Public Strategy and Delivery Meeting

Tue 24 January 2023, 09:00 - 12:30

Agenda

09:00 - 09:10
10 min

1. Standing Items

Michael Imperato

1.1. Welcome & Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes of the previous meeting held: 15.11.22

1.4 Draft Public SD Minutes NovemberMD.NF.pdf (14 pages)

1.5. Action Log following the previous meeting: 15.11.22

1.5 Public SD Action Log JanuaryMD.NF.pdf (2 pages)

1.6. Chairs Actions since previous meeting

09:10 - 10:55
105 min

2. Items for Review and Assurance

2.1. Shaping Our Future Wellbeing Strategy

2.1.1. Strategic Portfolio Update – Flash Reports and Strategy Refresh

Abigail Harris

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

2.1.2. Key Workforce Performance Indicators

Rachel Gidman

a) People and Culture Plan Update

2.1.2 People Dashboard.pdf (7 pages)
2.1.2a WOD KPI Report Nov-22.pdf (2 pages)
2.1.2b Progress against the People and Culture Plan.pdf (8 pages)
2.1.2b. Appendix 1 People and Culture Plan Flash Reports 2022.pdf (12 pages)
2.1.2b. Appendix 2 P&C Plan Indicators 2022-23.pdf (1 pages)

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2.1.3. Key Operational Performance Indicators

Paul Bostock

a) General Update on Cancer Services including rapid diagnostic centres
b) Deep Dive - Delayed Transfer of Care and work with Social Services
c) Deep Dive - Cost of Living Crisis Impact Upon Mental Health Services

- 2.1.3 Performance and Recovery report - Operational Indicators 24 01 23.pdf (9 pages)
- 2.1.3a Cancer Performance Slides.pdf (8 pages)
- 2.1.3b Medically Fit for Discharge Update.pdf (7 pages)
- 2.1.3c Cost of living impact slides (1).pdf (4 pages)
- 2.1.3c Housing Pressures Nov 2022.pdf (7 pages)

2.2. Strike Update

Paul Bostock

- 2.2 Industrial action Update.pdf (5 pages)

2.3. IMTP – to include: -

Abigail Harris / Marie Davies

a) Quarter 3 Update Presentation

- 2.3 IMTP Q3 assurance paper Jan 2023 v1.pdf (3 pages)
- 2.3. Appendix 1 IMTP QTR3 summary_master.pdf (20 pages)
- 2.3a Appendix 1 SOF Workforce - People dashboard.pdf (7 pages)
- 2.3b Appendix 1 SOF Workforce - KPI Trends.pdf (2 pages)
- 2.3c Appendix 1 SOF Workforce Flash Report_People & Culture Plan.pdf (12 pages)
- 2.3d Appendix 1 SOF Workforce - Progress against people & culture plan.pdf (8 pages)
- 2.3e Appendix 1 Tertiary Services - Welsh Health Circular.pdf (54 pages)
- 2.3f Appendix 1 Digital - Status Report.pdf (1 pages)
- 2.3. Appendix 2 22-23 IMTP Baseline.pdf (18 pages)

2.4. 2023/24 Decarbonisation Action Plan

Abigail Harris / Edward Hunt

- 2.4 Decarbonisation Action Plan.pdf (4 pages)
- 2.4a SandD Committee DAP 20230124.pdf (4 pages)

2.5. Board Assurance Framework

Nicola Foreman

- 2.5 BAF Covering Report.pdf (3 pages)
- 2.5a Capital Assets, IMTP 22-25, Staff Wellbeing.pdf (15 pages)

2.6. Break - 10 minutes

10:55 - 11:05
10 min

3. Items for Approval / Ratification

3.1. Kings Fund Report – Early Intervention

Fiona Kinghorn

The reports are published under the Supporting Documents section.

- 3.1 King's Fund Paper.pdf (5 pages)
- 3.1a Kings Fund Presentation.pdf (6 pages)

3.2. Policies:

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11:05 - 11:15
10 min

4. Items for Information & Noting

4.1. Corporate Risk Register

Nicola Foreman

- 4.1 Corporate Risk Register.pdf (4 pages)
- 4.1a Appendix A - S&D - Detailed Corporate Risk Register Entried - November 2022 Board Meeting.pdf (5 pages)

11:15 - 11:15
0 min

5. Any Other Business

11:15 - 11:15
0 min

6. Private Agenda Items

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

11:15 - 11:15
0 min

7. Review and Final Closure

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

Michael Imperato

7.2. Date & Time of the next meeting:

14 March 2023 via MS Teams

11:15 - 11:15
0 min

8. Declaration

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

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Unconfirmed Minutes of the Public Strategy and Delivery Committee Meeting Held On 15th November 2022 at 09:00am Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member – Legal/ Committee Chair
Present:		
Sara Moseley	SM	Independent Member - Third Sector
Rhian Thomas	RT	Independent Member - Capital & Estates
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Ceri Phillips	CP	Vice Chair of the UHB
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Director of Nursing
Geoff Walsh	GW	Director of Capital & Estates
Rachel Gidman	RG	Executive Director of People and Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Hannah Evans	HE	Programme Delivery Director – Non-Acute
Ed Hunt	ED	Programme Director – Redevelopment
Richard Skone	RS	Deputy Medical Director
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Timothy Davies	TD	Head of Corporate Business
Gary Baxter	GB	Independent Member - University
David Edwards	DE	Independent Member - ICT

Item No	Agenda Item	Action
S&D 15/11/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 15/11/002	**Apologies for Absence** Apologies for absence were noted.	
S&D 15/11/003	**Declarations of Interest** The Independent Member – Third Sector (IMTS) declared an interest as a member of the General Medical Council.	
S&D 15/11/004	**Minutes of the Meeting Held on 27 September 2022** The minutes of the Committee meeting held on 27 September 2022 were received.	

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	The CC advised the Committee that **The Committee resolved that:** a) The minutes of the Committee meeting held on 27 September 2022 were approved as a true and accurate record of the meeting.	
S&D 15/11/005	**Action Log following the Meeting held on 27 September 2022** The Executive Director of Strategic Planning (EDSP) advised the Committee that action 12/09/007 was regarding the conversation in relation to engaging Patients in the most deprived communities and the Engagement Lead vacancy. The EDSP added that the Engagement Lead would be an expert in engagement and an advisor to the Board. It was also a role that leaned into the Public Service Board. The EDSP was working with the People and Culture Team to ensure the job description was articulated properly. The EDSP expressed concern that she would not have someone in place when starting conversations regarding the Shaping our Future Wellbeing Strategy ("the Strategy") and that more external capacity may be required. The EDSP added that she had also received the refreshed guidance yesterday. It looked similar to the previous one. **The Committee resolved that:** a) The Action Log from the meeting held on 27 September 2022 was noted.	
S&D 15/11/006	**Chairs Action** The Adoption of the All Wales Guidelines for Managing Industrial Action was received. **The Committee resolved that:** a) The Chair's Action taken to formally adopt the NHS Wales Guidelines for Managing Industrial Action on 2 November 2022, noting that the Guidelines have been very slightly amended as stated in the body of the report, was ratified.	
	Items for Review and Assurance	
S&D 15/11/007	**Shaping Our Future Wellbeing Strategy** The EDSP advised the Committee members that the Strategy update work was progressing and questions were being tested. There was a steering group in place, with the view that more detailed engagements would start in January 2023. The refreshed Strategy would go to Board in March 2023.	EDSP

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	The Committee resolved that: a) The Shaping Our Future Wellbeing Strategy was noted	
S&D 15/11/008	**Strategic Delivery Programme updates - Flash Reports** The EDSP presented the Strategic Delivery Programme updates - Flash Reports and highlighted the following: 1. Shaping our Future Population Health • That was currently at a green status. 2. Shaping our Future Community Services/ at Home Programme • That was currently at a green status. 3. Shaping our Future Clinical Services • That was at an amber status. • The Programme Board had met for the first time a few weeks ago and good discussions had taken place regarding the 10-year strategic plan for the service. • A series of workshops would take place to discuss high-level Clinical service plans. • Welsh Government (WG) wanted to undertake a review of the Clinical service model as described in the business case for Our Future Hospital. The terms of reference were drafted and should be signed off by WG. That would mean that WG would fund the review. • The Tertiary service work was at an amber status due to the volume of work. There had been a delay in getting a joint workshop with Swansea Bay which was now taking place next week. 4. People and Culture • That was at an amber status. 5. Digital • That was at an amber status. The IMTS queried whether WG, having commissioned a review, was hopeful in their likely support for the Future Hospitals plan. The EDSP responded that was correct. WG have said that the Health Board should proceed with the Strategic Business Outline Case (SOC). However, resources had not yet been received from WG to start the SOC. That would be kept at a high level.	

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	The Independent Member - Capital & Estates (IMCE) queried to what extent did the Health Board have the internal expertise that could be developed to do that work. Also, what costs would be entailed. The EDSP responded that the Health Board had good programme capability in-house but not programme capability with expertise in this field. There was also good capability within the Clinical side. A Project Director with expertise in construction and funding models was required. The Vice Chair of the UHB (VCUHB) queried whether there was a "plan b" if the current Shaping our Future Hospital was not successful and WG decided it was not the right approach. The EDSP responded that there was no plan b. However, the space the hospital currently occupied was designed in a different era and was far removed from current hospital compliance requirements which would need to be highlighted. The VCUHB stated that when the Minister visited the site, she was pleased that the Cardiff University had strong links with the Health Board. It would be good to give some thought involving the University in the Future Hospital programme. The EDSP responded that the Future Hospital Programme Board now included the Vice Chancellor of Cardiff University. Grant Thornton had undertaken work setting out the joint vision between the academic health sciences and Cardiff University. **The Committee Resolved that:** a) The Strategic Delivery Programme updates - Flash Reports were discussed and noted.	
S&D 15/11/009	**Key Workforce Performance Indicators -** *Deep Dive on statutory training & Values Based Appraisals* The Executive Director of People & Culture (EDPC) presented the Key Workforce Performance Indicators and highlighted the following: • The Health Board was trying to decrease fixed term roles and have more permanent roles instead. • Recruitment, retention and wellbeing were being worked on. • The retention rate was currently at 13%, which was high. There were areas in Surgery which were down to 11%. The People and Culture Team was focusing on what would make an individual stay and make their working lives better. A cultural piece of work was being undertaken in the Emergency Unit (EU). • There was a downward trend for sickness. It was coming down but not as low as hoped. • The People and Culture roadshow was being launched in the organisation. A series of masterclasses were being run regarding living costs.	

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	• There was a focus on VBAs and mandatory requirements. The IMTS queried whether exit interviews were being used and whether the information and trends gained from the same were being analysed. The EDPC responded that a piece of work was being done in the EU which her team was hoping to standardise across all Clinical Boards. The EDPC added that exit interviews were not as useful and instead staff would be asked at 3 months how they felt about the role. A more flexible approach was being undertaken. The IMTS responded that there are different types of exit questionnaires. For example, having more detailed discussions to be able to get richer information and data. That should be done in a manner that is confidential and safe. The EDPC responded that was done in the EU and staff were able to open up more about why they were leaving. The CC queried whether bench marking against other Health Boards could be done. The EDPC responded that she had the all Wales position. However, she would like to go broader and would bring that to the next Committee meeting. <u>Industrial action</u> • Many Unions had gone out to ballot as a result of the pay awards. • The Royal College of Nursing's ballot had come out first. • Unison, the Royal College of Midwives and others would close shortly in December. • There was a potential 3,500 RCN members that could vote in the organisation. 2,000 had voted and the majority at 93% have said yes to strike action. • The Health Board came out at 59.74% in favour of strike action. • The END and EDPC have been working on potential strike action for a number of weeks and a Task and Finish group had been initiated. • The Operations team have been working with Clinical Boards to see how strike action would affect the working day. • There were areas that could be exempt from striking and highlighted to the RCN. That would be agreed nationally and would then be adopted by the Health Board with its own nuances since it was a Tertiary hospital. • The RCN had to give 2 weeks' notice. • There was a good contingency plan in place which would be taken to SLB that week. • If Unison came out with a positive strike action, then RCN would go on strike again. That could affect 8,000 staff. That would mean	EDPC

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	that services could not be provided and WG would be informed of that. The CEO commented what was worrying was that it was not a marginal vote. That said something about how nursing staff were feeling. The CEO added that the Intensive Care Unit and Emergency Unit would not allow strikes. Some electives would also be taken down to support patients. **The Committee Resolved that:** a) The contents of the report were discussed and noted. b) The current position of the UHB and the steps outlined to achieve targets in both Values Based Appraisals and Statutory and Mandatory Training were noted.	
S&D 15/11/010	**Key Operational Performance Indicators** *a) Deep Dive on Cancer Services* *b) Deep Dive on Musculoskeletal & Primary liaison workers – Verbal* The Programme Delivery Director – Non-Acute (PDDNA) presented the Key Operational Performance Indicators and highlighted the following: <u>Urgent and emergency care system</u> • Attendances had continued to rise. There were 3,000 in October. • In order to help better manage the risk in the community, a zero-tolerance approach to 4-hour delays in ambulances had been initiated. • From early September, 30 Patients were waiting a week for 4 hours. That had now started to move focus to 3 hours. <u>Planned care</u> • There had been a focus on Ministerial targets to reach 52 outpatients by the end of December and 104 weeks by the end of March. • Since the last meeting, a new request had come from WG. That was - if the Health Board was unable to deliver the 52-week outpatient target by December, could assurances be given that no one would be waiting over 104 weeks. • There were 1,500 Patients that would be waiting over two years by the end of December. • The Operations team was engaged in national work and was speaking to other Health Boards so that they could support each other. <u>Deep dive on Cancer services</u> a) Internal Cancer standards: our ambition	

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- Internal standards have been set. The teams were not there yet. However, to become sustainable, they would need to be achieved.

b) Cancer performance

- The Health Board's performance had deteriorated.
- In 2019 and before Covid, the total waiting list was 800 patients. That had increased to 3,000 after Covid and was now at 2,400 Patients.
- Focus should be on a single pathway performance whilst the backlog was also tackled.

c) Immediate actions

- Strengthened oversight and visibility of Cancer services across the Health Board. A weekly oversight group had been established with the Directors of Operations in attendance and chaired by the COO. Roles and responsibilities across Cancer services have been confirmed.
- Better information and insight would be provided. For example, regular breach reports analysing main breach blockages in pathways would be produced.
- Immediate action on improving processes and pathways. There was a planned increase in Radiology and Pathology capacity to reduce backlog and turn around time.

d) Progress to date

- On 15 November the number of Patients waiting over 62 days was 429, a reduction from 800 at the end of September. Therefore, improvements were being made.

The IMCE queried how sustainable the efforts were and what the medium to long term plans were to resource Pathology properly.

The PDDNA responded that additional resources had been parachuted in. However, the Operations team was working on a plan to make it more sustainable. For example, the appointment of a new Pathologist. The challenge for the longer term depended upon where the regional work would land.

The IMTS stated that relationships needed to be built between the different teams. The IMTS also requested assurance that the dip was not taking place elsewhere.

The PDDNA responded that the eye was taken off the ball during the pandemic. The Health Board was not an outlier in that. The Health Board had been in a better place in terms of Cancer treatment and the focus was on getting back to that. PDDNA

The PDDNA also added that staff were welcoming the opportunity and renewed focus.

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	The UHBVC queried to what extent could the diagnostic centres contribute to the sustainability of the trajectory and in moving forward. The PDDNA responded that she would need to look into that and come back. The CEO stated there has been four different COOs in the Health Board, which had brought incoherence in that area of work. There was a more coherent leadership team this Autumn. The CEO added that the indicators were being looked at, whilst noting that they were being evolved all the time. There were assurance mechanisms in place. The CEO added that if there was a request about a dip in specific areas, that could be looked at but not as a whole as it was too broad. **The Committee Resolved that:** a) The year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes were noted. b) The Cancer Deep Dive was noted.	
S&D 15/11/011 Mohamed,Sarah 02/02/2023 14:01:34	**Shaping Our Future Wellbeing – IMTP 2023-2026** The EDSP presented the Shaping Our Future Wellbeing – IMTP 2023-2026 and highlighted the following: <u>Process</u> • It was agreed that the 2022-23 Annual Plan would be built upon. • This year would be different because of a new area plan for the RPB and new wellbeing plans from the service boards. • It would also need to reflect the re-invigorated regional planning focus. • WG was streamlining the planning guidance and more templates in a standardised format were expected from WG. • It was anticipated that the Annual Plan would be set out within a 3-year context. • The draft was due by early January 2023 for Board consideration. • The final draft would go to Board in March for submission to WG. <u>Priorities</u> • Cancer pathway needed to be improved to ensure timely access to definite diagnostics and treatment. • The whole system response to emergency and urgent care needed to be improved to ensure people were treated in the right place at the right time. • Maternity care and services for children with complex needs was a demanding area that was putting pressure on the system.	EDSP

	• There needed to be a focus on partnership actions and services to reduce the prevalence of preventable diseases and premature death. • Inclusion and diversity required embedding the anti-racist action plan and actively promoting inclusivity and diversity in the workforce to ensure Patients were cared for appropriately. Overall, the Annual Plan should be a document that the organisation could "own" and staff could see how they fit in. The DCG advised that the four priorities mentioned were risks on the BAF. The Cancer services and Maternity services had been added recently and that would be shared with the Board next week. **The Committee Resolved that:** a) The Shaping Our Future Wellbeing – IMTP 2023-2026 update was noted.	
S&D 15/11/012	**Capital Programme Update on Delivery 2022/23** The Director of Capital, Estates and Facilities (DCEF) presented the Capital Programme Update on Delivery 2022/23 and highlighted the following: • £750k was allocated to the Health Board by the Minister to complete work in the EU to improve the Patient and staff environment. • The Health Board had also received £750k for UHL boiler installation. • The Capital and Estates team had submitted a substantial bid of £14m to WG. It was unlikely that would be awarded and feedback was likely be received in December. That would mean pressure to spend by the end of the year. • The Capital and Estates team recently submitted a bid under the EFAB programme. That included an allocation of £20m by WG over 2 years. • The Capital and Estates team was hoping to hear the outcome of successful schemes in December. • The Genomics business case was in construction. It had been delayed over several months. • The Fracture Clinic was approved by the Board. Tenders had come in over where they were expected to be. A paper would be going to Capital Management Group on Monday. • The Minster was focused on schemes to do with Cancer and Orthopaedic services. The IMCE queried what was the risk regarding the overspend on Genomics and would that be received from WG. The DCEF responded that he was in discussions with WG about options to give £650k into this financial year. The Health Board might need to bring something from next year's discretionary capital forward.	

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	The CEO queried when the EU work would be done. The DCEF responded that the Patient showers would be completed at the end of the month. He was in discussion with users regarding their items. **The Committee Resolved that:** a) The content of the paper and the challenges faced by the Health Board as a result of the reduced level of funding, were noted. b) The in-year changes to the capital programme were noted. c) 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. d) The schemes that the UHB was developing through the Business Case process pending WG Approval, were noted.	
S&D 15/11/013	**Decarbonisation Sustainability Action Plan** 2.4.1 - Summary of submission to Welsh Government 2.4.2 - Draft Carbon Reduction Plan The Programme Director – Redevelopment (PDR) presented the Decarbonisation Sustainability Action Plan and highlighted the following: • The Plan was created, in light of the Audit Wales report (Public Sector Readiness for Net Zero Carbon by 2030) published in January 2022. • Audit Wales have “5 calls for actions” around decarbonisation to meet the Welsh Government’s (WG) ambition of a net zero Public Sector by 2030. • NHS Wales had targets – a 16% reduction by 2025 and a 24% reduction by 2030. • In 2021/22 Cardiff and Vale’s emission was 202,000. • Governance structures were now in place, with the first meeting to be held that month. • There would be funding from WG to fund Nurses and Therapists to provide leadership on the decarbonisation agenda. • Colleagues were also working with the Medical School and embedding decarbonisation into curriculum. • The diagram showed that 81% of carbon emissions came from supply chains and 18% from buildings. • Currently the Health Board did not have line of sight to the 16% target by 2025. • The way supply chain data was reported was flawed. What decarbonisation meant to the Workforce needed to be defined. <u>Next actions</u>	

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	• The Shaping our Future Wellbeing Strategy refresh needed to have a strong commitment to mitigation. • Decision making across the Health Board could include carbon as a consideration. • More healthy travel initiatives should be considered. • Grant funding to address energy efficiency might be available. <u>Health and wellbeing impact of climate change</u> • The impacts of carbon emissions would mostly be felt by the older and younger population. Also, people with disabilities and long-term health conditions. The Executive Director of Public Health (EDPH) stated there was lots of work to do to join up the strategic approach to climate. The IMCE queried whether sustainability and decarbonisation should be a part of the value-based appraisals. The EDPC responded that it would be useful to shape it under the Wellbeing Future Generation Act. Executives also had a sustainability responsibility. **The Committee Resolved that:** a) CVUHB's carbon emissions was noted. b) The submission made to WG regarding progress against the Sustainability Action Plan was noted. c) The most significant actions CVUHB taken regarding decarbonisation set against the Audit Wales calls for action were noted. d) A new decarbonisation action plan was in the early stages of development which would form part of the next IMTP and that early thinking on what that would contain was presented in the paper set against the Audit Wales 5 Calls for Action, was noted. e) There was no line of sight to the 2025 or 2030 targets and that radical action was needed to embed sustainability as a core responsibility and ensure delivery of the action plan, was noted.	
S&D 15/11/014	**Update on Kings Fund Report Early Intervention – Verbal** The EDPH advised the Committee on the following: • The Kings Fund was an independent charity. • The Health Board had requested a report on preventative approaches in Primary Community Care. It had taken this long to get a final report because there were challenges with some of the experts. • The final version would be brought to January's S&D meeting. **The Committee Resolved that:**	EDPH

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	a) The Kings Fund Report Early Intervention – Verbal Update was noted.	
S&D 15/11/015	**Winter Plan Update** The PDDNA presented the Winter Plan Update and highlighted the following: • Work had started in the Summer and lessons learnt had been considered. • There were a few summits in Autumn. It was signed off by SLB and Board in September. • The plan in place aligned with the policy directives in the 6 Goals for urgent and emergency care. • The plan was developed with the following indicators in mind: system performance challenges, long length of stay, medically fit patients. pressure outside the front door and the EU. • The roadshow involved going to different sites at the UHW. It did not reach as many people as desired but there were lots of good conversations and feedback. • A number of factors would affect the Winter including industrial action, future Covid waves, flu/respiratory demand, living costs and workforce availability. • A worst-case scenario of a 152-bed gap had been predicted between November and March. There would also be an approximate number of patients (circa 320) in hospital awaiting discharge. • It was predicted that ED demand would be higher than 2021, but lower than pre-Covid. <u>Addressing the challenges</u> • The plan was made up of a blended approach of capacity. • A key part of the plan is to look at different models of care. • Focusing on frailty was also key. A Frailty zone had opened in UHW. • There would be a focus on acute medicine model. Medical SDEC had been moved. • There was additional capacity for Third Sector organisations to help support Dementia Patients and their families.	

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	The UHBVC stated the Health Board should establish what actually happens and what can be implemented. The PDDNA responded that the challenge was recording new models of care. A dashboard focusing on that would be useful. **The Committee Resolved that:** a) The Winter Plan Update was noted.	
S&D 15/11/016	**Board Assurance Framework** The Board Assurance Framework (BAF) was presented. The DCG advised the Committee that the Committee had already discussed a lot of the items listed on the BAF and those items would need to remain on the BAF. The DCG added that 6 additional risks would be added to the BAF. Some of those would fall to this Committee to provide assurance to the Board. **The Committee resolved that:** **a)** The attached risks in relation to Emergency and Urgent Care, Workforce and Leading Sustainable Culture Change were reviewed. **b)** Assurance would be provided to the Board on 24th November 2022 on the management /mitigation of those risks.	
	Items for Approval / Ratification	
S&D 15/11/017	**Policies for approval** The following Policies for approval were received: • Business Continuity Policy • Adverse Weather – Heatwave Plan • Adverse Weather – Cold/Snow Plan **The Committee resolved that:** a) The Business Continuity Policy (UHB 50 Version 6) and associated Business Continuity Planning Guidance was approved; b) The Severe Adverse Weather Plan: Heatwave (UHB 063 Version 6) was approved; and c) The Severe Adverse Weather Plan: Cold Weather (UHB 095 Version 4).	
	Items for Information and Noting	

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S&D 15/11/018	**Corporate Risk Register** The Corporate Risk Register (CRR) was received. **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 15/11/019	**Any Other Business**	
	Date & time of next Meeting 24 January 2023 at 9am via MS Teams	

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Public Action Log

Following Strategy & Delivery Committee
Held on 15 November 2022
(Updated for the meeting on 24 January 2023)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 12/09/008	**Strategic Delivery Programme updates - Flash Reports - IMTP Quarter 2 Delivery Assurance:**	It was noted that the Head of Corporate Business would start working on a matrix of indicators that would demonstrate whether the CEO was leading on the accountability criteria identified.	**15.11.22**	Suzanne Rankin / Nicola Foreman	**Completed** Update provided at November meeting.
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.	**15.11.22**	Fiona Kinghorn	**Completed** Update provided at November meeting.
S&D 12/09/007	**Shaping Our Future Wellbeing Strategy**	Update to be provided on engagement with patients from the most deprived areas and update on Engagement Lead vacancy.	**24.01.23**	Abigail Harris	**Completed** Update provided at November meeting.
Actions In Progress					
S&D 15/11/009	**Key Workforce Performance Indicators**	To undertake and report on benchmarking against other Health Boards with regards to staff exit interviews/questionnaires.	**24.01.23**	Rachel Gidman	**Update on 24 January 2023** On January 2023 agenda – item 2.1.2

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CARING FOR PEOPLE
KEEPING PEOPLE WELL
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Cardiff and Vale University Health Board

S&D 15/11/010	**Cancer services**	Update on how the diagnostic centres could contribute to the cancer services trajectories.	**24.01.23**	Paul Bostock/Hannah Evans	**Update on 24 January 2023** On January 2023 agenda. Item 2.1.3a.
S&D 15/11/014	**Kings Fund Report**	Final version to be presented at S&D in January.	**24.01.23**	Fiona Kinghorn	**Update on 24 January 2023** On January 2023 agenda. Item 2.4
Actions referred to Board and/or Committees of the Board					
S&D 15/11/007	Shaping Our Future Wellbeing Strategy	Final strategy to go to Board in March 2023.	**March 2023**	Abigail Harris	Update in March 2023.
S&D 15/11/011	Shaping Our Future Wellbeing – IMTP 2023-2026	Final IMTP to go to Board in March 2023.	**March 2023**	Abigail Harris	Update in March 2023.

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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:	24th January 2023
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Abigail Harris – Executuve Director of Strategic Planning					
Report Author (Title):	Marie Davies – Deputy Director of Strategic Planning					

Main Report
Background and current situation:

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

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

In addition to overseeing the delivery of the strategic programmes, the SPSG is also maintaining 'line of sight' with the recovery portfolio and the critical enabling programmes of workforce, digital and infrastructure to ensure that dependencies 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. Current status, key progress, planned actions, risks and mitigations for each of the programmes are presented on the appended flash report

4. 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 regiobal outcomes framework to provide assurance.

Recommendation:

The Committee is requested to:

1. Note the progress and risks described in the Strategic Portfolio Flash Reports.

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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	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:
Board	26th Jan 2023

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Combined Programme Flash Reports - January

Strategic Portfolio

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

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Update: 3 Jan 2023

Shaping our Future Population Health (1 / 3)

Exec Summary: (end Q3 interim update)

- All programmes of work currently on track

Headline measures:

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

Overall Programme / Project Report

Programme/ Project Lead	Dr Tom Porter	Current Status	All programmes currently on track	Next Programme / Project Milestone:	See targets below
		Previous Status			

Summary project status		Done this quarter (Oct-Dec 22): *Interim Q3 update*	Targets for next quarter – Q4 (Jan-Mar 23):
Systematically tackle health inequalities	Green	• Preparatory work to devise a new strategic framework for C&VUHB to tackle inequalities in health outcomes, harm, experience and access for the organisation has commenced • Conversations with the Digital Team, Innovation Team, Public Health Wales and other partners to agree a measurement set to support the framework have been initiated • Multiagency Amplifying Prevention Delivery Board Subgroup has driven detailed development of the action plan, with expected community and workplace delivery in Q4. • Commentary on bowel screening promotional video being dubbed into four languages to aid dissemination in ethnic minority communities, informed by feedback from Ethnic Minority Steering group. Agreement reached for work of Engagement Coordinator to be aligned to Amplifying Prevention approach	• Evidence of progress against revised Engagement Coordinator milestones • Delivery of agreed partnership action contained in amplifying prevention plan, including agreement of indicators • Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours
Healthy weight: Move More, Eat Well	Green	• MMEW action relating to educational settings, workplaces and healthier advertising progressing as part of Amplifying Prevention approach. • MMEW Showcase Event held, (attended by over 60 stakeholders), and providing an opportunity for stakeholders from across the Healthy Weight System to connect/share practice • Healthier Advertising stakeholder event held, and baseline mapping of Council owned/contracted sites complete • Insight work with schools complete, informing action to improve whole school approaches to food. • Food related benefit digital training developed, and available on MMEW website	• Development of local policies restricting High Fat Sugar Salt advertising/increasing healthier advertising across the UHB, Cardiff and the Vale of Glamorgan progressed through established working groups • Targeted action to improve whole school approaches to food underway. • Increase Food Cardiff membership to 250 individuals representing 100 organisations • Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses
Sustainable and healthy environment	Green	• First Vale Healthy Travel Charter organisations completing Charter – following up organisations not yet met • First signatory to Level 2 Charter confirmed, further three organisations finalising governance arrangements prior to announcing • Approach agreed by key stakeholders for understanding impact of traffic on UHW and UHL sites, including air quality measurement, pending approval at SLB 5 Jan 2023	• Further Level 2 Charter organisations confirmed • Formal approval by C&V UHB to sign Level 2 Charter • Initiation of project to understand traffic impacts at UHW and UHL, including on air quality • Process and timescales for HE/FE Healthy Travel Charter development agreed

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

Update: 20 Dec 2022

Shaping our Future Population Health (2 / 3)

Exec Summary: (end Q3 interim update)

- All programmes of work currently on track

Headline measures:

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

Summary project status		• Done this quarter (Oct-Dec 22): *Interim Q3 update*	• Targets for next quarter – Q4 (Jan-Mar 23):
King's Fund recommended programmes	Green	• Final report received from King's fund containing a set of evidence-based proposals for further strengthening prevention in primary care. A complementary report commissioned by the RPB to inform the developing integrated health and care system has also been completed. The impact of the two reports on UHB and partnership strategy will be considered in Q4	• Final King's Fund report proposals to be considered at UHB Strategy and Delivery Committee and RPB • King's Fund to host a workshop with local partners • Priorities for implementation agreed with stakeholders
Vaccination and immunisation	Green	• Flu and autumn Covid-19 booster vaccination programmes delivered according to national ambitions. All offers made to eligible groups for Covid-19 booster by end November 2022 with 75% uptake across target populations. • Over 162,000 Autumn Booster 22/23 vaccinations delivered to Care Home residents, people aged 50 years and over, health & social care workers and those with clinical risk factors. • 74% uptake for flu vaccine amongst people aged 65y and older. • 37% uptake for flu vaccine amongst people aged 6m to 64y in clinical risk groups. • TTP/Contact Tracing Project to increase childhood immunisation rates commenced in SE Cluster with 50 contacts made with parents of unvaccinated children (MMR and 4 in 1). • Multiagency Amplifying Prevention Delivery Board has driven detailed development of an action plan, with expected community, schools and workplace delivery in Q4.	• Continue to provide 'mop up' Covid-19 and flu vaccinations to eligible groups across primary Care and the Mass Immunisation programme in accordance with WHC 2022_035. • Delivery of Spring Booster Covid-19 programme in line with national planning assumptions (pending JCVI recommendations) • Communications plan for the Amplifying Prevention programme (including immunisations) to be developed for different settings (e.g. schools, workforce, public). • Targeted actions with community, schools and workplaces in Cardiff and Vale as part of the Amplifying Prevention programme • Evaluation of TTP/Contact Tracing work to support uptake of Childhood Immunisations and potential expansion to an additional Cluster. • Delivery of polio catch up programme in line with WHC 2022/027 using a mixed delivery model • Development of UHB Vaccine Equity Strategy by end of February • Review the approach for tackling inequalities in vaccination uptake amongst ethnic minority communities.

Major Programme / Project Risks:	Mitigating Actions:	Decision / Intervention required from Execs:
• MMEW – Availability of data to track overarching project outcomes • Vaccination – childhood immunisation uptake is lower than national averages and declining in some areas (latest quarterly data Apr to Jun 2022) • Flu Vaccination – several factors (including co-administration and concern about co-infection) may lead to increased demand for flu vaccine during 22/23 which may outstrip the supply.	• MMEW – improving surveillance for Healthy Weight - HWHW priority /concerns raised with PH Observatory/HWHW Surveillance Group • Vaccination – various work streams underway with Primary Care Clusters / GP Practices / local communities to increase uptake as well as communication/PR campaign. • Flu Vaccination – i) requesting information from GPs as to whether there are supply concerns. Ii) accessing a national/central supply of vaccine that will be available to all Health Boards if local supplies are depleted (tbc).	• No decisions or interventions required currently

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Shaping our Future Population Health (3 / 3)

High-level programme outcome measures

Project	High-level indicator	Target/aim	Previous period	Current period	Trend
• **Systematically tackle health inequalities**	• Absolute gap in healthy life expectancy at birth between the most and least deprived (Inequality gap – absolute difference method)	• Reduction in gap	• New indicator	**2018-2020** **Males** / **Females** **Vale of Glamorgan** 17.9 / 19.3 **Cardiff** 13.7 / 18.5	↔
• **Healthy weight: Move More, Eat Well**	• % of children aged 4/5 years who are a healthy weight	• Increase in %	• 76.7% (2018/19)	• Availability of data impacted by Covid. Awaiting next Child Measurement Programme for Wales data release *(Expected 2023)*	
	• % of adults who are a healthy weight	• Increase in %	• 42% (2018/19 and 2019/20 combined)	• *38% (NSW 2021-22) (*NB data not comparable with previous NSW data releases – small sample and telephone survey)*	
• **Sustainable and Healthy environment**	• Annual mean NO_2 in Cardiff (Castle Street)	• Year on year reduction	• 25 µm/m³ (2020)	• 26 µm/m³ (2021) *to note road reopened to through car traffic* • 34 µm/m³ (2022)	↑
	• Annual mean NO_2 Vale (Windsor Road Penarth)	• Year on year reduction	• 20 µm/m³ (2020)	• 34 µm/m³ (2021) *(note poor data quality so difficult to interpret trend)* No data after 2021	↑
• **Vaccination and immunisation**	• % of children up to date with scheduled vaccines by 4 years of age	• 95%	• 85.3% (Oct – Dec 2021)	• 83.5% (Jan-Mar 2022) - ***awaiting data for Apr-Jun 22***	↓
	• Uptake of COVID-19 autumn booster vaccination in all Cardiff and Vale University Health Board residents, aged 50 years and older	• tbc	• tbc	• Updated indicator to reflect booster campaign	

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

Flash report: @Home / Shaping our Future Community Services

Update Date: 05.01.23

Exec Summary:

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

Headline measures:

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

Overall Programme Report

Programme Lead	**Cath Doman**	**Programme Status**		Clarity on phase 1 delivery timeline. Activity and benefits metrics beginning to feed in. TOM under development. RIF funding confirmed.
		Previous Status		Clarity on phase 1 delivery timeline. Activity and benefits metrics beginning to feed in. TOM under development. RIF funding confirmed.

Next Major Milestone:

- Completion of detailed project plans, timelines and interdependencies
- Development of benefits profiles with baselines and targets to help inform SOFCS and SOFH planning
- Implementation of IC delivery plan to support +1000 beds and community capacity for winter

Done this period:

Delivery
1. SROs continuing to mobilise project plans
2. Recruitment underway for acceleration schemes (Vale Wellbeing Matters, Cardiff Integrated Discharge Hub, Acute Response Team)
3. Alignment of programme delivery plans to support 6 Goals for Urgent and Emergency care programme
4. Alignment of intermediate care activity to support delivery of +1000 beds national initiative
5. Processes and criteria for IC bedded-reablement complete
6. Workshops undertaken to coproduce new operating model for community services

Supporting programme management
1. WG reporting against RIF funding completed for Q2
2. Development of reporting with data leads in preparation for Q3 internal reporting

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

Targets for next period:

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

Supporting programme management
1. Further development of programme reporting and metrics for Q3-4 with action plan being developed between the programme manager and data leads
2. Finalise programme metrics, confirm baseline position and develop benefits profiles to inform SOFCS and SOFH planning
3. Define interdependencies with other strategic programmes to begin informing tranche 2 of @Home

Enablers:
1. Digital and BI: refine the Lightfoot cohort profiling and meet with leads to develop clear actions/project to take forward support
2. Digital and BI: ongoing work to define viewers and ensure data usable
3. Governance: further development of the
4. Governance: Vale Alliance S33 drafting and confirmation of relationship with PCPG
5. Information sharing: design workshops to inform viewers during August
6. Workforce: confirm workforce priorities to support programme
8. Engagement: To develop an engagement plan to begin workforce and public engagement

Major Programme Risk:

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

Mitigating Action:

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

Decision / Intervention required from Execs:

1. RPB exec leads to confirm scale and scope of programme, to provide service leads with clarity on expectations – *workshop in development with project leads to create proposed model*
2. Note multiple policy initiatives all converging in this arena:
   i. 6 Goals for urgent and emergency care
   ii. 1000 beds
   iii. National primary care strategy – PCPG and ACD

Shaping our Future Clinical Services

Update: 04/01/23

Exec Summary:
Programme Governance – First reference group for workstream 1 held. Broader portfolio work undertaken to ensure programme alignment.
Programme Delivery – Planning for workstream 1 – broader organisational context, planning underway. Prog Board to agree approach at Jan meeting. Approach to patient engagement and co-creation progressed

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

Overall Programme Report

SRO	Prof Meriel Jenney	**Programme Status**		Limited programme resource/lack of org capacity/capability for scale of change	**Next Programme Milestone:**	Programme Board approve options and recommendations for workstream 1. Workstream 1 planning underway with first event held end March/ April.
Programme Leads	Dr Nav Masani & Victoria Le Grys	**Previous Status**		Limited programme resource/lack of org capacity/capability for scale of change		

Done this month:

- Programme Board scheduled for 21.12.22 cancelled due to industrial strike action and operational pressures.
- First reference group meeting held for workstream 1 on 02.12.22– broader organisational context planning.
- Options and recommendations for workstream 1 to be taken to Prog Board for decision on 13.01.23
- Broader work undertaken with strategic portfolio group to ensure programme alignment.
- Risk and Issues Management Policy for all strategic programmes drafted and to be taken to Prog Board on 13.01.23
- SOFCS Programme Governance structure drafted and to be taken to Prog Board on 13.01.23
- Approach to Patient engagement and co creation progressed with patient experience leads.
- Development of SOFCS/SOFH team management structure underway.
- Discussion of the design and delivery of SOFCS high level programme benefits commenced.

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Targets for next month:

- Recommendations for workstream 1 to be taken forward following approval at Jan Prog Board. Planning for first event end March/April
- Completion of draft comms and engagement plan to be taken to Feb Prog Board.
- Completion of patient engagement/co design plan to be taken to Feb Prog Board.
- SOFCS leads meeting with WG leads to review and agree clinical component of SOFH SOC Jan/Feb.

Major Programme Risks:

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

Mitigating Actions:

- Resourcing to be identified through workstream reference groups
- Broader work being undertaken on strategic recovery and operational portfolios to align

Decision / Intervention required from SLB:

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

Programme Name: Shaping Our Future Hospitals

Date: 4/1/23

Exec Summary:
CVUHB have requested funds from WG to commence SOC production.

Headline measures:

Deliver SOC within 12-15 months of commencement

Overall Programme Report

Programme Lead	Ed Hunt	Programme Status	Upgraded from Red. Await Minister endorsement of PBC	Next Major Milestone:	Autumn 2022 – Endorsement of PBC based upon successful clinical review.

Done this month:

- WG have commenced the procurement of the clinical services review – a prerequisite of the PBC being endorsed. Abi Harris will be kept informed of the process.
- Strong wording has been received from WG on the SOC scope being approved.
- Awaiting feedback from WG on the SOC cost estimate.
- SOC planning continues with the working group. The workstream that will see SOFCS provide output for the SOC has been defined and will be taken to their programme board for approval in January, not December as previously reported.
- Lessons learned report from 40+ sessions with the NHP and NHP schemes is being finalised with Medical Illustration and aiming to show to programme board in February.
- Digital Directors did not get around to discussing a C&V Digital SOC scope in December. Planned for January.
- Met with University stakeholders regarding estate integration with a plan to follow.

Targets for next month:

- Continue with SOC planning with working group colleagues. Receive feedback from SOFCS programme board on their proposed workstream 1 which will determine clinical assumptions.
- Plan university integration work.
- Obtain update on clinical services review procurement from WG.
- Obtain feedback on SOC costs request from WG.
- C&V Life Sciences task force will visit Cardiff Edge on 30/1.
- Complete lessons learned write up and present to February programme board.
- 18/1 workshop with clinical academics which will
- Digital to re-raise Digital SOC Scoping at Digital Directors in January.
- Draft responses to the 2021 Gateway 0 action which were put on hold. WG are indicating that they'd like to make progress on this now.

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Major Programme Risk:

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

Mitigating Action:

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

Decision / Intervention required from Execs:

- To answer/address any concerns raised by Programme Team

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

Report Title:	People Dashboard – Key Workforce Performance Indicators				Agenda Item no.	2.1.2
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	24 January 2023
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Deputy Director of People & 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 November 2022.

A brief UHB overview summary is provided as follows:

- **Turnover** rate trend is upwards since Dec-21; the rates have risen in the past 12 months from 12.44% to 13.66% in Nov-22 UHB wide. This is a net 1.22% increase, which equates roughly to an additional 161 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Promotion' and 'Voluntary Resignation – Work Life Balance'

- **Sickness Absence** rates remain high; the monthly sickness rate for November is 6.73%. There is a slight upward trend since Apr-22 and whilst the rates are lower than for the same period last year the current rates are significantly higher than for previous years. The cumulative rate has been fairly constant for the past 5 months at approximately 6.90%. This figure is derived from absence since April.

  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 'Gastrointestinal Problems'.

  The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 30/11/22 there were 226 (a reduction of 58 – 20.42%). There are 79 staff on long term absence where Covid-19 has been identified as a Related Reason.

- We have significantly reduced the amount of formal Disciplinary Investigations by embedding and promoting Just Culture and Disruptive HR principles and are currently reporting at just 12 cases (non-medical staff). The People Services Team are developing a new on demand training course for investigating officers to try and further reduce the length of time of investigations take.

- The Statutory and Mandatory training compliance rate has risen slightly, to 75.36% for November, 9.64% below the overall target.

- Compliance with Fire training has risen during November, to 66.28%.

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- By the end of November 2022 40.73% of consultant job plans have been signed off. This is the first time that the rate of sign-off has fallen, probably due to job plans signed off over 12 months ago requiring review.

- The trend of the rate of compliance with Values Based Appraisal has risen over the last five months; the compliance at November 2022 was 47.58%. Clinical Boards have been challenged to improve the compliance with VBA to 60% by the end of March 23, then achieve the target of 85% by the end of June 2023. Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics have achieved the 60% transitory target.

- **Variable pay** trend, while rising, has remained in the 10-11% range over the last 12 months; the percentage for November is 10.86% UHB-wide.

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

Benchmarking – Health Boards in Wales
At the request of the Committee benchmarking has been undertaken with Health Boards across Wales, unfortunately the data available is only up to August 2022, but is still a useful comparison. The benchmarking demonstrates how challenging the workforce position is nationally.

		Aug-22				
		WTE SIP	12-Month Cumulative Sickness	Turnover	Statutory & Mandatory Training	Appraisal
Aneurin Bevan UHB		12213.18	6.94%	11.36%	81.96%	64.34%
Betsi Cadwaladr UHB		16821.04	6.70%	10.90%	85.67%	69.58%
Cardiff & Vale UHB		**14015.00**	**7.15%**	**14.37%**	**74.14%**	**37.73%**
Cwm Taf Morgannwg UHB		10874.46	7.85%	13.30%	74.66%	58.43%
Hywel Dda UHB		9640.09	6.55%	10.22%	83.67%	66.98%
Swansea Bay UHB		11669.71	8.35%	11.30%	80.98%	59.43%

Over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team are aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team will be supporting managers with operational matters, e.g. Employee Relations, Managing Attendance, Change Management, Terms & Conditions, etc.

The remainder of this report focuses on progress against the above.

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Wellbeing

- A series of People and Culture Roadshows were held across the UHB during 'Talk Money Week' (7-11th Nov). These focused on sharing information, signposting and advising around financial wellbeing, pensions, debt management and the cost of living. The Roadshows were supported by staff side, Cardiff Credit Unions, chaplaincy, and the staff benefits team as well as the various People and Culture teams. Over 300 connections and discussions held with staff and there were 64 responses to a short staff survey. Discussions are now underway on how to use this information to inform and shape further support.
- Following the success of the initial roadshows it has subsequently been decided to continue to hold them on a fortnightly basis. The groups available to talk to staff has been widened to also include the Health Charity; Stop Loan Sharks Wales and the Money and Pensions Service (MaPS).

- A number of training sessions/presentations around financial wellbeing and managing attendance have been held recently:
    - The Money and Pensions Service (MaPS) held an on-line 'Pensions' presentation with over 60 attendees, and more are being planned for the future;
    - Stop Loan Sharks Wales offered staff on-line presentation on how to recognise illegal borrowing and the impact on 7th Dec, future sessions will be arranged for the new year;
    - The Money and Pensions Service (MaPS) provided the first round of training with line managers via ECOD to provide them with the skills and confidence to support and signpost employees, approx. 40 attended;
    - The People Services team have trained 194 Managers on Managing Attendance at Work since January 2022;
    - 42 Managers attended a Toolkit Talk Training session on Ill Health Retirement.

- Continuation and enhancement of Employee Wellbeing Service online and on-site support. This includes delivery workshops throughout Nov/Dec including Q&A Sessions for Managers; Long Covid Peer Support; Staying Well; Self Care; Stress Risk Assessments; Mindfulness; and Stress Management. For the first time we have had the input of the staff dietitian into these sessions.
- Bespoke targeted Wellbeing sessions are also taking place where requested or where wellbeing concerns have been identified. This has involved weekly support within EU; fortnightly support in Pharmacy; drop in sessions in a number of other areas.
- 'Twilight' wellbeing sessions have been offered in December and January (9pm-midnight) following specific requests at UHW and UHL.
- Implementation of the Work and Wellbeing Passport in collaboration with the Equality, Diversity and Inclusion Team.
- A central database of temporary roles in various departments has been developed and are being offered to staff who require a temporary suitable alternative role due to ill-health.
- Regular 'HR' clinics have been set up in each Clinical Board to support managers with managing attendance and supporting the wellbeing of their staff.
- The People Services Team are working closely with the Long COVID Rehabilitation Service.
- The Cost of Living task and finish group has been working closely with the Communications Team and dedicated 'Financial Wellbeing and Cost of Living pages have been set up on Sharepoint to keep staff informed.
- A number of reports/documents are currently under development including a Financial Wellbeing pathway, the Health Intervention Team Impact Report and Recommendations, and an Employee Health and Wellbeing Strategy and Framework proposal.
- A business case has been submitted for maintaining current establishment within Employee Wellbeing Services.

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Recruitment

- Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly at Workforce Hub meeting. Recruitment is progressing well however the inability to appoint Band 5 nurses poses the greatest risk.
- An additional 120 substantive HCSWs have been appointed since August as part of the ongoing Nursing Hub's Mass recruitment campaign. In addition, almost 400 HCSWs have been recruited to the Staff Bank since May 2022.
- Occupational Health are continuing to process all Pre-employment Health Declarations as a priority and are processing 600-700 forms per month.
- The Prince's Trust placement scheme has taken place in November with 11 individuals undertaking shadowing opportunities on the wards, and ending with an employability day to support individuals to apply for HCSW positions.
- First taster session was undertaken in Pharmacy for 15 participants on 8th November to raise awareness of the profession and to advise on the career pathway. Excellent feedback was received.
- A further 8 Widening Access events were held in October/November to promote NHS careers. This takes the total to 51 since February 2022.
- We are collaborating with Cardiff Commitment to promote the UHB to the next generation of UHB Staff by attending School Business Forums and taking part in the Open Your Eyes Week by delivering a virtual presentation to 103 school classes (3000 pupils) at same time.
- 74 Student Nurses have selected Cardiff and Vale UHB to work when they graduate in the Spring. This is a large increase from the usual 40 nurses that start with us at this time of year.
- 422 internationally trained nurses have now achieved NMC registration through the UHB's OSCE programme. Approval is due to be given to proceeding with International Recruitment for a further 147 overseas nurses. These are estimated to arrive between April and October 2023.
- A 'Return to Registration' programme is under development to support nurses to regain NMC registration via the NMC Test of Competence rather than a HEI return to practice programme.
- A 'Novice to Nurse' programme is being developed to formalise the grow our own approach we are using to developing HCSW to Registered Nurse. Plans to recruit individuals who are novices to the NHS to the programme are also under discussion.
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- A one day, follow up workshop was held with a group of student representatives who raised concerns about student experience in the UHB at the start of 2022. The representatives reported a significant improvement since the implementation of the Placement Learning Improvement Plan in March.
- Open evening being held in January to investigate recruitment pool for Assistant Practitioner posts and the 'Return to Registration' programme.
- Trac modernisation has been implemented successfully which will reduce the appointment to start times.

Retention

- Review of the current Retention Plan is currently taking place along with targeted intervention in areas with the highest turnover rate using a retention toolkit to help us move to a more sustainable position.

- Focused work is currently taking place within EU/AU to maximise impact. Interventions include:
  - Development of a specific exit questionnaire for EU/AU based on the finding of the HIW report and assessment of the responses;
  - An OD programme of work, supported by Clinical Psychology. This includes enabling reflection, encouraging future focus, developing relationships, improving wellbeing, communication skills, and a toolkit to support staff;
  - Continuation of the wellbeing programme for EU staff with specific focus on supporting managers to have effective wellbeing conversations, develop tools for check-ins and check-outs; and also includes weekly on-site wellbeing support;

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- Drop in sessions for staff held in partnership with TU representatives;
- Increased senior leadership visibility including Executive visits;
- Presentation of the findings to the Senior Team and support for the Clinical Board to create an action plan.

- A Culture and Leadership Programme focusing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit.
- A co-production steering group is currently producing draft CAV Anti-Racist plan.
- A draft report of findings and recommendations following analysis of engagement feedback has been developed to support actions within nursing and midwifery. Sessions are being planned with Directors of Nursing to discuss findings and a communication plan. A meeting is also scheduled with the LNC (Local Negotiating Meeting) to discuss the Medical Workforce Wellbeing Survey results.
- People Services have reviewed the training provision it offers for managers, e.g. developing effective change management skills holding difficult conversations, conflict resolution. The aim is to support managers to build their confidence and capability in these areas.
- The number of fixed term contracts in the UHB has been identified (1,346 staff) with the intention of making these posts permanent and retaining the individuals where appropriate. Communications have been drafted and sent out to managers to support them with this and asking them to ensure ESR is updated and accurate.
- Enhancement of the Leadership and Management Development on offer and continuation of programmes and development sessions. We are supporting aspiring, new and senior managers and leaders to develop compassionate leadership principles to support retention, wellbeing, innovation, performance and patient experience. (Acceler8, Cohort 2; Collabor8 Cohort 1; 2 x Management Development Programmes; Coaching for Performance – Clinical Directors).
- Equity and inclusion now form part of Collabor8 and Management Development Programmes to support the organisation in building an inclusive culture.
- Delivery of VBA training.
- Development of bespoke OD interventions to support effective team performance and create healthy high performing teams. Includes work with: Public Health; AWMGS; PCIC; ALAS; People Services; People Assurance and Experience; and Health and Safety.
- Continuation of support for our staff networks, including Accessibility, One Voice Staff Network, and the LGBTQ+ Staff Network. This supports wellbeing and retention through creating safe spaces for our staff as well as build a sense of belonging for minority communities within our workforce.
- Over the coming months, the UHB will work to continue to improve its compliance with the Welsh Language Standards and the 'More than just words' strategy which will support the UHB to be more inclusive place for Welsh speakers and our patients. This will include playing a key role in NHS Wales Eisteddfod planning to support the UHB to build a culture inclusive of the Welsh language and encourage Welsh speakers in the workforce to use their preferred language.
- Development of shortened VBA paperwork to support effective conversations, along with simplified instructions to upload to ESR. VBA targets have been discussed as part of the Executive Performance Reviews and targets for March and June 23 agreed.

