



Agenda

1. Standing Items

Michael Imperato

1.1. Welcome & Introductions


1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes of the Meeting held on 12th January 2021

 1.4 Unconfirmed Minutes SR 12.01.2021.pdf (9 pages)

1.5. Action Log of the Meeting held on 12th January 2021

 1.5 Public Action Log - 12-01-2021.pdf (2 pages)

1.6. Chair's Action taken following meeting held on 12th January 2021


2. Items for Approval

2.1. Employment Policies for Approval

Stuart Walker

(a) Job Planning Procedure

 2.1 - employment policies report Mar 2021.pdf (3 pages)

 2.1 - appendix 1 Consultant Job Planning PROCEDURE Final.pdf (59 pages)

2.2. Research & Delivery Strategy 2021-2024


Stuart Walker

 2.2 - R&D Strategy cover report.pdf (3 pages)

 2.2 - R&D Strategy 2021-24 Draft.pdf (15 pages)

2.3. Terms of Reference


Nicola Foreman


 2.3 - Terms of Reference - covering report v2.pdf (2 pages)

 2.3 - Strategy and Delivery TOR 2021-22.pdf (8 pages)

2.4. Work Plan 2021-22

Nicola Foreman

 2.4 - Covering report - work plan 2021.22.pdf (2 pages)

 2.4 - Strategy and Delivery Workplan 2021.22.pdf (1 pages)

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2.5. Committee Annual Report

Nicola Foreman

- 📄 2.5 - S&D Annual Report - Cover Paper.pdf (2 pages)
- 📄 2.5 - S&D Draft Annual Report March 2021 AF.pdf (10 pages)
- 📄 2.5 - S&D Annual Report - Appendix 1.pdf (5 pages)

3. Items for Review and Assurance

3.1. Mental Health Strategy Presentation to include Adult, Children and Neurodevelopmental

Steve Curry / Ian Wile / Scott Mclean

- 📄 3.1 - "Mental Health" Services for Children and Adults in Cardiff & The Vale.pdf (25 pages)

3.2. Partnership Planning update to include:

Mental Health / Abigail Harris / Michael Imperato

(a) Work of the Regional Partnership Board

(b) White Paper on Social Services

- 📄 3.2 - (A) - Regional Partnership Board Report March 2021 FOR INFORMATION.pdf (11 pages)

3.3. Strategy & Delivery Dashboard Demo

David Thomas

3.4. Elective Treatment Strategy Update

Steve Curry

Verbal Update

3.5. Performance Reports

Steve Curry / Rachel Gidman

(a) Organisation Key Performance Indicators

(b) Workforce Key Performance Indicators

- 📄 3.5 - (A) - KEY OPERATIONAL PERFORMANCE INDICATORS.pdf (6 pages)
- 📄 3.5 - (B) - 1-Workforce Key Performance Indicators.pdf (3 pages)
- 📄 3.5 - (B) - 2- WOD KPI Report Jan-21.pdf (1 pages)

3.6. Board Assurance Framework

Nicola Foreman

(a) Capital Assets

- 📄 3.6 - BAF Covering Report.pdf (2 pages)
- 📄 3.6 - Capital Assets Risk.pdf (3 pages)

4. Items for Noting and Information

4.1. Shaping Our Future Well-being Ten Year Strategy Delivery Programme Including Key Milestones & Metrics

Abigail Harris

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4.2. People and Culture

Rachel Gidman

 4.2 - People & Culture - Kickstart Programme (1).pdf (4 pages)

5. Review of the Meeting

Michael Imperato

6. Date & Time of Next Meeting: Tuesday 11th May 2021 at 09:00am Via MS Teams

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Unconfirmed Minutes of the Strategy & Delivery Committee
Tuesday 12th January 2021 – 9:00am – 10:30am
Via MS Teams

Chair:		
Michael Imperato	MI	Committee Chair
Members:		
Gary Baxter	GB	Independent Member – University
Rhian Thomas	RT	Independent Member – Estates
Sara Moseley	SM	Independent Member – Third Sector
In attendance:		
Abigail Harris	AH	Executive Director of Strategic Planning
Charles Janczewski	CJ	UHB Chair
Daniel Crossland	DC	Transformation and Innovation Lead
David Thomas	DT	Director of Digital Health Intelligence
Fiona Kinghorn	FK	Executive Director of Public Health
Ian Wile	IW	Director of Operations – Mental Health
Jonathon Gray	JG	Director of Transformation
Keithley Wilkinson	KW	Equalities Manager
Lisa Dunsford	LD	Director of Operations - PCIC
Martin Driscoll	MD	Executive Director of Workforce & Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Assistant Director of Workforce & Organisational Development
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer
Stuart Walker	SW	Executive Medical Director
Observers:		
Emily Howell	EH	Audit Wales
Secretariat:		
Raj Khan	RK	Corporate Governance Officer

S&D 21/01/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	Action
S&D 21/01/002	Apologies for Absence Apologies for absence were noted.	
S&D 21/01/003	Declarations of Interest There were no declarations of interest.	
S&D 21/01/004	Minutes of the Committee Meetings held on 10th November 2021 The Committee reviewed the minutes of the meeting held on 10 th November 2020.	

	<p>The Executive Director of Strategic Planning (EDSP) commented in relation to minute S&D 20/11/016 that at the time they were reporting they were unsure of funding for the for the full Winter Protection Plan. She informed members that the Health Board agreed to underwrite the gap in the plan if no further funding was forthcoming from Welsh Government, however is expecting some money from Welsh Government for parts of the plan.</p> <p>Resolved that:</p> <p>(a) The Committee approved the minutes of the meeting held on 10th November 2020 as a true and accurate record.</p>	
S&D 21/01/005	<p>Action Log following the Meeting held on 10th November 2020</p> <p>The Committee reviewed the action log and its updates.</p> <p>Resolved that:</p> <p>(a) The Committee noted the updates received.</p>	
S&D 21/01/006	<p>Chair's Action taken following the meeting held on 10th November 2020</p> <p>There had been no Chair's Actions taken.</p>	
S&D 21/01/007	<p>Tertiary Services Planning Update</p> <p>The EDSP reminded members that as per the action log, regular updates of this work program would come to Committee.</p> <p>The EDSP highlighted that in relation to Upper GI, Esophageal and Gastric Cancer, members had been advised in a previous report of work with Swansea Bay UHB to develop a permanent solution to the sovereignty of the service across C&V and Swansea Bay UHB. The Royal College provided its observation that the sustainability of the service needed to improve and a program was in place to work that through. However urgent action was required as a single handed consultant based in Morriston had not been available for work, therefore the UHB had been working with Swansea Bay to support delivery of this service. The CHC were being briefed and a paper was going to the January Board.</p> <p>The EDSP also highlighted that during the initial emergency response to the pandemic this work was briefly put to one side, it was pleasing therefore to see work recommencing with very good progress, having a program director that worked across C&V and Swansea Bay UHB helped greatly.</p> <p>The EDSP confirmed that an MOU had also been approved by the Management Executive and included a set of principles around responding to fragile services.</p> <p>Resolved that:</p> <p>(a) The Committee noted the update.</p>	

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<p>S&D 21/01/008</p>	<p>Strategy & Delivery Dashboard</p> <p>The Director of Digital Health Intelligence (DDHI) highlighted the initial work regarding the dashboard indicators and explained that there was some correlation with the work being done around high level performance with Executive Directors, led by the Director of Corporate Governance (DCG).</p> <p>The DDHI reminded members that the dashboard was determining the more detailed indicators for this Committee.</p> <p>The DDHI explained how the portal homepage would provide navigation to grouped measures based on performance indicators mapped to Committees; the Strategy and Delivery Committee had 38 indicators that it needed to consider. 15 targets were presented which would be RAG rated in terms of status.</p> <p>Example of detailed trends that sat behind the summary was shown and the ability to filter down to Clinical Board level and to access real time trends under each area was available.</p> <p>Completion was likely in the next few weeks and it was proposed that a live demo be brought back to the March meeting.</p> <p>The EDSP reminded members that the Management Executive had been looking at the Strategic Measures to enable tracking and ensure delivery against the strategy. It was proposed to bring an update on this with the Q5 work to the next meeting.</p> <p>The CC commented that 5 months ago there was nothing like this available but now it felt like very real progress was being made with this important fundamental piece of work.</p> <p>Resolved that: (a) The Committee noted the report.</p>	<p>DT</p> <p>AH</p>
<p>S&D 21/01/009</p>	<p>Capital Plan Update</p> <p>The EDSP highlighted that significant investment for capital allocation to manage Covid related schemes had been received. Thanks was extended to the Capital Estates Team for the extraordinary response and rapid working to provide green zones.</p> <p>The following business cases were highlighted as due for approval:</p> <ul style="list-style-type: none"> • Business Case for Electrical Engineering infrastructure in Llandough • Genomics outline business case (being finalized for February Board). <p>Independent Member – Estates (IM-E) queried the Rookwood relocation overspend of £0.7M and asked how this additional funding would be secured. The EDSP responded that this had been discussed in the Capital Management Group and would fall against the discretionary capital allocation; an RCA to understand the overspend was being done, it was understood that some were down to new fire standards (post Grenville) and some Covid associated.</p>	

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	<p>Resolved that:</p> <p>(a) the content of the paper and supporting documentation was noted.</p> <p>(b) the Committee was assured that the capital programme was being closely monitored to ensure the UHB meets its statutory and mandatory obligations referred to within the report.</p>	
S&D 21/01/010	<p>Performance Reports</p> <p>(a) Organization Key Performance Indicators</p> <p>The Chief Operating Officer (COO) advised that there were a number of challenges in performance, the most dominating factor being the current Covid challenge.</p> <p>Pressure continued to rise in unscheduled care, with the end of 2020 being especially difficult however some respite had been seen in the last few days, partly due to some reconfigurations made by the Health Board and partly due to a slightly slower admission rate across the region.</p> <p>Surge capacity in Lakeside Wing at UHW was open. 50 of 400 beds were in use as of 27th December and patients would continue to be placed there.</p> <p>The COO added that the challenge had been in regards to the ability to right size bed space around Covid, Non-Covid and Suspected Covid into the hospital.</p> <p>In the last week, the Covid Medical Rota had been re-introduced where clinicians had stood down other activities to support the overall Covid effort and expand the Covid bed space. He added that the main event in supporting this was the cessation of elective activity in the UHB from the start of this calendar year.</p> <p>The COO informed Committee of the impact on planned care highlighting the:</p> <ul style="list-style-type: none"> • Rising 36 week breach position • Fall in 26 week compliance • Overall waiting list – waiting list growth has decreased slightly in the last month by 1000 against a 92,000 figure. <p>There has been re-engagement with the independent sector for further support with elective activity and a good response received, a histogram highlighting work with the independent sector was provided.</p> <p>The COO assured the Committee that Cancer services and emergency and urgent operating would continue as in the first wave. The aim was to limit cessation of activity throughout January but this would be dependent on the progression of the pandemic which was being reviewed daily. He advised that the Single cancer pathway came into play in December so future reports would show compliance against a single cancer pathway.</p> <p>Director of Operations - Mental Health (DO-MH) explained that mental Health was regarded as an essential service and that during the first wave, a principled approach to manage resources across the pathway from primary through to tertiary services was taken.</p>	

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In the first wave only the alcohol detoxification service was closed and this was restarted when the first wave eased. There was an opportunity between first and second wave to do an audit on the health of the service based on the impact of the first wave specifically looking at:

- Routine outpatients
- First appointments following referrals
- Assessment response times

The service remained largely intact therefore the approach had not changed much during the second wave. Unfortunately alcohol detoxification had to again close, this was currently being reviewed and risk assessments being done for those patients on the list for detoxification who could not be safely managed in the community, with a view to bring them in on an individual basis based on their risk score.

The DO-MH provided the Committee with an overview of the service's formal targets which were:

- Targets attached to the Crisis team – all intact
- Targets attached to High intensity psychological interventions – currently compliant
- Mental Health Measure – parts 2, 3, 4 all compliant – part 1a of the measure was now non-compliant due to demand into the service in addition to staff shortages adding further pressures

He assured Committee that best efforts were being made to manage demand through accelerated recruitment in addition to returning staff.

A re-assessment of the health of core routine services, as we exit the second wave, was underway to pinpoint areas requiring management/leadership attention. The service was generally in a good position, the only part of the service that Welsh Government would be taking down would be detox, and this would be reviewed on a weekly basis with a particular focus on primary care services.

Director of Operations – PCIC (DO-PCIC) provided an update on primary care and community services. Throughout the pandemic these services had been under various levels of pressure. In addition, primary care contractors and how they operated had been directed at a national level in terms of what was expected. In relation to GMS services, they had returned to the early March position where some services were relaxed. There were still some exceptions as they were expected to deliver enhanced services to care homes to help deliver the vaccination. The GMS status was currently Amber and there was formal escalation of 5 practices reporting either level 3 or 4.

Dental, Optometry and Community Pharmacy were all Green. Community Pharmacy had been running throughout the pandemic even when there were periods of working behind closed doors. Dental and Optometry had been running their usual services but with reduced capacity due to IP&C requirements.

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	<p>Community Services were currently Amber due to issues such as staff absence due to Covid.</p> <p>The COO confirmed that the aim was to preserve as many services as possible and the ambition had been for activity to get to 80% of pre covid levels by the end of this quarter, although with the current position this target may be unattainable.</p> <p>(b) Workforce Key Performance Indicators</p> <p>The Executive Director of Workforce and Organisational Development (EDWOD) informed the Committee that Rachel Gidman, Assistant Director of Workforce and Organisational Development (ADWOD) would be taking over his role pending his departure from the NHS.</p> <p>The EDWOD stated that the current position provided the “perfect storm” with regards to workforce; wave 1 delivered a new challenge, wave 2 saw a tired workforce in addition to new Covid pressures, winter pressures, and vaccination work therefore our workforce resource was spread very thin.</p> <p>Efforts to maintain services as long as possible were frustrated over the Christmas and New Year period when some had to cease due to workforce issues. The ADWOD would now be running a daily co-ordination team for the next 3 months to ensure that the Health Board’s workforce resources were in the right place at the right time.</p> <p>The ADWOD continued that a daily workforce hub now met every day for half an hour to see:</p> <ul style="list-style-type: none"> • Where we were • How flexible we were with our workforce • Whether Ensuring safety was happening <p>The ADWOD reported that generally the workforce was sustained although there had been pinch areas i.e. Christmas period when there was a high level of sickness. The recruitment campaign and people returning from sickness meant that the current picture was improving daily.</p> <p>Resolved that:</p> <p>a) the year to date position against key Organisational performance indicators for 2020-21 but in the context of current operating framework principles was noted.</p>	
<p>S&D 21/01/011</p> <p>Bricknell Helen 03/08/2021 11:19:49</p>	<p>Staff Well Being Plans</p> <p>The ADWOD stated that the paper was for information and provided a high level update. She highlighted that there was reference to staff feeling exhausted even pre-Covid.</p> <p>She reinforced as a Health Board we put caring for people and keeping well at the forefront of everything we do, not just for the population but for staff and employees as well. She explained that there was a strategic wellbeing group chaired by the EDWOD with membership of physiologists and clinicians and that the Staff haven, supported by the Gareth Bale fund, was ready and available for staff to use from next week.</p>	

	<p>Resolved that:</p> <p>a) the recommendations be noted and wellbeing actively supported wherever possible.</p>	
S&D 21/01/012	<p>Service Change Update</p> <p>The EDSP commented that it was important for the Committee to be aware that a number of service changes had been made in response to Covid. Some the UHB would want to maintain post Covid and some related to tertiary services as highlighted earlier. The paper was to assure the Committee that there would be a process around this which would be developed in discussion with the CHC.</p> <p>Resolved that:</p> <p>a) The Committee noted and agreed the service change proposals being progressed.</p>	
S&D 21/01/013	<p>Employment Policies for Approval (a) Equality, Inclusion and Human Rights Policy</p> <p>The Equalities Manager (EM) stated that the new policy replaced the previous Equality, Diversity and Human Rights Policy. It recognized Socio-Economic Duties and Welsh Language standards. The new strategic equality plan was about enforcing our ongoing commitment to inclusion, which also took into account recent events i.e. BLM, Covid-19, etc.</p> <p>Resolved that:</p> <p>a) the revised Equality, Inclusion and Human Rights Policy be approved.</p>	
S&D 21/01/014	<p>Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets</p> <p>The Executive Director of Public Health (EDPH) stated that as a Health Board, we were an outlier in Wales with minimum standards in restaurant and retail where 75% of the food and drink could be healthier options.</p> <p>The EDPH mentioned that it was agreed to put this on hold last year due to the challenge of providing 24 hour food provision, external providers had offered help. In addition staff, both in catering and Public Health were needed to provide support to the Covid arena.</p> <p>The EDPH highlighted that this was still on pause but a light touch audit mechanism was being introduced. She stated that the concourse redevelopment was a key arena for this and offered the possibility of healthier options being provided.</p> <p>Resolved that:</p> <p>(a) the reintroduction of the audit schedule, applicable to in-house catering outlets at this time be supported</p> <p>(b) continued development of this work to include an assessment of the market and potential impact of the standards on external providers be supported</p> <p>(c) new UHB retail space EOI process and procedure re-commenced in January 2021 directly due to current levels of uncertainty in the retail sector, to fully inform a realisation and impact assessment of UHB</p>	

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	Retail market positioning, in order to accurately inform our Strategic Plan going forward and to mitigate identified risks be supported.	
S&D 21/01/015	<p>Mass vaccination paper</p> <p>The EDPH commented how the vaccination had gained a huge amount of interest particularly on social media. The aim was to protect the Cardiff and Vale population as quickly as possible with vaccination for Covid-19.</p> <p>The EDPH highlighted the key achievements to date, advising that figures were constantly changing and developing:</p> <ul style="list-style-type: none"> • 13,596 vaccines had been delivered to date • Splott Mass Vaccination Centre opened on 8 December 2020 (capacity increased from 225 – 1000 vaccines per day) • Booking Centre established 1 December 2020 – when opened up to all Health and social care staff the demand increase proved a challenge • Three sentinel GP practices started vaccination of 80s & over on 6 January 2021 • Care Home Mobile Vaccination team started 6 January 2021 (3 homes vaccinated) • Two satellite Vaccination Hubs at UHW on 8 January and UHL on 11 January. <p>The EDPH provided a pictorial representation of phases for each group. Timescales were being worked through for phase one and movement into phase two, the aim was for a 12 week duration but it could be achieved much quicker and then phase 3 would be the remaining adult population outside the prioritization groups.</p> <p>The EDPH provided a reminder that they were currently delivering to the priority groups 1-4 with information on who those were. Total population: 115,000, 80-100% uptake: 97,000.</p> <p>An update was provided on the type of vaccine supply being received: Pfizer – frozen – 5 days expiry after defrost of 1000 dose increments and only 2 journeys; stock managed at Wales level; dilution and multidose (6 doses per vial). The EDPH mentioned that currently there were not enough predicted vaccines to vaccinate groups 1-4 by mid-February although the health board's position remained that it was ready to vaccinate.</p> <p>The EDPH provided a representation of how many vaccines we needed to deliver though all the different sites, representing how much in terms of volumes would be given at each site.</p> <p>The EDPH provided the latest vaccination data with C&V delivering 13,596 vaccines, currently third in Wales behind Aneurin Bevan and Betsi.</p> <p>The EDPH provided an update on care home residents and the care home plan. She reminded the Committee that a lot of care home staff had now already been vaccinated. Currently a total 130 Care Homes to vaccinate (86 Cardiff; 44 Vale). Detailed plan would be shared with Local Authorities and Care Homes.</p>	

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	<p>The EDPH shared the Primary Care Operational Plan:</p> <ul style="list-style-type: none"> • GMS to deliver 80+ and 70+ (just over 43,000 people) • Option for GMS (or other primary care contractors) to deliver to clinically extremely vulnerable (just under 15,000 people) • All 60 GP Primary Care practices committed to deliver requirements by 15 February 2021 <ul style="list-style-type: none"> - 3 practices already live (supplied with 100 vaccines each and a further 50 each to be delivered 14 January) - 14 practices go live on 11 January (same vaccine supplies) - 40 practices go live by 15 January (will have 50 vaccines each by 14 January) • Remaining 3 practices to be confirmed • All Practices using WIS • Positive feedback from initial delivery • Rapidly pulling together plan for involving other contractors – community pharmacy, dental and optometry to increase capacity. <p>Independent Member – University (IM-U) queried the second re-enforcing dose logistics given the predicted short supply of the first few weeks as more people would also be due their second dose. The EDPH responded that with the Pfizer vaccine, Welsh Government would keep that second dose at a sufficient quantity to be able to provide the second dose to them to then be weaved into the system with people already booking in for their second doses. She added that with the modelling, they were making sure the 11 week point from when the first Oxford dose was given, that some of that supply was to be given for second doses.</p> <p>Independent Member – Third Sector (IM-TS) asked in regards to the groups of people who had experienced disproportionate levels of Covid such as the minority ethnic communities where there may be issues around getting the message across, whether reaching into those communities had been specifically factored into the GP plan. The EDPH responded that Cardiff Council had hosted an evening session with BAME and wider faith leaders around Covid with mass vaccination being discussed. There was also a network of healthcare BAME workers in South Wales looking at an approach. In addition the test, trace and protect has a BAME subgroup that has been working on engagement with the local population around the messages, risks, and testing. She stated that there were a lot of myths and misperceptions and there was work to be done around understanding those issues and concerns as well as the positives.</p> <p>Resolved that:</p> <p>a) The Committee noted the report.</p>	
S&D 21/01/016	Review of the Meeting	
	The CC was happy with the format of the meeting and the members attending the meeting were in agreeance.	
S&D 21/01/017	Date & Time of Next Meeting:	
	Tuesday 9 th March 2021 at 09:00am Via MS Teams	

Public Action Log

Following Strategy & Delivery Committee Held on 12th January 2021

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 20/07/013	Tertiary Services Update & Presentation	A request that an update on Tertiary Services progress be brought to a future meeting	12/01/2021	A Harris	Complete Went to January meeting
S&D 20/11/007	S&D Dashboard	Bring an S&D dashboard to January's meeting	12/01/2021	D Thomas	Complete Went to January meeting
Actions In Progress					
S&D 15/09/007	Strategic Equality Plan – Action Plan	To bring an updated action plan with set target/criteria as well as a timeline with set time points to a future meeting	09/03/2021	Keithley Wilkinson	Update to be brought in March 2021
S&D 20/11/008	Neurodevelopmental Monitoring Report	Bring a monitoring report to the Committee meeting in March	09/03/2021	Scott Mclean	Update to be brought in March 2021
S&D 20/11/011	Shaping our Future Wellbeing Ten Year Strategy Delivery Programme	Circulate midpoint review to Committee Update on the Shaping our Future Wellbeing Ten Year Strategy Delivery Programme.	12/01/2021 09/03/2021	A Harris A Harris	Update to be brought in March 2021
S&D 20/11/019	Leadership Engagement	Update report to be provided.	09/03/2021	R Gidman	Update to be brought in March 2021
S&D 21/01/008	S&D Dashboard Demo	To bring live demo back to March meeting	09/03/2021	D Thomas	Update to be brought in March 2021
S&D 21/01/008	S&D Dashboard	To bring an update on work done with Q5 in relation to the Strategic Measures	09/03/2021	A Harris	Update to be brought in March 2021

Actions referred to committees of the Board

	Integrated performance report	Director of Digital Health Intelligence and Executive Medical Director to take integrated performance report to the next Board meeting	26/11/2020	David Thomas A Harris	
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Report Title:	Employment Policies Report					
Meeting:	Strategy and Delivery Committee				Meeting Date:	March 2021
Status:	For Discussion		For Assurance		For Approval	x For Information
Lead Executive:	Interim Executive Director of Workforce and OD					
Report Author (Title):	Workforce Governance Manager / Senior Medical Workforce Manager					

Background and current situation:

This paper summarises for the Strategy and Delivery Committee details of a new Job Planning Procedure which has been developed for Medical and Dental Staff.

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

Whereas the authority to approve general employment procedures and guidelines has been delegated to the Employment Policy Sub Group (ie those documents which apply to all staff groups or to Agenda for Change staff only), the approval of Procedures relating exclusively to Medical and Dental staff has not been delegated and therefore this Procedure needs to be considered by the Committee. .

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

This is a new Procedure which has been developed in consultation with the BMA and has been recommended for approval by the Medical Workforce Advisory Group (MWAG) whose membership includes the Medical Director and Director for Workforce and OD. The Strategy and Delivery Committee is now asked to approve it.

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

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

The Job Planning Procedure has been developed to ensure job planning is undertaken in a fair, reasonable and transparent way and to ensure consistency in job planning across the organisation in line with the Amendment to the National Consultant Contract in Wales 2003. This procedure seeks to improve job planning quality and compliance through improved

processes and an electronic job planning software solution which:

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

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

Recommendation:

The Strategy and Delivery Committee is asked to:

- **APPROVE** the Job Planning Procedure

Shaping our Future Wellbeing Strategic Objectives <i>This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report</i>									
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance							
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	x						
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology							
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us							
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives							
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>									
Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		This procedure is aligned to the Adaptable Workforce Policy and EHIA							

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Kind and caring
Caredig a gofudgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

CARING FOR PEOPLE
KEEPING PEOPLE WELL



GIG
CYMRU
NHS
WALES

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

Reference Number: TBA unless document for review Version Number: 1	<i>Date of Next Review: To be included when document approved</i> <i>Previous Trust/LHB Reference Number:</i>
CONSULTANT JOB PLANNING PROCEDURE	
Introduction and Aim <p>The aim of this procedure is to ensure job planning is undertaken in a fair, reasonable and transparent way, and is aligned with prudent health care principles and the strategic objectives of the organisation</p> <p>This procedure is to ensure consistency in job planning across the organisation in line with the Amendment to the National Consultant Contract in Wales 2003, and is also delivered in a way that ensures an engaged and valued workforce. This in no way intends to vary any contractual terms which apply.</p> <p>This procedure seeks to improve job planning quality and compliance through improved processes and an electronic job planning software solution.</p>	
Objectives <ul style="list-style-type: none"> • To standardise the implementation of consultant job planning across the health board in alignment with the Amendment to the National Consultant Contract in Wales 2003, and the Health Board's strategies. • To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently. • We will ensure effective implementation in discussion with our medical workforce to optimise patient care and safety, whilst supporting staff wellbeing. 	
Scope <p>This procedure applies to all medical and dental Consultants working for Cardiff and Vale University Health Board (CAVUHB) (across all sites) including those with honorary contracts.</p>	
Equality and Health Impact Assessment	<p>An overarching Equality and Health Impact Assessment has been completed as contained in the Adaptable Workforce Policy.</p>
Documents to read alongside this Procedure	<ul style="list-style-type: none"> • Amendment to the National Consultant Contract in Wales, 2003 • Annual Leave Policy – Career Grade Medical and Dental Staff • Study Leave Procedure for Medical and Dental Staff • NHS in Wales -Effective Job Planning for Consultant Medical and Dental Staff 2014 • Effective Job Planning for Consultant Medical and Dental Staff (NHS Improvement)
Approved by	<p>Strategy & Delivery Committee</p>
Groups Consulted:	<p>Local Negotiating Committee</p>
Outcome of consultation:	<p>Numerous changes were made and an extended period of consultation was facilitated to provide negotiation with BMA\LNC Representatives</p>

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

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Terms for Reference

CAVUHB	Cardiff and Vale University Health Board
Welsh Contract	Amendment to the National Consultant Contract in Wales, 2004
DCC	Direct Clinical Contact
SPA	Supporting Professional Activity
WTE	Whole Time Equivalent
MD	Medical Director
AMD	Assistant Medical Director

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1.0 Procedure Purpose:

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

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

2.0 To Whom the Framework Will Apply

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

3.0 Approach to Job Planning

Participation in job planning has been a requirement under national terms and conditions of service for consultants in accordance with the Amendment to the National Consultant Contract in Wales issued in 2003.

The Amendment to the Consultant Contract in Wales 2003, defines the Job Plan:

“A consultant job plan should be a prospective agreement that sets out a consultant’s duties, responsibilities and expected outcomes for the coming year. In most cases it will build upon the consultant’s existing NHS commitments”.

4.0 Annualised Job Plans

Job planning is an annual requirement for all consultants as outlined in the Amendment to the National Consultant Contract in Wales 2003. Job plans that worked this year may not work next year. While some consultants continue to work the same pattern every week, changing patterns of service delivery including ‘consultant of the week models’ or changing consultant preferences, increasingly demand variable patterns from week to week or fully annualised job plans. In addition, job plans may be reviewed in-year in response to activity changes or organisational change. Linking the job planning cycle to the Health Board’s business planning timetable will help align consultant and organisational objectives. This can be mutually beneficial but also complex. To ensure all consultants have an approved job plan by 1 April each year, see guidance in appendix A.

5.0 Context of Job Planning

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

5.1 Service Delivery

- Job planning is more than a timetabling exercise - it should be a systematic activity, based on a partnership approach, which is rooted in the needs of the Service and designed to produce clarity of expectation for employer and employee about the use of time and resources to meet individual and service objectives.
- Clinical Board and Directorate Management Teams need to first understand the demands of the service and their current capacity to meet this demand, thereby allowing them to understand where potential changes to job plans are required.
- Any Job Plan may be reviewed within year in order to take account of changes in activity or staffing etc, in accordance with the respective T&C’s.

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5.2 Clinical Excellence Awards

As outlined in Paragraph 5.11 of the Amendment to the National Consultant Contract in Wales 2003, there will be a national Clinical Excellence Award scheme for England and Wales. All awards will be governed by a common rationale and objectives with the criteria and eligibility (such as fully participating in appraisal and job planning) for awards set nationally in line with current England and Wales arrangements, (see para 3.3.2 ACCEA guide for applicants 2020).

5.3 Working Time Regulations

- The Health Board will ensure that job plans will be working time regulation compliant and provide for an average working week of up to 48 hours and compensatory rest in accordance with UHB Policy when minimum rest periods are not able to be taken.
- It is our expectation that individuals will not be job planned above 12 sessions, unless in exceptional circumstances with prior approval of the AMD for Workforce and Revalidation or Executive Medical Director

5.4 Pay Progression

- The Amendment to the National Consultant Contract in Wales 2003 makes provision for a salary that includes progression through a series of Commitment Awards.
- The outcome of the Job Plan review will inform decisions on pay progression as outlined in paragraphs 1.25 and 1.26 of the Amendment to the National Consultant Contract in Wales 2003. See also section 5.5 below.

5.5 Commitment Awards

- Commitment Awards will be paid automatically on satisfactory review, or in the absence of an unsatisfactory job plan review (paragraph 1.26 of the amendment to the national contract in Wales 2003).
- In the event of an unsatisfactory job plan review, deferral of the next Commitment Award may be necessary and will be managed in line with paragraphs 5.8 and 5.9 of the Amendment to the National Consultant Contract in Wales 2003.

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- In accordance with Paragraph 1.28 of the Amendment to the National Consultant Contract in Wales 2003, it is the employer's responsibility to arrange the job plan review within the relevant timescale, and for the Consultant to co-operate with this. Failure to engage with a job plan review will result in the job plan being entered into the appeal process.

5.6 Annual Leave & Study Leave

Annual leave provisions are outlined in the Annual Leave Policy – Career Grade Medical and Dental Staff.

