

DatixCymru

Adverse incidents should be investigated to ensure that corrective action is taken, learning is shared, and any necessary improvements are put in place. The objective is to establish not only how the adverse event happened, but more importantly, what allowed it to happen. An investigation is not an end, but the first step in preventing future adverse incidents and establishing a deeper understanding of the risks associated with work activities. Investigations will help us to:

- identify why existing control measures failed and what improvements or additional measures are needed
- plan to prevent the incident from happening again
- point to areas where risk assessment needs reviewing
- improve risk control in our workplace in the future



Improve Datix Utilisation

The implementation of Datix Cymru is being led by the Patient Safety Team with close working and support from the Health and Safety Team. Advice and guidance will be provided to staff where required and selective audits will be undertaken to ensure the system is being used effectively

Proactive interventions will be explored where there has been an identified trends in losses

Incident data will be reviewed to formulate specific stretching KPIs for individual Clinical and Service Boards and channels of communication will be explored to ensure lessons learned from incidents are shared across the UHB where appropriate.

Saunders,Nathan
06/07/2022 10:41:00

Streamline Reporting Mechanisms for Unsafe Conditions

Behavioural safety is a key part of the UHBs journey to ensuring excellence in workplace safety and health. Behavioural safety programmes can help to prevent work related accidents and diseases and is about identifying bad habits that could cause accidents or lead to ill health and reinforcing good habits. Over the next 3 years the Health and Safety Department will implement a behavioural safety programme and this will be communicated across the organisation with support and training available.

Measures of success

- Reduction in incident rates
- Reduction in days lost because of adverse incidents at work
- A systematic approach to effective incident investigation with a methodical, structured approach to information gathering, collation and analysis.
- Evidence of near miss reporting.
- Proactive approach towards an interdependent H&S culture
- Shared learning from incidents and mitigating actions implemented
- Clear guidance for determining the level of investigation which is appropriate for the adverse incident

Risk Management

H&S risk management is a process where we do what we can to minimise the risks associated with health and safety hazards within our workplace. The aim is to ensure that no one is injured or hurt by a hazard at work.

The challenges we face for Risk management under this theme include:

- Different versions of risk assessment forms in circulation
- Competence in undertaking suitable and sufficient risk assessments
- Monitoring and follow up of actions
- Support from management and workforce towards behavioural safety

To address these challenges, we will:

- Provide a suite of risk assessment forms
- Provide appropriate training and support in completing risk assessments
- Arrangements to ensure action plans are implemented and progress monitored
- Implementation of a behavioural safety programme

Saunders Nathan
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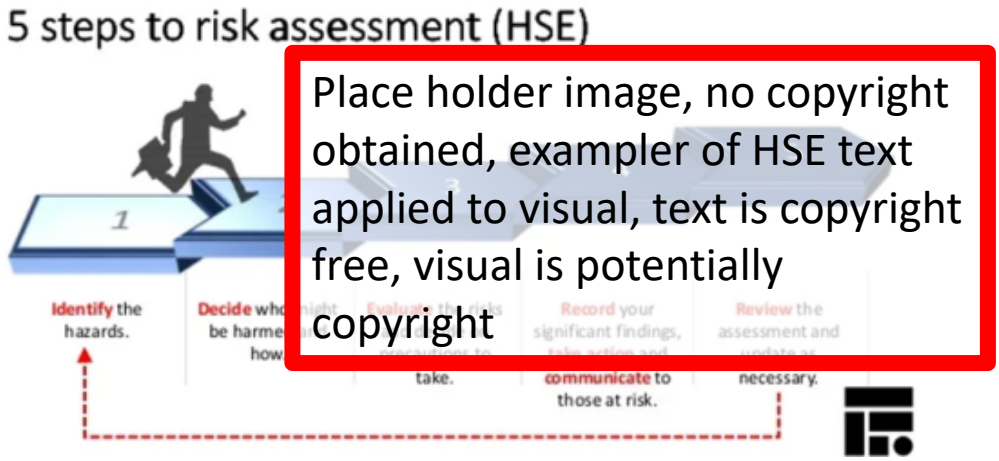
Objectives of risk assessment

Risk assessments are conducted across the organisation to facilitate the identification and management of risk. In simple terms, the objectives of a risk assessment are:

- Identify the hazards associated with an activity.
- Assess the risks posed by those hazards.
- Eliminate the hazards (design out), or manage the hazards (incorporate safety systems, control measures etc) to reduce the risk to an acceptable level; and
- Monitor the risks to ensure controls are working and feedback lessons to ensure continual risk reduction.

Risk management is a systematic process that involves the following five steps:



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There are many instances when a risk assessment should be undertaken. These being, when:

- a new hazard has been introduced
- an incident (including a near miss) has occurred
- when a new activity involving significant risk is planned.

We are required to make a 'suitable and sufficient' assessment of risks to our employees and others not in our employment that are created out of our work. Risk assessments are led by competent persons who have appropriate skills, knowledge, and experience with input from individuals with practical knowledge of the work activities being assessed. They include both activities undertaken at our own premises and risks associated with offsite activities such as work at the premises of others, travel, and driving.

Saunders, Nathan
06/07/2022 10:41:00

Assessing risk is just one part of the overall process used to control risks in our workplace. Risks can often change and be unpredictable and therefore it is essential that we can demonstrate flexibility in our responses and processes to manage our risks.

Risk Scoring = Consequence x Likelihood (C x L)

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3 = Low Risk	**Quick, easy measures implemented immediately, and further action planned for when resources permit**
4 -10 = Moderate Risk	**Actions implemented as soon as possible but no later than a year**
12 -16 = High Risk	**Actions implemented as soon as possible but no later than six months**
20 - 25 = Extreme Risk	**Requires urgent action. The UHB Board is made aware, and it implements immediate corrective action**

Embedding new Health and Safety policy statement

H&S must be embedded in the culture of the organisation. The UHB's Statement of Intent has been signed by the Chief Executive and displayed at key points throughout the organisation - this demonstrates visible leadership across the UHB.

The Statement of Intent is the Board's commitment to provide a safe and healthy workplace for all and is the responsibility of the Clinical and Service Boards to ensure it is widely communicated within their areas.

Saunders, Nathan
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Relaunch Risk Register and Priority Improvement Plan System

The H&S Risk Register and Priority Improvement Plan (PIP) are key documents for recording risks, controls, mitigation and actions. These are live documents which require regular review - the Clinical and Service Boards will be supported to produce their PIP.

The Health and Safety Department will work closely with the Corporate Governance Department to ensure the consistency of advice and information to the Clinical and Service Boards.

The general risk assessment and task specific templates will be reviewed so that they are aligned with the risk register scoring process. The templates will be incorporated to all relevant H&S training.

Management of High-Risk Work

The UHB has policies and procedures in place for the safe management and control of high-risk work to minimise risks to all personnel on the premises. This applies to staff, contractors, and partners.

There will be a review of all associated H&S policies and procedures to ensure correct ownership

There will be a review of the contractor management process to ensure a standardised and uniform approach with key stakeholders.

Review departmental risk management activities to ensure risks are identified, recorded, and tracked

The Priority Improvement Plan will be reviewed and updated and actions from the previous PIP will be transferred and will include fire safety. The PIP will also be cross referenced with the departmental risk register to ensure all is captured and progressed.

Saunders Nathan
06/07/2022 10:41:00

Measures of success for this theme include:

- Signed copy of Statement of Intent widely on display throughout the UHB
- New Priority Improvement Plan (PIP) created and signed off
- Updated Risk Register and PIP for Clinical and Service Boards & Directorates/Departments
- Updated templates in use and incorporated into the managing safely and working safely courses
- Reduction in incident rates

Theme 3: Achieving Communication Excellence

Communication is a critical component of successful leadership. Whether you're the manager of a small team or leading a large network of workers, vital information will be ignored or misunderstood if you don't have the correct skills and tools to effectively communicate.

This is especially true when promoting workplace H&S, as methods of communication can be 'make or break' in terms of safety. An incorrect strategy can lead to disengaged and uninformed employees.

Communication should be two-way and not only take place with internal stakeholders, but will also need to consider external parties - these could include third party sectors, voluntary sectors or enforcing authorities.

Effective communication supports the development of positive relationships and can influence attitudes and behaviours in relation to H&S.

The challenges we face under this theme include:

- Integrity of information.
- Stakeholder engagement and collaboration
- Behaviours and attitudes
- Developing effective and inclusive ways of enabling employee involvement

How the challenges will be overcome

- Competent H&S advice based on legislation and guidance
- Clear procedures and guidance on key H&S processes e.g. incident investigation
- Implementation of a behavioural safety programme
- Communication platforms to be maintained to ensure a steady flow of relevant, factual and timely information to key stakeholders
- Implementation of the H&S management system will allow a review and feedback mechanism

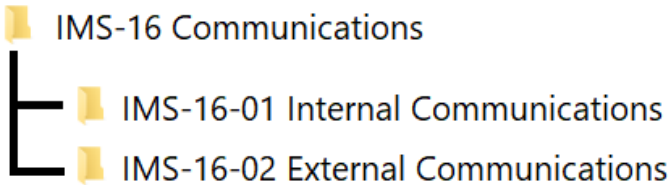
Saunders,Nathan
06/07/2022 10:41:00

The fundamental goal of good communication is to provide meaningful, relevant and accurate information, in clear, concise and understandable terms. This in turn can:

- Promote awareness and understanding of the management of H&S as well as specific risk issues
- Promote consistency and transparency in arriving at and implementing H&S risk management decisions
- Provide a sound basis for understanding the management of H&S within the organisation
- Improve the overall effectiveness and efficiency of the implementation of the management system
- Contribute to the development and delivery of effective information, instruction and learning opportunities
- Strengthen the working relationships and mutual respect among all participants in H&S
- Exchange information on the knowledge, attitudes, values, practices and perceptions concerning H&S.
- Enhance two-way communication as an effective feedback mechanism to the Health and Safety Team

Develop a Communication H&S Plan

Communication is a key element of the H&S Information Management System (IMS) and is a specific component of the hierarchy. IMS-16 will detail the specific processes and procedures necessary for the consistent storage and management of communications, both internal and external.



We will review and improve existing communication platforms including the H&S intranet pages, Terms of References and dashboard.

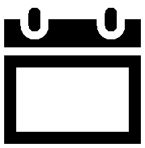
Sundeep Jathan
21/07/2022 10:41:00

Review and Redefine Terms of Reference for Current H&S Meetings at all levels

The structure of the UHB Operational H&S meeting will be reviewed to ensure it is fit for purpose and provides the UHB with the necessary assurance that H&S is effectively managed at all levels. The relevant findings from this review will be used to inform and improve the Clinical and Service Board H&S meetings to ensure a consistent approach across the UHB.

Temporary image
Colleagues sat around a table,
For a meeting

Develop H&S Calendar of Subjects



Potential image spot
Calendar wearing a hard hat? Or HiVis?

An annual programme of regular themed H&S topics will be developed and implemented to provide advice, information and reassurance across the UHB. This could be achieved in a variety of formats including dial in/drop-in sessions and website content.

Measures of success for this theme include:

Regular relevant and up to date information posted throughout the UHB utilising various platforms
Implementation of standardised Terms of Reference for Clinical and Service Board H&S meetings
Developed and implemented annual programme of themed H&S topics
Intuitive departmental intranet webpages in line with the H&S management system

Saunders,Nathan
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Theme 4: Measuring Performance

To create a stakeholder adopted management system and ensure it is consistently applied throughout the UHB.

The primary purpose of measuring H&S performance is to provide information on the progress and status of the strategies, processes and activities used by the UHB to control risks to H&S. Measurement information sustains the operation and development of the H&S management system by:

Potential location for image
Suggestion:
Upward trending
charting maybe?

- providing information on how the system operates in practice.
- identifying areas where remedial action is required.
- providing a basis for continual improvement.
- providing feedback and motivation.

The challenges we face under this theme include:

- Embedding the culture into every day working practices
- Encouraging managers to embrace new ways of working
- Developing effective and inclusive ways of enabling employee involvement
- Lack of engagement and collaboration
- Providing information at all levels in relation to roles and responsibilities

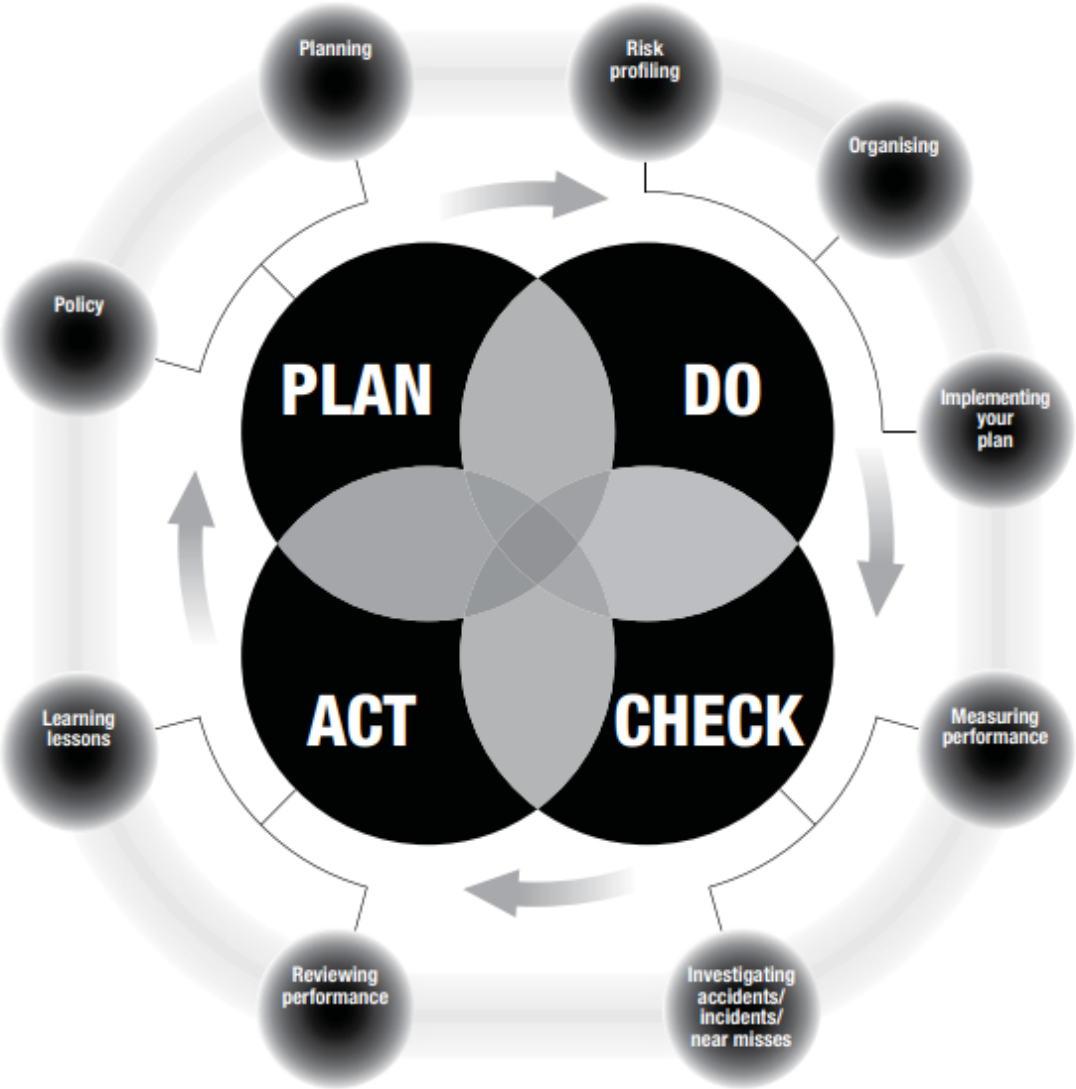
To address these challenges, we will:

- Implement an organisational wide H&S Management System that will influence a positive safety culture.
- Support managers and provide information, instruction, and training
- Roles and responsibilities will be clearly identified and communicated

Saunders, Jonathan
06/07/2022 10:41:00

Measurement is a key step in any management process and forms the basis of continual improvement. If measurement is not carried out correctly, the effectiveness of the H&S management system is undermined and there is no reliable information to inform managers how well the H&S risks are controlled.