Workforce Planning

- Engaging with the Clinical Boards to develop a baseline summary of nursing workforce data with a view to understanding the current nursing position and the challenges and opportunities for change. Initial focus is within Medicine and C&W prior to the work being rolled out in all other areas.
- Review of nursing data across a number of criteria over the last 5 years (staff in post, vacancies, turnover, age profile, average retirement age, sickness, maternity and bank and agency spend) to identify any themes and trends.
- A campaign to improve our workforce data around Equality and Welsh language skills is underway to enable us to we understand the diversity of representation at all levels and our organisational Welsh language skills.
- Using the data to engage stakeholders to ensure buy in for workforce plans to be developed locally and change to happen to create a new mind set and culture.

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

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

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

Recommendation:

The Strategy and Delivery Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		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

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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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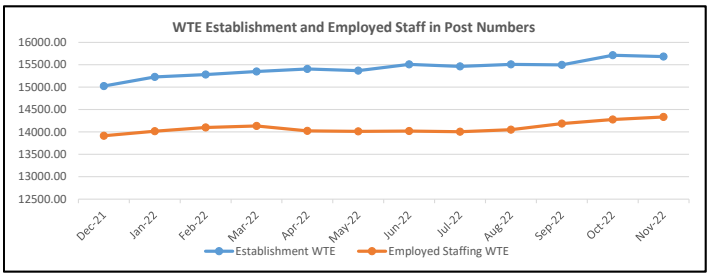
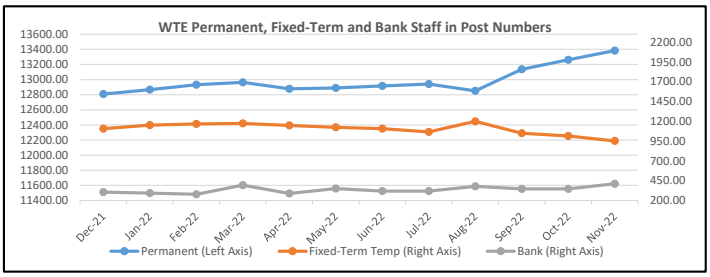
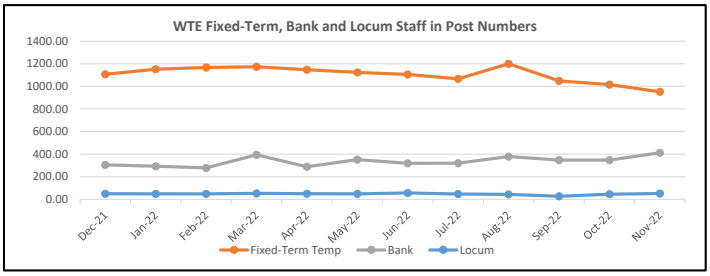
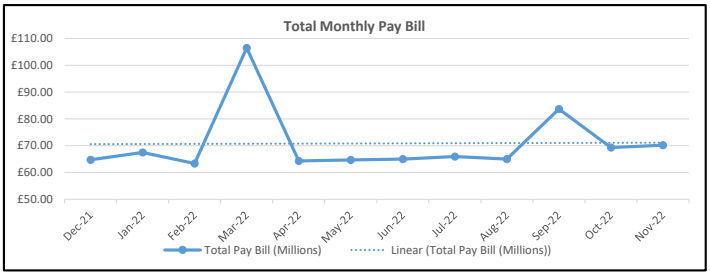
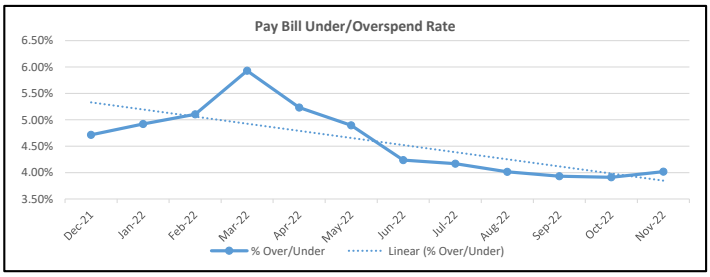
Workforce Key Performance Indicators Trends November 2022

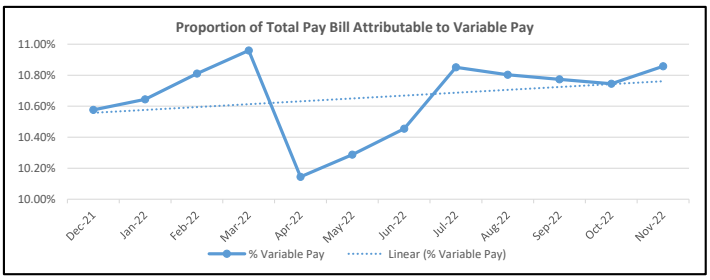


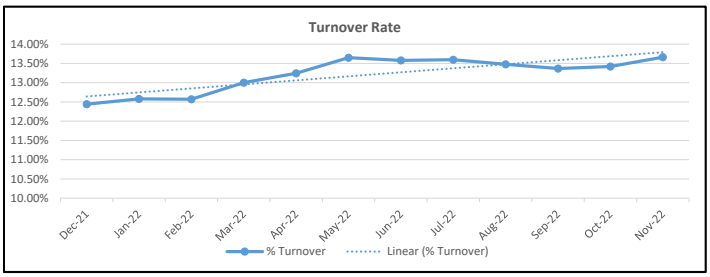


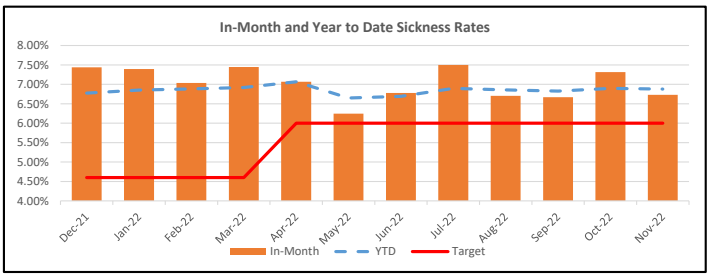


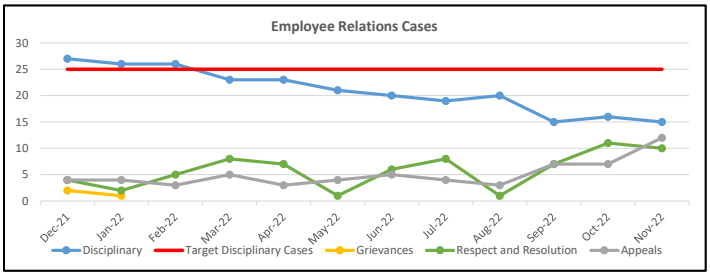


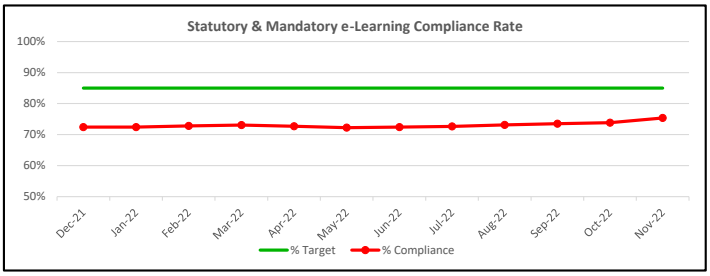


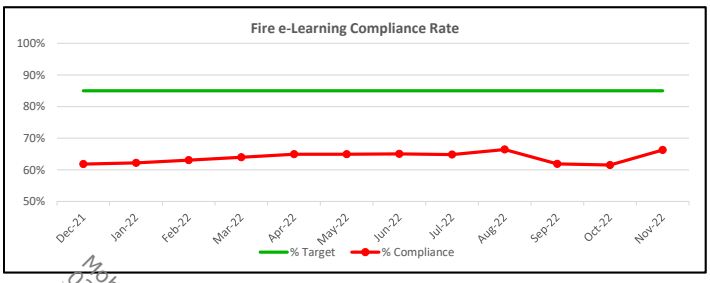


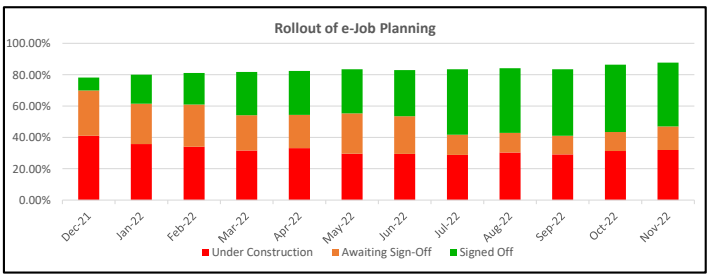












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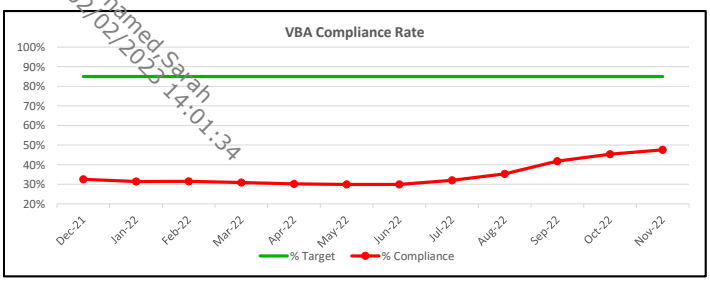

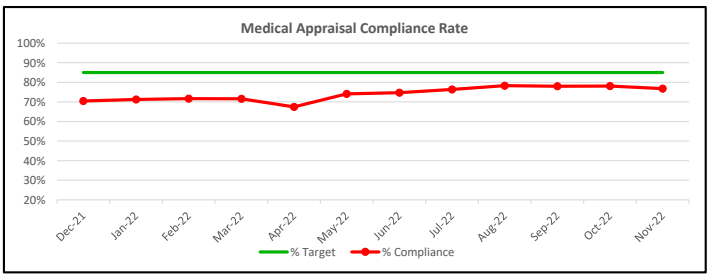

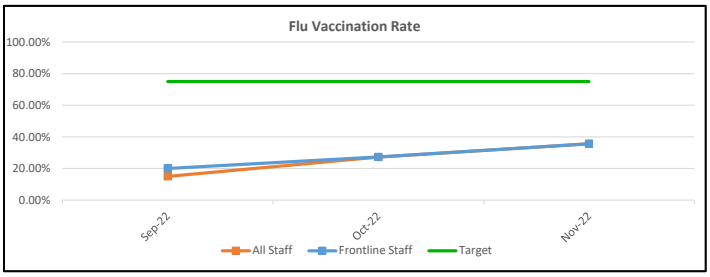

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Report Title:	Progress against the People and Culture Plan (Year 1 Review)				Agenda Item no.	2.1.2a
Meeting:	Strategy and Delivery Committee		Public	x	Meeting Date:	24 January 2023
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Deputy Head of People Assurance and Experience					

Main Report
Background and current situation:

At Cardiff and Vale UHB (the UHB) we pride ourselves on being a great place to train, work and live; with inclusion, wellbeing and development at the heart of everything we do. We know that in order to meet our population's health and care needs effectively we are completely dependent on our workforce. However, we cannot achieve this by things remaining the way they are. We need to transform the way we attract, train, develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core.

In January 2022 the People and Culture Plan 2022-25 was approved by Board. This is our opportunity to improve the experience of staff, to ensure the improvements we have made over recent years continue, and to confront the challenges which have arisen as a result of the pandemic and subsequent recovery period. By achieving this we know that we will also improve the experience and outcomes of the people we care for. As we now approach 12 months since the Plan was adopted, this report will provide for the Strategy and Delivery Committee a summary of progress made, and how we have responded to the challenges faced. It includes a case study on the work currently taking place within the Emergency Unit, and looks at what we are doing to stay on track and to evaluate whether the aims of the Plan are being met.

ABOUT THE PLAN

The People and Culture Plan sets out the actions we said we would take over the three-year period 2022-2025, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. Detailed objectives were developed to accompany the Plan which describe how we intended to achieve these ambitions and milestones were put in place to progress the agenda.

The Plan is built around 7 themes which are based on the those set out in the Workforce Strategy for Health and Social Care, with an added emphasis on retention in theme 3 to recognise the importance of retaining our workforce as well as recruiting new people:

1. **Seamless workforce models** - to support the integration of Health and Social Care services, to deliver a seamless, coordinated approach from different providers, based on outcomes that matter to the person
2. **Engaged, motivated and healthy workforce** - to have a workforce that feels valued and supported wherever they work
3. **Attract, recruit and retain** - to recruit and retain the right people with the right skills
4. **Building a digitally ready workforce** - to have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively and enhance their ways of working
5. **Excellent education and learning** - to ensure that education and development of the workforce remains a key priority, with an equitable approach to education provision and support for those who have additional learning need
6. **Leadership and succession** – to help our leaders embody collective, compassionate and inclusive leadership
7. **Workforce supply and shape** - to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

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Each theme has a People and Culture lead and a named staff (Trade Union) representative.

Monitoring of the Plan takes place through a number of channels:

- In depth progress updates are provided for each theme on a monthly basis, using flash reports to identify focus to date, next steps and any potential barriers/risks to delivery which require Executive intervention
- Period (approx. quarterly) workshops for the theme leads to get together and discuss what has gone well, what the challenges faced and ensure the different themes remain aligned
- High level progress updates to the Strategic Programme Portfolio Steering Group in the form of flash report **(attached as Appendix 1)**
- Quarterly monitoring of workforce indicators **(attached as Appendix 2)** (n.b Quarter 3 data will not be available in time to include in this report but a verbal update will be provided at the Strategy and Delivery Committee meeting. The Committee is also asked to note that some of these measures take time to achieve

YEAR 1 PROGRESS

Progress has been made against each of the 7 themes, though by their very nature some of them will take longer to achieve than others. Summarised below are a few examples of the successes achieved over the past 12 months.

Seamless workforce models

- People and Culture leads for all SOFW Strategic Programme Portfolio projects identified
- Focussed People and Culture support to the development and delivery of the National Accelerated Cluster Development Programme including Pan Cluster Planning Groups (PCPG) and to the roll out of the local MDT cluster across CAV aligned to the @ Home Programme
- Co-production of innovative workforce model for 111P2
- Profiling of Peer Support Worker role in response to WG MH workforce consultation
- Continue to identify workforce priorities with LA colleagues. Opportunities within the Vale Alliance to be explored.
- Refine and develop the co-production/engagement model to inform decision making around service and workforce models
- Continue to embed the Physician Associate role by reinforcing the infrastructure

Engaged, motivated and healthy workforce

- A coaching network has been established and a coaching platform has been procured to support the process and relationship management; this also allows the coach to receive regular feedback from the coachee.
- Development of Peer Support, including Schwartz Rounds and MedTRiM
- Analysis of the engagement tool Winning Temp, Wellbeing Survey and the Senior Medical Staff Committee Survey to triangulate the findings, identify themes and make recommendations. Individual analysis of the different engagement mechanisms is also being used to inform key pieces of work around retention and wellbeing.
- Inner Wellness webinars - attendance at the three sessions was excellent, 470 people in total.
- Five Wellbeing retreats, initially accessed by individuals from the medical workforce feedback received has been very positive: “We had the chance to strengthen our relationships, reflect on what has been an intense past three years…and look to the future together as a team and a service…Just like all teams, the quality of care we provide to our patients and their families depends on how cohesively we work together. We already have great team spirit and unity but we can never take this for granted…Our away day…made the team feel truly valued by the Health Board and allowed us to consciously lock-in or "codify" some of the culture and values which make the [team] such a unique and wonderful place to work.
- Enhancement of Employee Wellbeing Service online and on-site support
- Establishment of a Cost of Living Task and Finish Group to support staff with their financial wellbeing. This Group has led a number of People and Culture Roadshows to listen to, support and signpost staff

around the cost of living, wellbeing, HR queries etc. During 'Talk Money Week' (7-11th November 2022) over 300 connections and discussions held with staff through these roadshows.

- Continue to listen to, support and grow lived experience staff networks, including the LGBTQ+, One Voice (for Black, Asian, or Ethnic Minority groups) and AccessAbility Networks
- Anti-Racist Wales Action Plan for Welsh Government received, Board Development planning in progress
- Improvements have been made to the environments many of our colleagues work in. For example, 28 staff rooms have been refurbished, water fountains have been introduced, and art work has been installed in the Paediatric Emergency Unit in collaboration with the Health Charity which has had positive impact on the staff and patients.

Attract, recruit and retain

- Engaging in a significant rolling programme of Recruitment Events/Careers Fairs which is proving to be very successful. This has included running 3 of our own recruitment fairs in the Hilton Hotel, outreach activities to more than 3000 school children, and engaging with ex-military personnel and refugees.
- Attending a variety of events such to provide access to individuals who may not normally consider the NHS as a potential employer e.g. refugees, the long term unemployed, schools, and Black, Asian and Minority Ethnic Groups within the local community
- Increasing the number of Registered Nurses and HCSW's who are registered to work on our Bank.
- work has been undertaken with the Temporary Staffing Department to support and streamline recruitment, invoicing and governance issues
- 6 of the 7 Project Search Interns from Cohort one obtained permanent roles following completion of their course and more than 50 individuals who had been part of the Kickstart scheme secured permanent employment
- An additional 120 substantive HCSWs have been appointed since August as part of the ongoing Nursing Hub's Mass recruitment campaign. In addition, almost 400 HCSWs have been recruited to the Staff Bank since May 2022.
- The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional winter capacity. Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly.

Building a digitally ready workforce

- Agile working framework published
- Development of a training library to support staff in the use of Microsoft 365 applications. Initial data gathered to build up a library of short, top tip videos.
- Initial groundwork underway to promote the use of Viva Insights, a tool available from Microsoft to enhance digital wellbeing, across a directorate. This has also raised questions about other digital wellbeing initiatives which could be explored to support staff.
- Microsoft 365 tools, in particular SharePoint, are being used even more widely to circulate key details to staff
- A link has been established with Centre for Digital Public Services, with the aim of promoting their training offerings to further broaden the options for development that are available.
- Work is currently underway to allocate Microsoft 365 and NADEX accounts for staff who do not currently have them.

Excellent education and learning

- More than 215 overseas nurses achieved registration in 2022 which takes us to a total of 429 since programme inception.
- Enhanced 3-week long HCSW induction programme launched which includes 2 simulation days to allow the sign off of clinical competencies, reducing the assessment need in clinical areas and increasing the HCSWs' readiness for practice.

- Extensive Improvement work has been undertaken with student representatives to improve the student experience
- Scoping work aligned to 'only do what only you can do principle' within Mental Health. This provides clarity re: band 2, 3 and 4 unregistered roles and identifies what only a registered nurse can do.
- Senior Nurse for Education representing Education Culture and Organisational Development on a multi-professional Non-Medical Prescribing Governance Group which is currently updating the UHB Non-Medical Prescribing Governance Framework
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- First cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and moved into the Band 4 Assistant Practitioner role
- The first cohort of the RCN cadets' scheme commenced in July 2022, with further cohorts planned for early 2023.

Leadership and succession

- Culture and Leadership Programme focussing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit.
- The Leadership and Management Development opportunities, including programmes and development sessions, has been enhanced.
- Collaboration with the Innovation team and Change Hub continues to ensure pathways between programmes (Climb; Acceler8; Collabor8), and to support co-design and delivery.
- Manager as Coach Training taking place for Clinical Directors
- Equity and inclusion now form part of Collabor8 and Management Development Programmes to support the organisation in building an inclusive culture
- VBA process, documentation and training reviewed and adapted to enable and support managers and their teams to easily upload date of completion onto ESR.
- Development of bespoke OD interventions to support effective team performance and create healthy high performing teams

Workforce supply and shape

- Healthroster has been rolled out in the Temporary Staffing Department and more than 90 ward areas. The system is also being used by the Mass Vaccination/Immunisation team. The system has been implemented for Capital, Estates and Facilities bank workers and will be rolled out to the wider team over the next few months.
- ESRGO has been implemented. This is a live interface between ESR and Healthroster which means that staff changes will only need to be updated once and that budget establishments and daily staffing levels will be correct.
- Nurse establishments have been agreed and updated in ESR to ensure that our workforce data is accurate.
- Safe Care will be live from December 2022 in four pilot areas across the UHB. This allows rosters to be updated on the basis of patient acuity levels (ie clinical need) and will be implemented in all nursing areas. The e-rostering team is working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- A programme of work has and will continue to be undertaken to improve the capture of equality and welsh language data in ESR.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories. This is in part due to the development of a Workforce Data SharePoint site to ensure data is accessible
- Baseline workforce plans are completed for C&W and Medicine Clinical Boards and have started for PCIC, MH, Surgery and Specialist.
- We are continuing to communicate with local authority colleagues to ensure that we work collaboratively. A scoping exercise looking at the different terms and conditions across NHS, Local Authority and Private Providers was conducted as part of the 1,000-bed initiative

However, alongside the successes, there are a number of challenges which we continue to face such as:

- Cultural norms which get in the way of embracing new ways of working
- Providing a climate for innovation & creativity to enable solutions for real, lasting change
- Building a digital ready workforce so that access and geography are not a barrier
- Collaboration between health and social care is necessary
- Breaking down organisational barriers
- Staff are feeling exhausted and experiencing burnout
- ensuring our communication channels are enabling our staff to be involved, informed and have a voice
- Large scale vacancies and high turnover in a number of professions
- High competition from neighbouring Health Boards and other Health /Care employers
- High reliance on Bank and Agency
- Unprecedented workforce pressures are significantly compromising ability to release staff for training and development
- Leadership, management and clinical education is well established, however, there are limited development opportunities for many other staff groups which need to be addressed.

THE MAIN EFFORT - A CASE STUDY

Over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team have aligned the 7 themes to the following UHB priorities:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

By doing so we are able to ensure that our impact is maximised and makes a real difference where it is needed. Following an inspection in EU/AU by HIW in June 2022 and a high number of staff leaving the department, it was decided to prioritise this area and support the leadership team through focused leadership development and retention activities.

The key headlines relating to the quality of management and leadership in the HIW report were:

- The workforce identified lack of equipment, inadequate staffing levels and skill mix, a poor relationship with senior management (including lack of visibility and support) and reduced access to education as issues. Rotation was reported to be a challenge as no supernumerary period was offered or provided and there was no additional training for several months (if at all); this had an overall impact on health & wellbeing
- Poor compliance with mandatory resuscitation training and other mandatory training
- A need to respond to and address the less favourable staff comments highlighted within the Quality of Management and Leadership section of the report

Workforce information for September 2022 showed high vacancies, high turnover, low VBA rate and high agency spend (year to date). The high number of staff leaving the department pointed to staff potentially feeling demotivated, burned out, stressed and disengaged.

	WTE	Stat & Mand	VBA	3-Month Cumulative Sickness	Turnover	Vacancies
Sept 2022	220.45	68.11%	18.95%	10.36%	16.83%	12.95%
Nov 2022	228.41	69.43%	34.51%	10.54%	17.64%	9.37%

Mohamed Sidan
02/02/2023 14:01:34

A 6-month programme of focused work is currently taking place which involves the Head of People and Culture working closely with the leadership team, trade unions and staff. Interventions include:

- Development of a specific exit questionnaire based on the finding of the HIW report and assessment of the responses;
- An OD programme of work, supported by Clinical Psychology. This includes enabling reflection, encouraging future focus, developing relationships, improving wellbeing, communication skills, and a toolkit to support staff;
- A wellbeing programme with specific focus on supporting managers to have effective wellbeing conversations, develop tools for check-ins and check-outs; and also includes weekly on-site wellbeing support;
- Drop in sessions for staff held in partnership with TU representatives;
- Increased senior leadership visibility, including Executive visits;
- Development of an education plan to address compliance against resuscitation and other mandatory training and a robust induction programme for new starters
- Development of workforce recruitment and retention plan
- Recommencement of study leave and management days
- Development of a leadership training and development plan for EU/AU sisters
- Increasing VBA's
- Monthly meetings with team leaders
- Refurbishment of the Education Room in EU for staff to have some breathing space in a nice environment
- Photo board in the Department to show who is who

A number of additional recommendations were made to the Senior Leadership Board in December 2022 and will be followed up with the Medicine Clinical Board. This includes the development of an action plan to be owned and taken forward by the senior leadership team e.g. continue to engage with the OD programme, embed compassionate leadership, celebrate success/recognition, and the development of communication plan.

A strong baseline has been established through the KPIs, the HIW report and significant sources of feedback from staff and Sisters. At the time of writing, there had been little improvement in the KPI data available (November data) due to the time it takes for implementation of the improvements to result in improved outcomes, but it is hoped that there will be a positive change in January.

NEXT STEPS

The senior team within the People and Culture Directorate recently took part in an away day to enable time for reflection and planning around the People and Culture Plan. The team were asked to consider what has gone well over the last 12 months, how priorities may have changed, and what actions were needed after Winter to ensure that we are on track by the end of year 2.

This is due to be followed by a workshop for the Theme Leads to review the existing objectives in some detail, ensuring they remain fit for purpose, 'SMART' and are aligned to enable collaborative working across the themes.

A benchmark has been established in year 1 through the development of and reporting against KPIs as well as a number of 'softer' measures of successes such as staff engagement initiatives. We now need to determine a plan for monitoring and evaluation going forward so that we can highlight specific success and areas for improvement and be less dependent on 'macro' KPIs which can be influenced by many factors. This will be supported by reviewing the objectives to determine the outcome, rather than output, we are seeking to achieve. More regular, focused reports will be provided once the People and Culture Committee has been established and the Terms of Reference agreed.

Unnamed Jamie 2022/02/23 23:09:34

In 2023 we will build on what has been achieved in Year 1, focusing on the Health Board priorities, ensuring that quality, improvement and efficiencies are at the forefront. We know that we are not providing the quality of services we could or should, so patients and staff don't have the best experience or outcomes. Over the next 12 months we will develop strategic workforce planning capabilities to enable us to move toward a more patient

centred approach built around the skills needed to care for our patients. We will also develop alternative workforce models by gaining a fuller understanding of our current and future workforce needs to release capacity, address gaps and build action plans. The number of staff in non-traditional roles will increase, to reflect the skills required to care for our population, e.g. peer support workers, apprentices, Physician Associates, Assistant Practitioners, and multi-skilled support workers. Strategic decision making will be supported by ensuring our workforce data is accurate, meaningful and accessible and by a move away from workforce reporting to people analytics. To enable this, in 2023 we will implement systems that provide the organisation with real time data for our workforce, including the roll out of Health Roster across all nursing areas by September 2023 and implementation of Safe Care.

As an organisation we will aim to deliver excellence in all that we do so that staff, patients and our populations have the best experience and outcomes. Our People and Culture Plan will help us achieve this aim.

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

The People and Culture Plan sets out the actions we said we would take over the three-year period 2022-2025 and was approved by Board in January 2022. Progress has been made against each of the 7 themes though we continue to face a number of challenges. Over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team have aligned the 7 themes to the UHB priorities of Wellbeing, Recruitment, Retention and Workforce Planning. The existing objectives are due to be reviewed to ensure they remain fit for purpose, 'SMART' and are aligned to support collaborative working across the themes. We now need to determine a plan for monitoring and evaluation going forward so that we can highlight specific success and areas for improvement needed to keep the Plan on track for the next 2 years and ensure that the outcomes are achieved.

Recommendation:

The Committee is requested to:

- NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

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

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy and Delivery Committee	24.01.22

Mohamed,Sarah
02/02/2023 14:01:34

Flash Report: People and Culture Plan

Date: January 2022

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

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.

Programme Lead	Lianne Morse	Project Status		Next Major Milestone:	Launch of the Plan at January Board

Focus to Date:

- Workforce support to the Community and Wellbeing Centres and Hubs
- Rehabilitation Programme including six workstreams: Keeping me Well, Living Well, Recovery and Wellbeing College, Long Covid Rehab, Prepare Well Orthopaedics and Prepare Well Cancer
- Nominations are being received electronically for the Staff Recognition Awards and shortlisting panels are being arranged
- Values and engagement sessions to be incorporated into the Management Skills programmes
- Four Band 4 Workforce Resourcing Officers commenced in December but are predominantly working on recruitment fast tracking to assist with service pressures.
- During Dec/Jan 351 vaccinators were appointed to the Bank and 52 Admin/Booking centre staff were appointed to support the expanded vaccination programme
- Attended meetings to review Digital ILA's. The UHB has been granted fully funded places, with applications accepted until 31st Mar. 2022.
- Proposal to support the development of CAV-CEHE website submitted to comms team and slippage funded posts to support website development currently being recruited to. Aim to launch website by 31/03/22.
- Inter-professional student placement project (IPSPP) commenced in partnership with Cardiff University and Cardiff Metropolitan University.
- The management development programmes have re-started with content adapted to ensure a focus on wellbeing.
- Phase one of coaching has commenced and currently identifying Senior Nurses who would benefit
- Held follow-up meeting with Workforce colleagues in LA and agreed what we collaborate on in the short, medium & long term.
- Attended Regional Workforce Partnership Board, provided feedback to AH & RG regarding future opportunities for integrated working with LA.

Meeting 25 Jan 2022 14:01:34

Next Step Priorities:

- Workforce meetings continue with LA colleagues to build relationships and shared plans
- Further develop the Hywel Dda workforce model for carers
- Set up coaching peer supervision for those joining the coaching network
- Phased implementation of the engagement tool
- Implement initiative for Starter questionnaires for newly appointed graduate nurses (to improve retention)
- Develop specific career promotion videos
- Continue to feed into the Digital Capability Framework, which is currently in development, with the aim of being ready for Q2 2022.
- Forming a working group spanning clinical, digital, workforce and wellbeing to develop guidance to develop guidance to support staff to utilise technology, without having a negative impact on wellbeing.
- Academy leads to instigate scoping work and identify key stakeholders to support academy development
- Progression of development workstream of nurse retention plan
- Finalise leadership development offering and launch March 2022
- Creation and sharing of leadership and management development opportunities in the form of 'bite-size' on-line learning
- Mapping exercise with DHI to ensure alignment and consistency in leadership offerings and messages
- Secure recurrent funding for the e-rostering team.
- Recruit B3 Support Workers in Feb/Mar.

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

Major Programme Risk:

- Collaboration and engagement across Health, Social Care and partners
- Whole system pressures and COVID uncertainty
- Investment to support schemes

Mitigating Action:

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

Decision / Intervention required from Execs:

- None at present other than to note the risk in relation to WOD team capacity to deliver during current operational pressures.

Date: February 2022

Flash Report: People and Culture Plan

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

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:	Official launch of plan and embedding it into sustainable position

Focus to Date:

- Staff Recognition Awards shortlisting panels taken place
- 39 coachees confirmed from Ward Managers and Deputies for the coaching network,
- Winning temp procurement completed
- Employment Satisfaction Survey for newly qualified nurses sent out by text
- 7 Interns with learning disabilities commenced placements via Project Search.
- National Apprenticeship week held w/c 7/2/22
- Finalising details of Digital Capability Framework (DCF) with HEIW working group. Evaluating capability statements and adding working examples, ready for publication of the framework
- CAV-CEHE website now approved comms team and slippage funded post to support website development has been filled. Content being mapped for March launch
- 231 overseas nurses have now achieved registration
- current cohorts of UHB management development programmes will end over the next 2 months. This will be followed by an evaluation to shape future provision.
- Medical Workforce Efficiency – e-job planning compliance over 80% Managed Locum Bank fill rate increased to 83%.
- People Analytics – ESR workforce Data for Nursing workforce now easily accessible through Sharepoint.
- Workforce Shape – Theatres have recruited 6x Band 4 Assistant Practitioners in training. District Nursing have secured funding to recruit & train 14x band 4 Assistant Practitioners in April 22. C&V are leading All Wales on the development of B4 AP roles in Mental Health services.

Mohamed Sayed 02/02/2022 14:01:22

Next Step Priorities:

- Set up coaching peer supervision for those joining the coaching network
- Implement actions identified from HIT research e.g. pilot of schwartz rounds and medTRiM; staff room refurbishments, hydration stations
- Workshop for Temporary Staffing Department to be held in March
- Nurse recruitment events in Bristol and Birmingham
- Change of focus from transactional to inclusive recruitment
- Identify pilot group to engage with the DCF, focusing on engaging with a diverse range of users both in terms of digital capabilities and areas of the workforce.
- Establish Interprofessional Clinical Education Group and agree TOR
- Academy leads to instigate scoping work and identify key stakeholders to support academy development
- Launch Senior Leadership Programme comms 28th Feb 2022 for nominations
- Identification of key-speakers and bite-size learning / masterclasses
- Review CLIMB programme to ensure alignment and consistency in leadership offerings and messages. Also LIPS
- B4 AP – agree starting salary , e.g. Annex 21.
- Secure recurrent funding for the e-rostering team from May 2022.
- Recommence roll-out of HealthRoster for Nursing in March 2022.
- Remodel wards in 2022 – focusing on patient needs, skills required and opportunities for new/extended roles.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Staff 'burnout' leading to increase sickness, decreased engagement, more conflict • Whole system pressures and COVID uncertainty • Collaboration and engagement across Health, Social Care and partners	Monthly progress meetings to identify any delays and identify contingency plans.	• None at present other than to note the risk in relation to WOD team capacity to deliver during current operational pressures.

Flash Report: People and Culture Plan

Date: March 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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Overall Programme Report

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

Focus to Date:

- Staff Recognition Awards invites and final preparations being made for the 8th April
- Procurement for coaching platform in progress
- Medical staff identified as pilot group for safespace stress survey
- Revised application form for Facilities roles developed.
- Meetings held with Bank to restart and improve recruitment process – new advert going out within week. Also poster campaign to attract more Cardiff Students.
- 98 of the 135 overseas nurses have been appointed (73%) six weeks into the 10 weeks of interviews.
- Contact made with Wallich, an organisation supporting the homeless and Shelter Cymru to support their clients into employment.
- Promoted MSc in Digital Transformation: approx. 8 direct enquiries via email/Teams. Awaiting confirmation of places awarded from USW.
- Promoted MSc in Digital Transformation: approx. 8 direct enquiries via email/Teams. Awaiting confirmation of places awarded from USW.
- Urgent improvement plan and safety notice put place in response to concerns raised by Cardiff University Student Nurses
- Nurse education funding priorities being reviewed, particularly re: leadership and management provision in order to release funding to support the development of the nursing career development programme, Completion of Management Essentials and First Steps to Management Programmes
- E-Rostering - roll-out recommenced on 28/02/22, 12.5hr wards will be completed by Sept 22. Self billing has gone live. ESRGO still problematic but will not stop roll-out.
- Accessible Data – Sharepoint site under development, go live April 22.

Mohamed,Sarah
9/02/2023 14:01:34

Next Step Priorities:

- Communications to be arranged for implementation of the engagement tool – winning temp
- Reviewing the approach to Team Development
- Contact appropriate agencies to assist with employment of Ukrainians who have recently had to flee their country
- Workshop for Temporary Staffing Department arranged for 7 April to focus on customer service
- Phase in HCSW recruitment to TSD from Nursing Hub
- Meet with digital leads to assess training needs and co-ordinate expansion of training group.
- Develop training materials to support staff with enhancing their digital capabilities.
- Launch of shift management programme by 31/05/21
- Relaunch of Practice Development Nurse Forum 4/04/22 and Nursing and Midwifery Education Subgroup by 15/05/22
- Cascade Leadership Programme information through Staff Networks and support applications from under-represented groups
- Succession planning and talent management information received – review of materials in April 2022
- Secure recurrent funding for the e-rostering team from May 2022.
- Draft proposal in April to procure & implement an e-rostering system for Medical & Dental staff.
- Produce training guides, online learning to build capability of managers using ESR.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Staff 'burnout' leading to increase sickness, decreased engagement, more conflict • Whole system pressures and COVID uncertainty • Securing funding for Overseas Nurse's programme facilitators and Healthroster	Monthly progress meetings to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Prioritise the decision on e-rostering business case that was presented to BCAG in November 2021.

Flash Report: People and Culture Plan

Date: April 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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:

- Staff Recognition Awards invites and final preparations being made for the 8th April
- Procurement for coaching platform in progress
- Medical staff identified as pilot group for safespace stress survey
- Revised application form for Facilities roles developed.
- Meetings held with Bank to restart and improve recruitment process – new advert going out within week. Also poster campaign to attract more Cardiff Students.
- 98 of the 135 overseas nurses have been appointed (73%) six weeks into the 10 weeks of interviews.
- Contact made with Wallich, an organisation supporting the homeless and Shelter Cymru to support their clients into employment.
- Promoted MSc in Digital Transformation: approx. 8 direct enquiries via email/Teams. Awaiting confirmation of places awarded from USW.
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- Urgent improvement plan and safety notice put place in response to concerns raised by Cardiff University Student Nurses
- Nurse education funding priorities being reviewed, particularly re: leadership and management provision in order to release funding to support the development of the nursing career development programme, Completion of Management Essentials and First Steps to Management Programmes
- E-Rostering - roll-out recommenced on 28/02/22, 12.5hr wards will be completed by Sept 22. Self billing has gone live. ESRGO still problematic but will not stop roll-out.
- Accessible Data – Sharepoint site under development, go live April 22.

Mohamed,Sarah
28/02/2023 14:09:34

Next Step Priorities:

- Communications to be arranged for implementation of the engagement tool – winning temp
- Reviewing the approach to Team Development
- Contact appropriate agencies to assist with employment of Ukrainians who have recently had to flee their country
- Workshop for Temporary Staffing Department arranged for 7 April to focus on customer service
- Phase in HCSW recruitment to TSD from Nursing Hub
- Meet with digital leads to assess training needs and co-ordinate expansion of training group.
- Develop training materials to support staff with enhancing their digital capabilities.
- Launch of shift management programme by 31/05/21
- Relaunch of Practice Development Nurse Forum 4/04/22 and Nursing and Midwifery Education Subgroup by 15/05/22
- Cascade Leadership Programme information through Staff Networks and support applications from under-represented groups
- Succession planning and talent management information received – review of materials in April 2022
- Secure recurrent funding for the e-rostering team from May 2022.
- Draft proposal in April to procure & implement an e-rostering system for Medical & Dental staff.
- Produce training guides, online learning to build capability of managers using ESR.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Staff 'burnout' leading to increase sickness, decreased engagement, more conflict • Whole system pressures and COVID uncertainty • Securing funding for Overseas Nurse's programme facilitators and Healthroster	Monthly progress meetings to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Prioritise the decision on e-rostering business case that was presented to BCAG in November 2021.

Flash Report: People and Culture Plan

Date: May 2022

GIG | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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.
- The Acceler8 Senior Leadership Programme launched in April 2022, after more than 200 enquiries, 12 people were successful in starting the programme.
- Following interest in the Acceler8 Senior Leadership Programme, the Collabor8 programme is now in development and will be launched Autumn 2022.
- A talent management organisational diagnostic has been undertaken with HEIW and WOD leads have embarked on a series of workshops to shape talent management at an All Wales level.

Meeting Date: 31/05/2022 Agenda Item: 1.04.34

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.
- Delivery of Acceler8, Cohort 1 and open expressions of interest for Cohort 2
- Design of Collabor8 Leadership Programme
- Improvement programme to reinvigorate VBAs

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Staff 'burnout' leading to increase sickness, decreased engagement, more conflict • Whole system pressures and COVID uncertainty • The quality of patient care/service provision will be compromised	• Monthly progress meetings to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised.

Flash Report: People and Culture Plan

Date: June 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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:

- Wellbeing survey distributed to the wider medical workforce – closing date – 31st July 2022
- 30 Staff room refurbishments progressing with Estates colleagues
- Schwartz Round meetings held with interested areas
- 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. 2 more events planned for later in 2022
- 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
- Retention Plan has been finalised and will now be implemented across UHB.
- 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 for each programme.
- First cohort of the RCN cadets scheme will commence on 25/07/22
- Involved in CD&T digital transformation programme – this will support roll out of UHB wide framework
- Acceler8 Cohort 1; Module 4 completed at 4PI with support from Executive Director of Planning and Performance. Positive feedback to date 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 enable pay progression to ensure completed effectively
- E-Rostering – HealthRoster implemented in approx. 50 ward areas
- E-Rostering for Medics – initial procurement process complete, lots of providers expressing an interest
- Strategic Workforce Plan for Nursing – refreshed & re-submitted

Next Step Priorities:

- Final preparation for the staff recognition awards
- Develop guides and implement the coaching/ mentoring platform for existing relationships
- Inclusive inner wellness seminars to be delivered July; August; September
- Customer survey to be developed and implemented for TSD
- Present Overseas Nurse Accommodation paper at management Exec.
- Submit bid to Charitable Funds to develop careers videos.
- Work plan for multi-professional clinical education group
- Engaging in phase 2 of digital capability framework development with HEIW, to be rolled out across the UHB.
- Funding for overseas nurses programme team
- Improvement programme to reinvigorate VBAs
- Revisit Talent Management process / details with Executive Team, cascade.
- Engagement with identified areas to develop mentor network
- Coaching for Performance focused work with Aspiring Clinical Directors and Estates Team
- Complete HealthRoster roll out of 12.5hr wards by 30/09/22.
- Agree a rate card for M&D locums, ideally nationally but if not achievable locally.
- Extend Medacs contract for 24months – run M&D Staff Bank.
- Implement Recruitment Optimisation Process(RPO) to recruit permanently to difficult to fill roles, therefore reducing agency spend.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Medacs contract expires in Aug 22. • Increased requests across CBs re leadership capability • Risk to successful completion of Overseas Nurse's programme as funding for necessary facilitators required. • Poor engagement caused by exhaustion / burnout	• Regular reporting to ED of P&C to identify any delays and identify contingency plans.	• Decision to extend the Medcas contract for the M&D Staff Bank – 24 months. • Decision to implement the Recruitment Optimisation Process (RPO) via Medacs. • Funding for International Nurse Recruitment Campaign. • Decision on procuring an e-rostering system for M&D workforce.

Mohamed Sarah 02/02/2023 14:01:38

Flash Report: People and Culture Plan

Date: July 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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Overall Programme Report

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

Focus to Date:

- Inner Wellness Webinar (1 of 3) delivered, positive feedback and high attendance
- Anti-Racist Wales Action Plan for Welsh Government received, UHB plan development underway with support from One Voice Network
- Winning temp engagement app launched 18th July (initially for the Nursing workforce, inc. ODPs)
- Successful bid to UHB's Charitable Fund for almost £10k to develop career promotion videos
- Full funding has been provided to support 15 work experience placements with the Prince's Trust. These will commence in the Autumn.
- The recent recruitment campaign for HCSWs by the Temporary Staffing Department resulted in 98 being interviewed and 64 being appointed
- Developed a training library to support staff in the use of Microsoft 365 applications
- Phase 2 steering group for All Wales DCF is now underway to refine and shape the implementation and development of Digital Capabilities Framework
- Band 6 HEIW funded HCSW development post to support therapies and support services advertised
- Procurement issues related to the CAV Centre of Excellence for Health Education Website now resolved and phase 1 development underway
- VBA process and training has been adapted to enable and support managers and their teams easily upload date of completion. Shortened VBA form provided, designed with input from TUs.
- Manager as Coach Training to be provided for CDs and discussions taking place re positioning for CEF.
- Agreement secured to progress with procurement tendering process for an e-rostering system for M&D workforce.
- Agreement in principle to continue with Medacs contract for M&D Staff Bank (BCAG approval required)
- Recruitment Optimisation Process (RPO) agreed in principle for 'hard to fill' M&D vacancies. (BCAG approval required for completeness)

Wedmore, Sarah
01/02/2023 14:09:54

Next Step Priorities:

- Arrange coaching peer supervision training
- Establish schwartz rounds steering group
- Winning temp – monitor uptake and communicate results
- Nurse Recruitment events in Bristol and Birmingham
- Work with Careers Wales to re-start work experience for students.
- Employment Satisfaction Survey for newly qualified staff has concluded with 22% response rate. Findings are now being reviewed and discussed at Nurse Retention Group
- Collate resources into learning pathways aligned to the DCF.
- Launch of multi-professional clinical education group
- Funding for overseas nurses programme team
- Finalise Collabor8 Leadership Programme
- Delivery of Coaching for Performance focused work with Aspiring Clinical Directors and Estates Team
- HealthRoster for CEF project plan, timescales, etc.
- Programme Board & workstreams to be established to accelerate P&C plan – reduce high cost agency workers
- Accelerate review workforce models/skill mix changes – ward areas.

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

Major Programme Risk:

- Medacs contract expires in Aug 22.
- Increased requests across CBs re leadership capability
- Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required.
- Poor engagement caused by exhaustion / burnout

Mitigating Action:

- Regular reporting to ED of P&C to identify any delays and identify contingency plans.

Decision / Intervention required from Execs:

- BCAG approval extend the Medacs contract for the M&D Staff Bank – 24 months & RPO.
- Funding for International Nurse Recruitment Campaign.
- Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability

Flash Report: People and Culture Plan

Date: August 2022

GIG CYMRU NHS | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale

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:

- Medical Workforce Wellbeing survey closed, analysis in progress (378 responses received)
- Winning temp – currently 11% participation, index of 6.4 (7.5 overall desired index)
- Financial Wellbeing task and finish group established.
- Phlebotomy, ODP, HR, Apprenticeships, Dietetic Assistant, Catering & Housekeeping Promotional videos agreed
- Monthly adverts for bank in place (first week of month)
- 6 out of 7 Project Search Interns have now been offered employment at CAVUHB
- Second development phases underway on All Wales DCF (Digital Capabilities Framework), focusing on engagement with Nursing and Mental Health workforces.
- review of ILA MSc Digital Transformation offering based on CAV participant feedback.
- First cohort of RCN cadet's have joined the UHB.
- UHB led collaborative review of the All Wales Practice Learning framework underway 6 months post implementation. Significant challenges around agreeing national approach to some skills
- UHB led Assistant Practitioner (Nursing) Governance Framework now going through approval processes via national groups.
- Acceler8 Cohort 1; Module 6 completed. Delegates preparing for final Module 7, includes presentation.
- Draft programme for Collabor8 complete, working with key stakeholders (I&I; Change Hub). Programme will be launched, including seeking nominations, in September 2022.
- Shortened VBA form cascaded, includes ESR upload instructions.
- M&D Staff Bank contract extended for 12 months.
- HealthRoster for CEF project plan, timescales, etc.
- Increase Community Capacity - T&Cs mapping exercise for Care Workers commenced to include Health, LA and independent providers.

Mohammed, Sarah 02/02/2023 14:01:34

Next Step Priorities:

- Wellbeing Retreats evaluation and MDT developments
- Establish schwartz rounds steering group and identify clinical leads
- Winning temp – analysis and communication of initial themes / messages
- Afghan & Ukrainian Refugees Recruitment Event
- Present Overseas Nurse Accommodation paper at management Exec.
- Find suitable placements for Prince's Trust work experience placements
- Continue to populate the Microsoft 365 training library based on questions raised by staff, feedback from a questionnaire to assess digital skills and the release of new support resources.
- Develop resources pathways that take staff through the different levels of the DCF
- Launch of multi-professional clinical education group
- Funding for overseas nurses programme team
- Academy of learning (Support Services) workstream
- Evaluation of Acceler8, Cohort 1
- Delivery of Coaching for Performance focused work with Aspiring Clinical Directors and Estates Team
- Number of team development days scheduled for Sept 22, e.g. finance; health charity; people services; PCIC
- Develop programme board for improving quality through workforce efficiencies.
- Accelerate review workforce models/skill mix changes – ward areas.
- Accelerate new roles, e.g. B4 Assistant Practitioner for ward areas

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Central Funding for e-job planning and e-rostering systems • Increased requests across CBs re leadership capability • Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required. • Poor engagement caused by exhaustion / burnout	• Regular reporting to ED of P&C to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Funding for International Nurse Recruitment Campaign. • Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability

Flash Report: People and Culture Plan

Date: September 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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Overall Programme Report

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

Focus to Date:

- identifying workforce and OD priorities with LA colleagues. Opportunities within Vale Alliance to be explored
- Increased requests re Team Development; Cultural Survey Work; Support with MES follow-up engagement; Coaching for Senior Leaders
- Anti-Racist Wales Action Plan for Welsh Government received, Board Development planning in progress
- 9 Exit Interviews conducted in EU following an increase in turnover. Information currently being collated for CB
- The Temporary Staffing Department continue to diversify the professions employed on the bank and have recently appointed 7 Dental Nurses and recent advert have generated 67 applications for a variety of Lab support posts and 1 pharmacist.
- 10 new apprentices started in September including 5 Building Service Engineers taking the overall total to 34 Apprenticeships across the UHB.
- Conducting and documenting a department level digital transformation project to act as a model for wider roll out
- Working with Therapies and the Microsoft 365 Centre of Excellence, to identify and develop ways to automate processes. - anticipated that it will be possible to create a library of automations that can be adopted across the UHB
- Multi-professional Clinical Education Group (MCEG) has launched and Nursing and Midwifery Education Subgroup (NMES) has re-launched, both will support the development of the Academy of Clinical Education.
- New enhanced 3 week long HCSW induction programme to support recruitment for winter pressures.
- First cohort of ACCELER8 participants have now completed the programme. The second cohort will begin next week, featuring 18 senior leaders from across the UHB.
- Final Inner Wellness Webinars taking place this week. Feedback to date has been positive, with a number of participants enquiring about what's next.

Mohamed,Sarah
02/02/2023 14:01:34

Next Step Priorities:

- Establish the infrastructure to support and develop Peer Support Worker (with lived experience) role
- Continue to embed the Physician Associate role while reinforcing the infrastructure
- Arrange coaching peer supervision training – dates being finalised
- MedTRiM training and implementation
- Wellbeing Strategy and Framework development
- Work with Careers Wales to re-start work experience for students.
- Employment Satisfaction Survey for newly qualified staff has concluded with 22% response rate. Findings are now being reviewed and discussed at Nurse Retention Group.
- Continue to populate the Microsoft 365 training library based on questions raised by staff, feedback from a questionnaire to assess digital skills and the release of new support resources.
- Funding for overseas nurses programme team
- Academy of learning (Support Services) workstream
- Roll out of Compassionate Leadership module, designed in conjunction with Prof. M. West is underway. Involved in the initial group reviewing their resources prior to launch. Anticipating that these can be integrated into L&M programmes either directly or through signposting
- COLLABOR8 programme will commence October 2022.
- Manager as Coach training for CD's dates have been finalised, with 2 cohorts due to run during October and November.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Increased requests across CBs re leadership capability • Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required. • Poor engagement caused by exhaustion / burnout	• Regular reporting to ED of P&C to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Funding for International Nurse Recruitment Campaign. • Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability • Recognition of the risks and to take into consideration capacity to deliver due to limited resources

Flash Report: People and Culture Plan

Date: October 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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:

- Financial Wellbeing and Cost of Living Support-task & finish group established. Bespoke financial wellbeing webpages developed for staff on the Sharepoint site.
- Inner Wellness webinars concluded in September (470 attendees) and 5 wellbeing retreats have taken place since July 2022 with 47 individuals from medical workforce.
- Winning Temp Platform has had 887 responding users, giving a participation rate of 13% over the past 3 months. Highest scoring areas of engagement include Team Spirit, Self-Leadership and Commitment; lowest scoring areas include Work Situation, Job Satisfaction and Sustainability.
- Further 4 Widening Access events with schools held to promote NHS careers. This takes the total to 43 since Feb 22.
- During September to November, the UHB will have 44 Overseas Nurses and around 190 newly qualified nurses start employment with the UHB.
- 6 Project Search Interns obtained permanent roles following completion of their course. 51 Kickstarter have now secured permanent employment since the launch of the scheme.
- Implemented the new recruitment modernisation process and digital ID checks to facilitate shorter times to recruit new staff
- initial engagement with Centre for Digital Public Services to scope out training offerings for staff aligned to the DCF.
- Funding secured from HEIW for a six-month 8a Practice Learning Lead. This role will help improve the nursing and midwifery student experience and enhance placement learning.
- First cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and will now move into the Band 4 Assistant Practitioner role.
- Acceler8 Cohort 1 was completed and evaluated positively - members have now joined the Leadership Alumni with Climb Delegates. Cohort 2 commenced.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories.