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

For those with full service the following applies:

- Consultant leave amounts to a total of 10.2 weeks per annum, made up of annual leave (33 days for full time employees), study leave (30 days in 3 years, usually taken at a rate of 10 days per year) and public holidays (8 days).
- Each weekly DCC activity will therefore need to be delivered 42 times per year unless reduced by hot weeks (see section 6.1.2), agreed by the CD, or by additional professional leave where it would be reduced by one for each additional 5 days leave allocated.
- DCC will be considered to be delivered if session is cancelled on the day due to operational issues e.g. lack of ITU bed, and the doctor cannot be redeployed to another activity within their specialty

5.7 Public Holidays

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

Components of Job Planning

The working week for a full-time consultant will comprise 10 sessions with a timetabled value of 3.75 hours each. After discussion with the Health Board Management, these sessions will be programmed in appropriate blocks of time to average 37.5 hour week. See Para 2.2, paras 2.16 and 2.19 of the Amendment to the National Consultant Contract in

Wales 2003. *It is also recognised that there will be scope for variation up and down, in the length of individual sessions from week to week around the average assessment set out in the job plan.*

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

- Direct clinical care (DCC)
- Supporting professional activities (SPA)
- Temporary extra/additional sessions (any above 10); *extra* linked to spare professional capacity for consultants wishing to undertake *additional* regular activities that cannot be contained within a standard 10 sessional contract, including additional NHS responsibilities
- Additional NHS responsibilities
- External duties
- Fee paying and private practice activity, where there is potential for conflict with NHS commitments in line with para 9.6 of the Amendment to the National Consultant Contract in Wales 2003.

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

- For all consultants, the finalised job plan provides the basis of the contractual duties agreed between the individual and the Health Board.
- Full time consultants are contracted to undertake 10 sessions, with or without temporary additional sessions, which will be subject to annual review and may or may not be extended at the job planning review meeting.
- In line with the Amendment to the National Consultant Contract in Wales 2003, there is no provision for payment of partial sessions; sessional allocation will therefore be rounded down to the nearest whole session.

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6.1 Direct Clinical Care (DCC)

6.1.1 Timetabling of DCC

Direct clinical care (DCC) is work that directly relates to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation as detailed in para 2.20 of the Amendment to the National Consultant Contract in Wales 2003. This includes:

- Emergency duties (including emergency work carried out during or arising from on-call)
- Operating sessions including pre-operative and post-operative care
DCC allocation per list – DCC calculated on basis of actual DCC start and finish times. There must be demonstrable clinical activity for the whole period and it must be indicated where each element is being undertaken e.g. in theatre, on the ward etc. Ward admin time for the theatre lists cannot also be counted as normal ward round time i.e. cannot be double counted. If a list finishes early a doctor will be expected to help with urgent or emergency cases. If there are no urgent cases the time will count within the natural variation of a job plan (as will finishing late)
- Ward rounds
- Outpatient activities. The relative split of patient facing clinical time and associated clinical administration time will be clearly defined in the Job Plans and although it is recognised that this may vary between specialties, the core principle is that a 3.75 hour session of patient facing activity will attract up to 0.5 hour of associated clinical administration time. In exceptional circumstances, with prior agreement of the AMD of HR and workforce, this time may be adjusted. Additional admin time will be allocated in the job plan as agreed within departments.
- Public health duties
- Multidisciplinary meetings about direct patient care
- Administration directly related to patient care (including but not limited to referrals, notes and clinical diagnostic work) for services with direct clinical caseload
- For time worked when on-call, the first session will be regarded as 3 hours for job planning purposes in line with para 3.5 of the Amendment to the National Consultant Contract in Wales 2003. On-call activity is defined as activity outside the timetabled working week as described in the Amendment to the National Consultant Contract

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in Wales 2003.

Travel to peripheral clinical commitments (included within DCC):

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

6.1.2 On-call Activity

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

- DCC includes all emergency work - predictable and unpredictable. This should be programmed into the working week, where possible.
- *Predictable emergency work* is that which takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds, attendance in an emergency clinical setting). This should be programmed into the working week.
- *Unpredictable emergency work* e.g. unscheduled on call activity will be calculated from actual unscheduled work delivered usually averaged over a 6 month period. On-call work remunerated separately e.g. acting down – is excluded from inclusion in diary monitoring and remunerated through a separate process to job planning.
- On-call work that takes place during a period of scheduled programmed activity will contribute to unpredictable on call allowance and replace that scheduled sessional activity in job planning calculation.
- Hot weeks (weeks which have a higher number of emergency sessions planned, in comparison to other weeks): The relative split of DCC to SPA for hot weeks will be determined by the completion of actual work delivered, averaged over a 6 month period. This may be extended to account for exceptional individual circumstances.
- Travel to and from work for unscheduled NHS emergencies will count as working time.
- On-call diary exercises need to be completed every 48 months as a minimum, over 8 weeks per year and must include every member of each specialty.

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

Payment of an out-of-hours intensity supplement

- Intensity supplement banding will be calculated using the scoring formula applied to the questionnaire in the Amendment of the Consultant Contract in Wales as submitted by the Consultant, and verified by the Clinical Director.

Provision of on-call

- All consultant's non-resident on call must be immediately contactable and able to return to site within a clinically appropriate time frame, usually 30 minutes, unless by agreement with the AMD for HR and workforce.
- The agreed headcount (WTE) will be used to calculate the frequency of the rota and is independent of leave/prospective cover.
- It should be recognised that within some departments there may be sub-speciality rotas that require staff to be on call more frequently than the general speciality rota.
- It is generally the case that all consultant medical staff in a department should contribute to the provision of continuing clinical care, including on-call. It is recognised that in particular circumstances, some senior colleagues, after agreement with their colleagues and the Directorate Management Team, might not participate in the regular on call rota. The UHB will aspire to an on-call rota frequency of a maximum of 1 in 5 in high intensity specialities.
- Consultants have a continuing responsibility for inpatients under their care unless they participate in an on-call rota with colleagues capable of covering their patients.
- Specialties need to have arrangements in place to cover the eventuality of a colleague feeling unable to perform their duties safely as a consequence of unpredictable emergency work arising from on call duties. If this is a regular occurrence such work may require a change in working pattern, including subdivision of weekends.
- Short-term absence of a consultant will be covered by colleagues, in accordance with the T&C's. If an eventuality (such as a colleague's protracted

sick leave) results in sustained additional workload for a consultant colleague, this workload must be compensated in the short term by additional remuneration or time off in lieu, and in the longer term by interim job-planning in accordance with the T&C's.

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

6.2 Supporting Professional Activity (SPA)

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

- 1.5 “core” SPA (3.75 x 1.5 hrs) required for delivery of all the normal aspects of the professional service, and personal CPD (in conjunction with study leave allocation). There will not be any subdivision within this and consultants will be expected to cooperate with colleagues to ensure appropriate distribution of the workload to deliver the activities within teams (see appendix C). Clinicians who are not working whole time are generally less likely to deliver additional SPA or additional NHS duties, but in order to ensure that these consultants participate fully in their professional role the 1.5 core SPA will not be reduced for those working 7 or more sessions. However, for consultants working fewer than 7 sessions, 1 core SPA will be allocated, in line with the **Academy of Medical Royal Colleges’ estimate that “1 to 1.5 SPAs per week in the minimum time required for a consultant to meet the needs of CPD for revalidation purposes”**. Where an individual works for more than one employer it is expected that SPA costs will be shared proportionately. The core SPA allocation will require evidence of full participation in mandatory training programmes and evidence of CPD, both to be confirmed at appraisal.
- The core 1.5 SPA sessions (5.625hrs) includes the following activities:
 - I. Appraisal
 - II. Job planning
 - III. Clinical governance – including, M+M meetings, delivering clinical audit, complaints handling, contribution to SI investigation, legal/coronal reports, NICE compliance reporting, etc.
 - IV. Departmental management meetings
 - V. CPD

- VI. Mandatory training
- VII. Other quality improvement activities
- VIII. Teaching

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

- Additional SPA for an individual to deliver defined activity, linked to specialty/organisational objectives as well as the time allocated to deliver. Time needs to be agreed between the Directorate Management Team and the individual, and accompanied by a detailed role description (appendix E) and included in the Job Plan.
- Additional sessional time may be contracted, usually for those clinicians with defined, agreed additional NHS responsibilities or external duties.

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

- Whilst the Amendment to the National Consultant Contract in Wales 2003 refer to full-time job plans “typically” containing an average of 7.0 sessions for DCC and 3.0 sessions for SPA, (see para 2.15) this does not mean that this will be the case for all consultant staff. The DCC/SPA split for each individual will be determined through evidence and discussion at the job plan review.
- It will be the responsibility of the individual and the Clinical Directorate Management Team to account for the time spent on SPA in the same way as they will need to account for the time spent on DCC.
- The details of SPA and objectives will be recorded in Job Plans to ensure description of the activity, location where it is to be conducted and the expected outcomes are clearly and comprehensively recorded. All roles above core SPA will need to have a clear role description with objectives and expectations for the delivery of measurable outcomes (see appendix D).
- SPA should be conducted on site at CAVUHB, or at another clearly defined location such as a training venue via agreement with the Clinical Directorate Management Team (excluding the 1.0 session as described below).

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As described in contract at para 2.12 of the Amendment to the National Consultant Contract in Wales 2003; SPA sessions, **mutually agreed at the job planning review**, may be scheduled across the week such that up to one session of contractual commitment may take place outside working hours leaving a similar period free in which there is no contractual commitment during normal working hours. As such in appropriate circumstances **up to one 1.0 SPA** session per week **could be agreed** to be undertaken at home or away from the Consultants normal place of work. However, all outcomes still need to be identified. It remains contracted time so the Consultant must remain available to return to work if needed.

- Overall allocations for SPA will be reviewed by the AMD for workforce and revalidation to ensure consistency across the UHB for comparable activities.
- Items arising under SPA, such as teaching clinics may overlap with items detailed in DCC. Recording of activity in the job planning exercise must ensure this does not result in double counting of these items.
- When reviewing the time spent on these activities consultants should consider the evidence required to support the outputs of the declared activity and ensure this is clearly recorded in Job Plans.
- It is recognised that whilst some supporting professional activities can only relate to personal activities (e.g. CPD) others (e.g. teaching) may be shared with colleagues within specialties.

6.2.1 Teaching & education

- It is expected that all consultants will take part in departmental teaching activities unless an opt-out has been agreed with the Directorate Management Team, where the teaching commitment may be amalgamated to individuals(s) within a specialty group.
- This teaching may be delivered during DCC activities already accounted for in the job plan such as clinics or ward rounds. If so, it should not be 'double counted'.
- Service Increment for Teaching (SIFT) funding is provided to the UHB each year to support the delivery of undergraduate teaching, and covers both teaching undertaken during clinical sessions (which will already be recorded in the job plan as DCC) and teaching undertaken outside of clinical sessions, such as tutorials (and recorded in the job plan as additional SPA). Activities relating to SIFT funding will need to be clearly recorded as such. Specialty teams are advised to consider the overall teaching requirement for their specialty

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

6.2.2 Specific training/teaching roles

- The time taken to fulfil the following responsibilities/roles should be agreed with the Clinical Directorate Management Team and translated to SPA in the Job Plan. The allocations will be determined by the AMD for education.
 - Foundation programme director
 - Academy unit co-ordinator and tutor
 - Educational supervisor
 - College (specialty) tutor

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

6.2.3 Other educational activities

- Expected attendance at CAVUHB mandatory training sessions, departmental education meetings such as grand rounds, journal clubs, mortality and academic meetings should be recorded in the Job Plan. However, as these are components of core SPA they do not attract an additional SPA allocation.
- If attendance at the meeting replaces another DCC activity already counted in the job plan, there must be a concomitant reduction in the time allocated in the job plan for that activity or it will need to be delivered at another mutually agreed time.

6.2.4 Specialty/Local governance & audit activity

- Whilst clinical governance and/or audit activities are considered to be an integral part of all clinical activity and therefore difficult to identify separately in the job plan, it is recognised that there may be times when consultants are required to undertake such roles at a time when clinical activity is not undertaken e.g. scheduled clinical governance, audit or

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

- The time required for these activities should be recorded as part of the core SPA time in the job plan and this activity should be undertaken on site at CAVUHB unless by agreement with the Clinical Directorate Management Team.
- All other clinical governance/audit activity will be assumed to be undertaken as either part of Direct Clinical Care or as part of core SPA and therefore the time is already allocated in the job plan

6.2.5 Governance & audit lead roles

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

6.2.6 Timetabled management meetings

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

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

6.2.7 NHS Research

- By agreement with the Clinical Directorate Management Team, time may be recognised in the job plan for research active consultants. In line with Para 2.21 of the Amendment to the National Consultant Contract in Wales 2003.
- For these purposes, 'research active' has been defined on the basis of criteria developed by the AMD for Research & Development and agreed by the Board as follows

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

6.2.8 Additional NHS Responsibilities

As defined in Para 2.40 of the Amendment to the National Consultant Contract in Wales 2003 which includes Caldicot Guardian, Clinical Audit Leads, Clinical Governance Leads, Under Graduate and Post Graduate Deans, Regional Education Adviser, Regular Teaching and Research commitments over and above the norm and not otherwise remunerated and Professional Representational Roles. Provision of directorate or service level activity will be defined as SPA.

- Are responsibilities not undertaken by the generality of consultants but are undertaken within CAVUHB
- Are activities agreed between the consultant and the employing organisation, which cannot be absorbed within time that would normally be set aside for SPA. These include Executive Medical Director, Assistant Medical Directors, Caldicott Guardian or other duties agreed by the Health Board and recorded in the Job Plan.

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

It is recognised that clinical director and clinical service lead roles will carry an additional workload. The time required for them will be set at clinical board level as detailed in the role description and acknowledged in the Job Plan. The tariff for clinical lead roles will take into account the time and responsibility associated and the number of consultants in the specialty and intensity of the role e.g. major/complex/demanding role, minor/process manager role, <5, 5-10 and >10 consultants. It is recognised that many consultants undertake other leadership responsibilities e.g. cancer lead; in line with Para 2.21 of the Amendment to the National Consultant Contract in Wales 2003.

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

board director. Reduction in DCCs to cover Clinical Management duties should be mutually agreed at job plan review.

6.2.10 Other CAVUHB Lead Clinician and Management Appointments

- These are appointments made by the CAVUHB with defined duties that lie outside the remit of the directorate management structure e.g. Executive Medical Director, AMD for Education. The time required to undertake these roles will be as detailed in the role description and should be acknowledged in the job plan.
- Individuals taking on these roles may, where the service delivery permits and by agreement with the clinical board director, reduce their existing DCC activity or take on temporary additional sessions in order to accommodate these duties. The needs of the service will determine whether reduction in DCC is feasible and this should be judged by the Executive Medical Director.

6.2.11 Time-limited CAVUHB Projects

- There may be occasions when some individuals may be invited to participate as CAVUHB lead clinicians for specific time-limited CAVUHB projects, which again may or may not substitute for existing DCC sessions or attract additional sessions, depending on the impact on the service.
- The time taken to fulfil these responsibilities/roles should be as detailed in the role description, agreed with the Medical director's office and acknowledged in the Job Plan.

6.2.12 External Duties (as defined under para 2.40 of the Amendment to the National Consultant Contract in Wales 2003)

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

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

6.2.13 Guidelines

- The health board would in principle not wish to limit external duties that are of benefit to the NHS at regional or national level and will try to be supportive provided that CAVUHB business/patient care is not compromised. In accordance with paragraph 2.42 of the amendment of the national consultant contract in Wales 2003. It is expected that any individual seeking to include time in their job plan for an external duty should first ask for the agreement of their Clinical Director, who will balance the request against. The consultant should then seek the written agreement the clinical board director and AMD for workforce and revalidation, in line with T&C's prior to formal application for external role.
- Consultants must be able to fully account for these activities in terms of interest to the UHB, Professional Society, College or wider NHS.
- If an individual receives either payment or an honorarium in respect of the external duty then no sessional value should be applied within the individual's job plan. External duties that are fully funded [externally] may, where the service delivery permits and by agreement with the clinical director and CBD, either reduce their existing SPA and/or DCC activity or take on temporary additional sessions in order to accommodate these duties. The needs of the service will determine whether reduction in DCC is feasible and this should be judged by the clinical director.
- The UHB will commit to consider (pending review of service requirement) supporting up to a total of 10 days for its consultants to undertake external duties (per annum). This means that the full impact of external duties upon an individual's time may not be able to be met by the UHB and individuals undertaking external duties need to be aware of this. The UHB will, where possible in terms of service delivery, agree to a variation in DCC within the job plan to enable some time for delivery of the role even if it cannot fully fund it. Decisions on the allocation of these sessions will be at the discretion of the AMD for workforce and revalidation.
- The time taken to deliver administrative support to the specified external roles/duties should be assessed as hours and translated to sessions in the Job Plan. These activities may be flexibly undertaken along with other activities that need not occur at a fixed time (see Timetabled Flexibly Worked Activity). It is not anticipated that any individual requesting

sessions to reflect the administrative load associated with an external duty, would be allocated a value greater than (0.5 Session) in their sessional assessment or for an additional professional leave allowance beyond 5 additional days to be allocated to fulfil the duty. Any admin should be incorporated within the 10 days of PL

- In exceptional circumstances arrangements may be made to accommodate senior national roles or significant external duties which occur on a regular basis. In such circumstances, individuals should approach the clinical board director and seek confirmation from the AMD for workforce and revalidation for a sessional allocation/variation to their Job Plan, or for an additional professional leave allowance (up to a maximum of 5 additional days)
- Absences linked to additional professional leave must be applied for with at least 6 weeks' notice, approved and recorded by the clinical director. Any requirement for absences not agreed prospectively will need to be taken from alternative leave allocations (annual and study/professional) unless negotiated separately with the AMD for HR and Workforce
- Consultants should be sensitive to any increased workload undertaken by their colleagues and therefore should schedule duties outside the UHB so as to minimise loss of commitments such as clinics, operating lists, ward rounds, on-call commitments etc.

6.2.14 Work for Charitable Organisations

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

6.3 Private Practice Activity

- The Amendment to the National Consultant Contract in Wales 2003, chapter 9 and the 'Green Book' outline the basis for the relationship between NHS and private practice activity. This code applies to all consultant medical staff and compliance with this is an essential criterion for determining eligibility for a clinical excellence award.
- All time utilised for private practice work must be documented in the job plan, whether internally or externally
- The overriding principle for the governing of private practice activity alongside the NHS

commitment is that no individual can be paid twice for the same period of time. Further detailed in paragraph 2.10 of the Amendment to the National Consultant Contract in Wales 2003 referred to in bullet point 3 of paragraph 6.2.13 above.

Private Practice and Job Planning

- All commitments to private professional services and fee-paying services must be identified in the job plan.
- Regular scheduled private practice activity should be clear in job plans and must not interfere with other UHB duties.
- Changes in consultant job plans, which require rearranging scheduled private practice commitments, must be done with an appropriate period of notice of 8 weeks.

6.4 Timetabled Flexibly Worked Activity

- Flexibility is the basis of the job planning process as outlined para 2.16 of the Amendment to the National Consultant Contract in Wales 2003.
- The delivery of most services is subject to a large number of short-term fluctuations in supply and demand. These may, for instance, be caused by personnel movements, sickness or leave, 'winter pressures', problems with RTT compliance or contractual changes.
- By too rigidly defining all a clinician's activities by nature, time and place in a job plan, flexibility to absorb these fluctuations is greatly diminished.
- Timetabled Flexibly Worked Activity (TFWA) allows a job plan to define when (and which sessions) a clinician can be expected to be available (on site), but allows the flexibility to modify their activity within those sessions, to suit the requirements of the service. The type of activity performed during these sessions does not need to be restricted to Direct Clinical Care, but could include SPA work as well.

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

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

delivered during any specific session

- The degree to which TFWA can successfully be utilised will vary between services. Smaller groups, and services where a significant proportion of work could potentially be done by any clinician, will benefit more.
- The presence of TFWA does not preclude a clinician from having a 'default' working programme for each week. It simply allows that default to be modified from time to time, in order to match activity to service requirements. It also allows temporary increases and decreases in DCC level, provided that the average delivery over time remains in alignment with the job planned total.

7.0 Local Variations on Standard Terms and Conditions

7.1 Private Practice

- Chapter 9 of the Amendment to the Consultant Contract in Wales 2003, implies that operating on private patients in time allocated for NHS patients is unacceptable, with the exception of category 2 work as outlined in paragraph 2.10 of the Amendment to the National Consultant Contract in Wales 2003:
 - Where a patient pays privately for a procedure that takes place in the employing organisation's facilities, that procedure should take place at a time that does not impact on normal services for NHS patients.

7.2 Annualised team job planning

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

8.0 The Job Planning Documentation & Software

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

- The job plans will include the following elements:
 - o Relevant UHB and Service objectives
 - o Relevant personal objectives, supporting resources, measures and timescales

- o Routine work as agreed in the job plan, detailing time, location taking into account for 1 core SPA session to be worked flexibly in line with para 2.12 of the Amendment to the National Consultant Contract in Wales 2003.
- o Details of on-call arrangements and intensity supplement
- An expectation of provision of agreed DCC activity sessions based on completing them at least usually 42 times per year will be documented and used to determine achievement.
- Other specialty and individual agreements as appropriate including (but not limited to):
 - o Leave and other absence cover arrangements
 - o Additional professional / external duty leave
 - o Private practice / fee paying service rules
 - o Arrangements related to team job planning
 - o Changes to remuneration or working arrangements with appropriate notice periods
 - o A breakdown of sessional allocations summarising the time allocated to each of the core components
 - o Three levels of electronic sign off of the current job plan

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

8.1 The Job Planning Process

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

8.2 Service Plan

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

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

- Obtain best available demand data for various components of the service
 - Review current service components and consider changes – type, time, place, capacity
 - Consider resource constraints, e.g. outpatient facilities, theatre slot availability, peripheral activity, shared services with other providers
 - Consider subspecialty constraints (e.g. limited individuals available to perform certain functions)
 - Establish an adequate on-call cover system
 - Establish a default ‘whole service template’ – what happens, when and where, and who does it, during each week.
-
- In preparing for job planning the DM/CDs will meet with the specialty group to review and agree a proposal for how the job planning process will be applied in their specialty.
 - By commencing the job planning process as a group, discussions can be had about the overall expectations for the specialty for the year ahead. The meeting is an opportunity to review how each of the components of job planning should be addressed (i.e. DCC, SPA, additional NHS responsibilities and external duties), ensuring equity across the department.
 - The group should review the proposed assessments for DCC activity and agree any required amendments to these, e.g. a change in the out-of-hours activity levels, extended working day or week
 - For SPA the group should review overall & individual contributions to the Health Board and departmental education & teaching programme, governance programme and agree how this should be reflected in each consultant’s job plan. Similarly, agreement can be reached about the departmental meetings and activity that should be recognised as part of core SPA in the job plan.

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

- Define the activities that are applicable to the service
- Propose the service standards for time allocated to each of the DCC activities e.g. DCC and related administration time.
- Specify the time allocated to each of the activities (session length), define the expected level of clinical activity delivered (number of patients which corresponds for example to the session template on the hospital Patient Management System) and define whether they are to be timetabled as fixed or flexibly worked activities.

- Define the rules for taking leave, on-call arrangements, intensity supplement and specify the time allocated to scheduled and unplanned emergency work.
- Specify any other agreements – e.g. those that apply to team based annualised job planning

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

8.3 Job Planning Meeting

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

- Individual personal development objectives (agreed in appraisal)
- Health Board/service developments to which they could contribute
- Identification of all external commitments (including private practice)
- Any amendments to the previous job plan
- Diary evidence of individual activities
- Any additional resources required to fulfil NHS commitments
- The CD will request a meeting with the individual consultant to:
- Quantify total sessional commitment (includes additional sessions)
- Define/quantify SPA and additional/external duties
- Define/quantify on-call commitment and availability supplement
- Establish and quantify fixed, timetabled flexibly worked and flexible sessions
- Calculate expected average DCC/SPA week
- Define private practice sessions, if applicable
- Calculate expected measurable service delivery over next year
- Clarify mechanisms of ongoing service delivery recording

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

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- Where reasonably possible, the delivery of objectively measurable components of service should be recorded over time, and compared to the expectations as proposed in the job plan. This process is important where timetabled flexible working, or annualised working is undertaken see para 1.17 to 1.21 of the Amendment to the National Consultant Contract in Wales 2003.
- The annual job planning round is also an appropriate time to review strategic workforce decisions, e.g. to optimise the service for changes to demand, workforce shortages or changes e.g. retirements.

8.4 Role of the Clinical Board Director

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

8.5 Objectives

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

- Health Board level
 - Business plan and Corporate Objectives
 - Local Development Plan (LDP)
- Departmental level
 - Department/Specialty/Service developments (including but not limited to Cost Improvement Programmes)
 - Current activity levels (inpatient and outpatient) and performance against preceding year activity targets
 - Specialty workloads and distribution between consultants

- Teaching commitments
- Research and development expectations
- Individual level
 - Activity outputs
 - Performance indicators (such as LoS, new/follow-up ratios)
 - Internal versus external commitments
 - Individual contractual commitments (and flexibilities)
 - Individual development needs (agreed in appraisal)

8.6 Sign off

If the consultant agrees the proposed Job Plan the CD will arrange for it to be entered/updated on the electronic system. The electronic job plan should be compared with the paper job plan to ensure they agree and will sign it off. If no agreement can be reached then the Mediation and Appeals process should be invoked according to para 1.34 to 1.39 of the Amendment to the National Consultant Contract in Wales 2003

. It is expected that the consultant will engage in the job planning process. If there is no response from the consultant within 6 weeks of the initial job plan review meeting, the consultant will be contacted. At this point, if it is not possible to reach an agreement, both parties will submit the job plan to the Mediation and Appeals process in line with para 1.34 the Amendment to the National Consultant Contract in Wales 2003 for resolution.

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APPENDIX A: ANNUAL JOB PLANNING CYCLE

Annual job planning cycle

Quarter 2 – July to September

Clinical director sends out preparation for and invitation to job plan review, including letter and diary card with preparation guidelines, giving six weeks' notice.

Quarter 3 – October to December

Team job planning meeting to discuss and agree objectives, supporting professional activities list and any required rota changes.

Individual job planning meetings take place.

Job plans entered on electronic job planning system by 31 December. This allows three months for the mediation/appeals process.

Quarter 4 – January to March the following year

Mediation and/or appeals completed as soon as possible, in line with the timeframe agreed under the 2003 consultant contract.

Pay progression and clinical excellence awards eligibility taken forward for all who have an approved job plan.

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Job plan effective 1 April.

Mandatory training to begin for the year.

APPENDIX B: AGREED TRAVEL TIME ALLOWANCES

List of Common Journeys from Main Hospital Sites

(Distance and time taken will be the same for the return journey.)

Distance and time figures taken from the AA route planner March 2020.)

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

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

University Hospital Llandough (CF64 2XX)

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

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

All Doctors are expected to undertake the following activities

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Appraisal and Revalidation Activities			
Continuing Professional Development (CPD) & Quality Improvement Activities	<p>To ensure that Doctors have local opportunities to keep up to date, maintain skills and develop. This type of CPD activity could include:-</p> <ul style="list-style-type: none"> - Personal study - Departmental Teaching - Departmental Meetings - NHS e-learning modules - Appraisal - Job Planning <p>(This list is not exhaustive)</p> <p>To ensure that Doctors have opportunities to prepare for and participate in mandatory and other Health Board quality improvement activities, including:-</p> <ul style="list-style-type: none"> - Clinical Audit - Mortality & Morbidity reviews - Review of clinical outcomes - Case Reviews and Discussions - Audit and monitor a teaching programme - Evaluate the impact and effectiveness of a piece of Health Policy and/or management practise 	<ul style="list-style-type: none"> - Attendance Certificates/summaries - Certificates of completion - Agendas - Personal Development Plan - Appraisal summary - Evidence of quality improvement initiatives - Annual Clinical Activity information - Evidence of outcome measures achieved which correspond to SPA guidance - Agreed job plan which has been signed and dated with 2 weeks of the job plan meeting. - Audit department certificates - Audit presentation/hand outs - Meeting minutes - Review reports - Case review report - Evaluation reports - Protocol/Policy Documents 	<p>1.5 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 236.25hrs – this allocation is in addition to the 30 days Study Leave allowance over a period of 3 years)</p>

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

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Appraisal Roles			
Appraiser Role	A team of Appraisers is essential to facilitate the medical appraisal process across the Heath Board. Regular, annual medical appraisal is a contractual obligation and is a GMC requirement for recommendation for revalidation.	<ul style="list-style-type: none"> - Number of appraisals (min 10 per year) - Feedback from Appraisees - Evidence of attendance of a local or national appraiser event at least once in every 2 years 	<p>0.5 SPA for 10 appraisals</p> <p>(pro-rata for more)</p> <p>(Calculated over a period of 42 weeks this equates to 78.75 hrs)</p>

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Appraisal Lead Role	<p>To act as the lead for a team of appraisers, supporting their development, undertaking quality assurance activities and advising on issues they wish to escalate. To support the HB Appraisal Professional Lead and the HB Appraisal / Revalidation Manager to ensure that appraisals are carried out to the required standard.</p> <p>To provide support, guidance and leadership to the AMD (workforce and planning) and CDs as they implement appraisal and revalidation across the HB. The individual will ensure fair and transparent. They will maintain a list of regular appraisers and ensure adequate support and training.</p> <p>The appraisal planning lead will also ensure that the HB meets the target consultant appraisal on a yearly cycle. They will also escalate any complaints or concerns as needed</p>	<ul style="list-style-type: none"> - Evidence of attendance of a local or national appraiser event at least once in every 2 years - Evidence of Appraiser Team meetings chaired (at least 2 a year) - Number of appraisals (min 10 per year) - Feedback from Appraisees - Evidence of collaboration with key stakeholders - Evidence of KPI improvement - Deliver appraisal seminars to CD and directorate managers - Develop systems to ensure all consultants and SAS doctors are compliant with revalidation 	<p>1.0 SPA for the lead role which also incorporates the role of appraiser – minimum of 10 appraisals to be undertaken each year (as above)</p> <p>(Calculated over a period of 42 weeks this equates to</p> <p>118.13 hrs – to incorporate 82.5hours for appraiser role above)</p>
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Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Roles relating to Support and Education			
Article 14 Advisor Lead Role	To help support those Medical Colleagues who are working towards completing Article 14. This will aid with recruitment and retention of Medical Staff.	<ul style="list-style-type: none"> - No of SAS Doctors supporting - Summary if meetings undertaken - Information regarding support provided 	0.25 per applying SAS Doctor
Educational Supervisor	<p>To help support trainees whilst they are on placement in Cardiff & Vale University Health Board. This support should include meeting regularly with the trainee to reflect upon and discuss educational progress, acting as a mentor and ensuring that the trainee receives the appropriate career guidance and planning. This role will incorporate ensuring that a trainee is meeting objectives and putting remedial measures in place where any issues are highlighted and will involve working closely with the Programme Director and AMD for Education.</p>	<ul style="list-style-type: none"> - Evidence of Continuing Professional Development pertaining to the role of Education Supervisor and the relevant curriculum Domains. - Details of the number of trainees - GMC trainee feedback - Completion of regular meetings with trainees - Evidence of formal and informal teaching (presentations, teaching summary) 	<p>0.25 SPA per trainee (up to a maximum of 4 trainees/ 1 SPA)</p> <p>(Calculated over a period of 42 weeks this equates to 39.38hours, per trainee)</p>

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Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Named Clinical Supervisor	To help support trainees whilst they are on placement in Cardiff & Vale University Health Board, to include teaching and training the trainee in the workplace, arranging departmental induction, supervising clinical activity and ensuring that the trainee is working to his/her level of competence. The named Clinical Supervisor should provide regular formal and informal feedback.	<ul style="list-style-type: none"> - Evidence of Continuing Professional Development pertaining to the role of Named Clinical Supervisor and the relevant curriculum Domains. - Details of the number of trainees - GMC trainee feedback - Evidence of formal and informal teaching (presentations, teaching summary) 	<p>0.25 SPA total</p> <p>(Calculated over a period of 42 weeks this equates to 39.38hours)</p>