Measurement is an accepted part of the 'plan-do-check-act' management process.



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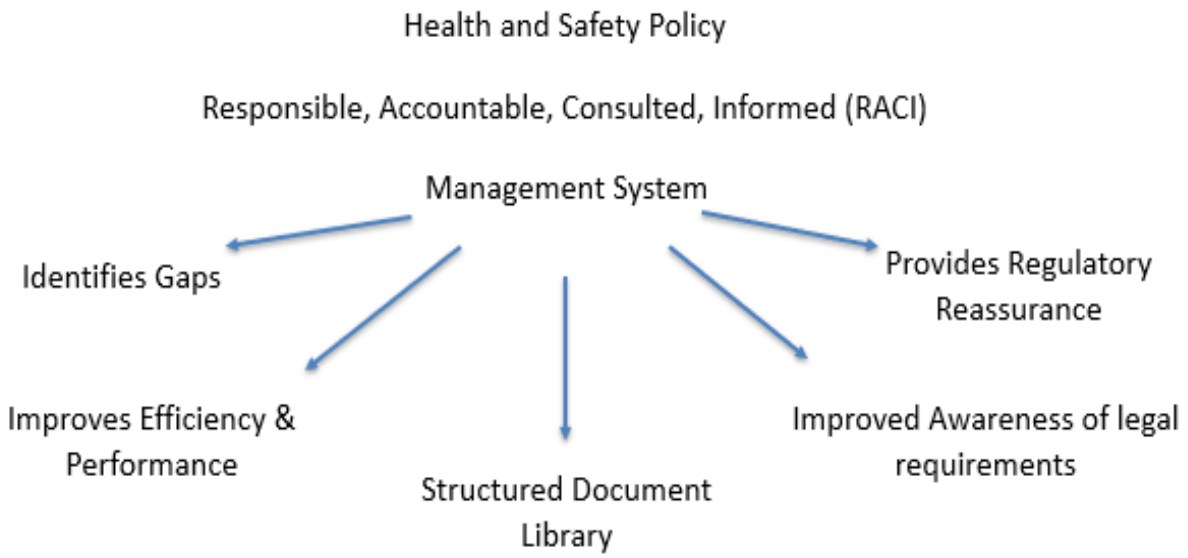
A key aspect in the management of H&S is to perform regular management reviews to assess the suitability, adequacy and effectiveness of the information management system for H&S to meet the present and anticipated future needs of the organisation. Input to the review could include:

- Operations, engineering and organisational changes since the last review.
- Review of actions from previous review minutes
- Common trends and themes from incident analysis data
- Results of internal and external audits or assessments

Outputs from the reviews should include:

- Decisions and actions (if appropriate) regarding improving the effectiveness of the H&S information management system and its processes.
- Resource requirements for future continual improvements of the H&S IMS
- Actions to improve staff health, safety and wellbeing.

Implement Health and Safety Management System



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Key Health and Safety Policies

Under section 2.3 of the Health and Safety at Work Act the UHB has a duty to prepare and review a written statement of a general H&S policy; this includes the organisation and arrangements, as well as a written statement of intent. The Act requires all employers to prepare a written statement of their H&S policy and to bring that policy to the attention of all employees. As legislation is continuously under review, so too must the H&S Policy be continually reviewed. The UHB's Statement of Intent has been signed by the Chief Executive and displayed at key points throughout the organisation.

Health and Safety POLICY STATEMENT

Our Goal

At Cardiff & Vale University Health Board we are committed to developing, embedding and maintaining the highest occupational Health and Safety management standards to ensure no harm comes from our actions to people, the environment or the communities in which we operate.

Our Values & Commitments; are based on the principles of:

- strong visible leadership and the promotion of a positive Health and Safety Culture;
- preventing injury and ill-health, and promoting employee well-being;
- identifying and complying with corporate, voluntary, and legal requirements;
- improving performance through the promotion of positive safety values and behaviors;
- providing a safe and healthy working environment;
- providing safe systems of work and associated equipment;
- identifying and maintaining employee competence;
- monitoring and reviewing our arrangements to ensure they remain effective;
- applying sufficient expertise and resource to implement this policy.

Our Safety Principles; These principles are for all – Safety is a key component of quality healthcare as well as an essential enabler to a high quality workplace and team experience.

We are aligned in the assessment that;

1. All incidents and injuries are preventable.
2. Health and Safety is a line management accountability.
3. We are responsible for our own safety and that of others around us.
4. Our employees and contractors are obliged to stop a job or refuse to conduct it, if it cannot be performed safely.
5. All H&S incidents must be reported and learnings taken from them.
6. Our commitment to and efforts in safety will yield results.
7. Acting safely is a condition of employment and supplier contracts.

We expect our employees, contractors and partners to embrace these principles and reflect them in every aspect of work they perform.

This policy is integral to the Cardiff and Vale Health and Safety strategy, the Health and Safety committee, and Management Executive's leadership is committed to the full implementation of this policy.

Signed:

S Rankin: Chief Executive Officer Date: 16-6-22

Saunders.Nathan 06/07/2022 10:41:00

CARING FOR PEOPLE
KEEPING PEOPLE WELL

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

Although the main responsibility for compliance with the Act rests with the employer, every employee also has a responsibility to ensure that no one is harmed as a result of their acts or omissions during the course of their work.

In addition to its legal obligations the UHB has a moral, economic and reputational reasons for managing H&S.

- H&S Policy **approval** and **commitment to its full implementation**.
- Must **ensure that the H&S Policy is communicated to our organisational partners** and that they actively cooperate with us to achieve compliance with the policy.
- **H&S Policy review** every three years.
- Should demonstrate the importance of the H&S Policy by ensuring that their own behaviours actively promote and **serve as a role-model for the desired H&S values and principles**.
- Must ensure that **they understand the policy and its implications** for them.
- Must **ensure that their employees and contractors understand the requirements** of the H&S Policy.

The H&S Policy is the overarching document with a number of key H&S polices emanating from this, including:

- Minimal Manual Handling
- Management of Violence and Aggression
- Incident, Hazard, and Near Miss Reporting
- Fire Safety
- Contractor Control

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06/07/2022 10:41:00

RACI Matrix

Fundamental to H&S management is a delegated authority structure that clearly defines the responsibility of individual roles for H&S within the organisation. Failure to do this can lead to a perceived lack of accountability and leadership in addressing H&S issues and can lead to misalignment between departments and personnel.

The accepted way of best achieving this is through a grid of organisational roles set against objectives, commonly known as a RACI Matrix.

Responsible - Does the work (Knowledgeable/Competent)

Accountable - Ensures work is done (Line / Duty Holder)

Consulted - Technical or expert support or authorisation

Informed - An interested party

Formulating a comprehensive RACI informs the organisation of;

- **Gaps -** ensures each specific area/task/ policy has an accountable role assigned to it
- **Removal of Ambiguity -** defines clear unambiguous accountability and responsibilities for H&S within an organisation.
- **Employee Workload -** It clearly shows which functional roles are assigned to each person and can help determine whether one individual has a responsibility level that could be detrimental to their overall performance.
- **Increases productivity - r**emoves all doubt as to whom to speak to. You can have the right conversation with the right person quickly.

Health and Safety Key Performance Indicators

KPI's are a valuable way of monitoring lagging or leading performance. A good performance indicator is part of the 'SMART' tool and to make sure goals are clear and reachable, each one should be:

- Specific – it should be clear what is being measured
- Measurable – it should be measurable against set standards
- Achievable – target a realistic/achievable goal
- Relevant – it should offer insight into overall safety performance
- Timely – KPI's should follow a set timeframe.

Bauwers, Nathan
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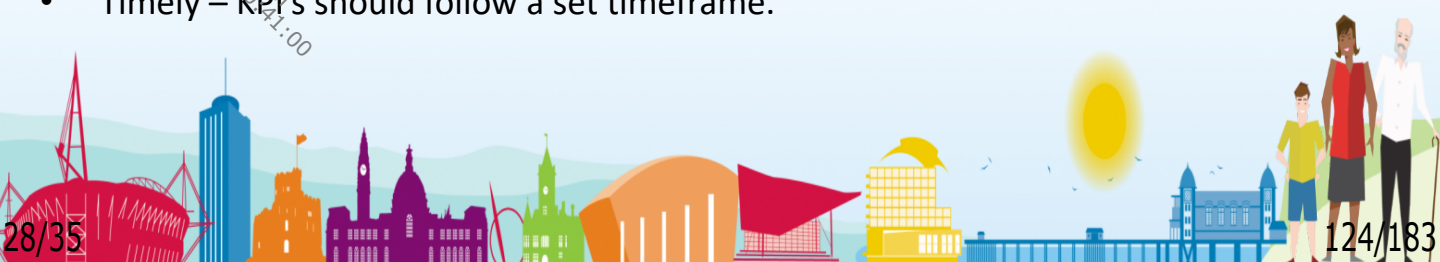

H&S KPI's will be set by the Health and Safety department for implementation across the UHB aimed at driving continued improvement. These will be aimed at embedding H&S and giving equal priority and prominence to the safety, health, and wellbeing of staff to the that of clinical and patient safety. KPI's will be reported on at the Clinical and Service Board H&S meetings and exception reports taken to the UHB Operational H&S Group. To continually improve the H&S of our staff, our aim is to incorporate individual KPI's into Values Based Appraisals.

Executive Board Engagement with H&S

Protecting the H&S of employees or members of the public who may be affected by our activities is an essential part of risk management and must be led by the board. The board sets the direction for effective H&S management. A H&S policy has been established and signed off by the board and this is an integral part of our organisation's culture, values, and performance standards. Good H&S will result in a healthier, happier, and better motivated workforce.

It is important for the UHB that staff H&S has the same acceptance as patient safety throughout the organisation. This is led by the Executive Director for People and Culture who champions H&S at Board level.

Measures of success for this theme include:

- H&S management system implemented across the organisation.
- Management review system in place
- SMART Objectives in place, tracked and reviewed
- Individual VBAs include an element of H&S
- H&S policies and procedures reviewed and in date

Saunders Nathan
06/07/2022 10:41:00

Theme 5: Audit & Review

The primary purpose of measuring H&S performance is to provide information on the progress and current status of the strategies, processes and activities used by an organisation to control risks to H&S. It is an accepted part of the 'plan-do-check-act' management process and is as much part of a H&S management system as financial or service delivery management.

Would like to have an image like the one below with 'Review and Audit' in the middle circle – unable to edit this one found on the internet but believe it may be copyrighted

The challenges we face under this theme include:

- There is a perception that the UHB H&S resource is disproportionately utilised in a reactive manner.
- Implementation of a proactive H&S management programme.
- Competence of wider UHB staff to undertake H&S safety audits.
- Communication and engagement

To address these challenges:

- Engagement and communication programme to be developed and implemented.
- Development and establishment of a competent H&S audit team
- Appropriate audit tools and question sets to be established.
- Implementation of an effective and meaningful audit schedule.

Saunders, Nathan
06/07/2022 10:41:00

Create Sustainable Audit System

A structured audit programme, based on the H&S Management System, will be implemented that is achievable and not onerous for the Clinical and Service Boards. This will be in collaboration with NWSSP (internal audit department) to prevent duplication and will be scored and prioritised based on risk. Information from audit actions will be reviewed and fed back and can be used as an indicator of the maturity of the organisation towards H&S. A timebound approach will be applied to rectify non-conformances and mitigation implemented.

Investigate and where needed address the specific actions and clarity of information in policy and procedure documents in response to feedback from review.

The implementation of the management system will identify gaps due to the nature of the structured document library. In addition to this, the RACI matrix will identify those with responsibility and accountability for policy and procedural ownership. Policies and procedures identified in the external review will be updated as part of this process.

Measures of success for this theme include:

- An Audit Schedule in place capturing all groups
- Audits developed and conducted
- Audit follow up is documented and recommended actions are planned/completed
- Trained competent auditor teams are available
- Feedback provided to Clinical and Service boards
- Data sets established and utilised to set KPI's.
- Reduction in incidents, injuries and ill-health

Saunders,Nathan
06/07/2022 10:41:00

Theme 6: Achieving Fire Safety Excellence

Fire Safety must be embedded in the safety culture of any organisation and in order to achieve and maintain the highest standards of assurance it should be fully integrated with the H&S management system. This theme details how fire safety will be driven in line with the overarching fire safety policy.

Fire is a major workplace hazard that can lead to injury and in some cases death. Similarly to the management of H&S there are sound reasons for maintaining good standards of fire safety:

- Moral: Fires result in a great deal of suffering for those affected, the loss of personal items and the shock.
- Legal: It is a legal requirement to prevent fire and protect employees and other relevant persons from the effects of fire.
- Financial: The associated costs of a fire are substantial, especially when the consequential losses such as interruption to business and the physical and or uninsured losses are taken into account.

Challenges faced under this theme:
Many of the challenges for fire safety overlap with other themes and are covered there.

