Public Strategy & Delivery Committee

Tue 14 September 2021, 09:00 - 12:30

Agenda

1. Standing Items

00 - Public Agenda -S&D Committee - September - v6.pdf (1 pages)

1.1. Welcome & Introductions

Michael Imperato

1.2. Apologies for Absence

Michael Imperato

1.3. Declarations of Interest

Michael Imperato

1.4. Minutes of the Meeting held on 13th July 2021

Michael Imperato

1.4- Draft Public Minutes - SD Committee - 13.07.2021 - V3 AF.NF.pdf (11 pages)

1.5. Action Log of the Meeting held on 13th July 2021

Michael Imperato

1.5 - Public Action Log - S&D Committee - 13.07.2021 - v2.pdf (3 pages)

1.6. Chair's Action taken following meeting held on 13th July 2021

Michael Imperato

2. Items for Approval

2.1. Policies for approval

Rachel Gidman

(a) NHS Wales Secondment Policy

2.1 - Employment Policies Report Sept 2021 (Secondment Policy).pdf (3 pages)
2.1.1 - NHS Wales Secondment Policy.pdf (25 pages)

3. Items for Review and Assurance

3.1. Shaping Our Future Wellbeing Strategy (SOFW) Update :

Abigail Harris - Marie Davies

(a) Flash Update - Strategic Programme

3.1.a - Strategic Programme Update - cover paper - S&D Sept 21.pdf (2 pages)
3.1a - Appendices A - E - Strategic Programme Update.pdf (5 pages)

3.2. Shaping Our Future Clinical Services Rehabilitation Model Implementation Update

Fiona Jenkins - Emma Cooke

3.2 - SOFCS Rehabilitation Model Implementation Update.pdf (4 pages)

3.3. Shaping Our Future Clinical Services Update

Vicky Legrys

Welsh Language Strategy Update

3.3.1 - SOFCS update slides.pdf (6 pages)
3.3.2 Shaping Our Future Public Engagement Report 23-6-21.pdf (44 pages)

3.4. Specialist & Tertiary Services Strategic Plan Update

Ian Langfield

3.4 - Specialist & Tertiary Services Strategic Plan Update.pdf (4 pages)

3.5. People & Culture

Rachel Gidman

(a) VBA Campaign Presentation
(b) Cultural Showcase Update

3.6. Performance Reports

Rachel Gidman - Steve Curry

3.6a - Performance report - Workforce KPI.pdf (8 pages)
3.6a - WOD KPI Report Jul-21.pdf (1 pages)
3.6b - Performance Report - Operational Indicators 14 09 21.pdf (6 pages)
3.6b 2 - Leading not Following presentation.pdf (12 pages)

3.7. Emerging thinking for developing care at a System Level

Steve Curry - Adam Wright

3.7 - System Wide Unscheduled Care.pdf (2 pages)
3.7.1 - System Level Care v2.pdf (17 pages)

3.8. Board Assurance Framework

Nicola Foreman

3.8 - BAF Report - Sustainable Culture Change & Inadequate Planned Care Capacity.pdf (3 pages)
3.8.1 - Sustainable Culture Change, Inadequate Planned Care Capacity & Inequalities.pdf (9 pages)

4. Items for Noting and Information

4.1. Q1 RPB Funding Streams updates

Abigail Harris - Meredith Gardiner

4.1 - Q1 RPB Funding Stream updates.pdf (7 pages)

5. Review of the meeting

Michael Imperato

6. Date & Time of Next Meeting: Tuesday 16th November 2021 at 09:00am Via MS Teams

Michael Imperato

Public Strategy & Delivery Committee
Agenda
Tuesday 14th September 2021
9:00am – 12:30pm
Via MS Teams

1.	**Standing Items**	
1.1	Welcome & Introductions	Michael Imperato
1.2	Apologies for Absence	
1.3	Declarations of Interest	
1.4	Minutes of the Meeting held on 13th July 2021	
1.5	Action Log of the Meeting held on 13th July 2021	
1.6	Chair's Action taken following meeting held on 13th July 2021	
2.	**Items for Approval**	
2.1	Policies for approval: **(a)** NHS Wales Secondment Policy	Rachel Gidman
3.	**Items for Review and Assurance**	
3.1	Shaping Our Future Wellbeing Strategy (SOFW) Update : **(a) Flash Update – Strategic Programme**	Abigail Harris Marie Davies
3.2	Shaping Our Future Clinical Services Rehabilitation Model Implementation Update	Fiona Jenkins Emma Cooke
3.3	Shaping Our Future Clinical Services Update	Vicky Legrys
3.4	Specialist & Tertiary Services Strategic Plan Update	Ian Langfield
3.5	People & Culture **(a)** VBA Campaign Presentation **(b)** Cultural Showcase Update	Rachel Gidman
3.6	Performance Reports **(a) Workforce Key Performance Indicators** **(b) Organisation Key Performance Indicators**	Rachel Gidman Steve Curry
3.7	Emerging thinking for developing care at a System Level	Steve Curry Adam Wright
3.8	Board Assurance Framework	Nicola Foreman
4.	**Items for Noting and Information**	
4.1	Q1 RPB Funding Stream updates	Abigail Harris Meredith Gardiner
5.	**Review of the Meeting**	Michael Imperato
6.	**Date & Time of Next Meeting:** Tuesday 16th November 2021 at 09:00am Via MS Teams	Michael Imperato

Unconfirmed Minutes of the Strategy & Delivery Committee
Tuesday 13th July 2021 – 9:00am – 12:00pm
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	Committee Vice Chair & Independent Member – Third Sector
In Attendance:		
Catherine Philips	CP	Executive Director of Finance
Ceri Phillips	CP	UHB Vice Chair
David Thomas	DT	Director of Digital Health Intelligence
Fiona Kinghorn	FK	Executive Director of Public Health
Jason Roberts	JR	Deputy Executive Nurse Director
Keithley Wilkinson	KW	Equalities Manager
Lianne Morse	LM	Head Of Operational Human Resources
Marie Davies	MD	Deputy Director of Strategic Planning
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	MD	Executive Director of People And Culture
Steve Curry	SC	Chief Operating Officer
Observers:		
Shannon Ocallaghan	SO	Graduate Management Trainee
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Jenkins	FJ	Executive Director Of Therapies And Health Science
Stuart Walker	SW	Interim CEO & Executive Medical Director

Min Ref	Agenda Item	Action
S&D 21/07/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 21/07/002	**Apologies for Absence** Apologies for absence were noted.	
S&D 21/07/003	**Declarations of Interest** The Independent Member – Third Sector (IM-TS) declared an interest as being part of the General Medical Council (GMC) in Wales	
S&D 21/07/004	**Minutes of the Committee Meeting held on 11th May 2021**	