Next Step Priorities:

- Analysis of the Winning Temp data, Wellbeing Survey and the SMSC Survey is taking place in October 2022 to triangulate the findings, identify themes and make recommendations. Individual analysis of the different engagement mechanisms being used to work around retention and wellbeing.
- MedTRiM Practitioner Training to start with over 70 people signed up to develop their peer support skills.
- Two clinical leads for Schwartz Rounds have been nominated, the final lead will be confirmed in October followed by establishing training dates for the Leads and Steering Group.
- The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional winter capacity.
- Major focus on Recruitment and retention initiatives to support the 'Main Effort.
- Liaising with IM&T to work with stakeholders to develop training approaches to enable the workforce to utilise digital technology: shifting the focus from learning the tool, focusing on ways to develop skills that will enable the workforce to be more adaptable when new technology is adopted.
- Collabor8 leadership programme will commence in October 2022. This provides a stepped approach to leadership development by providing the step before the Acceler8 Senior Leadership Programme.
- Series of leadership and management masterclasses / bite size sessions being developed to support the need identified over Winter.
- The People Analytics team are working with managers to improve the accuracy of data in ESR, next month ESRGO will be added to the HealthRoster system which will drive the accuracy of data in ESR.
- Safe Care will be live from December 2022 in four pilot areas across the UHB. The e-rostering team will be working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- Programme of work to improve the capture of equality and welsh language data in ESR.

Major Programme Risk:

- Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required.
- Poor engagement caused by exhaustion / burnout.

Mitigating Action:

- Regular reporting to ED of P&C 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.
- Funding for International Nurse Recruitment Campaign.
- Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability
- Recognition of the risks and to take into consideration capacity to deliver due to limited resource compared to ask. Prioritisation will have to take place.

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

Meeting: Saturday 29/10/2022 14:01:39

Flash Report: People and Culture Plan

Date: November 2022

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

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:

- Cost of living web-pages for staff have been developed which includes signposting to MoneyHelper, an advice and guidance provider recommended by Welsh Government. Cost of Living Roadshows held across sites during November 2022.
- Staff Wellbeing Framework development has commenced with a benchmarking exercise and collaboration with TU Partners. Options will be considered by the Strategic Wellbeing Group in December 2022.
- positions were fast tracked by People Resourcing to enable faster recruitment to departments such as Facilities, Catering, Finance, and Temporary Staffing
- A revised Exit Questionnaire and new process for submissions has been developed.
- Skill mix for additional winter capacity has been identified and posts are being advertised.
- Undertaking Open Your Eyes Week in collaboration with Cardiff Commitment by delivering presentation to 103 school classes (3000 pupils) virtually to increase NHS awareness to school ages
- Further development of a training library to support staff in the use of Microsoft 365 applications. Groundwork has been set up to facilitate the ability for people to contribute short videos, showcasing some of the ways they're using Microsoft 365 tools to overcome issues they're facing in the work place.
- Extended HCSW induction programme launched which will support mass recruitment
- Series of leadership and management masterclasses / bite size sessions being developed to support the need identified over Winter
- Safe Care will be live from December 2022 in four pilot areas across the UHB. The e-rostering team will be working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories.
- The People Analytics team are working with managers to improve the accuracy of data in ESR, this month ESRGO is being added to the HealthRoster system which will drive the accuracy of data in ESR.

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Next Step Priorities:

Over the winter months focus will be focusing on the 'Main Effort' and the P&C team aligned to 4 key priorities: Wellbeing (including cost of living support); Recruitment; Retention; and Workforce Planning

Microsoft 365 accounts for staff – more and more services are being rolled out that require this, but progress is still (seemingly) slow. This is becoming even more vital, considering the volume of communications that are sent out to staff that is reliant on them having access to a Microsoft 365 account.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Poor engagement caused by exhaustion / burnout.	• Regular reporting to ED of P&C to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability

Flash Report: People and Culture Plan

Date December 2022

GIG CYMRU NHS | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale

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Overall Programme Report

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

Focus to Date:

- A series of People and Culture Roadshows were held across the UHB during Talk Money Week' and a number of training sessions/presentations around financial wellbeing have been held
- Continuation and enhancement of Employee Wellbeing Service online and on-site support
- Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly at Workforce Hub meeting
- Trac modernisation has been implemented successfully which will reduce the appointment to start times.
- Occupational Health are continuing to process all Pre-employment Health Declarations as a priority and are processing 600-700 forms per month
- Focussed work is currently taking place within EU/AU to maximise impact. Interventions include: exit questionnaire development and analysis, OD programme of work, continuation of the wellbeing programme for EU staff, drop in sessions for staff held in partnership wit TU representatives, increased senior leadership visibility including Executive visits, and support for the Clinical Board to create an action plan.
- Anti-Racist Wales Action Plan for Welsh Government received, Board Development planning in progress
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- Culture and Leadership Programme focussing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit.
- Enhancement of Leadership and Management Development offer and continuation of programmes and development sessions
- Engaging with the Clinical Boards to develop a baseline summary of nursing workforce data with a view to understanding the current nursing position and the challenges and opportunities for change
- E-Rostering Team appointed and are accelerating Nursing roll-out
- A campaign to improve our workforce data around Equality and Welsh language skills is underway to enable us to we understand the diversity of representation at all levels and our organisational Welsh language skills

Mohamed.Sirajudeen
02/02/2023 14:01:34

Next Step Priorities:

Over the winter months focus is on the 'Main Effort' and the P&C team aligned to 4 key priorities: Wellbeing; including cost of living support); Recruitment; Retention and Workforce Planning

Review key deliverables and milestones to help evidence progress towards overarching objectives
Winning temp – analysing and sharing results
Development of a work and wellbeing passport to work in collaboration with the managing attendance at work policy.
Two new programmes are under development to support the 'grow our own' approach. These focus on 'Return to Registration' to support nurses to regain NMC registration via the NMC Test of Competence rather than a HEI return to practice programme and 'Novice to Nurse' to develop HCSW to Registered Nurse
Development of Leadership and Management Masterclasses to support retention and wellbeing priorities
Establish coaching capacity and process for requesting coaching / signposting to coaching providers.
Plans to accelerate training for Safe Care, aim to complete by March

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

Major Programme Risk:

- Poor engagement caused by exhaustion / burnout.
- Capacity and dedicated skills/resource to support workforce planning and dev. Of new roles
- Limited focus on long term workforce planning to build sustainable workforce models
- Central Funding for e-job planning system and e-rostering

Mitigating Action:

- Regular reporting to ED of P&C to identify any delays and identify contingency plans.
- Workforce planning training to be developed in 2023 to improve knowledge and capability

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.
- Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability.

People & Culture Plan - Performance Indicators 2022-2023

			2022-23				
Indicators	**Target**	**Baseline as at Jan 2022**	**QTR 1**	**QTR 2**	**QTR 3**	**QTR 4**	**RAG**
Reduce Turnover across all staff groups	7-9% by 22-23	12.58%	13.58%	13.37%			
Reduce vacancies across all staff groups	5% or below by 23-24	7.95%	9.60%	8.46%			
Reduce % of sickness absence to a more sustainable position (cumulative)	to 6% in 22-23 and 5.5% in 23-24.	6.68%	7.16%	7.12%			
Reduce the % of staff on long term sick leave suffering with stress, anxiety, depression	by 10% in 22-23 and a further 10% in 23-24.	26.67%	26.44%	27.35%			
Streamline recruitment processes, reduction in time to hire - T14 Time Taken Vacancy Creation to Unconditional Offer	12 month reduction - National target 71.00 days	90.20	85.30	89.60			
Raise awareness of the importance of undertaking appraisals with staff and increase compliance	50% in 22-23 and 85% in 23-24.	33.70%	32.49%	41.81%			
Increase the number of staff who access learning, development and training opportunities, including e-learning, virtual learning, etc.	By 50% by 23-24		5,689	4,308			
Increase number of staff undertaking the Senior Leadership Programme	36 by end 22-23	0	10	10			
Improve Staff Engagement Score %	Annual Improvement	3.7	N/A	N/A			
Improve Statutory & Mandatory Training compliance % across all subjects	85%	72.43%	72.43%	73.51%			
Increase % of Job plans approved in the e-job planning system	85%	18.56%	29.38%	42.43%			
Increase the capture of EDI data in ESR %	85%	21.52%	22.69%	23.08%			
% of staff identified as BAME	TBC - Release of Census data Oct-22	10.82%	11.14%	11.24%			
% of staff identified as having a disability	TBC - Release of Census data Oct-22	4.42%	4.94%	5.06%			
% of staff identified as female	TBC - Release of Census data Oct-22	76.38%	76.51%	76.58%			
% of staff identified as male	TBC - Release of Census data Oct-22	23.62%	23.49%	23.42%			
% of staff identified as LGBTQ+	TBC - Release of Census data Oct-22	3.09%	3.35%	3.81%			
% of staff identified as being on maternity leave	TBC - Release of Census data Oct-22	2.48%	2.41%	2.32%			
% of staff identified as being married/in a civil partnership	TBC - Release of Census data Oct-22	48.14%	47.30%	47.12%			
% of staff identified as minority religion	TBC - Release of Census data Oct-22	3.17%	3.29%	3.46%			
Increase the capture of Welsh Language capability data in ESR %	85%	36.27%	36.18%	36.32%			
Staff learning Welsh language: -							
Welsh language skills (entry to foundation)	Annual Improvement	5.99%	6.27%	6.37%			
Welsh language skills (intermediate)	Annual Improvement	0.83%	0.81%	0.87%			
Welsh language skills (higher to proficient)	Annual Improvement	2.77%	2.82%	2.88%			
No of Apprentices employed within the UHB	50	21	4	7			
No of Apprentices offered permanent positions following their apprenticeship	5	16	2	2			
Increase % of existing staff utilising the apprenticeship training framework to develop, upskill, etc	240	1508	81	46			
Reduction in variable pay bill	12 month reduction	10.64%	10.46%	10.77%			
Reduction in monthly agency spend as a % of the total pay bill	12 month Reduction	3.21%	3.14%	2.99%			
Increase % of Medical & Dental staff accessing ESR in previous 3 months	No target - increasing %	65.70%	76.42%	84.57%			
Increase % of staff with work email addresses (measure as recorded in ESR)	No target - increasing %	60.46%	59.03%	59.13%			
Increase no of active, qualified coaches at level 5 & 7	increase from 0 to 50 by 2024	0	0	0			
Increase no of active, qualified mentors	increase from 0 to 30 by 2024	0	0	0			
E-Rostering - No of areas trained	Set as per rollout plan	0	58 Migrated - 23%	90 Migrated - 43%			
E-Rostering - No of areas live to Payroll		0	6 Live to Payroll	90 Live to Payroll			
Workforce Shape - increase % of new/extended roles, e.g.:							
Physician Associates (Pas)	increase from 10-26 by 2024	13.00	16.20	16.20			
Nursing Assistant Practitioner, Band 4		0.00	0.00	0.00			
Assistant Practitioners, B4 - Theatres		0.00	0.00	0.00			
Advanced Nurse Practitioners		27.60	26.44	27.60			
Surgical Care Practitioners		2.59	2.00	2.00			

Page 54 of 101 - Integrated Performance Report - Month 12 - 2022/23

Report Title:	Key Operational Performance Indicators				Agenda Item no.	2.1.3
Meeting:	Strategy and Delivery Committee	Public	✔		Meeting Date:	24/01/2023
		Private				
Status *(please tick one only):*	Assurance	✔	Approval		Information	
Lead Executive:	Chief Operating Officer					
Report Author (Title):	Performance and Planning Manager – Operations					

Main Report
Background and current situation:

Background and current situation:

The Health Board has refreshed its Operational plan for 2022/23, ensuring alignment to Welsh Government national plans, including Six goals for Urgent and Emergency Care and Our programme for transforming and 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.

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

Operational Performance update

Urgent and Emergency Care:

- Reportable Emergency Unit attendances increased in December 2022 (12,699) from the numbers reported in September (12,075) and November (12,439), but fewer than October 2022 (13,070)
- 4-hour performance in EU was 61.0% in December 2022, reduced from 61.3% in September 2022
- 12-hour EU waits remain high with 906 reported in November and 1,177 reported in December 2022
- 33 Ambulance handovers took place in over 4 hours during December 2022, a significant reduction compared with the 230 reported in September 2022
- The percentage of red calls responded to within 8 minutes decreased from 59.1% in September to 45.6% in December 2022.

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

The challenging position across the urgent & emergency care system as verbally reported at previous committee meetings has continued. There are two main factors which continue to combine to cause current difficulties. The first is the very high levels of adult bed occupancy, which is predominantly driven by the number of patients who are delayed transfers of care (DTOC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit.

Approved by 02/02/2023 17:01:34

The second is the sustained workforce challenges which is being driven by the high number of escalation beds that are open to support the DTOC levels, the number of trained nurse vacancies and our high sickness absence rate.

At the time of writing, the UHB had 128 Covid positive inpatients across its two acute hospital sites.

In order to address the current pressures and improve the operational performance for our patients, a number of plans, in conjunction with its Local Authority and WAST partners, have been brought together into an overall Winter Plan for the Health Board to bridge the anticipated gap in capacity this winter.

Figure 1: A&E Attendances

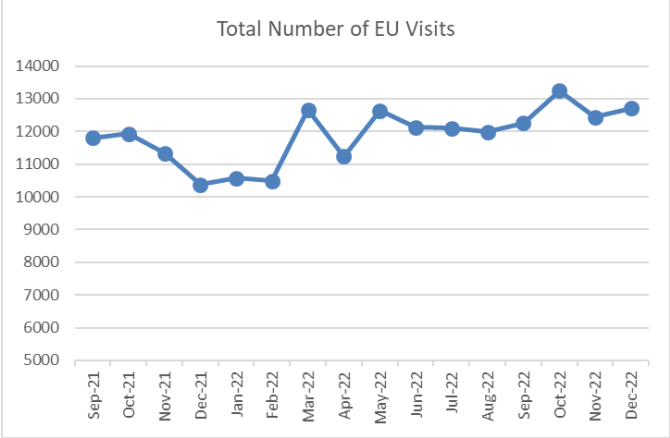


Figure 2: A&E waits – 4/12 hours

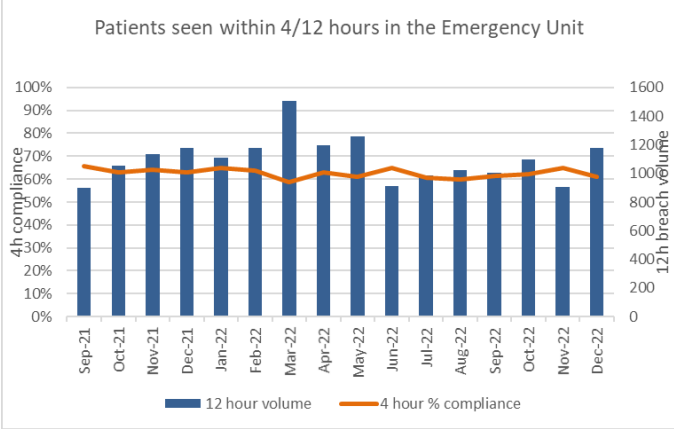
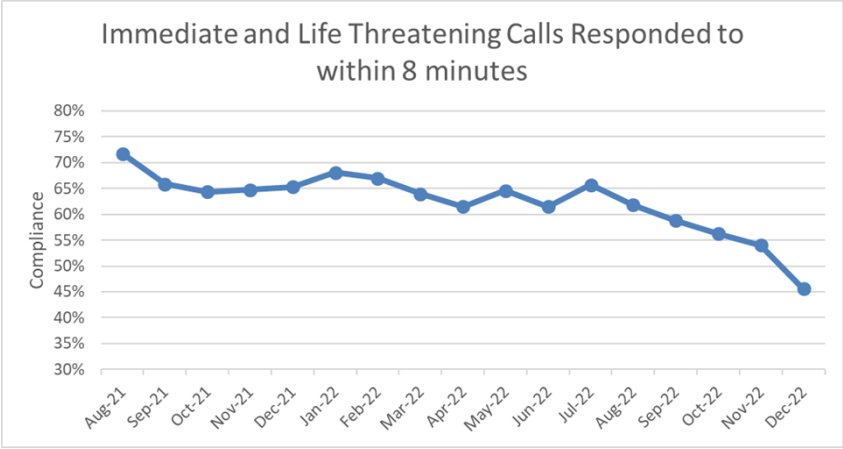


Figure 3: Red calls responded to within 8 minutes



Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has been poor. In October 2022, 1.2% of patients were admitted to a specialist ward with a nerve block within 4 hours. This is slightly improved from the preceding 3 months but a reduction from 2.2% in October 2021 and below the national average of 6% over the last 12 months. In October, 54.7% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a reduction when compared to October 2021 performance (64.6%) and below the national average of 59% over the last 12 months.

Stroke

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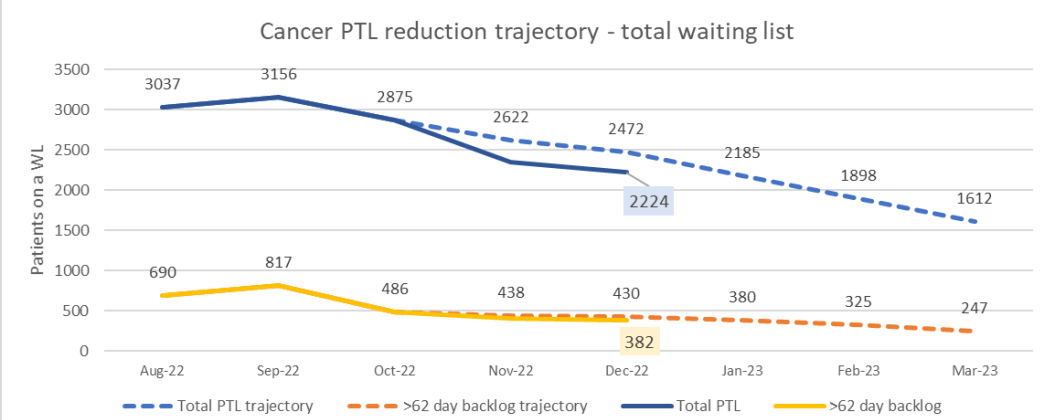
Stroke performance is below the standards in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP). In November 27.3% patients were thrombolysed within 45 minutes of arrival, the All Wales average was 34.7%. The percentage of CT scans that were started within 1 hour in November was 40.3%, the All Wales average was 48.7%. The percentage of patients who were admitted directly to a stroke unit within 4 hours was 17.2% in

November, the All Wales average was 22.2%. The standard within the Quality Improvement Measures is that all patients are managed within the given timeframes. A number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from ED effectively.

Cancer:

Cancer performance remains significantly below the Single Cancer Pathway (SCP) standard, October saw a significant 12% improvement compared with September with 54.8% of patients receiving treatments within 62 days, however despite the improvement this is still markedly under the 75% standard. At the time of writing there are a total of 2224 suspected cancer patients on a single cancer pathway, of which 382 have waited over 62 days. Of these, there are 2055 Cardiff and Vale patients (excluding tertiary patients) of which 354 have waited over 62 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients and a cancer summit has taken place with the tumour group leads and operational teams to understand the demand (referrals for patients with suspected cancer have now exceeded pre-Covid levels), the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. An internal Stroke Summit will be taking place in January in addition to the ongoing Demand and Capacity exercise and analysis of monthly breach reports to inform our management of these pathways going forward.

The reduction in the total number of patients on a cancer pathway and the number waiting over 62 days for out total waiting list (including tertiary patients) and Cardiff and Vale patients only are in line with our trajectories.



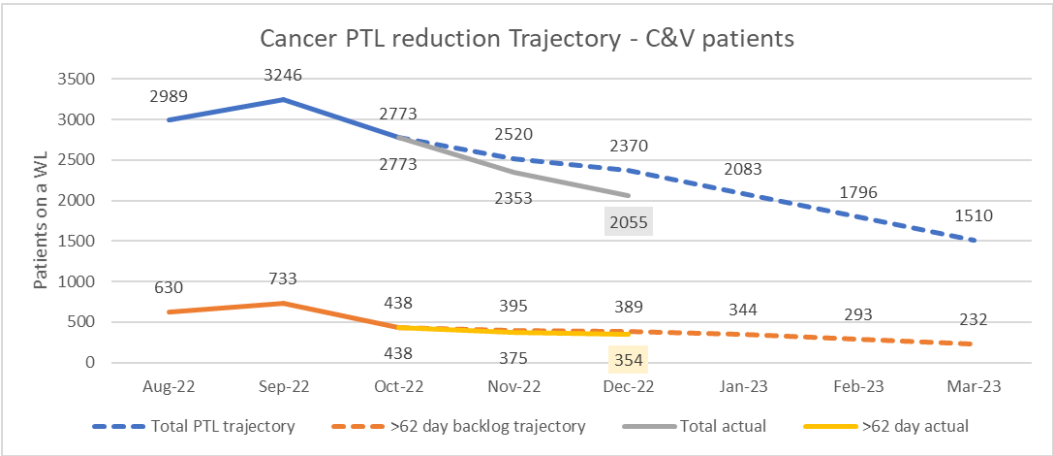


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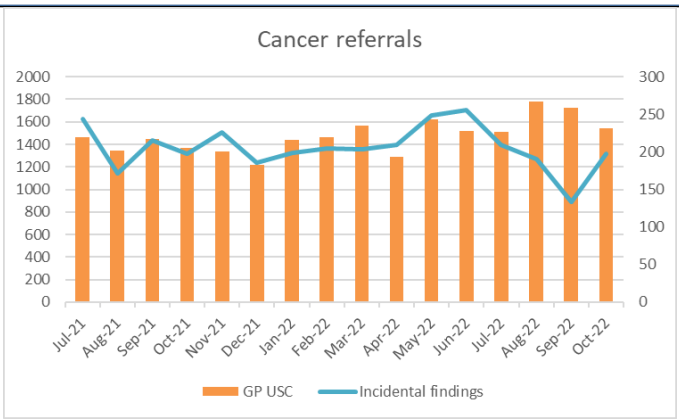
Figure 4: Cancer referrals	Figure 5: SCP Performance



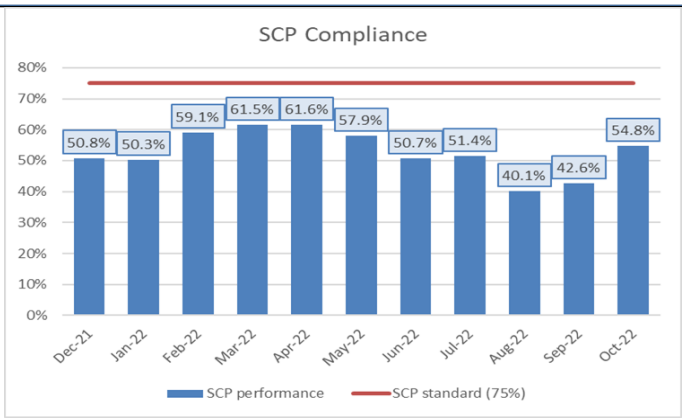


Figure 6: SCP Performance by tumour site

	June				July				August				September				October			
Tumor Site	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance
Head & Neck	1	3	4	25%	2	3	5	40%	2	4	6	33%	3	2	5	60%	2	3	5	40%
Upper GI	6	8	14	43%	7	5	12	58%	5	8	13	38%	3	6	9	33%	8	6	14	57%
Lower GI	9	14	23	39%	6	16	22	27%	7	9	16	44%	4	17	21	19%	9	15	24	38%
Lung	16	9	25	64%	12	5	17	71%	15	13	28	54%	12	7	19	63%	20	12	32	63%
Sarcoma					1	4	5	20%		1	1	0%		2	2	0%	1		1	100%
Skin	4	1	5	80%	2	1	3	67%	2	4	6	33%	7	6	13	54%	1	3	4	25%
Breast	15	16	31	48%	27	10	37	73%	14	21	35	40%	14	20	34	41%	13	13	26	50%
Gynaecological	5		5	100%	5	3	8	63%	2	6	8	25%	2	3	5	40%	7		7	100%
Urological	13	17	30	43%	4	18	22	18%	13	24	37	35%	15	20	35	43%	19	14	33	58%
Haematological	2	1	3	67%	5	2	7	71%	2	2	4	50%	3	2	5	60%	3	3	6	50%
Other	2	2	4	50%					1	2	3	33%					3	2	5	60%
Total	**73**	**71**	**144**	**50.69%**	**71**	**67**	**138**	**51.45%**	**63**	**94**	**157**	**40.13%**	**63**	**85**	**148**	**42.57%**	**86**	**71**	**157**	**54.78%**

Figure 7: Cancer waiting time bands by tumour site

Speciality	0-14	15-28	29-50	51-62	63-79	80-103	104+	Unknown	Total
Brain/CNS				1					**1**
Breast	63	106	142	21	15	8	1	1	**357**
Children's Cancer		2	7	2			1		**12**
Gynaecological	36	64	50	22	14	19	19		**224**
Haematological	3	2	6	3	2	1	3		**20**
Head & Neck	49	40	35	10	4	3	2		**143**
Lower GI	66	108	134	35	21	14	15		**393**
Lung	5	11	19	10	11	12	13	1	**82**
Other			1	1					**2**
Sarcoma			3		2		1		**6**
Skin	41	79	130	38	24	20	14		**346**
Unknown								11	**11**
Upper GI	69	85	87	23	26	11	20		**321**
Urological	26	66	81	47	33	31	22		**306**
Total	**358**	**563**	**695**	**213**	**152**	**119**	**111**	**13**	**2224**

NB. Taken from Total Cancer PTL as at 30/12/2022

Planned Care:
The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 125,245 as at November 2022. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – November – 885
- Patients over 104 weeks - November – 5,553
- Patients over 52 weeks – November – 26,391

Mohamed Sarah
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The number of patients waiting for planned care and treatment ***over 36 weeks*** has decreased to 40,775 at the end of November 2022. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of November 2022 was 188,186. 98.8% of patients on a follow up waiting list have a target date, above

the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 46,583.

94.2% of patients waiting for ***eye care*** had an allocated health risk factor in November 2022. 65.04% of patients categorised as highest risk (R1) are under or within 25% of their target date.

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

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

Where we are not able to deliver against the 104-week ambition, we are committed to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	June	July	August	Sept	Oct	Nov
Number of patients who will have waited more than 156 weeks for ***treatment*** (all stages) by end of March 2023	6,898	6,191	4,995	4,108	3,491	2,704

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

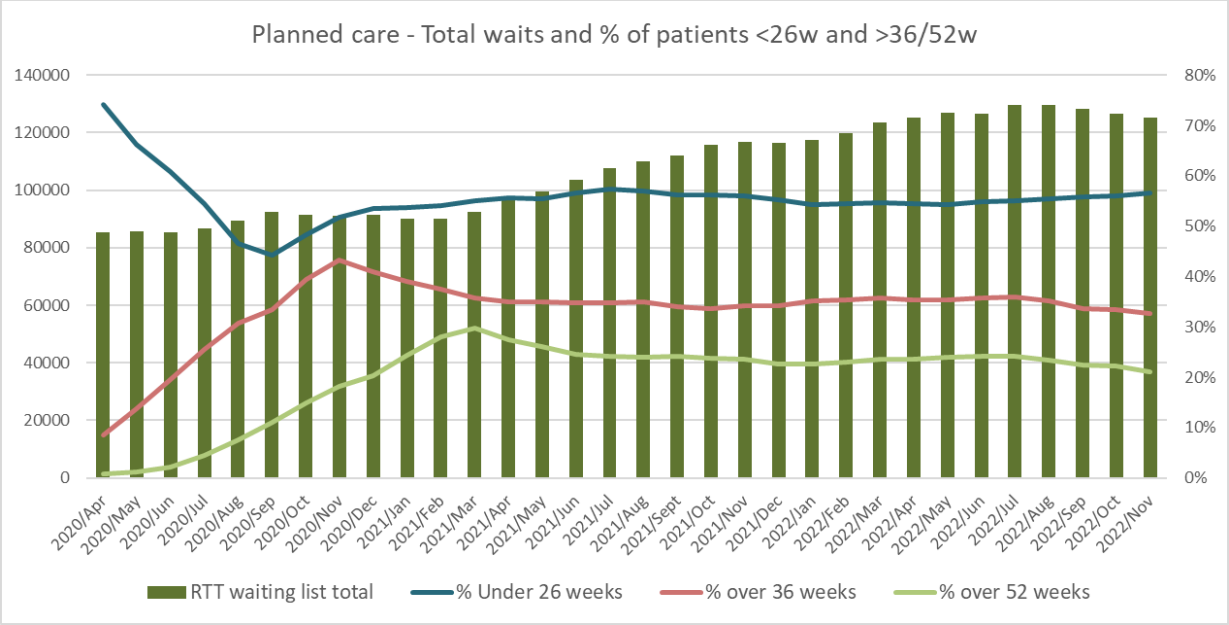

Figure 9: Outpatient Follow-ups – Total waiting list and 100% delayed

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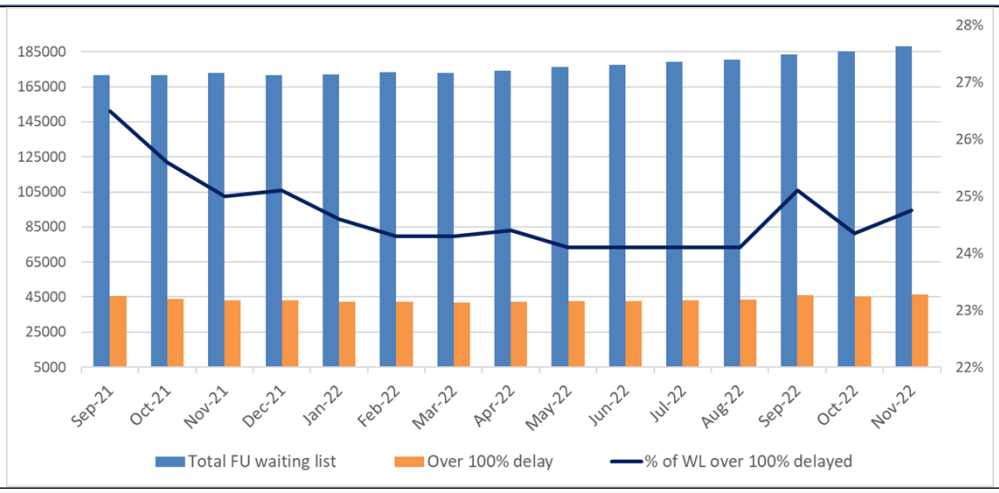


Diagnostics:
The volume of greater than eight-week ***Diagnostic*** waits has reduced to 3,654 at the end of November from 4,088 in September 2022. The number patients waiting over 14 weeks for ***Therapy*** reduced to 1,209 from 1,328 in September, as reported at the November Board Meeting.

Figure 10: Diagnostics 8 week waits

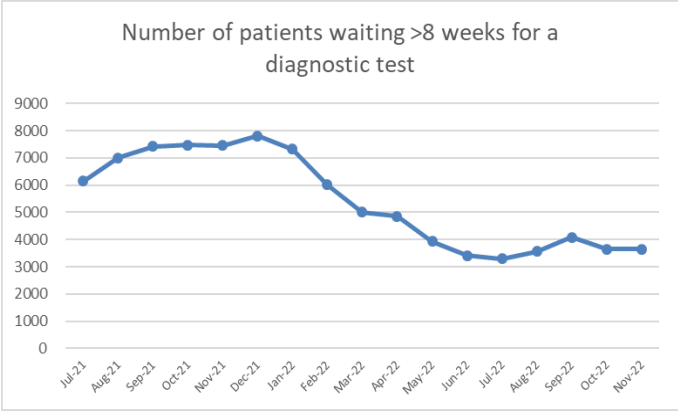
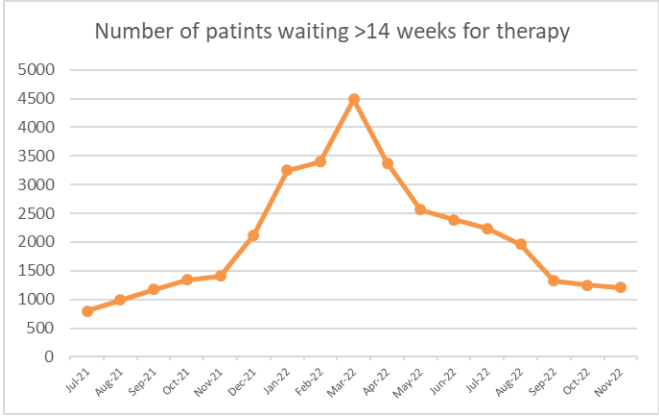


Figure 11: Therapies 14 week waits



Primary care:
Pressure has continued within General Medical Services. There were 20 practices reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 65% of pre-Covid activity in November. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

The Health Board was 83% compliant in November 2022 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 5 of 6 patients receiving their visit with one hour. For patients that required an 'Emergency' appointment at a primary care centre in November the Health Board was 100% compliant, with 3 of 3 patients receiving an appointment within 1 hour.

Figure 12: % of GP OOH appointments requiring a home visit provided within 1 hour	Figure 13: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour

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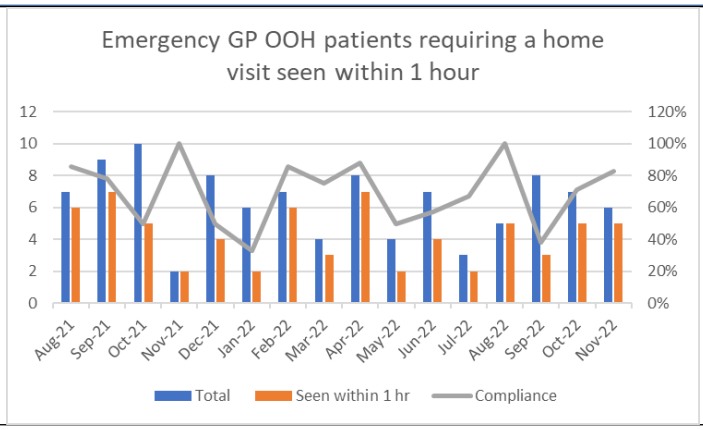

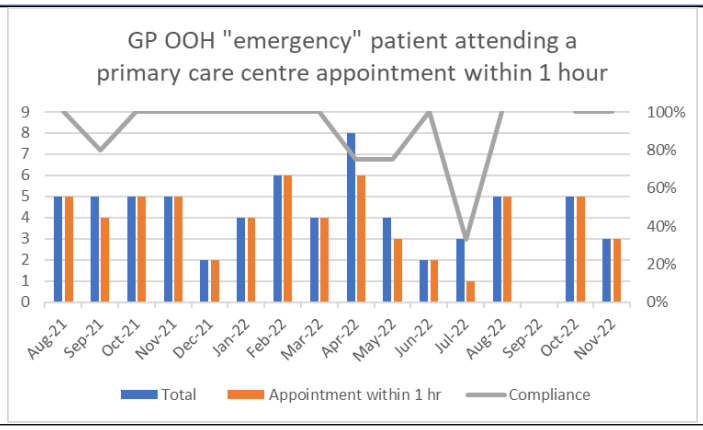

Mental Health Measures:
Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,303 referrals in October 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.

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

- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 99.7% overall in October 2022, increased from 99.3% in September 2022. For CAMHs services, compliance Increased from 93.8% in September to 97.8% in October 2022.
- Part 1b: 94.9% of therapeutic treatments started within 28 days following assessment at the end of October 2022, an reduction from the reported compliance in September 2022 (95.9%).
- 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 October 2022 compared to 86% in September 2022.
- Part 3: 100% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in October 2022 increasing from 83% in September 2022.

Figure 14: Mental Health Referrals

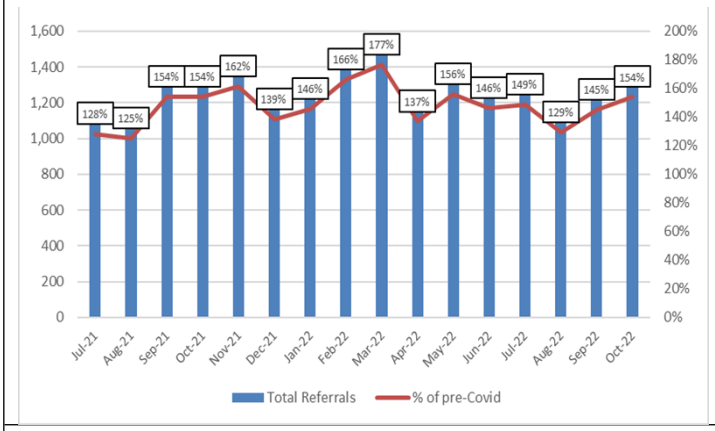

Figure 15: Performance against Mental Health Measures – Part 1a, 1b, 2, 3

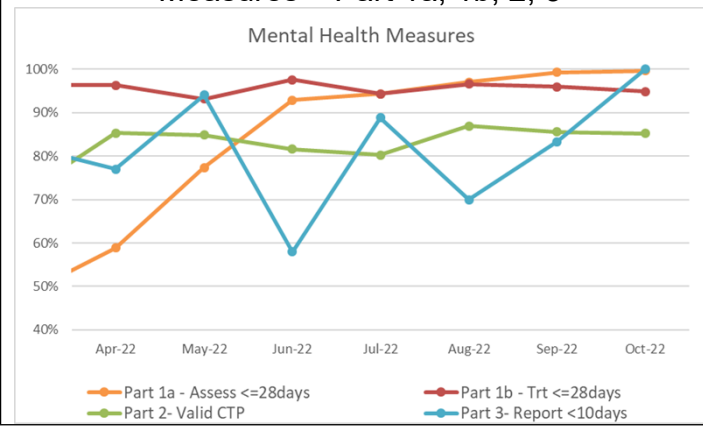

Figure 16: Part 1a Performance

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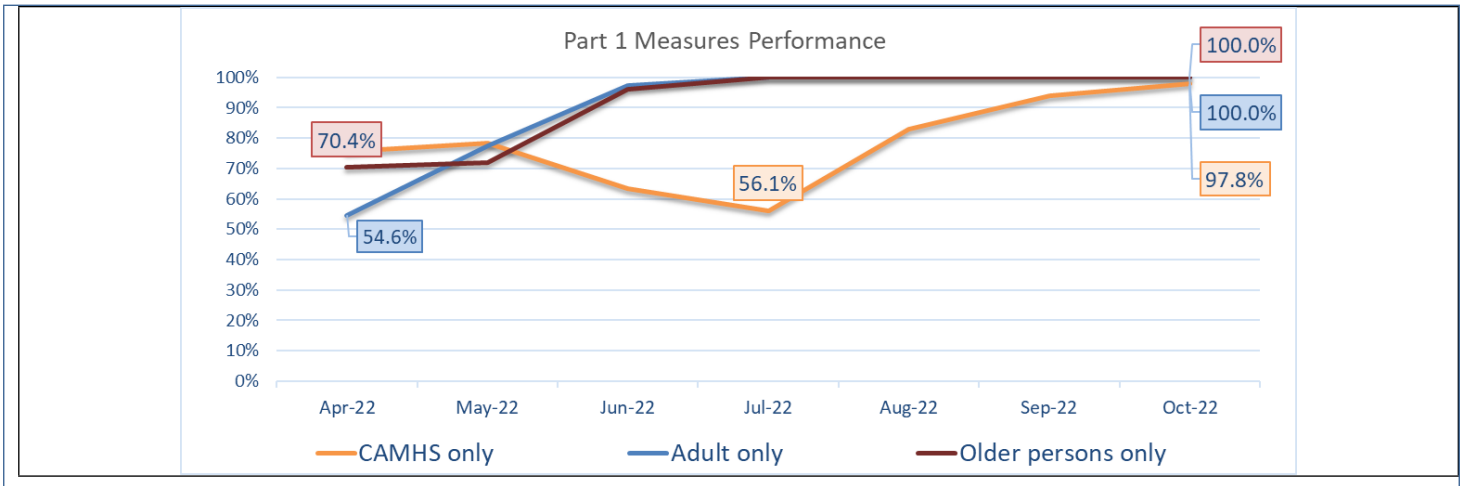

Recommendation:

The Strategy and Delivery Committee is asked to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✔	Integration	✔	Collaboration		Involvement	

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Mohamed Sarah
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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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Update on Cancer Performance Strategy & Delivery Committee 24 January 2023

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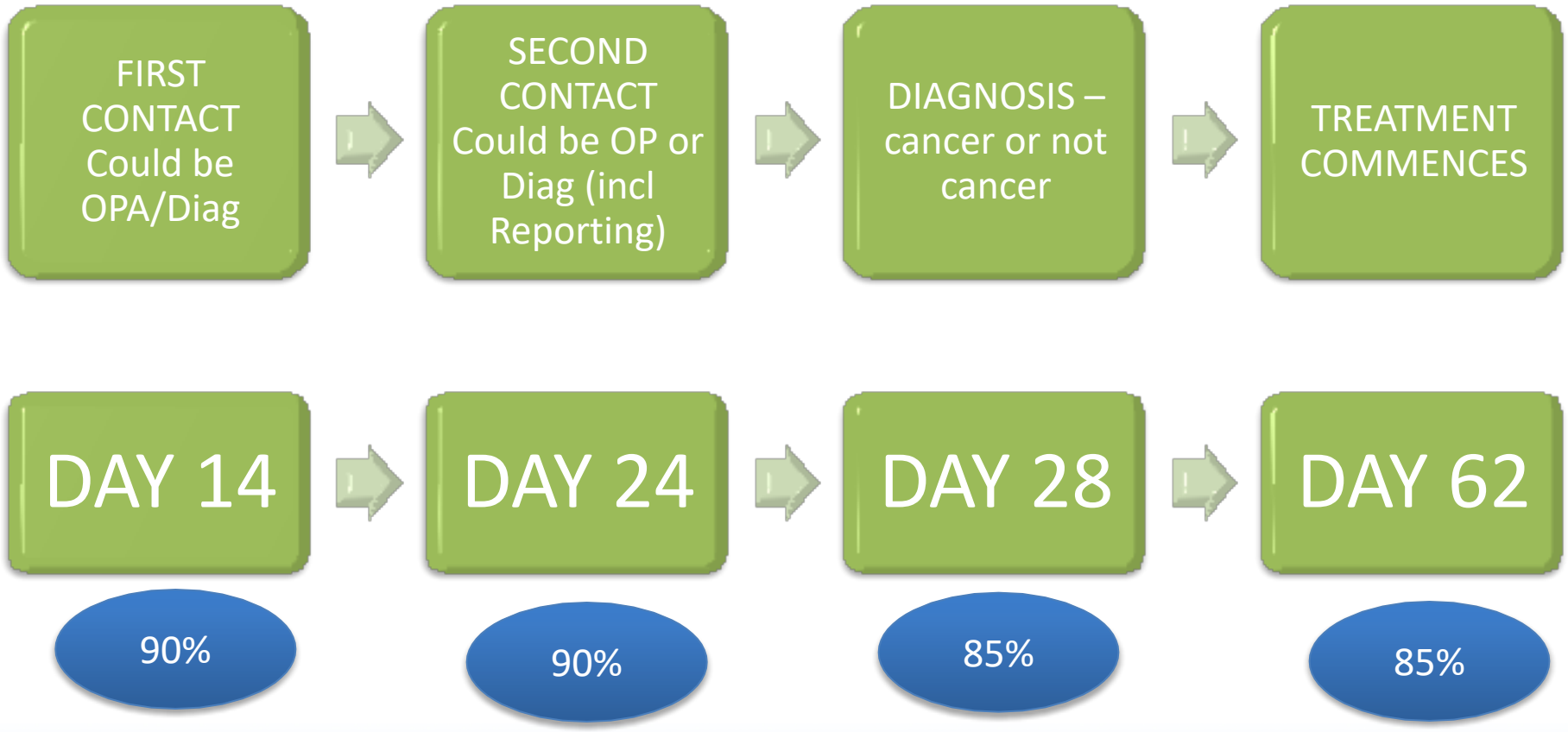
Our Ambition



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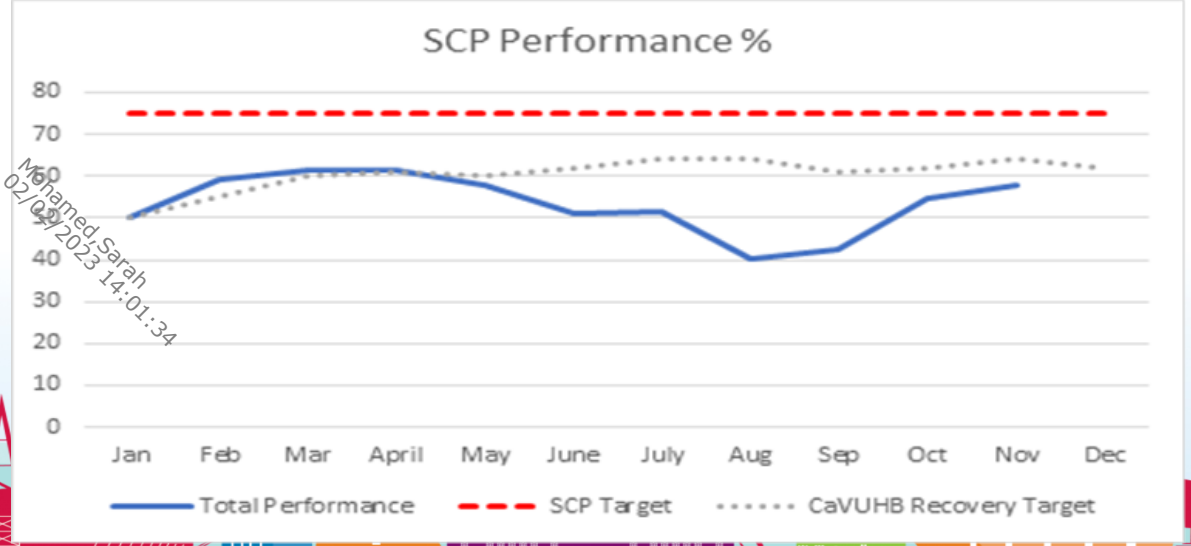
SCP Performance – November 2022

Tumour Site	In Target	Breach	Grand Total	%
Head and Neck	2		2	100.0%
Upper GI	10	5	15	66.7%
Lower GI	9	8	17	52.9%
Lung	24	5	29	82.8%
Sarcoma		1	1	0.0%
Skin (exc BCC)*	14		14	100.0%
Brain/CNS	3		3	100.0%
Breast	12	22	34	35.3%
Gynaecological	2	11	13	15.4%
Urological	12	12	24	50.0%
Haematological	1	1	2	50.0%
Grand Total	**89**	**65**	**154**	**57.8%**



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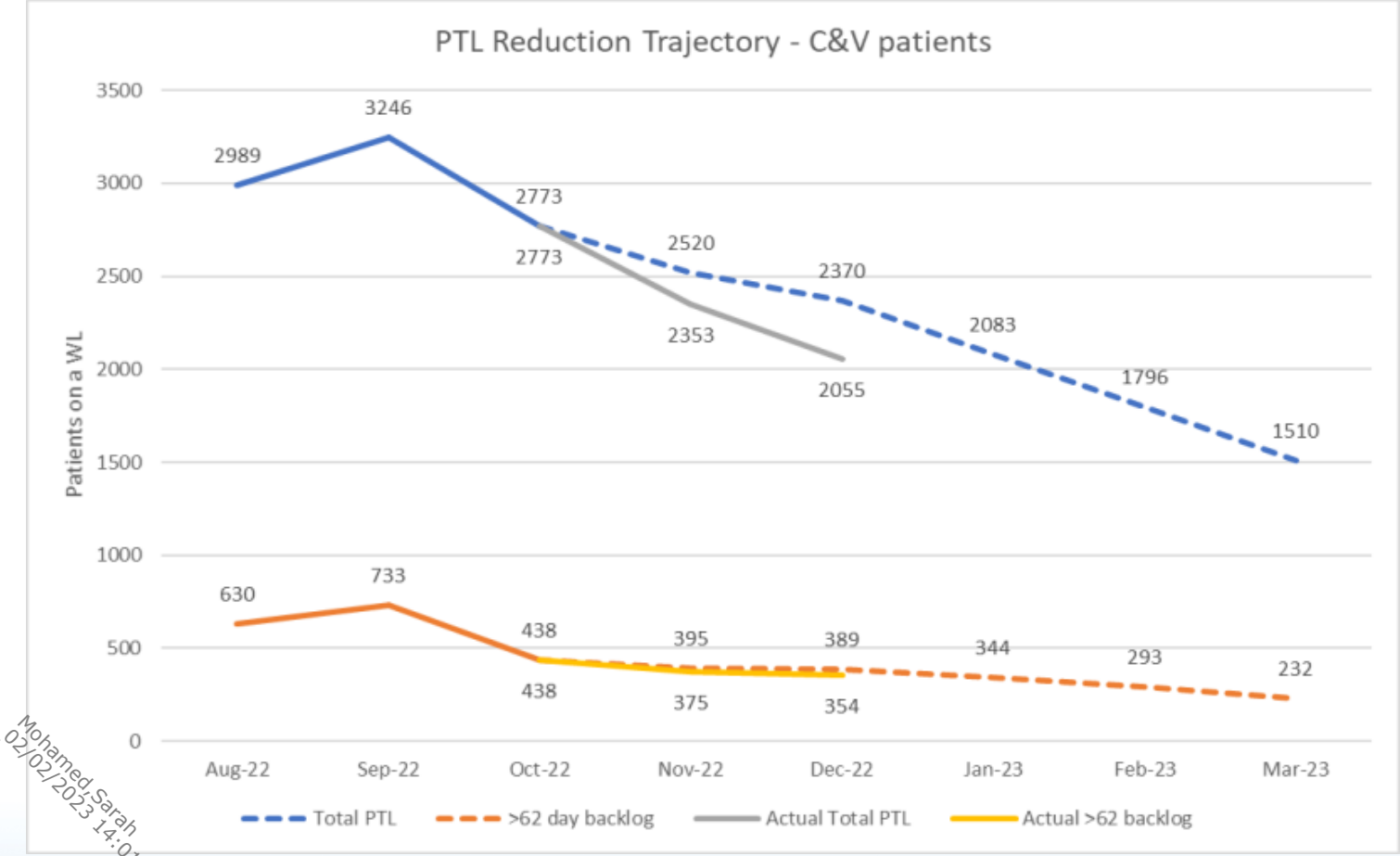
- Cancer performance in Nov 2022 = 57.8% which was our best performance since May 2022. (The standard is 75% of patients to start definitive treatment within 62 days of point of suspicion).
- Treatment volumes in month (154) are still lower than the average number of treatments undertaken during 2021
- 65 patients were treated from the >62 days cohort, of which 20 were >104 days
- Delivery against the SCP standard has been below trajectory submitted to WG as part of the IMTP. However we seeing month on month improvements (Aug 40%, Sept 43%, Oct 55%. Nov 58%)
- Poorest performing tumour sites in Nov were LGI, UGI, Urology, Breast, Gynae

Backlog Reduction Trajectory



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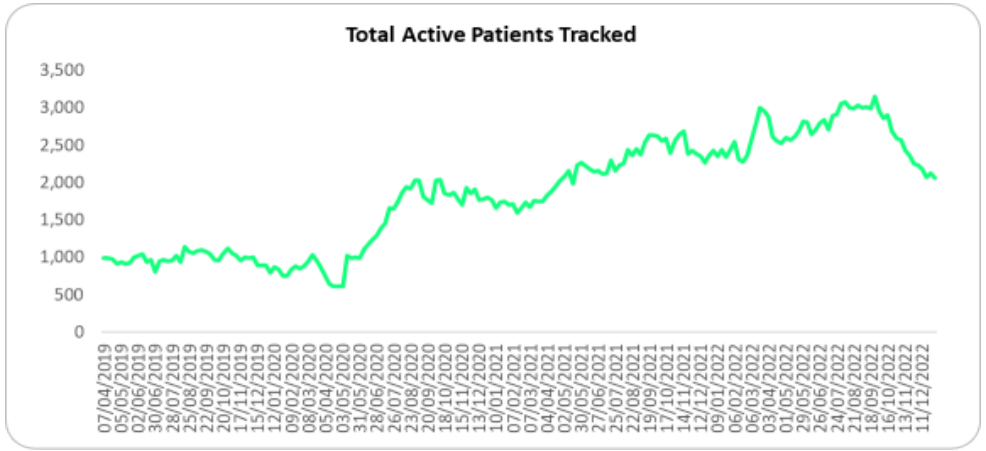
- The backlog reduction trajectory has been developed following a demand/capacity assessment of the key tumour sites
- These have been developed with and agreed by Clinical Boards
- The trajectory covers the C&V resident population (to be consistent with the trajectories submitted to the DU by all the Health Boards)
- We are ahead of profile in terms of the overall reduction in the PTL and slightly ahead in terms of the >62 day cohort
- Within the >62 day cohort there is a focus on eliminating waits of >104 days by March 23

Active Wait Trends

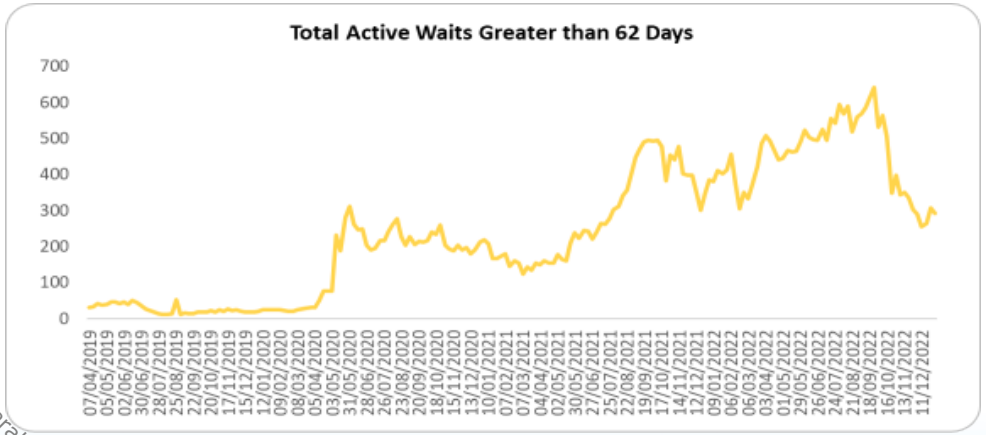


01/01/2023

Total Active Patients	Wait More than 62 Days	Wait 104 Days or More
2,062	292	68

02/01/2022

Total Active Patients	Wait More than 62 Days	Wait 104 Days or More
2,433	385	119



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- *Information taken from the DU Dashboard census date 01/01/23*
- *Shows a comparison with the same week last year*
- *N.B. information relates to C&V resident population only and excludes tertiary referrals to C&V*

SCP Performance – Actions

Structure and Governance

- Strengthened governance and oversight
- Established weekly cancer oversight meeting with COO and Directors of Operations reviewing waiting list, activity and performance
- 2 internal cancer summits held 20/9/22 and 25/10/22. 3rd summit planned for 17/01/23.
- Clarification of roles and responsibilities – Directorates and Cancer Services – series of roadshows/training held with Directorate teams
- Appointment process underway for General Manager for Cancer Services

Information and insight

- Daily PTL shared with Directorate teams
- Weekly view of PTL and movement from previous week shared with Dir of Ops
- Focus on cohort of patients >62 days without a TCI for their next step
- Escalation of patients waiting in excess of pathway standards e.g. 10 days to first contact, 28 days to diagnosis
- Ongoing work to replace CaNISC
- Working on development of a dashboard for internal use

Pathways

- Demand/capacity reviews undertaken for key tumour sites – breast, gynae, skin, UGI, LGI and urology
- Re-launched the cancer sticker for diagnostic test requests (rad, path, endo)
- Pathway review for LGI agreed to include requirement for FIT testing
- Review of breast and skin pathways undertaken
- Lower GI and lung pathways to be presented at internal cancer summit on 17/01/23
- Work required on pathways for UGI, gynae and urology - Improvement Cymru support

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Rapid Diagnosis Clinic

- The UHB approved a business case in April 2022 to establish a Rapid Diagnosis Clinic for patients referred as suspected cancer as part of the Vague Symptom Pathway
- The UHB has secured funding from the Wales Cancer Network for any costs incurred during 22/23 and two years funding from Macmillan to support the CNS from commencement in post
- The recruitment process has been delayed for a number of reasons but good progress has been made in the last couple of months:
  - The Physician post has been appointed to and is in place
  - Interviews have taken place for the CNS and admin post and have been appointed to (awaiting start dates)
  - Interviews for the GP lead and HCSW are taking place w/c 9th January
  - The advert for the Clinical Lead is live
- Clinic space has been identified and agreed
- The clinical model for the service has been agreed
- The start date will be confirmed once the start dates for the CNS/GP/HCSW/admin are finalised but it is likely to be February 2023

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Next Phase of Improvement

- Focus on pathway redesign in main tumour sites – development of Cancer Improvement Plan drawing on:
  - Breach reports, National Optimal pathways, peer reviews, D&C insight
- Appointment of General Manager for Cancer Services – Jan 23
- Implementation of RDC – Feb 23

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Update on MFFDs
Strategy & Delivery Committee
24 January 2023

Mohamed,Sarah
02/02/2023 14:01:34

Medically Fit for Discharge: Context

- Post Pandemic we have had a significant rise on our patients who are medically fit for discharge needing support in their homes or alternative care in residential or nursing homes.