College Tutor	The college tutor will oversee postgraduate medical training within a specialty department to promote the learning environment, support Trainers & Trainees and be responsible for ensuring that the programme(s) are Delivered to the desired local and national standards.	<ul style="list-style-type: none"> - Evidence of Continuing Professional Development pertaining to the role of College Tutor - Details of the numbers of Doctors & trainees within the specialty department - GMC trainee feedback - Evidence of formal and informal teaching (presentations, teaching summary) 	<p>1 SPA (this would be in addition to SPA allocation for Educational Supervisor role) unless paid separately by the college</p> <p>(Calculated over a period of 42 weeks this equates to 157.5 hours)</p>
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Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Other Teaching	There may be opportunities for teaching and training of undergraduates and other clinical professions.	<ul style="list-style-type: none"> - Evidence of Continuing Professional Development pertaining to the role - Details of the number of trainees - Trainee feedback - Evidence of formal and informal teaching (presentations, teaching summary) 	For negotiation but must not double count with core SPA

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Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Leadership & Clinical Management Roles			
Clinical Director/ Specialty Lead/ Sub- Specialty Lead	<p>Each Specialty/Sub-Specialty Lead will be responsible for a specific specialty/sub-specialty and will work closely with key stakeholders to ensure that high quality, accessible health care services are delivered within the particular specialty area.</p> <p>The specialty lead will be able to evidence a high level of knowledge and expertise in the specific specialty area and will focus, in their specific areas of expertise, on the continuous improvements in quality and outcomes for patients.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of quality improvement - Evidence of CPD relating to the specialty/ subspecialty 	<p>0.5-2 SPA determined locally related to size and intensity of role after discussion with Clinical Board Director</p> <p>(Calculated over a period of 42 weeks this equates to 157.5hours)</p>
Job Planning Lead (Health Board)	<p>To provide support, guidance and leadership to CBD and CDs as they implement the job planning programme throughout the HB. The individual will ensure fair and transparent interpretation of the job plan guidance across specialties and share good practice across boards.</p> <p>The job planning lead will also ensure that the HB meets the target of job planning all consultants on a yearly cycle. They will also escalate any complaints or concerns as needed</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of KPI improvement - Deliver Job planning seminars to CD and directorate managers 	<p>1 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 157.5hours)</p>

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Case investigator (Health Board)	<p>To provide the role of CI at the request of the MD for cases where a concerns are raised about a doctor's practice or behaviour</p> <p>To provide the role of CI in response to concerns raised through clinical governance within the HB</p> <p>To fulfil the role of a case investigator as outlined in the UPSW framework https://heiw.nhs.wales/files/key-documents/policies/human-resources/upholding-professional-standards-in-wales/.</p>	<ul style="list-style-type: none"> - Evidence of completed CI reports for the HB - Deliver completed case investigations as required by the UPSW process - Provide advice and guidance for colleagues who also fulfil the role 	<p>0.5 SPA for 2 CI (Calculated over a period of 42 weeks this equates to 78.75hours)</p>
Case manager for UPSW (Health Board)	<p>To fulfil the role of a case manager as outlined in the UPSW framework https://heiw.nhs.wales/files/key-documents/policies/human-resources/upholding-professional-standards-in-wales/.</p> <p>As regards any excluded doctors this includes:</p> <ul style="list-style-type: none"> • Routinely monitoring the grounds for a practitioner's continued exclusion from work, having regard to the requirements of this procedure; • To consider representations from the practitioner about his or her exclusion and any inappropriate application of the procedure; • Preparing a report for the Board giving an account of progress where any exclusion has lasted more than six months. 	<ul style="list-style-type: none"> - Deliver completed case manager episodes as required by the UPSW process - Provide advice and guidance for colleagues 	<p>0.5 SPA for 2 CM episodes (Calculated over a period of 42 weeks this equates to 78.75hours)</p>

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Staff Wellbeing lead (Directorate)	<p>To provide support, guidance and leadership to CBD and CDs. The individual will ensure guidance and actions are in place across specialties to measure and deliver on staff wellbeing. They will share good practice across clinical boards. They will help deliver the HB's aim to improve employee wellbeing.</p> <p>They will ensure that all HB policies on wellbeing and dignity at work are encouraged and adhered to. They will provide a point of contact for any member of staff that have concerns about departmental wellbeing processes.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of improvement in staff wellbeing - Deliver seminars and groups to develop staff wellbeing - Develop systems to ensure all consultants and SAS doctors are able to raise concerns about wellbeing 	<p>0.5 SPA (Calculated over a period of 42 weeks this equates to 78.75hours)</p>
Quality and Safety Lead			
Clinical Audit Lead (Directorate)	<p>To provide support, guidance and leadership to teams as they implement departmental clinical governance programmes.</p> <p>The individual will ensure regular high standard audits within their respective departments. They will ensure a regular rolling programme of key audits with feedback and documentation of results.</p> <p>They will also ensure appropriate enrolment and data collection for national audit programmes</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of KPI improvement from audit - Evidence of regular meetings and actions from departmental audits - Evidence of involvement on national audits 	<p>1 SPA (Calculated over a period of 42 weeks this equates to 157.5hours)</p>

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Learning from deaths lead (Directorate)	<p>To ensure that there are robust systems in place for routine investigation and learning from deaths. To ensure that any learning points are implemented in a structured and coordinated way.</p> <p>The lead will support colleagues and signpost to appropriate help in the case of patient deaths.</p> <p>They will ensure that concerns are escalated appropriately and that action is taken where needed.</p> <p>They will provide support for doctors within their directorate who are asked to attend coroner's court.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change 	<p>SPA will depend on caseload</p> <p>0.25 to 1 SPA (Calculated over a period of 42 weeks this equates to 39.4 - 157.5hours)</p>
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SI investigators (Health Board)	<p>To provide the role of SI Investigator at the request of the MD</p> <p>Identify what information needs to be gathered and which witnesses should be interviewed in the course of the investigation</p> <p>Maintain and append to the investigation report, a clear and comprehensive record of all interviews conducted in the course of the investigation and documentation which has been collated.</p> <p>Undertake a thorough and impartial investigation into the relevant circumstances</p> <p>Where the concerns involve a practitioner's clinical performance, seek advice from an appropriately qualified clinician who has had no prior involvement with the matters under investigation.</p> <p>Prepare and submit to the Q&S lead a written report, detailing the scope of the inquiry undertaken; the information gathered in the course of the investigation, including the witnesses interviewed and documentation considered; the findings reached and a summary of the key evidence relied upon in support of such findings</p> <p>Advise the Q&S lead whether the concerns identified in the Terms of Reference have been established.</p> <p>Provide sufficient information in the report to enable the Q&S lead to make a reasoned determination on what further action should be taken.</p>	<ul style="list-style-type: none"> - Evidence of high standard, completed SI reports for the HB - Provide advice and guidance for colleagues who also fulfil the role 	<p>0.5 SPA for 3 SI (Calculated over a period of 42 weeks this equates to 78.75hours)</p>
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Data outlier lead (Clinical Board)	<p>To ensure that there are robust systems in place for identification of outlier clinical performance. Where that data exists, to ensure that it is fair and properly recorded. To ensure that any data raising concern is brought to the attention of the appropriate people.</p> <p>To ensure that causes of data abnormalities are identified and that learning points are implemented in a structured and coordinated way.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance of all areas in the health board against national audit 	<p>0.5 SPA (Calculated over a period of 42 weeks this equates to 78.75hours)</p>
Consent Lead (Health Board)	<p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding consent issues.</p> <p>To ensure that the health board's policies and procedures are up to date.</p> <p>To implement processes and safeguards that ensure that consent is a clear, transparent process understood by all parties.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To organise regular teaching and dissemination of information events.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance of all areas in the health board 	<p>0.5 SPA (Calculated over a period of 42 weeks this equates to 78.75hours)</p>

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Blood Transfusion Lead (Health Board)	<p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding blood transfusion issues.</p> <p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that blood product transfusion is a clear, transparent process understood by all parties.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>1 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 157.5hours)</p>
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Resus Lead (Health Board)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that resuscitation of patients is timely and appropriate.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To organise regular teaching and dissemination of information events.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding resuscitation.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>1 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 157.5hours)</p>
Sepsis Lead (Health Board)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that identification and treatment of patients with sepsis is timely and appropriate.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To organise regular teaching and dissemination of information events.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding resuscitation.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>1 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 157.5hours)</p>

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Deteriorating patients (Health Board)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that identification and treatment of deteriorating patients are timely and appropriate.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To organise regular teaching and dissemination of information events.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding deteriorating patients.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>1 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 157.5hours)</p>
End of life Lead (Health board)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that identification and management of end of life patients are timely and appropriate.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To organise regular teaching and dissemination of information events.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding deteriorating patients.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>1 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 157.5hours)</p>

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VTE Lead (Health board)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that identification and management of VTE patients are timely and appropriate.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To organise regular teaching and dissemination of information events.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding VTE.</p> <p>To collect data on performance of the HB</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>0.5 SPA (Calculated over a period of 42 weeks this equates to 78.75hours)</p>
Transition Lead (Health board)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that transition of paediatric patients is safe, appropriate and timely.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding transition.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>0.5 SPA (Calculated over a period of 42 weeks this equates to 78.75hours)</p>

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Surgical Safety Lead (Clinical Board)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that surgical procedures are as safe as possible.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To organise regular teaching and dissemination of information events.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding surgical safety policy.</p> <p>To collect data on performance of the HB</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>0.5 SPA (Calculated over a period of 42 weeks this equates to 78.75hours)</p>
Other Q&S Leads (Directorate)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that are required. To organise regular teaching and dissemination of information events.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice.</p> <p>To collect data on performance of the HB</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>SPA will depend on workload</p> <p>0.25 to 1 SPA (Calculated over a period of 42 weeks this equates to 39.4 - 157.5hours)</p>
Research Roles			

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Clinical Researcher	<p>This role will incorporate the conducting of investigations that will aim to uncover better ways to treat, prevent diagnose and understand human illness and disease.</p> <p>Opportunities to participate in research will help to improve the service provided to patients, aid with recruitment and retention and raise the profile of the Health Board.</p>	<ul style="list-style-type: none">- HCRW Portfolio Study- HCRW Pathway to Portfolio Studies- Commercial Trials- Pump priming as agreed with AMD for R+D	<p>1 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 157.5hours)</p>
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Clinical Researcher	<p>This role will incorporate the conducting of investigations that will aim to uncover better ways to treat, prevent diagnose and understand human illness and disease. Opportunities to participate in research will help to improve the service provided to patients, aid with recruitment and retention and raise the profile of the Health Board.</p>	<ul style="list-style-type: none"> - As above but greater volume – as agreed with AMD for R+D 	<p>2 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 315hours)</p>
Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Principal Investigator	<p>This role will involve being a principle investigator on at least one commercial trial each year. Opportunities to participate in research will help to recruit and retain medical staff and raise the profile of the Health Board.</p>	<ul style="list-style-type: none"> - To be agreed with AMD for Research and Development 	<p>SPA will depend on workload</p> <p>0.25 to1 SPA (Calculated over a period of 42 weeks this equates to 39.4 - 157.5hours)</p>
Chief Investigator	<p>This research based role will involve undertaking an in-house or portfolio study. There will be a need to obtain R&D and ethics approval numbers for this role.</p> <p>Opportunities to participate in research will help to improve the service provided to patients, aid with recruitment and retention and raise the profile of the Health Board.</p>	<ul style="list-style-type: none"> - To be agreed with AMD for Research and Development 	<p>SPA will depend on workload</p> <p>0.25 to1 SPA (Calculated over a period of 42 weeks this equates to 39.4 - 157.5hours)</p>

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Research Degree Student Supervisor	This role will incorporate the supervision of a Research Degree Student during their time with Cardiff & Vale University Health Board. The students involved will be undertaking the PGMDE, MSc or MPhil degree courses. (Please note that a student's main supervisor will be an academic) Opportunities to participate in research will help to recruit and retain medical staff and raise the profile of the Health Board.	<ul style="list-style-type: none"> - No of students - Feedback from students - Evidence of attendance at relevant update and training events - Evidence of research undertaken by students being supervised. 	0.25 SPA per student, to be negotiated if commitment is greater than 1 hour a week
Further roles			
Champions for HB initiatives	Certain initiatives may require specific clinical leadership e.g., e-discharge, immunisation	TBC	These roles may be time limited and any SPA tariff will need to be agreed, allocated and reviewed on a regular basis through a formal HB process.

Please note this list is not exhaustive

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APPENDIX D: SPA OUTCOME FORMS

SPA = Supporting Professional Activities (CPD, Job Planning, Appraisal, Clinical Audit and local Clinical Governance)
Consultant name:
Hours in week = 3.75 = 1 session
Outcome Measure;
Actions to achieve outcome measure
Success Criteria/Measures:
Agreed Review Process and Timetable:
Support Required:
Signed
Date

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

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

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

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APPENDIX E: ROLES & RESPONSIBILITIES

Role	Responsibilities
Medical & Dental Consultants & SAS Doctors	<ul style="list-style-type: none"> • Ensure they have an up to date agreed Job plan • Ensure clear outcomes are set for DCC and SPA sessions • Demonstrable attempt to achieve their outcomes
Clinical Director	<ul style="list-style-type: none"> • Understand the service needs, including required capacity for demand • Ensure consultants have an up to date agreed job plan • Conduct job planning review meetings with Consultants
Directorate Managers / General Managers	<ul style="list-style-type: none"> • Ensure consultants have an up to date agreed job plan • Maintain ESR with up to date data regarding their consultants job plans • Monitor job planning compliance with policy and procedures
Clinical Board Directors	<ul style="list-style-type: none"> • First point of contact for job planning disputes • Monitor job planning compliance with policy and procedures • Ensure the right level of governance and accountability for non-compliance within the clinical board
Medical Workforce	<ul style="list-style-type: none"> • Support with information required for Job Planning software • Training in job planning processes and job planning software use • Management of the Centralised Job planning record • Assurance and Escalation of job planning processes and concerns
Assistant Medical Director	<ul style="list-style-type: none"> • Ensure appropriate training and resources is available for CD / DM to conduct Job planning • Ensure the right level of governance and accountability for non-compliance • Support appeals and advise as appropriate
Medical Director	<ul style="list-style-type: none"> • Ensure the right level of governance and accountability for non-compliance • Support appeals and advise as appropriate

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APPENDIX F: TEACHING & TRAINING ACTIVITY ASSESSMENT

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

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

1.34

If it is not possible to agree a job plan, either initially or at an annual review, this matter will be referred to the Medical Director (or an appropriate other person if the Medical Director is one of the parties to the initial discussion).

1.35

The Medical Director will, either personally, or with the Chief Executive, seek to resolve any outstanding issues informally with the parties involved. This is expected to be the way in which the vast majority of such issues will be resolved.

1.36

In the exceptional circumstances when any outstanding issue cannot be resolved informally, the Medical Director will consult with the Chief Executive prior to confirming in writing to the Consultant and their Clinical Director (or equivalent) that this is the case, and instigate a local appeals panel to reach a final resolution of the matter.

1.37

The local appeals panel will comprise: One representative nominated by the Consultant, and one representative nominated by the Trust Chief Executive. These representatives shall be from a panel nominated by BMA Cymru Wales and Trust HR Directors who have been approved as trained in conciliation techniques.

1.38

The panel will be expected to hear the appeal following the format of the employer's normal grievance procedure, and reach a decision which will be binding on both parties. Representatives will not act in a legal capacity.

1.39

In exceptional circumstances where a decision cannot be agreed, a second panel would be constituted with alternative representatives as set out in Paragraph 1.37.

Report Title:	Research and Development Strategy 2021 - 2024						
Meeting:	Strategy and Development Committee				Meeting Date:	09.03.21	
Status:	For Discussion		For Assurance		For Approval	x	For Information
Lead Executive:	Dr Stuart Walker						
Report Author (Title):	Prof Chris Fagan Prof Matthew Wise, Assistant Medical Director, R&D Mrs Jane Jones R+D Manager						

Background and current situation:

The COVID pandemic reinforced our belief that Cardiff and Vale's services need to be evidence based or evidence generating. Our research and innovation team have also developed a culture of continuously questioning if things can be done better, given the rapidly emerging opportunities that artificial intelligence, precision medicine, big data, IT and therapeutic advances all bring.

In that context the revised Research and Development Strategy (attached) highlights our organizational R+D strategy for the next 3 years. It also outlines how the Strategy has been developed, and the roles and responsibilities required at individual organisational levels for its successful delivery.

The Strategy has been led by the Medical Director and developed in full consultation with the R&D Director, Clinical Boards, Clinical Board R&D Leads, the Research Delivery Management Board, the R&D Office senior finance and research and delivery staff representatives.

The Strategy was approved by the Executive Management Board in Jan 2021 as Welsh Government requires an annual review process to ensure the document remains contemporaneous. In addition each Clinical Board will review their individual strategic aims and objectives on an annual basis.

However in addition the strategy has been extensively re-written, after prior presentation to the S+D Committee in 2020, to both incorporate COVID learning, but also to reflect the rapidly developing relationship with Cardiff University, plus the 'Shaping our Future Hospitals' Program Business Case development. It is therefore re-presented to the S+D Committee 2 years earlier than planned for further review.

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

The key aims of the strategy are to:

Maximise patient access to high quality care through participation in safe, ethical research;

Ensure a culture that places research at the core of clinical service and patient care pathway delivery and the prevention, and population health, agendas;

Build research infrastructure and capacity – including the UHW 2 development;

Develop workforce capability and satisfaction by providing a learning environment which actively promotes research;

Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally.

Ensure that research and innovation, developed in alignment with our key academic stakeholder, Cardiff University, are prominent in our Shaping our Future Hospitals workstream.

- Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):**
- 1. The strategy sets an ambitious agenda for the future of the UHB R+D function aligned with the developing strategic aspiration of Cardiff University College of Biomedical Science
 - 2. The Strategy will be delivered via a combination of our Clinical Research Group and Joint Research Office functions
 - 3. The Strategy also identifies the key role that R+D, alongside a Health Science quarter development, will play in our Shaping our Future Hospitals planning.

- Recommendation:**
- 1. S+D Committee are asked to note the contents of the re-written strategy, and approve its contents and the direction of travel of our R+D services.

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

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information			
Prevention		Long term	
		Integration	
		Collaboration	
		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.		

Kind and caring
 Caredig a gofudgar

Respectful
 Dangos parch

Trust and integrity
 Ymddiriedaeth ac uniondeb

Personal responsibility
 Cyfrifoldeb personol

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Version Number: 1		Date of Publication: dd mmm yyyy
Approved By:		

Cardiff and Vale University Health Board

Research and Development Strategy 2021-2024

“Everything we do clinically must be evidence based or evidence generating”

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- 2.2 Strategy Approval and Review Mechanism

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- 3.3 Working with the HCRW Support Centre to realise the 'One Wales' vision

4.0 Local Context

- 4.1 Consistency with C&V UHB's Integrated Medium Term Plan (IMTP)
- 4.2 Core business with R&D embedded in strategic goals
- 4.3 Clinical Board structure and R&D Implementation plans to support the delivery of the R&D Strategy

5.0 C&V UHB Strategic Aims for R&D

- 5.1 Maximise patient access to high quality care through participation in safe, ethical research
- 5.2 Ensure a culture that places research at the core of clinical service delivery and the prevention and population health agenda
- 5.3 Build research infrastructure and capacity
- 5.4 Develop workforce capability and satisfaction by providing a learning environment which actively promotes research
- 5.5 Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally.

6.0 Roles and Responsibilities

- 6.1 Chief Executive
- 6.2 Medical Director
- 6.3 Assistant Medical Director for Research and Development
- 6.4 Clinical Board Research and Development Leads
- 6.5 Research and Development Office
- 6.6 Research Delivery Team

7.0 C&VUHB's SMART Objectives

8.0 References

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1.0 Executive Summary

The last year has been the most difficult in living memory given the Covid pandemic. This led all those working in health care to refocus on what we do, why we do it and how can we do it better with the aim of improving outcomes for patients, supporting our staff and moving forward more efficiently and better prepared for anything that may come our way. The Covid pandemic reinforced our belief that C&V UHB's services need to be evidence based, and research and innovation led with a culture of continuously questioning if things can be done better given the rapidly emerging opportunities that artificial intelligence, precision medicine, big data, IT and therapeutic advances all bring. This is even more important in informing what facilities and services will be required in a re-building of the University Hospital of Wales on the Heath site and elsewhere (UHW2 project). This Strategy sets out clear aims on how Research and Development activities will be supported, promoted and implemented within C&V UHB. It provides strategic direction within the context of local and national developments including the organisation's IMTP, C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025 and the UHW2 project. It is also aligned with C&V UHB's overall aims of empowering the person, home first, delivering outcomes that matter to people, avoiding harm and waste with the objectives of reducing health inequality, taking responsibility for improving health and wellbeing, delivering services to the standards our population expects and having sustainable unplanned and planned care services. This will be achieved by working alongside key partners such as Higher Education Institutes, Welsh Development agencies, local Councils and Social Services to develop a culture that makes C&V UHB a great place to work and learn. This will optimise use of emerging technologies and ultimately lead to excellence in teaching, research and innovation to the benefit of patients. This Strategy closely reflects the aims of the Health and Care Research Wales (HCRW) Strategic Plan (2015-2020) which demonstrates Wales' commitment to creating a dynamic research environment for the health and wealth of the people of Wales. The five strategic aims will be underpinned at Clinical Board level by more detailed R&D Implementation plans.

This document also outlines how the Strategy has been developed, and the roles and responsibilities required at individual organisational levels for its successful delivery.

2.0 Introduction

2.1 How the Strategy has been developed

The Strategy has been led by the Medical Director and developed in full consultation with the R&D Director, Clinical Boards, Clinical Board R&D Leads, the Research Delivery Management Board, the R&D Office senior finance and research and delivery staff representatives.

2.2 Strategy approval and review mechanism

The Strategy was approved by the Executive Management Board in Jan 2021. Welsh Government requires an annual review process to ensure the document

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remains contemporaneous. Each Clinical Board will review their individual strategic aims and objectives on an annual basis.

3.0 National Context

3.1 National Funding Structure

The Welsh Government's Research and Development Division sits within the Health and Social Services Group. It leads on strategy, policy, commissioning, funding, contract management and governance of health and social care R&D in Wales.

HCRW is a national, multi-faceted virtual organisation comprising several distinct elements of infrastructure and funding schemes, to support and build capacity in Research and Development. The Support and Delivery Service, which is part of this, includes a Support Centre to provide centralised functions and services at a national level, and local R&D functions via NHS R&D departments at each organisation.

In order to provide a range of local R&D services, each NHS organisation is in receipt of Local Support and Delivery Funding.

The Welsh Government set a national objective to ensure the effective provision of an NHS research infrastructure, to develop research capacity through the appropriate use of R&D allocations, as well as investment of other R&D income that the NHS organisation generates.

HCRW has produced a NHS R&D Finance Policy Template which covers the details and mechanisms necessary for the management, accountability and distribution of NHS research funding and income which is already fully implemented within C&V UHB.

3.2 HCRW strategy

HCRW' vision is for Wales to be internationally recognised for its excellent health and social care research that has a positive impact on the health, wellbeing and prosperity of the people in Wales. An excellent example of this was C&V UHB's contribution to the Recovery Trial as a leading recruitment centre which has altered the outcome of patients with CoVID19.

The Local Support and Delivery Funding is underpinned by the [Delivery Framework - Performance Management of Local Support and Delivery Services 2019/20](#).

The Delivery Framework sets out how the Welsh Government will performance manage the NHS organisations in Wales in relation to R&D, including the use of their local support and delivery funding, performance against national objectives, key indicators and targets. It also sets out the enablers of research aligned to the IMTPs (Integrated Medium Term Plans) of NHS organisations in Wales.

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3.3 Working with the HCRW Support Centre to realise the ‘One Wales’ vision

The vision of the Support and Delivery Service is to realise a ‘One Wales Seamless Service’ for supporting and delivering high quality health and social care research. As part of the Support and Delivery Service, C&V UHB needs to be responsive to the ‘One Wales’ aims of increasing opportunities for patients and the public to participate in, and benefit from, safe ethical research, regardless of geographical location. This will enable Industry and Chief Investigators to set-up studies in multiple sites across Wales in a single-access, streamlined and efficient way; whilst attracting and deploying appropriately skilled, qualified and experienced staff in a consistent way across HCRW, embedding shared values and behaviors.

4.0 Local Context

4.1 Consistency with C&V UHB Integrated Medium Term Plan (IMTP)

The Integrated Medium Term Plans (IMTPs) play a fundamental role in the planning and delivery of high quality care to the population of Wales.

The R&D Division of Welsh Government therefore expects each NHS organisation to purposefully support research and, through the IMTP, demonstrate how the patients of Wales will be offered increased opportunities to participate in high quality research within their locality.

The R&D Division of Welsh Government, in its review of IMTPs, will particularly focus on identifying how NHS R&D Directors have aligned themselves and their R&D departments to other parts of the NHS to promote R&D and maximise the potential for the uptake of findings across their organisations, including, as appropriate, primary care.

The core actions identified in C&V UHB IMTP 2019-2022 have been fully integrated into the aims section of this R&D Strategy document.

4.2 Core business with R&D embedded in strategic goals and patient care pathways, including the UHW2 project.

C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025 outlines as part of its ‘Vision of Care’ statement that we will focus on working better together across care sectors, valuing people, harnessing innovation and research to make this a great place for patients and staff. Likewise the UHW2 project allows us a significant opportunity to hardwire R+D into our physical infrastructure. The R&D, innovation and evidence base culture generated within all levels of C&V UHB will be directly applied to the patient care pathway to ensure maximum clinical benefit to those we serve and ensure efficient use of all C&V UHB resources. It will also facilitate the development of the future campus site of UHW2 as a Centre of Health and Wellbeing excellence aligned with Research, Innovation and Transformation.

4.3 Clinical Board structure and R&D Implementation plans to support the delivery of the Strategy

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C&V UHB has a management structure based around 7 Clinical Boards supported by corporate organisational functions. Each Clinical Board has endorsed the overall strategic aims and objectives of the C&V UHB R&D Strategy and have summarised their own individual strategic aims and objectives. Each Clinical Board is required to have an up to date R&D Implementation Plan which underpins how they will meet their strategic aims and objectives. The Clinical Board R&D Implementation Plans will inform discussions at biannual R&D review meetings with the Medical Director, R&D Director and R&D Performance Manager. R&D representation on each Clinical Board 'Board' meeting, with R&D as a standing agenda item, with the presentation of key R&D metrics, would also be considered as good practice. In parallel, each clinical ward will appoint a R&D link practitioner whose role will be to ensure that the clinical pathways being followed are evidence based and to highlight areas of unmet clinical need and research opportunities both to the R&D Delivery team, other staff on the ward and patients.

5.0 C&V UHB R&D Strategic Aims

AIM 1 Maximise patient access to high quality care through participation in safe, ethical research

- Monitor and manage all key indicators set out in the Delivery Framework for Performance management of NHS R&D, promoting Clinical Board ownership of targets relating to increasing numbers of non-commercial and commercial studies and recruitment to them, and the elimination of non-recruiting studies, as well as recruiting to time and target
- Ensure a more refined (probably less risk adverse) risk-based approach to Capacity and Capability, and Sponsorship assessments with the aim of decreasing study set-up times, increasing our patient's access to research opportunities and enhancing our national and international reputation
- Provide support to research teams to navigate the regulatory review processes to help reduce set up times
- Encourage a balanced portfolio of study types to include observational and complex interventional studies
- Bring together R&D, Innovation and Improvement under one Executive led body to ensure maximum synergy from all 3 and provide strategic vision to the UHB Executive Board
- Embrace new and innovative technologies including artificial intelligence, big data and the principles and practices of precision medicine to inform the patient care pathway

AIM 2 Ensure a culture that places research at the core of clinical service and patient care pathway delivery and the prevention, and population health, agendas

- The Executive Board will be provided with R&D reports through the Medical Director

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- Clinical Boards will facilitate a joined up approach between Boards for R&D funding proposals to share costs and associated benefits from revenue
- Directorate and Clinical Board R&D leads together with the R&D office will performance manage ring fenced Directorate R&D budgets
- C&V UHB will consider the full benefits of R&D studies which includes access to novel potentially life-saving therapies which maybe unavailable outside of a study, economies related to drug/device savings or changes in practice. These indirect benefits should be measured.
- The UHB will hold an Annual R&D day to promote research and the message that it is at the core of clinical service delivery
- R&D will feature strongly in the UHB annual report
- R&D Communication through web pages, newsletters, social media and other means will be reviewed and strengthened to improve dissemination and engagement in R&D related issues
- Links between Continuous Service Improvement and the research community will be strengthened to facilitate research into practice initiatives and innovation opportunities, and to strengthen the culture of Research, Innovation and Improvement becoming a core function of daily practice.
- The Clinical Board R&D Lead role will be strengthened through membership of the Research Delivery Management Board
- At the ward level, ensure the R&D link practitioner is fully supported by both R&D resources and ward managers to identify the lack of an evidence base in care pathways and hence identify research opportunities and ensure the implementation plans are successfully delivered
- Deliver a UHB-wide job planning process which supports clinicians and other Health Care Professionals wishing to undertake research and innovation activities
- R&D Director to join Medical Leadership Team.
- R&D Director to become member of HSMB

AIM 3 Build research infrastructure and capacity – including the UHW 2 development

- It is important that within clinical areas investigators are able to both reach their potential and develop further. Within this balanced portfolio C&V should aspire to be a leading centre nationally and internationally in clinical research. This will be driven by current investigators and future clinical academics relying on synergies between HEIs and C&V UHB. It is unlikely that C&V will be able to do this across the research landscape but an obvious area where this can be achieved is unscheduled care.
- As this strategy document represents the next phase of R&D in C&V with a new AMD for R&D, the UHW2 development, and a re-invigorated working relationship with Cardiff University through the Joint Research Office it would be prudent to undertake an external review by the UK Clinical Research Facility Network to include but not be limited to the CRF.

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- The Research Delivery Management Board will approve budgetary allocations to Clinical Boards/Directorates on an annual basis ensuring research infrastructure and capacity continues to be built in alignment with Clinical Board Strategic aims.
- Support services will be invested appropriately, to align with Clinical Board strategic aims
- In partnership with IT develop an infrastructure that aligns with UK strategy and facilitates all aspects of clinical research
- Funding will be identified to support the set-up of a Research Nursing Bank to increase the ability to cover research nurse maternity, sickness and study leave
- Develop delivery staff to work more flexibly and autonomously including consent, prescribing and development of roles such as consultant nurse.
- The Clinical Research Facility will be utilised to prioritise early phase studies and those that require a specialist environment, also carrying out later phase studies, to ensure it operates at maximum capacity with good utilisation of the endoscopy suite. An external review of the CRF will be undertaken by the UKCRF Network.
- Establish research beds within the critical care footprint) for patients at risk of serious toxicities and organ failures from new biologic agents such as CAR-T therapy, which would be unsuitable for the Clinical Research Facility. MHRA phase 1 accreditation will be sought providing a unique selling point, for not only Cardiff, but the UK.
- The physical build capacity of the Clinical Research Facility will be further developed to allow a safe and appropriate environment for the placement of a larger number of studies – with a long term aim (beyond 2024 and thus the scope of this review) to purpose build the facility into UHW2 plans.
- The Children and Young Adult Research Unit will be supported and fully utilised providing further opportunities for children across Wales to participate in clinical studies
- The UHB will support high quality applications for Centre or Unit bids, alone or in collaboration with local HEIs, to major funders
- The UHB will explore a range of possibilities to support investigator-led complex studies (both UHB Sponsored and where the UHB wishes to act as a National Co-ordinating centre) where a Clinical Trials Unit is required
- The UHB will support new investigators where the appointment has been made specifically to boost the UHB R&D agenda
- The UHB will work collaboratively with HEIs to develop clinical academics of the future
- The UHB will support a balanced range of studies, including portfolio and pathway to portfolio that have real potential to be developed into future portfolio studies.
- The UHB will increase commercial income by ensuring it focuses resources on studies and investigators where recruitment targets are realistic, and the study is judged as likely to facilitate future service enhancement.
- The UHB will work proactively to expand commercial activities via direct meetings with global pharmaceutical companies.

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- The Primary Care 'Hub and Spoke' model will be supported through the pilot phase in the UHB to provide more research opportunities for participants in GP practices which are not traditionally research active.