	The minutes of the meeting held on 11th May 2021were received and confirmed as a true and accurate record of the meeting. **The Committee Resolved that:** a) The minutes of the meeting held on 11th May 2021 be approved as a true and accurate record of the meeting.	
S&D 21/07/005	**Action Log following the Meeting held on 11th May 2021** The action log was received and the Committee noted that the majority of the actions had been completed or were on the agenda for discussion during the meeting, or were due for discussion at a future meeting. **The Committee Resolved that:** a) The Committee action log updates from 11th May 2021were received and noted.	
S&D 21/07/006	**Chair's Action taken following the meeting held on 11th May 2021** No chairs actions had taken place since the previous meeting.	
S&D 21/07/007	**Annual Capital Plan report** The Deputy Executive Director of Strategic Planning (DEDSP) highlighted that the Capital Programme Plan for the financial year was subject to change due to it being a continually rolling programme where schemes were being developed and approved. It was reported that there were a significant number of recovery schemes where support was being sought via revenue and capital funding and she advised that this could present a challenge as there was already an over commitment on the capital programme. Detail of the schemes in development were shared in appendix 2 of the paper presented. It was confirmed that a number of major capital schemes were significant in terms of cost and range, some of which had been taken on at risk. This detail was also confirmed in appendix 2, including a number of acute infrastructure cases which were being planned at risk. The DEDSP added that when schemes were undertaken at risk Welsh Government were aware of the schemes but they were undertaken at risk in the sense that the Health Board may have to fund the planning costs associated with the Outline Business Case / Full Business Case development. She advised that the costs would normally be paid back once a scheme was approved by Welsh Government. Prior to approval costs were funded via the discretionary capital programme, schemes that are undertaken at risk and not funded by Welsh Government are then funded through their own revenue stream.	

	Independent Member – Capital & Estates (IM-CE) queried what the process was to go at risk when there was no available funding. The DEDSP responded to confirm that the Health Board would not proceed at risk to fund a significant capital scheme using revenue funding. She also reiterated that the planning costs incurred at risk from a funding point of view are typically reimbursed by Welsh Government if a scheme is approved. In the event that a scheme is not supported the costs would be written off against revenue. The EDF commented that if a development is to be funded through capital and there is no funding source available then the Health Board may proceed at risk but when a call is made on discretionary capital, so when money is recuperated, they are able to use the funding recovered for something else. Whilst this would mean that budgets appeared tight within the capital programming year it did not mean that there was no resource was available. **The Committee Resolved that:** a) The content of the paper including the level of funding which would be challenging to manage in year be noted. b) The Capital Plan as presented with any 'in year' changes to the Plan being dealt with in line with the UHB Standing Financial Instructions (SFI's) and scheme of delegation be approved. c) All Business Cases would follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board. d) The schemes that the UHB were developing through the Business Case process pending WG approval were noted.	
S&D 21/07/008	**Shaping Our Future Wellbeing Strategy (SOFW) Update :** **a) Flash Update** The DEDSP advised that the Health Board was in Year 6 of delivering the SOFW Strategy and confirmed that implementation of the Strategy had been split into 4 clinical programmes: • Shaping our Future Clinical Services (SOFCS) • Shaping our Future Hospitals (SOFH) • Shaping Our Future Community Hospitals (At Home Programme) • Shaping Our Future Population Health (SOFPH) The DEDSP stated that the programme approach was a key vehicle for implementation and allowed an integrated approach to be taken to the delivery of strategic, operational, and recovery activities. She confirmed that the paper shared provided an overview of the governance arrangements in place to organise the planned strategic programmes. She highlighted that the Portfolio Steering Group, which was chaired by the EDSP, reported into the change hub which fed into the Management Executive team and S&D committee	

	The DEDSP suggested that Appendix B, a flash report/update of all programmes of work, and proposed that this be brought to future meetings routinely so that the committee could have oversight of plans and take assurance from the progress being made against the SOFW strategy. The CC queried what the next Major milestone set for September 2021 represented. The DEDSP confirmed that this would be completion of the first exemplar pathway. She also highlighted that there was limited resource for the SOFCS programme. The intention was to support the programme using external support through Welsh Government support for SOFH PBC to progress to a Strategic Outline Case. She informed the committee that the team was not at that stage and therefore had no funding to recruit the support needed to fast track the planning work underpinning SOFCS It was hoped that by September Cardiology could be used as an exemplar to develop and test out the methodology for working through clinical services to support the SOFCS plan. **The Committee Resolved that:** a) The proposed governance framework be approved; and b) The progress and risks described in the Programme Portfolio Flash Report be noted.	
S&D 21/07/009	**People & Culture:** **Welsh Language Strategy Update** The Executive Director of People & Culture (EDPC) informed the Committee that the Welsh Language Strategy was introduced in 2019 which took over from the Welsh Language Measure from 2011. The Equalities Manager (EM) highlighted that his team had received numerous complaints which mainly focussed on the Cardiff & Vale website so the team were working with the Communications Team and Welsh Language commissioner to resolve these issues. He stated that as an organisation his team wanted the Health Board to move beyond reactive approaches and to embed thinking about the Welsh Language within the organisational culture. The EM assured the Committee that the challenges and risks his team encountered continued to be worked on are were monitored on a bi-monthly basis by the Equality Strategy Welsh Language Standards Group (ESWLSG). The EM also advised that whilst there had been challenges in the area there had also been some major achievements He highlighted that 70 / 120 of the Welsh Language standards had been met which placed the Health Board in an amber state although work in the area continued.	

To improve compliance with the Welsh Language Standards his team had:

- Set up a learning wall in Woodlands house
- Begun to develop admission packs
- Worked with the additional learning needs alliance to include the provision of Welsh Language Services
- Worked to achieve a position so that users could input Welsh spelling and grammar checks onto their computer systems
- Began working with Internal Audit
- Continued to work on responses to complaints to ensure they were being appropriately addressed

IM-CE shared how pleased she was with the work undertaken by the EDPC and EM to push forward this agenda and expressed here gratitude for the focus and attention given to the issue.

Independent member – Third Sector (IM-TS) suggested that work needed to be undertaken within recruitment to make the progress made sustainable. She suggested that Welsh should be considered an essential criterion for recruiting people areas such as digital and social media. She added that workforce should work on developing relationships with the Universities, Coleg Cymraeg and the schools in Cardiff who were producing Bi-lingual students and suggested that this should be included within plans moving forward.

The EDPC agreed with the points made around recruitment and confirmed that conversations regarding the inclusion of Welsh as an essential criterion would be had with relevant teams. She also added that the Health Board's inclusive agenda and inclusive recruitment drive took a holistic view on diversifying the workforce and the Welsh Language was included within that approach.