- Embedding a safety culture into every day working practices
- Undefined roles and responsibilities with regards to fire safety
- Inadequate management system tools
- Lack of engagement and collaboration
- A number of the actions require joint working with other stakeholders across the UHB

To address these challenges we will:

- Integration of fire safety in the organisational wide H&S Management System
- Support managers and provide information, instruction and training
- Roles and responsibilities will be clearly identified and communicated
- Developing effective and inclusive ways of enabling employee involvement
- Fire Safety Policy and procedures reviewed and updated

Saunders, Nathan
06/07/2021 10:21:08

All fires have a root cause and as such can be deemed as being preventable. The UHB has responsibility for workplaces and other buildings to which the public have access. Fires can be avoided by individuals taking responsibility in adopting the right behaviours and procedures.

The promotion of fire safety throughout the UHB is a priority and can be achieved by implementing a concise plan to develop, embed, maintain and achieve the highest Fire Safety standards. In doing this we will ensure no harm comes as a result of our actions to people, the environment or the communities in which we operate.

Review and update the current Fire Safety Procedures

All UHB fire procedures will be reviewed and a gap analysis conducted to identify shortcomings

A comprehensive suite of fire procedures to be communicated and made readily available for premises across the UHB.

Implement a Fire Safety Management System

Fire management system will be fully integrated into the H&S management system and audits created in line with the wider audit and review theme to provide a holistic approach to evaluating the management of H&S

Review current Fire Safety Management Organisational Structure

The fire safety team sit within the Health and Safety department. Roles, responsibility and accountabilities for the wider UHB will be established in the wider management system RACI

Review the requirement for a recognised Fire Safety Audit System

To implement a system in line with the national healthcare recognised standard PAS7.

The system will assist the UHB in implementing a clear, formally documented system to reduce fire risk. This can help to safeguard employees, contractors, patients and the general public as well as property, and assets. It can also minimise the impact of fire on business continuity.

Saunders Jonathan
04/07/2022 10:41:00

Major Capital Planning Project System

Fire safety is incorporated into all major capital plans and refurbishments - processes and arrangements will be reviewed, gaps identified, and any necessary enhancements implemented. Close working relationships with the Capital Estates and Facilities department will continue and will be underpinned with the RACI matrix.

Introduce a Call Delay Procedure at UHW and UHL

The UHB are duty bound to reduce the number of unwanted fire signals that occur annually, this subsequently results in a number of unnecessary attendance events by South Wales Fire and Rescue Service (SWFRS). The UHB are working closely with SWFRS to explore effective ways in which this can be achieved.

Emergency evacuation equipment training

A review of the procedures for emergency evacuation will be conducted to ensure that clear instruction, competence and responsibilities are established.

Review the UHBs Major Incident Plan

Stakeholder engagement and partnership working will be maintained with strategic planning and security to formulate and adopt a common robust plan in line with UHB requirements.
Regular desktop and live exercises will continue to be run, a review will be conducted in line with management system requirements and any necessary improvements implemented and cascaded to all relevant interested parties.

Review the requirement for an alternative recognised Fire Risk Assessment Audit System

The fire safety team will work closely with NWSSP to review the process of recording fire risk assessments, including tracking, monitoring and review of completed inspections and the compilation of reports.

Saunders,Nathan
06/07/2021 10:41:00

Review use of disposable/one use (p50) fire extinguishers with remote sites

The UHB are continually investigating cost reduction opportunities and in line with this a review is to be conducted on the types of extinguisher in place across the wider organisation. Technological advances have been made in recent years and these will be explored to ensure the best use of resource is being utilised in terms of cost and time.

Review implementation of bespoke evacuation exercise/procedures to localised areas

As part of the wider management system and emergency planning review, a series of bespoke evacuation exercise/procedures to localised areas will be considered. The aim would be the promotion and engagement of all staff to be confident in implementing their local emergency evacuation plans.

Measures of success for this theme include:

- Clear fire safety policies and procedures established and implemented across the UHB
- Fire safety culture embedded into the behaviours and values of all UHB staff
- Clearly defined roles, responsibility and accountability for all staff across the organisation with regards to fire safety
- An integrated fire safety management system within the UHB H&S management system
- A concise plan implemented that is monitored and reviewed on a regular basis with a audit trail to maintain standards and achieve improvements
- A reduction in unwanted fire signals and fire incidents.
- Implementation of clear and meaningful KPI's for Clinical and Service boards
- Recognised programme of live training exercises established

Saunders,Nathan
06/07/2022 10:41:00

Theme Lead:	Samantha Skelton	Theme 1 – Achieving Training and Competence Excellence

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Improve accessibility of courses and training through ESR	Review with LED the administration of ESR -Links and access to ESR systems -Removal of dead links -Access for external health boards to ensure they are able to enrol on suitable courses	Reduction in staff booking on incorrect courses. Reduction in monthly issues entries for ESR Training compliance improvement Conduct general questionnaire on ease of using ESR as a booking tool. Review of results to determine positive outcome	Catherine Salter	Q3 2022
	Use of Monthly ESR meeting with LED to progress issues	Meetings in place and time bound actions being completed	Catherine Salter	Ongoing
Action plan to influence UHB wide mandatory training is up to date and completed as planned	H&S contribution to LED mandatory training action plan	Improvement in training compliance Reduction in incidents	Rebecca Corbin (LED) Catherine Salter (H&S)	Ongoing – This is owned by LED with H&S contribution
	Provide provision for departments, directorates and clinical boards to review their overall H&S training compliance easily -Dashboard -Report by request	Clinical board / Directorate feedback. Improved training compliance Reduction in incidents	Robert Warren	Ongoing
	Add mandatory training requirement to the standard PADR template and instigation of training KPI's both individual and departmentally	Improved compliance with KPIs	Robert Warren	Q3 2023
	Consider the requirement for protected study time by role to enable staff to fulfil mandatory training requirements	Improved training compliance. Reduction in incidents	Robert Warren / Sam Skelton	Q4 2023
Review of statutory and mandatory requirements to ensure requisite competencies identified, delivered and maintained to include all aspects i.e. manual handling, V&A and fire	Alongside workforce develop training criteria for new position numbers	Improvement in training compliance. Improvement in competency Reduction in incidents	Catherine salter	Q4 2022
	Promotion of TNAs for specific job roles -Linked in with LED -Develop line management process to get managers to assess training needs and update LED.	Improvement in training compliance Reduction in incidents	Catherine Salter	Q3 2023

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	Initiate specific recruitment spaces, and pre-booking for new colleagues during recruitment process	Improvement in training compliance Reduction in incidents	Elinor Thorne	Q4 2022
	Review the requirement for protected time for new starters to undertake training	Improvement in training compliance Reduction in incidents	Sam Skelton	Q4 2022
	Alongside LED implement enhanced mandatory training requirement -Managing safely or similar training	Improved organisational culture Reduction in incidents Increased UHB H&S risk assurance	Jonathan Davies	Q3 2024
Increase the utilisation of digital technology for training processes	Review feasibility, cost, and requirements for reduced training paperwork Review the merits with -LED -IT Security	Reduced usage and storage of physical media	Robert Warren	Q2 2023
Full implementation of Manual Handling Workplace Competency Assessment course	Review and roll out MHWCA system	Fully integrated course	Samantha Skelton	Q4 2021
	Audit and expand MHWCA system	Reviewed findings fed back into course content. Consistent high-quality assessor reports submitted	Samantha Skelton	Q2 2022
Integrate training requirements on the use of the H&S management system	Construction of self-explanatory slide pack on the use of the management system and filing process for specific documents.	Roll out of training package Improved organisational culture	Caroline Murch	Q2 2022
Review of H&S Induction Training and Mandatory Training	Review process of new starter induction training to improve quality. Review content of 3 yearly mandatory H&S training packages – Online and face to face Seek support from LED	Improved induction process	Robert Warren	Q1 2023
Review of technology-based fire training delivery for all staff	Review approaches to training,	Improved compliance records for fire safety	M Perrett	Q4 2024
	To include consideration of digital fire safety training and response systems e.g. Teams			
	Appropriate delivery			

Saunders,Nathan
06/07/2022 10:41:00

Theme Lead:	Risk – Rachael Daniel Incident – Rachael Sykes	Theme 2 -Achieving H&S Risk & Incident Management Excellence

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Embedding new H&S policy statement	Influencing management executives - Link to fire safety policy	Management executive commitment. Signed copy of Statement of Intent widely on display throughout UHB Commitment to achieve KPIs agreed	Robert Warren	Q2 2022
Relaunch Risk Register and Priority Improvement Plan system	Clear definitions of Risk Register and PIP -collaborate with corporate governance team	Updated Risk Register and PIP for Clinical Boards and Directorates	Rachael Daniel	Q3 2023
	Communication pack with support available to clinical boards and directorates	Updated Risk Register and PIP for Clinical Boards and Directorates	Rachael Daniel	Q3 2023
	Identify the accountability path to confirm Risk Register and PIP is complete	Updated Risk Register and PIP for Clinical Boards and Directorates	Robert Warren	Q3 2023
	Update general risk assessment and task specific templates aligning with risk register scoring process	Updated templates in use and training incorporated into the managing safely and working safely courses Reduction in incident rates	Rachael Daniel	Q3 2023
Management of High-Risk Work	Contractor Management Policy: Review of Contractor Management arrangements	-Policy brought across to H&S ownership	Jonathan Davies	Q3 2022
	Ensure communication and implementation of policies more widely	-Gaps closed on Risk Registers -Contractor management to be implemented as a line on clinical board risk registers	Jonathan Davies	Q4 2022
	Extend contractor monitoring -improve procurement H&S process -ongoing monitoring of established contractors -extend contractor inductions to all contractors	Implement H&S element into a procurement process Report into operational H&S meeting.	Jonathan Davies	Q4 2022
	Permit to Work Policy (PTW). Review of Safe systems of Work including Permit to Work arrangements and fire authorisation to proceed permit.	-Policy brought across to H&S ownership	Jonathan Davies	Q3 2022
		-Gaps closed on Risk Registers	Jonathan Davies	Q4 2022

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Review departmental risk management activities to ensure risks are identified, recorded and tracked	Review and update/transfer actions from previous priority improvement plan to include fire safety element	New PIP created and signed off	Robert Warren	Q3 2022
Review incident investigation process	Review the monitoring of follow-up actions from RIDDOR incidents -Monthly Senior line management meetings	RIDDOR incident actions closed in timely manner Learnings shared and mitigating actions implemented	Clinical Board Advisors	Q4 2022
	Create and distribute investigation templates	Updated forms in use	Rachael Sykes	Q2 2022
Improve Datix Utilisation	Assisting in the implementation and training of Datix Cymru system. Patient Safety Department lead on this and are the UHB administrators	Sampling of incident forms as selective audit. System embedded and in wide use across the UHB	Rachael Sykes	Q4 2022
Identify trends in losses to inform proactive interventions	Review for UHB and clinical board meetings	Reports presented at operational meetings	Rachael Sykes	Q4 2022
Streamline reporting mechanisms for unsafe conditions	Implementation of behavioural safety programme. Identify type of behavioural safety programme required. Include elements in existing training programmes	Evidence of Near miss reporting. Proactive culture towards H&S move towards an interdependent culture	Carl Ball	Q4 2024

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Theme Lead:	Carl Ball	Theme 3 -Achieving Communication Excellence

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Develop H&S communications strategy (in line with management system)	Further dashboard roll out - Management executives down to all levels -Consider adding to CEO staff connect	Feedback from Senior management Discussion in Clinical Board Meetings	Robert Warren	Q2 2022
	Communication of H&S Management system -mentioned in induction / Mandatory training	Management system in wide use throughout the HB Audit compliance	Robert Warren	Q1 2023
	Improve intranet web-site design/navigation	Tracked page listings.	Robert Warren	Q3 2022
	Create COMPT (Communication Order – Members, Purpose, Times) plan for communications outward.	Plan in place and being worked through	Caroline Murch	Q4 2022
Develop a Service level style agreement with clinical boards	Develop in line with RACI requirements	Services Agreed with Clinical Boards in a formal format	Robert Warren	Q3 2023
Review and redefine Terms of Reference for Current H&S meetings at all levels	H&S committee structure review	TORs comply with minimum template standards	Robert Warren	Q3 2022
	Sub Committee Structure/TOR review	TORs comply with minimum template standards	Rachael Daniel	Q3 2022
Develop H&S Calendar of Subjects and drop in advice sessions on all H&S issues	Look at creation of calendar and how to implement interactions	Calendar implemented and in circulation.	Rachael Daniel	Q2 2023
	Review resourcing needs and potential usage/process -Via teams/face-to-face/phone call -Subject specific	Advice process in operation.	Rachael Daniel	Q1 2023
	Run pilot sessions	Pilot being run	Rachael Daniel	Q1 2023
	Consider guidance documents, and content	Review conducted	Rachael Daniel	Q1 2023

Saunders,Nathan
06/07/2022 10:41:00

Theme Lead:	Caroline Murch	Theme 4 – Measuring Performance

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Implement H&S Management System	Create Project plan to implement H&S management system (guiding documents) *HSMS*	Document review Clinical boards implement management system	Caroline Murch	Q3 2022
	Create H&S Information Management System (IMS) structure and roll out to wider organisation	S-drive system to be in place locally S-drive system in place UHB wide	Caroline Murch	Q2 2022
	Include process for outputs from HSMS to be reviewed by Senior management teams.	Management review process in place.	Caroline Murch / Robert Warren	Q4 2022
	SMART H&S objectives to cascade out to health board.	Objectives in place, tracked and reviewed	Caroline Murch	Q3 2022
Key H&S Policies (management system)	Review Policy management and review schedule	Policy management process reviewed and any necessary improvements implemented.	Caroline Murch	Q3 2022
	Conduct Policy and Procedures Gap Analysis	Gaps identified and time bound action plan in place to address any short falls.	Caroline Murch	Q4 2022
RACI Matrix	Identify those individuals with Responsibility, Accountability, Consulted and Informed duties across the UHB in terms of H&S.	Roles and responsibilities clearly identified and communicated	Robert Warren	Q3 2022
	Get confirmed commitment from delegated responsible persons	Through Operational H&S meeting, agreement	Robert Warren	Q4 2022
Include personal H&S deliverables in KPIs and PADRs	Discuss with HR including H&S deliverables in KPIs/PADRs (linked to training)	PADR update includes a H&S element.	Robert Warren	Q1 2023
Include Clinical Board/Directorate KPI's	Identify Key H&S KPI's for implementation to Clinical Boards/Directorates	Specific targets implemented, worked to and achieved.	Caroline Murch	Q3 2022
Drive exec board engagement with H&S topics	Executive management H&S training around responsibilities	Exec board compliance to training, course completed	Robert Warren	Q4 2022
	Staff stories/focussed H&S initiative taken to H&S committee level meetings	Evidenced in meeting minutes	Robert Warren	Q3 2022