AIM 4 Develop workforce capability and satisfaction by providing a learning environment which actively promotes research

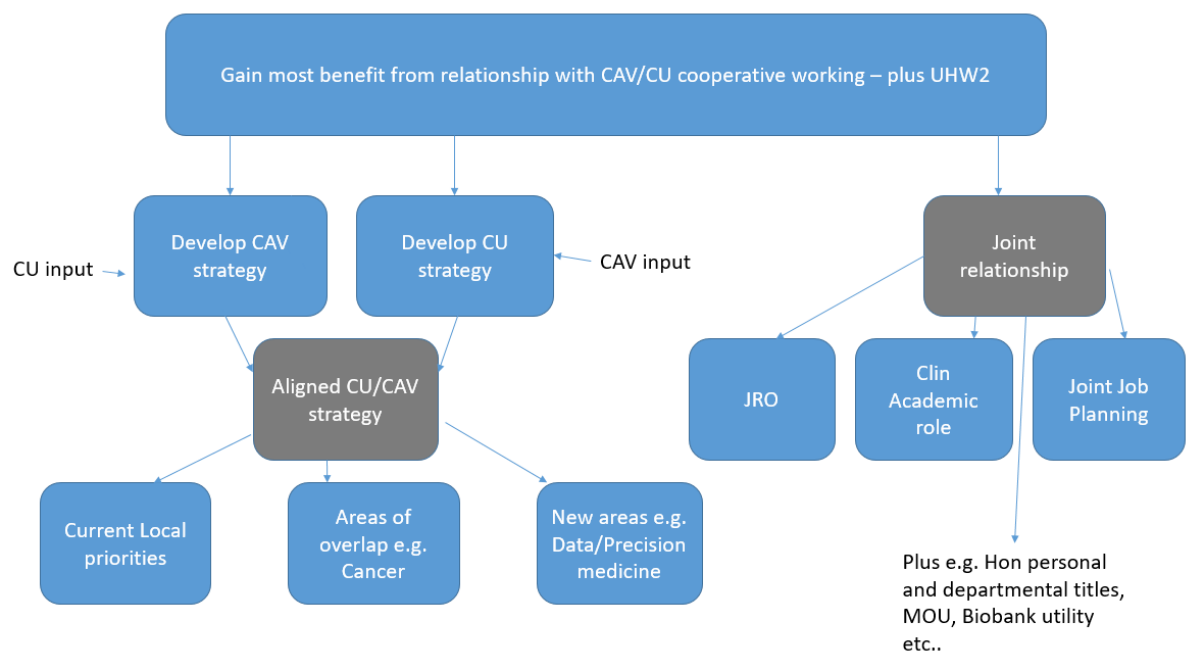
- Providing equal access to structured, high quality training opportunities for all staff involved in research in the UHB. This includes staff working in core research delivery roles, staff supporting research activity in their department and staff carrying out their own research.
- With the Clinical Diagnostics and Therapy Clinical Board develop research opportunities for Health Care Professionals e.g. podiatrists, physiotherapists, dieticians, speech therapists etc.,
- Providing a needs based annual training programme responding to identified research governance trends, regular audit and evaluation of staff training requirements, and in line with the HCRW aims and objectives.
- Providing support and guidance for research staff with their development and career progression, in line with organisational and national standards.
- Providing educational learning opportunities for undergraduate nursing, midwifery and allied health professional students and medical trainees within the UHB that raise awareness of research and clinical trials in the NHS, and the roles research staff have within the wider disciplinary team.
- Providing research teams with a dedicated educational oversight, linked to the Learning, Education and Development Department, ensuing training standards meet local policy and procedure, as well as national and international regulatory requirements.
- Encourage and support non-medical staff to take on the role of Principal Investigator for suitable studies
- Having a point of contact and hub for information sharing for up to date, relevant research specific communication throughout the UHB
- Setting up a small education and training budget to be available for eligible Cardiff and Vale UHB research staff wanting to apply for funding to support short courses, study days and conferences.
- Upskill the existing R&D staff to take on more complex roles including nurse practitioners, physician's assistants, vaccinators and prescribers to enhance research capability
- Provide protected research time within the consultant job plan SPA sessions for research active clinicians
- Actively support through both the Directorate and the RDMB, CVUHB clinicians and other Health Care Professionals to apply for grant funding and HCRW Clinical Research Time Awards

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AIM 5 Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally.

Although there are many relationships to consider in this area there is a fundamental key workstream of alignment between CAV and Cardiff University that must be considered as a top priority. In that specific regard the development of an aligned CAV/CU strategy and a strong joint organisational relationship are key. It is only with these in place that both organisations will be able to harness the potential opportunities that UHW2 offers for a health and wellbeing campus development, aligned with academic and industry partners:



- C&V UHB will update CVUHB's present research MOU with Cardiff University into a much broader and impactful Research Framework Agreement
- The agreement to establish a Joint Research Office, with a JRO Director and JRO Management Board between C&V UHB and Cardiff University (CU) will be realised to:
 - support the delivery of a shared research strategy, with clear priorities and outcomes;
 - maximise our joint potential in the delivery of research and impact for patients;
 - establish a unified service by bringing together people, processes and systems;
 - create a positive environment for all of our staff to collaborate
 - encourage and support researchers to engage and inform patients and the public;

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- Develop connections which will enable growth in research activity, income and output.
- C&V UHB will work with Cardiff University (and other HEI's) to increase the number of Clinical Academic departments within C&V UHB, with honorary titles and mentoring for research active NHS staff
- C&V UHB will work closely with Cardiff University to widen the research specialisms and increase the number of Clinical Academics and ensure via joint job planning, mutual benefit to both organisations and impacts on the patient care pathway
- C&V UHB will facilitate joint working with CU Biobank under the terms of the Collaborative Material Transfer Agreement
- C&V UHB will work closely with Welsh Government through HCRW Support and Delivery Centre to help realise the One Wales initiative by fully engaging in working groups tasked at looking at the various aspects of this agenda
- C&V UHB will explore the possibility of acting as Sponsor/Joint Sponsor of multicentre European studies
- C&V UHB will be the clinical lead for Wales for the Advanced Therapy Treatment Centre (ATCC) working under the terms of the successful collaborative award from Innovate UK with Swansea, Birmingham and Nottingham, with the aim of enabling pioneering therapies for the people of Wales.
- C&V UHB will continue to develop its relationships with other Higher Education Institutes in Wales e.g. Cardiff Metropolitan University in Sport Medicine and Cardio-Respiratory research, and beyond, and other NHS organisations to maximise potential for joint working and reciprocal beneficial relationships
- C&V UHB will work with all collaborators, stakeholders and experts in new technologies, artificial intelligence and big data to provide strategic R&D, Innovation and Improvement "know how" to ensure a rich environment for future research with an evidence based patient care pathway at the centre of the UHW2 proposal. In this regard there will be a need for CU to have a key stakeholder role in the UHW2 campus development, and PBC/OBC case development.

6.0 Roles and Responsibilities

6.1 Chief Executive

The Chief Executive, as Accountable Officer, is responsible for ensuring C&V UHB delivers on its R&D Strategy and implements effective Research Governance to meet applicable legislative standards. Responsibility for delivery is delegated through the reporting line as defined below.

6.2 Medical Director

The Medical Director is the C&V UHB Executive Lead for R&D, reporting to the Chief Executive on the delivery and implementation of the R&D Strategy and Policy

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6.3 Assistant Medical Director for Research and Development

The Medical Director is supported by an Assistant Medical Director (AMD) with specific responsibility for R&D. The AMD for R&D is required to coordinate strategically all aspects of research delivery within C&V UHB, providing expert advice and support to the Medical Director and Chief Executive. The AMD for R&D will oversee the allocation and management of the R&D Budget and will chair the Research Delivery Management Board.

6.4 Clinical Board Research and Development Leads

Each Clinical Board will appoint a Clinical Board R&D Lead (refer to Job description – JDR-RD-002) who is responsible for attending the Research Delivery Management Board (RDMB) and Research Governance Group (RGG). RDMB is responsible for strategic decisions on the following:

- Management of UHB R&D income streams through Welsh Government (currently called Activity Based Funding), commercial income and grant funding.
- Allocation of Activity Based Funding to Clinical Boards (CB) including support services, Delivery staff, Clinical Research Facility and R&D Office.

The role of the RGG is to oversee the operational management of Research Governance and provide assurance of robust Research Governance arrangements within the UHB.

The Clinical Board R&D lead is also responsible for ensuring there is appropriate input into the C&V UHB R&D Strategy and that this is underpinned by a robust Clinical Board R&D Implementation Plan.

6.5 Joint Research Office

The Joint Research Office (JRO) is headed by the Director of the JRO who works closely with the JRO Manager and reporting to Pro-Vice Chancellor, College of Biomedical and Life Sciences Cardiff University and Medical Director C&V UHB. The JRO will integrate academic and clinically focussed research between C&V UHB and Cardiff University. It will provide the operational support and assurance to C&V UHB that all R&D operates within a framework of effective governance consistent with Wales and UK R&D specific legislation and guidance.

6.6 Research Delivery Team

The Research Delivery team is headed by the Head of Research Delivery –South East Wales, reporting to the AMD (R&D) within the Medical Director's Office. The Research Delivery Team oversees performance in terms of delivering studies to time and target and is responsible for supporting the Medical Director and R&D Director at biannual performance meetings where the Clinical Board Implementation Plans together with overall performance at study level will be discussed.

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7.0 C&VUHB's SMART Objectives

- 7.1** Increase the total number of open and recruiting commercial and non-commercial portfolio studies from 264 in 2018/19 up 10% by 2023 by
- Increasing the number of consultants with protected research time in their job plan
 - Ensuring C&V UHB is well placed to demonstrate additional 'Needs Based Funding' from Welsh Government to enable an increase in numbers of non-medical Delivery staff
 - Partnership working with Cardiff University
- 7.2** Improve recruitment to time and target metrics from the current 51% to 75% in 2023 by
- Regular performance meetings with Clinical Boards and Directorates to address studies that are slow to recruit
 - Ensuring agreed participant targets are realistic at outset and adjusting if they subsequently require change
- 7.3** Reduce time taken from receipt of Local Information Pack to recruitment of first patient from a median of 128 days for non-commercial and 90 days for commercial to 60 days in 2023 by
- Embedding the 'Assess' process as a feasibility step at study set up to agree a realistic start date to work towards with Sponsors, research team and support departments
- 7.4** Increase commercial income from £1.7m in 2018/9 by 20% in 2023 by
- Increasing the number of consultants with protected research time in their job plans
 - Improving communication between the R&D Office and research teams to ensure all legitimate costs are fully recovered
- 7.5** Increase the number of UHB Sponsored studies from 18 in 2018/19 by 30% in 2023 by
- Ensuring a risk based approach to facilitate a rapid approval of low risk projects
 - Signposting staff to utilize the methodological support offered by the Research Design and Conduct Service to enhance quality of grant applications
 - Exploring more collaborative working with Cedar to provide 'trials unit' support to investigators
- 7.6** A Joint Research Office to be physically established by April 2021 with continuing progress towards integration of all relevant functions by 2023 by
- Supporting the JRO Director and Project Manager with relevant work streams (Document control, project tracking, enquiries systems)
 - Fully engaging in workshops to design joint workflows

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7.7 To actively support the UHW2 PBC and OBC development, to ensure that R+D is placed at the core of the Health and Wellbeing campus design by being part of the case development group.

7.8 Clinical Board/Directorate R&D budgets to be appropriately managed in terms of income and expenditure from Welsh Government Activity Based Funding by April 2020, to include Commercial and non-commercial trial income and expenditure by April 2021 measurable by simplified population of monthly spending plans, quarterly returns and annual reports to Welsh Government by

- Close liaison between Finance Manager and Directorate accountants to ensure income and expenditure are accurately recorded through the relevant Directorate costs centres in real time

7.9 Increase the high output of high impact publications and impact cases by

- Measuring baseline outputs for each Directorate by February 2021 and subsequent performance management

7.10 Increase grant income generated by UHB staff by

- Linking staff to the Research Design and Conduct Service to ensure methodological, health economics and statistical support enhances grant applications
- Ensuring UHB staff contributing to grant applications led by other organisations are appropriately costed, working closely with Cardiff University
- Encouraging staff to apply for Research Time Awards from HCRW to fund dedicated time for grant application work up.

Centre for Research and Innovation in Care Science – University of South Wales

A further future aspiration is to explore opportunities for aligned working with the Centre for Research and Innovation in Care Science Based in the University of South Wales. Particular focus on working with the Unit for Development in intellectual Disability (UDID), Genomics Policy Unit (GPU) and the Clinical Technology & Diagnostics Research Unit

Metrics for the Integrated Board Report:

- Number of portfolio adopted and commercial studies
- Percentage of studies recruiting to time and target

A potential future metric under consideration is to define a target for the percentage of C&V UHB patients approached to participate in research.

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8.0 References

NHS R&D Finance Policy Template

<https://www.healthandcareresearch.gov.wales/nhs-randd-funding-policy/>

Delivery Framework – Performance Management of Local Support and Delivery Services 2019/20

https://www.healthandcareresearch.gov.wales/uploads/About/Delivery_Framework-2019-20.pdf

C&V UHB Integrated Medium Term Plan (IMTP)

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Cardiff%20and%20Vale%20UHB%20IMTP%202019%20to%202022.pdf>

C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/10%20-%20UHB%20Shaping%20Our%20Future%20Wellbeing%20Strategy%20Final.pdf>

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Report Title:	Strategy and Delivery Committee – Terms of Reference						
Meeting:	Strategy and Delivery Committee				Meeting Date:	9 th March 2021	
Status:	For Discussion	x	For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

In line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

This report provides Members of the Strategy and Delivery Committee with the opportunity to review the Terms of Reference prior to submission to the Board for approval.

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

The Terms of Reference for the Strategy and Delivery Committee were last reviewed in January 2020 and approved by the Board in March 2020 therefore, only a few changes have been recommended.

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

The Terms of Reference for the Strategy and Delivery Committee have been reviewed by the Director of Corporate Governance. There are a limited number of changes to the document, these have been tracked and left in the draft so Committee Members can identify the changes that have been made since approval by the Board in March 2020.

Recommendation:

The Strategy and Delivery Committee is asked to:

APPROVE the changes to the Terms of Reference for the Strategy and Delivery Committee and **RECOMMEND** the changes to the Board for approval.

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Shaping our Future Wellbeing Strategic Objectives <i>This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report</i>									
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance							
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x						
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology							
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us							
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives							
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>									
Prevention	x	Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							

Strategy and Delivery Committee

Terms of Reference

Reviewed by Strategy and Delivery Committee: 9th March 2021

Approved by Board : 25th March 2021

DRAFT

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1. PURPOSE

1.1 The purpose of the Strategy and Delivery Committee is to:

Advise and assure the Board on the development and implementation of the UHB's overarching strategy, "Shaping our Future Wellbeing", and key enabling plans. This will include all aspects of delivery of the strategy through the Integrated Medium Term Plan and any risks that may hinder our achievement of the objectives set out in the strategy, including mitigating actions against these.

In particular the Committee will monitor and receive assurances in respect of the following:

2 RESPONSIBILITIES OF THE COMMITTEE

In broad terms the role and responsibilities of the Committee are divided into four categories as shown below:

- A. Strategy
- B. Delivery Plans
- C. Performance
- D. Other Responsibilities

Part A

Strategy and/or Strategic Intent

2.1 Shaping Our Future Wellbeing (SOFW). Provide assurance to the Board that the overarching strategy (SOFW) of the UHB is being:

- a. Reviewed and progressed as intended, within the appropriate timescales to achieve desired outcomes.
- b. Provide assurance that key milestones identified in SOFW are being delivered.
- c. Provide assurance that SOFW is actively embedded and continually refreshed within the organisation
- d. Provide assurances that significant risks associated with the delivery of the SOFW are being mitigated

2.2 National Strategies. Provide assurance to the Board that the organisation is strategically aligned with Welsh Government's health and social care strategy which includes:

- a. The Wellbeing of Future Generations Act
- b. The Social Care Services and Wellbeing Act
- c. A healthier Wales: long term plan for health and social care~~The Long Term Plan (Wales) arising in response to the Parliamentary Review (January 2018)~~

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Part B

Development and Delivery of Plans that support Strategies

2.4 Enabling/Supporting Plans: The Committee will scrutinise and provide assurance to the Board that supporting UHB plans have been developed and that their objectives are being delivered as planned. This will include:

- a. **Integrated Medium Term Plan (IMTP):** The development and delivery of the Health Boards three year plan ensuring that service provision and quality, financial and workforce elements are aligned and integrated. Particular attention will be given to:
 - i. **Workforce Plan:** Scrutinise and provide assurance to the Board that:
 - The strategic workforce issues as set out in Shaping Our Future Wellbeing strategy are being fully addressed
 - That early consideration is given to key service and operational issues which may impact on the delivery of the Health Boards plans
 - ii. **Capital Plan:** Provide assurance to the Board that **major** capital investments are aligned with SOFW and to provide oversight to the prioritisation of investments. The Committee will where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation. The Committee will also receive the minutes and when required, reports from the UHB's Capital Management Group.
- b. **Other Significant Plans:** The Committee will scrutinise and provide assurance to the Board that other significant plans associated with the delivery of the UHB's strategy (SOFW) will be reviewed and monitored to ensure they are being progressed and implemented as intended. This will include the plan for:
 - i. Research and Development
 - ii. Commercial Developments
 - iii. Infrastructure/Estates
 - iv. Key Service Change Proposals. This will include providing assurance that they are in accordance with national guidance regarding engagement and consultation with stakeholder/partner organisations
 - v. Major consultations and or engagements that support the delivery of SOFW

Part C

Performance

2.1 Performance: The Committee will scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being

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taken to correct unintended variations giving full consideration to associated governance arrangements. This will include:

- a. The key Operational Performance Indicators relevant to the Strategy and Delivery Committee
- b. Workforce Key Performance Indicators
- c. Closer scrutiny ("Deep Dives") on areas of concern where the Committee considers it appropriate

Part D

Other Responsibilities

2.8 Equality and Health Impact Assessments: To provide assurance to the Board that Equality and Health Impact Assessments are fully considered and properly addressed in all service change proposals and that full consideration is given to the UHB's responsibilities for Equality, Diversity, Human Rights and the Welsh Language.

2.9 "Staff Wellbeing. To provide assurance to the Board that the wellbeing of staff:

- a. Is always fully considered regularly reviewed to ensure that suitable support is made available whenever necessary.
- b. Staff wellbeing plans are aligned with SOFW and the values of the organisation

3 GOVERNANCE

3.1 Delegated Powers of Authority

As described above.

- The Committee will advise the Board on the adoption of a set of key indicators of service planning against which the UHB's performance will be regularly assessed and reported.
- The Committee will regularly review the high corporate risks associated with its functions and to ensure that appropriate and effective mitigating actions are in place.

3.2 Authority

The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

• employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

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- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3.4 Membership

Chair: Independent member of the Board

Members: A minimum of 3 other Independent member of the Board,

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

3.5 Attendees

In attendance: Chief Executive
Executive Director of Strategic Planning (Lead Executive)
Chief Operating Officer
Executive Director of Workforce and Organisational Development
Executive Nurse Director or nominated deputy
Executive Director of Finance or nominated deputy
Executive Director of Public Health or nominated deputy
Director of Corporate Governance

Other Executive Directors should attend from time to time as required by the Committee Chair
(nominated deputies must be consistent)

Trade Union representation from the Local Partnership Forum

By invitation: The Committee Chair may extend invitations to attend committee meetings as required to the following:

Chairs of the Stakeholder Reference Group and Professional Forum
Clinical Board Directors
Representatives of partnership organisations
Public and patient involvement representatives
Trade Union Representatives

as well as others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration at each meeting.

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3.6 Secretariat

Secretariat: As determined by the Director of Corporate Governance

3.7 Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

3.8 Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

3.9 COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

Meetings shall be held bi-monthly and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of Board business.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4 RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS

~~Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall~~

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~~responsibility and accountability for ensuring the quality and safety of healthcare for its citizens.~~ The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality, diversity and human rights through the conduct of its business.

4.1 REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

The Board may also require the Committee Chair to report upon the committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

The ~~Board Secretary~~Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

4.2 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

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- Quorum (set within individual Terms of Reference)

4.3 REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

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Report Title:	Strategy and Delivery Committee – Annual Workplan 2021-22						
Meeting:	Strategy and Delivery Committee				Meeting Date:	9 March 2021	
Status:	For Discussion		For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

The purpose of the report is to provide Members of the Strategy and Delivery Committee with the opportunity to review the Strategy and Delivery Committee Work Plan 2021/22 prior to presentation to the Board for approval.

The work plan for the Committee should be reviewed on an annual basis to ensure that all areas within its Terms of Reference are being delivered.

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

The work plan for the Strategy and Delivery Committee has been developed based upon the requirements set out in its Terms of Reference (also on the agenda). It ensures that the Committee will advise and assure the Board and the Accountable Officer on whether effective governance and assurance arrangements are in place.

Recommendation:

The Strategy and Delivery Committee is asked to:

REVIEW the Work Plan 2021/22;

APPROVE the Work Plan 2021/22;

RECOMMEND approval to the Board.

Shaping our Future Wellbeing Strategic Objectives

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

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

						people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	x					9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x					10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information							
Prevention	x	Long term	x	Integration	x	Collaboration	x
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.					

STRATEGY AND DELIVERY COMMITTEE WORK PLAN 2021-2022		Lead Executive	11-05-21	13.07.21	14.09.21	16.11.21	11.01.22	15.03.22
Approval - A Discussion - D Information - I								
PART A - Strategy and Strategic Intent								
1. Shaping Our Future Wellbeing Strategy (SOFW) - to receive reports from Management Executive Strategy Review Session on the achievement of SoFW	AH	D	D	D	D	D	D	
National Strategies:								
1. Wellbeing of Future Generations Act	FK		D					
2. Social Services and Wellbeing Act	SC				D			
3. A healthier Wales: long term plan for health and social care	SC/AH/FK						D	
PART B - Development and Delivery of Plans that support support Strategies								
1. IMTP - Annual review prior to approval by Board	AH						D	
2. Workforce Plan - To provide assurance that strategic workforce issues are being addressed including key service and operational issues which may impact upon delivery	RG	D						
3. Capital Plan - to provide assurance to the Board that major capital investments are aligned to SOFW	AH						D	
4. Other significant plans: - Research and Development - Commercial Development - Infrastructure/estates - Key Service Change proposals (as and when required) - Major consultations and engagements that support delivery of SoFW (As and when required)	SW AH AH AH AH		D		D		D	
PART C - Performance								
1. Key Operational Performance Indicators	SC	D	D	D	D	D	D	
2. Key Workforce Performance Indicators	RG	D	D	D	D	D	D	
3. Scrutiny and Deep Dives on areas of concerns (as and when appropriate)	SC/AH/FK/RG							
PART D - Other responsibilities								
1. Strategic Equality Plan - annual reivew with six month update (to include equality, diversity, human rights and welsh language)	RG			D				
2. Staff Wellbeing Plan - assurance that they are aligned to SoFW and Values of the organisation	RG					D		
GOVERNANCE ARRANGEMENTS								
Minutes	NF	A	A	A	A	A	A	
Action Log	NF	D	D	D	D	D	D	
Approval of Policies (as and when required)	NF	A	A	A	A	A	A	
Review Terms of Reference	NF	A	A	A	A	A	A	
Committee Self Assessment	NF						A	
Committee Annual Report	NF						A	

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Report Title:	Draft Annual Report 2020/21 – Strategy & Delivery Committee						
Meeting:	Strategy & Delivery Committee				Meeting Date:	9th March 2021	
Status:	For Discussion		For Assurance		For Approval	X	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Corporate Governance Officer						

Background and current situation:

It is good practice and good governance for the Committees of the Board to produce an Annual Report from the Committee to demonstrate that it has undertaken the duties set out in its Terms of Reference and provide assurance to the Board that this is the case.

The purpose of the report is to provide Members of the Strategy & Delivery Committee with the opportunity to discuss the attached Annual Report prior to submission to the Board for approval at the end of March 2021.

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

- The Committee has achieved an overall attendance rate of 90% and has met on five occasions during the year.
- Section 5 of the report highlights work undertaken for the year and as set out in the Committee Terms of Reference the role and responsibilities of the Committee are divided into four categories as shown below:
 - a) Strategy
 - b) Delivery Plans
 - c) Performance
 - d) Other Responsibilities

For the period 2020-2021 Appendix 1 provides an overview of Committee matters for the year.

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

The attached Annual Report 2020/21 of the Strategy & Delivery Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

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Recommendation:

The Strategy & Delivery Committee is asked to:

- **REVIEW** the draft Annual Report 2020/21 of the Strategy & Delivery Committee
- **RECOMMEND** the Annual Report to the Board for approval.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

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

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NHS
WALES

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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Annual Report of The Strategy & Delivery Committee 2020/21

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1.0 Introduction

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

2.0 Membership

The Committee membership is a minimum of three Independent Members of the Board. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of Workforce and Development, Executive Nurse Director or nominated deputy, Executive Director of Finance or nominated deputy, Executive Director of Public Health or nominated deputy, & Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis. The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

3.0 Meetings & Attendance

The Committee met five times during the period 1 April 2020 to 31 March 2021. This is in line with its Terms of Reference.

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

The Strategy & Delivery Committee achieved an attendance rate of 90% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	12.05.20	14.07.20	15.09.20	10.11.20	12.01.21	09.03.21	Attendance
Charles Janczewski & Michael Imperato (CC)	Cancelled due to Covid	✓	✓	✓	✓	✓	100%
Sara Mosely (VC)	Cancelled due to Covid	✓	X	✓	✓	✓	80%
Prof. Gary Baxter	Cancelled due to Covid	X	✓	✓	✓	✓	80%
Dr. Rhian Thomas	Cancelled due to Covid	✓	✓	✓	✓	✓	100%
Total	N/A	75%	75%	100%	100%	100%	90%

4.0 Terms Of Reference And Workplan

The Terms of Reference and work plan are to be reviewed and approved by the Committee on 09th March 2021 and be approved by the Board on 25th March 2021.

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5.0 Work Undertaken

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

- A. Strategy
- B. Delivery Plans
- C. Performance
- D. Other Responsibilities

During the financial year 2020/21, the Strategy & Delivery Committee reviewed the following key items at its meetings:

Private Strategy & Delivery Committee

July, September, November 2020 & January, March 2021

Papers presented to the private session of the Strategy & Delivery Committee are as follows:

- Suspension Report
- Brexit Implications and Preparedness

PUBLIC STRATEGY & DELIVERY COMMITTEE – SET AGENDA ITEMS

Key Organisational Performance Indicators

At all meetings, the Committee discussed and noted the year to date performance indicators for 2020-21 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Boards Integrated Medium Term Plan.

On the 14th July The Deputy Chief Operating Officer (DCOO) confirmed that throughout COVID-19, work was clinically led, based on clinical prioritisation. The DCOO confirmed it was unknown when Welsh Government would expect the UHB to return to normal measures. The Committee Chair recognised the work undertaken and advised the Committee that the UHB was in a very good position heading into March, prior to COVID-19, and the UHB needed to ensure that it does its best to re-introduce services to patients.

On the 15th September The Chief Operating Officer (COO) highlighted that the waiting list position for planned care continued to age. Since the dip in unscheduled care attendances from April, it had increased by 3000 per month and there was an increase in mental health activity from 300 to 900 referrals. He then spoke about the second lens which was “Age”; analysis showed that while the waiting lists were static up to June and starting to increase, waiting times had significantly deteriorated across the board and had been impacted by Covid.

The “Stage of Pathway” was then discussed i.e. what patients on a waiting list were actually waiting for:

- Outpatients – represented 60% of the waiting list – the biggest and growing problem
- Inpatients and diagnostics – represented a 1/3 of the waiting list.

There were positive outcomes in cancer with 1500 referrals back in July, the single cancer pathway was back at 81% and the number of cancer treatments were back to 170 a month. He advised that they had been working under an operating model of being in a Covid ready state and that the relaxation of reporting and targets was still in place. The DCOO provided a presentation and spoke about the scale of the challenge faced in terms of Referral to Treatment (RTT) and waiting list times. This was only one of the components in terms of risk and there were higher categories in outpatient follow ups. The risks found were not based off prioritisation, neither were they systematic showing a crude measurement between urgent and non-urgent risks. The COO summarised that there were 280,000 patients in total, whilst our waiting lists remained largely static to June, they were starting to grow plus waiting times had deteriorated. There were 50,000 patients on RTT pathway at outpatient stage plus 174,000 outpatient follow-ups.

On the 10th November The COO highlighted 2 areas of the report:

- Mental Health Performance

The COO advised that Mental Health performance had significantly deteriorated with 43% of assessments being undertaken within 28 days down from 84% previously.

This was a product of 2 things:

- 1) An increase in volume of referrals which was expected (to some extent) – There had been almost 1000 referrals that month.
- 2) A redesign which took place during COVID as a needs must task. This provided counselling services through Primary Care and there was little distinction between the need for counselling services – two thirds of the referrals did not warrant a full counselling intervention.

The COO advised that nobody was waiting for more than 30 days with patients gaining access within 48 hours.

- Cancer Performance

The COO advised that the UHB was moving to a single cancer measure pathway which would be formalized on 1st December.

A rationale for the deterioration was provided, in that cancer breaching occurred at the point of treatment and the following actions had been taken:

- 1) Through GP colleagues, referrals were back to where they were before.
- 2) Treatment levels were back to pre-covid levels by August.

Over the follow months, varying performance would be seen as a result of treating the buildup over COVID and that it would take a few months for the headline performance to recover.

On the 12th January the COO stated that there were a number of challenges in performance, the most dominating factor being the prevailing Covid challenge.

Unscheduled care was being continually challenged due to Covid and pressure continued to rise in that area throughout the end of the previous year particularly during the Christmas & New Year. In the days preceding the meeting there had been some respite partly due to some reconfigurations made by the Health Board and partly due to a slightly slower admission rate across region. He highlighted that they had opened surge capacity at the lakeside wing and confirmed that 50 of 400 beds were being used from the 27th December 2020.

The COO informed the committee on the impact on planned care highlighting the:

- Rising 36 week breach position
- Fall in 26 week compliance
- Overall waiting list – waiting list growth has decreased slightly in the previous month by 1000 against a 92,000 figure.

In regards to the Key Organisational Performance Indicators, what was reflected during the September and November meetings were high level strategic brainstorming discussions looking at Planned Care in September and Primary Care in November with the intention to continue these Brainstorms in the March meeting on Mental Health.

Workforce Key Performance Indicators

The Committee discussed and noted the Workforce Key Performance Indicators during each meeting throughout 2020-21 with the exception of 14th July 2020.

On the 15th September the Executive Director of Workforce and Organisational Development (EDWOD) advised how the impact of Covid had resulted in higher headcount numbers due to extra recruitment drive. In turn this had increased employment costs, which also could be attributed to staff doing more overtime. Absence levels were at 10% which was lower than had been budgeted for but this had decreased to 5% as expected, even with the impact of Covid. Formal training had decreased due to no classroom training. Corporate inductions, were able to go ahead and training had resumed with social distancing measures.

On the 10th November the EDWOD advised the Committee that 2020 told a story of COVID-19. In relation to staff absence a peak was seen but had started to reduce. Interestingly, the recruitment peaked and there were around 550 more people working for the UHB in medical, nursing and general areas compared to the previous year. There were still challenges to face around meeting winter and covid pressures, and a weekly taskforce was put in place to discuss issues. An alternative solution for training was needed otherwise there would be a difficult situation in 12 months' time with compliance. The EDWOD advised that training could be undertaken remotely.

56.1% of frontline staff had received their flu vaccination, at the same time the previous year it was 15.7% and the aim was for a 75% uptake. The intention was to conclude the flu vaccination before the mass covid vaccination plan started.