The CC advised that the commitment from the team to push the agenda forward was not in doubt and he suggested that some of the areas complained about could be considered as basic issues, such as the website, which would be easily addressed. He queried whether the committee could be given assurance that the complaints would be addressed within a set time.

The EM agreed with the points made and advised that his team were hoping the work being undertaken on the website by Trussell was expected to complete by the end of August.

For the 50 outstanding standards, the EM suggested that in six months' time the team would hope to be in a better position which would also reduce the number of complaints received. KW

The Committee Resolved that:

a) The contents of the report with an update to come to the Strategy and Delivery Committee in 6 months' time be approved
b) The ongoing Welsh Language compliance with the Welsh Language Standards across the UHB was supported and approved.

S&D 21/07/010	**Performance Reports** **(a) Organisation Key Performance Indicators** The Chief Operating Officer (COO) shared a paper to set out the current operating context which remained a challenging environment to manage. He highlighted: • Un-scheduled Care - Teams were experiencing significant increases in activity from non Covid patients - smaller amounts of Covid activity were being seen in the bed base of the hospital - Significant pressures were noted at front door services, primary care services, and Mental Health services - teams were beginning to configure themselves in a Covid ready position • Planned Care - The Health Board was at the end of the first quarter and the challenges of staying Covid ready remained - The Health Board's Recovery plan had been submitted to Welsh Government - Their trajectory for recovering planned care in the first quarter, to reach 70% of pre Covid activity, had been met and exceeded. Teams were aiming for a return of 80% of pre-covid activity for the end of the second and third quarter and 90% for the fourth quarter • Mental Health services - The COO discussed the focus on this area in other forums and confirmed that the adult Mental Health Team would deliver a presentation to the Public Board at the end of July The CC queried what affect CAV24/7 had had on services. The COO responded that it had had an impact in terms of providing an opportunity to better control some of the activity rather than reduce, as there was a degree of signposting that avoided some of the patients coming into the emergency department. This resulted in 1/3 of activity being semi planned. IM-TS highlighted that the Community Health Council (CHC) had a lot on their agenda in relation to Primary Care, access to Primary Care, gatekeeping, etc. She queried strategically what would be the plan to address issues in these areas and what options would be available to teams. The COO stated that teams were speaking in two currencies Unscheduled Care and Planned Care. In regards to Unscheduled Care, this was a programme that was moving towards a Home First Primary Care based urgent care model. For Planned Care he stated that until the Health Board was able to reach over 100% of pre Covid levels they would not be able to eat into the backlog. He highlighted that the Health Board would need a combination of expediency, capacity, resource, and redesign for them to meet the needs of individuals in different ways and this would be looked at in terms of backlog and recurrent demand. The COO added that they would hope to redesign those system taking a pathway approach.	

	The CC queried the eye care figures mentioned within the report. The COO responded that the team were performing at 80% of pre covid-levels and the level of service was slowly improving. He added that the annual plan proposed a mobile twin theatre which would allow the teams to undertake larger volumes of work in a different operating model. The CC proposed that CHC colleagues be invited to attend the next meeting to speak to the Committee and participate in a deeper look at Ophthalmology and Primary Care. **The Committee Resolved that:** a) The year to date position against key organisational performance indicators for 2021-22 in the context of prevailing operating conditions be noted. **(b) Workforce Key Performance Indicators** The EDPC highlighted that staff wellbeing was of paramount importance and was listed as a potential risk within the Board Assurance Framework (BAF). She added that she Chaired a Wellbeing Strategy Group which recently met and prepared a 12 month programme of work which she proposed to share with the Committee at a future meeting. The EDPC advised that within Health Board KPI's and the matrix for workforce there was a lot of work undertaken on an all Wales basis but that as an organisation her team were also undertaking a deep dive into the data including in relation to employee relations which was highlighted within her paper. The EDPC highlighted that they her teams were managing and focusing on: • The workforce being Covid ready – workforce hubs were ready to support • Focusing on recovery plans • Current establishment and the attraction, recruitment, and retention of staff. The Head of Operational Human Resources (HOHR) shared a presentation relating to Employee Relations and provided a detailed overview of the historic and current ER cases and the work undertaken by the operations team to improve the position. The IM-TS highlighted the race equality action plan, which if adopted would require organisations to note complaints/cases by ethnicity and queried what had been done in preparation for those incidents. The HOHR advised that equality data was captured within their trackers and they previously used ESR to capture this data for their employee relations cases. She informed the committee that they had not undertaken this task for or some time as some Health Boards in Wales had moved away from ESR and had introduced employee relations systems instead, including the use of Selenity software.	SC RG

	The UHB Vice Chair queried when an option appraisal would be presented to the Management Executive to consider how this would be managed moving forward. The EDPC stated that her team would factor this into their work plans and the appraisal would be brought back to a future meeting. **The Committee Resolved that:** a) The contents of the report was discussed and noted.	RG/LM
S&D 21/07/011	**Shaping Our Future Wellbeing Strategy (SOFW) Update : Deep Dive - Shaping our Future Population Health (SOFPH)** The Executive Director of Public Health (EDPH) shared a presentation which provided an overview of the strategic approach to be taken to move the population health programme forward in the medium term. The EDPH highlighted the 3 approaches of the strategy: • People and places – Which focussed on how to get the best value approach at a local community level • Home First - When it's needed, care and support is joined up and delivered at home • Prevention and Early Intervention – To ensure that opportunities are taken in this area. She confirmed that the stated the infrastructure and governance within the programme is based on: • Starting well • Living Well • Ageing well The EDPH shared a diagram which represented what Population Health thinking really meant in each of the following areas: • Shaping Our Future Clinical Services - Needs based planning – accurate data to say what the population would look like in the future - Evidence of shift upstream – Long history of shift upstream in Diabetes and the positive impact of work on obesity and healthy weight. • UHW 2 - Fit for size of population - Environmentally sustainable • At Home - Primary care and community services transformation - GP cluster development - Health & Wellbeing Centres and hubs development - Systematic approaches to prevention and early intervention e.g. Kings Fund work, pre-diabetes	