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Theme Lead:	Jonathan Davies	Theme 5 – Audit & Review

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Create Sustainable Audit System	Audit against H&S Management System -create audit question sets -collaborate with NWSSP to prevent duplication and resource	Audits developed and conducted Audit follow up documented	Robert Warren	Q4 2024
	Create schedule for full audit suite Including: Statutory compliance Compliance with internal policies and procedures Best practice	Audit Schedule in place capturing all groups	Robert Warren	Q4 2024
	Creation of competent departmental lead auditors	Trained competent auditors available.	Jonathan Davies	Q2 2023
	Define Audit procedure. Consistent scoring system	UHB wide auditing process implemented	Jonathan Davies	Q4 2024
	Capture and analysis of audit action completion status	Feedback to clinical boards/directorates. Data used to set KPI's.	Jonathan Davies	Q4 2024
Investigate and where needed address the specific actions and clarity of information in policy and procedure documents in response to feedback from review	-Updated/Review and distribute managers handbook	Updated handbook in place	Jonathan Davies	Q4 2022

Saunders,Nathan
06/07/2022 10:41:00

Theme Lead:	Mal Perret	Theme 6 - Fire Safety

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Review and update the current Fire Safety Procedures	Conduct a procedures gap analysis Provide a list of unambiguous fire safety procedures applicable to the UHB	Gap analysis conducted and procedures in place.	Mal Perrett/Caroline Murch	Q4 2022
Integrate a Fire Safety Management System (FSMS) into the H&S Management System	Formulate and implement a FSMS to best ensure a holistic approach for fire risk reduction for the UHB	When the following operational management procedures are fully embedded including • Fire Safety Protocols • Bespoke Emergency Action Plans • Fire Safety Training • Fire Safety Audits • Bespoke exercises and drills	Caroline Murch / Mal Perrett	Q3 2023
Review current Fire Safety Management Organisational Structure (FSMST)	Roles and responsibilities *-link to RACI* Direct accountability for fire safety *-link to RACI*	When review complete and any necessary actions implemented.	Robert Warren	Q3 2022
Review the requirement for a recognised Fire Safety Audit System	Recognised healthcare specific audit system is PAS7	If deemed necessary audit system in place. Following the first successful 3rd party audit	Robert Warren / Mal Perrett	Q4 2023
Major Capital Planning Project System	Draft a Fire Safety Project process service level agreement/RACI Present to CEF Management Agree approval	When process is operational with improved service delivery	Mal Perrett/T Ward	Q3 2023
Introduce a Call Delay Procedure at UHW and UHL	Conduct a procedure gap analysis Review Fire stopping programme Create and implement enhanced Fire response team training Smart objective – implementation of segregated programme I.E non-sleeping patient areas	When there is significant measurable reduction in SWFRS emergency response attendance	Mal Perrett	Q4 2023
Emergency evacuation equipment training	Conduct a procedure gap analysis Engage porter Management Agree a workable procedure for deployment	Post training and establishment of a robust procedure is implemented	M Perrett / Catherine salter	Q3 2022

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06/07/2022 10:41:00

Review the Health Boards Major Incident Plan and How Fire Safety Contributes to Robust Arrangements.	Work in conjunction with strategic planning and security to adopt a robust plan in line with health board requirements. Maintain and Improve the plan, extend information to external emergency services to run regular desktop and practical exercises to improve our incident handling procedures.	We have a better understanding of specific key contacts within our health board and external emergency services to build better relationships and remove barriers. More robust emergency incident arrangements	Robert Warren / Mal Perrett / A Stephenson	Q3 2022.
Review the requirement for an alternative recognised Fire Risk Assessment Audit System	Influence and promote within shared services a more robust easier system for recording and reviewing risk assessment action and response.	When the system is purchased and fully adopted by Shared Services, Compliance and Estates and The Board	Mal Perrett	Q3 2024
	Conduct a system gap analysis			
	Research alternative methods and systems			
	Benchmark systems and cost analysis			
	Produce a business case for change and approval			
Review use of disposable/one use (p50) fire extinguishers with remote sites	Look into current legal standards of P50s in healthcare properties and shared services rules.	Understanding of legal standards established	Mal Perrett	Q2 2022
	Roll out process		Mal Perrett	Q1 2023

Saunders,Nathan
06/07/2022 10:41:00

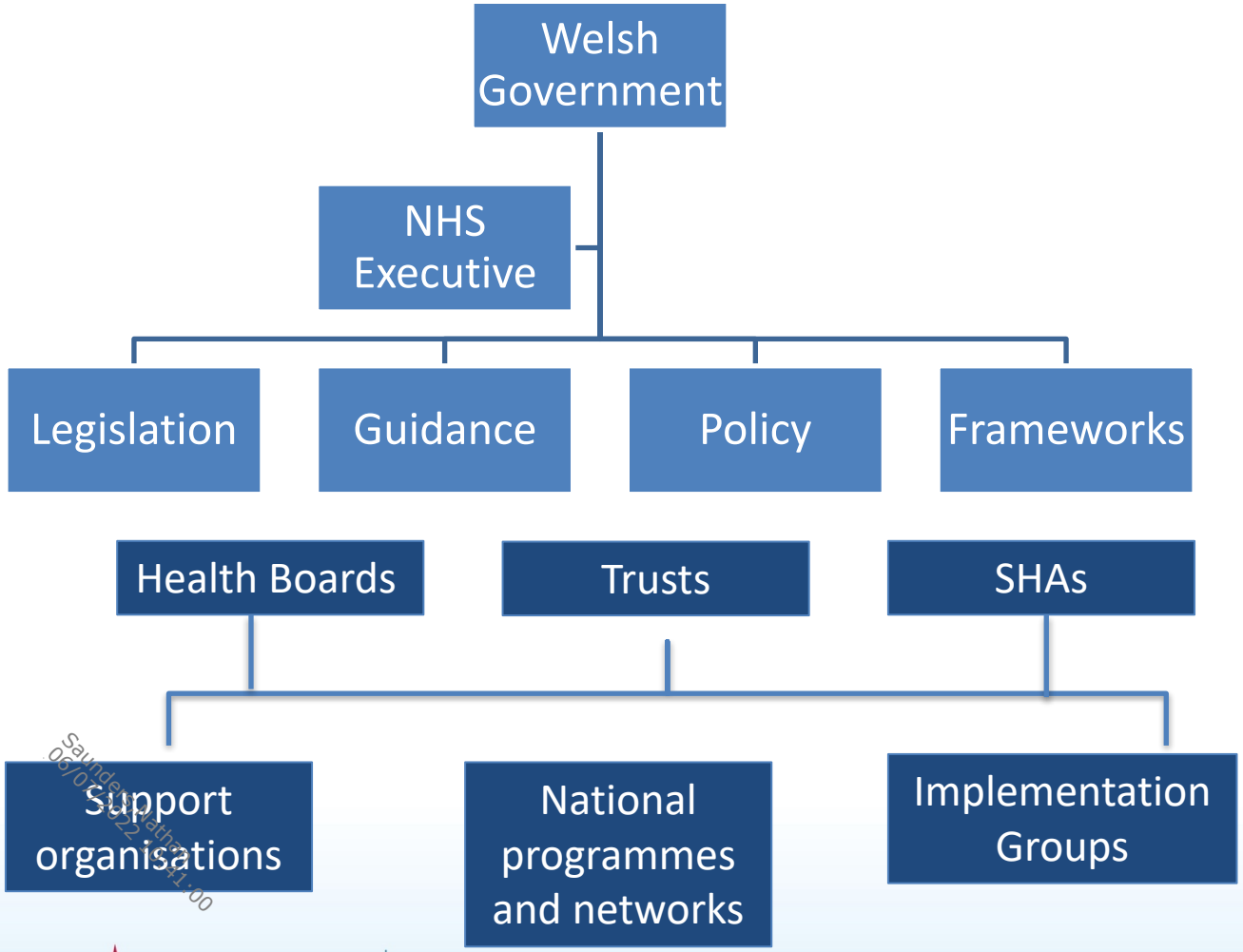
Making sense of NHS Wales

A simple overview

Saunders,Nathan
06/07/2022 10:41:00

How does it all fit together

Less like this ……



More like this …… *unfortunately*

Background: *Statutory bodies in NHS Wales*

Saunders,Nathan
06/07/2022 10:41:00

Sevan Health Boards

Three Trusts

- ❑ Welsh Ambulance Service (WAST)
- ❑ Velindre University NHS Trust (which operates the Velindre Cancer Centre and the Welsh Blood Service)
- ❑ Public Health Wales

Current health boards were created on 1 October 2009 that saw the abolition of the 22 local health boards (LHBs) and seven NHS trusts

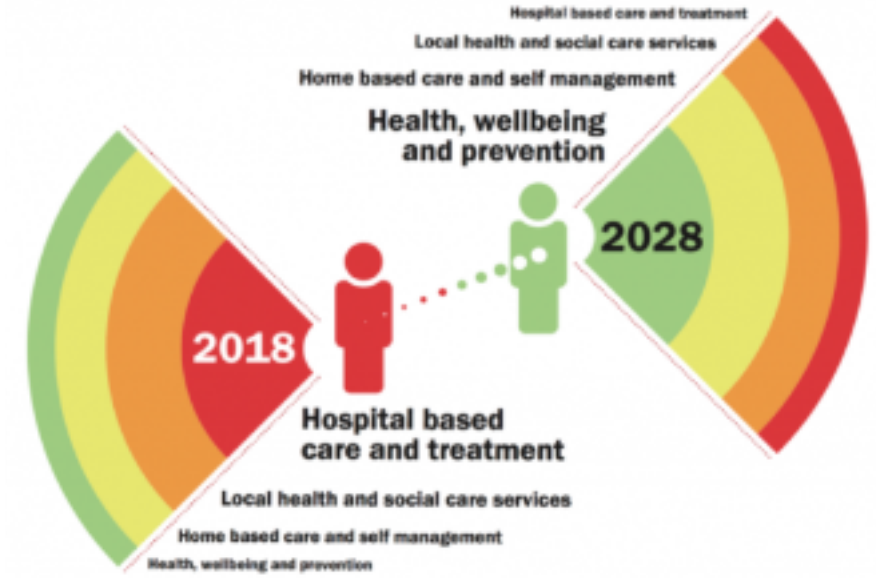
Two Strategic health authorities

- ❑ Health Education Improvement Wales (HEIW)
- ❑ Digital Health and Care Wales (DCHW)

At the heart of the jigsaw however….

A Healthier Wales – *the extant strategy for Health & Social Care in Wales*

The vision – *A shift from hospital cased care to Health, wellbeing and prevention*



The guiding principles – *The quadruple aim*

Saunders,Nathan
06/07/2022 10:41:00

So if we know what sits at the heart of our system we can then begin to set everything else in this context

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

The policy context

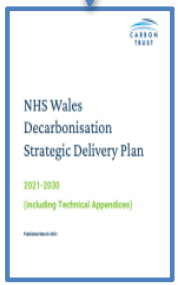
Warning –
There will be others!

A Healthier Wales

Supporting policy

The National Clinical Framework

Quality & Safety Framework



NHS Wales decarbonisation strategy

NHS Wales Planning Framework (issued yearly)

transforming and modernising planned care and reducing waiting lists in Wales

Enabling policy

Primary Care model for Wales

Health & Social Care workforce strategy for Wales

A digital strategy for Wales
** Wider than Health*

The Government context

Department of Health and Social Services - The Department for Health and Social Services advises the Welsh Government on policies and strategies for health and social care in Wales. This includes contributing to relevant legislation and providing funding for the NHS and other related bodies.

- The Director General for Health and Social Services is Ms Judith Paget who is also Chief Executive of NHS Wales.
- Nick Wood is Deputy Chief Executive of NHS Wales.

The Health Board will have numerous 'touch points' with Welsh Government as they discharge the duty described above. A key forum are the twice yearly Joint Executive Team (JET) meetings as well as alternate monthly Information, Planning, Quality and Delivery meetings with senior policy, exec and UHB leads.

NHS Executive - Working on behalf of Welsh Government, the NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing the NHS in Wales to transform clinical services in line with national priorities and standards

- A decision to establish an executive function was announced in *A Healthier Wales* in 2018, and reconfirmed in the Programme for Government. Seen as an essential part of the health system fit for the
- formal implementation programme is overseeing its establishment with aim *"to have made substantial progress on how the NHS Executive will operate in practice by the end of this year".*
- *Keys function include*
  - ✓ Reinforcing and refocusing national leadership for quality improvement and transformation
  - ✓ All Wales Planning
  - ✓ Enable stronger performance management and quality improvement support arrangements

Saunders Cathan
03/07/2022 18:41:00

The Structural context

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

Cydweithrediad lechyd GIG Cymru
NHS Wales Health Collaborative

- ✓ A national organisation, working on behalf of the health boards, trusts and special health authorities.
- ✓ Will form part of the NHS Executive upon establishment
- ✓ Through facilitating engagement, networking and collaboration between work to support the improvement of NHS Wales' services across organisational boundaries, and improve the quality of care for patients via

  - ❑ Leading 6 national programme e.g. national pathology and diagnostic programmes
  - ❑ Hosting 5 of the national networks e.g. Mental Health a critical care
  - ❑ Hosting 8 national implementation groups e.g. Diabetes and End of Life

Pwyllgor Gwasanaethau lechyd Arbenigol Cymru
Welsh Health Specialised Services Committee

Responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales including;

- ❑ Specialist Mental Health
- ❑ Cancer and blood
- ❑ Specialist Cardiac
- ❑ Neurosciences & Long-term Conditions
- ❑ Women and Children's Services
- ❑ And many more

Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

- ✓ The Emergency Ambulance Services Committee is Joint Committee of all health boards in Wales, with responsibility for planning and securing sufficient ambulance services for the population
- ✓ Each health board Chief Executive is a member of the Committee and they collaboratively commission emergency and non-emergency ambulance services which includes the Welsh Ambulance Services NHS Trust and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance)

Senedd Cymru National Assembly for Wales 06/07/2022 10:41:00

The Structural context: *Some of the others*

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

agic hiw | Arolygiaeth Gofal Iechyd Cymru | Healthcare Inspectorate Wales

The independent inspectorate and regulator of healthcare in Wales

GWELLIANT CYMRU | IMPROVEMENT CYMRU

Hosted by PHW. An aim is to support the creation of the best quality health and care system for Wales so that everyone has access to safe, effective and efficient care in the right place and at the right time. Will form part of NHS Executive upon establishment.