On the 12th January the EDWOD stated that the current position provided the perfect storm in regards to workforce as wave 1 delivered a new challenge but in wave 2 the

Health Board had a tired workforce in addition to new Covid and winter pressures plus additional vaccination work. This meant that the Health Board's workforce resource was being spread very thin. He confirmed that the Health Board had tried to keep services going as long as they possibly could but had to make the decision near the Christmas and New Year period to close some down due to workforce issues. He added that Rachel Gidman would be running a daily co-ordination team to ensure that the Health Boards work force resources were in the right place at the right time which was a real challenge but would be continued for the following 3 months.

14th July 2020

Ensuring that Service, Quality, Finance & Workforce are aligned and integrated

The Director of Transformation & Informatics (DTI) and Programme Director – Dragons Heart Hospital (PD-DHH) shared a presentation and confirmed the following:

- The Mission was to bring 2500 beds into the Health System within 4 four weeks;
- Purpose was clear, partnership was exceptional, phasing worked well and Welsh Government Support was fantastic;
- The tent within the Bowl of the Principality Stadium was one of the largest in Europe;
- Mott McDonald were contracted as they were very familiar with the Stadium;
- At the early development stages the Minister visited, assurance was received in relation to the cost of the development during the build from open conversations with the Chief Executive Officer (CEO) and Welsh Government;
- Within 4 weeks, the team delivered 335 beds, two weeks later the surge hospital was officially opened by HRH Prince of Wales.

In relation to next steps, the team were discussing options with the CEO on how the UHB could have a rapid response function, creating a Dragons Heart Hospital Institute / Learning Academy. The development of Dragons Heart Hospital demonstrated the need for the UHB to have a project support office.

Integrated Medium Term Plan (IMTP) - Update on Home First – PCIC

The Deputy Director of Planning (DDP) advised the Committee in relation to funding sustainability, the team were looking at slippage from the ICF programme to be rolled forward to fund capacity for the following year in addition to looking at other exit strategies and were working with Local Authorities and Third Sector. The DDP advised that the UHB had invested in screen and prevention within the Community and the benefits of this would be monitored.

Other Significant Plans (a) Research & Development - (b) Tertiary Services Update (c) Primary Care Out of Hours Peer Review – Action Plan

A - The Executive Medical Director (EMD) advised that the UHB were UK Level Leaders in Research during the COVID-19 Pandemic, there was an exceptional

research based performance which was recognised at 10 Downing Street. The EMD also advised the Committee that significant progress had been made with the Joint Research Office within Cardiff University and a date of October 2020 had been suggested for opening.

B - The Consultant Cardiologist (CtC) and Corporate Planning Manager (CPM) shared a presentation on Tertiary Services which highlighted the following:

- Tertiary Services was not included in Shaping our Future Wellbeing (SOFW) Strategy, therefore the team designed a strategy which aligned with SOFW;
- The team carried out a baseline assessment to identify areas and services provided;
- Risk assessment undertaken identified three domains, Quality & Patient Safety, Sustainability and Delivery & Performance;
- Internal & External engagement had been undertaken;
- SWOT analysis had been undertaken which identified two main themes:
"Create a Clear and cohesive identity for the Health Board as a provider of tertiary services for patients residing within each of its catchment areas"
"To identify and address the tensions that currently exist between secondary and tertiary services at both a clinical, operational and strategic level"
- Vision statement was explained as 'World Class Specialised Healthcare for Wales'

C - The Director of Operations - PCIC (DO-PCIC) shared a report on a Primary Care out of Hours Peer Review and confirmed the following:

- The Key decision was how the UHB delivered an Out of Hours Service (OOH) at 3 bases with a recommendation to close the base at University Hospital of Wales (UHW);
- A decision was made to close the OOH at UHW;
- Successful multidisciplinary work had been undertaken which included Mental Health and Mental Illness, this work was being continued;
- Progress had been made on the action plan, despite COVID-19;
- The Regional Dental Service was due to be progressed during July 2020.

Board Assurance Framework – Workforce

The Director of Corporate Governance (DCG) introduced the report and advised the Committee that the Board Assurance Framework would be broadened to include wellbeing and inequality, therefore it would be amended prior to submission to Board to reflect this.

15th September 2020

Integrated Medium Term Plan (IMTP) - Avoiding waste, harm and variation

The Executive Nurse Director (END) reminded the Committee that the aim of this item was to bring together performance, money and quality and demonstrate how we were impacting all those agendas at the same time. The report was based on the Quality Patient Experience Framework, Health and Care Standards and the key deliverables in the IMTP that focused on the Quality and Safety agenda.

Board Assurance Framework – Sustainable Primary and Community Care

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The DCG highlighted that she had looked into the work that the Committee had undertaken in terms of Sustainable Primary and Community Care throughout the year which was detailed in her report. She advised that the work undertaken would impact on the mitigation and management of risk which was also listed on the Board Assurance Framework being presented to Board.

The COO added that the risks identified were part of longer term challenges. Their approach in terms of primary care strategy was still based around the framework of SOFW, National Primary Care Strategy, Issues of Sustainability, improving access, and aligning ourselves to new ways of working i.e. Canterbury.

Other Significant Plans - (a) Infrastructure and estates

The Executive Director of Strategic Planning (EDSP) confirmed that this was a regular update in relation to the capital programme in terms of the overarching schemes, what the risks were, and any changes to the programme.

The EDSP highlighted that there were many competing priorities with the capital programme. The Executive team had close oversight over this and balanced decisions about a particular risk versus the risk of slowing down and not delivering the work programme associated with statutory compliance.

Developing a Performance Framework Update

The Director of Digital Healthcare Intelligence (DDHI) discussed the key points around the Performance Management Framework and advised that it should be considered in principle as the relationship with Welsh Government (WG) was changing and therefore it was not yet clear what measures and performance targets we would be measured against as a result of Covid.

The DDHI stated that the report outlined the purpose of the Performance Management Framework, what it set out to achieve and the scope of the Framework.

10th November 2020

Board Assurance Framework – Sustainable Culture Change

The DCG advised that the BAF had been updated for the Board meeting at end of November. The EDWOD was invited to comment and advised the Committee that work was still progressing behind the scenes but due to COVID not as fast as he had wished. The DCG advised that the overall score was 8 which was still high on the BAF.

Social Care and Well Being Act – Partnership with Local Authorities & RPB Update

The EDSP advised the Committee that WG were not expecting to return to a “pre-covid world” and recognized that there were challenges the UHB would have to face, especially the economic impact on the more deprived communities, she advised that this included how we treated the planet and take serious action to reduce our carbon footprint and become a carbon neutral organisation.

The EDSP advised that we should press ahead with all of the items in the plan, however it would prove challenging in January/February and difficult decisions would have to be made if we did not secure the funding.

Performance Framework Dashboard Update

The DDHI advised that a dashboard would be brought to January's meeting.

12th January 2021

Strategy & Delivery Dashboard

The DDHI shared a presentation highlighting the initial work undertaken on the dashboard indicators and added that there was some correlation between this and work and the work being done with executive directors which was being led by the DCG.

He added that the Dashboard remained a work in progress which he hoped would be completed in the following weeks.

Capital Plan Update

The EDSP highlighted that they had received significant investment for capital allocation to manage related to all the Covid schemes/work. She also provided her thanks to the Capital estates team as they had done an extraordinary job in responding to the needs of Covid, working rapidly to provide green zones.

She also shared the following business cases for approval:

- Business Case for Electrical Engineering infrastructure in Llandough
- Genomics outline business case being finalized for February Board.

She stated that her team had a number of schemes at the Outline Business Case (OBC) stage which were with Welsh Government or were at Strategic Outline Case stage waiting for an OBC to be complete.

Employment Policies for Approval - Equality, Inclusion and Human Rights Policy

The Equalities Manager (EM) share a new Equality, Inclusion and Human Rights policy for approval. The policy replaced the previous Equality, Diversity, & Human Rights Policy. It takes account in recognising Socio-Economic Duties and Welsh Language standards. He added that the new strategic equality plan enforced the Health Board's ongoing commitment to inclusion.

Staff Well Being Plans

The ADWOD highlighted that she had received feedback that staff felt exhausted which had been exacerbated by the pandemic. She reinforced that the Health Board put caring for people and keeping well at the forefront of everything it does, not just the population but staff as well.

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Her paper was drafted to reinforce how the Health Board was pro-actively introducing intervention at different stages for staff. She also spoke about a strategic wellbeing group that was chaired by the EDWOD.

The EDWOD added that a Staff haven which was supported by the Gareth Bale fund was ready and would be available for staff to use from the following week.

Appendix 1 provides an overview of the matters discussed by the Committee for the year 2020-2021.

6.0 Reporting Responsibilities

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

1. report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
2. bring to the Board's specific attention any significant matters under consideration by the Committee;
3. ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.0 Opinion

The Committee is of the opinion that the draft Strategy & Delivery Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Michael Imperato

Committee Chair

Bricknell Helen
03/08/2021 11:19:49

	14.07.20	15.09.20	10.11.20	12.01.21	09.03.21
Committee Meeting Items	Items for Review and Assurance				
	Ensuring that service provision, quality, finance and workforce elements are aligned and integrated – Dragons Heart Hospital Example	Strategic Equality Plan	CAMHS Update a) Neurodevelopmental Situation b) Early Intervention Position c) Appointment of Clinical Posts	Tertiary Services Planning Update	Mental Health Strategy Presentation to include Adult, Children and Neurodevelopmental.
	Integrated Medium Term Plan (IMTP) (a) Update on Home First – PCIC	Update on CAHMS Strategy	Strategy - Shaping Our Future Wellbeing a) Existing Strategy, commitments & forward look b) Primary Care Development Strategy	Strategy & Delivery Dashboard	Partnership Planning update to include: (i) Work of the Regional Partnership Board (ii) White Paper on Social Services
	Service Delivery Plan 2020-21 - Quarter 2 Update	Influenza Vaccination Update 2019/20 and plans for 2020/21	Planning : General Planning Update to include (a) Q3-4 Plan (b) Winter Protection Plan	Capital Plan Update	Strategy & Delivery Dashboard Demo
	Other Significant Plans (a) Research & Development (b) Tertiary Services Update inc Presentation (c) Primary Care Out of Hours Peer Review – Action Plan	Annual Update on Childhood Immunisation Uptake	Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance Indicators	Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance Indicators	Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance Indicators
	Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance	Move More, Eat Well Plan	Board Assurance Framework (a) Sustainable Culture Change		Board Assurance Framework (a) Capital Assets
		Integrated Medium Term Plan (IMTP) (a) Avoiding waste, harm and variation (b) Outcomes that matter to people	Social Care and Well Being Act – Partnership with Local Authorities & RPB Update		
		Board Assurance Framework (a) Sustainable Primary and Community Care			
		Other Significant Plans (a) Infrastructure and estates			
		Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance			
	Items for Approval / Ratification				
	Board Assurance Framework (a) Workforce	Developing a Performance Framework Update	Performance Framework Dashboard Update	Employment Policies for Approval (a) Equality, Inclusion and Human Rights Policy	Employment Policies for Approval (a) Job Planning Procedure
				Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets	Research & Delivery Strategy 2021-2024
					Terms of Reference
					Work Plan 2021-22
					Committee Annual Report
	Items for Noting and Information				
	Report outlining deferred agenda items due to COVID-19 pandemic	Committee Effectiveness Review	Leadership Engagement	Service Change Update	Shaping our Future Wellbeing Ten Year Strategy Delivery Programme including key milestones and metrics
		Regional Partnership Board		Staff Well Being Plans	People & Culture
		Changes in Nursing and Midwifery Education			

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15.09.20	Developing a Performance Framework Update	<p>The DDHI discussed the key points around the Performance Management Framework and advised that it should be considered in principle as the relationship with Welsh Government (WG) was changing and therefore it was not yet clear what measures and performance targets we would be measured against as a result of Covid.</p> <p>DDHI stated that the report outlined the purpose of the Performance Management Framework, what it set out to achieve and the scope of the Framework.</p> <p>He referred to section 2 of the report which highlighted the need to support key frameworks which underpin the performance of the Health Board such as Shaping Our Future Well Being, Integrated Medium Term Plan (IMTP), Clinical Board/Corporate Directorate plans, Operational Plans and Strategies. The DDHI also mentioned that the document, which had been published by WG to enable reporting against the Delivery Framework Reporting Guidance 2020/21, was not currently being used in full given the situation we were in.</p> <p>Section 4 referred to measuring success within the Framework. With regards to internal reviews, the Board and Committees were reviewing performance across the board from individual level up to Clinical Board level performance and with external reviews around service specifications, quality standards, monitoring arrangements and reporting requirements. There was also a role for audit in terms of internal/external audits and any clinical audit plans.</p> <p>DDHI advised that all staff have the responsibility to promote a culture of high performance and that the role of the Board is set out, as well as the roles of the CEO and Executive Directors. He added that there was a clear role for Clinical Boards and that the role of the HSMB could be one of reviewing how performance is managed right across the individual and collective Clinical Boards.</p> <p>The DDHI concluded with the Escalation and Assurance process and described how information should flow from the individual right up to the Board and that accountability comes from Board level down to the individual.</p> <p>The UHB Chair thanked the DDHI for his report and wanted to know how the Committees of the Board in particular could give assurance to the Board in the delivery of performance. The Committees now had a clearer remit to manage and oversee performance on behalf of the Board, but there were only two instances of Committees engaging with the performance of Clinical Boards at present, the Finance Committee and QSE Committee and therefore we would need to look at how this information could be fed through. The UHB Chair expressed that his main concern was that if we were allocating different areas of responsibilities to different Committee's then it would have to be co-ordinated to ensure that the correct information was supporting the data coming through and that the Board gets the necessary assurance.</p>
10.11.20	Performance Framework Dashboard Update	<p>The DDHI advised that a dashboard would be brought to January's meeting.</p> <p>The Committee were advised that incorporation of the strategic measures was one of the challenges. At present, it showed one measure with the Executive Director of Strategic Planning (EDSP) as the lead. As there were now 15 measures, it was about how these were included.</p>
12.01.21	Strategy & Delivery Dashboard	<p>Director of Digital Health Intelligence (DDHI) led the presentation by highlighting on slide 1 that this shows the initial work regarding the dashboard indicators that were being worked on and added that there is some correlation of this and work being done with exec directors led by the Director of Corporate Governance (DCG) in terms of high level performance.</p> <p>The DDHI wanted to remind members that the dashboard is determining the more detailed indicators for this committee.</p> <p>Slide 2 – The DDHI presented how the portal homepage that will appear on the system</p> <p>Slide 3 – The DDHI provided a helicopter view that has and will be produced, show what they will be doing. On the slide the DDHI presented 15 targets and stated that the idea is to show them as RAG rated determining the status whether they are on or off target.</p> <p>Slide 4 – He provided example of detailed trends that sit behind the summary.</p> <p>Slide 5 – Showing outpatient DNA results across the health board, the DDHI highlighted the ability to filter through to clinical board level to get a more detailed on some of these things.</p> <p>Slide 6 – This shows Chronic conditions, he mentioned by clicking on the box will show the real time trends under each area.</p> <p>Slide 7 – The DDHI stated how this shows how it provides a to click through to provide more detail within that summary page</p> <p>Slide 8 – the DDHI illustrated by clicking on this will show the utilization detail</p> <p>He stated that this is a work in progress and looking to complete in a few weeks, the DDHI wanted to bring this back in the March meeting to provide a live demo</p> <p>The UHB Chair thanked the DDHI for providing this update and said it was exciting to see it emerging from the work put in by the team and hopes it will give committee help in scrutinizing areas that it needs to be looking into. The UHB Chair queried how will members have access to this data either just at committee meetings or as and when.</p> <p>The DDHI stated that that it will be in whatever form is preferable, he added that it can be made available to anyone that needs it also being made available to members of the committee to look at this at any time online.</p>
09.03.21	Strategy & Delivery Dashboard Demo	Meeting yet to commence at the time of writing the report, will be updated post committee approval
Other Significant Plans		
14.07.20	Other Significant Plans (a) Research & Development Services Update inc Presentation (b) Tertiary (c) Primary Care Out of Hours Peer Review – Action Plan	<p>A - The Executive Medical Director (EMD) advised that the UHB were UK Level Leaders in Research during the COVID-19 Pandemic, there was an exceptional research based performance which was recognised at 10 Downing Street.</p> <p>The R&D team had strong connections between Medical Directors, Clinical Board Directors, Research & Development teams and Cardiff University, this good relationship enabled the success of Research & Development throughout COVID-19.</p> <p>The IM-TS explained it was exciting that the team could deliver this during real time which was a testament to the strong relationships built and queried if this could be captured and shape the future direction of research & development. In response, the EMD advised some positive changes had already been implemented i.e. 24/7 research staff available for emergencies. The EMD advised there had been a fantastic response from pharmacy in relation to turning around studies. The EMD informed the Committee that the governance framework was very different for COVID so this would need to be addressed when the UHB returned to normal business.</p> <p>The EMD advised the Committee that significant progress had been made with the Joint Research Office within Cardiff University and a date of October 2020 had been suggested for opening.</p> <p>B - The Consultant Cardiologist (CtC) and Corporate Planning Manager (CPM) introduced the presentation and confirmed the following:</p> <ul style="list-style-type: none">• Tertiary Services was not included in Shaping our Future Wellbeing (SOFW) Strategy, therefore the team designed a strategy which aligned with SOFW;• The team carried out a baseline assessment to identify areas and services provided;• Risk assessment undertaken identified three domains, Quality & Patient Safety, Sustainability and Delivery & Performance;• Internal & External engagement had been undertaken;• SWOT analysis had been undertaken which identified two main themes: <p>"Create a Clear and cohesive identity for the Health Board as a provider of tertiary services for patients residing within each of its catchment areas"</p> <p>"To identify and address the tensions that currently exist between secondary and tertiary services at both a clinical, operational and strategic level"</p> <ul style="list-style-type: none">• Vision statement was explained as 'World Class Specialised Healthcare for Wales <p>C - The Director of Operations - PCIC (DO-PCIC) introduced the report and confirmed the following:</p> <ul style="list-style-type: none">• Timeframes included in the report were proposed by the National Peer Review team;• Key decision was how the UHB delivered an Out of Hours Service (OOH) at 3 bases with a recommendation to close the base at University Hospital of Wales (UHW);• Decision made to close the OOH at UHW;• Successful multidisciplinary work had been undertaken which included Mental Health and Mental Illness, this work was being continued;• Progress had been made on the action plan, despite COVID-19;• Regional Dental Service was due to be progressed during July 2020. <p>The CC commented on the major progress made with the CAV247 Out of Hours service which was a significant part of the UHB service to patients.</p>
15.09.20	Other Significant Plans (a) Infrastructure and estates	<p>The EDSP confirmed that this was a regular update in relation to the capital programme in terms of the overarching schemes, what the risks were, and any changes to the programme. The CC was happy for the report to be taken as read and invited questions from members.</p> <p>The Independent Member – Estates questioned meeting the statutory obligations and mandatory obligations, what the differences were and risks faced. The EDSP responded that some are statutory and laid out in legislation i.e. being regulated by the Human Tissue Authority and statutory requirements around medical gasses. The mandatory ones did not necessarily have the same legal framework around them but were things we should still be doing.</p> <p>The EDSP highlighted that there were many competing priorities with the capital programme. The Executive team had close oversight over this and balanced decisions about a particular risk verses the risk of slowing down and not delivering the work programme associated with statutory compliance.</p>
Employment Policies for Approval		
12.01.21	Employment Policies for Approval (a) Equality, Inclusion and Human Rights Policy	<p>The Equalities Manager (EM) stated that his new policy replaces the previous Equality, Diversity, & Human Rights Policy. It takes account in recognising Socio-Economic Duties and Welsh Language standards. He said that the new strategic equality plan I about enforces our ongoing commitment to inclusion, which also takes account into recent events i.e. BLM, Covid-19, etc.</p> <p>The EM said that underlining all of this is about making staff feel valued & appreciated as work undertaken by the CEO and the EM they realized that staff have joined the organization because of the NHS policies.</p>
09.03.21	Employment Policies for Approval (a) Job Planning Procedure	Meeting yet to commence at the time of writing the report, will be updated post committee approval
Agenda Items		
14.07.20	Service Delivery Plan 2020-21 - Quarter 2 Update	<p>The CC advised the Committee that the timescales set by Welsh Government had been difficult in terms of Executive and Board to submit admissions, the plan would be submitted to Welsh Government for final review and Board would look to approve this at the end of July 2020. The CC added the Committee needed to ensure progress was monitored.</p> <p>The DDP informed the Committee the UHB had an approved IMTP and monitoring was currently suspended due to COVID-19. Welsh Government had requested an interim plan on a quarterly basis. The plan included a strong focus on track, trace and protect which the EDPH was leading on.</p> <p>The IM-CE asked in relation to improvements in R&D Preparedness and Pharmacy Set Up times, how the UHB could sustain these and take them forward. The CC advised that Executive colleagues were looking at how the UHB captures the benefits and improvements made during COVID-19 and how they can be sustained, Board Development may be a good opportunity to discuss this further.</p> <p>The Executive Director of Workforce & Organisational Development (EDWOD) added the Health & Wellbeing Group addressed the immediate need during COVID-19 and were now looking at plans to support the workforce in the coming months, in addition to how the UHB could bring people back into work, currently the UHB had 1500 – 1600 employees at home shielding or isolating. The All Wales Group had looked at how the UHB could protect BAME colleagues during COVID-19 as much as possible as they would potentially be more affected.</p> <p>The IM-CE asked for an update on the status on UHW2. In response, the DDP advised the team would be working towards finishing the full business case to submit to Welsh Government by early 2021.</p>
14.07.20	Report outlining deferred agenda items due to COVID-19 pandemic	The Director of Corporate Governance (DCG) introduced the report and confirmed it outlined items that had been deferred due to COVID-19. The DCG asked that report authors adhere to the agreed new dates included within the report
15.09.20	Update on CAHMS Strategy	<p>The Director of Operations – Children & Women (DOCW) advised the Committee that the specialist CAMHS service, that was with Cwm Taf 18 months ago, was now firmly patriated.</p> <p>Significant work was undertaken prior to lockdown to deal with a backlog of cases and deliver performance against the Part 1 WG target, the service had met the 80% Part 1 target consistently since May 2020, against a backdrop of 0% compliance 12 months previously, it now sits at 80-95%.</p> <p>The services adapted and made use of tele/video communications although there was a reduction in referrals in April and May at 80% of the pre-Covid rates. Although it was more straightforward to do an assessment via tele/video communications, providing treatment was more difficult so whilst assessment performance had increased, treatment performance had decreased.</p> <p>The DOCW summarised delivery against performance targets:</p> <ol style="list-style-type: none">1. Primary Mental Health• there were no longer young people waiting for long periods for assessment or intervention <ol style="list-style-type: none">2. Specialist CAMHS• service remained non-compliant against the referral to assessment target of 28 days• on transfer from Cwm Taf the waiting list was approximately 180 patients with a >12 week wait. This was reduced to 85 with an >8 week a year later, however Covid impacted on this meaning the waiting list for assessment currently stands at 130 with a >12 week wait• the service was currently running with a waiting list for treatment: this stands at 74 patients waiting for >24 weeks –this is significant during this time patients and families were not at school. <p>Next Period Actions:</p> <ul style="list-style-type: none">• Improve performance and waiting times for Specialist CAMHS services• Fully operational SPOA with clinical posts in place• Finalise School/Locality Offer and agree with partners
15.09.20 Bicknell Helen 03/08/2021 11:19:49	Influenza Vaccination Update 2019/20 and plans for 2020/21	<p>The Executive Director Public Health (EDPH) highlighted that influenza vaccinations was one of the more important healthcare programmes that the UHB had and along with the Flu programme, would run alongside mass Covid vaccination, so was particularly important this year.</p> <p>The report provided a detailed status update on flu vaccinations:</p> <ul style="list-style-type: none">• Good progress was being made with patients over 65 and amongst frontline staff• Consistently exceeded national targets in frontline staff with flu uptake 63.5% last season• Primary school aged children numbers are increasing on a yearly basis since 2017• Uptake in clinical risk groups under 65 has been a continuing challenge on a UK wide basis with other contributing factors i.e. people with asthma downplaying their actual flu symptoms with asthma symptoms. <p>The EDPH added that the flu programme was always important as part of the winter plans as there was a range of key priorities that the programme included:</p> <ul style="list-style-type: none">• Increasing uptake amongst all risk groups, particularly those aged 65 or over with cardiovascular, respiratory, kidney or liver disease, diabetes and adults who are morbidly obese• Significantly increasing flu vaccine uptake in 2 and 3 year olds, and older children aged 11 to 17 years in clinical risk groups (delivered through Primary Care)• Maximising uptake in primary school children• Maximising uptake in health care staff with direct patient contact• Significantly increasing uptake in care home staff and staff providing domiciliary care. <p>The EDPH further added that we had a more mobile population and higher levels than other areas of Wales of people from BAME communities which sometimes made it more challenging to increase vaccination uptake.</p>

15.09.20	Annual Update on Childhood Immunisation Uptake	<p>The EDPH advised that during the Covid period, vaccination continued as an essential service although there was a decrease in uptake, normal levels were now returning.</p> <p>She highlighted uptake of most childhood vaccinations had increased in recent years with an increase in uptake of MMR for preschool children.</p> <p>Covid-19 had impacted on timeliness of the vaccination update.</p> <p>The EDPH highlighted some challenges in the available data systems, for example the Primary Care data system does not talk to the Child Health data system for vaccinations which still needed work on a national level.</p> <p>The Action plan priorities for 2020/21 in relation to childhood immunisations had been agreed by the Immunisation Steering Group in light of the Covid-19 pandemic and were pending approval by the Children and Women and PCIC Clinical Boards. These were:</p> <ul style="list-style-type: none">• An annual data cleansing and performance cycle for childhood immunisations (particularly at age 1, pre-school, and teenage). This will include an annual data cleansing process to ensure accuracy of data held on the Child Health Information System.• Improvements in the IT systems used by Primary Care and Child Health for documenting immunisations to improve efficiency and accuracy of data.• A regular cycle of escalation which identifies and supports Primary Care with low immunisation uptake to put in place evidence-based interventions.• Dissemination of quarterly Primary Care and cluster uptake profiles, which identify trends and compares C&V with national averages, together with follow-up discussions with localities, clusters and Community Directors to focus action.• Implementation of the Measles Elimination Action Plan for Wales to increase uptake of MMR across age groups.• Delivery of a communications package to raise awareness and provide evidence-based information. <p>The UHB Chair commented that these were very important areas of work and voiced his support for the programme</p>
15.09.20	Move More, Eat Well Plan	<p>The EDPH advised that this was launched late with the particular focus on workplaces, communities and healthy travel. They were now also looking to implement in schools where appropriate depending on the Covid-19 situation.</p> <p>It was highlighted that there was a question on how to support older people who did not have digital access and a guide was now available digitally and via a hard copy. It was a stay well whilst staying at home guide. This was accessible via council hubs, independent living housing scheme, Vale 50 plus forum etc. The EDPH added that it was a push to keep people healthy within the context of Covid and that good work was being done to include older people.</p>
15.09.20	Committee Effectiveness Review	<p>The UHB Chair queried that the action called for a more robust agenda setting but feels it could be a more deeper than just the agenda setting. He mentioned how the COO highlighted that we should deal with the work planning rather than the agenda setting to avoid time pressures towards the end of the period and feels that work plans should be included.</p> <p>The DCG agreed that out of the 18 questions asked that this area requires more work around the work plan.</p>
15.09.20	Regional Partnership Board	<p>The CC stated that he would like to be more informed regarding the RPB as it fed into strategic and delivery issues. The EDSP agreed to meet with the CC.</p> <p>The Committee was asked to note that there was now a further year of ICF & Transformation funding and work was in process around the range of initiatives available.</p>
15.09.20	Changes in Nursing and Midwifery Education	<p>The CC asked the Committee to note the contents of the paper.</p> <p>The UHB thanked the END for the work involved</p>
10.11.20	<p>CAMHS Update</p> <p>a) Neurodevelopmental Situation</p> <p>Early Intervention Position</p> <p>Appointment of Clinical Posts</p> <p>b)</p> <p>c)</p>	<p>A - The Director of Operations – Children & Women (DOCW) presented an update on Neurodevelopmental Assessment services for children.</p> <p>The Committee were advised that the figures mainly represented children with ADHD and Autism spectrum disorder and that the service seeks to work with these patients with the target set at 80% of patients to be seen and assessed within 26 weeks of referral.</p> <p>A local decision was made in May 2019 to stop seeing new patient referrals due to a backlog of high risk review patients and this had created growing waiting lists in both volume and the length of the wait.</p> <p>In terms of referral demand, before March 2020, 83 referrals per month were being received as far back as January 2017, however since COVID-19 this had decreased to 19 referrals per month. There were currently 741 patients waiting to be seen.</p> <p>Based on the figures, and taking an average of around 59 referrals per month, the waiting list volumes would increase by 30% by December 2021.</p> <p>b) There had been a significant transformation across Wales, however this area had been slower than others and the team had reviewed waiting lists and analysed the data to enable them to stratify based on age and risk.</p> <p>c) Lockdown had perpetuated the waiting list problem and the Committee was advised to challenge anyone who stated that they were back on track with waiting lists because a children's assessment involved an 18 hour assessment which had not been accomplished during COVID-19.</p> <p>The Committee were informed that the teams had managed to review all cases on the current waiting list during lockdown and the DOCW demonstrated the benefit of moving away from a doctor only model.</p> <p>The DOCW advised the Committee that he was not in a position to give assurance that neurodevelopment would be fixed because a piece of work lasting between 12 to 18 months was needed.</p> <p>The DOCW advised that performance management at a Clinical Board level was required.</p> <p>B - The DOCW advised the Committee that he was not able to provide an update at this time.</p> <p>C - The DOCW advised the Committee that the clinical posts had been recruited to.</p>
10.11.20	<p>Strategy - Shaping Our Future Wellbeing</p> <p>a) Existing Strategy, commitments & forward look</p> <p>b) Primary Care Development Strategy</p>	<p>A - In 2015 the Shaping our Future Wellbeing Ten Year Strategy Delivery Programme was published and the UHB was now at the midway point. Since 2015, a lot had happened and a midpoint review was performed in March 2020 which would be sent to Committee Members.</p> <p>The EDSP presented what had been learnt over the last 6 months whilst responding to COVID-19 and how to set about an accelerated programme.</p> <p>The Director of Transformation's (DOT) team with the help of Q5 provided the project management at the Dragon's Heart Hospital. The EDSP commented that the UHB was good at starting things but not quite so good at being explicit at what change was going to take place and Q5 had done a piece of work around this and the 8 stage principles.</p> <p>The EDSP presented to the Committee – Establishing 'what 2025 means'.</p> <p>The EDSP noted that there was an extensive performance dashboard available but a series of bellwether measures for the 10 to 15 key indicators was absent.</p> <p>The EDSP advised that feedback around virtual consultations had been very positive.</p> <p>Canterbury District Health Board had been able to reduce their average bed days by doing more in the community.</p> <p>The EDSP advised the Committee that there could be some push back with some saying, "that's a hospital measure" in relation to reducing average length of stay in hospitals.</p> <p>The EDSP provided the example of how the Mental Health service had increased resources in the community which in turn had reduced bed stays and posed the question of what the picture could look like if 50% of our resources were spent in the community.</p> <p>The EDSP outlined the strategic priority programmes that sat above the line and needed to be driven executively, and advised the Committee that this could not be done without significant partners, the two Local Authorities and the University.</p> <p>The EDSP also advised that there needed to be engagement of wider RPB partners such as care homes and the third sector and noted that the UHB could not deliver the strategy without these partnerships.</p> <p>It was highlighted that there had to be learning from COVID-19 and that the giving of responsibility and accountability to individuals was essential.</p> <p>The EDSP presented the projects that sat below the line which were equally important.</p> <p>The EDSP advised that the current task was to continue working with the DDH, his team and use Q5 support to populate the baseline and enable the knowledge of how this could be used as a strategic measure.</p> <p>The Chief Operating Officer (COO) advised that over the last couple of years, the term "system shift" had been used quite a few times and the UHB had invested two million pounds in primary care. In addition, a sophisticated piece of work was being done on the outcomes framework to track back to what outcomes matter to people.</p> <p>The COO continued that the direction of travel was to empower frontline clinical teams to design and own these outcomes and design solutions. Project management support, transformation expertise and science around these was needed but the focus should be around the clinical team. There was also a strong voice for service user involvement.</p> <p>B - The Operational Planning Director (OPD) advised the Committee that many of the objectives set out emphasised a rebalancing of the system from hospital to community and primary care and that there had been a shift towards prevention and healthier populations.</p> <p>The OPD advised that in the context of the primary care strategy, knowing how to connect the immediate challenges to move forward on that broader strategic direction was needed.</p> <p>The OPD advised that the role of the MDT was to broaden which in turn brought sustainability within Primary Care so that they could devote more cause to other areas.</p> <p>The COO advised that to move it forward practically as a roadmap, consideration needed to be focused on the rebalancing out of hospital services.</p> <p>The COO presented how the plan could look and data that showed it would not start from a standstill.</p> <p>The COO advised that Clinical leads had been very forthcoming and that there had been no disagreement to the plans.</p> <p>Pathway leads needed to be identified, public engagement arranged and alignment with year to come plans and beyond.</p> <p>The COO advised that contract reform would need to be considered.</p>
10.11.20	<p>Planning : General Planning Update to include</p> <p>(a) Q3-4 Plan</p> <p>Protection Plan</p> <p>(b) Winter</p>	<p>A - The EDSP advised that the Plan was going to the next Board meeting for formal ratification. The financial aspect of the Plan was in a positive position and feedback was good.</p> <p>The EDSP advised that the Plan has had no formal sign off by the WG in the new planning regime but a letter of endorsement had been received from WG.</p> <p>B - The EDSP advised that the Plan was going to the next Board for formal ratification</p>
10.11.20	Leadership Engagement	<p>The EDWOD advised that an interactive review of the UHB had been scheduled following on from an Amplify event supported by the UHB in 2019 but that this had not been done due to COVID. A remote option was now being explored, however the finances were challenging.</p> <p>A training and leadership programme had been launched for staff which provided the potential to move onto greater opportunities in not just our health board but others.</p> <p>The Talent Management and Succession Planning work at Executive level supported the UHB in being able to provide IEHW with considered and timely nominations for 'Talentbury'. 18 people were identified who had the capability of fitting into that space. This was not something the NHS had broadly done before but by identifying talent it formally helped to see the gaps that needed filling.</p> <p>He added that this was a range of work that came together over time and allowed development of individuals in the UHB in the right way so for example, when a new senior manager was needed, the capability for that was in place.</p>
12.01.21	Tertiary Services Planning Update	<p>The Executive Director of Strategic Planning (EDSP) reminded members that from action log that this work was part of the work program which the committee wanted regular updates.</p> <p>The EDSP highlighted two points from her update, the first in relation to Upper GI, Esophageal, & Gastric Cancer where members were updated in the previous report that they have been working with Swansea Bay UHB on how to develop a permanent solution to the sovereignty of the service across C&V and Swansea Bay UHB. She told members that the Royal College provided their observation in needing to improve the sustainability of the service in which they have a program in place to work that through. However they needed to take urgent action as a single handed consultant based in Morriston has not been available for work, therefore they have been working with Swansea Bay to help them deliver this service with and for them resulting in C&V consultants/clinical colleagues are needed to undertake NDT's, visiting for outpatients, as well as patients coming to C&V for surgery from Swansea Bay. She told the committee that they are briefing the CHC on this position and made aware that a paper is going to the January Board regarding this and the plan to go on and engage around Upper GI Cancer.</p> <p>The second point the EDSP wanted to highlight was during the initial emergency response to the pandemic this work was put to side briefly however she was now pleased to say this is being picked up again with very good progress being made and mentioned how helpful it was to have a program director who works across C&V and Swansea Bay UHB.</p> <p>The UHB Chair thanked the EDSP for the update and queried the whether the partnership agreement with Swansea Bay UHB picks up on all the areas that the EDSP had reference and if it provides the option to expand on the services.</p> <p>The EDSP responded in saying that they had formalized a memorandum which was ratified by Management Exec. She stated that within the memorandum it includes a set of principles on how services would be added to a list in terms of it being fragile, she added that the intention would be to have a description of future service models for all the specialist/tertiary services but in terms of taking things in a priority order they are looking at the services that are most vulnerable from a sustainability point of view first.</p>
12.01.21	Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets	<p>The Executive Director of Public Health (EDPH) stated that we as a Health Board are an outlier in Wales on work done from 2015 on this where we have minimum standards in the restaurant and retail standards where 75% of the food and drink would be healthier options.</p> <p>The EDPH mentioned that this was agreed to be put on hold last year due to the challenge of providing 24 hour food provision and were offered some help by external providers. In addition to staff both catering and the Public Health team were needed to provide support to the Covid arena.</p> <p>The EDPH wanted to highlighted that this is still on pause but now introducing light touch audit mechanism. She stated that the concourse redevelopment is a key arena for them and aims to take part in as it takes our ask to private providers around having healthier options in the mix so that we are not compromised in our own means of food and private providers.</p>
12.01.21	Service Change Update	<p>The EDSP felt that it would be important for the committee to be aware that they have made a number of changes in response to Covid. Some of which they would want to maintain afterwards and some relate to the tertiary services as highlighted earlier, she said that the paper is to assure the committee that they will wrap a process around this and in discussion with the CHC</p>
09.03.21	Mental Health Strategy Presentation to include Adult, Children and Neurodevelopmental.	Meeting yet to commence at the time of writing the report, will be updated post committee approval
09.03.21	Research & Delivery Strategy 2021-2024	Meeting yet to commence at the time of writing the report, will be updated post committee approval
09.03.21	Terms of Reference	Meeting yet to commence at the time of writing the report, will be updated post committee approval
09.03.21	Work Plan 2021-22	Meeting yet to commence at the time of writing the report, will be updated post committee approval
09.03.21	Committee Annual Report	Meeting yet to commence at the time of writing the report, will be updated post committee approval