	The EDPH informed the committee on specific system programmes in relation to SOFPH: • Vaccination and immunisation • Healthy weight: Move More Eat Well • Systematically tackling inequalities • Sustainable and healthy environment • King's Fund recommended programmes The EDPH highlighted that many of the programmes had to be curtailed over the year due to Covid and that many members of her senior team were still working on Covid related work which may affect the speed at which they will complete the SOFPH work. **The Committee Resolved that:** a) The strategic programme and direction of travel be supported, noting that further work would be taking place to define deliverables for supporting projects and resource requirements.	
S&D 21/07/012	**Wellbeing of Future Generations Act Annual Update** The EDPH informed the Committee there was a steering group for the Wellbeing of Future Generations Act however the group had been paused for a year due to the pandemic. She highlighted that the steering group did not control the work streams to implement the provisions of the act and instead acted as a governance mechanism to monitor progress in the area. The EDPH advised that the reported highlighted the range of actions that had been driven and developed including the Sustainability action plan, The Vale Climate Charter, Global Green and Healthy Hospitals Network. At the request of the CC the EDPH also provided some clarity on what the sustainable procurement approach entailed. She confirmed that the approach included the principles through which the Health Board would run their procurement decisions including consideration of things such as the foundational economy and the way suppliers provide services taking account of sustainability throughout the supply chain. The Director of Corporate Governance (DCG) shared her support for the item being shared at the Committee and advised that Audit Wales were looking at implementation of the acts objectives and it would be important to demonstrate that action had been taken despite the steering group not being in place. **The Committee Resolved that** a) The Flash Report, which provided regular assurance of progress against the Steering Group's action plan and the actions required to be undertaken for the UHB to meet its statutory duties under the Act be noted.	

S&D 21/07/013	**Board Assurance Framework (BAF)** The DCG reminded members that 7 of the risks on the BAF were allocated to the S&D Committee. She confirmed that this was expected as the committee, by its nature, would monitor risks relating to the Health Board's strategy. The DCG shared 2 of the 7 risks allocated to the committee at the meeting relating to workforce and Sustainable Primary & Community Care. The DCG confirmed that at September's Committee meeting and the July Board meeting the risk on reducing health inequalities would be shared. **The Committee Resolved that:** a) The risks in relation to Workforce and Sustainable Primary and Community Care to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety were reviewed.	NF
S&D 21/07/014	**Annual Board Effectiveness Survey 2020-2021 - Strategy and Delivery Committee** The DCG advised that the paper included the results for the Committee that were shared at Audit Committee in May. The DCG highlighted the response rate for the committee as only 2 responses were received. She informed the Committee that the following year the pool of individuals invited to contribute would be broadened to ensure that a fuller response was received. The DCG confirmed that the actions included within the paper were the same for all committees of the board and implementation of these would continue to be monitored by the board. **The Committee Resolved that:** a) The results of the Annual Board Effectiveness Survey 2020-2021, relating to the Strategy and Delivery Committee be noted. b) The action plan developed for 2020-2021, which would be progressed via Board Development sessions.	
S&D 21/07/015	**Equality Strategy & Welsh Language Standards Group ToR's** The Committee received the Equality Strategy & Welsh Language Standards Group ToR's **The Committee Resolved that:** a) The contents of the report were noted. b) The ongoing work of the ESWLSG was supported and approved.	

S&D 21/07/016	**Q4 reports for all RPB short term funding streams** The committee received the Q4 reports for all RPB short term funding streams **The Committee Resolved that:** a) The contents of the Q4 reports for all RPB short term funding streams were noted.	
S&D 21/07/017	**10 Opportunities for Planned Care** The DCG confirmed that the report was prepared by Audit Wales after the first cessation of planned care in 2020. She advised the Committee that the report looked at the all Wales position and was produced before winter 2020. She also reminded the Committee that there had been a second cessation of planned care since the report was prepared. It was agreed by the Audit Committee that the S&D Committee should also have sight of this report The COO commented that the report was helpful and advised that the DCG was correct to frame it in the context it was produced as the situation had since changed but the principles underlying the paper were still valid. The COO added that the paper represented one of the areas that informed thinking at a national level and he advised that the national planned care board were trying to navigate its way through recovery in an ongoing sustainably planned care position. **The Committee Resolved to:** a) The contents of the 10 Opportunities for Planned Care report was noted.	
S&D 21/07/018	**Review of the Meeting** The CC asked if attendees were satisfied with the business discussions and format of the meeting, and all Committee members confirmed it was a positive meeting with an appropriate level of Independent Member challenge and scrutiny.	
S&D 21/07/019	**Date & Time of next Meeting** The CC thanked everyone for their attendance and contribution to the meeting, and confirmed that the next meeting would be held on Tuesday 14th September 2021 at 09:00am Via MS Teams	

Public Action Log

Following Strategy & Delivery Committee
Held on 13th July 2021
(For the meeting on 14th September 2021)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 21/03/006	**Chair's Action taken following the meeting held on 12 January 2021**	The Interim EDWOD to share an update on the Health Board's Implementation of the Welsh Language Strategy.	**13/07/2021**	Rachel Gidman	**COMPLETE**
S&D 21/05/008	**Strategic Equality Plan – Action Plan**	The EM stated he will bring back the agreed Terms of Reference of the ESWLS group to the next S&D committee for noting.	**13/07/2021**	Keithley Wilkinson	**COMPLETE**
S&D 21/05/013	**Strategy & Delivery Dashboard Demo Update**	CC had requested that the S&D Dashboard be presented at a Board Development session	**24/06/2021**	David Thomas	**COMPLETE**
S&D 21/05/018	**Board Assurance Framework (BAF)**	The DCG and the EDPC to work together to integrate the risk in relation to inequalities into the BAF. This will be presented to the Board in July 2021.	**29/07/2021**	Nicola Foreman	**COMPLETE**
S&D 21/05/007	**Draft Pharmaceutical Needs Assessment (PNA) report**	Due to the significance of the PNA that it should be ratified by the Board in September, following sign off by the S&D committee due to the statutory requirements.	**14/09/2021**	Fiona Kinghorn Karen May	**COMPLETE** On agenda for the **30 September 2021** Board Meeting
Actions In Progress					
S&D 21/05/008	**Strategic Equality Plan – Action Plan**	Additional reporting requirements for the SEP to be brought to a future meeting.	**11/01/2022**	Keithley Wilkinson	Update to be given at the meeting **11 January 2022**.