- The health board and local authority partners are working jointly to try and reduce this recognising the harm we are causing.

Mohamed,Sarah
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- Major risks include workforce constraints around domiciliary care provision and social workers

Breakdown of our patients waiting

Table 1

Site	Patient No.
St Davids Hospital	64
Barry Hospital	8
Llandough	118
UHW	100
Lakeside	73
Total	**363**

Table 2

Reason for Delays	Total no. Patients
Cardiff	**249**
Social Worker Allocation	69
Social Worker Assessment	55
Nursing Home	21
Package of Care	35
Housing	17
Complex	15
Residential Home	5
Plan for Discharge	5
Mental Health	3
Rehab Bed	5
Medically Unfit	6
Best Interest Meeting	5
Discharge Plan	8
Vale	**114**
Package of Care	25
Social Worker Assessment	24
Nursing Home	16
Social Worker Allocation	14
Residential Home	9
Housing	4
Complex	4
Plan for Discharge	3
Rehab Bed	5
Repatriation	8
Therapies	1
Mental Health	2
Grand Total	**363**

Table 1: Split of patients across Cardiff & Vale Health Board sites.

Table 2: Reason for delays by area.

Note: As at January 10th 2023

Mohamed,Sarah
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Forensic Review (undertaken in Oct/Nov 22)

Initial Summary from 326 Reviews*

* Awaiting final submission so numbers will change

50% of patients arrived through **999**

age >80 accounts for 1/3

2/3 of patients don't have a **preferred admission ward** recorded*

* part of the patient's journey was not on their notes given patients spent so long in hospital

EU — 50% of patients spent **24 hrs in EU** (median)

AU — 50% of patients spent **30 hours on AU** (median)

28% of patients were recorded as having a **NEWS of <4** on admission

37% of patients were **social on admission**

Most frequent presenting complaints were **Falls and Acopia/Gen Unwell**

91 (28%) are currently **not on an appropriate place** (too acute, not rehab environment, outliers)

164 were marked as **significant harm if discharged today** without support

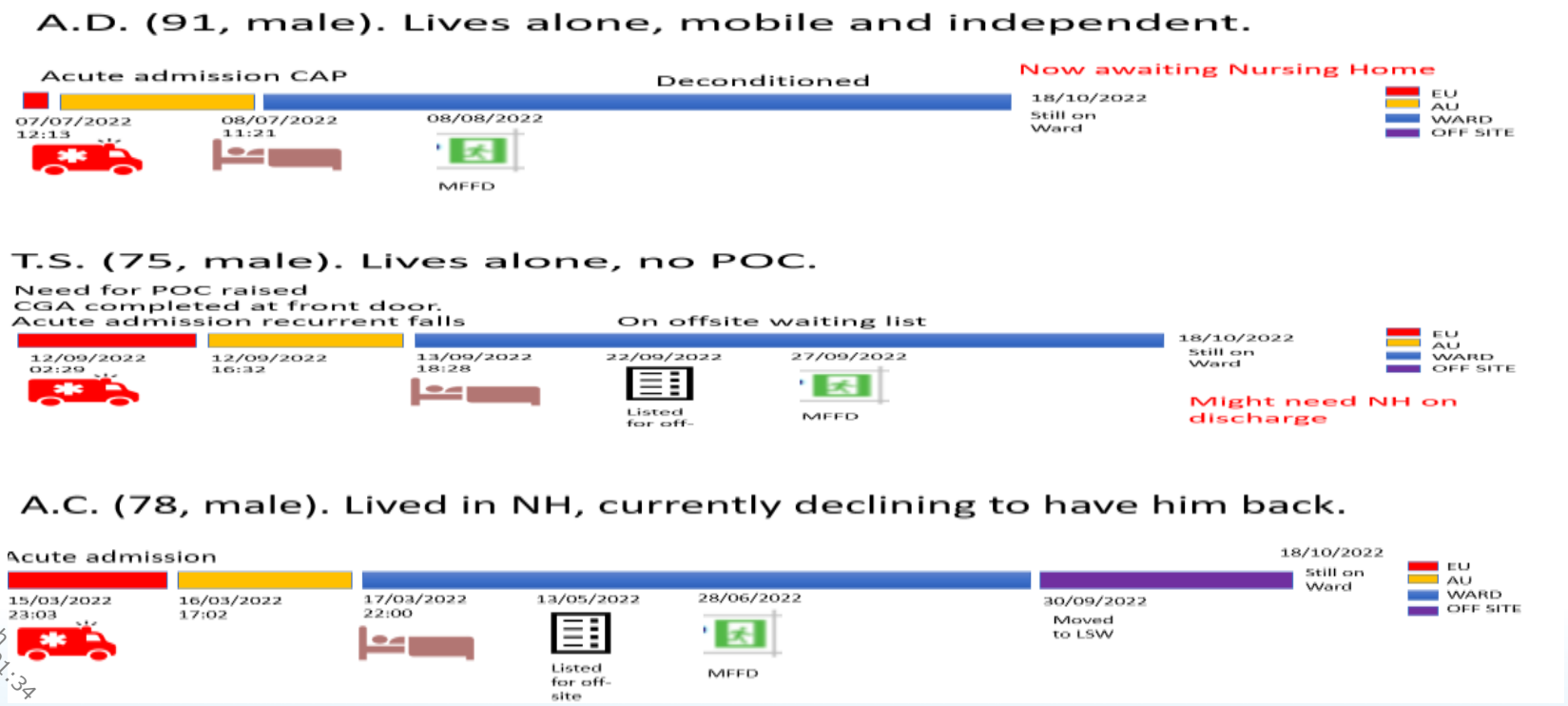
IDS most frequent constraint is **SW** assessment (51), **SW** allocation (50) and **SPA** referral (36)

Most patients are under either **Geriatric (47%)** or Medicine (32%)

Mohamed Sa
02/02/2023

Patients journey and waits

- We know keeping patients in hospital or waiting longer causes harm



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Response & Actions

Current Actions

- Enhanced support on wards for patients still in hospital to avoid deconditioning while receiving care (before and after MFFD). Therapies, HCA, other.
- Cohort some of our medically fit patients in the Integrated Assessment Care Unit (Lakeside)
- Frailty team support at front door.
- Improved referral process accurate information.
- Revised guidance and letter to support appropriate discharge proportionate to risks
- Community teams (CRTS VCR) support for our “front door” to enable reduced solution admissions

Further work

- Trusted assessors to do Social Workers Assessments, enabling to reduce that time.
- Develop revised workforce and non-medicalised model when we expand IACU

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Risks

- Impact on quality of care and experience for people in our system
- Medically fit for discharge list continue to grow: End of Dec’22- 279 / Jan 13 ’23 - 385
- Workforce constraints in local authority with limited mitigation
- Increasing financial risk for our Health Board

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Cost of living impact: Mental Health Services

- ‘Polycrises’ being reported by Part 1- multiple complex issues- impact on readiness for Rx
- Increasing referrals to food banks and signposting to financial support by MH Teams
- Increasing calls about housing, rent, eviction, ‘warm bank’ access, drug usage
- **Example:** “I had a lady on Friday who had not eaten for 4 days and had no money until ESA is paid on 13/01/2023. Severe anxiety about leaving the house with low mood. Was hospitalised 2/52 following collapse after not eating for 6 days. No family support. Socially isolated. Paying the bills instead of eating.”
- Difficulty discharging individuals from inpatients due to lack of housing (see slide 4)
- Mental Health Community teams report people in “increasingly socially fragile situations” translating into higher admissions and increased use of crisis services.

Homelessness impact on all services:

Cost of living crisis: “Understanding brain injury in homeless people could help us do much more” - NR Times (https://nrtimes.co.uk/cost-of-living-crisis-understanding-brain-injury-in-homeless-people-could-help-us-do-much-more/)

Mohammed Sarah
02/02/2023 14:01:34

Cost of living impact: Mental Health Service Staff Impact

- Unions report increasing numbers of staff referred to food banks
- Unions report travel expenses not covering community work costs
- Increased requests for 'Long Day' shifts to reduce travel costs (this has an impact on Q&S, however other UHBs are offering 3x Long Days)
- Resignations for staff wanting to work closer to home
- 9-5 working less attractive- possible reason for low recruitment in CMHTs
- Admin staff and B2&3 staff recruitment challenging against better paid employers

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Cost of living impact: Third Sector

Diverse Cymru

- Report increased foodbank use and requests for winter clothing from service users
- Home Office 'Aspen card' amounts not increased in line with cost of living
- Report increase in service users expressing desire to end life

MIND

- Increasing access to guided self-help, longer sessions
- Outcome measures show interventions more focused on financial difficulties
- Housing issues causing impact on individuals in addition to MH issues

Riverside Advice

- Significant pressures due to increase in need for debt and benefit advice
- Increase in people with MH problems previously accessing general advice

Day Service Providers (Adferiad, Platfform, 4 Winds)

- Report increased volumes of service users attending buildings and services to stay warm and have access to food and drink
- Increased running costs for providers

Mohamed,Sarah
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All services report difficulties accessing food bank vouchers.

Cost of living impact: Local Authority partners

- There has been a **191% increase** in cases presenting with a **Section 21 "no fault notice"** from their landlord *(increase compared Jan - Sept 2022 against the same period in pre-pandemic 2018).*
- There are currently **501** families and **796** single people in temporary accommodation. All units are at capacity.
- The number of people who require homeless services has increased significantly in recent months. Central library Hub saw **496** presentations in October- more than the first four months of the year combined.
- Demand for temporary accommodation has increased significantly and waiting lists for all Gateways (families, single and young persons) combined are up **435%,** since July 2021, with **332** households waiting in total.

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CARDIFF CAERDYDD

Current Housing Pressures

Nov 2022

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02/02/2023 14:01:34

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Increase in Demand

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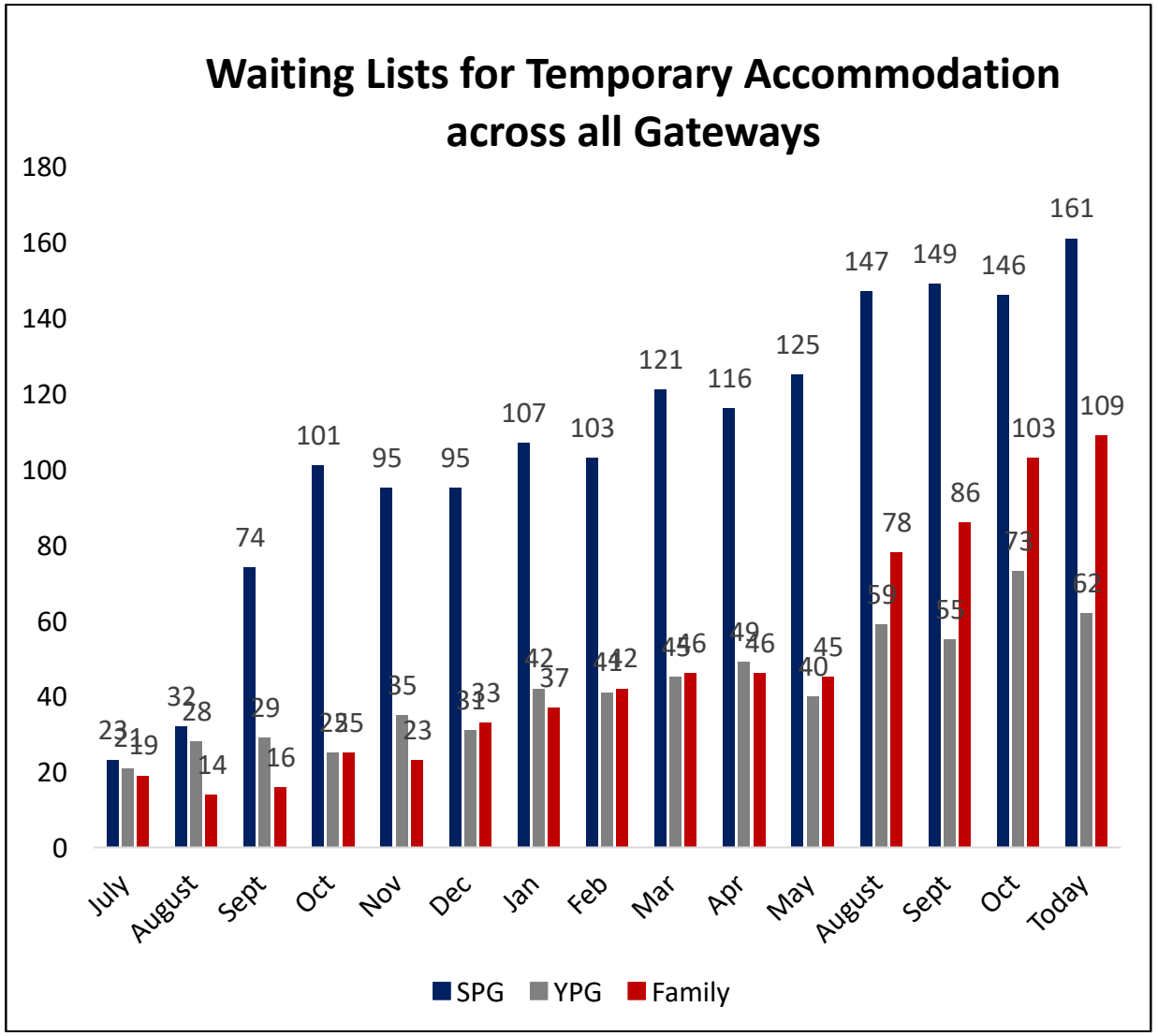
- There are currently **501** families and **796** single people in temporary accommodation. All units are at capacity.

- The number of people who require homeless services has increased significantly in recent months. Central library Hub saw **496** presentations in October- more than the first four months of the year combined.

- Demand for temporary accommodation has increased significantly and waiting lists for all Gateways (families, single and young persons) combined are up **435%,** since July 2021, with **332** households waiting in total.

- **117** families are waiting to be placed in temporary accommodation with a projected shortage of accommodation estimated at **126** units by the end of March 2023 if no additional accommodation is secured.

- Of the known family placements, **72** may need placement within the next 4 weeks.



Reasons for increase in demand

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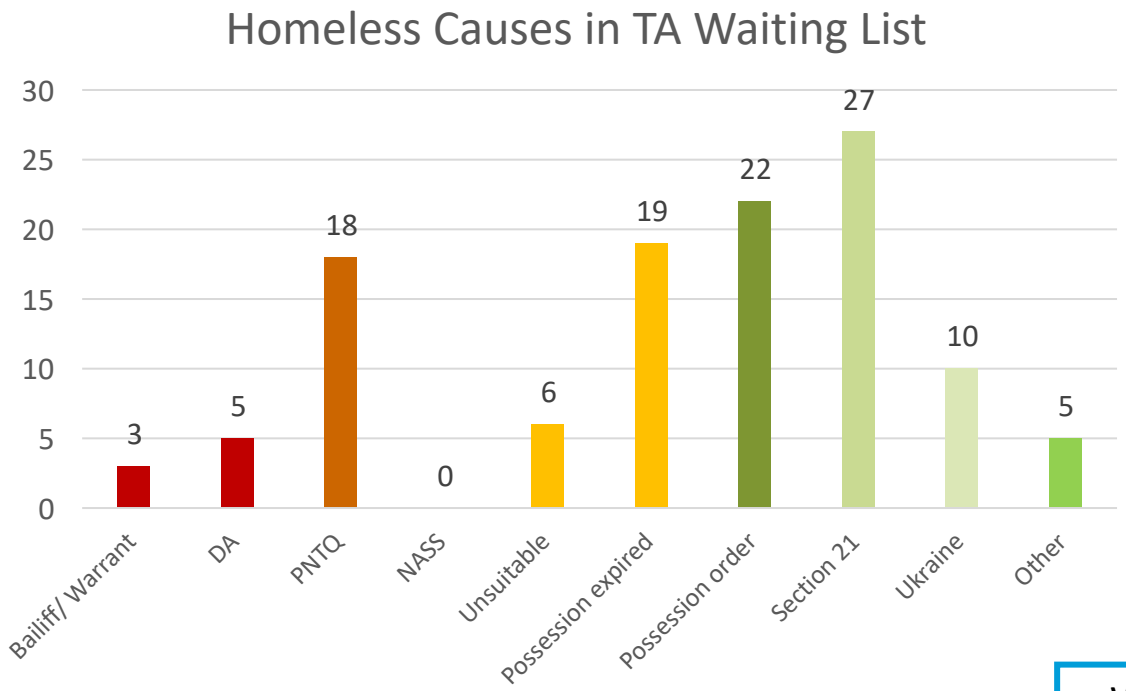

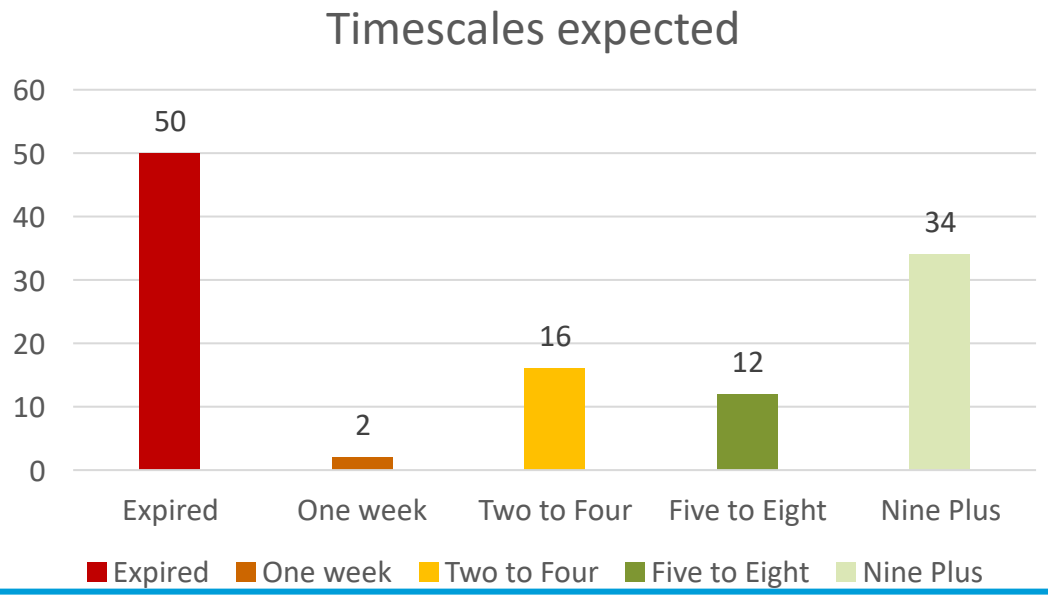

Bailiff/ Warrant
DA
PNTQ
NASS
Unsuitable
Possession expired
Possession order
Section 21
Ukraine
Other

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Whilst the number of households on the waiting list is increasing, so too is the number of placements that require urgent placement, with those in red considered to be the most pressing.

50 placements are considered to be expired. These include expired possession orders, Bailiff warrants and family notices to quit

In the last few weeks, Hotel accommodation has been used due to all of the Temporary Accommodation being full.

Issues in the Private Rented Sector

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- There has been a **191% increase** in cases presenting with a **Section 21 "no fault notice"** from their landlord *(increase compared Jan - Sept 2022 against the same period in pre-pandemic 2018).*
- Notices where the landlord is **selling the property** are up by **158 (316%)**
- Fewer rental properties has the effect of driving up rent prices.
- UK rental prices have increased by 15.2% since 2015. In Cardiff this increase is resulting in very few properties being let at, or close to the LHA rate.
- In a sample of the market taken recently, **98% of properties were being let at least £100 above the LHA**.

20th October	Shared	1 bed	2 bed	3 bed	4 bed
LHA	£308.14	£523.55	£648.22	£772.89	£947.39
Average rent	£600	£805	£1075	£1308	£1644
Shortfall	£291.86	£281.45	£426.78	£535.11	£696.61

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Other Issues

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Ukraine

- In Cardiff, **511** guests are residing in Welcome Centres/ Hotels and **495** are living with private sponsors.
- It is estimated **150** individuals are living with family via the **family visa** scheme route.
- Approximately **1,006 individuals** therefore may need permanent housing in Cardiff, bedroom need is known
- Ongoing work to support guests into the Private Rented Sector

Baileys Court

- Due to significant **fire safety concerns** extensive remedial works are required at Baileys Court.
- The proposed works will affect all **49** flats and will be completed block by block.
- Residents will be required to vacate the properties as the work is undertaken with each block taking **2-3 months** to complete. Contractors have started work and this will result in a reduction of Temporary Accommodation

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Waiting List (allocations)

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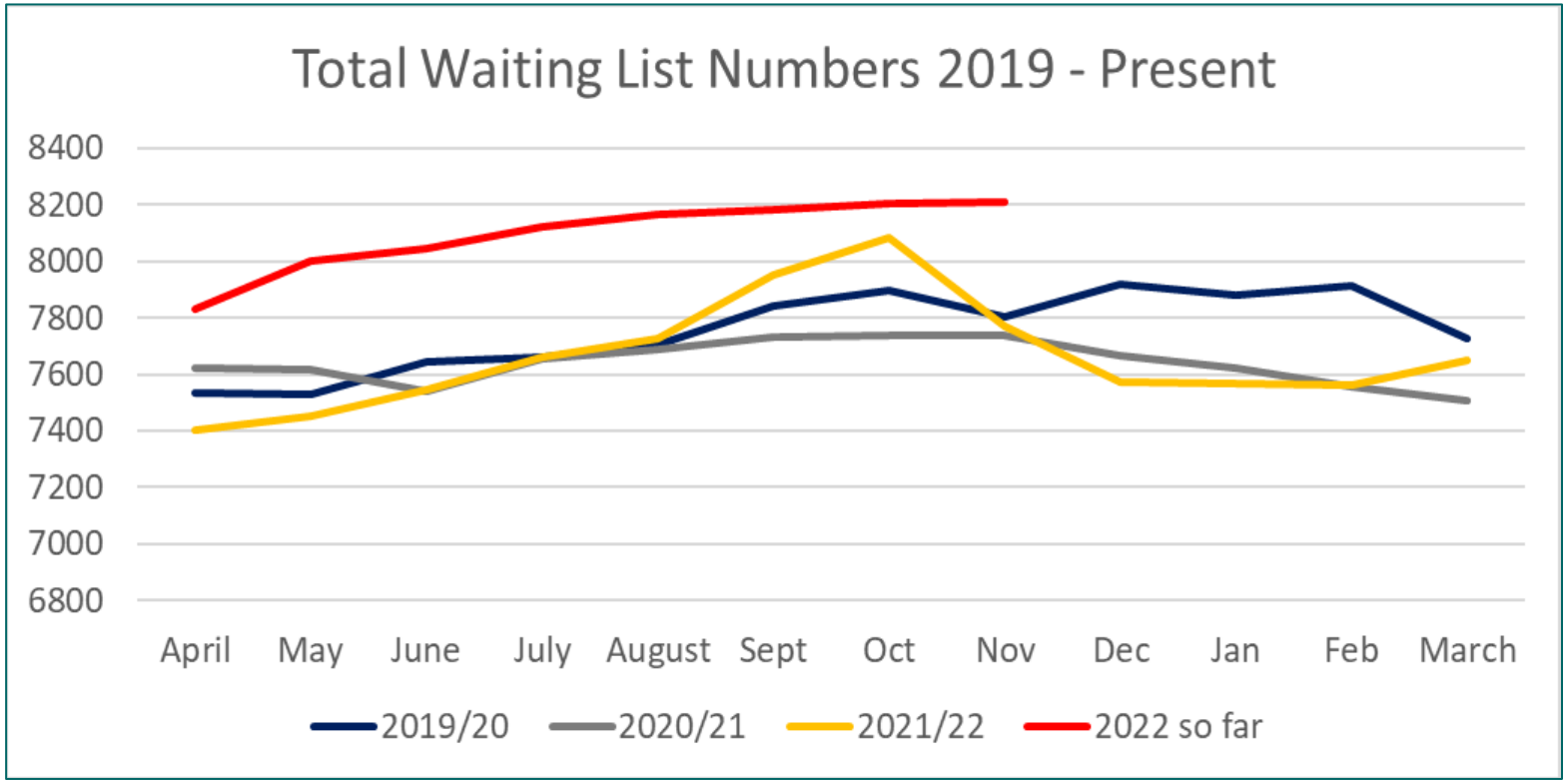
8211 Applicants are on the general needs housing waiting list

- 66 Have an immediate housing need
- 560 are homeless
- 240 have urgent needs.



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Our Response

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CARDIFF CAERDYDD

In response to this unprecedented increase in demand, the following actions have been identified, these are grouped under **4 key areas:**

- Increasing our accommodation – including buying properties off the open market, constructing new modular build units, new build programme and using new HA properties, including those built for other purposes

- Increasing use of existing social housing – all two bed properties let to homeless families

- Increasing access to the private rented sector – paying above LHA levels and new team to support landlords

- Improving our homeless prevention services – using additional funding available to save more tenancies where possible, dedicated rent arrears pathway and expanding prevention services to be accessed through Hubs

Mohamed Sean
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Strategy and Delivery Committee 24/01/23

Industrial Action Update

Mohamed,Sarah
02/02/2023 14:01:34

Lessons Learnt

- Cardiff and Vale UHB had the lowest levels of derogation requests across Wales relating to RCN action – this was seen as a positive approach
- Corporate admin and clinical support was invaluable – many staff worked more hours than they usually would and went above and beyond on RCN days
- Some feedback from nurses on frustrations that strike action led to more support on wards and why it took strike action to get to this point
- It is important to note that the skills mix on the ward was sub-optimal on the strike days
- Command Structures were implemented on both RCN and WAST industrial actions days and were valuable to the management of the impacts
- The planning process was extensive and has had an impact on business as usual across Clinical Boards in the month of December – management overhead was high

Mohamed, Sarah
02/02/2023 14:01:04

Impact on Elective activity – RCN Strikes

Services	Cancelled 15/12/22	Completed 15/12/22	Cancelled 20/12/22	Completed 20/12/22
Outpatients Consultant and therapy services	1057	1477	427	2241
Elective operations	68	17	58	18
Total	1125	1494	485	2259

- Lower cancellations of outpatients on the 20th was due to the mix of clinics
  - Higher virtual clinic numbers
  - Higher non consultant clinic numbers/clinics not reliant on nursing support
- Inpatient cancellations did not impact on urgent/cancer patients

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02/02/2025 14:01:34

Impact on WAST Strike days

- Ask from WAST was to ensure that the handover of patients was as quick as possible
- Throughout the 24 hour period of the action no ambulance was held for more than 30 minutes – total lost hours 9.6 in the 24 hr period
- This was achieved through the availability of additional capacity in EU and a primary focus on capacity for ambulances
- The demand in EU reduced only marginally on the day, the volume of ambulances was broadly in line with expected trend

Mohamed,Sarah
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January potential industrial action

- Current confirmed action: 11th January GMB – WAST Planned 24 hour
- Plan will be to replicate management structure – WAST request is to try and hold performance that was delivered on the 21st

Mohamed,Sarah
02/02/2023 14:01:34

Report Title:	**2022-25 Integrated Medium Term Plan: *Quarter 3 Delivery Assurance***				Agenda Item no.	2.3
Meeting:	Strategy and Delivery Committee		Public	x	Meeting Date:	24 January 2023
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Abigail Harris- Executive Director of Strategic Planning and Commissioning					
Report Author (Title):	Ashleigh O'Callaghan- Head of Strategic Planning					

Main Report
Background and current situation:

The UHB has a Board approved 22-23 annual plan which is set in a three-year context. This follows a decision by the organisation that it would not be in a position to develop a balanced full three year Integrated Medium Term Plan (IMTP).

This report and associated annex present the UHBs quarter 3 position in regards to delivery of the plans commitments.

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

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

In considering **annex 1**, Strategy and Delivery Committee are asked to note the following:

I. **Triangulation with wider organisational intelligence**: Given that our plan is an integrated finance, workforce, operational and quality plan, this assurance report should not be considered in isolation of wider finance and operational performance reports which will give important context and the wider holistic picture of the issues which the organisation is facing.

II. **Timing:** The timing of paper submissions for Strategy and Delivery Committee meant 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.

It should therefore be recognised that this report represents a *'moment in time'* snapshot of plan delivery.

This quarter three report represents the third cycle of a refreshed process to provide assurance on the delivery of the UHB IMTP. As this process matures, work needs to take place with organisational leads to ensure that;

a) There is consistency regarding the style in which updates are being provided. Early scrutiny of returns has flagged that there is variation in the level of detail being provided.

b) There is a need to ensure a continued alignment in regards to what our original plan stated and what is now being reported on. Across some elements of this update it is recognised that this link could be strengthened.

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Planning is a dynamic discipline and it is entirely reasonable that circumstances may dictate deviance from the original plan. However, it is important that these reports describe why key deliverables have changed.

Welsh Government Planning Guidance for the 2023/2024-2025/2026 IMTP Plan introduced a templated approach to articulating detailed plan profiles, by quarter, against 16 ministerial priorities.

This provides an opportunity to evolve our quarterly reporting process next year, applying the learning from this year's cycle as outlined above and focusing the quarterly reporting on providing assurance on delivery of these priorities.

These considerations, in regards to building upon and strengthening the quarterly reporting process, will be progressed and resolved via the UHBs strategy design and delivery group (SDDG).

Recommendation:

The Strategy and Delivery Committee is requested to:

a) **NOTE** the progress achieved in delivery of the 22-23 plan as at quarter three.

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**

Mohamed.Salim
01/02/2023 14:01:34

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

Mohamed,Sarah
02/02/2023 14:01:34

2022-2025 Cardiff and Vale Integrated Medium Term Plan

Update: Quarter Three

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Mohamed,Sarah
02/02/2023 14:01:34

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

Vaccination and immunisation

- Flu and autumn Covid-19 booster vaccination programmes launched across settings with co-administration of vaccines where possible
- All offers made to eligible groups for Covid-19 booster vaccination by end November 2022 with 75% uptake achieved across target populations
- All offers made to eligible groups for flu vaccination by end of December 2022 with 75% uptake achieved across eligible groups
- Commissioned Stakeholder Review report finalised, and recommendations presented to the CAV Immunisation Operational Board in Oct 22
- PR communications toolkit produced and disseminated to partners
- Targeted work with schools where uptake of MMR is low
- Utilise TTP/Contact Tracing to support uptake of Childhood Immunisations in Cardiff SE Cluster

Healthy weight: move more eat well

- Continued expansion of the Cardiff and Vale Refill Region with at least 450 public water refill stations in place (Dec 22)
- Increase Food Cardiff membership to 250 individuals representing 100 organisations (Dec 22)
- Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses (Dec 22)

ACHIEVED TARGETS (INTERIM END Q3)

Vaccination and immunisation

- Flu and autumn Covid-19 booster vaccination programmes delivered according to national ambitions. All offers made to eligible groups for Covid-19 booster by end November 2022 with 75% uptake across target populations.
- Over 162,000 Autumn Booster 22/23 vaccinations delivered to Care Home residents, people aged 50 years and over, health & social care workers and those with clinical risk factors.
- 74% uptake for flu vaccine amongst people aged 65y and older.
- 37% uptake for flu vaccine amongst people aged 6m to 64y in clinical risk groups.
- TTP/Contact Tracing Project to increase childhood immunisation rates commenced in SE Cluster with 50 contacts made with parents of unvaccinated children (MMR and 4 in 1).
- Multiagency Amplifying Prevention Delivery Board has driven detailed development of an action plan, with expected community, schools and workplace delivery in Q4.

Healthy weight: move more eat well

- MMEW action relating to educational settings, workplaces and healthier advertising progressing as part of Amplifying Prevention approach.
- MMEW Showcase Event held, (attended by over 60 stakeholders), and providing an opportunity for stakeholders from across the Healthy Weight System to connect/share practice
- Healthier Advertising stakeholder event held, and baseline mapping of Council owned/contracted sites complete
- Insight work with schools complete, informing action to improve whole school approaches to food.
- Food related benefit digital training developed, and available on MMEW website

SEE SLIDE [16/17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- MMEW - Availability of future data to track overarching project outcomes
- Vaccination – childhood immunisation uptake is lower than national averages and declining in some areas (latest quarterly data Jan-Mar 2022)
- Flu Vaccination – several factors (including co-administration and concern about co-infection) may lead to increased demand for flu vaccine during 22/23 which may outstrip the supply.

MITIGATIONS

- MMEW – improving surveillance for Healthy Weight - HWHW priority /concerns raised with PH Observatory/HWHW Surveillance Group
- Vaccination – various work streams underway with Primary Care Clusters / GP Practices / local communities to increase uptake as well as communication/PR campaign.
- Flu Vaccination – i) requesting information from GPs as to whether there are supply concerns. Ii) accessing a national/central supply of vaccine that will be available to all Health Boards if local supplies are depleted (tbc).

Mohamed Sarah (GIG CYMRU) 01/02/2023 16:52:39

TARGET FOR NEXT QUARTER

Vaccination and immunisation

- Continue to provide 'mop up' Covid-19 and flu vaccinations to eligible groups across primary Care and the Mass Immunisation programme in accordance with WHC 2022_035.
- Delivery of Spring Booster Covid-19 programme in line with national planning assumptions (pending JCVI recommendations)
- Communications plan for the Amplifying Prevention programme (including immunisations) to be developed for different settings (e.g. schools, workforce, public).
- Targeted actions with community, schools and workplaces in Cardiff and Vale as part of the Amplifying Prevention programme
- Evaluation of TTP/Contact Tracing work to support uptake of Childhood Immunisations and potential expansion to an additional Cluster.
- Delivery of polio catch up programme in line with WHC 2022/027 using a mixed delivery model
- Development of UHB Vaccine Equity Strategy by end of February
- Review the approach for tackling inequalities in vaccination uptake amongst ethnic minority communities.

Healthy weight: move more eat well

- Development of local policies restricting High Fat Sugar Salt advertising/increasing healthier advertising across the UHB, Cardiff and the Vale of Glamorgan progressed through established working groups
- Targeted action to improve whole school approaches to food underway.
- Increase Food Cardiff membership to 250 individuals representing 100 organisations
- Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

Systematically tackle inequalities

- Evidence of progress against revised Engagement Coordinator milestones
- Evidence of delivery of agreed partnership action on amplifying prevention, including agreement of indicators
- Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours

Sustainable and healthy environment

- Completion of Vale Healthy Travel Charter commitments
- First signatories to Level 2 Healthy Travel Charter announced
- Outcome of scoping of potential to measure air quality on UHB sites
- Respond to consultation on Preferred Strategy for Cardiff RLDP
- Respond to consultation on strategic growth options for Vale RLDP

ACHIEVED TARGETS (INTERIM END Q3)

Systematically tackle inequalities

- Preparatory work to devise a new strategic framework for C&VUHB to tackle inequalities in health outcomes, harm, experience and access for the organisation has commenced
- Conversations with the Digital Team, Innovation Team, Public Health Wales and other partners to agree a measurement set to support the framework have been initiated
- Multiagency Amplifying Prevention Delivery Board Subgroup has driven detailed development of the action plan, with expected community and workplace delivery in Q4.
- Commentary on bowel screening promotional video being dubbed into four languages to aid dissemination in ethnic minority communities, informed by feedback from Ethnic Minority Steering group. Agreement reached for work of Engagement Coordinator to be aligned to Amplifying Prevention approach

Sustainable and healthy environment

- First Vale Healthy Travel Charter organisations completing Charter – following up organisations not yet met
- First signatory to Level 2 Charter confirmed, further three organisations finalising governance arrangements prior to announcing
- Approach agreed by key stakeholders for understanding impact of traffic on UHW and UHL sites, including air quality measurement, pending approval at SLB 5 Jan 2023

SEE SLIDE [16/17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

MITIGATIONS

Mohamed,Sarah
02/02/2023 14:01:34

TARGET FOR NEXT QUARTER

Systematically tackle inequalities

- Evidence of progress against revised Engagement Coordinator milestones
- Delivery of agreed partnership action contained in amplifying prevention plan, including agreement of indicators
- Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours

Sustainable and healthy environment

- Further Level 2 Charter organisations confirmed
- Formal approval by C&V UHB to sign Level 2 Charter
- Initiation of project to understand traffic impacts at UHW and UHL, including on air quality
- Process and timescales for HE/FE Healthy Travel Charter development agreed

FURTHER READING

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

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

King's Fund recommended programmes

- Review current delivery against King's Fund recommended programmes, identify gaps & key actions to address them

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 September 2022 all mental health units (inside and grounds) in Wales will be smoke-free.in line with the Smoke-Free (Wales) Regulations 2021. This will be applied to all relevant grounds and buildings within the UHB's Mental Health Clinical Board

ACHIEVED TARGETS (INTERIM END Q3)

King's Fund recommended programmes

- Final report received from King's fund containing a set of evidence-based proposals for further strengthening prevention in primary care. A complementary report commissioned by the RPB to inform the developing integrated health and care system has also been completed. The impact of the two reports on UHB and partnership strategy will be considered in Q4

Tobacco (data for 2022-2023 not available currently)

- The smoking prevalence rate for Cardiff and Vale of Glamorgan is 12% (NSW, 2021-2022), the same as the previous year and is one of the lowest rates in Wales
- 2.1% of smokers made a quit attempt 2021-2022, reflecting a static position from last year (2.2%)
- 80% of 'Treated smokers' quit smoking (self-reported) at 4 weeks, Qtr 2, 2022-2023, an increase from 64%, Qtr 1, 2022-2023. 74% quit smoking (self-reported) 2021-2022
- The hospital smoking cessation programme achieves an 80% 4 week quit rate and a PGD has been agreed for provision of Nicotine Replacement Therapy (NRT) for patients on admission
- All NHS smoking cessation services achieved over 78% 4 week quit rates for Qtr 2, 2022-2023 with Enhanced Level 3 Smoking Cessation Community Pharmacy Schemes achieving 90%
- 42% of Community Pharmacies offer a Level 3 Enhanced Smoking Cessation Programme, 38% a Level 2. 68% of Level 3 services are located within areas of high deprivation
- A MAMSS Programme was implemented in April 2021. 66% of pregnant smokers were referred to MAMSS, (Qtr 2, 2022-2023) – an increase from 21% pre-MAMSS. NRT provision available on first contact with a Midwife with 60% of MAMSS referrals accepting pharmacological support
- Over 800 young people receiving no smoking education and advice, Qtrs 1 and 2, 2022-2023
- No Smoking Enforcement Officer post implemented March 2022, to challenge smokers at hospital sites. Launch of 'zero tolerance ' No Smoking Campaign, November 2022
- Mental Health and Smoking Steering Group established to implement Smoke-free Regulations.

SEE SLIDE [16/17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- King's Fund – further unanticipated delays encountered by the King's Fund. Revised delivery plan is for an initial slide-pack in mid Sept 2022, and full reports end Oct 2022

MITIGATIONS

- King's Fund – further revised, phased plan will see full delivery by early Q3 2022/23

Mohmed,Sarah
03/02/2023 14:01:34

TARGET FOR NEXT QUARTER

King's Fund recommended programmes

- Final King's Fund report proposals to be considered at UHB Strategy and Delivery Committee and RPB
- King's Fund to host a workshop with local partners
- Priorities for implementation agreed with stakeholders

Tobacco

- Continued implementation of an integrated 'Ottawa' hospital smoking cessation programme reflecting nationally agreed priority actions to include systematic, routine recording of smoking status on admission, Brief Intervention advice and support to all smokers and referral to specialised smoking cessation services
- On-going monitoring and review of MAMSS has resulted in an alternative delivery model being piloted for one year with an aim to increase longer term engagement (beyond initial advice and support) in order to increase numbers quitting smoking
- Establish No Smoking Enforcement Officers at UHW and UHL reflecting a flexible delivery model to reduce smoking incidence at hospital sites
- Actions to support a smoke-free environment for Mental Health patients to include sensitive enforcement options at UHL

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE WORKFORCE

TARGET FOR LAST QUARTER

Over the Winter months the People and Culture Team are focusing on the 'Main Effort' and the team are aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team are supporting managers with operational matters, e.g. employee relations, terms & conditions.

ACHIEVED TARGETS

Examples of achievements (see detailed Flash Reports and papers attached):

- **Wellbeing** - A series of People and Culture Roadshows were held across the UHB during Talk Money Week' (7-11th Nov) and contacts made with more than 300 staff. These focused on sharing information, signposting and advising around financial wellbeing, pensions, debt management and the cost of living. A number of training sessions/presentations around financial wellbeing have been held including sessions on pensions (Money and Pensions Service 'MaPS') and illegal borrowing (Stop Loan Sharks Wales). MaPS also provided the first round of training for line managers to provide them with the skills and confidence to support and signpost employees.
- **Recruitment** – a review of the staff with the right skill mix required for additional winter capacity has been undertaken Posts have been advertised and interviews and appointments are ongoing. Of the 111 staff required for IACU 74% have been recruited and activity continues to meet the gap. These are monitored and updated weekly at the Workforce Hub meeting. An additional 120 substantive HCSWs have been appointed since August 2022 as part of the ongoing Nursing Hub's Mass recruitment campaign. In addition, almost 400 HCSWs have been recruited to the Staff Bank since May 2022.
- **Retention** Review of the current Retention Plan is currently taking place, along with targeted intervention in areas with the highest turnover rate using a retention toolkit to help us move to a more sustainable position.
- Focussed work is currently taking place within EU/AU to maximise impact. Interventions include: exit questionnaire development and analysis, OD programme of work, continuation of the wellbeing programme for EU staff, drop in sessions for staff held in partnership wit TU representatives, increased senior leadership visibility including Executive visits, and support for the Clinical Board to create an action plan.
- Culture and Leadership Programme focussing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit.
- **Workforce Planning** - Engaging with the Clinical Boards to develop a baseline summary of nursing workforce data with a view to understanding the current nursing position and the challenges and opportunities for change. Initial focus is within Medicine Clinical Board and Children and Women Clinical Board prior to the work being rolled out in all other areas. Review of nursing data across a number of criteria over the last 5 years (staff in post, vacancies, turnover, age profile, average retirement age, sickness, maternity and bank and agency spend) to identify any themes and trends.

SEE SLIDE [11,12] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Whole system pressures, Winter and COVID uncertainty, lack of development for staff.
- Staff wellbeing - Absence may rise again as we move into Qtr 4.
- Turnover remains high at 13%.
- Quality of patient care and experience, and team experience, may be impacted by turnover, absence, vacancies, high reliance on agency workers, etc.
- The current climate has created a shortage of suitable candidates in many professions
- Poor engagement caused by work pressures, staffing levels and cost of living crisis.
- Industrial action in December 2022 (RCN, GMB), further industrial action in January 2023 and beyond.

MITIGATIONS

- P&C Team aligned to priorities and strategic programmes.
- Effective partnership working with TU representatives.
- Quarterly meetings to discuss progress against P&C Plan.
- Executive Performance Reviews with Clinical Boards.
- Introduction of the People and Culture Committee in 2023

Mohamedsarah
09/01/2023 14:01:32

TARGET FOR NEXT QUARTER

Work will continue on the 'Main Effort'

- Continue focused work on retention in priority areas – aim to reduce turnover.
- Explore opportunities for achieving workforce efficiencies and improving quality. Reduction in agency usage for HCSW, Admin & Clerical, CEF.
- HealthRoster e-rostering system implemented in all ward areas working 12.5hour shift patterns. Assurance that managers are compliant with rostering principles. Data reporting & analysis will b available to managers. Safe Care implemented.
- Baseline workforce plans will be in place for Nursing, Medical and Therapy workforce. Training will commence to build WP capabilities within the organisation.
- New workforce models for ward areas will be agreed, incorporating new and extended roles. Continue to increase apprenticeship roles.
- Increase leadership and management development offerings.
- Improve VBA compliance to 60% by end of March 23.
- Continue to improve the way we engage and listen to staff.
- Improve fill rates by internal bank, specifically for R/N and HCSW.
- Continue to focus on staff health and wellbeing – aim to reduce sickness absence.

FURTHER READING

Microsoft Word Document | Microsoft Edge PDF Document | Microsoft Edge PDF Document | P&C Plan Year 1 review

SHAPING OUR FUTURE HOSPITALS

TARGET FOR LAST QUARTER

1. Consider cabinet decision of 11/7/22.
2. Follow up on actions agreed at Minister visit.
3. 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.
4. Continue to socialise Life Sciences vision with colleagues.
5. Meet with Cardiff University Med School Dean regarding Heath Park West plans
6. Reference discussions with Leeds, Whipps Cross, Toronto,

ACHIEVED TARGETS

1. Cabinet supported the need to consider options regarding CVUHB's infrastructure and for WG officials to continue working with us. Awaiting formal endorsement of the PBC which is likely to be requested at the same time as CVUHB submit a funding ask.
    1. SOC scoping completed and awaiting feedback from WG
2. Actions agreed at Minister's meeting have progressed. At time of writing (end August), the Research visit is being progressed after receiving response to letter send by CVUHB after the 9/6 visit.
3. Special programme board held and conclusions are helping inform future plans (SOC)
4. Life Sciences visit has been socialised and decisions around adopting the recommendations are the next step and expected to conclude in early September.
5. Held several meetings with University. Joint Future Estate Director position being considered.
6. Reference discussions held with Leeds, Whipps Cross, Toronto, Imperial, Princess Alexandra and the New Hospital Programme.

SEE SLIDE [13] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

1. Lost momentum after PBC not being endorsed

MITIGATIONS

1. Endorsement to be achieved after a clinical review. The ToR of this review are being drafted at the time of writing. SOC preparation can proceed.

Mazaraa, Sarah
12/09/2023 14:01:34

TARGET FOR NEXT QUARTER

- Complete SOC scoping after receiving feedback from WG stakeholders to ensure the right content will be produced.
- Agree ToR with WG for clinical review of model presented in PBC.
- With a stable SOC scope, build a costed delivery plan (including what expertise should be recruited and what should be procured)
- Seek PBC endorsement and funding to deliver SOC from WG
    - Commence any procurement and internal recruitment exercises once funding commitment has been received.
- Further development of Life Sciences Vision and actions with Cardiff University.

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE HOSPITALS

TARGET FOR LAST QUARTER

- Complete SOC scoping after receiving feedback from WG stakeholders to ensure the right content will be produced.
- Agree ToR with WG for clinical review of model presented in PBC.
- With a stable SOC scope, build a costed delivery plan (including what expertise should be recruited and what should be procured)
- Seek PBC endorsement and funding to deliver SOC from WG
    - Commence any procurement and internal recruitment exercises once funding commitment has been received.
- Adoption of Life Sciences Vision and actions

ACHIEVED TARGETS

- SOC scoping complete and agreement on it received from WG
- ToR for clinical review agreed with WG. WG are procuring the supplier for CVUHB and Hywel Dda together.
- Costed delivery plan complete and submitted to WG. Final costs will be reliant on tenders having been run.
- Life Sciences Vision has been created. As a result of ever closer partnership working with Cardiff University, the strategy for the College of Biomedicine and Life Sciences is being recast, along with the future of Clinical Academics active in research. These will influence our life sciences vision so the document will remain open for amendments.

SEE SLIDE [13] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

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

MITIGATIONS

- Endorsement to be achieved after a clinical review. WG agreed SOC preparation can proceed in the meantime. Funding request submitted.
- Agreement to create high level SOC by WG.
- Compliant procurement approach to any specialist advisors required using frameworks where possible

Mohamed, Sarah
12/09/2023 14:01:54

TARGET FOR NEXT QUARTER

- Detailed SOC planning to complete.
- Receive feedback on SOC funding, commencing recruitment and procurement activity.
- Participate in the WG commissioned clinical review providing all information they require.
- Complete lessons learned report based upon reference contacts with New Hospital Programme schemes.
- Plan and commence joint work with Cardiff University on how their College of Biomedicine and Life Sciences strategy will influence future operations and teaching.
- Scope a Digital SOC which will inform/be informed by Shaping Our Future Clinical Services & Shaping Our Future Hospitals.

FURTHER READING

[Insert any additional documents here]

@HOME

TARGET FOR LAST QUARTER

- To coproduce the target operating model for 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
- To finalise programme and project deliverables, milestones and benefits for baselining and ongoing reporting
- To develop an engagement/consultation plan to begin workforce and public engagement, utilising the 'prospectus' as the basis for this.
- To work with Lightfoot to build a system-wide view of our data and to use this for tracking the impact of the programme
- To utilise the funding to begin recruitment to new posts identified and begin project delivery
- Inaugural PCPGs to meet and scope role/function
- Intermediate care delivery plan to feed into 6 Goals and +1000 beds.