09.03.21	Shaping our Future Wellbeing Ten Year Strategy Delivery Programme including key milestones and metrics	Meeting yet to commence at the time of writing the report, will be updated post committee approval
09.03.21	People & Culture	Meeting yet to commence at the time of writing the report, will be updated post committee approval

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“Mental Health” Services for Children and Adults in Cardiff & The Vale

S&D Committee Update March 2021



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Emotional Wellbeing, Mental Health & Neurodevelopmental Services for Children & Young People



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TARGETS

Primary Mental Health (PMH)

- Assessment
 - 80% of Children & Young People (CYP) to be assessed within 28 days of referral
- Intervention
 - 80% of CYP to have an intervention within 28 days of assessment

Specialist CAMHS (SCAMHS)

- Assessment
 - 80% of CYP to be assessed within 28 days of referral
- Intervention
 - No formal target currently, though there is talk of a target being introduced for CYP psychological therapies
 - 90% of CYP identified as requiring a Care & Treatment Plan (CTP) have one in-place and within review date

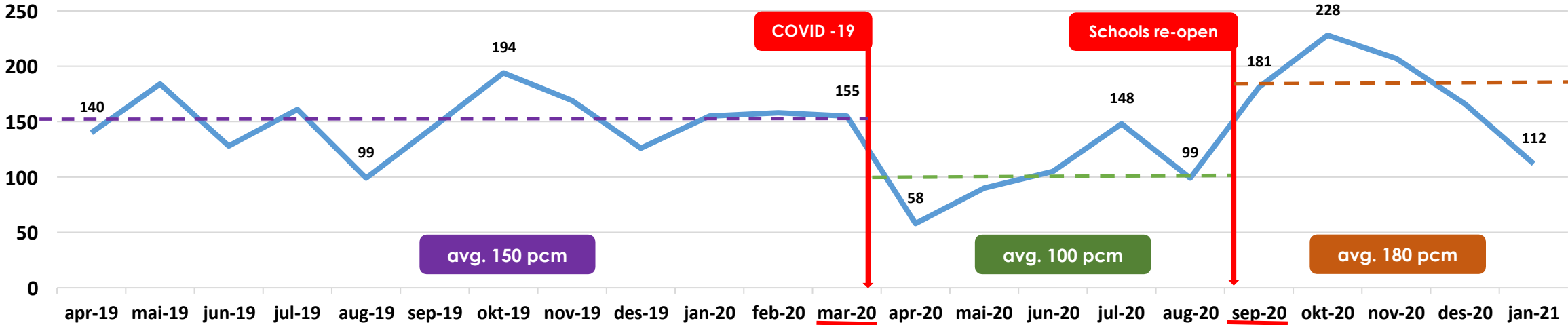
Neurodevelopment (ND)

- Assessment
 - 80% of newly referred patients should be seen & assessed within 26 weeks of referral

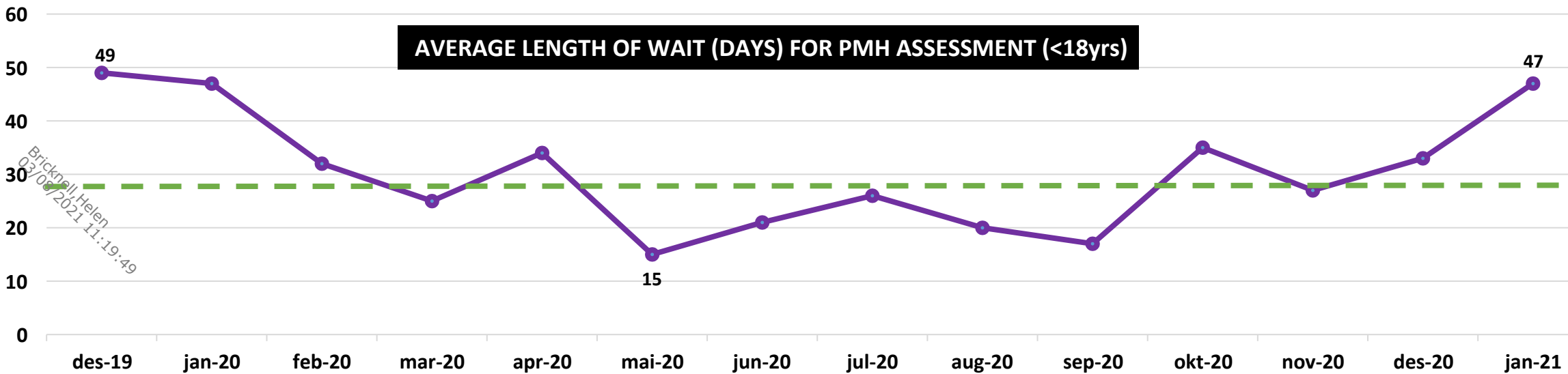
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Emotional Wellbeing & Mental Health Services – Primary Mental Health (PMH)

PMH REFERRALS RECEIVED (<18yrs)



AVERAGE LENGTH OF WAIT (DAYS) FOR PMH ASSESSMENT (<18yrs)



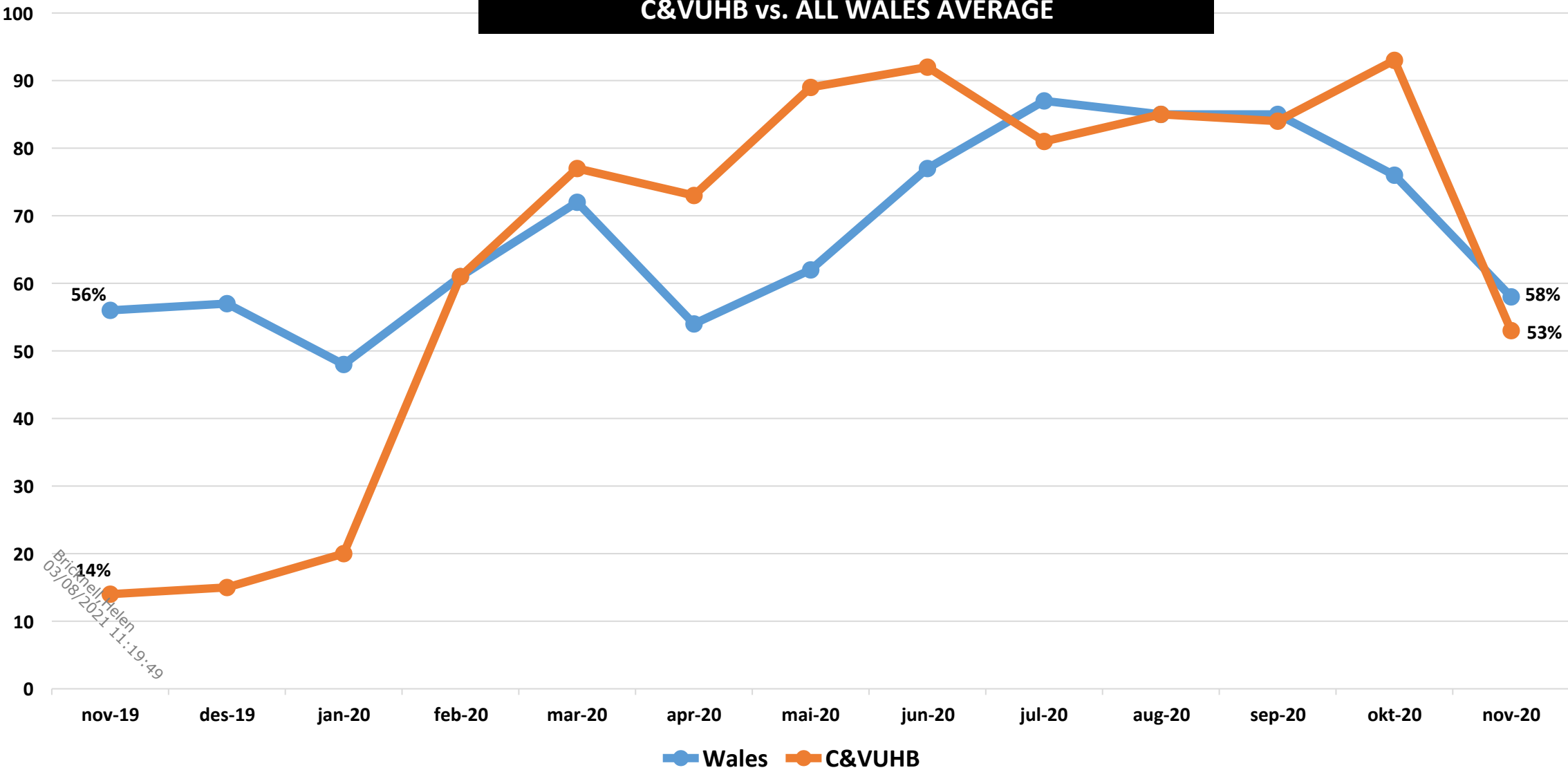
Emotional Wellbeing & Mental Health Services – Primary Mental Health (PMH)

Part 1a MENTAL HEALTH MEASURE COMPLIANCE (<18yrs)



Emotional Wellbeing & Mental Health Services – Primary Mental Health (PMH)

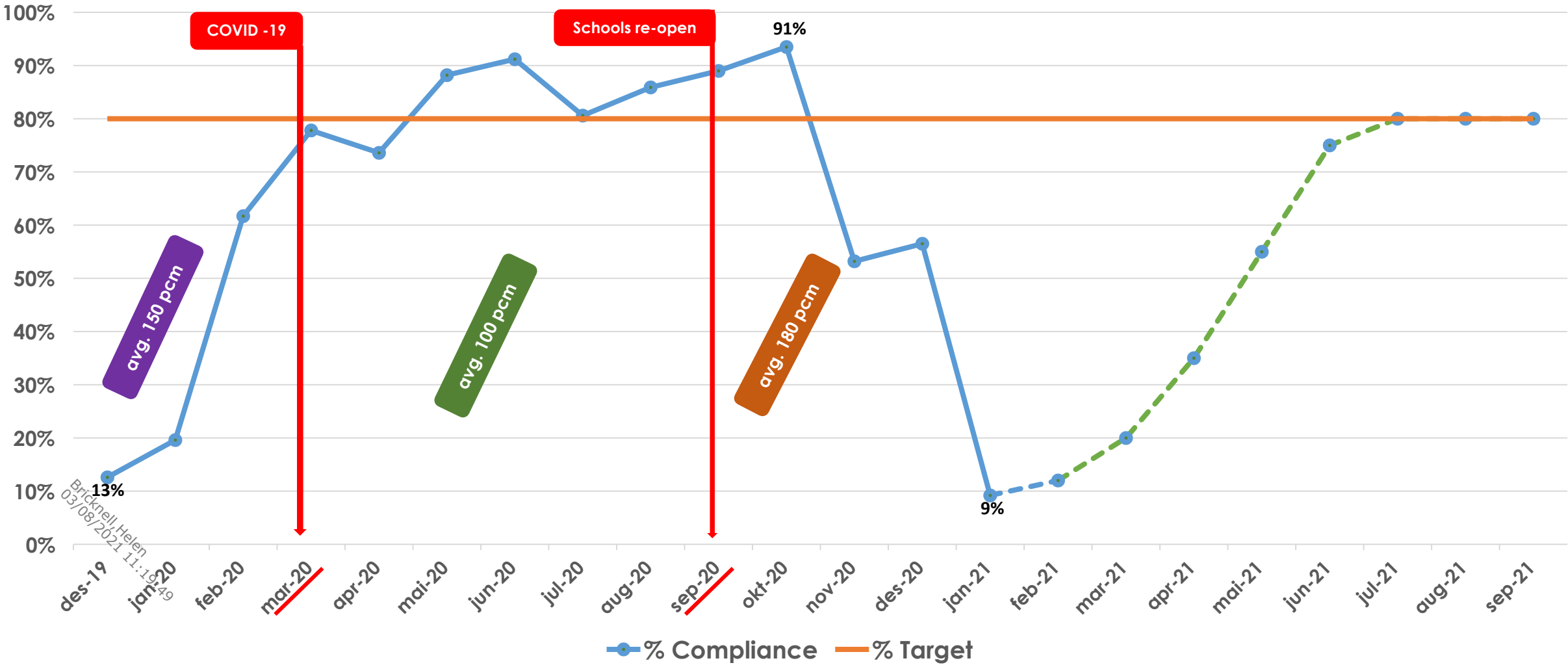
Part 1a MENTAL HEALTH MEASURE COMPLIANCE (<18yrs)
C&VUHB vs. ALL WALES AVERAGE



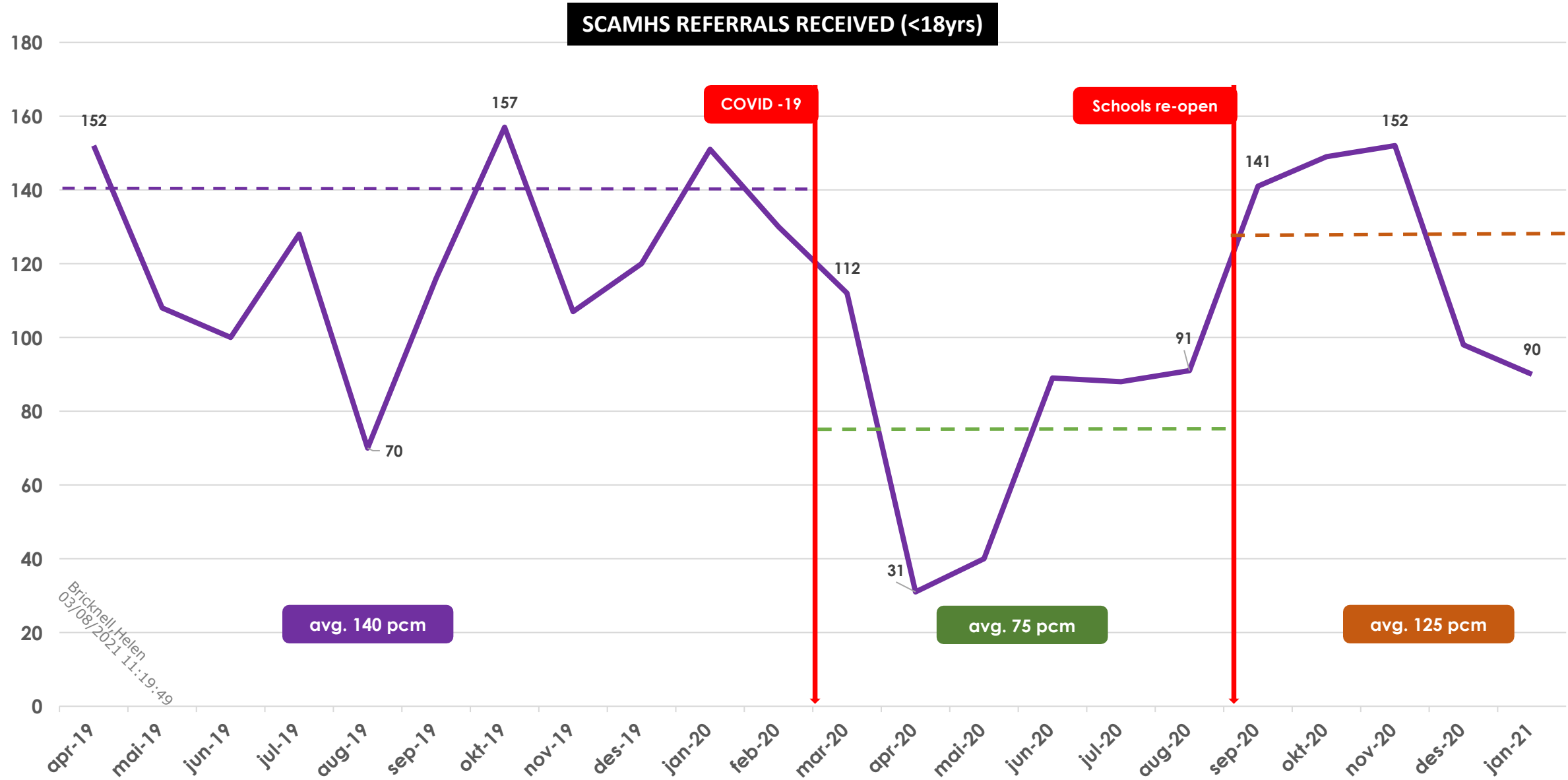
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Emotional Wellbeing & Mental Health Services – Primary Mental Health (PMH)

Part 1a MENTAL HEALTH MEASURE COMPLIANCE (<18yrs)

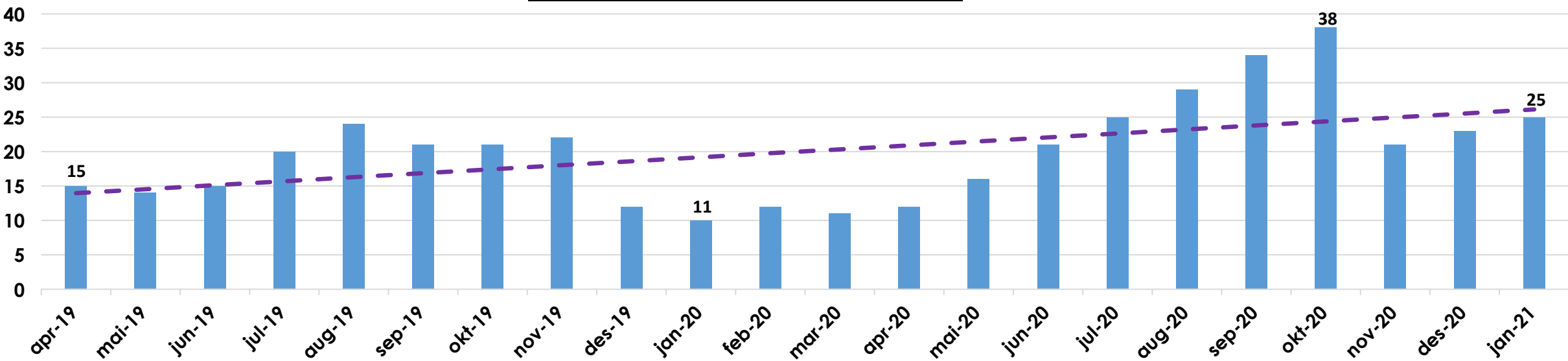


Emotional Wellbeing & Mental Health Services – Specialist CAMHS (SCAMHS)

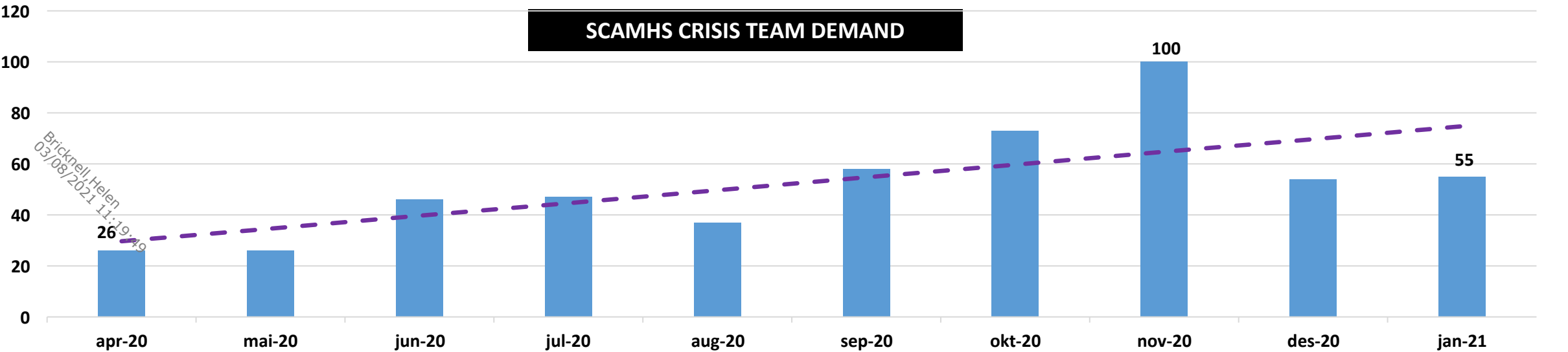


Emotional Wellbeing & Mental Health Services – Specialist CAMHS (SCAMHS)

SCAMHS WAITING LIST LENGTH (WEEKS)



SCAMHS CRISIS TEAM DEMAND



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Emotional Wellbeing & Mental Health Services (PMH & SCAMHS)

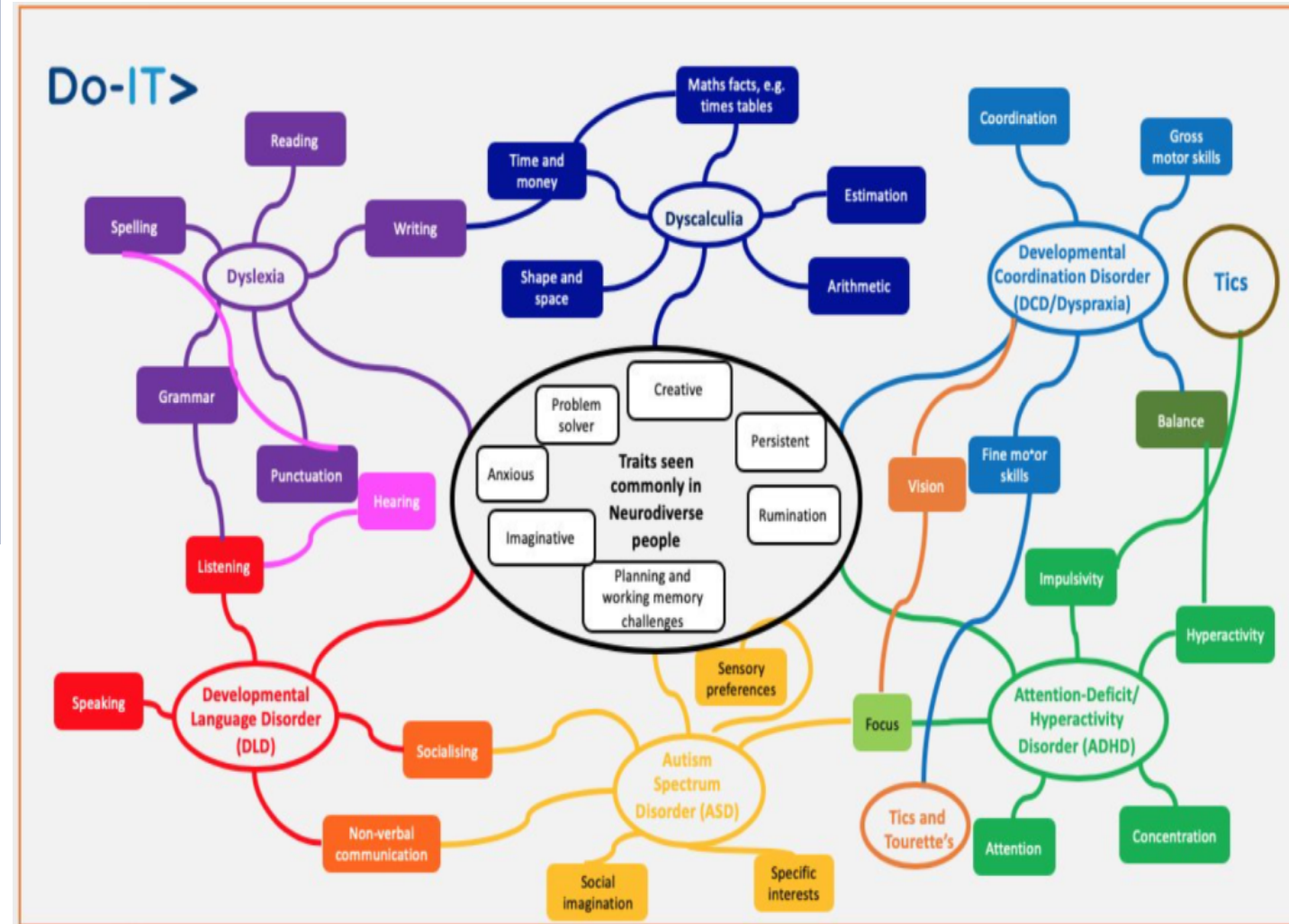
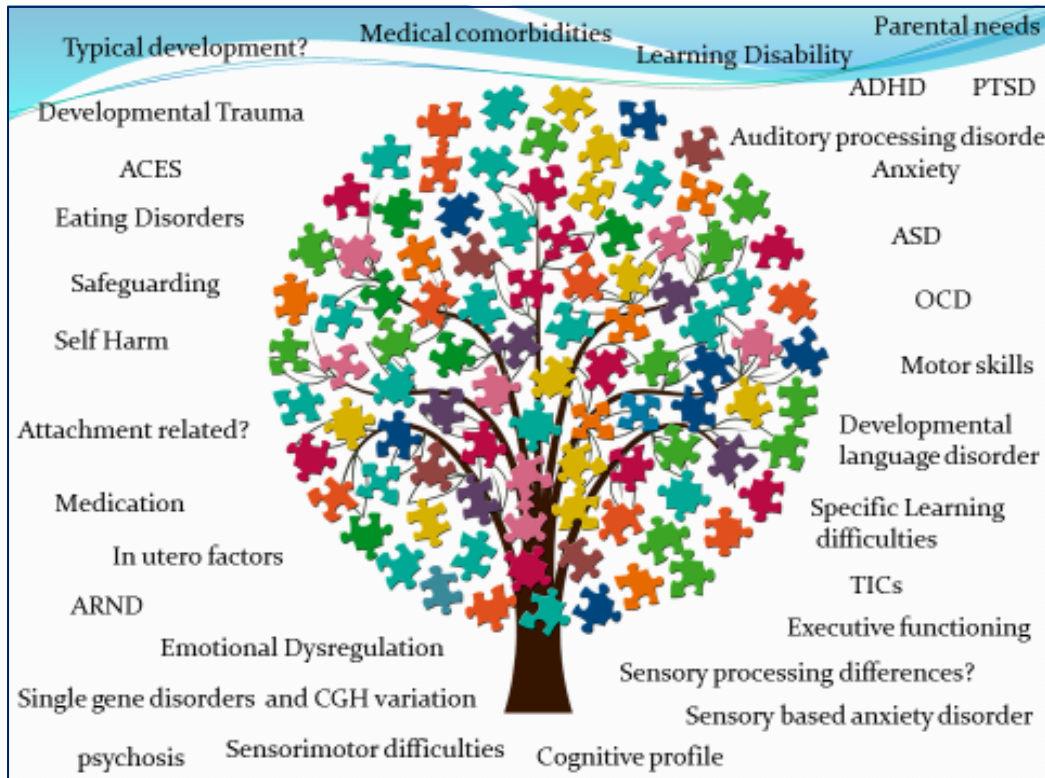
- PMH & SCAMHS services across Wales are experiencing similar increases in demand for PMH, SCAMHS and Crisis
- Flow through services has been slower as a result of:
 - difficulties in engaging patients in remote appointments, and
 - increasing complexity of initial presentations
- Increased numbers of Young People referred for eating disorders – we are unable to meet this demand
- Ongoing challenges with recruitment to vacancies
 - national shortages in all disciplines
 - we are looking at ways to 'recruit' a remote workforce