S&D 21/05/012	**Shaping Our Future Wellbeing Strategy (SOFW) Update (b) Deep Dive – (Rehabilitation Model Implementation)**	The CC asked that a brief update on this item be brought back to the committee later in the year.	**14/09/2021**	Fiona Jenkins Emma Cooke	On agenda for **14 September 2021.**
S&D 21/05/014	**People and Culture – VBA Campaign**	The EDPC to give a presentation on the VBA campaign to a future meeting.	**14/09/2021**	Rachel Gidman	On agenda for **14 September 2021.**
S&D 21/07/009	**People & Culture: Welsh Language Strategy Update**	Bring Welsh Language Strategy update to the S&D committee in 6 months' time	**11/01/2022**	Keithley Wilkinson	Update to be given at the meeting **11 January 2022**.
S&D 21/07/010	**Organisation Key Performance Indicators**	The CC proposed on bringing back to the next meeting for some CHC colleagues be invited and speak to the committee, following discussions regarding relationships between the S&D committee and the CHC	**16/11/2021**	Michael Imperato	Update to be given at the meeting **16 November 2021**.
S&D 21/07/010	**Organisation Key Performance Indicators**	The CC requested to having a deeper look at ophthalmology and primary care	**14/09/2021**	Steve Curry	On agenda for **14 September 2021.**
S&D 21/07/010	**Workforce Key Performance Indicators**	The EDPC chairs a wellbeing strategy group where they recently met and drafted a 12 month programme of work. EDPC proposed to bring this plan back to a future meeting to review.	**14/09/2021**	Rachel Gidman	On agenda for **14 September 2021.**
S&D 21/07/010	**Workforce Key Performance Indicators**	The EDPC stated that the options appraisal will be considered in terms of timescales and be brought back to a future ME & committee meeting.	**TBC**	Rachel Gidman Lianne Morse	Update to be shared at a future meeting.
S&D 21/07/014	**Board Assurance Framework (BAF)**	The DCG stated that in the September meeting the risk on reducing health inequalities will be brought to the committee	**14/09/2021**	Nicola Foreman	On agenda for **14 September 2021.**

Actions referred to committees of the Board					

Report Title:	**Employment Policies Report – All Wales Secondment Policy**	**Agenda Item no.**	**2.1**
Meeting:	**Strategy and Delivery Committee**	**Meeting Date:**	**14/09/2021**
Status:	**For Discussion**	**For Assurance**	**For Approval** **x** **For Information**
Lead Executive:	**Executive Director of People and Culture**		
Report Author (Title):	**Workforce Governance Manager**		

Background and current situation:

This paper summarises for the Strategy and Delivery Committee details of the All-Wales Secondment Policy which has been reviewed recently and should now be adopted by the UHB.

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

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

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

The UHB is committed to the delivery of a quality service and recognises its responsibility to train and develop staff to maximise their potential, to meet the needs of the service. Secondments are valuable for staff development and for addressing a short-term need to cover a post.

Secondments can occur internally, when a member of staff is seconded to another NHS organisation, or externally to a non-NHS organisation/sector. Secondment opportunities should be available for all staff and all requests will be given serious consideration. However, there may be service or operational requirements which lead to an application for release being declined.

The Secondment Policy sets out the principles, process and rules which govern secondments. It has been reviewed recently and a number of changes introduced which now need to be implemented at the earliest opportunity.

Changes to the Policy include:

- The inclusion of the Core Principles of NHS Wales
- Individuals, the employer and the host organisation are required to maintain communication for the duration of the secondment – previously this was a mutual obligation rather than a requirement.
- Department / organisations are no longer expected to monitor the level of declined and approved applications
- Placements arising as a result of Integrated Service Delivery between 2 or more authorities has been removed from the list of ways in which secondments can arise

- Secondments should ordinarily be for a maximum of four years. The revised Policy provides clearer guidance on the options available should the Host's requirement for the seconded post exceed four years.
- Examples of objective business grounds for refusing a request have been removed
- A new statement advises staff to discuss their wish to apply for a secondment in principle with their line manager at the earliest opportunity
- The Secondee should be consulted in the event of organisational change affecting a department's establishment during the period of the secondment. The Policy previously stated that they should be kept informed.
- Guidance on what the secondment agreement should include has been removed and has been replaced with a model secondment agreement to be used for secondments within the NHS. This should also be used as a starting point when negotiating terms with organisations outside the NHS in Wales, but consideration needs to be given to whether all of the provisions meet their needs (especially around liability, pay and practical arrangements).
- The section on Management of the Secondee has been expanded and strengthened

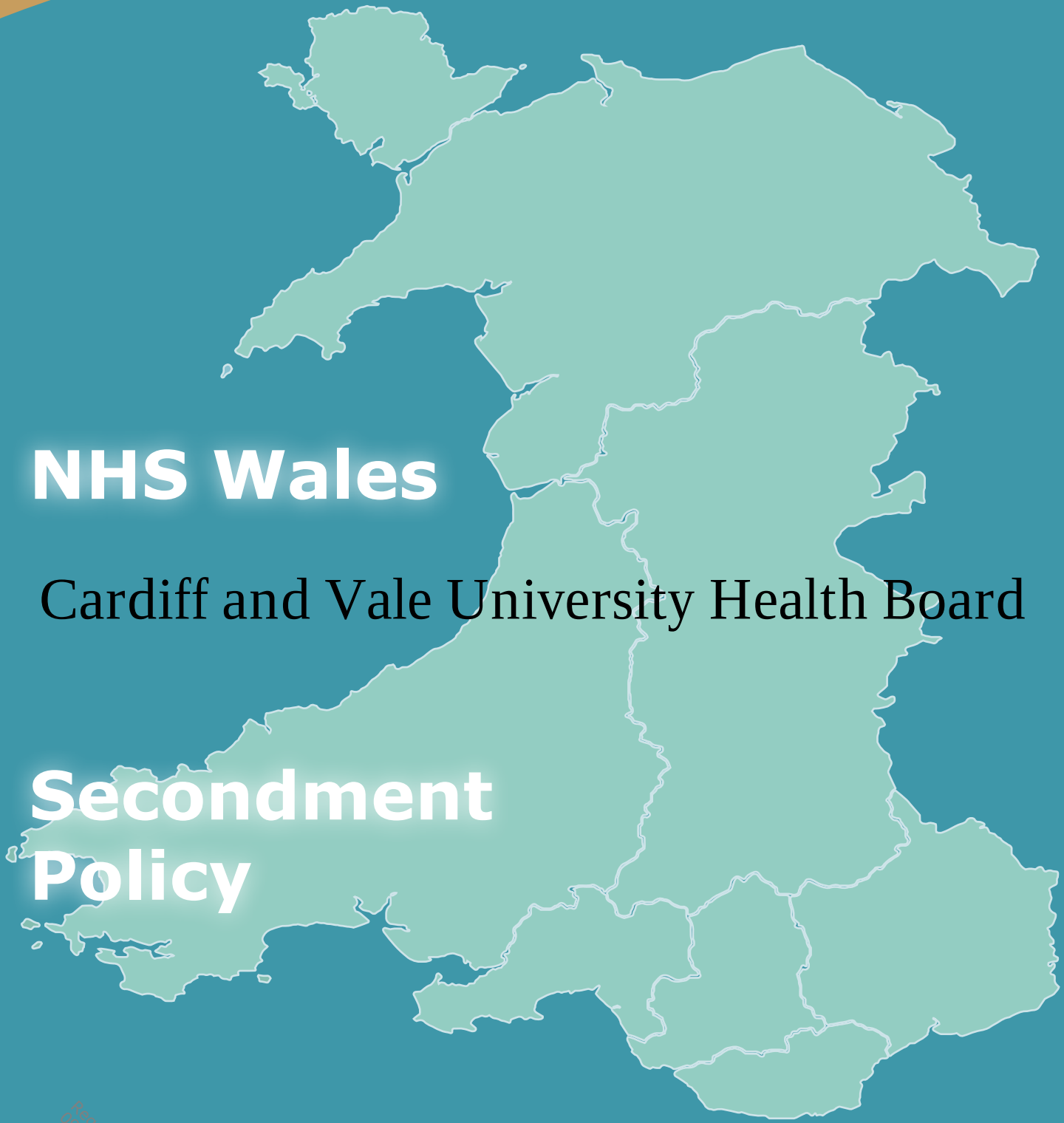
Recommendation:

The Strategy and Delivery Committee is requested to:

- Formally **ADOPT** the revised NHS Wales Secondment Policy

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Yes								



NHS Wales

Cardiff and Vale University Health Board

Secondment Policy

Sections

01

NHS Wales Secondment Policy

Approved by: Welsh Partnership Forum

Issue Date: July 2021

CONTENTS PAGE

01 Policy Statement

1. The Core Principles of NHS Wales:

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

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

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

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

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

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

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

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

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

2. Introduction

The aims and objectives of the policy are:

2.1 To provide clear advice, support and guidance to managers and employees regarding their role(s) in managing the secondment approval process and the subsequent management of processes related to the said secondment.

2.2 To provide a cost effective, fair and equitable method of providing employees with work experience and development opportunities outside of their normal area of work and/or the NHS Organisation whilst ensuring that the short to medium term staffing needs for service provision are in place.

2.3 The policy should be read in conjunction with the Organisational Change Policy, where appropriate.

The
is committed to the delivery of a quality service. In view of this the NHS Organisation recognises its responsibility to train and develop staff to maximise their potential, to meet the needs of the service. Secondments are valuable for staff development and progression and for addressing a
short-term need to cover a post.

Benefits to the NHS Organisation:

- Retention of staff
- Utilising potential in the workforce to undertake identified projects, which may not justify a new appointment and might otherwise be difficult to achieve within an acceptable timescale.
- During a period of organisational change secondment may help the NHS Organisation to ensure continuity of service.
- Supporting the identified development needs of individual employees to the longer-term benefit of the team or NHS Organisation as a whole, as agreed and identified through the PADR process.
- Immediate availability of skilled staff with intimate knowledge of NHS Organisation policies and procedures.
- To sustain standards of service provision e.g., by covering periods of long term sickness, maternity leave or career break etc.
- A secondment may provide an opportunity to forge closer links with the recipient organisation.

Benefits to Employees:

• Providing opportunities to individuals who may have an interest in changing their career path. This allows both the individual and the NHS Organisation to assess their suitability for such a change.

• Providing an opportunity to meet development needs agreed between the employee and line manager, and which may have been identified through the PADR process.

• Providing an opportunity to experience work which could contribute to personal and career development.

• Providing an opportunity for staff to experience a different culture and different ways of working.

3. Principles

3.1 The policy is based on the following guiding principles, which should be taken into consideration during each stage of the secondment:

• The needs of the organisation(s)
• Current/expected departmental establishment levels
• Staff will be supported to access secondments that are beneficial to their career and professional development
• The process by which a secondment opportunity is provided will follow a fair process that treats every employee equally
• Fairness to staff, managers and colleagues.

3.2 Secondments must be based on mutual agreement between the member of staff, line manager/organisation and host manager/organisation.

3.3 Secondments should not be used in place of other contractual arrangements for staff.

3.4 There is a requirement on the individual and both the Employer and Host organisations to maintain communication during the period of the secondment. Any individual on secondment must be kept informed of any significant changes to their substantive department or role.
The individual and Host organisation have a requirement to keep the Employer up to date in terms of the circumstances, e.g., should they be seeking any variation to their secondment agreement.

3.5 Secondment opportunities will be monitored to inform the need to consider positive action to address inequality.

4. Scope of the policy

4.1 Secondment opportunities should be available to all staff and all requests will be given serious consideration. There may, however, be service or operational requirements which lead to an application for release being declined.

4.2 Separate procedures apply in respect of the secondment of medical and dental staff. Advice on these procedures can be obtained from Workforce and OD departments.

5. Definitions

5.1 Secondment

- Secondment occurs when an employee is transferred temporarily from their substantive post to another post either in the same or another organisation and is expected to return to their old post at the end of the secondment. Some contractual terms may vary during the period of the secondment i.e., salary, work base, hours of work etc. The terms and conditions of the substantive post will remain as they were prior to the secondment.

- Secondment is not to be confused with temporary movement into a higher band. Nor is it to be confused with an agreement between the manager and individual for that individual to undertake a time limited piece of work or project, which is commensurate with their grade and skills or experience etc.

5.2 The seconding organisation (Employer) is the individual's main/ substantive employer and the host organisation is the organisation at which the individual will work during the secondment.

6. Ways in which secondments may arise

6.1 Internal

Internal secondments occur when staff are seconded within their organisation. This can be in the same department/ directorate, or to another area of the NHS Organisation. These posts will be advertised in accordance with organisational policies and procedures, unless there are exceptional circumstances agreed with the Workforce & Organisation Development department, in partnership with staff side representation.

6.2 External NHS

External NHS secondments occur when a member of staff is seconded to another NHS Organisation.

6.3 External non-NHS

External non NHS secondment opportunities may become available in a number of organisations/sectors, e.g.

- Social Services, other local authority departments;
- Educational establishments;
- Welsh Assembly Government;
- Health related private sector companies

7. Duration

Secondments should ordinarily be for a minimum of three months and a maximum of four years.

Sometimes a secondment will initially be set up for a shorter period, but as circumstances change the parties may wish to extend it. Where the Host's requirement for the seconded post is going to last for more than four years, the host should have a conversation with the Employer about whether the Secondee's substantive post can be kept open. If the Secondee's substantive post cannot be kept open, then the options open are either:

- Offer the post to the employee on a substantive basis, either on a permanent or fixed-term basis; or

- Return the employee to their substantive role.

8. Release of staff

8.1 Individuals who wish to be released from their substantive post to take part in a secondment opportunity should complete the attached release request form.

8.2 Before agreeing to release a member of staff for a secondment, consideration must be given to the impact on the whole team, the service and the need for cover of the consequent temporary vacancy. Advice may be sought from the Workforce and OD department if necessary.