GIG CYMRU NHS WALES | Finance Delivery Unit | Uned Gyflawni Cyllid

Hosted by Swansea Bay UHB –an All Wales remit to continuously improve the financial position of NHS Wales and support the development of financial sustainability by maximising the use of resources across the system to deliver improved outcomes. Will form part of NHS Executive upon establishment.

GIG CYMRU NHS WALES | Llywodraeth Cymru Welsh Government

The Planned Care Programme

Our vision: A future where planned care services in Wales is sustainable, through balancing the capacity and demand of NHS services.

Our mission: In Wales each year over 98,000 patients are referred for ophthalmology,orthopaedic, ears nose and throat, and urology conditions. Patients are waiting longer year on year to be seen in secondary care because services are not in balance.

A Welsh Government a programme of change that will support NHS organisations

Hosted by Swansea Bay UHB – an All Wales remit to achieve sustainable improvement in NHS Wales through a whole system approach to health and care. Will form part of NHS Executive upon establishment.

GIG CYMRU NHS WALES | Uned Gyflawni | Delivery Unit

Strategic Programme for Primary Care

Hosted by PHW - promotes cluster collaborative working, signposts to relevant resources and facilitates sharing of innovation and practice

There will be others!

The Stakeholders and Partners context

Community Health Council (CHC)

- Consider health issues from the public's viewpoint
- Visit local services to hear from patients and those who care for and about them about their Experiences
- Look at local and national NHS plans and proposals to make sure they meet the needs of local communities
- Meet regularly with NHS managers
- Speak to people in their communities about their views and experiences of the NHS services
- Provide a free, confidential and independent complaints advocacy service for people who want support to raise a concern

CARDIFF & Vale Regional Partnership Board (RPB)

Established as part of the Social Services and Well Being Act to:

- improve the well-being of the population
- improve how health and care services are delivered.

All Regional Partnership Boards must:

- produce a regional population assessments produce a regional area plan
- provide a regional annual report
- demonstrate citizen engagement and co-production

Cardiff Pubic Service Board (PSB)

- PSBs are required, by the Well-being of Future Generations Act, to carry out a local well-being assessment and to produce a local well-being plan. These set out objectives that will contribute to achieving the Welsh Government's 7 well-being goals. PSBs are also required to produce an Annual Report that identifies the steps taken to meet the PSB Well-being Plan objectives.

The local UHB context

- The UHB's Long term strategy – A strategy first and foremost for the UHB but set in the context of realising the ministerial vision for NHS Wales
- The UHB's Integrated medium term plans – The UHB's plan to deliver its strategy and by default *A Healthier Wales*

Every other framework, strategy, plan, business case, project initiation document, partnership which the UHB is producing should be directly supporting the delivery of the IMTP and by default

…..Shaping our Future Wellbeing
…..A Healthier Wales

Saunders, Nathan
06/07/2022 10:41:00

In Summary

- ❑ No single wiring diagram that can explain NHS Wales
- ❑ Dynamic environment
    - Shifting structures
    - Evolving policy
    - Constantly seeking to meet and balance the demands/needs to our population, Government, stakeholders and partners
- ❑ We are one part of a wider system - one piece of a jigsaw.

Saunders,Nathan
06/07/2022 10:41:00

Report Title:	Annual update on Childhood Immunisations				Agenda Item no.	2.6	
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	12.07.2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Executive Director of Public Health						
Report Author (Title):	Consultant in Public Health and Principal Public Health Specialist						

Main Report
Background and current situation:

Background

Childhood vaccination is a pivotal public health intervention to reduce the risk of serious illness from infectious disease for children and our communities. Vaccinations are given at key points in time, throughout childhood and into adulthood. A range of vaccinations are given to children, mainly delivered through GP practices and through a school-based programme in Cardiff and the Vale of Glamorgan (Appendix 1).

Generally, the uptake of most childhood vaccinations is high amongst the population, however there are notably lower uptake rates amongst some population groups and in some geographical areas, specifically the southern arc of Cardiff and amongst minority ethnic communities. For some vaccines, for example the measles, mumps and rubella (MMR) vaccine, a declining overall uptake rate has been observed, exacerbated due to the Covid-19 pandemic. Low levels of uptake mean that there is lower protection and levels of herd immunity in children and the community against vaccine preventable disease, which could lead to a resurgence of diseases such as measles, a highly transmissible infection.

Despite primary care teams across Cardiff and Vale continuing to offer childhood immunisations as an essential service during the Covid-19 pandemic, there has been an impact upon uptake of vaccinations during this time as well as on the timeliness of vaccinations. This has resulted in some children not receiving their scheduled vaccinations at all and, for others, having received vaccines later than they should have. Although timeliness of vaccination uptake can vary from season to season, the control measures put in place in response to the pandemic (self-isolation, distancing, school closures, shielding and lockdown) seem to have contributed to lower levels of uptake during this time. This could be due to a number of factors, including parents being reluctant to attend healthcare settings when levels of Covid were high amongst the community and potentially an element of 'vaccine fatigue'[1].

During 2021, a local strategic review of all immunisations (flu, childhood and covid-19 vaccination) was undertaken, led by the Executive Director of Public Health and supported by Q5. This work has led to both a revision of the governance arrangements for strategic and operational delivery, and a set of key workstreams to plan and deliver immunisations across Cardiff and Vale UHB in order to drive forward and maximise uptake. This purpose and vision for our future service model approach is outlined in Figure 1.

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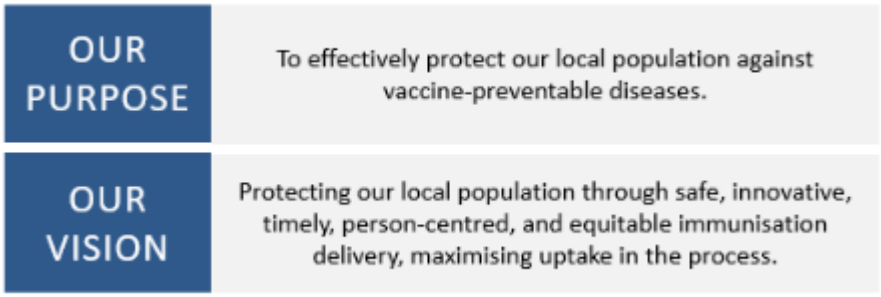
[1] Vaccine fatigue is defined as people's inertia or inaction towards vaccine information or instruction due to perceived burden or burnout (Su Z, Cheshmehzangi A, McDonnell D, da Veiga CP, Xiang YT. Mind the "Vaccine Fatigue". *Front Immunol.* 2022;13:839433. Published 2022 Mar 10).

Figure 1: Purpose and Vision for Cardiff and Vale UHB Future Immunisation Service Model

OUR PURPOSE	To effectively protect our local population against vaccine-preventable diseases.
OUR VISION	Protecting our local population through safe, innovative, timely, person-centred, and equitable immunisation delivery, maximising uptake in the process.



Current situation

New governance arrangements for immunisation

The planning, delivery and evaluation of the childhood immunisation programme is led strategically by Cardiff and Vale Local Public Health team with operational delivery through PCIC and Children and Women Clinical Boards. Delivery routes are through Primary Care (General Practices) and a school-based programme delivered by the Children, Young People and Families Directorate for human-papillomavirus (HPV) and influenza vaccinations. Cardiff and Vale Immunisation Steering Group has historically overseen the operational delivery of the Childhood vaccination programme. From June 2022, a new Operational Immunisation Board led jointly by PCIC and Children and Women Clinical Boards will oversee and be accountable for the operational delivery of all vaccination workstreams (childhood, flu and Covid-19). The existing Cardiff and Vale Operational Immunisation Steering Group will be stood down. Strategic oversight by the Executive Director of Public Health and professional leadership from the Consultant in Public Health (UHB Immunisation lead) will continue to support the new operational arrangements. A new Head of Vaccination and Testing role with an expanded remit covering operational delivery for all immunisations – including childhood immunisations - will soon be in place. The new governance structure for immunisation in Cardiff and Vale UHB is provided in Appendix 2.

Coverage / uptake data for childhood immunisations:

Data for childhood vaccine uptake, provided by Public Health Wales, is taken from the National Community Child Health Database, updated quarterly using data from local health boards (Appendix 3). The latest annual uptake data available for January 2021 – December 2021 shows variation in vaccine uptake according to a child's age, geographical area and the vaccine administered. Rates are notably lower in the Primary Care clusters in the southern arc of Cardiff. For example, the proportion of children who are up to date with their scheduled vaccinations by the age of four ranges from **73.5%** in City and Cardiff South to **92.3%** in Eastern Vale. Similarly, for teenagers, the proportion of young people who are up to date with vaccinations by the age of 16 ranges from **58.2%** in City and Cardiff South to **83.9%** in Cardiff West. The data illustrate there are inequities in access to, and uptake of, vaccinations for some members of our population.

When compared to national coverage data (Appendix 3), Cardiff and Vale UHB has consistently lower uptake for some key vaccination indicators and there is a downward trend in uptake of some vaccines, with some improvements in others, for example:

- The proportion of children aged 1 who had received a complete course of the 6 in 1 vaccine[2] was **93.9%** in Cardiff and Vale (Oct - Dec 2021), the lowest in Wales. Wales uptake was **95.9%**. The figures for July - Sep 2021 were **92.4%** and **95.2%** respectively.
- The proportion of children who had received 2 doses of MMR vaccine by the age of 5 reduced from **88.6%** in July-Sep 2021 to **86.0%** in Oct-Dec 2021. Wales uptake was **91.4%** in July-Sep 2021 and 90.0% in Oct-Dec 2021. Cardiff and Vale had the lowest uptake of all health boards.

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[2] Provides protection against diptheria, hepatitis B, haemophilus influenzae b, polio, tetanus & whooping cough

There are many barriers to uptake, including where and when appointments take place, access to the appointments, language barriers, fears and concerns over the vaccines, the transient nature of some families in and out of Cardiff in particular, and a lack of understanding about vaccination.

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

In order to address the low and declining levels of uptake of childhood vaccination and the barriers identified, multi-agency and multi-disciplinary activity is urgently required. This will be supported by the new governance arrangements and the following priority actions. The actions have been identified and will be implemented by both the providers of vaccinations and by individuals working within the communities supported by the public health team to address the fears, concerns and to increase understanding of the importance of vaccination. The health board has developed actions to further understand the issues, and to address them, working with a range of partners including local authority and third sector.

1. **Support to GP practices**. A number of opportunities are being provided to practices to support them with increasing uptake, including a suite of tools which will help them to identify what they could potentially do in their own practice which would help to encourage parents to keep appointments for vaccines.
2. **Stakeholder experience review**. Cardiff Metropolitan University have been commissioned to undertake a review of the 'stakeholder experience' of accessing childhood vaccinations.
3. **Amplifying Prevention.** Following the annual report of the Director of Public Health for Cardiff and the Vale of Glamorgan 2020[3], joint work has commenced between Cardiff and Vale Local Public Health team, Cardiff Council and the Vale of Glamorgan Council to identify and address health inequities in childhood vaccination uptake.
4. **Employment of three new Immunisation Coordinators**. These will play a key role in supporting GP practices to increase uptake through their expertise and knowledge, providing training and clinical expertise.
5. **Communications campaign**. A comprehensive communications campaign targeting parents of children who are about to go to school after the summer will be launched during the summer.
6. **Working to support minority ethnic communities.** Some specific work with community groups from minority ethnic populations is underway in Cardiff.
7. **Training.** Training will be provided by Immunisation Coordinators and public health training will be provided to organisations who can 'make every contact count' and have conversations with people about the importance of immunisation.

Recommendation:

The Committee is requested to:

- **NOTE** the update on the current situation and developments in childhood vaccination, including implementation of a revised governance model
- **SUPPORT** the pan-UHB implementation of actions to improve uptake in childhood immunisation rates in 2022/23, in line with national targets.

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	

[3] Director of Public Health Report – 2020 Draft v5 (13/9/21) (nhs.wales)

		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

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

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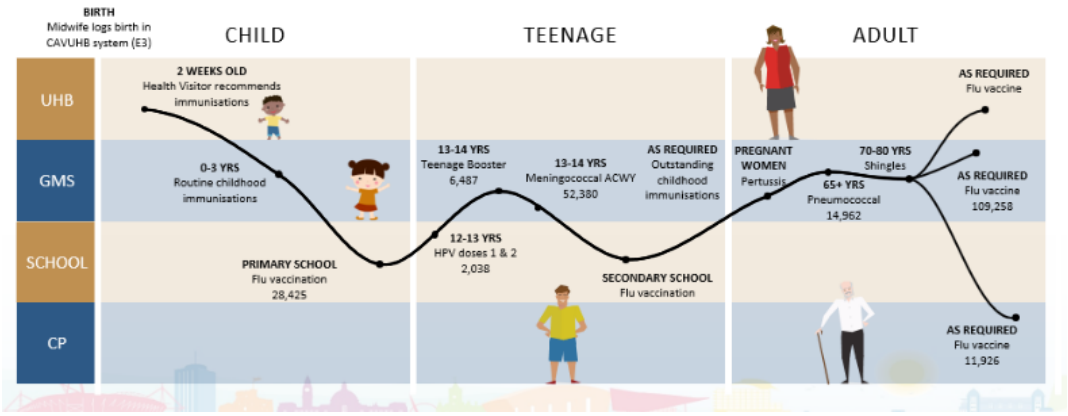
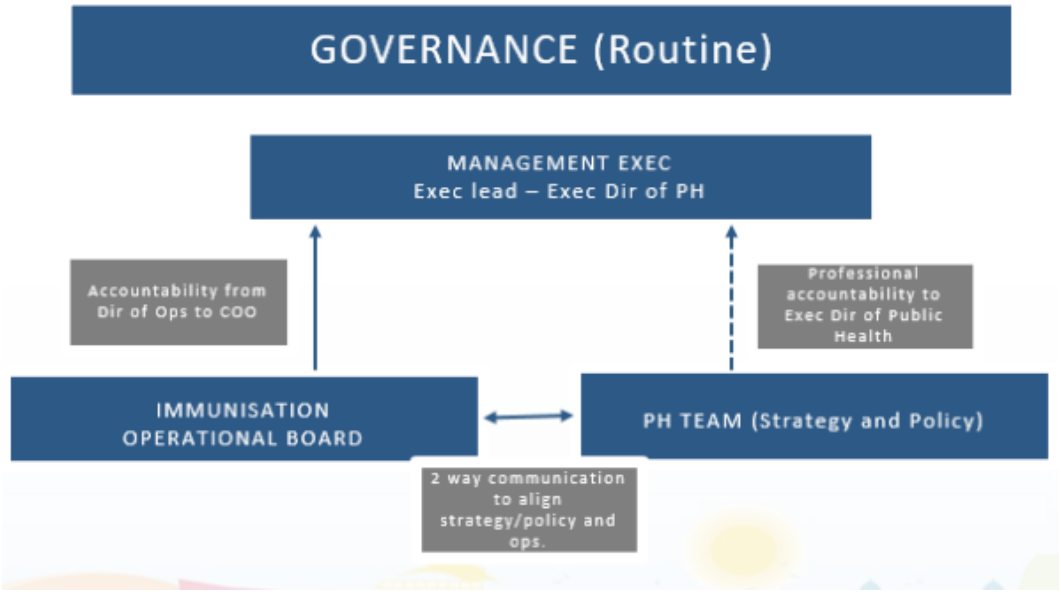
Appendix 1: Current delivery channels for immunisations across Cardiff and the Vale of Glamorgan