ACHIEVED TARGETS

- Initial workshops undertaken to begin development of a new target operating model; specifically focussed around integrated assessment and care planning, shared care records, workforce and OD.
- Overview developed of programme delivery plans, with ongoing work to report on this in more detail through programme software Verto
- Comms and engagement materials being drafted to support raising awareness of the programme and engagement activities
- Viewer developed, with work ongoing to make this live and align with the Regional Outcomes Framework including data from across statutory organisations
- Inaugural PCPG meetings have taken place
- Alignment of programme activity to support delivery of 6 Goals programme
- Alignment of programme activity to support delivery of +1000 beds national initiative

SEE SLIDE [10] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

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

MITIGATIONS

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

Meeting Date 5 Jan 2023 Item 01:34

TARGET FOR NEXT QUARTER

- To create a blueprint for integrated assessment and care planning, shared care records, workforce and OD with an action plan and timeline for implementing new ways of working
- To finalise the comms and engagement materials and begin initial engagement with staff to raise awareness of the programme and to help shape the programme moving forward
- To further develop the programme intelligence to understand and articulate the impact of the programme
- Delivery against plans to support 6 Goals and +1000 beds initiatives
- Align MDT work across all clusters to understand the delivery of similar approaches in the region
- To develop a clear understanding of the interdependencies of the other major strategic programmes; SOFH, SOFCS, SOFW:IOC to begin to define future tranches of the programme

FURTHER READING

- Programme board minutes from 12.09.22 and 07.12.22 are available via the programme manager, Chris Ball Christopher.ball@wales.nhs.uk
- Regular status update reports to Strategic Portfolio Steering Group available
- 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

SHAPING OUR FUTURE CLINICAL SERVICES

TARGET FOR LAST QUARTER

- Approval of Programme Initiation Document/Programme Brief & approval of project 1 scope and approach based on pilot and lessons.
- Completion of scoping for projects 2 & 3
- Completion of high level programme plan & critical path in conjunction with other programme within the portfolio
- Development of detailed resourcing plans for project delivery
- Review of benefits realisation and risks
- Review of stakeholder mapping in development of wider communication and engagement plan for the strategic portfolio
- Development of a modelling approach/framework with strategic portfolio
- Development of programme office with SOFH to allow for consistency and robust programme governance.

ACHIEVED TARGETS

- Approval of project 1 scope (High level Clinical Services Plan) at Programme Board (PB).
- Project 1 reference group set up and brief developed with timeline, approach and resources to be approved at Programme Board 13.01.23
- Programme Brief drafted and to be taken to PB 13.02.22
- High level critical path in development across the strategic portfolio.
- Risks and Issues SOP developed – high level risks identified and to be reviewed at Programme Board 13.02.23
- High level benefits captured and included within programme brief
- High level modelling approach agreed at portfolio level
- Programme office in development with a set of consistent SOP's across SOFH/SOFCS in development
- Completion of draft communication and engagement plan (to be taken to PB 13.02.23)

SEE SLIDE [4] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

- Organisational capacity for strategic development during significant operational pressures
- Organisational engagement with clinical strategy is not to the level required

Mitigations

- Lessons learned undertaken and has informed future approach to enable most efficient use of time with teams
- Work to refresh the organisations strategy Jan-Sept 23 will support engagement with future vision and set clear objectives for Clinical Services
- Communications and engagement plan for strategic portfolio to be developed. Steering group established with key stakeholders in attendance.

Mhanna, Sarah
02/01/2023 12:01:34

TARGET FOR NEXT QUARTER

- Formal commencement of project 1
- Completion of scoping for projects 2 & 3
- Development of detailed resourcing plans for delivery of projects 2 & 3
- Review of stakeholder mapping in development of wider communication and engagement plan for the strategic portfolio
- Approval of patient involvement.co creation framework for the programme
- Review of SOF hospitals Strategic Outline Case clinical component to be discussed with WG colleagues (inc. policy leads)

FURTHER READING

https://shapingourfuturewellbeing.com/wp-content/uploads/2021/02/shaping_our_clinical_services_brochure_v3.pdf
https://shapingourfuturewellbeing.com/wp-content/uploads/2021/02/shaping_our_clinical_services_brochure_v3.pdf

https://shapingourfuturewellbeing.com/wp-content/uploads/2021/07/Shaping-Our-Future-Clinical-Services-Public-Engagement-Report-FINAL.pdf
https://shapingourfuturewellbeing.com/wp-content/uploads/2021/07/Shaping-Our-Future-Clinical-Services-Public-Engagement-Report-FINAL.pdf

QUALITY, SAFETY AND PATIENT EXPERIENCE

TARGET FOR LAST QUARTER

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
- The implementation and UHB wide rollout of the Once for Wales Patient Experience System
- Establishment of the Organisational Readiness Group for the implementation of the Duty of Candour
- Agreement of Mortality Indicators for all specialities

ACHIEVED TARGETS

- Inaugural Clinical Safety Group meeting set
- Psychological safety of staff –Structured roll out of Healthcare Support Unit commencing in Surgery Clinical Board
- Human Factors awareness/investigations –new investigation model for Nationally Reportable incidents to encompass contributory factors being trialled in Clinical Boards
- Awareness raising of the process –to be trailed in relation to discharge
- Implementation of AMAT-Clinical Audit System-Structured roll out commencing in Children and Women's Clinical Board
- Commenced use of the Once for Wales Patient Experience System
- Organisational Readiness Group for the implementation of the Duty of Candour established
- Agreed use of Mortality Indicators for all specialities

SEE SLIDE [4] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

On going Operational Pressures

IT infrastructure-Wifi availability across the UHB

Significant delays in recruitment

MITIGATIONS

- Proportionate and prudent approach to Clinical Board involvement
- Development of a recruitment plan to support implementation of the QSE Framework and IMTP

Mohamed Sarah
02/09/2023 17:01:04

TARGET FOR NEXT QUARTER

- Organisational Learning Committee will meet in Q1
- Staff support Unit will roll out
- Implementation of Duty of Candour in Q1
- Embedding the reporting framework in line with the Duty of Quality on going reporting methodology

FURTHER READING

[Insert any additional documents here]

PRIMARY CARE

TARGET FOR LAST QUARTER

1. Delivery of Winter plans
2. Increase in dental activity in line with GDS contract reform opportunities
3. 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.
4. Progressing the ACD Programme for CAV. Next phase of Professional collaboratives and 2nd round of PCPG meetings
5. Further increase in dental activity in line with GDS contract reform opportunities
6. Scope options for Cardiff Urgent Primary Care Centre (UPCC) model
7. Based on Evaluation, review and consolidated the Vale UPCC model

ACHIEVED TARGETS

1. Delivery of winter plans are in progress including an increase in UPCC Capacity in the Vale and the continued roll out of the vaccination programme
2. Dental activity is now at 67.5% of pre-covid levels
3. Capacity within the CAV 24/7 team has been utilised to establish the UPCC in Cardiff Royal Infirmary
4. PCPG Meetings established for both the Vale and Cardiff. Professional Collaboratives forming across GPs, Community Nursing, AHP, Dental & Optometry
5. As per point 2.
6. Cardiff UPCC has been operational since December 2022 and there are plans to increase capacity in Q4
7. No changes to the Vale model in the last quarter. Work is underway to achieve relocation of Central Vale UPCC to Barry Hospital

SEE SLIDE 5,6,7,8 IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

Risks
- Sustained and exceptional pressure on primary care, community teams and partner organisations
- Dental access and increasing activity levels – staff sickness/vacancies, patient complexity, new contract has created new requirements incl. a change in IT software/

Mitigations
- Continued escalation and close partnership working
- Delivery of winter plan priorities
- Lever benefits of GDS contract reform to increase activity and improve access

Approved Sarah 02/02/2023 14:01:34

TARGET FOR NEXT QUARTER

- Increase dental activity to 88% of pre-covid
- Develop additional UPCC capacity in other Cardiff Localities – Cardiff North Pilot to go live in February.
- Continue planning for Vale UPCC
- Improvement of diabetes performance measures in line with WG targets
- Identify and confirm the governance arrangements in which PCPGs will operate and consider PCPGs plans in light of the RPB Area Plan due to be published in Q1 23/24. Professional Collaborative further establish themselves and start to integrate into Cluster meetings structures.

FURTHER READING

[Insert any additional documents here]

MENTAL HEALTH

TARGET FOR LAST QUARTER

1. Delivery of Winter plan priorities including inpatient capacity, Sanctuary provision, Mental Health Matters support
2. Sustain improvements in delivery against part 1a standards for all ages
3. Improvements in accessing to Eating Disorders services in CYP, and Adult
4. Planning for Go Live for 111 Press 2 and identify go/no go criteria
5. Commence new CAMHS combined intervention as assessment team and track impact on improving access and reducing waits
6. Inpatient Stability and Stabilisation focusing on staff communication and training alongside plan for out of area service users

ACHIEVED TARGETS

1. Winter plans– trying to reduce inpatient beds as currently open in additional areas which is creating challenging with staffing levels. Mental Health matters began supporting wards in December. Sanctuary is going through procurement and will be commissioned in the coming months.
2. Overall % of Mental Health assessments undertaken within 28 days increased to 99.7% in October 2022, Adult and Older persons performance was 100%, CAMHS performance was 97.8%. Part 1b: 95% of therapeutic treatments started within 28 days following assessment at the end of October 2022.
3. Eating disorders assessment within 26 weeks is 100% in adults. The average wait for an eating disorder assessment is 16 weeks and longest waiting patient was 66 weeks in November (long wait due to admin error).
4. NHS 111 press 2 is planned for go-live on 1st February
5. Recruitment ongoing – good progress. Merged performance shows waiting list has reduced as a result of work with Helios and the waiting list initiative (560 patients down to 191)
6. Progress on training is making good headway and continues via bi-weekly meetings

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Increasing demand into mental health services (CYP and adult) as compared to pre-covid
- Increase in out of area placements due to pressures in inpatient MH system
- Workforce recruitment and retention

MITIGATIONS

- Increase support into tier 0 (website) and recovery college to get upstream of pre urgent and acute demand
- Continue to develop innovate workforce solutions, for example peer support and work

Mohamed,Sarah
02/02/2023 14:01:24

TARGET FOR NEXT QUARTER

- Maintain Part 1a & 1b CYP and Adult targets
- Improvement in Eating Disorder access times – reduction in waiting time to 9 months longest wait
- Develop repatriation plan for delivery of trauma informed care services close to home
- Deliver sustained improvement trajectory for neurodevelopment assessments
- Go live with sanctuary provision for crisis care in adults
- Go live with NHS 111 Press 2

FURTHER READING

URGENT AND EMERGENCY CARE

TARGET FOR LAST QUARTER

1. Reduce Ambulance Handover Waits
    - Average lost hours; total lost hours; number of four hour handover delays
2. De-escalate additional bed capacity to reduce workforce pressures in acute hospital
3. Initiate new Frailty model to support front door assessment
4. Delivery of 1000 beds priorities – care home and step down
5. Reduce >21 day length of stay
6. Sign off and begin delivery of Winter plan across Health and Social Care
7. Continued improvements in access for primary care services such as GMS, Dental and Optometry
8. Develop options for Urgent Primary Care Centre in Cardiff

ACHIEVED TARGETS

1. Ambulance Handover waits (November)
    - Average lost hours per arrival – 0.8 (1.4 in August)
    - Total lost hours – 1689 (1926 in August)
    - Four hour delays – 22 (232 in August)
2. Bed capacity has not been de-escalated due to pressures
3. Frailty model has gone live
4. Additional capacity in local authority and community being delivered as part of the winter plan.
5. 21 day length of stay has increased due to system pressures
6. Winter plan in progress – significant operational pressure
7. High levels of escalation in primary care and dental. Optometry escalation green
8. UPPC in Cardiff is live at CRI. Plans to develop Cardiff North model in Feb

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

Risks
- Sustained pressure across UEC pathways
- Social care capacity challenges
- Delayed discharges and increased length of stay
- Ambulance Handover delays leading to increase community risk
- Long waits for admission and impact on patient experience
- Significant workforce pressure across Health and Social Care
- GMS Sustainability

Mitigations
- Joint working across Health and Social Care – implementation of CEO led Incident Management Team approach
- Revised focused on 6 Goals Programme
- Ambulance Handover planning and action plan jointly with WHSSC and EASC
- Winter Planning and capacity across Health and Social Care (incl. 1000 beds)
- Ongoing workforce recruitment (locally, nationally, internationally) and focus on staff wellbeing

Mohamedsarah 02/02/2023 14:01:54

TARGET FOR NEXT QUARTER

1. Continue to deliver ambulance handover performance that makes every effort to minimise long delays
2. Deliver additional winter capacity – additional beds, social care capacity and SDEC/admission avoidance programmes to maintain hospital flow and performance
3. Develop plans to create a fit for purpose ED, assessment and SDEC areas
4. Develop plans for single point of access for paediatrics
5. Roll out the high-risk cohort approach to Cardiff North Cluster to prevent admission to hospital and promote home first approach
6. Go-live on next Cardiff UPCC
7. Continue to develop Vale UPCC future plans

FURTHER READING

PLANNED CARE

TARGET FOR LAST QUARTER

- Reduce backlog of cancer patients (> 62 days) in line with trajectories
- Reduction in > 3 year waits
- Deliver on trajectories for ministerial targets
- Maintain the focus on productivity through ophthalmology theatres
- Orthopaedics recovery focus
- GIRFT reviews for Gen Surg and Urology
- A Supporting Patients Whilst Waiting subgroup to be established
- Theatres Improvement Group , chaired by Clinical Director for Perioperative Care. This group will drive forward work around theatre booking, utilisation, resource allocation, and suite of metrics to track.
- Eliminate 8 week waits for echocardiogram and a downward trajectory for non obstetric ultrasound.
- D&C modelling to inform IMTP/Annual plan 23/24
- Progress plan for neuro developmental services in children's services

ACHIEVED TARGETS

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

- Cancer backlog reduced from 442 in April 22 to 302 in Nov 22. In line with trajectories developed at tumour site level
- On track to over perform on 52 week new outpatient waits for end of December – IMTP modelled circa 17, 000 and on course for circa 11,500.
- Projected to have circa 2,500 > 104 new outpatients waits as at end of December mainly in high volume surgical specialties and allergy
- Weekly planned care performance meeting in place to track the 52 week outpatient cohort and ensure that it is reducing.
- Mobile Eye Theatres average weekly throughput in Q1 - 49 , Q2 - 78, Q3 – 91
- Mobile endoscopy started and will be running 7/7. Activity across endoscopy is at 119% of pre-COVID activity
- Orthopaedic productivity increase – theatre utilisation at 90% - exceeding some of GIRFT productivity measures
- GIRFT review in Gynae report received in Q3 and the team are drafting response to report
- Paeds surgery trajectories have been completed and anaesthetic support from Swansea has been secured for additional theatre lists. Director of Operations for Children and Women has established regular paeds surgery planning meetings to maximise booking and utilisation
- 8 week diagnostics target improvements: Radiology 2351 in Jan 22, 1263 in Nov 22, Endoscopy: 1909 Jan 22 and circa 1600 end of Nov 22
- 14 week Therapy improvement: 3253 in Jan 22 to 1209 In Nov 22
- National SOS-PIFU staff facing website has been launched and bid for a SOS-PIFU patient facing website has been supported by Welsh Government's Outpatient Transformation Fund
- All specialties have undertaken D&C modelling. These have been RAG rated according to the deliverability of the new ministerial targets
- Work continues to improve access for neurodevelopmental services with waiting times still significantly long

RISKS AND MITIGATIONS

RISKS

- Impact of industrial action on planned care capacity
- Impact of sustained system pressures on planned care (lack of beds and staffing)
- Availability of workforce to run additional capacity
- Availability of capital to enable transformational change
- Ability to deliver national delivery ambitions in timescales

MITIGATIONS

- 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

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TARGET FOR NEXT QUARTER

- Continued improved in Cancer standards and reduction in backlog with ambition for 0>104 days
- Ambition to eliminate > 3 year waits by March 23
- Successful implementation of Vanguard Q4 plan with CTM and AB
- Delivery of commitments against ministerial ambitions for March 23
- Finalise D&C plans for all specialties for 23/24 Plan
- Successful repatriation of fracture clinic from UHL (impact felt Q1)
- A focus on theatres efficiency through newly established oversight group looking at workforce challenges, theatre booking, utilisation, resource allocation, and suite of metrics to track.
- Focus on plans for neurodevelopment - expansion of the service is key to improve ADHD and autism management by applying a whole system pathway approach.

FURTHER READING

[Insert any additional documents here]

OUR CONTINUED COVID-19 RESPONSE

TARGET FOR LAST QUARTER

1. Finalisation and approval of winter plan, to include continued response to covid
2. Autumn Booster Campaign and Flu Campaign
3. Final closure of additional covid positive capacity in acute sites (note this capacity currently functioning as amber)

ACHIEVED TARGETS

1. Response to covid continues – increasing inpatient numbers.
2. Autumn Booster - delivered 80.1% within the cohort against a 75% target
3. Flu Campaign – 73.&% of over 65s
4. No specific covid capacity remains. Cohorting of respiratory patients as per IP&C advice.

RISKS AND MITIGATIONS

Risks
- 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)

Mitigations
- Continue monitoring of covid demand through combination of public health and operational intelligence
- Deliver winter plan to meet needs of covid and non-covid demand
- Continued partnership working to deliver improvement across unscheduled care

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TARGET FOR NEXT QUARTER

1. Continue delivery of covid vaccination programme
2. Continue monitoring of new variants and responding as necessary
3. Continue delivery of antiviral and antibody treatments

FURTHER READING

[Insert any additional documents here]

WIDER REGIONAL WORKING WITH SOUTH EAST WALES PARTNERS

TARGET FOR LAST QUARTER

South East Wales Regional collaboration

- Finalise leadership arrangements for Orthopaedic programme and establish early scope and objectives
- Regional Community Diagnostic Hub – *Undertake procurement exercise*
- Interim regional cataract recovery solution- Finalise business case and seek endorsement across all Health Boards. Finalised regional eye care strategy.
- South East Wales regional pathology solution- *Scope finalised, formal project board established with next steps agreed.*

CAVUHB / VNSHT partnership

- Develop memorandum of understanding and principles for partnership working
- Agree delivery plans with each project
- Work with colleagues on understanding the remit and function of the Haemato-oncology work stream.
- Merge the Acute Oncology Service and Unscheduled care projects to maximise best use of clinical and project resource.

Stroke

Appoint regional programme clinical lead.

Support National Stroke Programme in establishing a plan and milestones for their activity, which is a critical interdependency for the regional programme

Conduct joint stakeholder event for Cardiff and Vale UHB and Cwm Taf Morgannwg UHB to continue engagement around the plans for the new regional model.

ACHIEVED TARGETS

SEE SLIDE [17] IN BASELINE DOCUMENT

South East Wales Regional collaboration

- Clinical lead and programme manager for Orthopaedics in place. Programme Board established and meeting monthly. Full programme definition document establishing the scope and objectives of the programme under development (to be finalised by Feb '23). Early 'quick win' interim opportunity regarding a high flow, low complexity hand and wrist service being explored.
- Regional Community Diagnostic Hub – Draft service specification to be agreed early in January with a view to taking to market for formal procurement in February. Strategic ambition to have a partner in place an initial CDH operating by Q2 23/24
- Interim regional cataract recovery solution- Delay in finalising the regional business case to deliver a 12 month two hub model across SE Wales. Further demand and capacity and financial modelling required.

CAVUHB / VNSHT partnership

Terms of reference, including the principles for partnership working, have been agreed outlining areas of responsibility for the Velindre @ UHW Programme (V@UHW). Includes;

- implementation of the CAVUHB Acute Oncology Service (AOS) and the development of Unscheduled Care Pathway (USC) for patients presenting acutely,
- development of the Cardiff Cancer Research Hub (CCRH),
- exploring collaboration opportunities for haemato-oncology.

Briefs have been developed, and approved, outlining the deliverables required from each project, with the exception of the haemato-oncology project. A meeting between cancer leads from CAVUHB and VUNHST is planned for the first week of January 2023 to set the direction for this project. The Acute Oncology Service and Unscheduled Care workstreams have been merged to make best use of clinician time and to manage interdependencies between these projects.

Stroke

- Funding for the programme clinical lead secured and interviews scheduled for the third week of January 2023,
- The National Stroke Programme has started work on defining the milestones required for phase one of their programme, including (i) Demand and capacity - workshop planned 13 January 2023 (ii) Development of national service specifications - workshop planned 13 January 2023 (iii) Communication and engagement - national case for change and Equality Impact Assessment to be presented to the CHC National Service Change Board on 26 February 2023.
- A joint stakeholder event for colleagues working in stroke services across CAVUHB and CTMUHB took place on 26 October 2022.

RISKS AND MITIGATIONS

RISKS

- **Wider Governance** across Welsh Government, Delivery Unit, implementation groups and networks creating duplication – discussions ongoing with WG to address this as part of the creation of the NHS Wales Executive.
- **Resource** – Recognition that there are still significant gaps across the regional portfolio in terms of expertise across D&C modelling and business case development for example – discussions ongoing with WG to address this as part of the creation of the NHS Wales Executive.
- **Public engagement and communication** – All Wales need to have a conversation with the public around changing expectations of healthcare to ensure there is a practical willingness and acceptance to potentially travel further for care.
- **Digital** – There are some All Wales digital solutions that need to be in place to support regional working e.g. All Wales Cellular pathology IT system.
- **Funding** – Proposed WG ringfencing of recovery monies to support regional solutions. Allocation likely to be outstripped by emerging working of the region.

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TARGET FOR NEXT QUARTER

South East Wales Regional collaboration

Orthopaedics – Scoping work completed with regional consensus on the strategic direction of the programme. Early progress made on determining the viability (or not) of the HVLC interim hand and wrist service

Ophthalmology – Outstanding issues regarding the regional business case resolved with regional consensus and support for the service development agreed.

Diagnostics – Service specification agreed and formal procurement commenced regarding a preferred provider for the CDH project

Clarity regarding the strategic infrastructure development in CTMUHB (the Concorde project) and its relationship with the regional portfolio architecture.

CAVUHB / VNSHT partnership

- Develop the project brief and deliverables for the haemato-oncology project, and receive approval from V@UHW Programme Board in February 2023.
- Receive approval for the USC pathway internally from CAVUHB and VUNHST by the end of February 2023, and regionally via the Cancer Collaborative Leadership Group by the end of March 2023.
- Develop the Strategic Outline Case for the new co-located BMT/haematology/AOS/CCRH unit by end of March 2023.

Stroke

- Present proposal to the CHC National Service Change Board and develop local communication and engagement plan, in partnership with the CHC and third sector,
- Complete demand and capacity work in partnership with colleagues from the National Stroke Board and the Delivery Unit.
- Review outputs from the National Stroke Board workshop with colleagues locally at a stakeholder event by the end of March 2023, to explore options for a new regional clinical model.

FURTHER READING

OUR TERTIARY SERVICES STRATEGY - Q2 UPDATE – Q3 Update not received due to Annual Leave

TARGET FOR LAST QUARTER

- Review consultation responses for adult specialised endocrinology , 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 establish South Wales Spinal Network.
- Finalise clinical guidelines for Cauda Equina, MSCC and Spinal Trauma
- Finalise acceptance and repatriation policies
- HPB- Prioritise and implement short term actions, prioritise medium term actions to inform CVUHB plan for 23/24
- HPB - Agree short list of options and benefit criteria – based upon agreed success measures with stakeholders
- OG -Agree draft service model, engage with patients, carers and staff.

ACHIEVED TARGETS

- Draft service specification for adult specialised endocrinology scheduled for discussion at September meeting of NHS Wales Health Collaborative Executive Group.
- Welsh Health Circular on Paediatric Orthopaedic Surgery published.
- Work ongoing with WHSSC to support resource transfer for Paediatric Orthopaedic Surgery
- South Wales Spinal Network (SWSN) business case / funding release approved by WHSSC
- Funding releases for SWSN MSCC coordinators submitted for consideration through WHSSC CIAG process
- Memorandum of Understanding for SWSN drafted and issued to Health Boards for approval
- HPB Workstreams completed initial analysis of actions – scheduled for discussion at September meeting of HPB Clinical Model Working Group
- Benefit criteria and options to be agreed at September meeting of HPB Clinical Model Working Group

SEE SLIDE [18] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Delay in agreement of definitive OG cancer service model for SBUHB

MITIGATIONS

- Continue to support SBUHB OG cancer service through outreach surgeon

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TARGET FOR NEXT QUARTER

- Agree MoU for SWSN
- Finalise and agree SWSN Clinical Governance and Data Sharing policies
- Recruit SWSN staff – network team
- SWSN pre launch programme – including communication plan, benefits realisation plan, guideline development, etc.
- Engage on RSSPPP Partnership Framework for Specialised Services
- Hold RSSPPP workshop on Specialised Services Partnership Strategy / Model
- Commence development of service specification for Specialised Infectious Diseases Services
- Establish HPB External Advisory Group and complete clinical option appraisal
- Agree principles for OG service model and commence engagement with patients, carers and staff

FURTHER READING

Adobe Acrobat Document

OUR PHYSICAL INFASTRUCTURE – MAJOR CAPITAL SCHEMES

TARGET FOR LAST QUARTER

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

- Genomics – FBC approved by WG – Formal approval 07/09/2021; Commenced on site – 10/01/2022; Total scheme cost £15.2m
- UHL Engineering Infrastructure - Funding approved by WG 05/10/2021; Total scheme cost - £5.875m
- UHL Endoscopy Expansion – 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

- Hybrid/Vascular & Major Trauma Theatre – OBC approved – 21/01/2022; FBC in development and submission to WG planned – Q3 2022; Total cost est: £33.5m
- UHL – CAVOC theatres -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 – In house design progressing from Jan 2022 to inform BJC for submission in 2022 –23
- UHW Tertiary Tower Electrical infrastructure - BJC due for submission to Board Q1 2022; Total cost est: £2.2m
- UHW Lift Refurbishment Programme - BJC due for submission to Board Q1 2022, Survey works commenced, Total Cost est: TBC
- Mortuary Refurbishment - Carried forward from 2021-22 , BJC in development, Total cost est: £2m

ACHIEVED TARGETS

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

- Genomics construction commenced
- UHL Infrastructure Construction Commenced
- UHL Endoscopy Construction Commenced

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: OUR ACUTE INFRASTRUCTURE PROGRAMME

- Hybrid/Vascular & MTC FBC submitted to Welsh Government
- UHL CAVOC Theatres OBC paperwork completed
- UHW Lift Refurbishment Programme - BJC paperwork completed
- Mortuary Refurbishment Programme - BJC paperwork completed

SEE SLIDE [13 - 15] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

- Genomics construction commenced project costs and time under pressure, working with Cost Advisor & Project Manager to assess.

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TARGET FOR NEXT QUARTER

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

- Adult Fracture Clinic UHW Commence Construction

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: OUR ACUTE INFRASTRUCTURE PROGRAMME

- UHL CAVOC Theatres submit OBC to Board & Welsh Government
- UHW Lift Refurbishment Programme submit BJC to Board & Welsh Government
- Mortuary Refurbishment Programme submit BJC to Board & Welsh Government

FURTHER READING

[Insert any additional documents here]

OUR PHYSICAL INFASTRUCTURE – COMMUNITY

TARGET FOR LAST QUARTER

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: IN OUR COMMUNITY
- Interim SARC @ CRI
- Maelfa Wellbeing Hub

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: IN OUR COMMUNITY
- Wellbeing Hub Penarth
- Wellbeing Hub Ely (Park View)
- SARC - Regional Hub
- Health & Wellbeing Centre – CRI

ACHIEVED TARGETS

- **MAJOR CAPITAL SCHEMES IN CONSTRUCTION: IN OUR COMMUNITY**
- Interim Solution SARC at CRI - Completed
- Maelfa Wellbeing Hub completed and in use

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: IN OUR COMMUNITY

- Wellbeing Hub Ely (Park View) OBC submitted to Welsh Government
- SARC - Regional Hub OBC submitted to Board, Welsh Government scrutiny completed awaiting approval for FBC development
- Health & Wellbeing Centre – CRI OBC submitted to Board, Welsh Government scrutiny process commenced

SEE SLIDE [13 - 15] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

Wellbeing Hub Penarth - Original scheme under review due to changing requirements of Local Authority

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TARGET FOR NEXT QUARTER

- Maelfa Wellbeing Hub completed and in use
- Wellbeing Hub Ely (Park View) OBC submitted complete scrutiny questions
- SARC - Regional Hub OBC submitted to Board, awaiting approval for FBC development
- Health & Wellbeing Centre – CRI OBC submitted to Board, Welsh Government scrutiny process completed

FURTHER READING

[Insert any additional documents here]

DIGITAL – Q2 UPDATE – Q3 Update not received due to Annual Leave

TARGET FOR LAST QUARTER

The 22-23 IMTP outlined IMTP and other projects.

This Q2 report focusses on the 20 IMTP planned initiatives.

Quarter 2 status is as follows:

1 is a national programme
10 are on track
2 are off track
2 are going off track
5 projects have been paused pending resource

ACHIEVED TARGETS

The attached digital milestone progress report below provides a detailed summary of each of the above projects and the progress made over the last quarter.

SEE SLIDE [9] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Lack of resource and funding continue to be the major causes for projects that are either off track or going off track

MITIGATIONS

- Review and prioritisation means some activities have been paused, allowing us to move to a position where the majority of plans are on track

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TARGET FOR NEXT QUARTER

- These are as shown in the Milestone summary submitted as part of the IMTP
- Recover going off track projects where resources allow through mitigation

FURTHER READING

Double click to open detailed status report

Report Title:	People Dashboard				Agenda Item no.	2.1.2
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	24 January 2023
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Deputy Director of People & 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 November 2022.

A brief UHB overview summary is provided as follows:

- **Turnover** rate trend is upwards since Dec-21; the rates have risen in the past 12 months from 12.44% to 13.66% in Nov-22 UHB wide. This is a net 1.22% increase, which equates roughly to an additional 161 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Promotion' and 'Voluntary Resignation – Work Life Balance'

- **Sickness Absence** rates remain high; the monthly sickness rate for November is 6.73%. There is a slight upward trend since Apr-22 and whilst the rates are lower than for the same period last year the current rates are significantly higher than for previous years. The cumulative rate has been fairly constant for the past 5 months at approximately 6.90%. This figure is derived from absence since April.

  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 'Gastrointestinal Problems'.

  The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 30/11/22 there were 226 (a reduction of 58 – 20.42%). There are 79 staff on long term absence where Covid-19 has been identified as a Related Reason.

- We have significantly reduced the amount of formal Disciplinary Investigations by embedding and promoting Just Culture and Disruptive HR principles and are currently reporting at just 12 cases (non-medical staff). The People Services Team are developing a new on demand training course for investigating officers to try and further reduce the length of time of investigations take.

- The Statutory and Mandatory training compliance rate has risen slightly, to 75.36% for November, 9.64% below the overall target.

- Compliance with Fire training has risen during November, to 66.28%.

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- By the end of November 2022 40.73% of consultant job plans have been signed off. This is the first time that the rate of sign-off has fallen, probably due to job plans signed off over 12 months ago requiring review.

- The trend of the rate of compliance with Values Based Appraisal has risen over the last five months; the compliance at November 2022 was 47.58%. Clinical Boards have been challenged to improve the compliance with VBA to 60% by the end of March 23, then achieve the target of 85% by the end of June 2023. Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics have achieved the 60% transitory target.

- **Variable pay** trend, while rising, has remained in the 10-11% range over the last 12 months; the percentage for November is 10.86% UHB-wide.

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

Benchmarking – Health Boards in Wales
At the request of the Committee benchmarking has been undertaken with Health Boards across Wales, unfortunately the data available is only up to August 2022, but is still a useful comparison. The benchmarking demonstrates how challenging the workforce position is nationally.

		Aug-22				
		WTE SIP	12-Month Cumulative Sickness	Turnover	Statutory & Mandatory Training	Appraisal
Aneurin Bevan UHB		12213.18	6.94%	11.36%	81.96%	64.34%
Betsi Cadwaladr UHB		16821.04	6.70%	10.90%	85.67%	69.58%
Cardiff & Vale UHB		**14015.00**	**7.15%**	**14.37%**	**74.14%**	**37.73%**
Cwm Taf Morgannwg UHB		10874.46	7.85%	13.30%	74.66%	58.43%
Hywel Dda UHB		9640.09	6.55%	10.22%	83.67%	66.98%
Swansea Bay UHB		11669.71	8.35%	11.30%	80.98%	59.43%

Over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team are aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team will be supporting managers with operational matters, e.g. Employee Relations, Managing Attendance, Change Management, Terms & Conditions, etc.

The remainder of this report focuses on progress against the above.

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Wellbeing

- A series of People and Culture Roadshows were held across the UHB during 'Talk Money Week' (7-11th Nov). These focused on sharing information, signposting and advising around financial wellbeing, pensions, debt management and the cost of living. The Roadshows were supported by staff side, Cardiff Credit Unions, chaplaincy, and the staff benefits team as well as the various People and Culture teams. Over 300 connections and discussions held with staff and there were 64 responses to a short staff survey. Discussions are now underway on how to use this information to inform and shape further support.
- Following the success of the initial roadshows it has subsequently been decided to continue to hold them on a fortnightly basis. The groups available to talk to staff has been widened to also include the Health Charity; Stop Loan Sharks Wales and the Money and Pensions Service (MaPS).

- A number of training sessions/presentations around financial wellbeing and managing attendance have been held recently:
    - The Money and Pensions Service (MaPS) held an on-line 'Pensions' presentation with over 60 attendees, and more are being planned for the future;
    - Stop Loan Sharks Wales offered staff on-line presentation on how to recognise illegal borrowing and the impact on 7th Dec, future sessions will be arranged for the new year;
    - The Money and Pensions Service (MaPS) provided the first round of training with line managers via ECOD to provide them with the skills and confidence to support and signpost employees, approx. 40 attended;
    - The People Services team have trained 194 Managers on Managing Attendance at Work since January 2022;
    - 42 Managers attended a Toolkit Talk Training session on Ill Health Retirement.

- Continuation and enhancement of Employee Wellbeing Service online and on-site support. This includes delivery workshops throughout Nov/Dec including Q&A Sessions for Managers; Long Covid Peer Support; Staying Well; Self Care; Stress Risk Assessments; Mindfulness; and Stress Management. For the first time we have had the input of the staff dietitian into these sessions.
- Bespoke targeted Wellbeing sessions are also taking place where requested or where wellbeing concerns have been identified. This has involved weekly support within EU; fortnightly support in Pharmacy; drop in sessions in a number of other areas.
- 'Twilight' wellbeing sessions have been offered in December and January (9pm-midnight) following specific requests at UHW and UHL.
- Implementation of the Work and Wellbeing Passport in collaboration with the Equality, Diversity and Inclusion Team.
- A central database of temporary roles in various departments has been developed and are being offered to staff who require a temporary suitable alternative role due to ill-health.
- Regular 'HR' clinics have been set up in each Clinical Board to support managers with managing attendance and supporting the wellbeing of their staff.
- The People Services Team are working closely with the Long COVID Rehabilitation Service.
- The Cost of Living task and finish group has been working closely with the Communications Team and dedicated 'Financial Wellbeing and Cost of Living pages have been set up on Sharepoint to keep staff informed.
- A number of reports/documents are currently under development including a Financial Wellbeing pathway, the Health Intervention Team Impact Report and Recommendations, and an Employee Health and Wellbeing Strategy and Framework proposal.
- A business case has been submitted for maintaining current establishment within Employee Wellbeing Services.

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Recruitment

- Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly at Workforce Hub meeting. Recruitment is progressing well however the inability to appoint Band 5 nurses poses the greatest risk.
- An additional 120 substantive HCSWs have been appointed since August as part of the ongoing Nursing Hub's Mass recruitment campaign. In addition, almost 400 HCSWs have been recruited to the Staff Bank since May 2022.
- Occupational Health are continuing to process all Pre-employment Health Declarations as a priority and are processing 600-700 forms per month.
- The Prince's Trust placement scheme has taken place in November with 11 individuals undertaking shadowing opportunities on the wards, and ending with an employability day to support individuals to apply for HCSW positions.
- First taster session was undertaken in Pharmacy for 15 participants on 8th November to raise awareness of the profession and to advise on the career pathway. Excellent feedback was received.
- A further 8 Widening Access events were held in October/November to promote NHS careers. This takes the total to 51 since February 2022.
- We are collaborating with Cardiff Commitment to promote the UHB to the next generation of UHB Staff by attending School Business Forums and taking part in the Open Your Eyes Week by delivering a virtual presentation to 103 school classes (3000 pupils) at same time.
- 74 Student Nurses have selected Cardiff and Vale UHB to work when they graduate in the Spring. This is a large increase from the usual 40 nurses that start with us at this time of year.
- 422 internationally trained nurses have now achieved NMC registration through the UHB's OSCE programme. Approval is due to be given to proceeding with International Recruitment for a further 147 overseas nurses. These are estimated to arrive between April and October 2023.
- A 'Return to Registration' programme is under development to support nurses to regain NMC registration via the NMC Test of Competence rather than a HEI return to practice programme.
- A 'Novice to Nurse' programme is being developed to formalise the grow our own approach we are using to developing HCSW to Registered Nurse. Plans to recruit individuals who are novices to the NHS to the programme are also under discussion.
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- A one day, follow up workshop was held with a group of student representatives who raised concerns about student experience in the UHB at the start of 2022. The representatives reported a significant improvement since the implementation of the Placement Learning Improvement Plan in March.
- Open evening being held in January to investigate recruitment pool for Assistant Practitioner posts and the 'Return to Registration' programme.
- Trac modernisation has been implemented successfully which will reduce the appointment to start times.

Retention

- Review of the current Retention Plan is currently taking place along with targeted intervention in areas with the highest turnover rate using a retention toolkit to help us move to a more sustainable position.

- Focused work is currently taking place within EU/AU to maximise impact. Interventions include:
  - Development of a specific exit questionnaire for EU/AU based on the finding of the HIW report and assessment of the responses;
  - An OD programme of work, supported by Clinical Psychology. This includes enabling reflection, encouraging future focus, developing relationships, improving wellbeing, communication skills, and a toolkit to support staff;
  - Continuation of the wellbeing programme for EU staff with specific focus on supporting managers to have effective wellbeing conversations, develop tools for check-ins and check-outs; and also includes weekly on-site wellbeing support;

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- Drop in sessions for staff held in partnership with TU representatives;
- Increased senior leadership visibility including Executive visits;
- Presentation of the findings to the Senior Team and support for the Clinical Board to create an action plan.

- A Culture and Leadership Programme focusing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit.
- A co-production steering group is currently producing draft CAV Anti-Racist plan.
- A draft report of findings and recommendations following analysis of engagement feedback has been developed to support actions within nursing and midwifery. Sessions are being planned with Directors of Nursing to discuss findings and a communication plan. A meeting is also scheduled with the LNC (Local Negotiating Meeting) to discuss the Medical Workforce Wellbeing Survey results.
- People Services have reviewed the training provision it offers for managers, e.g. developing effective change management skills holding difficult conversations, conflict resolution. The aim is to support managers to build their confidence and capability in these areas.
- The number of fixed term contracts in the UHB has been identified (1,346 staff) with the intention of making these posts permanent and retaining the individuals where appropriate. Communications have been drafted and sent out to managers to support them with this and asking them to ensure ESR is updated and accurate.
- Enhancement of the Leadership and Management Development on offer and continuation of programmes and development sessions. We are supporting aspiring, new and senior managers and leaders to develop compassionate leadership principles to support retention, wellbeing, innovation, performance and patient experience. (Acceler8, Cohort 2; Collabor8 Cohort 1; 2 x Management Development Programmes; Coaching for Performance – Clinical Directors).
- Equity and inclusion now form part of Collabor8 and Management Development Programmes to support the organisation in building an inclusive culture.
- Delivery of VBA training.
- Development of bespoke OD interventions to support effective team performance and create healthy high performing teams. Includes work with: Public Health; AWMGS; PCIC; ALAS; People Services; People Assurance and Experience; and Health and Safety.
- Continuation of support for our staff networks, including Accessibility, One Voice Staff Network, and the LGBTQ+ Staff Network. This supports wellbeing and retention through creating safe spaces for our staff as well as build a sense of belonging for minority communities within our workforce.
- Over the coming months, the UHB will work to continue to improve its compliance with the Welsh Language Standards and the 'More than just words' strategy which will support the UHB to be more inclusive place for Welsh speakers and our patients. This will include playing a key role in NHS Wales Eisteddfod planning to support the UHB to build a culture inclusive of the Welsh language and encourage Welsh speakers in the workforce to use their preferred language.
- Development of shortened VBA paperwork to support effective conversations, along with simplified instructions to upload to ESR. VBA targets have been discussed as part of the Executive Performance Reviews and targets for March and June 23 agreed.

Workforce Planning

- Engaging with the Clinical Boards to develop a baseline summary of nursing workforce data with a view to understanding the current nursing position and the challenges and opportunities for change. Initial focus is within Medicine and C&W prior to the work being rolled out in all other areas.
- Review of nursing data across a number of criteria over the last 5 years (staff in post, vacancies, turnover, age profile, average retirement age, sickness, maternity and bank and agency spend) to identify any themes and trends.
- A campaign to improve our workforce data around Equality and Welsh language skills is underway to enable us to we understand the diversity of representation at all levels and our organisational Welsh language skills.
- Using the data to engage stakeholders to ensure buy in for workforce plans to be developed locally and change to happen to create a new mind set and culture.

Mon 13/03/2023 14:12 02/02/2023

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

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

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

Recommendation:

The Strategy and Delivery Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		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

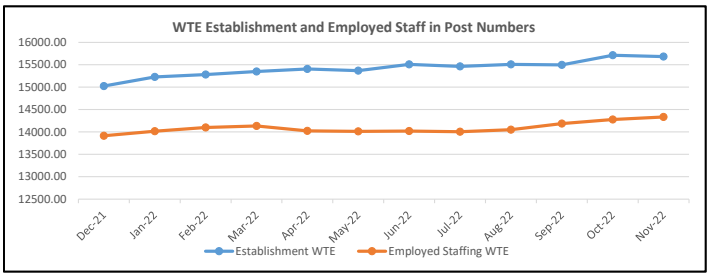
Mohamed Sarah
02/02/2023 14:01:34

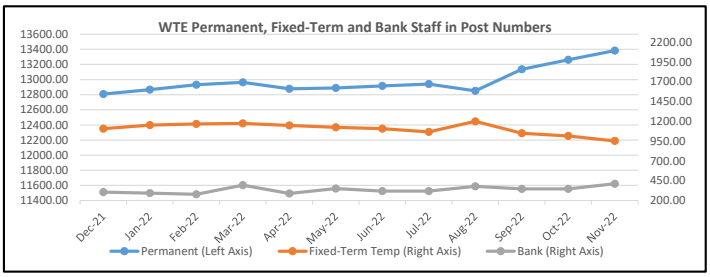
Legal: Yes/No No
Reputational: Yes/No No
Socio Economic: Yes/No No
Equality and Health: Yes/No No
Decarbonisation: Yes/No

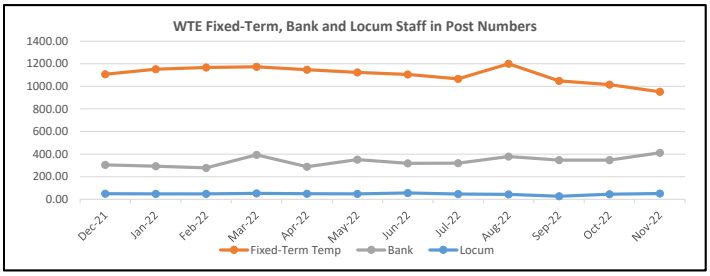
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	

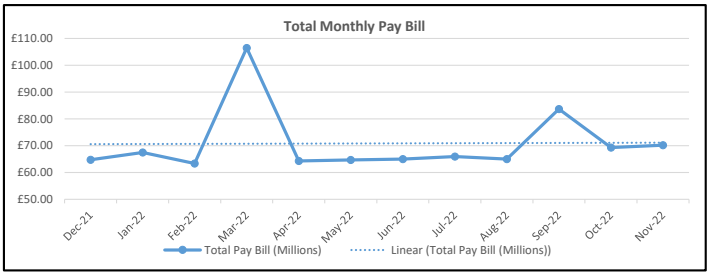
Mohamed,Sarah
02/02/2023 14:01:34

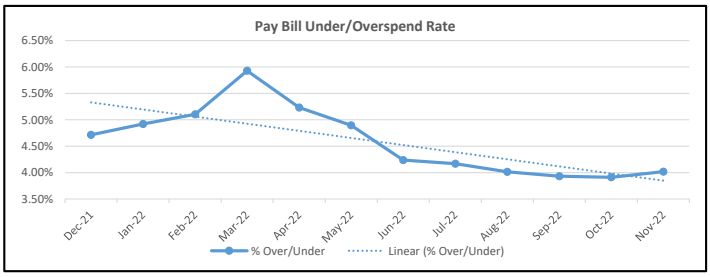
Workforce Key Performance Indicators Trends November 2022

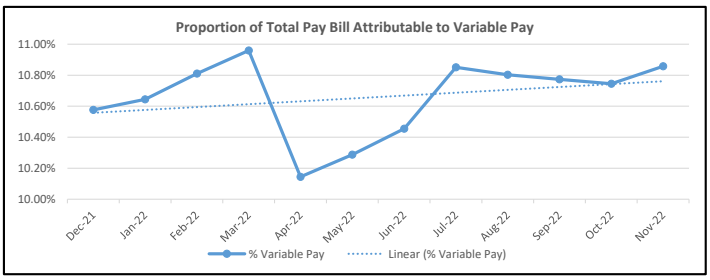


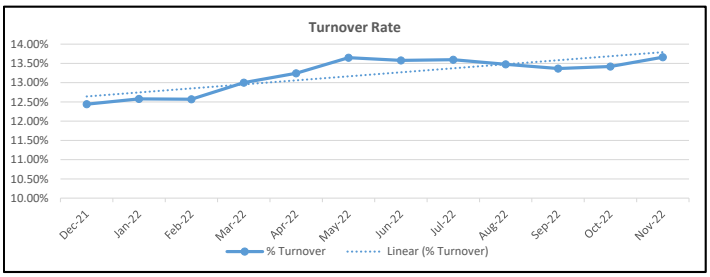


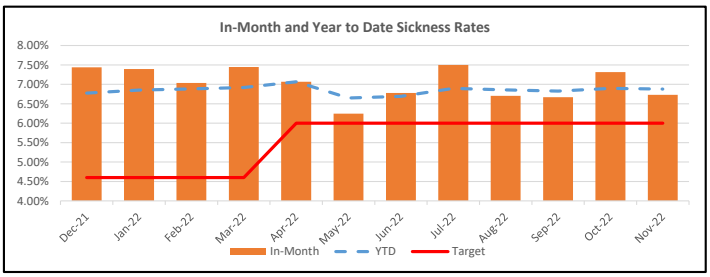


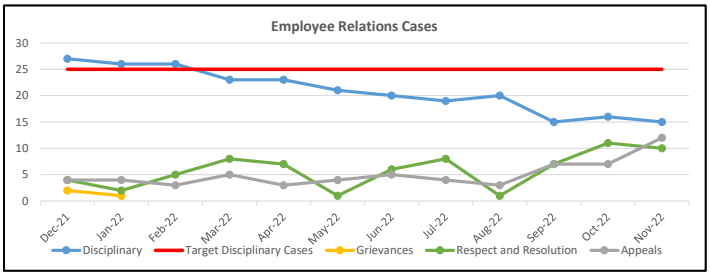


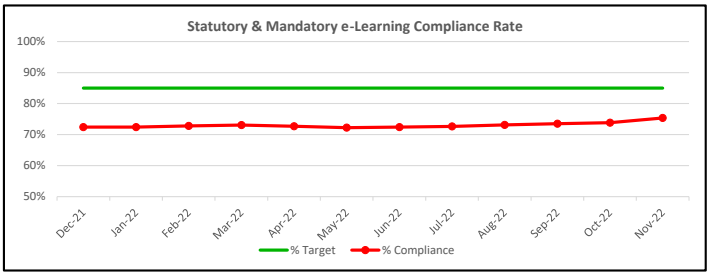


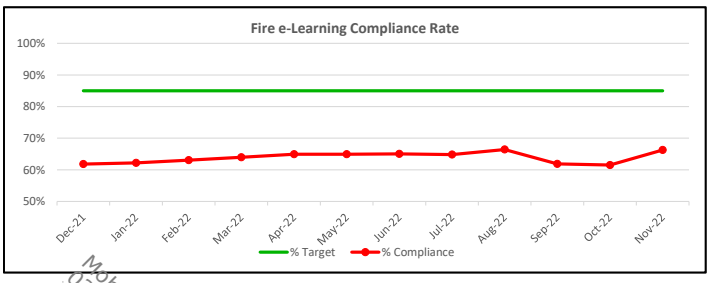


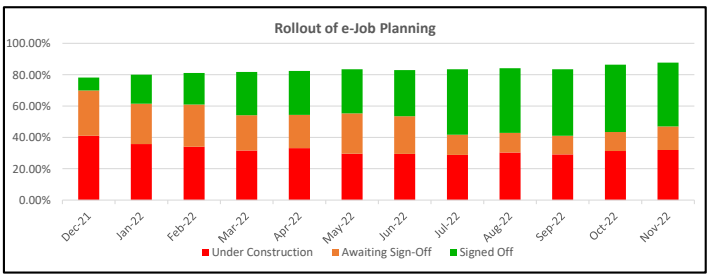












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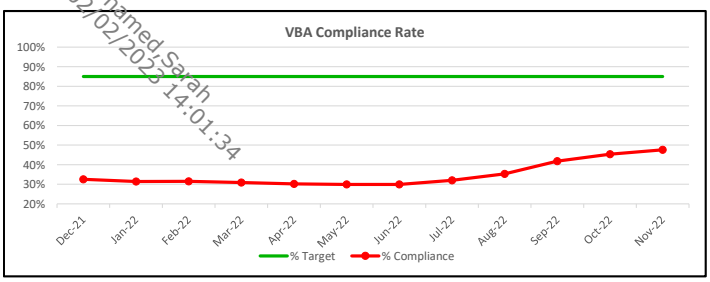

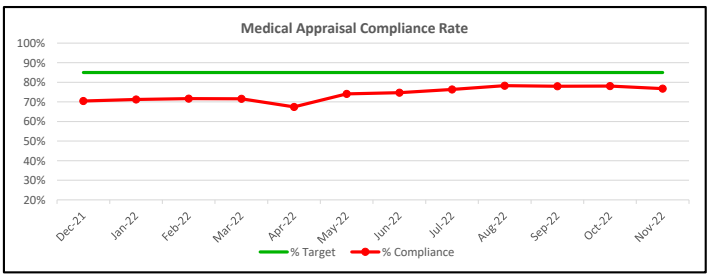

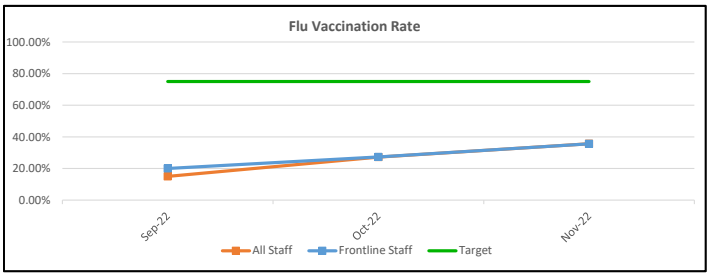

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Flash Report: People and Culture Plan

Date: January 2022

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

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.

Programme Lead	Lianne Morse	Project Status		Next Major Milestone:	Launch of the Plan at January Board

Focus to Date:

- Workforce support to the Community and Wellbeing Centres and Hubs
- Rehabilitation Programme including six workstreams: Keeping me Well, Living Well, Recovery and Wellbeing College, Long Covid Rehab, Prepare Well Orthopaedics and Prepare Well Cancer
- Nominations are being received electronically for the Staff Recognition Awards and shortlisting panels are being arranged
- Values and engagement sessions to be incorporated into the Management Skills programmes
- Four Band 4 Workforce Resourcing Officers commenced in December but are predominantly working on recruitment fast tracking to assist with service pressures.
- During Dec/Jan 351 vaccinators were appointed to the Bank and 52 Admin/Booking centre staff were appointed to support the expanded vaccination programme
- Attended meetings to review Digital ILA's. The UHB has been granted fully funded places, with applications accepted until 31st Mar. 2022.
- Proposal to support the development of CAV-CEHE website submitted to comms team and slippage funded posts to support website development currently being recruited to. Aim to launch website by 31/03/22.
- Inter-professional student placement project (IPSPP) commenced in partnership with Cardiff University and Cardiff Metropolitan University.
- The management development programmes have re-started with content adapted to ensure a focus on wellbeing.
- Phase one of coaching has commenced and currently identifying Senior Nurses who would benefit
- Held follow-up meeting with Workforce colleagues in LA and agreed what we collaborate on in the short, medium & long term.
- Attended Regional Workforce Partnership Board, provided feedback to AH & RG regarding future opportunities for integrated working with LA.