8.3 Managers are not obliged to accommodate all requests for secondments, but they are required to give serious consideration to each request. Refusals may be made on objective business grounds.

8.4 Managers should consider a number of factors when agreeing to release a member of staff including:

- Development needs arising out of individual performance reviews and development plans.
- Previous requests for secondment.
- Exigencies of the Service.

8.5 Following consideration of the points in 8.4, the length and terms of the secondment must be confirmed in writing by the line manager. (See section 10)

8.6 Staff should discuss their wish to apply for a secondment in principle with their line manager at the earliest opportunity.

9. Protection of post

9.1 The Secondee's substantive post shall be kept open. If it is not possible to keep the Secondee's substantive post open alternative employment of an equivalent grade, type and status will be sought at the end of the secondment, firstly within the same directorate before looking organisation wide.

9.2 If an extension to the secondment is sought, the issue of the Secondee's substantive post being kept open on their return should be an integral part of the decision to extend. If it is not possible to keep the post open beyond the duration of the current secondment the employee should be given the opportunity to return to their substantive post at that time.

9.3 In the event of organisational change affecting a department's establishment during the period of secondment, the secondee must be consulted on any changes by their line manager and be considered equally under the terms of the Organisational Change policy and afforded the same rights and opportunities.

10. Roles and Responsibilities

10.1 The Secondment Agreement

When an individual is seconded to work for another organisation, they will continue to be employed on their usual terms and conditions of employment with the exception of salary, which may vary as appropriate (i.e., the terms that they are employed on by their Employer). All parties (i.e., the Secondee, the Host organisation and the Employer) will enter into a written secondment agreement which will detail the terms upon which the secondment is based.

A model secondment agreement is included at Appendix B. The template Secondment Agreement should be used for all secondments between Health Boards, NHS Trusts and Special Health Authorities in Wales. The template agreement provides a balanced position as between all of the NHS bodies in Wales, recognising that at different times all organisations will be either the Host or the Employer.

NHS Organisations may find it helpful to use the template as a starting point when negotiating secondment terms with organisations outside the NHS in Wales but should carefully consider whether all of the provisions meet their needs (particularly around liability, pay and practical arrangements).

10.2 Management of the Secondee

10.2.1 The Employer shall continue to deal with any Management Issues concerning the Secondee during the Secondment Period, where relevant following consultation with the Host.

10.2.2. The Host shall provide any information, documentation, access to its premises and employees and assistance (including but not limited to giving witness evidence) to the Employer to deal with any Management Issues concerning the Secondee whether under the Employer's internal procedures or before any court of tribunal. The Host will also need to consider whether pre-employment checks are necessary and if so, ensure they are undertaken in a timely manner.

10.2.3 The Host shall have day-to-day control of the Secondee's activities but as soon as reasonably practicable shall refer any Management Issues concerning the Secondee that come to its attention to the Employer.

10.2.4 The Host and the Employer shall inform the other as soon as reasonably practicable of any other significant matter that may arise during the Secondment Period relating to the Secondee or their employment.

10.2.5 The Secondee shall notify the Host Contact and the Employer Contact if the Secondee identifies any actual or potential conflict of interest between the Host and the Employer in respect of the Role during the Secondment Period.

10.2.6 The Secondee should be appraised by the host organisation following discussions with an appropriate individual from the seconding organisation and appropriate input sought. The Employer will maintain a regular dialogue with the employee. The Employer will carry out any performance management with the host organisation.

10.2.7 There is an expectation of regular and consistent communication between the Host organisation, the Employer and the Secondee, including a meeting of all parties 8 weeks before the secondment is due to end.

10.2.8 In the event of the secondee finding a new role/job, notice should be given in line with their seconded role (refer to notice period).

11. Salary

11.1 The salary and expenses (expenses to be approved by the Host organisation) should be paid by the substantive employer and recharged to the host organisation to ensure that pension arrangements are not affected.

11.2 If a member of staff is on protection under the OCP when they are seconded, that protected salary should continue to apply if the post seconded into is on a lower salary provided that the secondment is in keeping with an individual's personal development plan, to develop the necessary skills and competencies in support of returning the individual to their current grade / band.

11.3 Where a salary in excess of the secondee's substantive salary is paid, protection of pay will not apply at the end of the secondment. At the end of the secondment period the individual will revert back to his/her substantive post including incremental rises and pay awards. The expectation is that an employee on secondment would progress through pay steps in line with the All Wales Pay Progression policy.

11.4 Existing members of the NHS Pension Scheme with Special Class Status who are considering undertaking a secondment are advised to seek advice from the Pensions Agency prior to doing so to ensure that this is not affected.

12. Termination

12.1 A secondment may be terminated early by the agreement of all parties.

12.2 The secondment will terminate at the end of the agreed period and the employee will then return to their substantive post or, as allowed for under section 9, to a post on a grade and salary commensurate with his/her original post.

13. Completion of Secondment

13.1 On completion of a secondment, a review should be conducted by the line manager to identify how the individual's development can be used for the benefit of the organisation and to ensure that learning is transferred successfully.

13.2 Induction programmes and training should be made available by the line manager for returning employees, as appropriate.

14. Disputes

If a secondment or extension is refused and the employee is dissatisfied with the decision, they should follow the process set out in Employer's Grievance policy (or any policy which has replaced the Grievance policy).

15. Training and awareness raising

All staff will be made aware of this policy upon commencement with the

Copies can also be viewed on the

Intranet or obtained via the Workforce and OD department. Training will be provided as appropriate depending on the complexity of the policy.

16. Equality

NHS Organisation recognises the diversity of the local community and those that it employs. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need.

NHS Organisation recognises that equality impacts on all aspects of its day to day operations. This policy was assessed using the NHS Centre for Equality and Human Rights Equality Impact Assessment Tool and the results published on the website and monitored centrally.

17. General Data Protection Regulation 2018

All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the

Data Protection Policy.

18. Freedom of Information Act 2000

All NHS Organisations' records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context.

Details of the application of the Freedom of Information Act within the

may be found in the

publications scheme.

19. Records Management

All documents generated under this policy are official records of the NHS Organisation and will be managed and stored and utilised in accordance with the

Records Management Policy.

20. Review

This policy will be reviewed in two years' time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

21. Discipline

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the

disciplinary procedure.