Appendix 2: Revised Governance structures and arrangements for immunisations across Cardiff and Vale UHB



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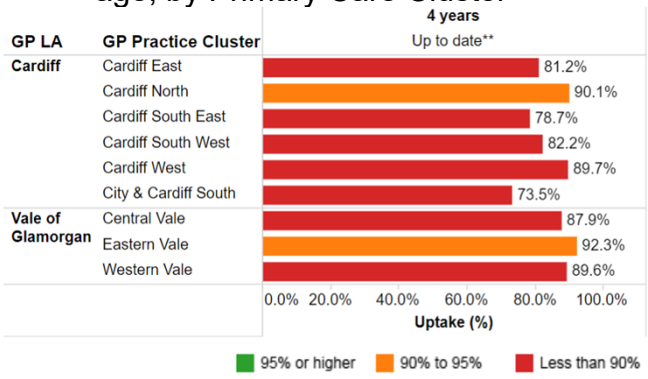
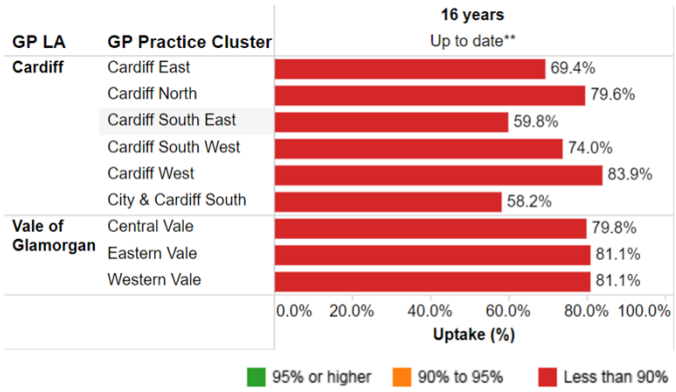
Appendix 3: Summary of Uptake Data for Childhood Immunisations in Cardiff and the Vale of Glamorgan fron January to December 2021

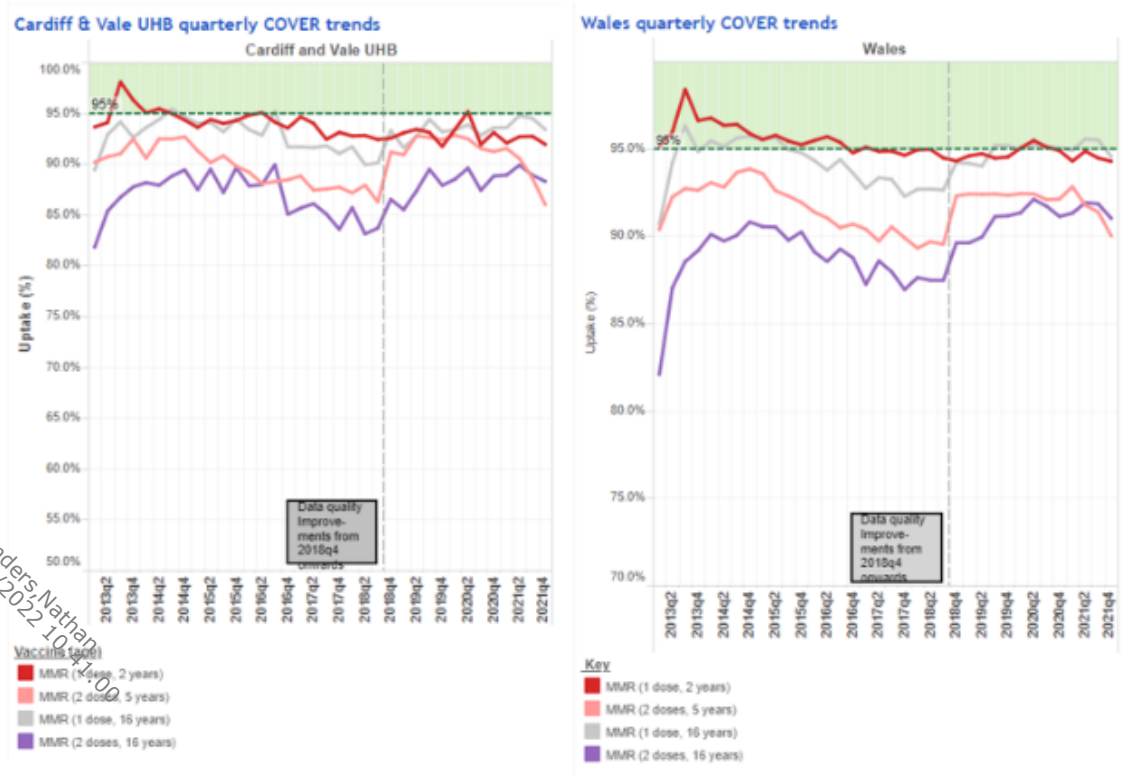
1. Proportion of children up to date with scheduled vaccinations by 4 years of age, by Primary Care Cluster



2. Proportion of children up to date with scheduled vaccinations by 16 years of age, by Primary care Cluster



3. Quarterly trend in % of children up to date with MMR (age 2, 5 and 16), Cardiff and Vale UHB and Wales



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Please note: Graph Y axis are set at different percentage scales

Report Title:	**Board Assurance Framework** – Workforce, Leading Sustainable Culture Change, Capital Assets.				Agenda Item no.	2.7	
Meeting:	Strategy and Delivery Committee		Public	x	Meeting Date:	12th July 2022	
			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:

- Workforce
- Leading Sustainable Culture Change
- Capital Assets

These risks were reported to the Board at the end of May 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 Workforce, Leading Sustainable Culture Change and Capital Asset 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 Workforce, Leading Sustainable Culture Change and Capital Assets
(b) Provide assurance to the Board on 28th July 2022 on the management /mitigation of these risks.

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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

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

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24 January 2023

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

14 March 2023 Exacerbation of Health Inequalities Emergency and Urgent Care
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	26th May 2022

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Capital Assets (Estates, IT Infrastructure, Medical Devices) – Executive Director of Strategic Planning (Abigail Harris)

The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.

Risk **Date added:** 12.11.2018	There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB. There is real concern that the condition of facilities within our main hospitals will start impact on our ability to continue to provide the full range of services, and provide the new treatments WHSSC would like to commission from us.		
Cause	• Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B. • Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. • Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule. • Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement • Lack of timely decisions regarding the development of strategic business cases required to address the significant estates challenges we face.		
Impact	• The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. • Service provision is regularly interrupted by estates issues and failures. • Patient safety and experience is sometimes adversely impacted. • IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk • Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. • Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions. • The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. • IT SOP sets out priorities for next 5 years, to be reviewed in early 2019 • The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP, with regular oversight of the programme of discretionary and major capital programmes.		

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	• Medical Equipment prioritisation is managed through the Medical Equipment Group • Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months. • A 10-year prioritised programme has been developed and submitted to Welsh Government and the priorities for the next three years are within the IMTP 22-25. • Shaping Our Future Hospitals Programme (revised) submitted to WG in October '21 and scrutinised at WG Infrastructure Investment Board in December '21.
Current Assurances	• The estates and capital team have a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. • Work is starting on the business case to secure funding to enable a UHW replacement to be build (1) (2) • The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised (1) • The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks (3). • Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee (1) (2) • IT risk register regularly updated and shared with NWIS (2) • Health Care Standard completed annually (3) • Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group (1) • Strategy and Delivery Committee continue to oversee the delivery of the Capital Programme (2) • Shaping Our Future Hospitals Programme has continued to progress work in relation to redevelopment of UHW despite WG not yet formally endorsing PBC.(2)

Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**

Gap in Controls	• The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the 3 services. • In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly. • Traceability of Medical Equipment • The Welsh Government current capital position is very compromised due to size of budget compared with estimated need which will impact significantly on the Capital Programme of the UHB. • No timely decision from WG on the Programme Business Case. Scale of challenge across Wales understood.
Gap in Assurances	• The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. • Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year.

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• Despite the substantial end of year capital, the recurrent position remains unchanged.			
Actions	**Lead**	**By when**	**Update since March 2022**
1. The Estates Strategy requires review and refresh and there is a need to ensure that it is future proof. The scoping of this work to understand what is required will take place before Christmas	Catherine Phillips	31.03.23	It has been agreed that this document will be reviewed in 22/23 but there will be some preparatory work to be undertaken beforehand.
2. PBC for the Future Hospitals Programme revised and submitted to Welsh Government and considered by the Investment and Infrastructure Board. The Minister is due to consider the PBC in July.	Abigail Harris	31.07.22	Updates have been provided to Shaping Our Future Hospitals Committee as the PBC was not considered in January. Work in this area continues.
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 high)**

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Leading Sustainable Culture Change – Executive Director of People and Culture (Rachel Gidman)

In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	• There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. • Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition, also staff overwhelmed with change and ongoing pandemic. • Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB. • Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.		
Impact	• Staff morale may decrease • Increase in absenteeism and/or presenteeism • Difficulty in retaining and recruiting staff • Potential decrease in staff engagement • Increase in formal employee relations cases • Transformation of services may not happen due to staff reluctance to drive the change through improvement work. • Patient experience ultimately affected. • UHB credibility as an employee of choice may decrease • Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve.		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	• Values and behaviours Framework in place • Cardiff and Vale Transformation story and narrative • Leadership Development Programmes, e.g. Acceler8 and CLIMB supporting inclusive, compassionate leadership principles • Management Programmes offering a blended approach to learning • Talent management and succession planning cascaded through the UHB • Values based recruitment / appraisal • Staff survey results and actions taken, including NHS Staff Survey and Medical Engagement Scale. • Involvement in All Wales NHS Staff Engagement Working Group • Increasing the diversity of the workforce through the Kickstart programme, Apprenticeship Academy, Project SEARCH • Patient experience score cards • CEO and Executive Director of People and Culture sponsors for culture and leadership • Raising concerns procedure/Freedom to Speak Up. UHB part of all Wales Group looking at Freedom to Speak Up across NHS Wales		

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	• Interviews conducted with senior leaders regarding learnings and feedback from Covid 19 and lessons learnt document completed in September 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 • Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team		
Current Assurances	Engagement of staff side through the Local partnership Forum (LPF) [2] Matrix of measurement now in place which will be presented in the form of a highlight report to Committee [2]		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**
Gap in Controls			
Gap in Assurances			

Actions	Lead	By when	Update since March 2022
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent) Compassionate and inclusive leadership principles will be at the core of all the programmes	Rachel Gidman	06.05.22	Acceler8 Senior Leadership Programme launched in March 2022 with 10 delegates from across the UHB. EOI for Cohort 2 to go out end of May 2022. Other leadership development programmes are in development (Collabor8) to support leaders at different levels. Development of a coaching and mentoring network continues, with coaching currently targeted at Senior Nurses. Focus groups in development to engage with colleagues approaching or considering retirement to assess the appetite to become mentors. A programme of communication to support and enhance completion of VBAs will launch in June 2022. VBA paperwork is currently under-review to simplify and minimise perceived complexity.
2. Showcase	Rachel Gidman	06.05.22	Focused work on developing the showcase to communicate the People and Culture Plan is underway. This development will be reviewed by the

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			end of May for launch in Autumn 2022.
3. Equality, Diversity and Inclusion Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics	RG	06.05.22	Equality Strategy Welsh Language Group is now established and taking place on a bi monthly basis with senior leaders across the organisation who can influence this agenda. A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff. This is reviewed regularly. The action plan following the internal Audit on Welsh Language within the UHB is progressing with assurance of action completed. All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. This approach is also being rolled-out across CBs. THE EDI and Welsh Language Team are developing a role outline and support pack for Protected Characteristics 'ambassadors / champions. Access into work programmes are progressing well, including Project Search and Kickstart.
4. CAV Convention	Rachel Gidman	06.05.22	
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

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Workforce – Executive Director of People and Culture (Rachel Gidman)

Across the UK and in Wales there are increasing workforce challenges for healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services due to the pandemic, mass immunisation programme and urgent service recovery plans has led for an increasing need in clinical staff. There is now a sense that our workforce capacity is being stretched thinly in an attempt to cover the number of competing and simultaneous operational requirements that could be with us for some years to come.

The size and complexity of the workforce challenge is such that addressing it will require holistic and sustained action across the system on leadership, culture, workforce planning, pay, education, well-being, retention and transforming ways of working (hybrid and flexible working). (See linkage to BAF: Leading Sustainable Culture Change and Employee Well-being).

Risk **Date added: 6.5.2021**	There is a risk that the organisation will not be able to attract, recruit and retain people to work in our clinical teams to deliver high quality care for the population of Cardiff and the Vale.
Cause	• The pandemic, Winter and the Recovery Plan has placed significant pressure on our workforce. Demand for staff has been significantly higher than the supply which has meant that our existing teams have been placed under extreme pressure since March 2020. • The increased demand across the NHS has left a shortage of people with the right skills, abilities and experience in many professions/roles which has created a more competitive market. • National shortages in some professions has made it difficult to attract people with the right skills/experience and in the numbers required, for example: - Registered Nurses. - Medical staff in certain specialties (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP). • Turnover has increased. Turnover continues to rise across the UHB and is now at 13%, over 3% higher than the pre-pandemic rate. • Sickness absence remains high at just over 7% which is 2% higher than pre-pandemic. The rate is stabilising but is still very challenging. Significant operational pressures across the whole system since March 2020 has impacted negatively on the health and wellbeing of our staff. • The development of our existing workforce has reduced as a direct result of the pandemic and the significant operational pressures, which is impacting negatively on retention.
Impact	• Negative impact on our people and our teams, as a result we are experiencing: - High levels of sickness absence; - High levels of turnover; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. bank, agency, locums, etc; - Poor compliance with statutory and mandatory training; - Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning. - Lack of capacity to upskill and develop our current workforce.