Next Step Priorities:

- Workforce meetings continue with LA colleagues to build relationships and shared plans
- Further develop the Hywel Dda workforce model for carers
- Set up coaching peer supervision for those joining the coaching network
- Phased implementation of the engagement tool
- Implement initiative for Starter questionnaires for newly appointed graduate nurses (to improve retention)
- Develop specific career promotion videos
- Continue to feed into the Digital Capability Framework, which is currently in development, with the aim of being ready for Q2 2022.
- Forming a working group spanning clinical, digital, workforce and wellbeing to develop guidance to develop guidance to support staff to utilise technology, without having a negative impact on wellbeing.
- Academy leads to instigate scoping work and identify key stakeholders to support academy development
- Progression of development workstream of nurse retention plan
- Finalise leadership development offering and launch March 2022
- Creation and sharing of leadership and management development opportunities in the form of 'bite-size' on-line learning
- Mapping exercise with DHI to ensure alignment and consistency in leadership offerings and messages
- Secure recurrent funding for the e-rostering team.
- Recruit B3 Support Workers in Feb/Mar.

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

Lianne.Morse@wales.nhs.uk 03/02/2022 14:01:34

Major Programme Risk:

- Collaboration and engagement across Health, Social Care and partners
- Whole system pressures and COVID uncertainty
- Investment to support schemes

Mitigating Action:

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

Decision / Intervention required from Execs:

- None at present other than to note the risk in relation to WOD team capacity to deliver during current operational pressures.

Date: February 2022

Flash Report: People and Culture Plan

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

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:	Official launch of plan and embedding it into sustainable position

Focus to Date:

- Staff Recognition Awards shortlisting panels taken place
- 39 coachees confirmed from Ward Managers and Deputies for the coaching network,
- Winning temp procurement completed
- Employment Satisfaction Survey for newly qualified nurses sent out by text
- 7 Interns with learning disabilities commenced placements via Project Search.
- National Apprenticeship week held w/c 7/2/22
- Finalising details of Digital Capability Framework (DCF) with HEIW working group. Evaluating capability statements and adding working examples, ready for publication of the framework
- CAV-CEHE website now approved comms team and slippage funded post to support website development has been filled. Content being mapped for March launch
- 231 overseas nurses have now achieved registration
- current cohorts of UHB management development programmes will end over the next 2 months. This will be followed by an evaluation to shape future provision.
- Medical Workforce Efficiency – e-job planning compliance over 80% Managed Locum Bank fill rate increased to 83%.
- People Analytics – ESR workforce Data for Nursing workforce now easily accessible through Sharepoint.
- Workforce Shape – Theatres have recruited 6x Band 4 Assistant Practitioners in training. District Nursing have secured funding to recruit & train 14x band 4 Assistant Practitioners in April 22. C&V are leading All Wales on the development of B4 AP roles in Mental Health services.

Mohamed Sayed 02/02/2022 14:01:22

Next Step Priorities:

- Set up coaching peer supervision for those joining the coaching network
- Implement actions identified from HIT research e.g. pilot of schwartz rounds and medTRiM; staff room refurbishments, hydration stations
- Workshop for Temporary Staffing Department to be held in March
- Nurse recruitment events in Bristol and Birmingham
- Change of focus from transactional to inclusive recruitment
- Identify pilot group to engage with the DCF, focusing on engaging with a diverse range of users both in terms of digital capabilities and areas of the workforce.
- Establish Interprofessional Clinical Education Group and agree TOR
- Academy leads to instigate scoping work and identify key stakeholders to support academy development
- Launch Senior Leadership Programme comms 28th Feb 2022 for nominations
- Identification of key-speakers and bite-size learning / masterclasses
- Review CLIMB programme to ensure alignment and consistency in leadership offerings and messages. Also LIPS
- B4 AP – agree starting salary , e.g. Annex 21.
- Secure recurrent funding for the e-rostering team from May 2022.
- Recommence roll-out of HealthRoster for Nursing in March 2022.
- Remodel wards in 2022 – focusing on patient needs, skills required and opportunities for new/extended roles.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Staff 'burnout' leading to increase sickness, decreased engagement, more conflict • Whole system pressures and COVID uncertainty • Collaboration and engagement across Health, Social Care and partners	Monthly progress meetings to identify any delays and identify contingency plans.	• None at present other than to note the risk in relation to WOD team capacity to deliver during current operational pressures.

Flash Report: People and Culture Plan

Date: March 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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Overall Programme Report

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

Focus to Date:

- Staff Recognition Awards invites and final preparations being made for the 8th April
- Procurement for coaching platform in progress
- Medical staff identified as pilot group for safespace stress survey
- Revised application form for Facilities roles developed.
- Meetings held with Bank to restart and improve recruitment process – new advert going out within week. Also poster campaign to attract more Cardiff Students.
- 98 of the 135 overseas nurses have been appointed (73%) six weeks into the 10 weeks of interviews.
- Contact made with Wallich, an organisation supporting the homeless and Shelter Cymru to support their clients into employment.
- Promoted MSc in Digital Transformation: approx. 8 direct enquiries via email/Teams. Awaiting confirmation of places awarded from USW.
- Promoted MSc in Digital Transformation: approx. 8 direct enquiries via email/Teams. Awaiting confirmation of places awarded from USW.
- Urgent improvement plan and safety notice put place in response to concerns raised by Cardiff University Student Nurses
- Nurse education funding priorities being reviewed, particularly re: leadership and management provision in order to release funding to support the development of the nursing career development programme, Completion of Management Essentials and First Steps to Management Programmes
- E-Rostering - roll-out recommenced on 28/02/22, 12.5hr wards will be completed by Sept 22. Self billing has gone live. ESRGO still problematic but will not stop roll-out.
- Accessible Data – Sharepoint site under development, go live April 22.

Mohamed,Sarah
9/02/2023 14:01:34

Next Step Priorities:

- Communications to be arranged for implementation of the engagement tool – winning temp
- Reviewing the approach to Team Development
- Contact appropriate agencies to assist with employment of Ukrainians who have recently had to flee their country
- Workshop for Temporary Staffing Department arranged for 7 April to focus on customer service
- Phase in HCSW recruitment to TSD from Nursing Hub
- Meet with digital leads to assess training needs and co-ordinate expansion of training group.
- Develop training materials to support staff with enhancing their digital capabilities.
- Launch of shift management programme by 31/05/21
- Relaunch of Practice Development Nurse Forum 4/04/22 and Nursing and Midwifery Education Subgroup by 15/05/22
- Cascade Leadership Programme information through Staff Networks and support applications from under-represented groups
- Succession planning and talent management information received – review of materials in April 2022
- Secure recurrent funding for the e-rostering team from May 2022.
- Draft proposal in April to procure & implement an e-rostering system for Medical & Dental staff.
- Produce training guides, online learning to build capability of managers using ESR.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Staff 'burnout' leading to increase sickness, decreased engagement, more conflict • Whole system pressures and COVID uncertainty • Securing funding for Overseas Nurse's programme facilitators and Healthroster	Monthly progress meetings to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Prioritise the decision on e-rostering business case that was presented to BCAG in November 2021.

Flash Report: People and Culture Plan

Date: April 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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:

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- Medical staff identified as pilot group for safespace stress survey
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- Meetings held with Bank to restart and improve recruitment process – new advert going out within week. Also poster campaign to attract more Cardiff Students.
- 98 of the 135 overseas nurses have been appointed (73%) six weeks into the 10 weeks of interviews.
- Contact made with Wallich, an organisation supporting the homeless and Shelter Cymru to support their clients into employment.
- Promoted MSc in Digital Transformation: approx. 8 direct enquiries via email/Teams. Awaiting confirmation of places awarded from USW.
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Mohamed,Sarah
01/02/2023 14:01:34

Next Step Priorities:

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- Secure recurrent funding for the e-rostering team from May 2022.
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Not started | On Track | At Risk | Off Track | Complete

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
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Flash Report: People and Culture Plan

Date: May 2022

GIG | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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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.
- The Acceler8 Senior Leadership Programme launched in April 2022, after more than 200 enquiries, 12 people were successful in starting the programme.
- Following interest in the Acceler8 Senior Leadership Programme, the Collabor8 programme is now in development and will be launched Autumn 2022.
- A talent management organisational diagnostic has been undertaken with HEIW and WOD leads have embarked on a series of workshops to shape talent management at an All Wales level.

Meeting Date: 31/05/2022 Time: 10:34

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.
- Delivery of Acceler8, Cohort 1 and open expressions of interest for Cohort 2
- Design of Collabor8 Leadership Programme
- Improvement programme to reinvigorate VBAs

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Staff 'burnout' leading to increase sickness, decreased engagement, more conflict • Whole system pressures and COVID uncertainty • The quality of patient care/service provision will be compromised	• Monthly progress meetings to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised.

Flash Report: People and Culture Plan

Date: June 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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Overall Programme Report

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

Focus to Date:

- Wellbeing survey distributed to the wider medical workforce – closing date – 31st July 2022
- 30 Staff room refurbishments progressing with Estates colleagues
- Schwartz Round meetings held with interested areas
- 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. 2 more events planned for later in 2022
- 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
- Retention Plan has been finalised and will now be implemented across UHB.
- 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 for each programme.
- First cohort of the RCN cadets scheme will commence on 25/07/22
- Involved in CD&T digital transformation programme – this will support roll out of UHB wide framework
- Acceler8 Cohort 1; Module 4 completed at 4PI with support from Executive Director of Planning and Performance. Positive feedback to date 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 enable pay progression to ensure completed effectively
- E-Rostering – HealthRoster implemented in approx. 50 ward areas
- E-Rostering for Medics – initial procurement process complete, lots of providers expressing an interest
- Strategic Workforce Plan for Nursing – refreshed & re-submitted

Next Step Priorities:

- Final preparation for the staff recognition awards
- Develop guides and implement the coaching/ mentoring platform for existing relationships
- Inclusive inner wellness seminars to be delivered July; August; September
- Customer survey to be developed and implemented for TSD
- Present Overseas Nurse Accommodation paper at management Exec.
- Submit bid to Charitable Funds to develop careers videos.
- Work plan for multi-professional clinical education group
- Engaging in phase 2 of digital capability framework development with HEIW, to be rolled out across the UHB.
- Funding for overseas nurses programme team
- Improvement programme to reinvigorate VBAs
- Revisit Talent Management process / details with Executive Team, cascade.
- Engagement with identified areas to develop mentor network
- Coaching for Performance focused work with Aspiring Clinical Directors and Estates Team
- Complete HealthRoster roll out of 12.5hr wards by 30/09/22.
- Agree a rate card for M&D locums, ideally nationally but if not achievable locally.
- Extend Medacs contract for 24months – run M&D Staff Bank.
- Implement Recruitment Optimisation Process(RPO) to recruit permanently to difficult to fill roles, therefore reducing agency spend.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Medacs contract expires in Aug 22. • Increased requests across CBs re leadership capability • Risk to successful completion of Overseas Nurse's programme as funding for necessary facilitators required. • Poor engagement caused by exhaustion / burnout	• Regular reporting to ED of P&C to identify any delays and identify contingency plans.	• Decision to extend the Medcas contract for the M&D Staff Bank – 24 months. • Decision to implement the Recruitment Optimisation Process (RPO) via Medacs. • Funding for International Nurse Recruitment Campaign. • Decision on procuring an e-rostering system for M&D workforce.

Mohamed Sarah 02/02/2023 14:01:38

Flash Report: People and Culture Plan

Date: July 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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:

- Inner Wellness Webinar (1 of 3) delivered, positive feedback and high attendance
- Anti-Racist Wales Action Plan for Welsh Government received, UHB plan development underway with support from One Voice Network
- Winning temp engagement app launched 18th July (initially for the Nursing workforce, inc. ODPs)
- Successful bid to UHB's Charitable Fund for almost £10k to develop career promotion videos
- Full funding has been provided to support 15 work experience placements with the Prince's Trust. These will commence in the Autumn.
- The recent recruitment campaign for HCSWs by the Temporary Staffing Department resulted in 98 being interviewed and 64 being appointed
- Developed a training library to support staff in the use of Microsoft 365 applications
- Phase 2 steering group for All Wales DCF is now underway to refine and shape the implementation and development of Digital Capabilities Framework
- Band 6 HEIW funded HCSW development post to support therapies and support services advertised
- Procurement issues related to the CAV Centre of Excellence for Health Education Website now resolved and phase 1 development underway
- VBA process and training has been adapted to enable and support managers and their teams easily upload date of completion. Shortened VBA form provided, designed with input from TUs.
- Manager as Coach Training to be provided for CDs and discussions taking place re positioning for CEF.
- Agreement secured to progress with procurement tendering process for an e-rostering system for M&D workforce.
- Agreement in principle to continue with Medacs contract for M&D Staff Bank (BCAG approval required)
- Recruitment Optimisation Process (RPO) agreed in principle for 'hard to fill' M&D vacancies. (BCAG approval required for completeness)

Wrightson,Sarah
01/02/2023 14:09:54

Next Step Priorities:

- Arrange coaching peer supervision training
- Establish schwartz rounds steering group
- Winning temp – monitor uptake and communicate results
- Nurse Recruitment events in Bristol and Birmingham
- Work with Careers Wales to re-start work experience for students.
- Employment Satisfaction Survey for newly qualified staff has concluded with 22% response rate. Findings are now being reviewed and discussed at Nurse Retention Group
- Collate resources into learning pathways aligned to the DCF.
- Launch of multi-professional clinical education group
- Funding for overseas nurses programme team
- Finalise Collabor8 Leadership Programme
- Delivery of Coaching for Performance focused work with Aspiring Clinical Directors and Estates Team
- HealthRoster for CEF project plan, timescales, etc.
- Programme Board & workstreams to be established to accelerate P&C plan – reduce high cost agency workers
- Accelerate review workforce models/skill mix changes – ward areas.

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

Major Programme Risk:

- Medacs contract expires in Aug 22.
- Increased requests across CBs re leadership capability
- Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required.
- Poor engagement caused by exhaustion / burnout

Mitigating Action:

- Regular reporting to ED of P&C to identify any delays and identify contingency plans.

Decision / Intervention required from Execs:

- BCAG approval extend the Medacs contract for the M&D Staff Bank – 24 months & RPO.
- Funding for International Nurse Recruitment Campaign.
- Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability

Flash Report: People and Culture Plan

Date: August 2022

GIG CYMRU NHS | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale

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:

- Medical Workforce Wellbeing survey closed, analysis in progress (378 responses received)
- Winning temp – currently 11% participation, index of 6.4 (7.5 overall desired index)
- Financial Wellbeing task and finish group established.
- Phlebotomy, ODP, HR, Apprenticeships, Dietetic Assistant, Catering & Housekeeping Promotional videos agreed
- Monthly adverts for bank in place (first week of month)
- 6 out of 7 Project Search Interns have now been offered employment at CAVUHB
- Second development phases underway on All Wales DCF (Digital Capabilities Framework), focusing on engagement with Nursing and Mental Health workforces.
- review of ILA MSc Digital Transformation offering based on CAV participant feedback.
- First cohort of RCN cadet's have joined the UHB.
- UHB led collaborative review of the All Wales Practice Learning framework underway 6 months post implementation. Significant challenges around agreeing national approach to some skills
- UHB led Assistant Practitioner (Nursing) Governance Framework now going through approval processes via national groups.
- Acceler8 Cohort 1; Module 6 completed. Delegates preparing for final Module 7, includes presentation.
- Draft programme for Collabor8 complete, working with key stakeholders (I&I; Change Hub). Programme will be launched, including seeking nominations, in September 2022.
- Shortened VBA form cascaded, includes ESR upload instructions.
- M&D Staff Bank contract extended for 12 months.
- HealthRoster for CEF project plan, timescales, etc.
- Increase Community Capacity - T&Cs mapping exercise for Care Workers commenced to include Health, LA and independent providers.

Mohammed, Sarah 02/02/2023 14:01:34

Next Step Priorities:

- Wellbeing Retreats evaluation and MDT developments
- Establish schwartz rounds steering group and identify clinical leads
- Winning temp – analysis and communication of initial themes / messages
- Afghan & Ukrainian Refugees Recruitment Event
- Present Overseas Nurse Accommodation paper at management Exec.
- Find suitable placements for Prince's Trust work experience placements
- Continue to populate the Microsoft 365 training library based on questions raised by staff, feedback from a questionnaire to assess digital skills and the release of new support resources.
- Develop resources pathways that take staff through the different levels of the DCF
- Launch of multi-professional clinical education group
- Funding for overseas nurses programme team
- Academy of learning (Support Services) workstream
- Evaluation of Acceler8, Cohort 1
- Delivery of Coaching for Performance focused work with Aspiring Clinical Directors and Estates Team
- Number of team development days scheduled for Sept 22, e.g. finance; health charity; people services; PCIC
- Develop programme board for improving quality through workforce efficiencies.
- Accelerate review workforce models/skill mix changes – ward areas.
- Accelerate new roles, e.g. B4 Assistant Practitioner for ward areas

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Central Funding for e-job planning and e-rostering systems • Increased requests across CBs re leadership capability • Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required. • Poor engagement caused by exhaustion / burnout	• Regular reporting to ED of P&C to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Funding for International Nurse Recruitment Campaign. • Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability

Flash Report: People and Culture Plan

Date: September 2022

GIG | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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:

- identifying workforce and OD priorities with LA colleagues. Opportunities within Vale Alliance to be explored
- Increased requests re Team Development; Cultural Survey Work; Support with MES follow-up engagement; Coaching for Senior Leaders
- Anti-Racist Wales Action Plan for Welsh Government received, Board Development planning in progress
- 9 Exit Interviews conducted in EU following an increase in turnover. Information currently being collated for CB
- The Temporary Staffing Department continue to diversify the professions employed on the bank and have recently appointed 7 Dental Nurses and recent advert have generated 67 applications for a variety of Lab support posts and 1 pharmacist.
- 10 new apprentices started in September including 5 Building Service Engineers taking the overall total to 34 Apprenticeships across the UHB.
- Conducting and documenting a department level digital transformation project to act as a model for wider roll out
- Working with Therapies and the Microsoft 365 Centre of Excellence, to identify and develop ways to automate processes. - anticipated that it will be possible to create a library of automations that can be adopted across the UHB
- Multi-professional Clinical Education Group (MCEG) has launched and Nursing and Midwifery Education Subgroup (NMES) has re-launched, both will support the development of the Academy of Clinical Education.
- New enhanced 3 week long HCSW induction programme to support recruitment for winter pressures.
- First cohort of ACCELER8 participants have now completed the programme. The second cohort will begin next week, featuring 18 senior leaders from across the UHB.
- Final Inner Wellness Webinars taking place this week. Feedback to date has been positive, with a number of participants enquiring about what's next.

Mohamed,Sarah
02/02/2023 14:01:34

Next Step Priorities:

- Establish the infrastructure to support and develop Peer Support Worker (with lived experience) role
- Continue to embed the Physician Associate role while reinforcing the infrastructure
- Arrange coaching peer supervision training – dates being finalised
- MedTRiM training and implementation
- Wellbeing Strategy and Framework development
- Work with Careers Wales to re-start work experience for students.
- Employment Satisfaction Survey for newly qualified staff has concluded with 22% response rate. Findings are now being reviewed and discussed at Nurse Retention Group.
- Continue to populate the Microsoft 365 training library based on questions raised by staff, feedback from a questionnaire to assess digital skills and the release of new support resources.
- Funding for overseas nurses programme team
- Academy of learning (Support Services) workstream
- Roll out of Compassionate Leadership module, designed in conjunction with Prof. M. West is underway. Involved in the initial group reviewing their resources prior to launch. Anticipating that these can be integrated into L&M programmes either directly or through signposting
- COLLABOR8 programme will commence October 2022.
- Manager as Coach training for CD's dates have been finalised, with 2 cohorts due to run during October and November.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Increased requests across CBs re leadership capability • Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required. • Poor engagement caused by exhaustion / burnout	• Regular reporting to ED of P&C to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Funding for International Nurse Recruitment Campaign. • Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability • Recognition of the risks and to take into consideration capacity to deliver due to limited resources

Flash Report: People and Culture Plan

Date: October 2022

GIG CYMRU | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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:

- Financial Wellbeing and Cost of Living Support-task & finish group established. Bespoke financial wellbeing webpages developed for staff on the Sharepoint site.
- Inner Wellness webinars concluded in September (470 attendees) and 5 wellbeing retreats have taken place since July 2022 with 47 individuals from medical workforce.
- Winning Temp Platform has had 887 responding users, giving a participation rate of 13% over the past 3 months. Highest scoring areas of engagement include Team Spirit, Self-Leadership and Commitment; lowest scoring areas include Work Situation, Job Satisfaction and Sustainability.
- Further 4 Widening Access events with schools held to promote NHS careers. This takes the total to 43 since Feb 22.
- During September to November, the UHB will have 44 Overseas Nurses and around 190 newly qualified nurses start employment with the UHB.
- 6 Project Search Interns obtained permanent roles following completion of their course. 51 Kickstarter have now secured permanent employment since the launch of the scheme.
- Implemented the new recruitment modernisation process and digital ID checks to facilitate shorter times to recruit new staff
- initial engagement with Centre for Digital Public Services to scope out training offerings for staff aligned to the DCF.
- Funding secured from HEIW for a six-month 8a Practice Learning Lead. This role will help improve the nursing and midwifery student experience and enhance placement learning.
- First cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and will now move into the Band 4 Assistant Practitioner role.
- Acceler8 Cohort 1 was completed and evaluated positively - members have now joined the Leadership Alumni with Climb Delegates. Cohort 2 commenced.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories.

Next Step Priorities:

- Analysis of the Winning Temp data, Wellbeing Survey and the SMSC Survey is taking place in October 2022 to triangulate the findings, identify themes and make recommendations. Individual analysis of the different engagement mechanisms being used to work around retention and wellbeing.
- MedTRiM Practitioner Training to start with over 70 people signed up to develop their peer support skills.
- Two clinical leads for Schwartz Rounds have been nominated, the final lead will be confirmed in October followed by establishing training dates for the Leads and Steering Group.
- The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional winter capacity.
- Major focus on Recruitment and retention initiatives to support the 'Main Effort.
- Liaising with IM&T to work with stakeholders to develop training approaches to enable the workforce to utilise digital technology: shifting the focus from learning the tool, focusing on ways to develop skills that will enable the workforce to be more adaptable when new technology is adopted.
- Collabor8 leadership programme will commence in October 2022. This provides a stepped approach to leadership development by providing the step before the Acceler8 Senior Leadership Programme.
- Series of leadership and management masterclasses / bite size sessions being developed to support the need identified over Winter.
- The People Analytics team are working with managers to improve the accuracy of data in ESR, next month ESRGO will be added to the HealthRoster system which will drive the accuracy of data in ESR.
- Safe Care will be live from December 2022 in four pilot areas across the UHB. The e-rostering team will be working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- Programme of work to improve the capture of equality and welsh language data in ESR.

Major Programme Risk:

- Risk to successful completion of Internationals Nurse's programme as funding for necessary facilitators required.
- Poor engagement caused by exhaustion / burnout.

Mitigating Action:

- Regular reporting to ED of P&C 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.
- Funding for International Nurse Recruitment Campaign.
- Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability
- Recognition of the risks and to take into consideration capacity to deliver due to limited resource compared to ask. Prioritisation will have to take place.

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

Meeting: Saturday 29/10/2022 14:01:39

Flash Report: People and Culture Plan

Date: November 2022

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

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:

- Cost of living web-pages for staff have been developed which includes signposting to MoneyHelper, an advice and guidance provider recommended by Welsh Government. Cost of Living Roadshows held across sites during November 2022.
- Staff Wellbeing Framework development has commenced with a benchmarking exercise and collaboration with TU Partners. Options will be considered by the Strategic Wellbeing Group in December 2022.
- positions were fast tracked by People Resourcing to enable faster recruitment to departments such as Facilities, Catering, Finance, and Temporary Staffing
- A revised Exit Questionnaire and new process for submissions has been developed.
- Skill mix for additional winter capacity has been identified and posts are being advertised.
- Undertaking Open Your Eyes Week in collaboration with Cardiff Commitment by delivering presentation to 103 school classes (3000 pupils) virtually to increase NHS awareness to school ages
- Further development of a training library to support staff in the use of Microsoft 365 applications. Groundwork has been set up to facilitate the ability for people to contribute short videos, showcasing some of the ways they're using Microsoft 365 tools to overcome issues they're facing in the work place.
- Extended HCSW induction programme launched which will support mass recruitment
- Series of leadership and management masterclasses / bite size sessions being developed to support the need identified over Winter
- Safe Care will be live from December 2022 in four pilot areas across the UHB. The e-rostering team will be working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories.
- The People Analytics team are working with managers to improve the accuracy of data in ESR, this month ESRGO is being added to the HealthRoster system which will drive the accuracy of data in ESR.

Jobnumber:-03202102251401:34

Next Step Priorities:

Over the winter months focus will be focusing on the 'Main Effort' and the P&C team aligned to 4 key priorities: Wellbeing (including cost of living support); Recruitment; Retention; and Workforce Planning

Microsoft 365 accounts for staff – more and more services are being rolled out that require this, but progress is still (seemingly) slow. This is becoming even more vital, considering the volume of communications that are sent out to staff that is reliant on them having access to a Microsoft 365 account.

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

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Poor engagement caused by exhaustion / burnout.	• Regular reporting to ED of P&C to identify any delays and identify contingency plans.	• Support from Execs to provide all staff with NADEX and Office 365 accounts, once full details of costings have been raised. • Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability

Flash Report: People and Culture Plan

Date December 2022

GIG CYMRU NHS | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale

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:

- A series of People and Culture Roadshows were held across the UHB during Talk Money Week' and a number of training sessions/presentations around financial wellbeing have been held
- Continuation and enhancement of Employee Wellbeing Service online and on-site support
- Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly at Workforce Hub meeting
- Trac modernisation has been implemented successfully which will reduce the appointment to start times.
- Occupational Health are continuing to process all Pre-employment Health Declarations as a priority and are processing 600-700 forms per month
- Focussed work is currently taking place within EU/AU to maximise impact. Interventions include: exit questionnaire development and analysis, OD programme of work, continuation of the wellbeing programme for EU staff, drop in sessions for staff held in partnership wit TU representatives, increased senior leadership visibility including Executive visits, and support for the Clinical Board to create an action plan.
- Anti-Racist Wales Action Plan for Welsh Government received, Board Development planning in progress
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- Culture and Leadership Programme focussing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit.
- Enhancement of Leadership and Management Development offer and continuation of programmes and development sessions
- Engaging with the Clinical Boards to develop a baseline summary of nursing workforce data with a view to understanding the current nursing position and the challenges and opportunities for change
- E-Rostering Team appointed and are accelerating Nursing roll-out
- A campaign to improve our workforce data around Equality and Welsh language skills is underway to enable us to we understand the diversity of representation at all levels and our organisational Welsh language skills

Mohamed.Sirajudeen
02/02/2023 14:01:34

Next Step Priorities:

Over the winter months focus is on the 'Main Effort' and the P&C team aligned to 4 key priorities: Wellbeing; including cost of living support); Recruitment; Retention and Workforce Planning

Review key deliverables and milestones to help evidence progress towards overarching objectives
Winning temp – analysing and sharing results
Development of a work and wellbeing passport to work in collaboration with the managing attendance at work policy.
Two new programmes are under development to support the 'grow our own' approach. These focus on 'Return to Registration' to support nurses to regain NMC registration via the NMC Test of Competence rather than a HEI return to practice programme and 'Novice to Nurse' to develop HCSW to Registered Nurse
Development of Leadership and Management Masterclasses to support retention and wellbeing priorities
Establish coaching capacity and process for requesting coaching / signposting to coaching providers.
Plans to accelerate training for Safe Care, aim to complete by March

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

Major Programme Risk:

- Poor engagement caused by exhaustion / burnout.
- Capacity and dedicated skills/resource to support workforce planning and dev. Of new roles
- Limited focus on long term workforce planning to build sustainable workforce models
- Central Funding for e-job planning system and e-rostering

Mitigating Action:

- Regular reporting to ED of P&C to identify any delays and identify contingency plans.
- Workforce planning training to be developed in 2023 to improve knowledge and capability

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.
- Please note the increased requests for 'OD intervention' across Clinical Boards, often linked to leadership / management capability.

Report Title:	Progress against the People and Culture Plan (Year 1 Review)				Agenda Item no.	
Meeting:	Strategy and Delivery Committee		Public	x	Meeting Date:	24 January 2022
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Deputy Head of People Assurance and Experience					

Main Report
Background and current situation:

At Cardiff and Vale UHB (the UHB) we pride ourselves on being a great place to train, work and live; with inclusion, wellbeing and development at the heart of everything we do. We know that in order to meet our population's health and care needs effectively we are completely dependent on our workforce. However, we cannot achieve this by things remaining the way they are. We need to transform the way we attract, train, develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core.

In January 2022 the People and Culture Plan 2022-25 was approved by Board. This is our opportunity to improve the experience of staff, to ensure the improvements we have made over recent years continue, and to confront the challenges which have arisen as a result of the pandemic and subsequent recovery period. By achieving this we know that we will also improve the experience and outcomes of the people we care for. As we now approach 12 months since the Plan was adopted, this report will provide for the Strategy and Delivery Committee a summary of progress made, and how we have responded to the challenges faced. It includes a case study on the work currently taking place within the Emergency Unit, and looks at what we are doing to stay on track and to evaluate whether the aims of the Plan are being met.

ABOUT THE PLAN

The People and Culture Plan sets out the actions we said we would take over the three-year period 2022-2025, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. Detailed objectives were developed to accompany the Plan which describe how we intended to achieve these ambitions and milestones were put in place to progress the agenda.

The Plan is built around 7 themes which are based on the those set out in the Workforce Strategy for Health and Social Care, with an added emphasis on retention in theme 3 to recognise the importance of retaining our workforce as well as recruiting new people:

1. **Seamless workforce models** - to support the integration of Health and Social Care services, to deliver a seamless, coordinated approach from different providers, based on outcomes that matter to the person
2. **Engaged, motivated and healthy workforce** - to have a workforce that feels valued and supported wherever they work
3. **Attract, recruit and retain** - to recruit and retain the right people with the right skills
4. **Building a digitally ready workforce** - to have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively and enhance their ways of working
5. **Excellent education and learning** - to ensure that education and development of the workforce remains a key priority, with an equitable approach to education provision and support for those who have additional learning need
6. **Leadership and succession** – to help our leaders embody collective, compassionate and inclusive leadership
7. **Workforce supply and shape** - to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

Mohamed Mirza
02/01/2023 14:01:34

Each theme has a People and Culture lead and a named staff (Trade Union) representative.

Monitoring of the Plan takes place through a number of channels:

- In depth progress updates are provided for each theme on a monthly basis, using flash reports to identify focus to date, next steps and any potential barriers/risks to delivery which require Executive intervention
- Period (approx. quarterly) workshops for the theme leads to get together and discuss what has gone well, what the challenges faced and ensure the different themes remain aligned
- High level progress updates to the Strategic Programme Portfolio Steering Group in the form of flash report **(attached as Appendix 1)**
- Quarterly monitoring of workforce indicators **(attached as Appendix 2)** (n.b Quarter 3 data will not be available in time to include in this report but a verbal update will be provided at the Strategy and Delivery Committee meeting. The Committee is also asked to note that some of these measures take time to achieve

YEAR 1 PROGRESS

Progress has been made against each of the 7 themes, though by their very nature some of them will take longer to achieve than others. Summarised below are a few examples of the successes achieved over the past 12 months.

Seamless workforce models

- People and Culture leads for all SOFW Strategic Programme Portfolio projects identified
- Focussed People and Culture support to the development and delivery of the National Accelerated Cluster Development Programme including Pan Cluster Planning Groups (PCPG) and to the roll out of the local MDT cluster across CAV aligned to the @ Home Programme
- Co-production of innovative workforce model for 111P2
- Profiling of Peer Support Worker role in response to WG MH workforce consultation
- Continue to identify workforce priorities with LA colleagues. Opportunities within the Vale Alliance to be explored.
- Refine and develop the co-production/engagement model to inform decision making around service and workforce models
- Continue to embed the Physician Associate role by reinforcing the infrastructure

Engaged, motivated and healthy workforce

- A coaching network has been established and a coaching platform has been procured to support the process and relationship management; this also allows the coach to receive regular feedback from the coachee.
- Development of Peer Support, including Schwartz Rounds and MedTRiM
- Analysis of the engagement tool Winning Temp, Wellbeing Survey and the Senior Medical Staff Committee Survey to triangulate the findings, identify themes and make recommendations. Individual analysis of the different engagement mechanisms is also being used to inform key pieces of work around retention and wellbeing.
- Inner Wellness webinars - attendance at the three sessions was excellent, 470 people in total.
- Five Wellbeing retreats, initially accessed by individuals from the medical workforce feedback received has been very positive: “We had the chance to strengthen our relationships, reflect on what has been an intense past three years…and look to the future together as a team and a service…Just like all teams, the quality of care we provide to our patients and their families depends on how cohesively we work together. We already have great team spirit and unity but we can never take this for granted…Our away day…made the team feel truly valued by the Health Board and allowed us to consciously lock-in or "codify" some of the culture and values which make the [team] such a unique and wonderful place to work.
- Enhancement of Employee Wellbeing Service online and on-site support
- Establishment of a Cost of Living Task and Finish Group to support staff with their financial wellbeing. This Group has led a number of People and Culture Roadshows to listen to, support and signpost staff

around the cost of living, wellbeing, HR queries etc. During 'Talk Money Week' (7-11th November 2022) over 300 connections and discussions held with staff through these roadshows.

- Continue to listen to, support and grow lived experience staff networks, including the LGBTQ+, One Voice (for Black, Asian, or Ethnic Minority groups) and AccessAbility Networks
- Anti-Racist Wales Action Plan for Welsh Government received, Board Development planning in progress
- Improvements have been made to the environments many of our colleagues work in. For example, 28 staff rooms have been refurbished, water fountains have been introduced, and art work has been installed in the Paediatric Emergency Unit in collaboration with the Health Charity which has had positive impact on the staff and patients.

Attract, recruit and retain

- Engaging in a significant rolling programme of Recruitment Events/Careers Fairs which is proving to be very successful. This has included running 3 of our own recruitment fairs in the Hilton Hotel, outreach activities to more than 3000 school children, and engaging with ex-military personnel and refugees.
- Attending a variety of events such to provide access to individuals who may not normally consider the NHS as a potential employer e.g. refugees, the long term unemployed, schools, and Black, Asian and Minority Ethnic Groups within the local community
- Increasing the number of Registered Nurses and HCSW's who are registered to work on our Bank.
- work has been undertaken with the Temporary Staffing Department to support and streamline recruitment, invoicing and governance issues
- 6 of the 7 Project Search Interns from Cohort one obtained permanent roles following completion of their course and more than 50 individuals who had been part of the Kickstart scheme secured permanent employment
- An additional 120 substantive HCSWs have been appointed since August as part of the ongoing Nursing Hub's Mass recruitment campaign. In addition, almost 400 HCSWs have been recruited to the Staff Bank since May 2022.
- The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional winter capacity. Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly.

Building a digitally ready workforce

- Agile working framework published
- Development of a training library to support staff in the use of Microsoft 365 applications. Initial data gathered to build up a library of short, top tip videos.
- Initial groundwork underway to promote the use of Viva Insights, a tool available from Microsoft to enhance digital wellbeing, across a directorate. This has also raised questions about other digital wellbeing initiatives which could be explored to support staff.
- Microsoft 365 tools, in particular SharePoint, are being used even more widely to circulate key details to staff
- A link has been established with Centre for Digital Public Services, with the aim of promoting their training offerings to further broaden the options for development that are available.
- Work is currently underway to allocate Microsoft 365 and NADEX accounts for staff who do not currently have them.

Excellent education and learning

- More than 215 overseas nurses achieved registration in 2022 which takes us to a total of 429 since programme inception.
- Enhanced 3-week long HCSW induction programme launched which includes 2 simulation days to allow the sign off of clinical competencies, reducing the assessment need in clinical areas and increasing the HCSWs' readiness for practice.

- Extensive Improvement work has been undertaken with student representatives to improve the student experience
- Scoping work aligned to 'only do what only you can do principle' within Mental Health. This provides clarity re: band 2, 3 and 4 unregistered roles and identifies what only a registered nurse can do.
- Senior Nurse for Education representing Education Culture and Organisational Development on a multi-professional Non-Medical Prescribing Governance Group which is currently updating the UHB Non-Medical Prescribing Governance Framework
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- First cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and moved into the Band 4 Assistant Practitioner role
- The first cohort of the RCN cadets' scheme commenced in July 2022, with further cohorts planned for early 2023.

Leadership and succession

- Culture and Leadership Programme focussing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit.
- The Leadership and Management Development opportunities, including programmes and development sessions, has been enhanced.
- Collaboration with the Innovation team and Change Hub continues to ensure pathways between programmes (Climb; Acceler8; Collabor8), and to support co-design and delivery.
- Manager as Coach Training taking place for Clinical Directors
- Equity and inclusion now form part of Collabor8 and Management Development Programmes to support the organisation in building an inclusive culture
- VBA process, documentation and training reviewed and adapted to enable and support managers and their teams to easily upload date of completion onto ESR.
- Development of bespoke OD interventions to support effective team performance and create healthy high performing teams

Workforce supply and shape

- Healthroster has been rolled out in the Temporary Staffing Department and more than 90 ward areas. The system is also being used by the Mass Vaccination/Immunisation team. The system has been implemented for Capital, Estates and Facilities bank workers and will be rolled out to the wider team over the next few months.
- ESRGO has been implemented. This is a live interface between ESR and Healthroster which means that staff changes will only need to be updated once and that budget establishments and daily staffing levels will be correct.
- Nurse establishments have been agreed and updated in ESR to ensure that our workforce data is accurate.
- Safe Care will be live from December 2022 in four pilot areas across the UHB. This allows rosters to be updated on the basis of patient acuity levels (ie clinical need) and will be implemented in all nursing areas The e-rostering team is working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- A programme of work has and will continue to be undertaken to improve the capture of equality and welsh language data in ESR.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories. This is in part due to the development of a Workforce Data SharePoint site to ensure data is accessible
- Baseline workforce plans are completed for C&W and Medicine Clinical Boards and have started for PCIC, MH, Surgery and Specialist.
- We are continuing to communicate with local authority colleagues to ensure that we work collaboratively. A scoping exercise looking at the different terms and conditions across NHS, Local Authority and Private Providers was conducted as part of the 1,000-bed initiative

However, alongside the successes, there are a number of challenges which we continue to face such as:

- Cultural norms which get in the way of embracing new ways of working
- Providing a climate for innovation & creativity to enable solutions for real, lasting change
- Building a digital ready workforce so that access and geography are not a barrier
- Collaboration between health and social care is necessary
- Breaking down organisational barriers
- Staff are feeling exhausted and experiencing burnout
- ensuring our communication channels are enabling our staff to be involved, informed and have a voice
- Large scale vacancies and high turnover in a number of professions
- High competition from neighbouring Health Boards and other Health /Care employers
- High reliance on Bank and Agency
- Unprecedented workforce pressures are significantly compromising ability to release staff for training and development
- Leadership, management and clinical education is well established, however, there are limited development opportunities for many other staff groups which need to be addressed.

THE MAIN EFFORT - A CASE STUDY

Over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team have aligned the 7 themes to the following UHB priorities:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

By doing so we are able to ensure that our impact is maximised and makes a real difference where it is needed. Following an inspection in EU/AU by HIW in June 2022 and a high number of staff leaving the department, it was decided to prioritise this area and support the leadership team through focused leadership development and retention activities.

The key headlines relating to the quality of management and leadership in the HIW report were:

- The workforce identified lack of equipment, inadequate staffing levels and skill mix, a poor relationship with senior management (including lack of visibility and support) and reduced access to education as issues. Rotation was reported to be a challenge as no supernumerary period was offered or provided and there was no additional training for several months (if at all); this had an overall impact on health & wellbeing
- Poor compliance with mandatory resuscitation training and other mandatory training
- A need to respond to and address the less favourable staff comments highlighted within the Quality of Management and Leadership section of the report

Workforce information for September 2022 showed high vacancies, high turnover, low VBA rate and high agency spend (year to date). The high number of staff leaving the department pointed to staff potentially feeling demotivated, burned out, stressed and disengaged.

WTE	Stat & Mand	VBA	3-Month Cumulative Sickness	Turnover	Vacancies
220.45	68.11%	18.95%	10.36%	16.83%	12.95%

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A 6-month programme of focused work is currently taking place which involves the Head of People and Culture working closely with the leadership team, trade unions and staff. Interventions include:

- Development of a specific exit questionnaire based on the finding of the HIW report and assessment of the responses;
- An OD programme of work, supported by Clinical Psychology. This includes enabling reflection, encouraging future focus, developing relationships, improving wellbeing, communication skills, and a toolkit to support staff;
- A wellbeing programme with specific focus on supporting managers to have effective wellbeing conversations, develop tools for check-ins and check-outs; and also includes weekly on-site wellbeing support;
- Drop in sessions for staff held in partnership with TU representatives;
- Increased senior leadership visibility, including Executive visits;
- Development of an education plan to address compliance against resuscitation and other mandatory training and a robust induction programme for new starters
- Development of workforce recruitment and retention plan
- Recommencement of study leave and management days
- Development of a leadership training and development plan for EU/AU sisters
- Increasing VBA's
- Monthly meetings with team leaders
- Refurbishment of the Education Room in EU for staff to have some breathing space in a nice environment
- Photo board in the Department to show who is who

A number of additional recommendations were made to the Senior Leadership Board in December 2022 and will be followed up with the Medicine Clinical Board. This includes the development of an action plan to be owned and taken forward by the senior leadership team e.g. continue to engage with the OD programme, embed compassionate leadership, celebrate success/recognition, and the development of communication plan.

A strong baseline has been established through the KPIs, the HIW report and significant sources of feedback from staff and Sisters. At the time of writing, there had been no improvement in the KPI data available (November data) due to the time it takes for implementation of the improvements to result in improved outcomes, but it is hoped that there will be a positive change in January.

NEXT STEPS

The senior team within the People and Culture Directorate recently took part in an away day to enable time for reflection and planning around the People and Culture Plan. The team were asked to consider what has gone well over the last 12 months, how priorities may have changed, and what actions were needed after Winter to ensure that we are on track by the end of year 2.

This is due to be followed by a workshop for the Theme Leads to review the existing objectives in some detail, ensuring they remain fit for purpose, 'SMART' and are aligned to enable collaborative working across the themes.

A benchmark has been established in year 1 through the development of and reporting against KPIs as well as a number of 'softer' measures of successes such as staff engagement initiatives. We now need to determine a plan for monitoring and evaluation going forward so that we can highlight specific success and areas for improvement and be less dependent on 'macro' KPIs which can be influenced by many factors. This will be supported by reviewing the objectives to determine the outcome, rather than output, we are seeking to achieve. More regular, focused reports will be provided once the People and Culture Committee has been established and the Terms of Reference agreed.

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In 2023 we will build on what has been achieved in Year 1, focusing on the Health Board priorities, ensuring that quality, improvement and efficiencies are at the forefront. We know that we are not providing the quality of services we could or should, so patients and staff don't have the best experience or outcomes. Over the next 12 months we will develop strategic workforce planning capabilities to enable us to move toward a more patient

centred approach built around the skills needed to care for our patients. We will also develop alternative workforce models by gaining a fuller understanding of our current and future workforce needs to release capacity, address gaps and build action plans. The number of staff in non-traditional roles will increase, to reflect the skills required to care for our population, e.g. peer support workers, apprentices, Physician Associates, Assistant Practitioners, and multi-skilled support workers. Strategic decision making will be supported by ensuring our workforce data is accurate, meaningful and accessible and by a move away from workforce reporting to people analytics. To enable this, in 2023 we will implement systems that provide the organisation with real time data for our workforce, including the roll out of Health Roster across all nursing areas by September 2023 and implementation of Safe Care.

As an organisation we will aim to deliver excellence in all that we do so that staff, patients and our populations have the best experience and outcomes. Our People and Culture Plan will help us achieve this aim.

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

The People and Culture Plan sets out the actions we said we would take over the three-year period 2022-2025 and was approved by Board in January 2022. Progress has been made against each of the 7 themes though we continue to face a number of challenges. Over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team have aligned the 7 themes to the UHB priorities of Wellbeing, Recruitment, Retention and Workforce Planning. The existing objectives are due to be reviewed to ensure they remain fit for purpose, 'SMART' and are aligned to support collaborative working across the themes. We now need to determine a plan for monitoring and evaluation going forward so that we can highlight specific success and areas for improvement needed to keep the Plan on track for the next 2 years and ensure that the outcomes are achieved.

Recommendation:

The Board / Committee are requested to:

- NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

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

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy and Delivery Committee	24.01.22

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WHC/2022/019

WELSH HEALTH CIRCULAR

Llywodraeth Cymru
Welsh Government

Issue Date: 21st June 2022

STATUS: ACTION

CATEGORY: QUALITY & SAFETY / INFORMATION GOVERNANCE / PERFORMANCE / DELIVERY / PUBLIC HEALTH / POLICY

Title: *Non Specialised Paediatric Orthopaedic Services*

Date of Expiry / Review 01/04/2025

For Action by:
All health boards

Action required by: *01/04/2025*
To ensure that this service specification is used to inform the delivery and commissioning of Non Specialised Paediatric Orthopaedic Services for children (aged up to 16 years) resident in Wales.

Sender: Olivia Shorrocks, Head of Major Conditions

HSSG Welsh Government Contact(s) :
Olivia Shorrocks, Delivery and Performance, Welsh Government Buildings, Llandudno Junction LL31 9RZ, 03000 625545

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Enclosure(s): Equality & Health Impact Assessment for *Non Specialised Paediatric Orthopaedic Services*

GIG CYMRU NHS WALES | Cydweithrediad Iechyd GIG Cymru NHS Wales Health Collaborative

NHS Wales Health Collaborative

Model Service Specification

Non Specialised Paediatric Orthopaedic Services

April 2022

V1.0

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Document information

Document purpose	Service Specification
Document name	Specification for Non Specialised Paediatric Orthopaedic services for children resident in Wales
Author	The Welsh Orthopaedic Board, on behalf of the NHS Wales Health Collaborative
Publication date	19/04/2022
Version	Final
Target audience	Chief Executives, Medical Directors, Directors of Finance, Directors of Nursing, Chief Operating Officers, Directors of Planning, Directors of Therapies and Health Sciences, Directors of Primary Care,
Description	NHS Wales Local Health Boards will routinely commission this tertiary service in accordance with the criteria described in this policy
Review Date	April 2025

Revision History

Revision Date	Summary of Changes	Version
21/6/2022	Publication of document	1.0

Approvals

This document underwent the following approvals.

Group/Organisation	Date	Version
T&F Group	16/03/2022	Final draft
NHS Wales Collaborative Executive Group	19/04/2022	Final draft approved to become v1.0

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Statement

This document has been developed to inform the commissioning of Non Specialised Paediatric Orthopaedic Services for children (aged up to 16 years).

In creating this document, the Welsh Orthopaedic Board has reviewed the requirements and standards of care that are expected to deliver this service.

Disclaimer

The Welsh Orthopaedic Board and NHS Wales Health Collaborative assume that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this specification.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

The Welsh Orthopaedic Board and NHS Wales Health Collaborative disclaim any responsibility for damages arising out of the use or non-use of this specification.

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1. Introduction

This document has been developed as the recommended service specification to inform the delivery and commissioning of Non-Specialised Paediatric Orthopaedic Services for children (aged up to 16 years) resident in Wales.

Whilst the responsibility for commissioning Specialised Paediatric Orthopaedic Services has been delegated to Welsh Health Specialised Services Committee (WHSSC), the responsibility for commissioning the Non-Specialised Paediatric Orthopaedic Services has been retained by the Health Boards.

The service specification describes the scope of care provided by Non-Specialised Paediatric Orthopaedic Services. These services provide treatment for common paediatric conditions, which require a clinician trained in the management of paediatric orthopaedic conditions, but do not require complicated infrastructure to deliver the service safely.

1.1 Background

Plain Language Summary

Paediatric orthopaedics can be described as the study and treatment of growing bones, joints and muscles. A paediatric orthopaedic surgeon is dedicated to the care of congenital and acquired musculoskeletal problems in children and adolescents. In order to be deemed as having Paediatric Orthopaedic expertise, the surgeon has undertaken a recognised period of higher surgical training in orthopaedics and trauma and specialist paediatric fellowship experience. Allied health care professionals also are trained to the standard expected to deliver services to children.

Non-Specialised Paediatric Orthopaedic Services provide care for a wide variety of conditions. Many children with non-complex orthopaedic conditions may be managed locally without the need to refer to specialised centres. However, some children may have complex conditions or have rare conditions which benefit from specialist expertise, whilst others may require specialist diagnostic and treatment that can only be provided in specialised centres.

Specialised paediatric orthopaedic services involve a large number of health care professionals in the delivery of a child's treatment within the model of the multidisciplinary team (MDT).

Non-Specialised and Specialised Paediatric Orthopaedic services have many interdependencies with clinical services that are both community (to include educational) and hospital-based. Community based teams include General practitioners, health visitors and nurses. Community and hospital-based therapy teams include physiotherapists, occupational therapists, play, speech and language, podiatry, orthotics, wheelchair services, dieticians, psychology. Specialist nursing including advanced nurse practitioners and safeguarding.

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This service specification is for those centres where children with non-complex orthopaedic conditions are diagnosed and managed.

1.2 Non Specialised Paediatric Orthopaedic Services

Paediatric Orthopaedic Services involve a large number of health care professionals in the delivery of a child's treatment within the model of the multidisciplinary team (MDT), providing inpatient, outpatient, and community based management of orthopaedic disorders.

The service has interdependencies with spinal surgery, neonatology, paediatrics, anaesthesia, critical care, radiology, theatres, nursing and therapies.

The remit of the paediatric orthopaedic surgeon includes all those musculoskeletal conditions that are confined to infancy and childhood, such as developmental dysplasia of the hip (DDH) and club foot. Neuromuscular conditions cause particular problems with growth and development and contribute importantly to the workload. In particular high tone (spastic) cerebral palsy can have a devastating effect on the structure and function of the musculoskeletal system requiring interventions for comfortable sitting and walking ability.

In addition to cerebral palsy, the major neuromuscular diseases contributing to the workload of paediatric orthopaedics include spina bifida, muscular dystrophy and arthrogryposis.

In terms of children's trauma, most of the work is made up by simple fractures sustained in low-energy falls. For these, the term orthopaedics is perfect because most only require straightening and to be allowed to heal on their own. Major trauma in children is less common than in adults and tends to be dominated by significant head injuries.

Paediatric orthopaedic surgical services can be defined on the level of their infrastructural and resource requirements. The following three categories of paediatric orthopaedic surgery are proposed:

Level 1 - Non Specialised Surgery

These are services which manage presentations which are frequent in the paediatric population, they require a clinician trained in the management of paediatric orthopaedic conditions but do not require complicated infrastructure to deliver the service safely. All providers identified in section 1.5 should have the facilities to provide this. They include assessment and ongoing management (non-operative and operative) of the following conditions:

Conditions included	Critical Interdependencies
• Simple trauma (excluding polytrauma), • Simple obstetric trauma • Neurodisability surveillance and simple interventions • Physiological normal/ abnormal variant assessment	• Paediatric Anaesthesia • Paediatric Theatre • General Radiology • General and Community Paediatrics • Paediatric Emergency Medicine • Wheelchair Services • Paediatric Physiotherapy

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• Uncomplicated MSK infection • Simple upper limb conditions • Spine assessment • Hip dysplasia screening and non-surgical management • Mild Slipped capital femoral epiphysis • Simple knee and lower limb conditions and injury • Simple Foot deformities – metatarsus adductus, pes planus, pes cavus, toe deformities, • Toe walking • Benign lumps and bumps – every Health Board should have a pathway for urgent suspected neoplastic conditions • Musculoskeletal conditions related to Vitamin D deficiency • Non-surgical management of Congenital Talipes Equinovarus (CTEV) to include outpatient percutaneous tenotomy performed under an agreed paediatric standard operating procedure.	• Paediatric Occupational Therapy • Paediatric Nursing • Paediatric Pre-admission • Paediatric Podiatry • Advanced Practice Allied Health Practitioner • Orthotist

Level 2 - Specialised Surgery - Regional

These are services which meet the specification for Specialised Paediatric Orthopaedic Surgery and have been designated to deliver more complex surgery. They provide the management of the following conditions:

Conditions included	Critical Interdependencies
• Complex trauma • Complex MSK infection • Surgical Management of Hip Dysplasia • Moderate Slipped capital femoral epiphysis • Surgical Management of CTEV • Surgical Management of Neurodisability • Childhood Orthopaedic Surgery • Adolescent Hip Surgery • Child/Adolescent Knee Surgery • Limb Deficiency	As for Level 1 plus: • Highly specialised Physiotherapist • Highly specialised Orthotist • Paediatric Radiology and Paediatric MSK expertise • Paediatric Rheumatology • Paediatric Neurology • Paediatric Critical Care • Paediatric ENT • Genetics Service • Paediatric Plastic Surgery • ALAC • Advanced Paediatric Orthopaedic Nurse Practitioner.