Emotional Wellbeing & Mental Health Services (PMH & SCAMHS)

- What will happen to Demand following release of the 2nd lockdown is uncertain
- The already pressured service is suffering increasing pressure from external bodies, often about individual cases. This detracts from clinical/operational work and presents a potential governance risk
- Lay media publicity describing “tsunamis” or “epidemics” of “Mental Health issues” for young people following the pandemic may:
 - ‘Pathologise’ what is essentially a normal distress reactions to abnormal circumstances
 - Worsen the over-medicalisation of social and emotional distress in our dealings with public sector partners

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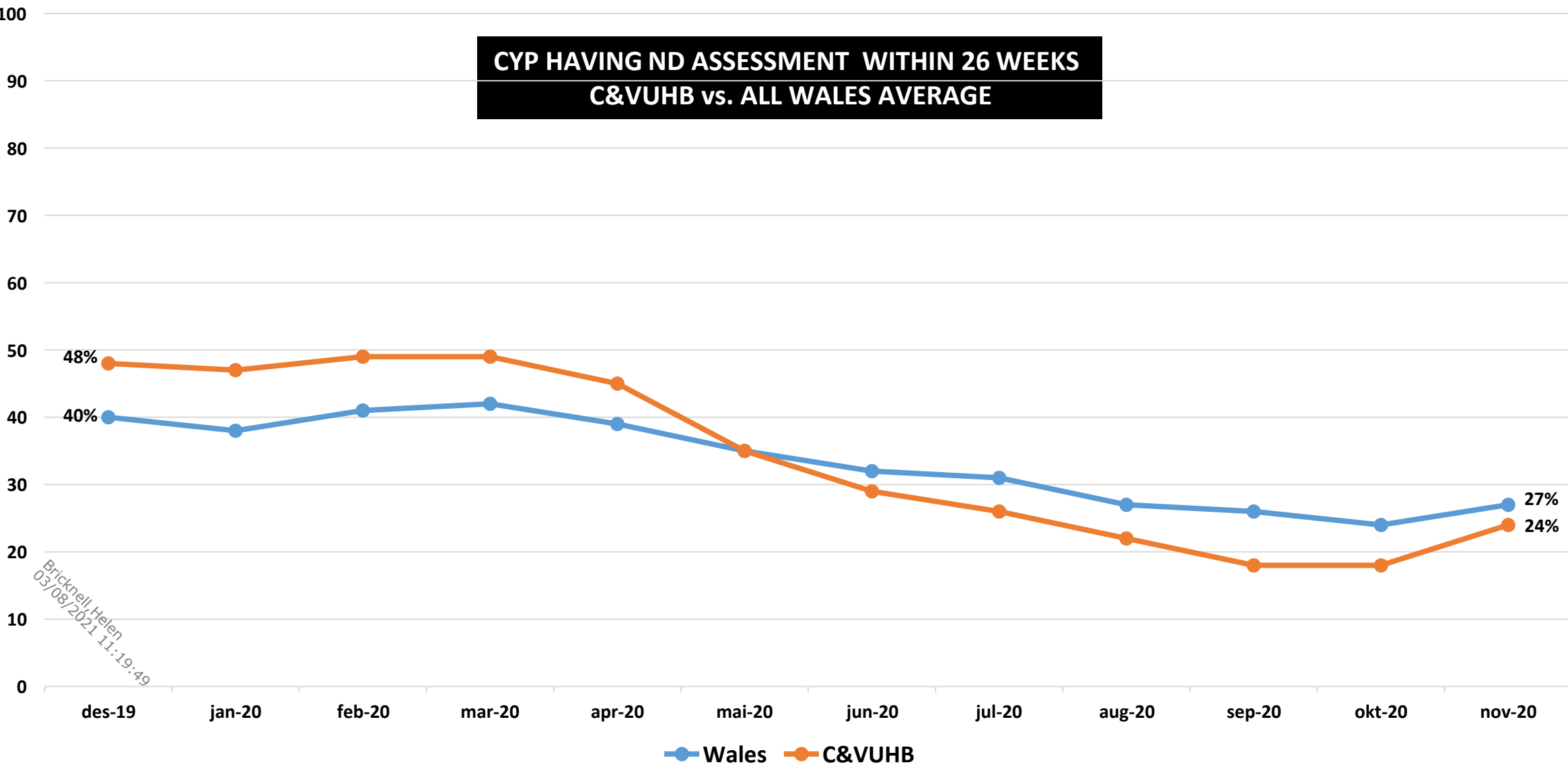
NEURODIVERSITY IS VERY COMPLEX



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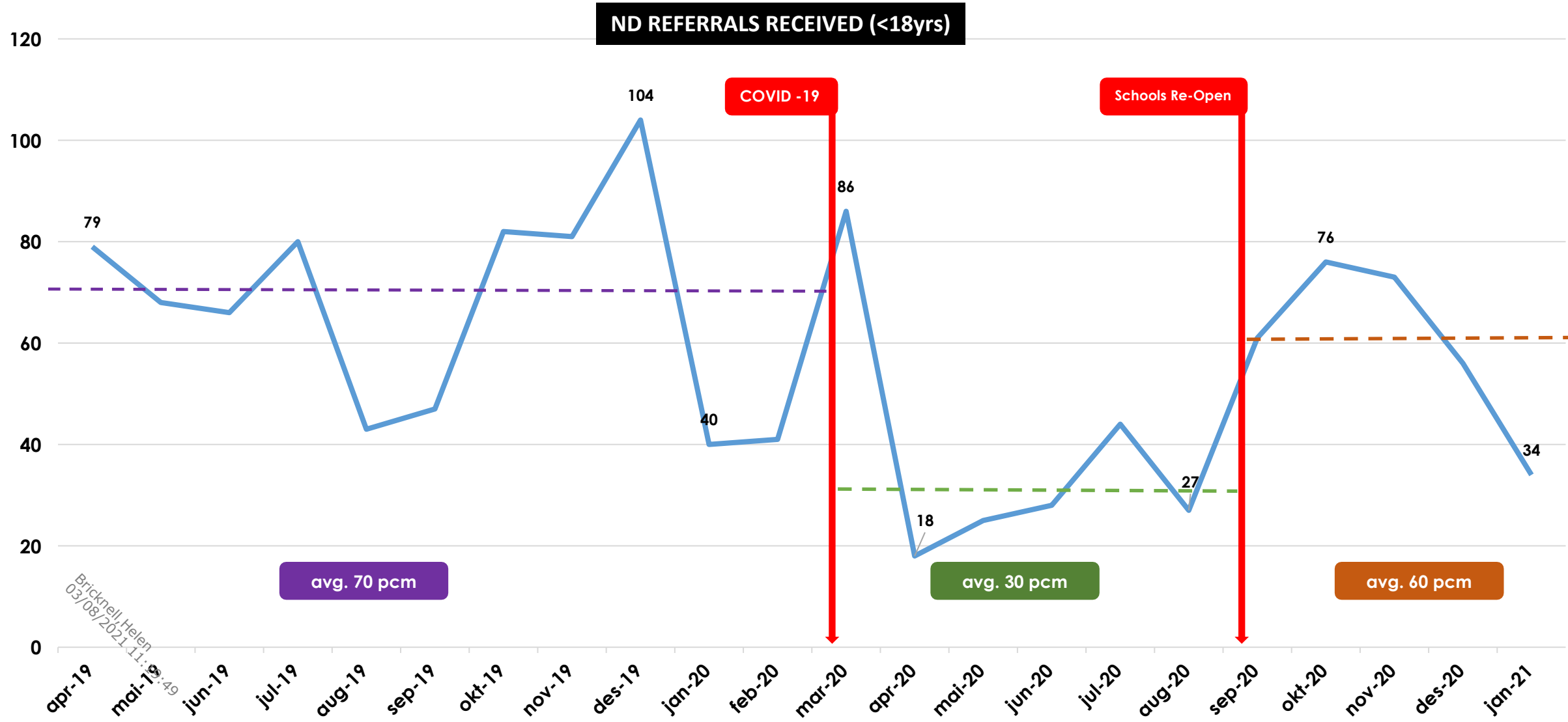
Neurodevelopmental (ND) Services

CYP HAVING ND ASSESSMENT WITHIN 26 WEEKS
C&VUHB vs. ALL WALES AVERAGE



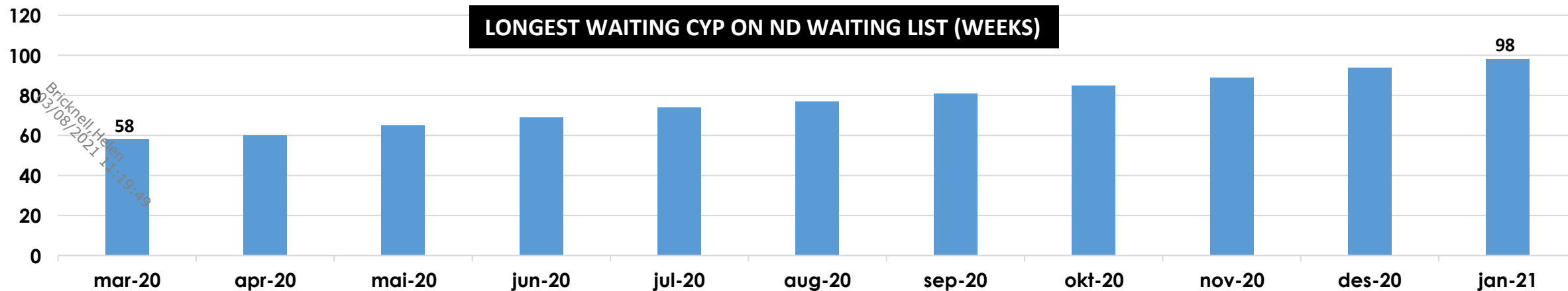
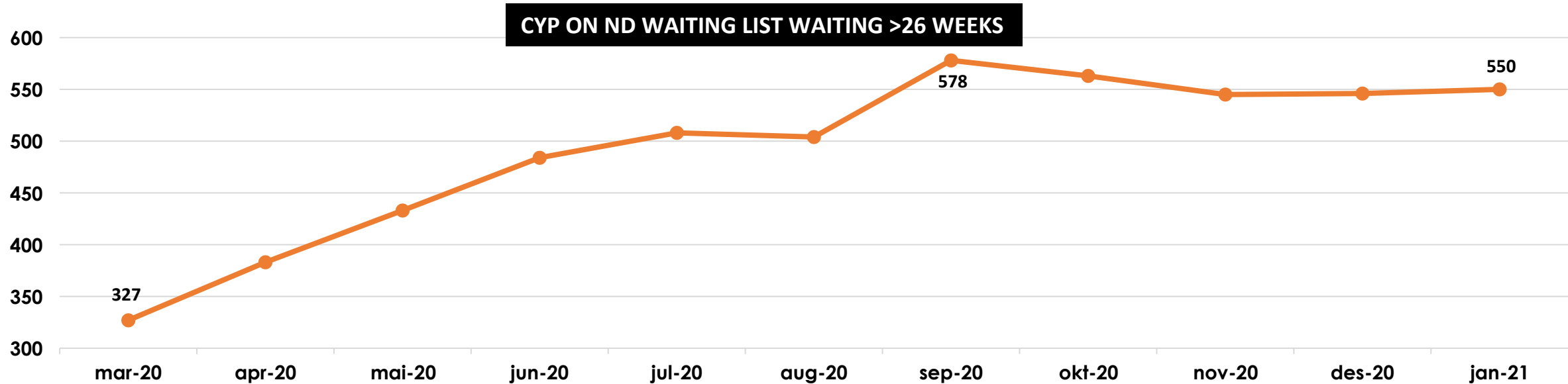
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Neurodevelopment (ND) Services

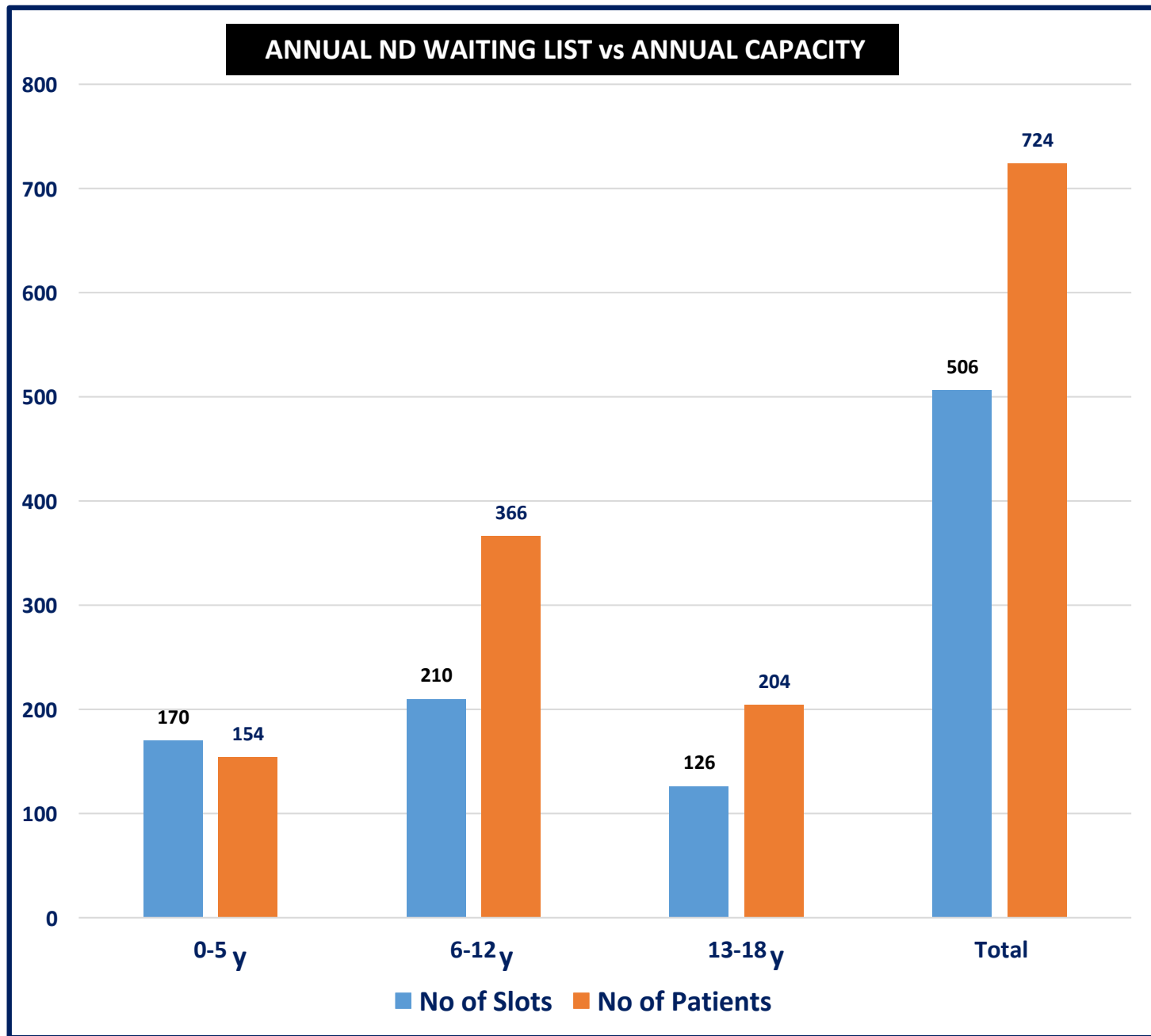


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Neurodevelopmental (ND) Services



- Transformation work is underpinned by a realisation that the “Dr only” model will lead to further deterioration in ND waiting times.
- Analysis of the current waiting list has looked at the team of professionals required to assess all CYP.
- For children aged 1-5yrs there is adequate Dr capacity, and a preference that these children are seen by a Dr.
- For school age and teenage CYP children we are redesigning to an age-stratified risk-stratified MDT solution.



Neurodevelopmental (ND) Services

- School closures have a very significant impact on ND assessment times: the majority of assessment time is spent in school
- Our Community Paediatricians have seen a significant upsurge in Safeguarding and Children Looked After work, therefore further diminishing capacity for ND assessments
- Welsh Government Delivery Unit are supporting our Demand/Capacity modelling and Process Mapping
- We are working with the National ND Strategy Team supporting work on a proof-of-concept digital tool (called 'Do It') which will streamline information capture and assessment for professionals and make the process much more accessible for CYP and their families
- We must remember that 20-25% of the population have Neurodiverse traits: 'pathologising'/over-medicalising these and creating a dependency on health services is simply unsustainable

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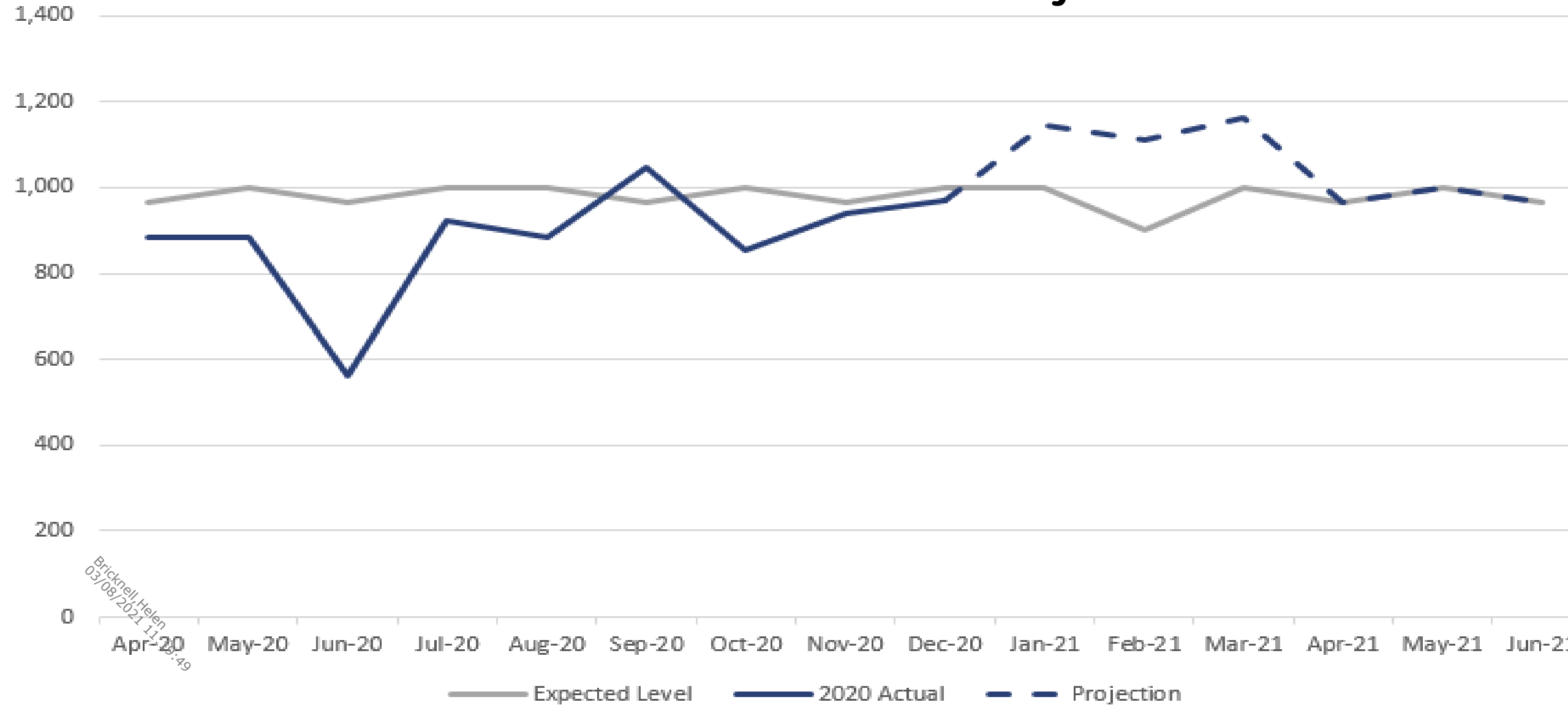
Adult Mental Health Services

COVID recovery, IMTP and Strategic direction 2021-22



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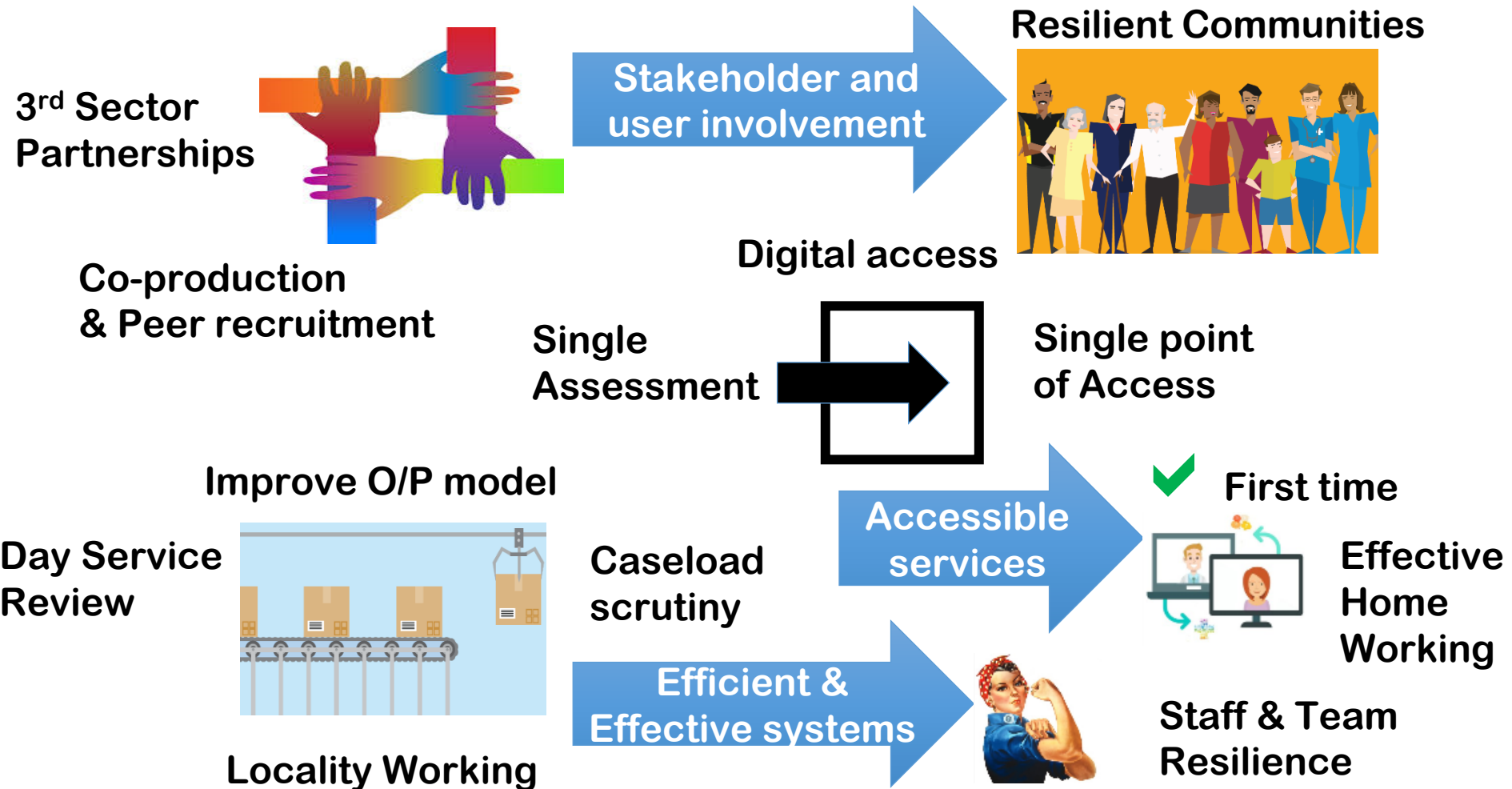
Cardiff and Vale Community Referrals



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Strategic Direction and Innovation

Open, Accountable, Accessible



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Actions and Additions for Recovery Plan

Physical health pathways

Tier 0 uplifts, BAME, Debt, suicide and self harm funding increases

3rd Sector Partnerships



Transitions from Child and Young People services to Adult services

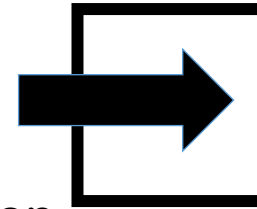
Co-production & Peer recruitment

Recovery College launch, new Peer Roles, Peer Strategy development

Attend Anywhere and digital platforms
Digital access

Care Aims

Single Assessment



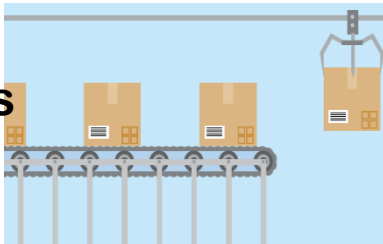
Single point of Access

Mental Health Services
Older People, PMHSS / counselling.

Service Developments

Case for change

Improve O/P model



Locality Working

Developing strategy

Restarted scheduled care (inpatient detox & ECT)

OCP and transformation

Innovation



Genetic counselling

Open Dialogue, Trauma Informed Care & Pathways

Recovery College



Peer Tutor

Lived
experience



Professional Tutor

Clinical
expertise

Who are the students?

Carers and supporters

**People with lived
experience of mental health
challenges**



**Staff (including Local Authority
and Third Sector)**

Recovery College- empowerment in action

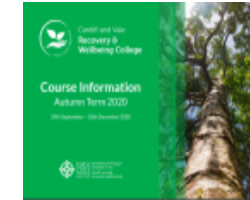


No referral



My choice of course

Students shape curriculum



Students evaluate courses

College run by Peer Lead



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Meaningful representation
at Board meetings

Lived experience as important as
clinical expertise



Peer support and tutoring

Courses currently on offer



1. Understanding:

- 1.1 Psychosis
- 1.2 Anxiety
- 1.3 Depression
- 1.4 Bipolar
- 1.5 Hoarding

2. Peer Mentoring

- 2.1 Accredited Peer Mentoring Level 2

3. Wellbeing

- 3.1 Better Sleep during Covid 19
- 3.2 Discovering Self-Compassion
- 3.3 Men and Mental Health
- 3.4 Recovery Through Activity

4. Trauma Informed

- 4.1 Connecting with hope: Building Healthy and Supportive Relationships
- 4.2 Trauma, Adversity and Mental Health

6. Physical Activity

- 6.1 Fighting Fit for Recovery
- 6.2 Staying healthy in body and mind

5. Employment Skills

- 5.1 Managing Stress and Wellbeing at Work
- 5.2 Setting work goals and identifying skills

7. Diversity and Inclusion

- 7.1 BAME Mental Health Awareness Raising Session

“Mental Health” Services for Children and Adults in Cardiff & The Vale

S&D Committee Update March 2021



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Report Title:	Regional Partnership Board					
Meeting:	Strategy and Delivery Committee				Meeting Date:	March 2021
Status:	For Discussion		For Assurance	For Approval	For Information	✓
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning					
Report Author (Title):	Meredith Gardiner, Programme Manager Health, Social Care and Wellbeing					

Background and current situation:

The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) was established in response to requirements of the Social Services and Well-being (Wales) Act 2014. Its purpose is to manage and develop services to secure better joint working between local health boards, local authorities and the third sector; and to ensure effective services, care and support that best meet the needs of our population. This paper provides an overview of the key priorities being progressed by the Board for information and noting by the Strategy and Delivery Committee specifically:

- An overview of the financial and activity performance of all programmes relating to the RPB as presented to Welsh Government as part of Q3 reporting requirements;
- A summary of the anticipated funding streams for use by the RPB in 2021-22;
- An overview of the work that is underway to plan for the use of transitional funding in 2021-22.

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

Q3 Performance

The RPB has responsibility for the effective delivery of a range of funding streams where the UHB acts as 'banker' on behalf of the region. A summary of current performance across all funding streams is attached as **Appendix 1**.

The majority of programmes are assessed as being of low delivery risk. Amber risks have been identified where services have been impacted by the COVID-19 (where resources have been re-allocated or service provision is difficult due to infection control measures), challenges in collecting required performance data and / or difficulties in procurement or recruitment. One service area has been assessed as Red and relates to the development of the Wales Community Care Information System. This has been substantially delayed as resources have been diverted to supporting the COVID-19 relief effort. Future funding will also be provided via an alternative route to the ICF in the coming year. Discussions are underway currently to develop an appropriate management plan.

The RPB has delegated responsibility to the monthly Strategic Leadership Group (SLG) to monitor forecast spend positions across all funding streams over the coming months.

Funding in 2021-22

Initially it was anticipated that the majority of funding streams described above would come to an end in March 2021. Given the impact of COVID-19 across all services, the Minister has now announced

the intention for a further interim year of funding in 2021-22 to allow completion of necessary evaluation. The provision of these funding streams together with some small changes in their allocation and intentions is summarised below:

Funding Stream	Priority area	2020-21 (£k)	2021-22 (£k)
Integrated Care Fund Revenue	Older People with complex needs	4,740	4,740
	People with Learning Disabilities, Children with complex needs, Carers and Young carers	2,786	2,786
	Children at risk of becoming looked after	2,071	2,071
	Regional Capacity/Infrastructure	336	336
	Integrated Autism Service	367	367
	People with Dementia (Dementia Action Plan)		
		1,101	1,101
	Welsh Community Care Information System (WCCIS)	201	0
	Safe accommodation for children with complex, high end emotional and behavioural needs	0	Tbc
	ICF Total	11,602	11,402
Integrated Care Fund Capital	Housing and secure accommodation for children Discretionary Capital of £100k or less.	5,771	5,771
Children and Young Peoples Mental Health	Independent funding focused on prevention reporting via WG ICF Team.	200	200
Transformation	<i>Locality Based Care</i>		
	Projects 1, 2: Wellbeing matters and social prescribing	773	888
	Project 3: GP Triage	500	491
	Project 4 and 5: Get Me Home	1,289	1,353
	<i>CYP Integrated Care Model</i>		
	Project 6: ACE Aware	312	480
	<i>Delivery capacity / cross programme support</i>	167 (+600)	1,487
	Transformation Total	3,041	4,699
General RPB Support Funding	RIIC	250	250
	Engagement	40	40
	RPB Performance and Evaluation Capacity	60	60
Winter Funding	Discharge co-ordination, D2RA & community beds	2,774	0
COVID19 Support	Simple / extended discharge & isolation capacity	1,251	0
TOTAL		24,989 (25,589)	22,422

Detailed guidance on all aspects have now been received and work is underway currently to finalise new proposals where necessary and ensure that any procurement or human resource issues are addressed in readiness for the new financial year. Meanwhile, work continues to develop risk assessments and exit strategies for all funding streams in readiness for the end of March 2022.