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	• Negative impact on quality of care provided to the population. Inability to meet on-going demands of both pandemic, Winter and the Recovery plan.		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• People and Culture Plan with robust processes to monitor progress against the key deliverables. • The Workforce Hub Steering Group meet weekly to monitor progress with recruitment to deliver the Recovery and Redesign plan, and provide assurance. • A Workforce Resourcing Team, supported by the well-established Nurse Resourcing Team is now well established. Focusing on improving attraction, recruitment and retention. • Retention Plan. • The People Services Team have changed its operating model to provide specialist advice and support aligned to the organisation's priorities, e.g. reducing sickness absence, reducing formal ER cases, effective change management, etc. • All Wales International Nurse Recruitment Campaign. • Welsh Government Campaign *Train, Work, Live* to attract for Wales – GP, Doctors, Nursing and Therapies. • Medical International recruitment strategies reinforced with BAPIO OSLER and Gateway Europe. • Medical Training Initiative (MTI) 2-year placement scheme via Royal Colleges. • Medical Workforce Advisory Group (MWAG) progress and monitor employment matters that directly affect our Medical & Dental staff. • Medical and Dental Bank in place to increase the supply of doctors, maintain quality and reduce costs. • E-Job Planning system in place to ensure Consultants and SAS Doctors have their job plans reviewed and approved annually. • E-Rostering Programme Board meet monthly to ensure the roll out of the new e-rostering system is progressing as outlined in the plan. • Health & Wellbeing strategy monitored through the strategic Health & Wellbeing Group.		
Current Assurances	• Robust monitoring of People and Culture Plan KPI's at Strategy and Delivery Committee and Board. (1) (2) • Effective partnership working with Trade Union colleagues (WPG, LPF). (1) (2)		
Impact Score: 5	Likelihood Score: 4	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Ability to on-board International nurses at pace due to Visa processing Workforce Supply. Workforce supply affected by National Shortages.		
Gap in Assurances			

Actions	Lead	By when	Update since March 2022
1. International Nurse Recruitment Campaign	Rachel Gidman	31.05.22	75% of the required Nurses have been offered positions.

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2. Roll out of the new Nurse E-Rostering System 22/23, including Safe-Care Module and improved Bank App. functionality		Rachel Gidman	31.03.22	Complete
Impact Score: 5	Likelihood Score:2	**Target Risk Score:**		**10 (High)**

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Report Title:	Corporate Risk Register			Agenda Item no.	4.1
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	12th July 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				

Main Report
Background and current situation:

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

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

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

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

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

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

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

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

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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

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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:

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CORPORATE RISK REGISTER MAY 2022

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			
Medicine Clinical Board	1	01/03/2019	Patients are remaining on WAST ambulances for above the agreed 15 minute Welsh Government turn around time secondary to lack of capacity within the Directorate and UHB. This results in delays for patient assessment and treatment with the potential to cause patient harm.	5	5	20	When patient arrives by WAST, patient is booked in and major assessment nurse (MAN) is alerted to immediately triage patient and handover taken. If there is any change in the patient's condition, the WAST crew will immediately inform the MAN. All non paramedic crews are assesseed by the Triage Nurse/Majors Assessment Nurse to ensure a patient clinical assessment is conducted.Concern by either party about the length of any delay or the volume of crews being held will be escalated by the Senior Controller/EU NIC to the Patient Access for usual UHB escalation procedures, or by WAST to their Silver Command. WAST have introduced a number of hospital avoidance initiatives with some evidence this has reduced ambulance transfers. Protection of Resus capacity when possible including one buffer. For patients arriving in UHW and UHL assessments units, the NIC will assess these patients and escalate in line with policy. Standard Operating Procedure in place within the Emergency Department to support any 'Immediate Releases' requested by WAST. Update December 21: Joint CB/ WAST partnership meetings in place to focus on improvements. The Clinical Board is engaged with the NRI process for reporting incidents where WAST delays have resulted in major patient harm. Update Transformational work being undertaken across Acute and Emergency Medicine to support flow, including RATZ, virtual ward.	5	4	20	Daily review and risks noted within Safety Huddles and EU Controller reports. Escalated to MCB Hub and Patient Access Services. Evaluation of Standard Operating Procedure to reflect any changes required. WAST Immediate Release Standard Operating Procedure in use to support 'Red' calls in the community. Update December 2021: OPAT accross both UHW and UHL to support WAST and patient flow.	5	2	10	Jun-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety
	2	01/01/2021	The ability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment is resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	25	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	20	Medical staffing reviewed as part of the daily LCC meetings with ongoing planning to ensure safe staffing.	5	2	10	Jul-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patienty Safety and Workforce
	3	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	Jul-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Patient Safety and Planned Care Capacity

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Specialist Services Clinical Board	4	Jan-16	**Critical Care - Bed Capacity** Due to an inadequate bed capacity there is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner. Where demand exceeds capacity patients are cared for in inappropriate settings such as Recovery Area, Emergency Department and ward areas and patients may be discharged at risk to generate capacity. This risk of dealyed admission to Critical Care Dept or care in inappropriate settings could lead to increased morbidity and mortality, increased re-admisison rates, longer hospital length of stay and a failure to adhere to national standards and guidelines. A resumption of pre-pandemic service levels and a restoration of previous clinical area configurations will lead the risk level to increase to its previously elevated level.	5	5	**25**	Highlight patients to Patient Access for discharge to ward areas Additional footprint identified for more Critical Care capacity Funding has been granted by the Executive Team for 6 additional Level 3 equivalent beds in CC and these have been commissioned recently. The unprecedented demand during the current Covid19 Pandemic has resulted in a temporary increase in the unit footprint and capacity which has ameliorated this issue whilst at the same time exacerbating the Crtitical Care workforce risks detailed elsewhere.	5	4	**20**	Continue to work with Patient Access and Health Board to have more effective discharge processes in place. Not all of the recommended staff are being supported at this time. Increase Patient Flow role to 7 days per week	5	2	**10**	Jul-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Patient Safety Planned Care Capacity
	5	Jul-20	**Critical Care - Clinical Environment** There is a risk that patients admitted to the Critical Care Department will not receive care in an environment that is suitable for purpose due to a number of facility shortcomings resulting in patient safety risks including serious harm and death. The normal capacity is 35 beds with a single isolation cubicle. Analysis shows that the stated normal capacity is inadequate for the population served and needs to increase to 50 beds. The number of isolation cubicles is significantly below national guidelines and presents serious Infection Control & Prevention risks. The Covid19 crisis has led to a temporary increase in capacity to 44 beds however the isolation cubicle capacity remains at 1. There is no air handling available on the unit which results in there being no means to manage airborne infection risk or manage ambient temperatures. This exacerbates the IP&C risks and also compromises the care of patients where temperatiure is a critical concern. The well being of staff working in the environment is also compromised leading to issues of heat exhaustion and collapse secondary to dedydration. The inadequate size of the facility footprint leads to there being inadequate space for all non-clinical areas including office space, consumable storage, clean utility area, dirty utility areas, equipment storage, phamaceutical storage, device storage and management hubs areas.	5	5	**25**	The clinical area is divided into zones to where patients are grouped according to IP&C risk to reduce the risk of cross-infection. Staff entering the clinical area are required to wear full PPE to reduce the risk of cross-infection.	5	4	**20**	There is an urgent need for a capital investment program and business case developed to address this need.	5	2	**10**	Jul-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Patient Safety Capital Assets
	6	Jan - 2010	**Haematology and Immunology - Clinical Environment** There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	**25**	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green). HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved.	5	4	**20**	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	**5**	Feb-22	Strategy and Delivery Committee	Planned Care Capacity
Workforce and Organisational Development	7	Feb-22	**Risk: Risk to planned care capacity due to loss of agility in operational decision making if e-rostering capability lost through failure to renew contract in June 22.** **Impact: Inability to roll out the e-rostering system resulting in poor rostering practices and continuing high staff costs. In addition we will not have access to live workforce data with an adverse impact on operational planning .**	5	4	**20**	**Reversion to the rostering procedures in place before the E-Rostering capability was adopted.**	5	4	**20**	**Business case submitted to BCAG in Dec 2021 but decision stalled due to prevailing financial situation.**	5	2	**10**	Jun-22	Strategy and Delivery Committee Quality and Safety Committee	Workforce Planned Care Capacity

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Report Title:	**Seasonal Flu programme 2021/22 Summary of Performance and Planning for 2022/23**				Agenda Item no.	4.2
Meeting:	Strategy and Delivery Comittee	Public	x		Meeting Date:	12.07.2022
		Private				
Status *(please tick one only):*	Assurance		Approval		Information	✓
Lead Executive:	**Executive Director of Public Health**					
Report Author (Title):	**Consultant in Public Health**					

Main Report
Background, current situation and plan for the flu vaccination programme in 2022/23:

1. **Background**:

Influenza vaccination is the best protection we have against an unpredictable virus that can cause severe illness and death each year. This year's influenza vaccination programme has been one of the most challenging we have had over past years as a consequence of a significantly extended programme and an ever-changing operational landscape due to the ongoing Covid-19 pandemic. Flu vaccination has been delivered to a large proportion of the Cardiff and Vale population, despite the pressures of a global pandemic.

The planning, delivery and evaluation of this complex programme is currently led strategically by Cardiff and Vale Local Public Health team with operational delivery through all Clinical Boards. Delivery routes include through Primary Care (General Practices and Community Pharmacies), the school health nursing team, occupational health, UHB Flu Leads and Flu Champions as well as the mass vaccination programme team. There are several planning groups spanning the various elements of the programme (e.g. school health, Primary Care, UHB staff), which to date has been overseen by the Cardiff and Vale Immunisation Steering Group.

From June 2022, the Immunisation Operational Board (led by Children & Women and PCIC Clinical Boards) will be responsible for the operational delivery of the flu programme. However, transitional arrangements will be in place in the lead up to the 2022/23 flu season prior to full integration into the work of the Immunisation Operational Board.

2. **Current situation:**

- **Summary of 2021/22 Flu Programme:**

The priority groups for flu vaccination were set out in Welsh Health Circulars 2021 (004)[1] and 2021 (019)[2] alongside the Welsh Government's ambitions for uptake.

Co-administration of flu and Covid-19 vaccine for the general population was generally not possible during 2021/22 as flu vaccine was predominantly ordered by and delivered in General Practice and Community Pharmacy (as part the GMS contractual agreement) whereas the majority of Covid-19 vaccination was delivered through Mass Vaccination Centres. Even where Covid-19 was delivered to some priority groups in General Practice and Community Pharmacy (e.g. people aged 80 years and over), the logistics and practicalities of the Covid-19 vaccine (e.g. the 15-minute observation

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[1] The national influenza immunisation programme 2021 to 2022 (WHC/2021/004)
[2] The national influenza immunisation programme 2021 to 2022 (WHC/2021/019)

period) made co-administration a challenge. We were able to co-deliver to UHB staff members and this worked well, providing flu and covid-19 vaccination simultaneously to over 5,000 staff members.

This year saw more than double the flu vaccinations delivered through Community Pharmacy sites – over 25,000 vaccinations were delivered by 103 Community Pharmacies compared to just under 12,000 vaccinations in 2020/21. Historically, community pharmacies have generally delivered flu vaccine to people aged under 65; however, this year a greater proportion of flu vaccines were delivered by community pharmacy to people aged 65 years and over.

- **Summary of Vaccination Coverage / Uptake during 2021/22:**

Data on uptake is collated and reported by Public Health Wales (PHW) in the Influenza Vaccine Online Reporting (IVOR) data. A summary of uptake across eligible groups against the Wales average is shown in Table 1. The figures presented are based on provisional data from PHW as at 28 April 2022. Final figures will be reported in the annual report produced by PHW later in 2022. Health Board comparison data is shown in Appendix 1.

Table 1: Summary of Uptake across eligible groups in Cardiff and the Vale of Glamorgan and Wales.

Eligible Group	2021/22 Uptake in Cardiff and Vale*	2021/22 Uptake across Wales*
65 years and over	76.1%	78.0%
6 months to 64 years at risk	41.9%	48.2%
50 to 64 years	39.3%	42.4%
Children aged 2 or 3 years	44.5%	47.6%
Primary School-aged children (Reception to Year 6)	60.6%	68.7%
Secondary school aged children (Years 7-11)	57.3%	58.2%
NHS Wales Healthcare workers (direct/patient contact)	52.9%	57.2%
Pregnant	87%***	-
Social Care Workers	1,046**	9866**

*Provisional data from PHW as at 28 April 2022
**No denominator available in 2021/22
***Uptake from point of delivery audit January 2022

All Health Boards saw a reduction in uptake across all eligible cohorts. However, amongst people aged 65 years and over, excellent levels of uptake were maintained in CVUHB with **over 75%** vaccinated. Uptake ranged across Primary Care Clusters from **54.6%** in City and South Cluster to **84.0%** in Western Vale highlighting inequities across our region.

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Uptake in clinical risk groups aged under 65 years is a complex arena given variation between risk groups as well as variation in uptake between Primary Care Clusters. Despite concerted efforts by all, and targeted communications, uptake remained at **41.9%** overall across the Health Board, and

was below the national average uptake (**48.2%**). Uptake in Clusters ranged from **32.3%** in City and Cardiff South to **54.4%** in Western Vale.

Uptake for UHB-employed frontline staff reduced significantly this season to **52.9%,** as it did in all other Health Boards across Wales (the Welsh average was **57.2%).** Unfortunately, the busy workloads of many Flu Champions, a vital aspect of the staff flu programme, was such that many were unable to offer their flexible approach to offering vaccination to their colleagues.

This season saw the inclusion of secondary aged pupils alongside primary-aged pupils in the national programme: 192 schools were visited and catch-up sessions were arranged. Uptake amongst Primary school-aged children was lower than the previous season (**60.6%**). Cardiff and Vale UHB became the first Health Board in Wales to implement digital consent across the entire school flu programme.

For two to three-year olds, uptake exceeded **50%** in 3 of the 9 Primary Care Clusters and ranged from **64.1%** in Cardiff West to **21.5%** in City and Cardiff South. Our overall Health Board uptake was **44.5%**, which compares to a Welsh average of **47.6%.**

There is no denominator for social care staff / carers, so a percentage uptake cannot be calculated. PHW data indicate that just **over 1,000** social care staff have been vaccinated. We know from the Covid-19 vaccination programme that the number of social care staff is much higher than this figure. Community Pharmacies report that uptake has been generally poor amongst this group.