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Conditions included	Critical Interdependencies
	• Dietetics

Level 3 - Specialised Surgery - Supraregional

These are services which meet the specification for Specialised Paediatric Orthopaedic Surgery and have been designated to deliver the most complex and specialised surgery. They provide the management of the following conditions:

Conditions included	Critical Interdependencies
• Major trauma • Surgical management of Metabolic bone conditions: X–linked to Hypophosphataemic Rickets, Osteogenesis • Severe Slipped capital femoral epiphysis • Complex Limb deformity correction • Limb Lengthening procedures for large leg length inequalities • Treatment of Tibial Pseudarthrosis • Spinal Surgery[1]	As for Levels 1 and 2 plus: • 24/7 Advanced Paediatric Anaesthesia • 24/7 Paediatric Theatre • 24/7 Paediatric Radiology • 24/7 Paediatric MSK Expertise • Paediatric Neurosurgery • Paediatric Neurorehabilitation • Paediatric Cardiology • Paediatric Respiratory • Paediatric Gastroenterology • Paediatric Oncology • Paediatric Surgery • Paediatric Metabolic Bone Service • Paediatric Pain Service • Paediatric Gait Analysis • Paediatric Major Trauma Centre Service • Paediatric Infectious Disease Service • Speech & Language Therapy • Psychology

1.3 Aims and objectives

The aim of this service specification is to define the essential requirements and standard of care that providers are required to meet in order to deliver Non Specialised Paediatric Orthopaedic Services to children resident in Wales.

The objectives of this service specification are to:

- ensure that the commissioning of Non Specialised Paediatric Orthopaedic Surgery is evidence based.
- detail the specifications required to deliver Non Specialised Paediatric Orthopaedic Services.
- specify the minimum standards of care for the delivery of Non Specialised Paediatric Orthopaedic Services.

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[1] In line with the service specification for Paediatric Spinal Surgery – scheduled for development by the Spinal Services ODN

- ensure equitable access to Non Specialised Paediatric Orthopaedic Services for Welsh children irrespective of geographical location.
- identify the minimum requirements that services must meet in order to provide services for Welsh children.
- improve outcomes for children with orthopaedic conditions who require non specialised surgery.

1.4 Population Covered

This service specification is aimed at delivering safe and effective care for children and young people aged between 0 – 16 years with confirmed or suspected orthopaedic condition, regardless of sex, race, or gender. This includes the management of a smooth and efficient transition of young people from children's services to adult services. There should be clear written description of the Multi-Disciplinary Team (MDT) involved in transitional care, locally and in the clinical network.

Services will require staff to attend mandatory training on safeguarding, equality and diversity. The facilities provided should offer appropriate disabled access for children, parents and carers. When required, the services will use translators and printed information available in multiple languages.

Services have a duty to co-operate with the commissioner in undertaking Equality Impact Assessments as a requirement of race, gender, sexual orientation, and religion and disability equality legislation.

1.5 Providers of Paediatric Orthopaedic Services

There are currently six providers of paediatric orthopaedic surgery within Wales:

- Aneurin Bevan UHB
- Betsi Cadwaladr UHB
- Cardiff and Vale UHB
- Cwm Taf Morgannwg UHB
- Hywel Dda UHB (currently supported by locum consultant from Cardiff and Vale UHB)
- Swansea Bay UHB

Powys THB is not a provider of paediatric orthopaedic surgery; however, it does provide a wide range of services for including Cerebral Palsy Integrated Pathway assessments, local orthotics services and serial casting, which when delivered in partnership with surgical centre allow care to be delivered closer to home.

Paediatric orthopaedic surgery is provided for children in North Wales by Alder Hey Children's Hospital and Robert Jones Agnes Hunt Orthopaedic Hospital.

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Birmingham Children's Hospital's and Wye Valley NHS Trust also provide paediatric orthopaedic surgery for children in mid Powys.

In line with the levels noted in section 1.2, the Health Boards and NHS Trusts listed below provide the following level of service for the population of Wales:

- **Level 1 - Non- specialised surgery**
  - Aneurin Bevan UHB
  - Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
  - Betsi Cadwaladr UHB
  - Cardiff and Vale UHB (Noah's Ark Children's Hospital for Wales)
  - Cwm Taf Morgannwg UHB
  - Hywel Dda UHB
  - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
  - Swansea Bay UHB
  - Wye Valley NHS Trust

- **Level 2 – Specialised Surgery – Regional**
  - Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
  - Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
  - Cardiff and Vale UHB (Noah's Ark Children's Hospital for Wales)
  - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
  - Swansea Bay UHB (Morriston Hospital)
  - Wye Valley NHS Trust

- **Level 3 – Specialised Surgery – Supra Regional**
  - Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
  - Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital
  - Cardiff and Vale UHB (Noah's Ark Children's Hospital for Wales)
  - University Hospitals Bristol and Weston NHS Foundation Trust (Bristol Royal Hospital for Children)
  - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

1.6 Relationship with other documents

This document should be read in conjunction with the following documents:

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- **WHSSC Service Specification**
  - CP230 - Specialised Paediatric Orthopaedic Surgery (in development)

- Paediatric Spinal Surgery (to be developed by the Spinal Services Operational Delivery Network)

- **NHS Wales**
  - All Wales Policy: Making Decisions in Individual Patient Funding requests (IPFR).
  - A Healthier Wales - our Plan for Health and Social Care (2018)
  - National clinical framework: a learning health and care system (2021)
  - Nurse Staffing Levels (Wales) Act 2016
  - Welsh Government - The Transition and Handover Guidance (February 2022)

- **Relevant NHS England policies**
  - NHS England. Neonatal Infant Physical Examination. https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook
  - E02/S/A NHS Standard Contract For Paediatric Surgery: Surgery (And Surgical Pathology, Anaesthesia & Pain) 2013

1.7 National and international service guidance

The following are national and international guidance from which this service specification has been drawn.

- **NICE Guidance and Clinical Knowledge Summaries**
  - Cerebral palsy in under 25s: assessment and management (NG62) 25 January 2017
  - Spasticity in under 19s: management (CG145) Last updated: November 2016
  - Open reduction of slipped capital femoral epiphysis (2015) Interventional procedures guidance IPG511
  - Surgical site infections: prevention and treatment 2019 NICE guideline NG125
  - Major trauma: assessment and initial management (2016) NICE guideline NG39
  - Major trauma: service delivery (2016) NICE guideline NG40
  - Transition from children's to adults' services for young people using health or social care services (2016) NICE guideline NG43

Other Documents

  - Guidelines for the Provision of Anaesthesia Services (GPAS) 2020 Royal College of Anaesthetists
  - BSCOS Musculoskeletal Infection Consensus Group Delphi Method Approved Statements July 21
  - Paediatric trauma and orthopaedics Getting It Right First Time April 22

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2. Service delivery

The aim of this service specification is to define the criteria that providers are required to meet in order to deliver Non Specialised Paediatric Orthopaedic Services to children (aged up to 16 years) resident in Wales. Health Boards will commission Non Specialised Paediatric Orthopaedic Services in accordance with the criteria outlined in this document.

The aim of the service is to provide Non Specialised Paediatric Orthopaedic Services, as set out below, in accordance with the best available evidence or, in the absence of evidence, in line with best practice / consensus clinical opinion.

- **Simple trauma (excluding polytrauma)** - This relates to low energy paediatric trauma that does not subscribe to defined paediatric trauma pathways within the major trauma network that can be managed within the consultant body.
    - For example, upper limb: supracondylar / lateral condyle / forearm fractures
    - Lower limb: low energy femoral / tibial fractures, ankle fractures
    - Out of hour surgical management is dependent upon anaesthetic guidelines (child age of 3 years or over). During working hours, surgical management may be appropriate within the unit depending on surgeon and paediatric anaesthetic availability
- **Obstetric trauma** – Unresolving cases of complex obstetric brachial plexus injury are likely to require onward specialist referral
- **Neurodisability surveillance and simple interventions**
    - Clinical and radiological neurodisability surveillance is a multi-disciplinary approach involving the responsible paediatrician and community / hospital neurodisability physiotherapists with orthopaedic input. Training in Cerebral Palsy Integrated Pathway (CPIP) is advised
    - Simple interventions include Botulinum Toxin injections
- **Physiological normal/ abnormal variant assessment** by a trained healthcare professional, this may not be a paediatric orthopaedic surgeon (e.g., paediatrician / extended practitioner / paediatric podiatrist / physiotherapist), however, where clinically indicated onward surgical referral will be required e.g., genu valgum and genu varum
- **Uncomplicated Musculoskeletal infection** - relates to infection that is straight forward to treat either empirically with antibiotics or with non-specialised surgery in an expedient fashion (for example, simple drainage following suitable imaging). Where complex MSK infection is suspected onward referral to a centre with suitable radiology and anaesthetic ability (age dependent less than 3) should be considered

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- **Simple upper limb conditions, and simple hand conditions** e.g., trigger thumb release by a trained surgeon
- **Spine assessment for childhood spinal conditions.** Referral for surgical spinal opinion with a multidisciplinary approach should follow the defined spinal pathway.
- **Hip dysplasia screening and non-surgical management** - Dedicated neo-natal ultrasound screening for clinical examination abnormality and selective risk factor screening should exist in all health boards. Recognised ultrasound training is a desired requisite for the HCPs providing this service. There needs to be a healthcare professional who can be identified to manage DDH with abduction splintage (in terms of non-surgical management) and appropriate follow up once out of abduction splintage.
- **Mild Slipped Capital Femoral Epiphysis (SCFE)** - There should be the ability within each health board to perform in situ slipped capital femoral epiphysis pinning within the consultant body.
- **Simple knee and lower limb conditions and injury** – knee conditions and injuries managed according to BSCOS/BASK guidelines. Other simple lower limb conditions including leg length discrepancy can be managed by local surgeon.
- **Simple Foot deformities** – metatarsus adductus, pes planus, pes cavus, toe deformities - A healthcare professional needs to be identified within each health board to be able to manipulate and plaster flexible foot deformities and to be able to assess the need for onward referral or otherwise.
- **Toe walking**- assessment by a trained health care professional and local (non-operative / operative) management by an appropriate clinician (and plaster technician). However, onward surgical referral to the local orthopaedic surgeon will be required where clinically indicated.
- **Musculoskeletal conditions related to Vitamin D deficiency**, assessment by an extended practitioner / paediatrician
- **"Lumps and bumps"** - assessment and local management (surgical or non-operative) of benign conditions, confirmation of diagnosis, assessment and surgical opinion to be provided by the local named surgeon.

2.1 Service Objectives

The specific objectives of the Non Specialised Paediatric Orthopaedic Services are to:

- deliver care, surgery, anaesthesia, therapy and pain relief services which meet agreed local network and national standards and ensures that services are regularly assessed against them
- provide functional assessment to support child/young person outcomes, advising home and school impact
- provide high quality surgery anaesthesia and acute pain services which achieve excellent outcomes to patients with minimal risk
- incorporate mechanisms to avoid complications and monitor evidence of improved learning/practice as a consequence of incidents e.g., multidisciplinary team review of surgical and radiological cases at pre- and post-operative meetings, including regular morbidity and mortality meetings

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- provide surgery and anaesthesia in an environment which is suitable for the age of the patient, and which is engaging for the family/carer and minimises disruption to the family unit
- provide holistic multi-disciplinary care which incorporates all the necessary multi-disciplinary team members, for example paediatricians, social workers and play specialists, ensuring that onward referral to other paediatric specialists are made in a timely way
- ensure communication between units and the sharing of best practice/common protocols within a Network of care are optimised in order to maximise improved patient outcomes and improvements to practice
- provide patient friendly information on what to expect pre- and post-surgery ensuring the patient is fully prepared and informed
- support self-management by providing education and child and family friendly information on what to expect pre- and post-surgery ensuring the patient is fully prepared and informed

2.2 Access criteria

This service is for children aged 16 and under, with orthopaedic conditions which do not require management by a regional or supraregional specialised surgery service.

Decisions around patients between the age of 16 and 18 need to involve the patient themselves, their parents and/or guardians, and need to take into account the local health board environment and choices available to the patient.

These decisions need to be discussed with the patient. In cases where competence of understanding is a concern every effort must be made to involve the relevant stakeholder parties involved in the patients' care.

There will be instances when children requiring level 1 surgery, which is not normally considered specialised, will become specialised due to a complex co-morbidity, which increases the anaesthetic and surgical risk significantly. In these circumstances, children should only be treated in specialised centres (level 2 and level 3) with the appropriate surgical and anaesthetic competency.

2.3 Patient referrals

Children and young people can be received from a number of sources including general practitioners, hospital consultants, paediatricians, A&E, community and hospital based paediatric physiotherapist, occupational therapists, midwives, health visitors, and any other allied health care professionals dealing with paediatric or orthopaedic conditions:

- Simple trauma (excluding polytrauma)
- Simple obstetric trauma
- Neurodisability surveillance and simple interventions

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- Physiological normal/ abnormal variant assessment, however, where clinically indicated onward surgical referral will be required e.g., genu valgum and genu varum
- Uncomplicated MSK infection
- Simple upper limb conditions
- Spine assessment
- Hip dysplasia screening and non-surgical management
- Mild Slipped capital femoral epiphysis
- Simple knee and lower limb conditions and injury
- Simple Foot deformities – metatarsus adductus, pes planus, pes cavus, toe deformities
- Toe walking
- CTEV
- Musculoskeletal conditions related to Vitamin D deficiency
- Benign lumps and bumps – every Health Board should have a pathway for urgent suspected neoplastic conditions

Once referred the patient will be assessed and triaged into a paediatric orthopaedic service. The service is multidisciplinary in nature.

2.4 Service description

2.4.1 Services

Non Specialised Paediatric Orthopaedic Services have access to dedicated healthcare professionals trained in the support and management of DDH screening, CTEV management including Ponseti manipulation and plastering, and cerebral palsy management including hip surveillance and CPIP evaluation, and management of chronic and acute hand condition.

These core desired members are often extended scope practitioners in physiotherapy but could equally be extended scope nurse practitioners or extended scope practitioners from other healthcare areas trained in these non-specialised presentations. Access to specialist equipment and/or equipment service to support condition management and functioning should be determined locally.

All healthcare professionals must have safeguarding skills and competencies appropriate to the nature of their employment.

Non Specialised Paediatric Orthopaedic Services must meet the following criteria:

Referral and Discharge

Patients will be referred from a number of different professionals including, general practitioners, and paediatricians internal to the Health Board or from another hospital and surgeons or radiologists external to the organisation.

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Person centred care

Children and young people, and their families should have access to appropriate specialists and healthcare professionals to discuss all their potential treatment options, this should be provided within an environment which is appropriate to the children and young person. Decisions should be focused on what is important to and for the child, with accessible information available to support collaboration.

Anaesthesia

Anaesthesia must be provided by an appropriately trained and experienced anaesthetist. They should have advanced training in paediatric life support and maintain these competencies by annual training that is, ideally, multidisciplinary and scenario based.

All the above competencies must be assessed through the annual appraisal process and revaluation.

In addition to the above there must be in place:

- Lead theatre practitioner/Operating Department Practitioner
- Pre-anaesthesia assessment
- Appropriately trained recovery staff
- Standard and established pathway for paediatric resuscitation
- Standard and established pathway for paediatric intensive care retrieval and transport if critical care is required.

All those anaesthetising children must have up-to-date level 2 training in child protection. This must be maintained by annual updates of current policy, practice and case discussion.

Surgical procedure/operation

Surgery in a non-specialised centre must be provided by an appropriately trained surgeon in concordance with orthopaedic subspecialty guidelines[2]. The surgeons should be involved with regular audit as well as multi-disciplinary paediatric surgical governance meetings. Surgical listing and theatre environment should adhere to the standards required for surgery in children and the young person.

Pre-surgical assessment should be supported by occupational therapist, physiotherapist and specialist nurse to determine functional goals and baseline to inform outcome measurement.

Post surgery in-patient care (including acute pain management)

Non Specialised Paediatric Orthopaedic Services need to ensure, as a minimum, that there is appropriate provision of inpatient post-surgical care for both scheduled and emergency patients including:

- Paediatric nurses
- Paediatric physiotherapy,

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[2] Paediatric orthopaedic surgery does form part of the CCT for all orthopaedic surgeons.

- Paediatric occupational therapy,
- Anaesthetic supported pain care management,

In addition, services must have access to appropriate supportive resources such as wheelchair provision, orthotic modifications including splintage for both upper and lower limb and home assessment and modifications accordingly. Pathways supporting transfer of care from inpatient to community service should be clear, enabling timely discharge and avoiding children/young people waiting to receive rehabilitation

Outpatients follow up

Follow up for children may be:

- First post-operative wound review – by an appropriately trained professional
- Continued monitoring/surveillance – face to face by consultant orthopaedic surgeon or appropriately trained professional
- Virtual: e.g., for normal results

There should be support within these clinical settings for orthotic / physiotherapy / occupational therapy/ plaster technician / paediatric nurse input as appropriate.

Discharge

The patient will be treated post-operatively on an appropriate children's ward or children's day care facility, if attending for a day case procedure, until discharge. Discharge is likely to fall into the following categories:

- **Category 1:** The patient is deemed to have received curative surgery and the patient will be discharged back to the GP – the patient will not require any further paediatric orthopaedic follow up
- **Category 2:** The patient does not require further surgical intervention at this stage and will be discharged back to the referring specialty. However, the child may require on-going follow up locally as part of their disease management, e.g., Oncology, - at this point the care will no longer be defined as specialised.
- **Category 3:** The patient may require regional / supra-regional surgical intervention as part of a staged pathway requiring several planned surgical procedures or requires specialist monitoring and will be followed up by the surgeon in the specialised centre (or outreach in the non-specialised hospital) – this activity will be deemed specialised until such time as the child no longer requires further surgery/specialist monitoring. At this point, the child may be discharged to the GP / initial referring clinician

The provider will ensure that clear admissions policies are in place including referral criteria for all procedure types.

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2.5 Transition

Transition across non specialised and specialised services

Transitions between non specialised and specialised services should be planned, to ensure that they are continuous, seamless, timely and efficient. This can be aided by clear adherence to established pathways. Clear communication between professionals is essential at these points.

Transition across paediatric and adult services

Providers should take into account the recommendations within the NICE guidance on transition[3], and the Welsh Government transition and handover guidance[4], and associated quality standards to help children and young people and their carers have a better experience of transition and handover to adult's services by improving the way this is planned and carried out.

Providers must have a clear accountability and delivery mechanism in place, which includes identifying and designating a senior lead reporting to the Quality and Safety Committee, who will have accountability for ensuring implementation and quality of the transition and handover guidance across all primary, secondary, tertiary and community services. The senior lead will be responsible for championing transition and handover at a strategic level.

Transitions between paediatric and adult services should be planned, to ensure that they are continuous, seamless, timely and efficient. The child or young person with long term conditions commencing during childhood, must be offered choices about transition and handover of care at a point determined by their overall needs, including any national condition specific guidance.

The provider will identify and appoint a Transition and Handover named worker ("Named Worker") to support the transition and handover of healthcare for every child and young person. The Named Worker will be a health professional based within the child or young person's existing care team and will have a key role in coordinating and promoting continuity and integration of the child or young person's healthcare. The child or young person should help decide who the Named Worker should be.

The Named Worker should be involved throughout the transition and handover process, supporting the child or young person before and after transfer for at least 6 months or until a time agreed with the child or young person and their family and carers.

The allocation of the Named Worker should be reviewed by the existing MDT at key points in the transition process. Any changes to the Named Worker must be discussed with the child and young person. Local arrangements should be put in place to provide cover during any absence of the single Named Worker

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[3] Transition from children's to adults' services for young people using health or social care services (2016) NICE guideline NG43

[4] Welsh Government - The Transition and Handover Guidance (February 2022)

and any changes should be agreed by the child and young person.

Every child and young person transferring from children to adults' services will have a documented Transition and Handover Plan (THP), or equivalent.

Clear communication between professionals is essential at these points. Services need to take into account transition processes from long-term ongoing childhood care through to adult services. This transition needs to be actively managed and supported with enablers encouraged and obstacles removed. The manner in which this process is managed will vary on an individual case basis with multidisciplinary input often required and patient and family choice taken into account together with individual health board and environmental circumstances factored in.

Children and adult teams should work together to achieve continuity and the most effective services for the child or young person. If any clinician feels they are practicing outside their competence due to the age of the patient, they must escalate the matter through their scheme of clinical accountability.

2.6 Exclusion criteria

Patients over 16 years of age.

There should be a clear pathway for patients between the age of 16 and 18 for accessing non-specialised and specialised orthopaedic surgery (elective and non-elective). The health professional making the referral will retain clinical responsibility in line with local guidance of accountability until the arrangements for transition and handover of care are formally agreed, ensuring that the child or young person is kept fully aware of which clinician has responsibility for their care.

Decisions around patients between the age of 16 and 18 need to involve the patient themselves, their parents and / or guardians, and need to take into account the local health board environment and choices available to the patient.

These decisions need to be discussed with the patient. In cases where competence of understanding is a concern every effort must be made to involve the relevant stakeholder parties involved in the patients' care.

2.7 Acceptance criteria

Referrals will usually be accepted from GP/podiatry/physiotherapy or secondary care clinicians, and other professionals with locally agreed referral access.

Once referred the patient will be assessed by an appropriate paediatric orthopaedic service.

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The service outlined in this specification is for children, aged 16 or under, ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes children who whilst resident in Wales, are

registered with a GP practice in England, but includes patient's resident in England who are registered with a GP Practice in Wales.

2.8 Non Specialised Paediatric Orthopaedic MDT

There should be a designated lead clinician for the Non Specialised Paediatric Orthopaedic MDT who should also be a core team member. The team should include the following core members:

Essential	Desirable
Consultant paediatric orthopaedic surgeon Consultant paediatrician for surgical services liaison Consultant paediatric anaesthetist Highly specialised paediatric physiotherapist Paediatric occupational therapy lead Paediatric clinical nurse specialist Paediatric podiatrist Health care professionals trained in the assessment of DDH in terms of ultrasound screening and abduction splintage management. Healthcare professional trained in the assessment of CTEV and Ponseti manipulation and plaster treatment. Health care professionals trained in the assessment and management of neuro-disability including CPIP and radiological surveillance of hip migration. Health care professionals trained in the assessment and management of normal versus abnormal and physiological variants. Paediatric Orthotist.	Inpatient nurse practitioner for children with MSK conditions on the ward (trauma / elective) Clinical lead for Dietetics

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Essential	Desirable
Plaster technician (especially with experience of serial casting for children with sensory needs)	

2.7 Exceptions

If the patient does not meet the criteria for treatment as outlined in the service specification, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the IPFR Panel of the Local Health Board in which the patient is resident.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with the policy, arrangements can be made for an independent review of the process to be undertaken. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted to the Local Health Board in which the patient is resident.

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3. Quality and patient safety

Services must work to written quality standards and provide monitoring information to commissioners. The quality management systems must be externally audited and accredited.

Services must enable the children, parents and advocates informed participation and be able to demonstrate this. Provision should be made for children and parents with communication difficulties.

With respect to the quality indicators described it is imperative that a structure is designed to allow for local audit in terms of mortality and morbidity meetings but in addition super regional and annual meetings should be convened.

For all HCPs this requirement must have adequate time allocated within individual and team job planning.

Each health board should provide annual figures relating to surgical inpatient volume and the areas in which this is performed.

Evidence regarding return to theatres and revision surgery should be provided and audited locally and nationally.

Any developing trends need to be identified, explored and discussed particularly if there is concern regarding potential detrimental outcomes.

Annual figures are required relating to the numbers waiting and the time to be seen for outpatient appointments and with whom these are performed. These need to be collated for routine new and urgent new appointments as well as FUNB.

Where possible a breakdown following triage in terms of whether these patients require a Consultant Orthopaedic review or alternate HCP review (e.g. extended scope practitioner) should be provided.

Paediatric orthopaedic surgeon appointments need to be audited.

Non-paediatric orthopaedic surgeon health care professional appointments need to be collated and audited with volume in each health board identified and accountability and responsibility to health care professionals also clearly identifiable.

Where non-specialist services are provided by generic health care professionals, this data also needs to be provided.

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3.1 Quality indicators (standards)

The Non Specialised Paediatric Orthopaedic services are required to:

- hold regular specialty specific mortality and morbidity meetings

- participate in annual quality assurance, and
- participate in collection and submission of data into appropriate databases
- provide data to commissioners to support the assessment of compliance with the service specification
- Undertake regular patient experience surveys, patient reported outcome measures and develop and implement an action plan based on findings
- report the following outcomes.

The provider will report all incidents relating to patient safety incidents and where appropriate will report the incidence of:

- Hospital related venous thromboembolism (VTE).
- Incidence of healthcare associated infection (HCAI) MRSA, C Difficile.
- Incidence of newly acquired category 2, 3 and 4 pressure ulcers.
- Incidence of medication errors causing serious harm.
- Incidence of harm to children due to failure to monitoring.

Providers are expected to plan and provide services in line with the quality standards for non-specialised paediatric orthopaedic services which are outlined below:

3.2 Other quality requirements

The Non Specialised Paediatric Orthopaedic services will:

- Perform regular reviews of functionality and performance.
- Participate in condition specific national UK audits, where available, in order to ensure the best possible clinical outcomes. All audits should take into account the results of all surgeons in the centre.
- Use a recognised system to demonstrate service quality and standards.
- Use detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site.
- Ensure that the quality system and its treatment protocols will be subject to regular clinical and management audit.
- Hold other meetings regularly to address clinical, service delivery and governance issues.
- Review of risk registers and Welsh Risk Pool data.

The above should form the basis of an annual report shared with Health Boards who refer to the service or participate in it.

It is the Provider's responsibility to notify the commissioner on an exceptional basis should there be any breaches of the care standards. Where there are breaches any consequences will be deemed as being the Provider's responsibility.

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Services must comply with the relevant NICE quality standards which defines clinical best practice.

3.3 Patient experience

The provider will ensure that children and parents have access to the relevant support groups and education and will conduct regular surveys of patient/carer satisfaction in line with national guidance.

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4. Performance monitoring and information requirement

4.1 Performance monitoring

Health Boards will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Services to evidence quality and performance controls.
- Services to evidence compliance with standards of care.

4.2 Key performance indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Sections 3.1 and 3.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes:

- Surgery component waiting time for patients (day case and IPT)
- Hospital stay (median length of stay in days)
- Equitable access (by LHB population) to surgery
- Number of cancelled operations leading to avoidable delay and negative patient experience
- 28 day re-admission rates
- Number of unplanned admissions to PICU
- Number of Serious Untoward Incidents (SUIs) reported
- Number of written complaints received
- Infection monitoring as per section 3.1
- Multidisciplinary mortality and morbidity meetings – documentation and evidence of learning
- Congenital Talipes Equinovarus (CTEV) including:
    - number of procedures
    - numbers of plasters for each foot treated
    - tenotomy rate, and
    - relapses.
- Developmental Dysplasia of the Hip including:
    - birth numbers
    - numbers scanned
    - splintage rate, and
    - splintage success rate.

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4.3 Date of review

This document is scheduled for review before April 2025, when we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

5. Equality impact and assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Health Boards to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re- assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates that the policy is robust and that there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

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6. Putting things right: raising a concern

6.1 Raising a concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to provider Health Board.

6.2 Individual patient funding request (IPFR)

If the patient does not meet the criteria for treatment as outlined in the service specification, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the IPFR Panel of the Local Health Board in which the patient is resident.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with the policy, arrangements can be made for an independent review of the process to be undertaken. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted to the Local Health Board in which the patient is resident.

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7. Equality & Health Impact Assessment for

Non Specialised Paediatric Orthopaedic Service Specification

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

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[5]
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Service Specification for Non Specialised Paediatric Orthopaedic Services
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	The Welsh Orthopaedic Board on behalf of the NHS Wales Health Collaborative
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The aim is to define the essential requirements and standard of care that providers are required to meet in order to deliver Non Specialised Paediatric Orthopaedic Services to children resident in Wales. The objectives are to:

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[5] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

		• Ensure that the commissioning of Non Specialised Paediatric Orthopaedic Surgery is evidence based. • Detail the specifications required to deliver Non Specialised Paediatric Orthopaedic Services. • Specify the minimum standards of care for the delivery of Non Specialised Paediatric Orthopaedic Services. • Ensure equitable access to Non Specialised Paediatric Orthopaedic Services for Welsh children irrespective of geographical location. • Identify the minimum requirements that services must meet in order to provide services for Welsh children. • Improve outcomes for children with orthopaedic conditions who require non specialised surgery.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[6] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[7].	Population Data - 589,177 children (0 – 16 years) in Wales - National level population estimates by year, age and UK country - https://statswales.gov.wales/catalogue/population-and-migration/population/estimates/nationallevelpopulationestimates-by-year-age-ukcountry Service Specification developed by task and finish group with following representation from the following specialties: • Paediatric Orthopaedic Surgery • Paediatric Anaesthetics • Paediatric Occupational Therapy • Paediatric Physiotherapy • Paediatric Clinical Nurse Specialist The group also had representation from the Royal College of Surgeons, British Society for Children's Orthopaedic Surgery, the Welsh Orthopaedic Board, and the Welsh Health Specialised Services Committee.

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[6] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[7] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

		A six week consultation was undertaken with key stakeholders involved in the delivery of paediatric orthopaedic services. This included centres in NHS England which provide orthopaedic care to Welsh children. All stakeholder responses have been reviewed by the group to inform the development of the final draft of the service specification, and to inform mitigating actions where required. Development of service specification informed by following documents: • NHS England. Neonatal Infant Physical Examination. https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook • E02/S/A NHS Standard Contract For Paediatric Surgery: Surgery (And Surgical Pathology, Anaesthesia & Pain) 2013 • Cerebral palsy in under 25s: assessment and management (NG62) 25 January 2017 • Spasticity in under 19s: management (CG145) Last updated: November 2016 • Open reduction of slipped capital femoral epiphysis (2015) Interventional procedures guidance IPG511 • Surgical site infections: prevention and treatment 2019 NICE guideline NG125 • Major trauma: assessment and initial management (2016) NICE guideline NG39 • Major trauma: service delivery (2016) NICE guideline NG40 • Other Documents • Guidelines for the Provision of Anaesthesia Services (GPAS)Guidelines for the Provision of Paediatric Anaesthesia Services 2020 Royal College of Anaesthetists • BSCOS Musculoskeletal Infection Consensus Group Delphi Method Approved Statements July 21 • Paediatric trauma and orthopaedics GIRFT (awaiting publication)
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The service specification will provide clarity on the pathway for children with orthopaedic disorders.

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		This will impact on children with orthopaedic disorders, their families and carers, and the staff delivering the service.

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

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

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	Under 16 - Positive impact – the service specification sets out the role of providers and specifies performance and quality indicators for delivering services to children aged 16 and under, with orthopaedic conditions which do not require management by a regional or supraregional specialised surgery service. Between 16 – 18 – No impact – The specification aligns with current and established practice regarding the management of patients between the age of 16 and 18. Whilst the service specification does not exclude patients between the age of 16 and 18, it states that decisions	The service specification does not apply to adult orthopaedic services – consideration should be given to developing a service specification for adults. All providers should comply with the Welsh Government The Transition and Handover Guidance (February 2022).	

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	for these patients need to involve the patient themselves, their parents and/or guardians, and need to take into account the local health board environment and choices available to the patient. However, several respondents raised issues around the management of children aged between 16-18 years, and the need for clarity on transition between adult and paediatric services. The document specifies that providers should take into account the recommendations within the NICE guidance on transition, and the Welsh Government transition and handover guidance. It states that providers must have a clear accountability and delivery mechanism in place, which includes identifying and designating a senior lead reporting to the Quality and Safety Committee, who will		

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	have accountability for ensuring implementation and quality of the transition and handover guidance across all primary, secondary, tertiary and community services. Between 18 and 65 - Positive impact – the service specification provides clarity on the role of the MDT in managing the transition of patients from paediatric to adult services. Over 65 – No impact		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Positive impact –the service specification requires: • staff to attend mandatory training on equality and diversity; and • the facilities provided offer appropriate disabled access for children, parents and carers.	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	No impact	N/A	
6.4 People who are married or who have a civil partner.	No impact	N/A	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	No impact	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Positive impact –the service specification requires: • Services to use translators as required and have printed information available in multiple languages.	N/A	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No impact	N/A	
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	No impact	N/A	
6.9 People who communicate using the Welsh language in terms of correspondence,	No impact – all providers are expected to comply with the	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	Welsh Language (Wales) Measure 2011		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Positive impact - The lack of access to private vehicles in low-income households, combined with limited public transport services in parts of South and West Wales, may present challenges for some families in accessing paediatric orthopaedic services. The aim of the service specification is to support the local delivery of care with for children with non-complex orthopaedic conditions, and thus reduce the need to travel to specialised centres.	N/A	
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Positive impact – one of the objectives of the service specification is equitable access to Non Specialised Paediatric	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Orthopaedic Services for Welsh children irrespective of geographical location, this includes supporting delivery of care as close to home as possible, thus minimising the need to travel.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Nil	N/A	

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

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

How will the strategy, policy, plan, procedure and/or service impact on:	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	Positive impact for those living in areas of deprivation - one of the objectives of the service specification is equitable access to Non Specialised Paediatric Orthopaedic Services for Welsh children irrespective of geographical location, this includes supporting delivery of care as close to home as possible, thus minimising the need to travel.	N/A	
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support	Positive impact - Timely access to treatment for children with orthopaedic conditions will improve their ability and opportunity to improve and maintain a healthy and active lifestyle. The service specification requires providers to support self-management by providing education and child	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	and family friendly information on what to expect pre- and post-surgery ensuring the patient is fully prepared and informed. He service specification sets out clear performance and quality indicators in		
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	N/A	N/A	
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure	N/A	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	Positive impact - Timely access to treatment for children with orthopaedic conditions will improve their ability and opportunity to be actively engaged in society. The service specification requires providers to provide functional assessment to support child/young person outcomes, advising home and school impact	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	Positive Impact – The service specification provides clarity of the role of providers in delivering safe, effective and sustainable non specialised paediatric orthopaedic services as part of their wider portfolio of health care, thus contributing to the local and national economy.	N/A	

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	The service specification has the following positive impacts: • Specifies the standards for delivering services, and the performance and quality measures used to assess providers. • Improve access by supporting delivery of care as close to home as possible. • Facilitate timely access to treatment for children with orthopaedic conditions, in order to improve their ability and opportunity to improve and maintain a healthy and active lifestyle, and to engage in society. • Clarifies the role of providers in delivering non specialised paediatric orthopaedic services as part of their wider portfolio of health care, thus contributing to the local and national economy.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No actions identified.			

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

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate

8.4 What are the next steps?
 	
Some suggestions:
• Decide whether the strategy, policy, plan, procedure and/or service proposal:
  ○ continues unchanged as there are no significant negative impacts
  ○ adjusts to account for the negative impacts
  ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
  ○ stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review
	The service specification has no negative impacts.			

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Appendix 1

Equality & Health Impact Assessment

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

Guidance

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

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)[8]

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

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

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

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[8] http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)[9]
- Equality Act 2010[10]
- Well-being of Future Generations (Wales) Act 2015[11]
- Social Services and Well-being (Wales) Act 2015[12]
- Health Impact Assessment (non statutory but good practice)[13]
- The Human Rights Act 1998[14]
- United Nations Convention on the Rights of the Child 1989[15]
- United Nations Convention on Rights of Persons with Disabilities 2009[16]
- United Nations Principles for Older Persons 1991[17]
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance[18]
- Welsh Government Health & Care Standards 2015[19]
- Welsh Language (Wales) Measure 2011[20]

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

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

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

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[9] http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en
[10] https://www.gov.uk/guidance/equality-act-2010-guidance
[11] http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en
[12] http://gov.wales/topics/health/socialcare/act/?lang=en
[13] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782
[14] https://www.equalityhumanrights.com/en/human-rights/human-rights-act
[15] http://www.unicef.org.uk/UNICEFs-Work/UN-Convention
[16] http://www.un.org/disabilities/convention/conventionfull.shtml
[17] http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx
[18] http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf
[19] http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en
[20] http://www.legislation.gov.uk/mwa/2011/1/contents/enacted

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

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

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

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

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

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

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates[21]
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide[22]

[21] http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf (accessed 4 January 2016)
[22] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782 (accessed on 4 January 2016)

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8. Appendix 2 – The Human Rights Act 1998[23]

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

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association

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[23] https://www.equalityhumanrights.com/en/human-rights/human-rights-act

11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

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9. Appendix 3

Tips

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

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- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

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IMTP PROJECT	PLANNED Q2 MILESTONE	UPDATES	TREND
Electronic Patient Record	Not achieved	Q2 milestone paused pending resource. EA work from Q1 planned to complete this quarter. Lack of resource hampers progress	Off track
Digital front door	Generation upgrade, overhaul of UI, ergonomics and availability ; Se-whiteboards further developed for internal referrals from Front Door to internal specialties	Evaluating new platforms, this work will conclude Q3 subject to resource availability. E-whiteboard for ED to other specialty referrals mandated by MD. Medicine completed, SDEC completed (5 specialties), will conclude surgical services clinical board Q3 and then move to the next (to be agreed in Q3)	On track
Econsent	Not achieved	Paused pending organisational capacity and Welsh risk pool digital solution	Paused
Patient facing content	No milestone this quarter	Paused pending resource	Paused
Digital comms & Choose and Book	Not achieved	ITT c80% complete. Paused pending resource	Paused
DSPP NHS Wales App (from DSPP)	Dependant on DSPP roadmap - patient preferences, comms via app, appointment booking etc	DSPP programme on track to start Beta pilot with a number of practices across Wales. D&HI attend DSPP programme group in support of programme. No further reporting.	National programme not in CAV control
PROMs	Implementation through clinical areas continues	Good progress being made: 4 services live and in discussion with the next 10. Team has been fully funded through VBHC. Integration started Q1, planned to complete Q3	On track
Shared health and care records using LDR	Establishment of the CaV region as a 'Digital Care Region' within which Digital change can be co-ordinated across organisational boundaries	Q1 milestone not achieved as DPIF funding was not approved. Ambition was reset to establish the mechanism and approach to 'Regional' digital change. 1. Digital Care Regional Steering Group established to sit in October. 2. Strategic review of DCR complete by Swansea University for October Steering Group 3. Regional Digital approach/hymn sheet being socialised amongst Executive Stakeholders (CaV, CCC, VoG) for approval at Oct Steering Group	On track
Self directed enquiry management	No milestone due this quarter	Paused pending resource	Paused
Outpatients transformation	Attend Anywhere initiative with the Outpatient modernisation initiative - emphasis is Virtual Consultations agnostic of platform e.g. using video, phone; Outpatients application on PMS redesign commences	1 Attend Anywhere / virtual consultation is now part of the Out[patients Transformation project group working with leads of various workstreams to further embed and increase utilisation - no further reporting on this 2 Development of algorithms to manage electronic communication with patients to be completed by Q4.	On track
Community, Mental Health and PCIC services	Commence full scale rollout of e-Diary (e-community scheduling) for non Malinko services (CRTs, Midwifery, Community M.H, Primary Care Liaison services initially)	1. Diary resource partially re-allocated to Digital Front Door. Delay in completion of Staff Diary rollout scope by c2months 2. Maternity Services 40% complete rollout of e-Staff Diary, target for completion is Q4 2022/23 2. Subject Access Request (SAR) drawn in from Q4 to be worked up for Go-Live in late Q3 2022/23	On track
Digital dictation & Transcription	Integration with PMS	Initial integration meeting held with supplier and documentation provided. The work needs to be scheduled. National document metadata standard needs to be adhered to as part of the integration, this is currently in draft with an aim to complete Q3 which puts us slightly off track.	Going off track
eTR radiology & GPeTR	No milestone this quarter	UEC and inpatient app in user acceptance testing, will go live Q3 subject to substantive resources being in place	On track
Clinical/specialty applications	WNCR implementation. WIFI phones and pager text capability	**WNCR** Infrastructure received successfully in line with requirement. PoC in Barry Hospital successful. Work on-going re: WIFI deployment of iPad . 7/9/2022 Go live in St Davids Hospital planned for end of September 2022 **WICIS** progressing in line with project plan for new go live date provided by DHCW in 2023 **ePMA** funding letter received - team will be recruited Q3 Lead assigned for **SNOMED CT** in context of DSCN for WECDS expected Q1 2023 **WCP/COMII** stapling pushed back as resource diverted to UEC priorities, now aiming for Q3 completion **WIFI** phones infrastructure upgraded and deployed. Some issues where connectivity patchy - now complete & BAU. Text features subject to resource planned Q3	On track
Interoperability	No milestone this quarter	No milestone due but work in this area includes for PROMS & digital dictation. Planning work on PAS to PAS demographics, alerts and flags in progress.	On track
Scan4Safety	Implementation in line with plan agreed Q4 2021/22	Progressing in cardiology; CAVPM has started, some resource challenges in the wider project team being discussed with NWSSP colleagues. As Is state agreed by service manager, To Be options presented and to be agreed by end Q3 for implementation. Some resourcing challenges NWSSP are in process of resolving	On track
Vein2Vein transfusion (all Wales)	Hardware commissioned	Funding challenge from WG, further work requested of programme lead, expecting to resubmit in Q3 if funding challenge can be resolved	Going off track
PowerBI	Decision and discussion at channel board	Lack of resource, push back until resourcing resolved. Recruitment issues continue to hamper bringing team up to baseline capacity	Off track
Use Your Own Device	BISapps migrated to AppProxy; sunset Blackberry	Complete	On track
Managed print/Follow Me printing	No milestone this quarter	Paused pending resource	Paused

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IMTP Background, Content and Baseline Information

Version 2.0

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

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INTRODUCTION: HOW TO READ THE IMTP QUARTERLY UPDATE

OUR PLAN

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.

OUR PRIORITIES FOR 2022-2025

OUR PRIORITIES

PARTNER COLLABORATION

- 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

DIGITAL

- 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

PHYSICAL INFASTRUCTURE

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

SHIFT TO PREVENTION

- Vaccination and Immunisation
- Systematically tackle health inequalities
- Healthy weight: Move more eat well
- Sustainable and healthy environment
- Kings Fund recommendations

COVID-19 RESPONSE

- Managing the five harms associated with Covid-19

ADDRESSING THE BURDENS OF DISEASE

- Cancer
- Cardiovascular

INTEGRATION WITH COMMUNITY SERVCES

@home programme

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

WORKFORCE AND OD

- 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

SYSTEM RENEWAL AND DESIGN

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

THE GOLDEN THREAD: QUALITY, SAFETY & PATIENT EXPERIENCE

A BOLD APPROACH TO QUALITY, SAFETY AND PATIENT EXPERIENCE IS REQUIRED

Our IMTP puts quality, safety and patient experience 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

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PRIORITY 1: RECOVERY AND REDESIGN

OUR PLAN

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

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

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

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

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

Shaping our Future Clinical Services

Recovery & Redesign
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PRIORITY 1: RECOVERY AND DESIGN

ACROSS A SERIES OF SERVICES THE UHB SET A NUMBER OF AMBITIONS

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)

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PRIORITY 1: RECOVERY AND DESIGN

6 GOALS OF URGENT AND EMERGENCY CARE

PRIORITY MEASUREMENT	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 MEASUREMENT	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%)
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%)

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PRIORITY 1: RECOVERY AND DESIGN

ACCESS TO TIMELY PLANNED CARE

PRIORITY MEASUREMENT	TARGET	BASELINE
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national zero target 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 zero target by 2026	4330 (Dec 2021); March 2022 forecast – 6,263
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a 95% national target 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%

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INFECTION, PREVENTION, CONTROL

PRIORITY MEASUREMENT	TARGET	BASELINE
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific targets	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 targets	Target < 618 (2018/2019) Acc. Actual 460 (Dec 2021); 4% above

PRIORITY 2: DIGITAL INFRASTRUCTURE

OUR PLAN

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;

FUNDED AND PRIORITY 1

- Patient facing content
- PROMs
- Digital dictation and transcription
- TR radiology & GPeTR
- Scan4Safety

UNFUNDED PRIORITY 1

- Electronic patient record
- Shared health and care records
- Signals from Noise and power BI

UNFUNDED PRIORITY 2

- Digital front door
- E-consent
- Digital communications – choose and book
- Self-directed enquiry management
- Outpatient transformation
- Community, Mental Health and PCIC services
- Clinical / speciality applications
- Interoperability

OUT OF CAV CONTROL

- DSPP
- Vein2Vein transfusion (all Wales)

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.

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PRIORITY 3: INTEGRATION WITH COMMUNITY SERVICES

OUR PLAN

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	AMBITIONS
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

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

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.

AMBITIONS	TARGET
Improve retention across the UHB to a healthy level, i.e. between 7- 9% by 22-23.	Between 7-9% - by 202/23
Reduce vacancies across the UHB to be 5% or below.	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	By end 2022-23
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	10% in 22-23 and a further 10% in 23-24
Raise awareness of the importance of undertaking appraisals with staff and increase compliance	50% in 22-23 and 85% in 23-24
Increase the number of staff who access learning, development and training opportunities	50% by 23-24
Staff undertake the Senior Leadership Programme and identify leadership pathways at every level.	36 members by 2022/23

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

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.

ECONOMY AND ENVIRONMENT

PRIORITY MEASURE	TARGET	BASELINE
Agency spend as a percentage of the total pay bill	12 month reduction trend	YTD Feb 2020: 1.9%; YTD Feb 2021: 1.9%; YTD Feb 2022: 2.9%
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%	2021 March: 71.07%; 2022 Jan: 72.43%
Percentage of sickness absence rate of staff	12 month reduction trend	Feb 2021: 5.79%; April 2021: 5.36%; Feb 2022: 7.12%
Percentage headcount by organisation who have had a Personal Appraisal and Development Review (in the previous 12 months (including doctors and dentists in training)	85%	Feb 2020: 50.07%; Feb 2021: 33.84%; Feb 2022: 31.53%

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PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

OUR PLAN

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

ECONOMY 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.

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PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

SCHEME	BASELINE
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. UHL Engineering Infrastructure to address single electrical point of failure and oxygen storage capacity UHL Endoscopy Expansion – expanding existing suite by 2 additional theatres to address capacity deficit	FBC approved by WG – Formal approval 07/09/2021; Commenced on site – 10/01/2022; Total scheme cost £15.2m Funding approved by WG 05/10/2021; Total scheme cost - £5.875m 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	BASELINE
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

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PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: IN OUR COMMUNITY

SCHEME	BASELINE
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	BASELINE
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

OUR PLAN

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 describes the SOFPH programme and five composite system level projects that were described within the IMTP

Agenda Item 2.1
Appendix 1

Vaccination and immunisation

- Review governance and service delivery models for childhood and flu vaccinations
- COVID-10 mass vaccination programme

Systematically tackle inequalities

- Review of impact of COVID-19 on health inequalities, including alcohol use; development of engagement programme with ethnic minority communities; specific work on vulnerable groups including substance misuse and youth justice

Healthy weight: Move More Eat Well

- Systems leadership to deliver behaviour change in our communities; to achieve vision for population to move more and eat well

Sustainable and healthy environment

- Partnership working Council transport and planning teams to impact on air quality, active travel infrastructure, access to public services and green spaces; and healthy retail and growing environments

King's Fund recommended programmes

- Work with service leads based on evidence to identify actions to maximise opportunities for prevention and early intervention in primary community settings

PRIORITY 6: A SHIFT TO PREVENTION

OUR PLAN

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 AND 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. L2 and children - data collection systems available from April 2022; however, weight is not routinely collected in virtual clinics
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	10% of Pregnant Women smoking on booking; 25% of pregnant women on booking, accepting a referral to Smoking Cessation Services (CVUHB, 2020-2021) 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

OUR STRATEGY

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.

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.

OUR APPROACH

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

South East Regional working

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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

Report Title:	2023/24 Decarbonisation Action Plan - Update				Agenda Item no.	2.4
Meeting:	Strategy and Delivery Committee		Public	X	Meeting Date:	24/01/2023
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Abigail Harris, Executive Director for Strategic Planning					
Report Author (Title):	Calum Shaw, Environmental Sustainability Project/Planning Manager					

Main Report
Background and current situation:

The purpose of this paper is to update Strategy & Delivery Committee on the collaborative effort through the Decarbonisation Delivery and Working Groups to create a new 2023/24 Decarbonisation Action Plan as required through the IMTP and that it is on track to be approved by the end of March 2023.

This report asks the Strategy and Delivery Committee to:

- **Note content of this report including the timetable to completion.**

Context

In November 2021, the Board approved the current Sustainability Action Plan and defined a series of actions, owned across the UHB. The action plan builds upon actions defined as mandatory by NHS Wales in their Decarbonisation Strategic Delivery Plan.

The actions and delivery to date has enabled change and has started the transition to lower carbon approaches. However, there is no line of sight toward the 2025 target of a 16% reduction in emissions, from a 2018/19 baseline, and requires bold ambition to ensure this is achieved. That said, Welsh Government will be reviewing the continued appropriateness of these targets during 2023. CVUHB have estimated to have saved 1% of emissions since 2018/19 (excluding supply chain emissions). More needs to be done. A paper was brought to Strategy & Delivery Committee in November 2022 explaining the need to refresh the plan.

CVUHB's current sustainability action plan runs until March 2023. The aim is to publish the next plan by the end of March 2023 alongside the CVUHB IMTP.

The new action plan is being developed using the collective input of the Decarbonisation Working and Delivery Groups set up in November 2022 which report into Senior Leadership Board.

The recommended approach is for the UHB, as a whole, to own and deliver an ambitious action plan, such that it is embedded into what we do day to day. This reflects the feedback to public sector organisations from Audit Wales in summer 2022 (see next paragraph).

Audit Wales

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

Audit Wales say that all organisations are to "ramp up" activities, increase collaboration and put decarbonisation at the heart of day-to-day activities. They have set out 5 calls to action:

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

CVUHB are using these recommendations to ensure the actions set out in the next action plan are addressed.

Mohamed Sheikh
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Following publication of the Audit Wales report, NWSSP Internal Audit audited five Health Board decarbonisation programmes. CVUHB was not one of those audited. Through the audits of the 5 health boards, NWSSP Internal Audit have provided a number of recommendations and management actions for consideration. The report draws out conclusions such as:-

- The targets detailed within the plans showed low aspirations;
- Few of the strategies had been costed, and none had associated funding strategies

- It is important that the profile of decarbonisation is increased to reflect the challenge faced, for example general Terms of Reference are reviewed to reflect decarbonisation commitments, and decarbonisation is set as a standard agenda at all appropriate Executive meetings
- It is recommended that an audit is scheduled for early 2023/24 with the proposed scope to include governance, strategy progress and implementation.

CVUHB have been asked to respond to the management actions. Responses have been drafted and will be processed through CVUHB's Corporate Governance team.

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

This section summarises the work undertaken so far in the drafting of the Decarbonisation Action Plan.

Vision
The vision of the next action plan is for CVUHB to continue to be an exemplar, ahead of peers in our execution and leadership. The environment will be created to enable the organisation to consider decarbonisation as business as usual and allow our colleagues to make the changes that they're able to influence. It is therefore forming a part of CVUHB's strategy refresh, fully synergised with the avoidance of harm, waste and variation that the current strategy advocates: sustainably making best use of the resources available to us.

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

Action Plan Content
A working assumption is as a health board we are committed to achieving Decarbonisation targets and playing our part in enabling the Welsh Public Sector meet its ambition to be net zero by 2030 along with contributing towards NHS Wales target of a 16% emissions reduction by 2025 (34% by 2030), for which there is currently no line of sight to. CVUHB declared a Climate Emergency in 2020.