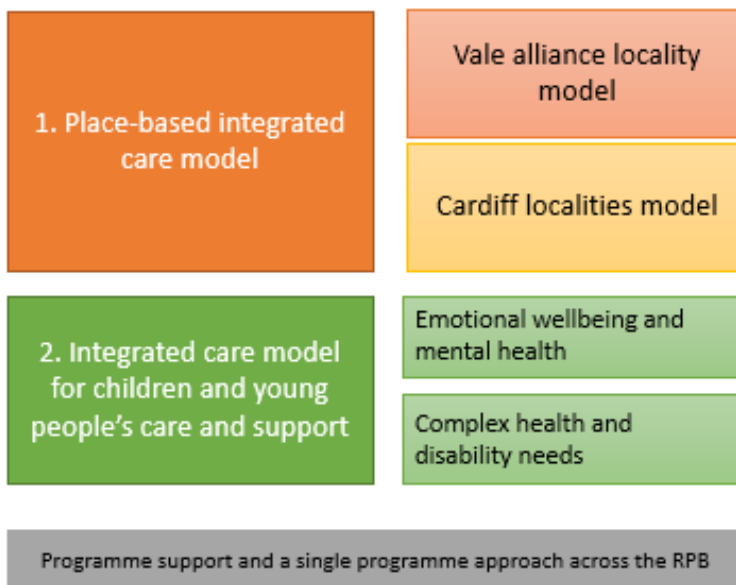
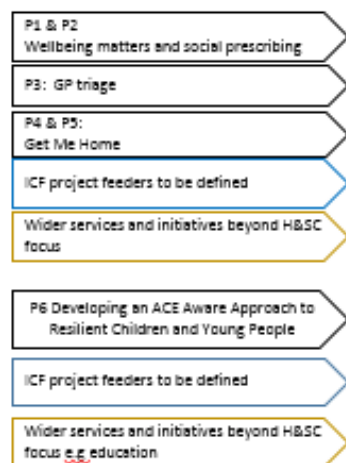
Transitional Year

The Partnership has initiated a Discovery Phase of work to inform the scope and shape of prioritised service developments in three main areas in 2021-22:

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Original Transformation Fund and ICF feeder projects plus wider context e.g. housing, community services

New transitional year programme 21-22



The Discovery Phase will deliver a comprehensive plan to take forward work in the coming year. This will be tied closely to a revised Governance Structure for the RPB with the development of three sub-committees focused upon Starting Well, Living Well and Ageing Well and supported by various enabling workstreams such as workforce, commissioning and digital enablement. A further summary will be shared with the Strategy and Delivery Committee following RPB approval of final plans in April 2021.

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

Financial Risk:

The report references the wide range of services currently being provided via short term funding which is scheduled to end in March 2022. A risk management plan is being developed and will be shared with the Strategy and Development Committee over the coming months.

Recommendation:

The Strategy and Delivery Committee are requested to note the update on the Regional Partnership Board for information.

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Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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Equality and Health Impact Assessment Completed:

Not Applicable

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Appendix 1

Programme	Description	Amount (£k) 2020-21	Cumulative spend as at Q3 Total Spend (£k)	Status RAG @ Q2	Status RAG @ Q3	Overview of Risk Assessment	Corrective Action / Next Steps
Transformation Fund	7 innovative projects designed to transform services for hospital discharges, children and localities.	3,547	2,172	Amber	Green	<p>Funding for all current projects has now been secured for a final transitional year. A comprehensive plan is being established to ensure effective implementation over a limited time period along with revised performance monitoring and evaluation arrangements.</p> <p>2 projects are currently paused due to COVID-19 but plans are progressing to ensure their re-initiation from March 2021.</p> <p>A final financial forecast is being developed currently to facilitate a break even position by the end of the financial year.</p>	<p>A programme manager is now in place to take forward ongoing monitoring of existing projects together with implementation of the revised transitional programme in 2021-22.</p> <p>A communications campaign advertising various resources developed by Project 6 to support mental health and wellbeing of children and young people is currently being prepared for implementation from February 2021 onwards.</p>

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Programme	Description	Amount (£k) 2020-21	Cumulative spend as at Q3 Total Spend (£k)	Status RAG @ Q2	Status RAG @ Q3	Overview of Risk Assessment	Corrective Action / Next Steps
Covid19 Discharge Fund	Funding provided over a 6 month period to assist the operational response to COVID19	1,250	1,250	Amber	Green	<p>The short term nature of this 6 month funding stream has created challenges for recruitment and sourcing of required skill sets. The midpoint report to Welsh Government in August 2020 raised concerns re. the level of spend and activity.</p> <p>The final report demonstrated full spend despite recruitment and operational issues as the service continued to respond and learn from the ongoing pandemic.</p>	This programme is now complete. Lessons have been learned and incorporated into proposals for the Winter period 2020-21

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Programme	Description	Amount (£k) 2020-21	Cumulative spend as at Q3 Total Spend (£k)	Status RAG @ Q2	Status RAG @ Q3	Overview of Risk Assessment	Corrective Action / Next Steps
Integrated Care Fund (Revenue) Range of programmes encouraging innovative partnership working for:	Older People	4,740	3,095	Green	Green	The majority of projects continue to operate within anticipated parameters although many have had to re-focus their scope in response to COVID-19. Various arrangements are in place to counteract the impact of COVID-19.	All projects are included within the Partnership's Risk Assessment exercise. This work will help to inform the prioritisation of proposals for consideration in the longer term.
	Children w Complex Needs/ Learning Disabilities	2,786	1,592	Amber	Green		
	Children at Risk	2,071	1,410	Amber	Green	A transitional year of additional funding has been announced to enable further evaluation and preparation for the conclusion of the funding stream in March 2021.	Work to forecast end of year spend is being finalised currently with end of year plans being managed by SLG.
	Dementia	1,101	781	Green	Green		
	WCCIS	201	111	Red	Red	Resource for this work has been transferred to supporting the COVID-19 response with the exception of continued development support in the Vale of Glamorgan.	Discussions on the ongoing development of this work are taking place at Joint Management Executive.
	Integrated Autism Service	367	269	Green	Green	Quarterly reports for Q2 and Q3 are positive despite service delivery being	Work to forecast end of year spend is being finalised currently with end of

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						severely challenged by the Pandemic.	year plans being managed by SLG.
Children and Young People Mental Health	Child Prevention	200	92	Amber	Amber	Initiation plans progressing well with some delay in setting up Information Governance structures due to demands of COVID19 on key services.	Information governance issues ongoing but all staff now in place. Performance information anticipated from Q4 onwards.
Integrated Care Fund (Capital)	Range of capital projects supporting development of the partnership agenda across the region.	8,340	1,5220	Amber	Amber	A detailed review of all capital projects has identified a high likelihood to achieve full spend by the end of the year. However, the overall RAG rating remains at Amber due to the challenges of delivering a capital programme in the face of a Pandemic. 1 project valued at £0.6m continues to require confirmation of funding approval with a plan being finalized by Local Authority partners currently.	The SLG and ICF capital team continue to have monthly oversight of all projects within the portfolio, taking forward corrective action as required.
Winter Plan	Discharge co-ordination	2,774		Tbc	Tbc	Service now in place with initial performance data scheduled for reporting by end Feb.	To be reported to SLG in March 2021.
	Additional discharge to			tbc	tbc	Service now in place with initial performance data	To be reported to SLG in March 2021.

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	recover and assess					scheduled for reporting by end Feb.	
	Community beds.			tbc	tbc	Service now in place with initial performance data scheduled for reporting by end Feb.	To be reported to SLG in March 2021.
Partnership Support: small funding streams to support enabling projects for the Partnership	Research, Innovation and Improvement Co-ordination Hub (RIIC)	250	Tbc	Amber	Green	Following RPB approval in July, the RIIC has now been established with a renewed focus on evaluating and learning from the region's response to COVID-19.	Procurement issues have led to a delay in tendering key areas of the service but this has now been rectified.
	Engagement Funding	40	40	Amber	Green	Following RPB approval in July a details service spec has now been developed for implementation. Tendering process has been completed and a Third Sector organization identified to take forward the work.	Delivery Group established together with spend plan for management of funding in 2020-21.
	RPB Performance and Capacity – focused upon development of the Regional Outcomes Framework.	60	20	Green	Green	COVID-19 led to necessary delays in the ongoing development of the Regional Outcomes Framework as attention focused on operational issues.	Resource has been re-focused upon initial ROF preparatory work and to provide additional support to the RIIC COVID-19 assessment.

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Report Title:	KEY OPERATIONAL PERFORMANCE INDICATORS						
Meeting:	Strategy & Delivery Committee				Meeting Date:	9 March 2021	
Status:	For Discussion		For Assurance	✓	For Approval		For Information
Lead Executive:	Chief Operating Officer						
Report Authors (Title):	Assistant Director of Operations (Performance)						

Background and current situation:

The impact of COVID-19 continues to be seen across the range of key operational performance indicators detailed in this report.

The second wave of COVID-19 has presented a different challenge to the first, with higher levels of covid hospital admissions and twice the level of bed occupancy. Pressure on the unscheduled care system has been compounded by a significant bed loss due to nosocomial spread, a much slower reduction in covid bed occupancy from a higher peak and the re-emergence of non-covid demand. The Health Board continues to operate in a much more complex environment and, in line with the revised COVID-19 operating model, the Local Co-ordinating Centres have remained agile in responding to the changing demand, re-purposing hospital bed capacity as necessary.

Whilst the Health Board continues to maintain essential services, there has been an impact on planned care services with cessation of some elective activity from January 2021 in support of the covid response. When and where it is safe and possible to do so, the plan is to recommence electivity activity through release of staff deployed to support covid. The Health Board continues to utilise independent sector capacity to support planned care. Prioritisation of need and service delivery continues to be based on clinical stratification rather than time-based targets.

Pressure on Mental Health Services has continued to grow and has been compounded by staff absence. Primary care services remain resilient despite significant pressures.

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

- Urgent and emergency essential services have been maintained in all areas but there has been an impact on unscheduled care and planned care services in this second covid wave.
- The Health Board has been successful in maintaining cancer services but increased referrals, backlog work and timeliness of treatment is likely to result in reduction of single cancer pathway compliance.
- Pressure on Mental Health services has continued to grow, with an increase in demand compounded by staff absence. This has impacted on compliance with the Mental Health measures.

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Assessment and Risk Implications

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

Planned Care overview (Appendix 1)

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list, was 90,205, its lowest level since August 2020, and 3.1% higher in total than at the end of March prior to COVID-19. The number of patients waiting for planned care and treatment **over 36 weeks** has reduced for two successive months since November to 35,112 at the end of January 2021. 60% of these are at new outpatient stage.

The number of patients waiting greater than 8 weeks for a **diagnostic** test was 9,130 at the end of January 2021. The number patients waiting over 14 weeks for **Therapy** was 455.

Referrals for patients with suspected **Cancer** have now returned to pre-covid levels. 168 patients started first definitive treatment in December. 64.3% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of January 2021 was 168,532. 97.8% 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 was 50,880 and remains below the end of year target set for the Health Board by Welsh Government.

97% of patients waiting for **eye care** had an allocated health risk factor in January 2021. 59% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) remain exceptionally high with 936 referrals in December 2020. Part 1a: The percentage of Mental Health assessments undertaken within 28 days fell to 16% in December 2020 and 56% for CAMHs. Part 1b: 92.5% of therapeutic treatments started within 28 days following assessment at the end of December.

Unscheduled Care overview (Appendix 2)

Attendances at our Emergency Unit department have increased since the first covid wave but remain lower than previous years.

4 hour performance in our Emergency Unit was 78.1% in January 2021. This compares with January 2020 – 80.12%.

There were 213 x **12 hour delays** in EU in January 2021. This compares with January 2020 – 331.

Over 1 hour **Ambulance Handover** delays were 202 in January 2021, and remain significantly improved compared to previous years (Jan 2020 – 585).

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Recommendation:

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

- The year to date position against key organisational performance indicators for 2020-21 but in the context of current covid operating challenges.

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Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

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



Appendix 1

Performance against key operational performance indicators 2020/21: Planned Care

2020/21		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Planned Care												
RTT - 36 weeks (Target = 0)	20/21 Actual	3,515	7,330	11,814	16,622	22,129	27,508	30,919	35,978	39,555	37,434	35,112
RTT - 26 weeks (Target = 95%)	20/21 Actual	81.7%	74.1%	66.3%	60.9%	54.4%	46.5%	44.2%	48.4%	51.7%	53.4%	53.8%
Total Waiting list	20/21 Actual	87,579	85,287	85,611	85,269	86,806	89,553	92,295	91,379	91,224	91,408	90,205
Diagnostics > 8 weeks (Target = 0)	20/21 Actual	782	6,105	10,476	9,653	9,557	9,804	9,268	9,023	8,611	8,885	9,130
Therapies > 14 weeks (Target = 0)	20/21 Actual	106	379	1,628	2,352	1,893	1,260	347	363	350	366	455
Cancer												
SCP - with no suspensions	20/21 Actual	79.0%	76.8%	79.0%	74.8%	81.2%	71.6%	68.1%	68.7%	64.2%	64.3%	n/a
Outpatient Follow Up												
OPFU - > 100% delayed (Target 53,391 by 31/3/21)	20/21 Actual	44,519	47,422	49,636	50,227	51,255	51,796	51,015	49,966	50,475	50,887	50,880
OPFU - Target date (Target 95% compliance by 31/12/19)	20/21 Actual	98.2%	98.1%	98.0%	98.2%	98.1%	98.0%	98.0%	98.0%	97.8%	97.8%	97.8%
Total OPFU waiting list (Target 150,317 by 31/3/21)	20/21 Actual	183,412	178,235	175,161	173,566	172,700	171,649	170,686	169,718	170,306	168,642	168,532
Eye Care												
% R1 ophthalmology patients waiting within target date or within 25% beyond target date for OP appointment	20/21 Actual	65.6%	58.9%	53.6%	52.9%	52.2%	50.4%	54.0%	54.4%	57.0%	57.9%	59.0%
98% of patients to have an allocated HRF	20/21 Actual	98.0%	98.0%	98.0%	98.0%	97.0%	97.0%	96.3%	96.2%	96.2%	96.9%	96.7%
Mental Health												
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	20/21 Actual	63%	66%	95%	96%	94%	84%	43%	50%	30%	16%	n/a
Part 1a: CAMHS only	20/21 Actual	77%	73%	89%	92%	81%	85%	84%	93%	53%	56%	n/a
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	20/21 Actual	84%	77%	79%	81%	86%	99%	98%	93%	86%	92%	n/a

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Appendix 2

Performance against key operational performance indicators 2020/21: Unscheduled Care

2020/21		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Unscheduled Care												
EU waits - 4 hours (95% target)	20/21 Actual - Monthly	84.8%	91.3%	91.4%	91.2%	80.6%	79.9%	82.1%	80.3%	76.6%	70.4%	78.1%
EU waits - > 12 hours (0 target)	20/21 Actual - Monthly	70	13	14	7	9	31	33	74	176	559	213
Ambulance handover > 1 hour (number)	20/21 Actual	255	97	45	51	131	116	147	176	302	369	202
Ambulance - 8 mins red call (65% target)	20/21 Actual	67%	75%	81%	79%	75%	75%	73%	76%	70%	69%	72%
Stroke												
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	20/21 Actual	62.1%	45.2%	51.1%	48.4%	40.4%	25.0%	29.6%	31.5%	18.0%	20.0%	4.0%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	20/21 Actual	90.0%	67.6%	75.0%	85.1%	82.0%	76.0%	75.4%	77.2%	67.3%	74.1%	80.0%

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Report Title:	Workforce Key Performance Indicators					
Meeting:	Strategy & Delivery Committee			Meeting Date:	12 March 2021	
Status:	For Discussion		For Assurance		For Approval	For Information
Lead Executive:	Interim Executive Director of Workforce & OD					
Report Author (Title):	Interim Executive Director of Workforce & OD/Workforce Information Manager					

Background and current situation:

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

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

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

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

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

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

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- A trend increase on permanent and fixed term staff which is in line with expectation as we have recruited more fixed term through COVID-19, specifically to support Track & Trace and to deliver the vaccination programme. It is good to see permanent recruitment being maintained despite COVID-19.
- Overall the Nurse Bank peaked in May but is now reducing again towards pre-COVID levels.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 55 WTE per month
- Total pay-bill peaked as expected during March and April, creating a significant overspend. Spend is increasing marginally again.
- Variable pay trend is upward but overall still remains within a tolerance of 9-9.5% UHB

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wide.

Other key performance indicators:

- Voluntary resignation trend is rising.
- In month Sickness peaked significantly in April to 8.41% as expected but is now following normal season fluctuations. Sickness was 6.72% in month for December, and 6.68% in November (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff shielding).
- ER caseload trend remains within reasonable tolerance levels.
- Statutory and Mandatory training compliance is falling; now 13% below the overall target.
- Compliance with Fire training has now fallen to 55%.
- M&D Job plan 12 month review compliance, as recorded in ESR, remains low as has been previously reported.
- PADR (now Values Based Appraisal) continues to fall and is significantly off target (35.58% in January)

In summary, what actions are we taking?

- Performance reviews with CB's are being undertaken to put in control measures for pay-bill and capture increase associated with COVID (UHB was previously underspent prior to COVID).
- Sickness reviews are resumed and now being undertaken as normal. Staff are returning to work (at home or location) who were previously Shielding.
- Extensive range of Employee Well-being strategies and support in place.
- A focussed communications strategy being put in place to raise awareness of the importance of continuing to undertake Fire E-learning.
- Allocate E-Job Planning system is currently being implemented.
- Values Based Appraisal Training is still being delivered and take up is excellent.

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Recommendation:

The Board is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
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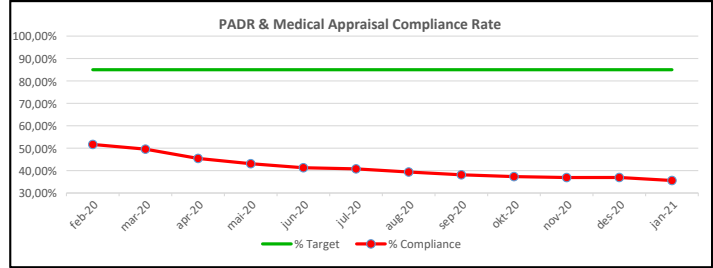
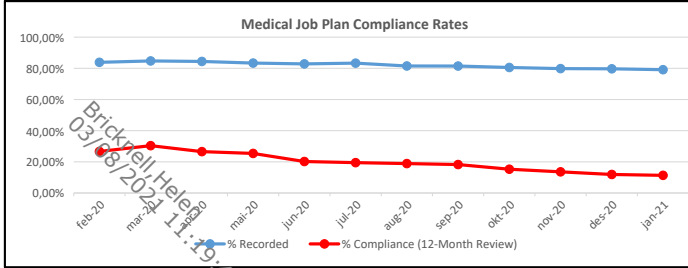
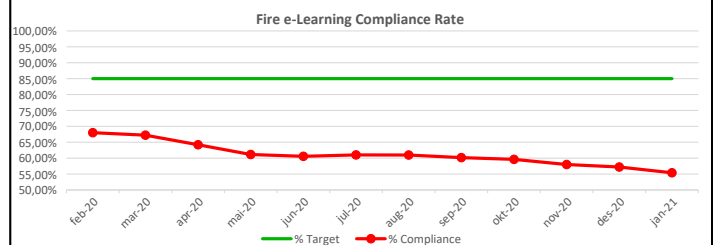
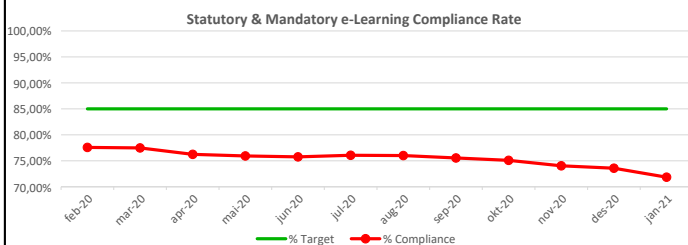
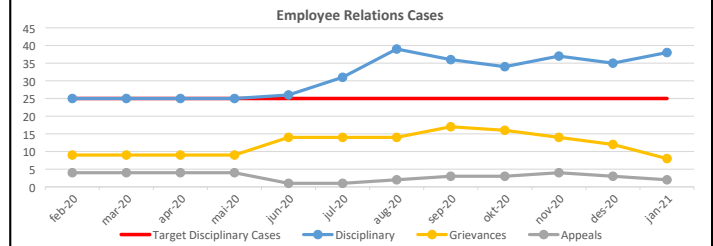
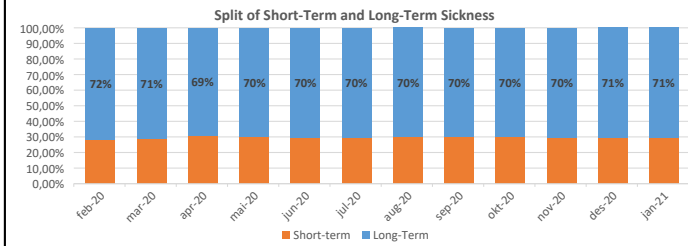
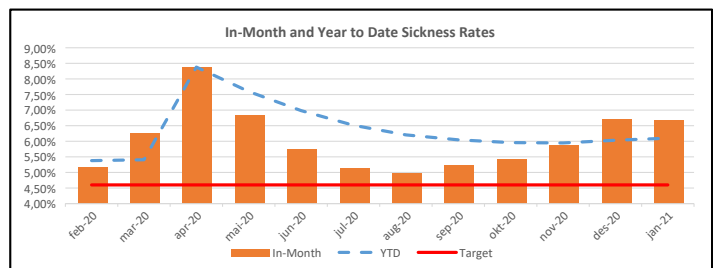
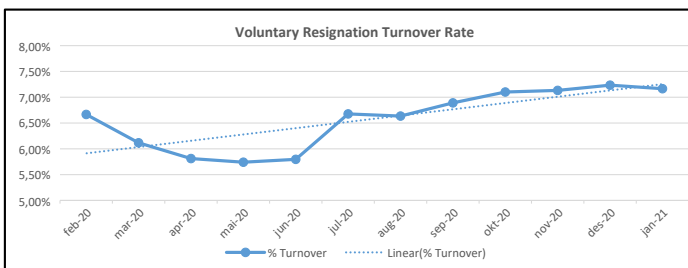
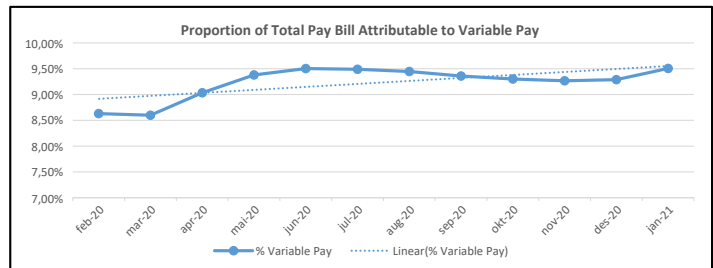
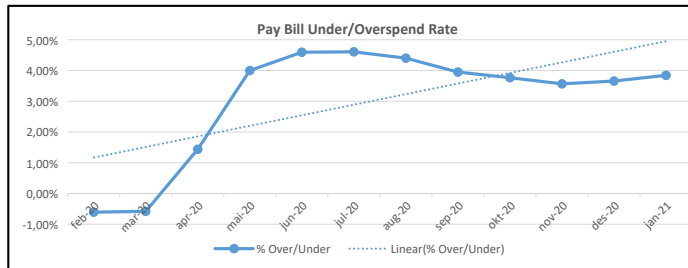
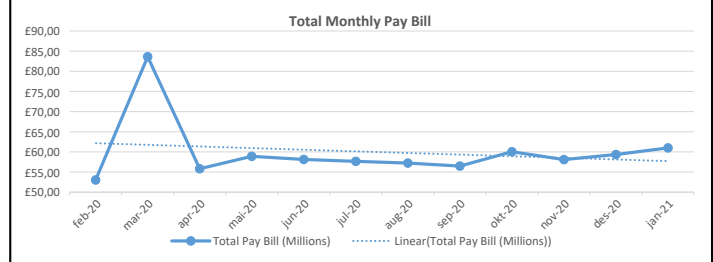
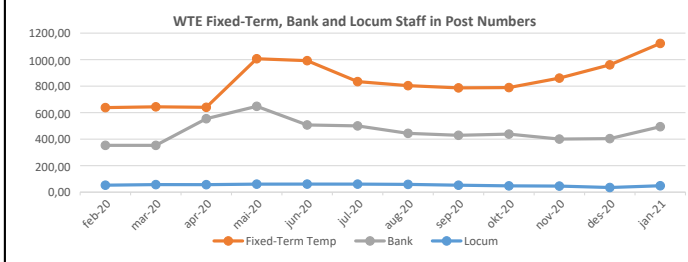
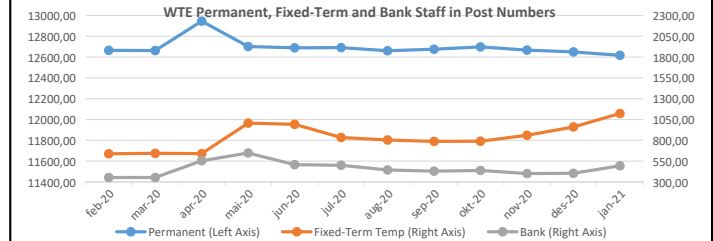
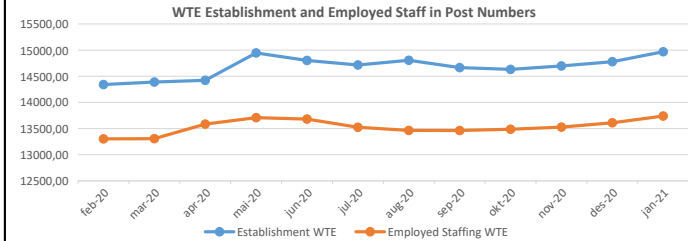
Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.



Workforce Key Performance Indicators Trends January 2021



Report Title:	Board Assurance Framework – Capital Assets						
Meeting:	Strategy and Delivery Committee				Meeting Date:	9 th March 2021	
Status:	For Discussion		For Assurance	X	For Approval		For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

The purpose of the report is to provide Members of the Strategy and Delivery Committee with the opportunity to review the risks on the Board Assurance Framework which link specifically to the Strategy and Delivery Committee.

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

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

The attached Capital Assets risk is a key risk to the achievement of the organisation's Strategic Objectives.

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

There are currently nine key risks agreed by Executives which are impacting upon strategic objectives and the risks which link to the Strategy and Delivery Committee are:

1. Workforce including potential capacity issues
2. Sustainable Primary and Community Care
3. Sustainable Culture Change
4. Capital assets
5. Test, Trace and Protect and Mass Vaccination
6. Delivery of IMTP
7. Planned Care Capacity

It has previously been agreed by the Committee that one risk would be reviewed at each meeting and the risk attached for review at the March Meeting is **Capital Assets**.

The role of the Committee in relation to the risk is to review it, check that the controls are in place and working and agree any further actions required in order to mitigate the risk further. The Committee can then provide further assurance to the Board that the risk is being managed or mitigated as much as possible at the current time. The Executive Director Lead for this risk is

the Executive Director of Strategic Planning.

Recommendation:

The Strategy and Delivery Committee is asked to:

Review the attached risk in relation to Capital Assets to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	x	Long term		Integration		Collaboration		Involvement	
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.



Capital Assets (Estates, IT Infrastructure, Medical Devices) – Lead Executive 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. There have also been a number of recent failures in relation to the estate which means that this risk needs to remain at its current net risk score of 20.

Risk	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.		
Date added: 12.11.2018			
Cause	<p>Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B.</p> <p>Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised.</p> <p>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.</p> <p>Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement</p>		
Impact	<p>The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs.</p> <p>Service provision is regularly interrupted by estates issues and failures.</p> <p>Patient safety and experience is sometimes adversely impacted.</p> <p>IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk</p> <p>Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>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.</p> <p>Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions.</p> <p>The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure.</p> <p>IT SOP sets out priorities for next 5 years, to be reviewed in early 2019</p> <p>Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks</p>		

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	<p>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.</p> <p>Medical Equipment prioritisation is managed through the Medical Equipment Group</p> <p>Additional discretionary capital £0.5m for IT and £1.0m for equipment which enabled purchasing of equipment urgently needing replacement.</p> <p>Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months.</p>		
Current Assurances	<p>The estates and capital team has a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues.</p> <p>Work is starting on the business case to secure funding to enable a UHW replacement to be build.</p> <p>The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised.</p> <p>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.</p> <p>Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee</p> <p>IT risk register regularly updated and shared with NWIS.</p> <p>Health Care Standard completed annually</p> <p>Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.</p>		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	<p>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.</p> <p>In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly.</p> <p>Traceability of Medical Equipment</p> <p>The Welsh Government current capital position is very compromised due to COVID 19 expenditure which will impact significantly on the Capital Programme of the UHB.</p>		
Gap in Assurances	<p>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.</p> <p>Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year</p>		

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Actions		Lead	By when	Update since November 20
1. Progress implementation on the estates strategic plan		AH/CL	31.03.21	Priorities for Capital Programme included within 2020-2023 IMTP which were prioritised by Management Executive
2. Had to give up discretionary capital £1m allocation reduced to £500k		FJ	31.03.21	Prioritisation of capital managed through capital management group but overall capital position worse than last year. However, position rectified by WG as discretionary capital replenished.
3. The Estates Strategy requires review and refresh		AH	31.07.21	This will be presented to S&D Committee prior to approval by the Board in September 2021
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 high)

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Report Title:	People and Culture - KickStart Scheme					
Meeting:	Strategy & Delivery Committee			Meeting Date:	9.3.21	
Status:	For Discussion		For Assurance	For Approval	For Information	x
Lead Executive:	Interim Executive Director for Workforce and Organisational Development					
Report Author (Title):	Assistant Director of Organisational Development					

SITUATION

Due to the current economic landscape as a result of Covid19, many people are out of work. A high proportion of these individuals are between the ages of 16 and 24. The government has launched an innovative new scheme to help young people into work and to help revive the National Economy.

£2 billion has been allocated for the Kickstart scheme, giving unemployed young people a future of opportunity by creating high-quality, government-subsidised jobs across the UK.

The scheme allows anyone between the ages of 16-24, who are claiming Universal Credit, a six-month work placement. These are required to be new jobs and are not to substitute current roles.

The government will fully fund each "Kickstart" job - paying 100% of the age-relevant National minimum Wage, National Insurance and pension contributions for 25 hours a week.

- £4.55 for under 18s
- £6.45 for 18 to 20-year-olds
- £8.20 for 21 to 24-year-olds

These hourly rates would give the individual more money than universal credit. The individual would not be out of pocket and any extra expenditure would also be paid by the Government e.g. Transport

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BACKGROUND

Cardiff and Vale UHB has successfully achieved platinum status of corporate health standards since 2014, which highlights a commitment to our corporate responsibility. The Cardiff Commitment pledge was also signed in collaboration with Cardiff local authority supporting the vision of working in partnership to assist young people find opportunities of work. The Kickstart Scheme supports both of these statements

ASSESSMENT

The proposal / application was for Cardiff and Vale UHB to become a single employer which would offer more than 50 new jobs in non-clinical areas. This will enable young people to gain new skills and confidence in the workplace. This experience will also improve their chances to gain long term, sustainable work in the future.

The placement will last for six months, during this period the individual will gain extra skills and mentoring to help them become successful in gaining long term employment. The government is supporting organisations with an additional financial resource of £1500 per capita to gain pastoral and educational support. From the income generated an Inclusion manager will be employed for a fixed term contract to cover the initiative which ends in December 2021.

In January 2021 the UHB was notified that its application to become a Kickstart direct employer was successful.

RECOMMENDATION

- For the paper to be noted for the UHB's successful application to become a Kickstart direct employer
- To note that by March 2021 placements will commence in Cardiff and Vale UHB supported by an Inclusion Manager (incorporating coordinating the Kickstart Scheme)
- For committee members to promote the scheme for employment opportunities.

Shaping our Future Wellbeing Strategic Objectives

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

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

3. All take responsibility for improving our health and wellbeing	✓	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	✓
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>			
Prevention		Long term	
		Integration	
		Collaboration	
		Involvement	✓
Equality and Health Impact Assessment Completed:	Not Applicable If “yes” please provide copy of the assessment. This will be linked to the report when published.		



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