3. Plan for the 2022/23 flu vaccination programme:

The 2022/23 flu plan and the Covid-19 vaccination plan will be aligned to form a *Winter Respiratory Virus Vaccination Plan* in line with Welsh Health Circular 2022 (010) and interim / final Joint Committee for Vaccination and Immunisation (JCVI) advice for the autumn booster programme, to be developed and overseen by the newly established Immunisation Operational Board. Co-administration of flu and Covid-19 vaccines will be offered and delivered where possible including for UHB staff and other eligible groups.

Welsh Government has confirmed it will include secondary school aged children (Years 7-11 inclusive), and all those from the age of 50 and above in the 2022/23 flu programme in line with JCVI advice. This early notification to the service is welcomed. There is a risk to the programme from lack of alignment of eligible cohorts with England[3] (where 50-64 year olds and secondary aged children will not be eligible for vaccination) which will need to be factored into planning and public communications. We will continue to liaise and contribute to national discussions to keep abreast of developments and opportunities.

Delivery plan priorities for 2022/23 to increase uptake in Cardiff and Vale UHB have been agreed by the Flu Planning Group and include:

Primary Care:

- Identification of Clusters and practices with low uptake - particularly those in areas of disadvantage - and support to implement evidence-based practice to improve uptake
- Working with Clusters and Practices (pending Covid-19 delivery plan), to identify opportunities for co-administration with Covid-19 vaccination
- Use of community venues for flu vaccinations where possible
- Ordering additional supplies of flu vaccine to meet expected increase in demand

[3] National flu immunisation programme 2022 to 2023 letter - GOV.UK (www.gov.uk)

Sa/PPC/03/22 Item 3.1 Annex 1
06/01/2022 - 11:11:13

Two and three year olds:

- Implementation of further work with Flying Start Childcare settings to improve uptake amongst 2 and 3 year olds

Communications:

- An updated local winter vaccination communications plan in line with the national PHW communications plan

UHB Staff Programme:

- Co-delivery of flu and Covid-19 vaccinations for the majority of staff
- Revised Staff Winter Vaccination Policy
- Continuation of the UHB staff Flu Champion Peer Vaccinator model, to ensure coverage of Flu Champions to include wider professional groups (such as Allied Health Professionals)
- Monitoring of uptake at departmental level
- Continued electronic consent and recordng via WIS
- Ordering additional supplies of flu vaccine to meet expected increase in demand

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

Key issues:

- **Commitment and resilience of staff during the 2021/22 flu vaccination programme:**

The 2021/22 flu vaccine season was a particularly challenging one for staff and delivery settings due to the difficult conditions and staffing issues caused by the need to respond to the surge in Covid-19 vaccination in December 2021 as a result of the Omicron variant. This was coupled with a significantly extended flu vaccination programme.

- **Health inequities in vaccination uptake:**

The Cardiff population is unlike the rest of Wales, in that it is highly mobile with a high percentage of the population from an ethnic minority (and non-English/non-Welsh speaking) background. There is variation in flu vaccine uptake by ethnicity and geographical area with uptake generally lower in the 'southern arc' of Cardiff and amongst ethnic minorities. It is important that we tailor communications and delivery models to groups where we know uptake is generally lower in order to reduce health inequities.

- **Importance of high flu vaccination uptake amongst eligible groups:**

We need to be prepared for higher levels of influenza activity in 2022/23 and the possibility that it could be a more severe influenza year, with more of the population susceptible to influenza given the low levels in previous seasons. Protecting those who are at-risk of co-infection with flu and COVID-19 will remain a key priority in Cardiff and Vale of Glamorgan in 2022/23.

- **Priorities for the 2022/23 flu vaccination programme:**

Uptake of the flu vaccine should be maximised in 2022-23 – particularly amongst those in clinical at-risk groups and children aged two to three years of age. We need to work to increase uptake across all eligible groups to exceed uptake levels achieved prior to the pandemic.

- **Co-delivery of flu and covid-19 vaccines:**

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We observed 'vaccine fatigue' during 2021/22 amongst the general population alongside the perception that flu is a less serious disease. As a result, where people were eligible for both flu and Covid-19 vaccines, the Covid-19 vaccine was prioritized. This underpins the importance of co-delivery during 2022/22 where this is possible and practical, for example for health and social care staff.

- **Planning for 2022/23 flu vaccination programme:**

There has been a great deal of learning as a result of delivering two major vaccination programmes during the winter months to protect against respiratory viruses. This learning will be used to develop a revised plan which by implemented through a new governance structure for immunisations. For 2022/23, we will deliver a single winter respiratory vaccination programme, which will bring together all delivery partners and offer co-administration of vaccines where possible.

Recommendation:

The Strategy and Delivery Committee is asked to:

- **NOTE** the UHB's uptake of flu vaccination during 2021/22; including the expansion of the programme to the secondary school age cohort and all people aged over 50 years.
- **SUPPORT** the pan UHB implementation of actions to improve uptake in flu vaccination rates in 2022/23 in line with national priorities and ambitions

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

Stakeholders Nathan 05/07/2022 10:41:00

Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

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

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Appendix 1: Uptake of flu vaccination amongst eligible groups across Health Boards in Wales during 2021/22

(Data extracted from Influenza Vaccine Online Reporting on 26/04/2022. This is provisional data and subject to minor changes following publication of the annual flu report by PHW)

Table 8. Uptake of influenza immunisation in patients aged 50y and older, aged 6m to 49y at clinical risk, aged 65y and older, and aged 6m to 64y at clinical risk, data correct as at 26/04/2022, by Local Authority.

Local Authority	Patients aged 50y to 64y			Patients aged 6m to 49y at risk			Patients aged 65y and older			Patients aged 6m to 64y at risk			Data submission rate*		
	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)	Practices submitted (n)	Total Practices (n)	Submission rate (%)
Aneurin Bevan UHB															
Blaenau Gwent LA	7,009	15,682	44.7	2,450	5,896	41.6	11,029	14,401	76.6	6,064	11,537	52.6	11	11	100.0
Caerphilly LA	17,402	38,983	44.6	5,550	14,381	38.6	29,161	37,246	78.3	13,944	27,316	51.0	21	21	100.0
Monmouthshire LA	13,771	23,869	57.7	3,239	6,484	50.0	22,059	25,818	85.4	8,320	13,190	63.1	12	12	100.0
Newport LA	14,545	31,251	46.5	5,145	12,127	42.4	21,461	27,226	78.8	11,610	22,159	52.4	17	17	100.0
Torfaen LA	9,274	20,189	45.9	3,297	7,900	41.7	15,883	19,869	79.9	7,763	14,796	52.5	11	11	100.0
Health Board Total	**62,001**	**129,974**	**47.7**	**19,681**	**46,788**	**42.1**	**99,593**	**124,560**	**80.0**	**47,701**	**88,998**	**53.6**	**72**	**72**	**100.0**
Betsi Cadwaladr UHB															
Anglesey LA	6,731	14,759	45.6	1,931	4,569	42.3	14,219	17,443	81.5	5,058	9,219	54.9	10	10	100.0
Conwy LA	11,021	26,300	41.9	2,562	7,086	36.2	24,277	31,197	77.8	7,390	14,786	50.0	16	16	100.0
Denbighshire LA	10,299	22,809	45.2	2,491	7,192	34.6	19,357	24,829	78.0	6,977	14,388	48.5	14	14	100.0
Flintshire LA	15,640	33,695	46.4	4,424	10,682	41.4	26,844	32,524	82.5	11,057	20,698	53.4	20	20	100.0
Gwynedd LA	11,686	26,111	44.8	3,045	8,204	37.1	21,836	28,337	77.1	7,634	15,495	49.3	18	18	100.0
Wrexham LA	13,231	31,055	42.6	4,184	10,776	38.8	24,511	29,907	82.0	10,292	20,304	50.7	19	19	100.0
Health Board Total	**68,608**	**154,729**	**44.3**	**18,637**	**48,509**	**38.4**	**131,044**	**164,237**	**79.8**	**48,408**	**94,890**	**51.0**	**97**	**97**	**100.0**
Cardiff and Vale UHB															
Cardiff LA	26,822	67,960	39.5	9,198	29,764	30.9	43,209	57,083	75.7	21,182	50,646	41.8	46	46	100.0
Vale of Glamorgan LA	11,248	28,799	39.1	2,751	9,504	28.9	22,287	29,029	76.8	7,372	17,571	42.0	14	14	100.0
Health Board Total	**38,070**	**96,759**	**39.3**	**11,949**	**39,268**	**30.4**	**65,496**	**86,112**	**76.1**	**28,554**	**68,217**	**41.9**	**60**	**60**	**100.0**
Cwm Taf Morgannwg UHB															
Bridgend LA	15,945	35,320	45.1	4,182	12,751	32.8	27,328	33,984	80.4	11,429	24,454	46.7	16	16	100.0
Merthyr Tydfil LA	4,349	12,891	33.7	1,442	5,089	28.3	8,221	11,862	69.3	3,856	9,552	40.4	7	7	100.0
Rhondda Cynon Taff LA	18,414	51,372	35.8	5,769	19,682	29.3	37,077	48,883	75.8	15,439	37,168	41.5	26	26	100.0
Health Board Total	**38,708**	**99,583**	**38.9**	**11,393**	**37,522**	**30.4**	**72,626**	**94,729**	**76.7**	**30,724**	**71,174**	**43.2**	**49**	**49**	**100.0**
Hywel Dda UHB															
Carmarthenshire LA	16,317	39,792	41.0	4,107	12,832	32.0	33,681	43,510	77.4	11,886	25,379	46.8	23	23	100.0
Ceredigion LA	8,190	20,270	40.4	2,047	5,292	38.7	17,199	23,702	72.6	5,481	11,014	49.8	12	12	100.0
Pembrokeshire LA	11,650	27,491	42.4	2,822	8,211	34.4	23,967	31,412	76.3	7,835	16,674	47.0	13	13	100.0
Health Board Total	**36,157**	**87,553**	**41.3**	**8,976**	**26,335**	**34.1**	**74,847**	**98,624**	**75.9**	**25,202**	**53,067**	**47.5**	**48**	**48**	**100.0**
Powys Teaching HB	**12,686**	**32,714**	**38.8**	**3,186**	**8,188**	**38.9**	**28,949**	**38,440**	**75.3**	**8,889**	**17,467**	**50.9**	**16**	**16**	**100.0**
Swansea Bay UHB															
Neath Port Talbot LA	12,612	29,655	42.5	3,885	10,152	38.3	23,552	29,804	79.0	9,894	20,116	49.2	20	20	100.0
Swansea LA	20,020	49,967	40.1	6,652	17,357	38.3	39,769	50,833	78.2	15,960	32,843	48.6	29	29	100.0
Health Board Total	**32,632**	**79,622**	**41.0**	**10,537**	**27,509**	**38.3**	**63,321**	**80,637**	**78.5**	**25,854**	**52,959**	**48.8**	**49**	**49**	**100.0**
Wales Total	**288,862**	**680,934**	**42.4**	**84,359**	**234,119**	**36.0**	**535,876**	**687,339**	**78.0**	**215,332**	**446,772**	**48.2**	**391**	**391**	**100.0**

Data source: General Practice data collected through Audit+ Data Quality System.

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Appendix 1: Uptake of flu vaccination amongst eligible groups across Health Boards in Wales during 2021/22 (Cont'd)

Table 9a. Uptake of influenza immunisation in children aged 2 & 3 years, by Health Board, as at 26/04/2022.

Health Board	Children aged 2 & 3 years		
	Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	6573	13063	50.3
Betsi Cadwaladr UHB	6955	13557	51.3
Cardiff and Vale UHB	4938	11103	44.5
Cwm Taf Morgannwg UHB	4137	9787	42.3
Hywel Dda UHB	3379	7179	47.1
Powys Teaching HB	1453	2486	58.4
Swansea Bay UHB	3418	7657	44.6
Wales	**30853**	**64832**	**47.6**

* Cwm Taf Morgannwg UHB are continuing the delivery of the live attenuated influenza vaccine through nursery school sessions during 2020/21.

Table 10i. Uptake of influenza immunisation in primary school children aged 4-10y in school immunisation sessions (data provided by Health Board up to 18/04/2022) – data refer to school sessions carried out so far.

Health Board	Primary Schools visited (n)	Children aged 4-10 (Reception to Year 6 classes)		
		Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	195	31950	48134	66.4%
Betsi Cadwaladr	281	36688	52809	69.5%
Cardiff and Vale UHB	155	24277	40032	60.6%
Cwm Taf Morgannwg UHB	183	25818	36081	71.6%
Hywel Dda UHB	199	20551	27816	73.9%
Powys Teaching HB	120	6972	9573	72.8%
Swansea Bay UHB	141	20775	28699	72.4%
Wales	**1274**	**167031**	**243144**	**68.7%**

Table 11f. Uptake of influenza immunisation in high school children aged 11-15y in school immunisation sessions (data provided by Health Board up to 18/04/2022) – data refer to school sessions carried out so far.

Health Board	Secondary Schools visited (n)	Children aged 11-15 (Year 7 to 11 classes)		
		Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	39	18354	33171	55.3%
Betsi Cadwaladr	10	19471	38160	51.0%
Cardiff and Vale UHB	37	15596	27217	57.3%
Cwm Taf Morgannwg UHB	47	14749	25899	56.9%
Hywel Dda UHB	38	13363	20697	64.6%
Powys Teaching HB	24	5066	7370	68.7%
Swansea Bay UHB	33	14410	21114	68.2%
Wales	**228**	**101009**	**173628**	**58.2%**

Table 13a. Uptake of influenza immunisation in Welsh Health Board & NHS Trust staff until the end of March 2022

Health Board	Total Staff			Staff with direct patient contact[1]		
	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	8234	14141	58.2	5786	9714	59.6
Betsi Cadwaladr UHB	11126	18634	59.7	7823	13076	59.8
Cardiff and Vale UHB	8512	16365	52.0	6145	11550	53.2
Cwm Taf Morgannwg UHB	7259	11635	62.4	4952	7773	63.7
Hywel Dda UHB	5916	10859	54.5	3999	7419	53.9
Powys Teaching HB	1201	2297	52.3	819	1470	55.7
Swansea Bay UHB	7187	13250	54.2	4935	9052	54.5
Velindre NHS Trust	1031	1657	62.2	527	869	60.6
Welsh Ambulance Service NHS Trust	1637	4252	38.5	-	-	-
Public Health Wales NHS Trust	1151	2491	46.2	413	944	43.8
Wales	**53254**	**95581**	**55.7**	**35399**	**61867**	**57.2**

[1] Combined figures for: Additional Prof Scientific and Technical, Additional Clinical Services, Allied Health Professionals, Medical and Dental, Nursing & Midwifery Registered staff groups.

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