Unfortunately, experience is informing that there is no short list of projects that could be undertaken to achieve the 16% target by 2025. To exemplify the scale of the challenge, if the following hypothetical scenarios were applied to the 21/22 UHB emissions calculation submitted to WG:

- 5% reduction in Pharmacy spend would generate 1.5% savings from total emissions
- 5% reduction in spend on manufactured goods would generate 0.75% savings from total emissions
- 50% reduction in electricity use would save 2% of total emissions
- 50% reduction in waste would save 0.4% saving of total emissions

To achieve NHS Wales targets, there will need to be many initiatives undertaken throughout the UHB by many people.

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

Draft Action Plan
The action plan is proposed to focus upon three levels of action:

Level 1 - The UHB leadership (Board, executives and clinical boards) need to create the environment to enable change to happen, genuinely owned, driven and reinforced from the top.
Level 2 – Stimulate a movement for change in our population of colleagues, offering a suite of examples which will encourage staff to make changes within their sphere of influence. Examples need to be communicated in a way that is digestible and easy to understand. See one such example from England: Take a Dare for Care Without Carbon.
Level 3 – Seeing the implementation of changes and initiatives by colleagues

Proposed Leadership Actions
The proposed actions which would be relevant for Strategy & Delivery Committee to consider follow as they create the leadership and environment for the organisation to deliver success:

Kennedy,Sarah
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- Decarbonisation to be an agenda item on all relevant executive meetings (with any ToRs amended). The source of this action is NWSSP Internal Audit. Internal Audit justify this action as it ensures the profile of decarbonisation is increased.
- Decarbonisation to be a central pillar of decision making across all leadership functions from Board through to at least department/clinical board. This action is sourced from the Audit Wales report cited at the top of this paper.
- Executive colleagues to continue to take an annual objective to impact carbon emissions.

- Measure the carbon footprint of departments/clinical boards. This addresses Audit Wales recommendation of improving data quality to support decision making.
- Leadership commit to impacting positively on carbon emissions, including monitoring savings and actions for decarbonisation
- Within the organisation, sponsorship of Climate Champions across the organisation with either dedicated time allocated to undertake defined work that will mature the decarbonisation agenda or to drive change that is known to have worked elsewhere for which there is an evidence base. Championing might include researching what best practice might exist/be recommended within a field and/or to communicate best practice to colleagues. This meets with Audit Wales recommendation that skills gaps and capacity are addressed
- Commit to undertaking feasibility studies to decarbonise our estate using funding from organisations such as the Welsh Government Energy Service, who will also calculate the emissions and financial benefits from candidate schemes. This partly addresses Audit Wales recommendation to understand the finance required to decarbonise.
- Sponsor a decarbonisation behaviour change programme with an associated communications campaign to encourage self-participation and increase skills. This helps address the Audit Wales recommendation of increasing capacity and addressing skills gaps.
- Consider Board level training on Decarbonisation to increase awareness and be able to be seen as evangelists to the rest of the organisation. This helps address the Audit Wales recommendation of strengthening leadership.
- Sign up to the Level 2 Healthy Travel Charter
- Decarbonisation to be included in job descriptions
- Decarbonisation linked to Value Based Healthcare and embedded into quality and safety.

The above candidate set of leadership actions, are generally not requiring direct funding, though some will. Those actions that do require funding will be estimated as a next step. This will complete the picture on the finance needed as recommended by Audit Wales.

After creating the environment, our colleagues will be encouraged to deliver change. To make inroads into our carbon emissions in a meaningful way, there will need to be a lot of activity on the ground. Informing colleagues of the easy things they can do and apply to their roles will be crucial. There will also be specific projects/activities/initiatives that the Working Group have recommended are undertaken. These will be scoped and prioritised and brought to the Delivery Group for qualification.

Next steps

- The team will further qualify the above actions to confirm ownership and outcome.
- Ensure all internal audit and Audit Wales recommendations are covered.
- Calculate the outcome these actions will deliver.
- Draft the Decarbonisation Action Plan in full.

The final plan will be signed off through the meetings below and prior will be socialised with the Strategy & Delivery Committee during January 2023.

- SLB – 2nd March - Agree final plan
- Delivery Group – 13th March – Note final plan
- Strategy and Delivery – 14th March – Agree final plan
- Board – 30th March – Agree Final / Publication

Recommendation:

This report asks the Strategy and Delivery Committee to:

a) Note content of this report, including the timetable to completion.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

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

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	

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

Risk: ~~Yes~~/No

Safety: ~~Yes~~/No

Financial: Yes/~~No~~

To meet the actions in the audit report there is likely to be some financial budget required. This has not yet been defined.

Workforce: Yes/~~No~~

The current workforce is not set up to deliver significant decarbonisation requirements over the period required. Meeting these requirements is likely to need additional posts but also give time to all staff to contribute towards the agenda.

Legal: ~~Yes~~/No

Reputational: Yes/~~No~~

There is a risk that as a public body, not showing leadership on decarbonisation will cause reputational damage amongst our colleagues, Welsh Government, public sector bodies and our population. The mitigation is to demonstrate results and share these successes through internal and external channels.

Socio Economic: ~~Yes~~/No

Equality and Health: Yes/~~No~~

There is a risk that not adapting to the impacts of a changing climate, the health of the most vulnerable in society could decrease. The mitigation is to consider widespread adoption of adaption strategies.

Decarbonisation: Yes/~~No~~

There is a risk that NHS Wales carbon saving targets of 16% by 2025 and 34% by 2030 are not met. The mitigation is to increase and accelerate participation and ownership of decarbonisation across the UHB through an updated Decarbonisation Action Plan.

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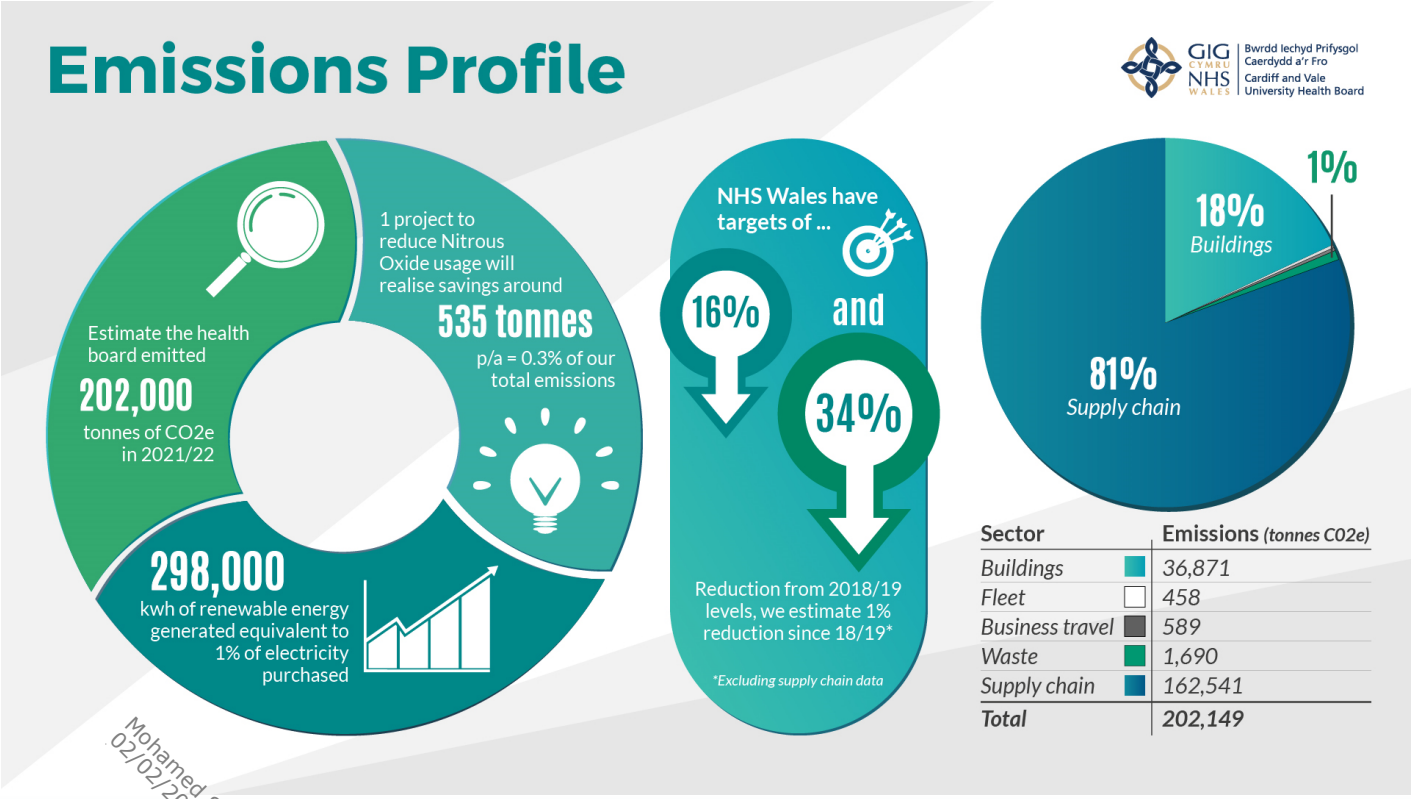
Context



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Audit Wales Actions

1. Strengthen leadership
2. Increase pace of implementation
3. What finances are needed
4. Address skills and capacity
5. Improve data quality & monitoring

Red Flags

- Current financial landscape
- Supply chain business model based on single use
- Calculation of supply chain emissions is immature
- Decarbonisation not embedded throughout decision making
- Immature discipline
- Stretched and overburdened staff

Commercial in confider

Hard Yards – Hypothetical Scenarios

There is no line of sight to a 16% emissions reduction by 2025*

- 5% reduction in pharmaceutical spend would yield a 1% carbon saving
- 5% reduction in manufactured good spend would yield a 0.75% carbon saving
- Even a 50% reduction in electricity use would save just 2% of carbon emissions

Many initiatives undertaken by **many** people are needed to make meaningful inroads

*Nearly 100% of companies have defined sustainability strategies but only 40% believe they have sufficient internal knowledge and capabilities to achieve their targets***

Adamczyk, Sarah
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*Target under review in 2023 by WG

**McKinsey's new Sustainability Academy helps clients upskill workers for the net-zero transition | McKinsey & Company

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Vision and Leadership

C&V to be an exemplar... Ahead of peers... To become BAU... Embedded within our refreshed strategy…

Set the direction and let 1,000 flowers bloom

- Decarbonisation to be included as a **central pillar of decision making**
- **Leadership commit to owning and impacting positively on carbon emissions**, encouraging their teams to deliver change
- Sponsor **Climate Champions** across the organisation for specific and relevant work
- Sponsor a **decarbonisation behaviour change programme**
- Maximise grant funding available (e.g. Re:Fit) to understand **energy savings opportunities**

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Plus actions at a working level: clinical, travel, estates, people, procurement

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Next Steps

- Mature actions, estimate cost and back off with owners
- First draft action plan – 31st January
- Board Development – February

<u>Approvals</u>

- SLB – 2nd March
- Strategy & Delivery – 14th March
- Board – 30th March

Mohamed Sheik
02/02/2024 01:34

Report Title:	**Board Assurance Framework** – Capital Assets, Risk of Delivery of IMTP, Staff Wellbeing.				Agenda Item no.	2.5
Meeting:	Strategy and Delivery Committee		Public	x	Meeting Date:	24th January 2023
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Main Report
Background and current situation:

At the May 22 meeting of the Strategy and Delivery Committee a programme of risks associated with the Strategy and Delivery Committee was agreed for reporting purposes.

The following risks are attached for discussion at today's meeting:

- Capital Assets
- IMTP 22-25
- Staff Wellbeing

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

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

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

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

The attached Capital Assets, IMTP 22-25 and Staff Wellbeing risks are key risks to the achievement of the organisation's Strategic Objectives and these were approved as part of the BAF at the Board Meeting on 26th May 2022.

Recommendation:

The Strategy and Delivery Committee is asked to:

(a) Review the attached risks in relation to Capital Assets, IMTP 22-25 and Staff Wellbeing
(b) Provide assurance to the Board on 26th January 2023 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

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

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

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

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

12 July 2022
Workforce
Leading Sustainable Culture Change
Capital Assets

27 September 2022
Risk of Delivery of IMTP 22-25
Staff Wellbeing

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Exacerbation of Health Inequalities

15 November 2022

Emergency and Urgent Care
Workforce
Leading Sustainable Culture Change

24 January 2023

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

14 March 2023

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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1. **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. The condition of facilities within our main hospitals are impacting on our ability to continue to provide the full range of services, and provide the new treatments WHSSC would like to commission from us. This is as a result of insufficient funding and resource to bring the estate up to the required condition in a timely way.		
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 • Staff facilities are inadequate in many areas.		
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.		

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	• 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. • 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. • The Health Board has submitted to Welsh Government a 10-year capital outlook, which has been prioritised to reflect the most pressing infrastructure and service challenges and risks. • Shaping Our Future Hospitals Programme Business Case was submitted to WG in October '21 and scrutinised at WG Infrastructure Investment Board in December '21. The WG Cabinet has considered Our Future Hospitals PBC alongside the priorities across the whole of Wales. There is support 'in principle' for the Health Board to proceed with the development of the next stage of the business case process – the Strategic Outline Case. • Welsh Government has agreed the Strategic Outline Case scope and a resource request has been submitted to Welsh Government. • In accordance with the prioritised plan the Board approved and submitted to Welsh Government the Tertiary Tower Business Case and the Vascular MTC Theatres Business Case. This will improve the overarching theatre provision.
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 (Strategic Outline Case) as part of Our Future Hospitals Programme to secure funding to enable a UHW replacement/redevelopment to be built. (1) • 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) (2) • Strategy and Delivery Committee continue to oversee the delivery of the Capital Programme (1) • Timely decision making in relation to the Shaping Our Future Hospitals Strategic Outline Case (3)

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.

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	• 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.
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. • Despite the substantial end of year capital, the recurrent position remains unchanged.

Actions	Lead	By when	Update since November 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. The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.	Abigail Harris	31.03.23	This continues with discretionary capital.
3. The Health Board continues to progress a number of major capital schemes (including Shaping Our Future Wellbeing in the Community and Shaping Our Future Hospitals Programme) aligned to our prioritised 10-year Capital Programme outlook.	Abigail Harris	31.03.23	Update included under current controls.
4. An acute infrastructure group is overseeing the short – medium term priorities.	Abigail Harris	31.03.23	The group continues to meet to agree priorities.

Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 high)**

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2. Risk of Delivery of IMTP 22-25 – Executive Director of Strategic Planning (Abigail Harris)

Between March 2020 and March 2022, the Integrated Medium-Term Plan (IMTP) process was paused due to the pandemic. The requirement for an approvable IMTP was replaced by the need for quarterly plans for 2020-2021 and an annual plan for 2021- 2022, which reflected the need for agile planning to reflect the changing landscape as the pandemic progressed. In October 2021 the Welsh Government signalled a return to a three-year planning approach and accordingly the Health Board has developed a new three-year plan for 2022 to 2025. In March 2022, the Board approved the draft 2022 – 2025 IMTP which was submitted to Welsh Government. In light of the financial position reflected in the draft plan, and with the agreement of Welsh Government, work was undertaken in the first quarter to further develop the financial recovery element of the plan. This work informed the final plan which was approved by the Board on 30th June and submitted to WG. The plan sets out service delivery proposals reflecting the ministerial priorities, the next milestones in the delivery of our strategy and the financial recovery that will be delivered over the next three years. The plan has not yet been formally considered by the Minister.

Risk	There is a risk that the Health Board will fail to deliver the commitments set out in the 22/23 – 24/25 Plan both in terms of service and financial commitments. The plan does not achieve overall financial balance in 2022/2023 and it is unlikely to be approved by the Minister as a fully compliant IMTP. There are a number of factors in play including the impact of unscheduled care pressures in the system, and unforeseen demands of 'cost of living' impact.
Date added:	May 22
Cause	Challenging targets have been set for the Health Board in respect of planned care recovery. Detailed and stretching plans have been developed which the Health Board is committed to delivering but, at this stage the Health Board does not have a plan in 10/35 specialties to achieve Welsh Government ambition of eliminating > 52-week new outpatient waits by end of December 2022. The financial recovery plan will also be challenging to delivery, with stretching targets for sustainable improving our overarching financial position. Whilst we are committed to deliver the actions set out in the plan, there may be dependencies of external factors which impact on our delivery – including constraints relating to funding – capital and revenue, workforce and speed with which we can implement the necessary gearing up to increase capacity.
Impact	A plan that does not fully meet the requirements for an IMTP is categorised as an annual plan set within a three-year context. The failure to have in place a fully compliant plan could result in the Health Board being escalated to the next level of the performance and escalation framework, which could bring with its reputational loss and increased scrutiny by WG. If we are not able to deliver all of the actions set out in our plan, our planned care recovery could take longer to deliver for the populations we serve and quality of care and patient experience could be impacted. If we do not achieve the commitments for 22/23, it will make it more challenging to develop a balanced IMTP for 23/24-25/26.

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Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 (Extreme)
Current Controls	An Operational Plan Delivery structure has been established to drive the delivery of the Planned Care Plan and the Emergency and Urgent Care Improvement Plan. The Performance and Escalation Framework for Clinical Boards has been re-introduced to hold CBs to account for delivering their respective service and financial plans. A process is being established to ensure a programme approach to delivery of the actions within the financial recovery plan.		
Current Assurances	Financial performance is a standing agenda item monthly on Management Executives Meeting (1) The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board. (1) The Board receive a financial update report from the Executive Director of Finance at each of its meetings. (1) Welsh Government are fully engaged and have been briefed on the Health Board's position. (3) Service delivery performance is tracked through the structures established to oversee planned care recovery and the improvement in emergency and urgent care, with regular reporting into ME and Board on progress. (1) WG also holds monthly Integrated Planning, Quality and Delivery Review meetings with the health board to track progress. (3) Improvement trajectories are being updated quarterly to ensure they remain on track to deliver the agreed targets. (1)		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 (Extreme)**
Gap in Controls	Detailed delivery plans are not in place for all elements of the financial recovery plan. Detailed delivery plans are not in place in all specialties to achieve Welsh Government 52-week NOP ambition		
Gap in Assurances	There is currently no assurance on the plan. Once developed assurance will be provided through reporting to Management Executives, Finance Committee and the Board. The Health Boards position has deteriorated in relation to its financial position.		

Actions	Lead	By when	Update since November 2022
1. Ensure overarching governance is in place to drive delivery of key programmes.	Suzanne Rankin	31/07/22	Complete – Strategic Programmes monitored by Strategy and Delivery Committee
2. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	31/11/22	Revised financial forecast agreed by the Board in

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			November and submitted to Welsh Government.
3. Provide Q3 progress report – including mitigating actions, the Board for scrutiny.	Abigail Harris	31/03/23	This will be presented to Strategy and Delivery Committee and Board in January 2023
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 (High)**

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

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

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

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	• Wellbeing Support and training for Line managers • Development of range of wellbeing resources for both staff and line managers • GP self-referral • Values Based Appraisals including focus on wellbeing • Chaplaincy ward rounds • Health Intervention Team (HIT) • Wellbeing champions initiative • Health and Wellbeing Strategic group • Development of rapid access to Dermatology • Post traumatic pathway service • Deployment principles to support staff and line managers • Wellbeing walkabouts to signpost resources • Long Covid Peer Support Group		
Current Assurances	• Internal monitoring and KPIs within the OH&EHWS (1) • Wellbeing champions normalising wellbeing discussions (1) • VBA focussing on individual wellbeing and development (1) • HIT Team recommendation plan completed following UHB engagement, priority actions to be focus (1) • Taking Care of Carers Audit and Action Plan (3) • Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report (3) • Trade unions insight and feedback from employees (2)		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 – (Extreme)**
Gap in Controls	• Staff shortages leading to movement of staff and high demand for cover • Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working • Health Charity funding for EWS agreed in principal, to be confirmed by the charitable fund trustees September 2022 • Continued increase in referrals to Occupational Health and increased PEHD work to support mass-recruitment • EWS seeing an increase in staff presenting with more complex issues, including a rise in referrals needing a wellbeing check due to the presentation of high risk in the referral		
Gap in Assurances	• Organisational acceptance and approval of wellbeing as an integral part of staff's working life balanced against demand and flow • Awareness and access of employee wellbeing services, particularly for staff without email / internet access • Clarity of signposting and support for managers and workforce		

Actions	Lead	By when	Update since November 2022
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID	Nicola Bevan	Ongoing	Continuing to support the lead counsellor to identify and deliver bespoke support and development in areas of need. Work to date includes:

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			Nephrology HMP; AWMGS; Children's Hospital; Health Visiting; Nurse Assessors.
		Feb 2023	EWBS are supporting the Main Effort through co-ordinating support and focus over the Winter months alongside People and Culture Roadshows, visiting sites across UHB to provide support and signposting re subjects including Cost of Living; Wellbeing; ED&I.
		Feb 2023	Working with the Money and Pensions Service (MaPS) a series of roadshows were held each day across the UHB throughout 'Talk Money Week' 7th-11th Nov to support staff with the Cost of Living (CoL). In total 8 roadshows have been held to date with an approximate 400 staff engaging with the roadshow reps. including Cardiff Credit Union, Staff representatives, P&C, EWS, Occupational Health, the chaplaincy service.
		Jan-March 2023	Future roadshows are planned throughout January with Financial Wellbeing packs being circulated to key leads in primary care and

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			community for cascading through the teams. On line MaPS presentations on 'pensions' and 'pensions and menopause' were held in Nov 2022 Members of the EWS provided wellbeing 'walk about' twilight visits at UHW and UHL. 'Stop Loan Sharks Wales' are providing an online presentation for staff in Feb 2023. A staff Financial Wellbeing pathway has been drafted with a view to being circulated by end of Jan 2023. Dedicated staff financial wellbeing and CoL web pages have been established on sharepoint. Ongoing MaPS workshops being arranged for the various network groups, P&C and line managers. Working with ECOD the first training sessions for line managers were held in Nov 2022. Workshop for the Wellbeing champions scheduled for 28th Feb 2023
2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB	Nicola Bevan	Interventions proposed implementation April 22 – 2023	The Health Intervention team have produced a draft Impact Report which is currently under review. Priorities identified include:

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		Feb 2023 Jan-March 2023 Jan-March 2023	A draft proposal Wellbeing Strategy and Framework will be presented to the Strategic Wellbeing Group for discussion in February 2023. Implementation of works around rest space has been completed. Issues with 'ownership' and location of hydration stations persists. The HI Team are working with CEF and Water Safety Group to resolve. Peer support developments – MedTRiM (training Oct - Dec 2022); Schwartz Clinical Lead and steering group training (Moved to Feb 2023 Sustaining Resilience at Work Pracitioner Training (StRaW) being undertaken by Children and Women CB supported by P&C Team.
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	Nicola Bevan	31.03.23 Jan-March 2023	A variety of communication models including Twitter accounts are being utilised to share Wellbeing updates across the UHB. A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year and will be reviewed and agreed by the Wellbeing Strategy Group by February 2023. Financial Wellbeing

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			Working group has been established in partnership with Tus. Programme of roadshows, signposting; workshops, etc delivered in November and December 2022. Fortnightly roadshows ongoing in Jan-March 2023.
		Jan 2023	Currently exploring use of Wagestream, a platform that supports financial wellbeing and education. Presentation planned for SLB Jan 2023.
		Jan-March 2023	Cost of Living action plan has been developed, reviewed weekly to ensure information shared and signposting updated.
		Jan-Feb 2023	Internal audit highlighted action for SharePoint sight re inclusion and signposting to wellbeing resources. Work has now been completed but online areas under regular review. Analysis of engagement results and feedback from wellbeing surveys has indicated low levels of staff morale, engagement and wellbeing. Dashboard of results being produced for sharing with CBs, to be shared Jan-Feb 2023. Communications also being developed to thank staff for participation in surveys / platforms; to

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			communicate key themes and to outline actions being taken / planned.
4. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers	Claire Whiles	31.03.23	Leadership and Management development offerings to support staff health and wellbeing added to existing offerings, e.g. REACTMH training; Managing Remote Teams REACTMH train the trainer completed. Roll out plan commenced with information session to CEF Dec 2022. Added to existing training, next steps to roll-out bite-size. Acceler8 Cohort 2 ongoing. Four modules completed to date. Collabor8 Leadership Programme commenced October 2022. EWS working closely with Education, Culture and OD Team (ECOD), and Equity and Inclusion Team to ensure alignment and reduce duplication. ECOD working in partnership with Innovation and Improvement Team on all programme development. Mapping session re-arranged for Jan 2023 due to sickness.
5. Wellbeing interventions and resources funding bid approved November 2021. Implementation to start December 2021 for completion March 2022.	Claire Whiles	Feb 2023	Work on evaluation metrics underway with support from innovation and improvement team

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Wellbeing Strategy group to shape with feedback from CI Boards.			and public health. This will underpin the project plan for wellbeing interventions supported by 'slippage funds. Wellbeing Strategy and Framework draft proposal received. Will be presented to Strategic Wellbeing Group Feb 20232022.
		Feb 2023	Two of the three Schwartz Round Clinical leads have been agreed, awaiting final nomination,. Training for Leads to take place Feb 2023, call for nominations for facilitators end Jan 2023. Steering Group Members to be decided and training arranged. Recruitment of facilitators to be positioned to ensure representation of workforce population, collaboration with existing networks essential. Change of focus from 'local pilots' to whole UHB – plan being adjusted accordingly. Risk re Schwartz Round Administrator role – currently not assigned.
		Nov-March 2023	Wellbeing Retreat Pilot commenced July 2022. Retreats until Nov 2022 all completed and evaluation to commence in Feb 2023 through focus groups. Remaining sessions to support areas of need in March 2023. Room Refurbishment complete,

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			including delivery and installation of artwork. HIT working with Estates Team organising hydration station installation. Work with Water Safety Group next step – areas identified and units purchased. Delay due to issues arising with 'ownership and responsibility' and concerns of WSG. Cost of Living working group meeting regularly to review actions. UHB Wellbeing Strategy / Framework in draft. To be discussed at Strategic Wellbeing Group Feb 2023. Management Response to Internal Audit agreed and returned and presented at Audit Committee. Focus on staff wellbeing to support retention. Collaborative working across P&C Team and CBs, including TU partners.
Impact Score: 5	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

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Report Title:	**King's Fund Reports on Transformation and Improvement in Cardiff and the Vale of Glamorgan**			Agenda Item no.	3.1
Meeting:	**Strategy and Delivery Committee**	Public	✓	Meeting Date:	**24 January 2023**
		Private			
Status *(please tick one only):*	Assurance		Approval ✓	Information	
Lead Executive:	**Executive Director of Public Health** **Executive Director of Strategic Planning**				
Report Authors (Titles):	**Director of Health and Social Care Integration/ Consultant in Public Health Medicine**				

Main Report
Background and current situation:

BACKGROUND

The King's Fund is an independent charitable organisation working to improve health and care in England, whose vision is that the best possible health and care is available to all. They 'help shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate'.

Although the organisation has a primary focus in England, links exist with Wales and other devolved nations, and Cardiff and Vale University Health Board (UHB) has previously worked with the King's Fund and commissioned work on 'system leadership' and 'innovation and improvement' in the wake of the COVID-19 pandemic.

Over the last year, two separate but interrelated pieces of research have been commissioned from the King's Fund with the purpose of providing an independent view on the Cardiff and Vale health and care system's approach to key components of transformation. The two pieces of research focus on:

1. Creating a more integrated health and care system (on behalf of the Regional Partnership Board (RPB)), and;
2. Embedding a more preventative approach within primary and community services (on behalf of the Cardiff and Vale Local Public Health Team)

The synergies between the two topics was recognised from the outset, and so both teams worked collaboratively with the King's Fund throughout to scope and develop the project. The aims of the work were to identify areas where the Cardiff and Vale system is making substantial progress, and also highlight opportunities to progress further by drawing on international literature and experience. In addition to reviewing relevant health and care strategy documents, conducting a literature review and using knowledge and intelligence from within the King's Fund, researchers interviewed 12 senior leaders from the Cardiff and Vale system to inform the final reports.

Unexpected delays moved the anticipated delivery of the reports from Q1 until Q3 of 2022/23, with final reports received at the end of November 2022.

The King's Fund will conclude their work with the Cardiff and the Vale system by hosting a workshop to present and discuss their findings with key stakeholders (date TBC).

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CURRENT SITUATION
Two separate but complementary reports have been received from the King's Fund. Both reports are structured in the same way with an introductory chapter setting out the context, aims and approach of the research, followed by themed chapters which describe progress to date and opportunities for development, and ending with a final conclusion chapter. The authors suggest the two reports can be read alongside each other as there are some similar themes within both; where this happens the issue is usually discussed in more detail in one of the reports with clear signposting in the other.

Headline findings of the two reports are detailed below; the full reports are appended to this document.

REPORT 1 - Transformation and improvement in Cardiff and Vale: a review of work to create an integrated health and care system
The main themes explored in the chapters of this report are 'the vision', system working, bringing about change and embedding change. The conclusion highlights significant progress towards delivering more integrated care in Cardiff and Vale, with key strengths being the approach led by the RPB of bringing together data across the health and social care system and a culture which fosters and supports innovation.

The following areas are identified to areas to develop further:

1. ***Strengthening the relationship with the third sector*** – including approaches to equal participation, shared responsibilities and decision making, and taking advantage of the diversity and richness that exists within the third sector.
2. ***Closer working with patients and communities*** – developing mechanisms for continuous engagement with communities, across partners, as a core part of planning, delivering and evaluating work. Although this may involve developing some new approaches, a key part will be consistently and coherently bringing together information that already exists across partners, and including some elements of it in the Regional Outcomes Framework could be considered.
3. ***Managing resources collectively*** – exploring options for taking a more collaborative approach to funding.
4. ***Strengthening a culture of innovation*** – by making improvement the work of the majority of the staff, rather than the few.
5. ***Doing more with data*** – building on the significant progress made by bringing together partner data via the Lightfoot platform.

REPORT 2 - Transformation and improvement in Cardiff and Vale: a review of work to embed a preventative approach within primary and community services
The main themes explored in the chapters of this report are 'The vision', integrated working and bringing about change. The conclusion highlights significant progress towards taking a more preventative focus in primary and community service in Cardiff and Vale, and an ethos that supports 'prevention, early intervention and non-medical solutions'. Key strengths are identified as the existing cluster infrastructure being further strengthened by multidisciplinary Accelerated Cluster Development (ACD), and the more person-centred approach being delivered by initiatives such as social prescribing. As with report 1, the authors saw the bringing together of data and a culture that supports innovation as key assets to build upon, although they again note that innovation is often happening in 'pockets' rather than being delivered systematically.

Mohamed Sesay
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The following areas are therefore identified for further development:

1. ***Embedding a shared vision and engaging staff*** – immediate operational priorities can crowd out a preventative focus and more could be done to embed prevention as 'part of everybody's business' by taking multi-channel approaches to support embedding in services.

2. ***Exploring more programmatic approaches to choosing prevention priorities*** – drawing on a greater range of inputs (e.g. through greater engagement with communities and clinical groups) and linked datasets to identify options for high impact changes to population health.
3. ***Closer working with patients and communities*** – as described in report 1, working in partnership with patients and communities is a feature common to high performing health and care systems, with engagement forming part of 'business as usual'.
4. ***Managing financial resources more collectively across partner organisations to support prevention initiatives*** – as in report 1, the authors identify that the Cardiff and Vale system has made limited use of approaches to manage resources collectively, and point to examples in Scotland, Germany and United States which might inform future considerations. Whilst recognising national contractual considerations may constrain how far these efforts can be pursued, they believe it is worth considering whether the full scope of existing legislative, financial and regulatory frameworks is being used to support a more preventative focus in local primary and community care services.
5. ***Strengthening a culture of innovation*** – as in report 1, the authors support the wider application of improvement.
6. ***Unlocking the potential of data to support a preventative focus*** – following on from report 1, the authors identify that there may be opportunity to make greater use of data, and in particular to use it to support population health management and taking a more preventive focus in service delivery. This includes focusing on population groups rather than services, bringing data together from different settings and services to paint a more comprehensive picture of population health needs, and using analytical capacity to understand 'what works' for prevention

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

The King's Fund reports complement a range of work from across the UHB and RPB, including learning from the South West Cluster, social prescribing, and the developing work around value-based healthcare. As an independent view, the reports provide a timely perspective of our system's progress to date, and adds to the information and evidence to be considered as our next set of strategic and operational plans are developed, including the RPB's 5-year Joint Area Plan and the UHB Integrated Medium Term Plan and Strategy review.

It also aligns with opportunities arising through national developments in primary care, including ACD, social prescribing, proposed work on population health management/segmentation and Six Goals for Urgent and Emergency Care which also features preventative measures as part of a whole system approach.

In this context, the following priorities are identified from these reports as key issues to influence both the UHB as an individual and influential anchor organisation and the RPB (partnership) strategy and planning:

- An explicit focus on the development of relationships at all levels across partner organisations to enable a step-change in both the capability and impact of joint planning, commissioning and delivery of integrated health and care services in the region, and a more systematic approach to prevention
- Strengthening the relationship with, and use of, the third sector
- Improved, coordinated and continuous patient and community engagement
- Explore opportunities for collective resource management to support integration and prevention
- Developing regional data collation and analytical capability to inform both service integration and prevention
- Consider testing a programmatic approach to prevention e.g. to manage cardiovascular risk

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Recommendation:

The Committee is requested to:

- **NOTE** the content of the two reports, and;
- **ENDORSE** the application of identified priorities in planning and strategy development.

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: [redacted]/No

A risk assessment has not been completed

Safety: [redacted]/No

Improved service integration and prevention would have a positive effect on patient safety, but a formal assessment has not been conducted.

Financial: [redacted]/No

There are potential financial implications, which have been outlined in the paper and with further detail in the full reports. A detailed financial assessment has not been conducted.

Workforce: [redacted]/No

There are potential workforce implications, but as these are for discussion initially, a full assessment has not been made.

Legal: [redacted]/No

There are no immediate legal implications.

Reputational: Yes/[redacted]

Failure to make sufficient progress on integrating services, or take a more upstream approach to improving population health and tacking inequities carries a reputational risk. This paper therefore aims to mitigate this.

Socio Economic: [redacted]/No

Fairly addressing population need is at the heart of this work. A full assessment has not been made at this stage.

Equality and Health: [redacted]/No

As above, equality is at the heart of this work, but an EQIA has not been completed at this stage.

Decarbonisation: [redacted]/No

An assessment has not been conducted at this stage.

Approval/Scrutiny Route:

Mohamed.Ibrahim 02/02/2023 12:34:13

Committee/Group/Exec	Date:

Mohamed,Sarah
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King’s Fund Reports:

Transformation and Improvement in Cardiff and the Vale of Glamorgan

Mohamed,Sarah
02/02/2023 14:01:34

Background

- 2 separate but interrelated pieces of research commissioned from the King's Fund:
    1. **Creating a more integrated health and care system**
    2. **Embedding a more preventative approach within primary and community services**
- Aimed to identify areas C&V system is making progress and highlight opportunities to progress further
- Research involved literature review, King's Fund knowledge and intelligence + interviews with 12 senior leaders
- Provides an **independent perspective** on our progress to date, and adds to the information and evidence for consideration as we develop strategic and operational plans

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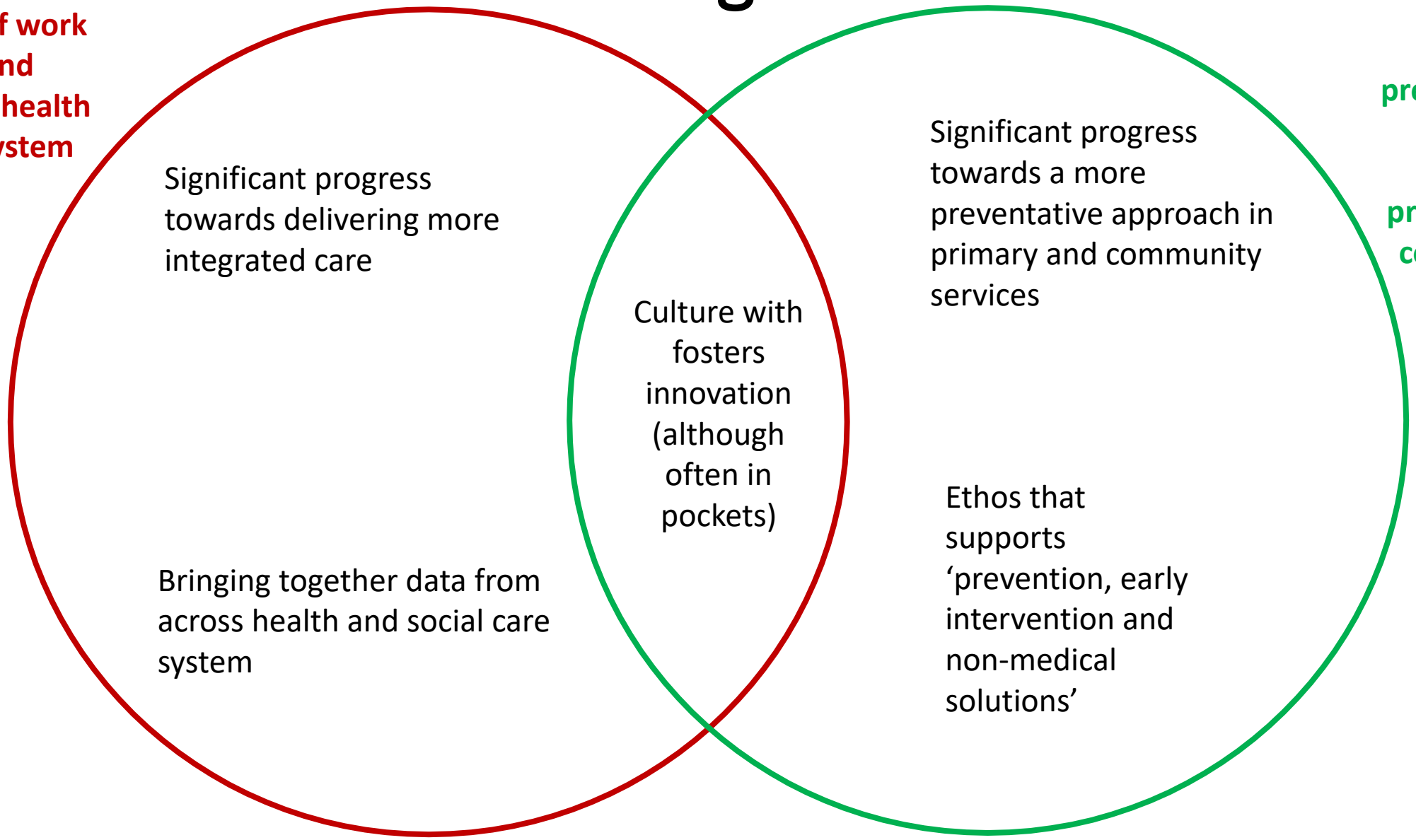
Strengths

A review of work to create and integrated health and care system

A review of work to embed a preventative approach within primary and community services



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Opportunities for further progress

A review of work to create and integrated health and care system

Strengthen the relationship with the third sector

Strengthening a culture of innovation

Doing more with data

Closer working with patients and communities

Managing resource collectively

Embedding a shared vision and engaging staff

Exploring more programmatic approaches to choosing prevention priorities

Unlocking the potential of data to support a preventative focus

A review of work to embed a preventative approach within primary and community services

Mohamed,Sarah
02/02/2023 14:01:34

Recommendations

- An explicit focus on the development of relationships at all levels across partner organisations to enable a step-change in both the capability and impact of joint planning, commissioning and delivery of integrated health and care services in the region, and a more systematic approach to prevention
- Strengthening the relationship with, and use of, the third sector
- Improved, coordinated and continuous patient and community engagement
- Explore opportunities for collective resource management
- Developing regional data collation and analytical capability
- Consider testing a programmatic approach to prevention

Mohamed,Sarah
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So what does this mean for the UHB and the Region?

- Implementing the engagement framework
- Work with Pan Cluster Panning Groups and Accelerated Cluster Development to consider:
  - Population health management/segmentation
  - Programmatic approach to cardiovascular risk reduction
  - How to work more effectively with the breadth of third sector organisations
- Expand sharing and use of local data

Mohamed,Sarah
02/02/2023 14:01:34

Report Title:	Corporate Risk Register				Agenda Item no.	4.1
Meeting:	Strategy and Delivery Committee	Public	x		Meeting Date:	24.01.2023
		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 (the "Committee") and were reported to Board on the 24th November 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. During November and December 2022, the Head of Risk and Regulation has also met with Risk Leads within Clinical Board Triumvirates and Corporate Directorates to provide additional support and guidance in advance of submission of updated risk registers for the January 2023 Board meeting.

Within these meetings discussions have also been had regarding the implementation of the Health Board Assurance Strategy and the population of an Assurance Map in relation to those risks recorded within the Corporate Risk Register. The Assurance Map will, once populated, articulate what assurances and controls are in place within the Health Board's 'Three Lines of Defence' (see below) for each risk within the Corporate Risk Register. It is hoped that this document will provide a useful point of reference to demonstrate that risks are being proactively managed and will also identify where there are gaps in assurance so that additional support and resource can be provided.

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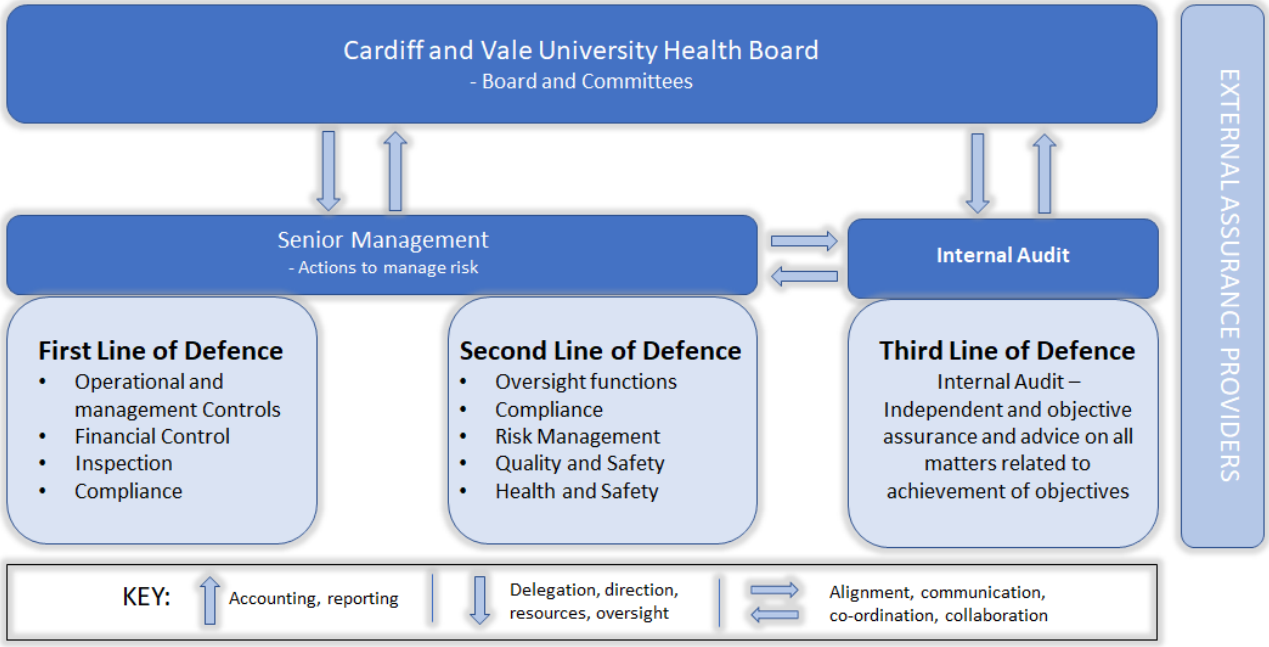

At the Health Board's November 2022 Board meeting a total of 16 (from a total of 22 risks scoring 20 or above) Extreme Risks reported to the Board were linked to the Strategy and Delivery Committee for assurance purposes.

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

Risk Score (1 to 25) - Clinical Board	20/25	25/25
CD&T	1	
Medicine	3	1
PCIC		
Specialist Services	4	
Surgery		
Digital Health		
Children and Women	2	
Mental Health		
Capital Estates and Facilities	**5**	
Workforce and OD		
Total:	**15**	**1**

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

ASSURANCE is provided by:

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

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Recommendation:

The Committee is requested to:

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

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

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

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

Prevention	x	Long term		Integration		Collaboration		Involvement	x

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

Risk: Yes

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

Safety: Yes/No

No

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

No

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Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

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

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

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Medicine Clinical Board	10	01/03/2019	There is a risk to patient safety and wellbeing due to patients remaining on WAST ambulances for above the agreed 15 minute Welsh Government turn around time secondary to lack of capacity within the Directorate and UHB. This results in delays for patient assessment and treatment with the potential to cause patient harm.	5	5	**25**	When patient arrives by WAST, patient is booked in and major assessment nurse (MAN) is alerted to immediately triage patient and handover taken. If there is any change in the patients condition, the WAST crew will immediately inform the MAN. All non paramedic crews are assessed by the Triage Nurse/MAN to ensure a patient clinical assessment is conducted. Concern by either party about the length of any dealy or volume of crews being held is escalated to the Senior Controller/EU nurse in charge to Patient Access for usual UHB escalation procedures, or by WAST via Silver Command. WAST have introduced a number of hospital avoidance initiatives with some evidence this has reduced ambulance transfers. Protection of Resus capacity when possible including one buffer. Standard operating procedure in place within EU to support 'immediate release' requests by WAST. Joint CB/WAST partnership meeting in place to focus on improvement. The CB is engaged with the NRI process for reporting incidents where WAST delays have resulted in major harm. The Clinical Board work with OPAT and the completion of 'on boarding' and FCP when ambulances have been held for 3 hours. Transformational work undertaken across Acute and Emergency Medicine to support flow including RATZ, virtual ward and speciality hub. The appointment of two Band 7 registered nurses to work with Patient Access to support patient flow.	5	4	**20**	Daily review and risks noted within Safety Huddles and EU controller reports. Escalation via MCB HUB and Patient Access Services. Evaluation of Standard Operating Procedure to reflect changes required. WAST immediate release Standard Operating Procedure in use to support 'red' calls in the community. OPAT across both UHW and UHL sites to support WAST and patient flow.	5	2	**10**	Dec-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Urgent and Emergency Care
	11	01/01/2021	There is a risk of patient and staff harm due to an inability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment, resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	**25**	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	**20**	Medical staffing reviewed as part of the daily OPAT meeting with ongoing planning to ensure safe staffing. Work ongoing with Medi Team and Locums to support the Emergency footprint. Ongoing recruitment into F3 posts	5	2	**10**	Dec-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patienty Safety Staff Wellbeing Workforce

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Children and Women CB	15		Due to Fetal Medicine capacity shortfall and breach of ASW 5 day referral standard, there is an increased risk of harm to compromised fetuses and reduced options for termination of pregnancy if delayed beyond 21+6 weeks	5	5	**25**	Fetal medicine lead is keeping accurate data regarding breach figures, along with demand and capacity data. Clinics are being overbooked to absorb urgent referrals and active triage to allow joint shared care with local delivery where possible.	5	4	**20**	The fetal medicine service is actively triaging on a daily basis and managing patients locally where possible and declining to accept referrals when safe to do so. A locum consultant with appropriate experience is providing 2 clinic sessions a week. Extra additional clinics are being put on where possible and will continue to be explored, however this is not always possible due to consultant availability and there still not being enough sessions available to meet the demand on the service. The fetal medicine service will continue to try manage the risk by vigilant triaging to pick off the highest risk cases and trying to manage joint care with local units when possible. Additional clincial space (current antenatal phlebotomy room) is being prepared to reduce crowding in clinics and improve efficiency.	5	1	**5**	Dec-22	Quality, Safety and Experience Committee and Strategy and Delivery Committee	Patient Safety Maternity
	16	01.05.22	Due to staffing levels within Maternity services there is a risk that: - there will be delay and interruption to induction of labour and the potential risk of poor patient experience and poor outcomes for mothers and babies. Home Birth Services will be withdrawn resulting in the loss of choice for women. This has the potential for reputational harm to the Health Board. - the Midwifery Led Unit will have to close resulting in the loss of choice for women. This has the potential for reputational harm to the Health Board	5	5	**25**	1.Undertaking an in depth review of our that there is continued assurance that sickness is being managed according to the policy. 2. Introduced a weekend planning meeting each Friday at 12pm so that we have assurance that weekends are covered 3. Introduced a postnatal / newborn spot screening clinic at UHW on the weekends. This means that women will attend ANC at UHW or UHL for their care rather than a midwife visiting. This will release a community midwife to come in to support the hospital setting but keep the home birth service going. 4. Midwives offered bank / additional hours and overtime Enhanced overtime approved	5	4	**20**	1.Band 6 vacancies to be filled. Band 5 vacancies have been filled. On going request to PHW to facilitate rapid Covid testing for maternity staff. Improved sickness review in place. Weekend planning meetings continue.	5	2	**10**	Dec-22	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety Workforce Maternity

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CD&T	17		**Estates and Medical Equipment** There is a risk to the delivery of of modern, safe and sustainable healthcare due to suboptimal estate. Significant aggregated risks acorss the Clinical Board Directorate risk registers including: 1. Mortuary - failure to meet HBN20 with potential for improvement notice or closure from the regulator (HTA) 2. Radiopharmacy - failure to meet the requirements of the regulator (MHRA) with potential for improvement notices or closure from the regulator - regional impact on delivery of diagnostic services 3. Stem Cell Processing Unit - inadequate accommodation, compressor failures, failure of supply of liquid nitrogen from the external tank, impact - failure to deliver liquid nitrogen to the cryogenic freezer holding patient stem cells for transplantation. 4. Health Records - inadequate storage capacity, security of the Health record, potential for data loss, health and safety risks 5. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW, no space to clean returned equipment 6. Insufficient accommodation for a number of clinical board services including - Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, physio, Cedar 7. Air tube for lab specimens sitting under contract for maintenance with CD&T, regular breakdowns and damage resultig in unable to use the system to deliver specimens ina timely manner 8. Air handing and chiller units - not in place, subject to regular breakdowns, impact on temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners leading to loss of service 9. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, leading to inability to deliver services 10. UHL Main Occupational Therapy Department - Fabric of building is deteriorating , room unusable , leaks throught the area .Patient records damaged as a result . Poor condition of outpatient portacabins	5	5	**25**	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework	5	4	**20**	Further work with Capital and Estates to develop prioritised timetabled plans to address known risks Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies Engage with TRaMS project for proposed regional solution to Radiopharmacy Engage with Capital Planning with regards to Mortuary refurbishment project	5	2	**10**	Dec-22	Strategy and Delivery Committee	Capital Estates Patient Safety
Specialist Services Clinical Board	18	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**	Dec-22	Quality, Safety and Experience Committee and Strategy and Delivery Committee	Patient Safety Staff Wellbeing Workforce Critical Care
	19	08/2022	**Critical Care - Bed Capacity** Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030. Delays in Emergency admission to Critical Care present a risk of avoidable deaths and impaired functional outcomes. Emergency Critical Care has 35 Level 3 commissioned beds. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	5	5	**25**	Currently the directorate are occupying the use of a surge ICU area (C 3 Link) to provide 10 additional physical beds. Capital Planning are in the design process for refurbishment and expansion of Critical Care.	5	4	**20**	Undertake Design work to produce an outline cost for refurbishment and expansion of Critical Care beds, overseen by Program Board.Seek funding for expansion and refurbishment. Clarify commissioning arrangements	5	2	**10**	Dec-22	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety Critical Care
	20		**Critical Care - Estates** There is a risk of patient and staff harm due to aging and obsolete estates and equipment coupled with reduced capacity within the Critical Care Directorate. Aggragated Risk following risk of harm in the following areas: - HCID Level 2 and 3 (Reduced Capacity) - Sub-standard Heating, Ventilation and Air Circulation - Isolation Facilities - LTV unit	4	5	**20**	Prioritisation of clinical need, use of neighbouring facilities and acquiing temporary mobile structures.	4	5	**20**	Business cases to be developed to secure renovation and replacement funding.	4	2	**8**	Dec-22	Strategy and Delivery Committee	Capital Assets Patient Safety Critical Care

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	21	Jan - 2010	**Haematology and Immunology - Clinical Environment** There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	**25**	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green). HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved. A number of options for the relocation of the service have been explored over the past 10 years but have not been successfully adopted. The directorate and Clinical Board are currently working with Estates and Operational Colleagues as part of the Health Board's Acute Sites Master Plan work to develop plans for relocation to the current Outpatient site at UHW.	5	4	**20**	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	**5**	Dec-22	Quality, Safety and Experience Committee and Strategy and Delivery Committee	Patient Safety Capital Assets

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