02

Appendix A: Application for release of secondment / secondment extension

2 Appendix A: Application for release of secondment / secondment extension

Once completed please print and sign two copies of this form and distribute as follows

One copy to be retained by applicant

One copy to be submitted to Line Manager and retained on the personal file

All fields must be completed in full, if not, your form will be returned to you which could delay your application

New application ☐ **Extension** ☐ **(Please tick)**

SECTION ONE – TO BE COMPLETED BY APPLICANT – PLEASE PRINT CLEARLY CURRENT POST		
Title: (Mr/Mrs/Miss/Ms/Dr/other...)	Forenames:	Surname:
Current Post:	Band:	ESR Number:
Department:	Site:	Contact Number (Home):
Contact Number (Work):	Contact Number (Mobile):	Email address:
Home Address:		

SECONDMENT OPPORTUNITY

Failure to provide the above details in full may delay receipt of confirmation

Post Title:	Base:

Organisation:
Name and Address of Receiving Manager:
Duration of Secondment:

From:	To:

Purpose of Secondment:
Has the need for you to take part in a secondment opportunity been identified as part of the Performance Development Review Process?

Please identify how this learning and development opportunity is relevant to your work and how it will enhance your role in the workplace?	
Signed:	To:

SECTION TWO – TO BE COMPLETED BY LINE MANAGER:		
How does this secondment align with the applicant's PDP:		
Secondment approved:	Yes:	No:
If no, please give reasons		
Payroll notified:	Yes:	No:
Secondment dates approved from:	To:	From:
Managers Name (Please print):		Title:
Signed:		
Date:		

03

Appendix B: Secondment agreement pro-forma

3 Appendix B: Secondment agreement pro-forma

This agreement is dated

Parties

(1) [EMPLOYER NAME] of [ADDRESS] (the Employer)

(2) [HOST NAME] of [ADDRESS] (the Host)

(3) [EMPLOYEE NAME] of [ADDRESS] (the Employee)

Agreed terms

1. Interpretation

1.1 The definitions and rules of interpretation in this clause apply in this agreement (unless the context requires otherwise).

Commencement Date:

Expiry Date:

Role:

Host Contact:

Employer Contact:

Salary: , subject to any incremental increases in accordance with the Employment

Contract

Working Hours:

Notice Period:

Work Location:

Annual Leave Entitlement:

Confidential Information: information relating to the business, products, affairs and finances of the relevant party for the time being confidential to the relevant party and trade secrets including, without limitation, technical data and know-how relating to the business of the relevant party or any of its suppliers, clients, patients, employees or management.

Employment Contract: the terms of employment between the Employer and the Secondee at the date of this agreement, subject to any changes in the Secondee's salary or other benefits in accordance with the Employer's usual procedures from time to time.

Intellectual Property Rights: patents, rights to inventions, copyright and related rights, moral rights, trademarks and service marks, business names and domain names, rights in get-up and trade dress, goodwill and the right to sue for passing off, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, confidential information (including know-how and trade secrets) and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.

Management Issues: all those matters under the Employment Contract requiring action, investigation and/or decisions by the Employer including in particular (by way of illustration only and without limitation) appraisals and performance issues; pay reviews and the award of other payments and benefits under the Employment Contract; periods of annual, sick or other leave; absence of the Secondee for any other reason; any complaint about the Secondee (whether or not that would be dealt with under the Employer's disciplinary procedure) and any complaint or grievance raised by the Secondee (whether or not that would be dealt with under the Employer's grievance procedure).

Secondment: the secondment of the Secondee by the Employer to the Host on the terms of this agreement.

Secondment Period: the period from the Commencement Date to the Expiry Date, subject to early termination in accordance with the terms of this agreement.

1.2 The headings in this agreement are inserted for convenience only and shall not affect its construction.

1.3 A reference to a particular law is a reference to it as it is in force for the time being taking account of any amendment, extension, or re-enactment and includes any subordinate legislation for the time being in force made under it.

1.4 Unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular.

1.5 This Agreement should be read alongside the All Wales Secondment Policy as in force from time to time. In the event of any discrepancy between the two, the terms of this Agreement shall take precedence.

2. Secondment

2.1 The Employer shall second the Secondee to the Host on an exclusive basis for the Secondment Period to carry out the Role.

2.2 The Secondment Period shall commence on the Commencement Date and shall continue until:

(a) The Expiry Date; or
(b) terminated by any party giving written notice of not less than the Notice Period at any time; or
(c) terminated in accordance with clause 11.

3. Services

3.1 The Secondee shall carry out the Role at the Work Location, or such other place within its area as the Host may reasonably require.

3.2 The Secondee may be required to travel on the Host's business to such places (whether within or outside the United Kingdom) by such means and on such occasions as the Host may from time to time require.

3 Appendix B: Secondment agreement pro-forma

3.3 The Secondee shall not be required to work outside the United Kingdom for more than one month during the Secondment.

3.4 The Secondee's normal working hours shall be the Working Hours, and such additional hours as are reasonable and necessary for the proper performance of the Services.

3.5 The Secondee shall during the Secondment:

(a) unless prevented by incapacity, devote the whole of their contracted working time, attention and abilities to carrying out the Role;

(b) faithfully and diligently serve the Host;

(c) not enter into any arrangement on behalf of the Host which is outside the normal course of business or their normal duties or which contains unusual or onerous terms; and

(d) promptly make such reports to the Host Contact on any matters concerning the affairs of the Host and at such times as are reasonably required.

4. Secondee's employment

4.1 The Employment Contract shall remain in force during the Secondment Period.

4.2 The Secondee shall comply with the Host's policies and procedures, copies of which will be made available on request.

4.3 The Host shall not, and shall not require the Secondee to do anything that shall, breach the Employment Contract and shall have no authority to vary the terms of the Employment Contract or make any representations to the Secondee in relation to the terms of the Employment Contract.

4.4 The Host shall provide the Employer with such information and assistance as it may reasonably require to carry out its obligations as the Secondee's employer.

4.5 Any change in the Employment Contract during the Secondment Period shall be notified to the Host.

4.6 If the Secondee is held to be employed by the Host at any time during or on termination of the Secondment Period then the Host may dismiss the Secondee and the Employer shall offer the Secondee employment on the terms that applied immediately before that dismissal.

4.7 All documents, manuals, hardware and software provided for the Secondee's use by the Host, and any data or documents (including copies) produced, maintained or stored on the Host's computer systems or other electronic equipment (including mobile phones), remain the property of the Host.

4.8 Upon the termination of this Agreement, and subject always to the terms of the Employment Contract, the Employee shall no longer be required to carry out the Role for the Host.

3 Appendix B: Secondment agreement pro-forma

5. Payments

5.1 The Employer shall continue to pay the Secondee's salary and any allowances, provide any benefits due to the Secondee or their dependants, make any payments to third parties in relation to the Secondee and make any deductions that it is required to make from the Secondee's salary and other payments.

5.2 The Host shall, at the end of each month during the Secondment Period, provide the Employer with details of any overtime and unsocial hours worked by the Secondee during the preceding month, and the Employer shall make any necessary overtime payments to the Secondee in the usual way.

5.3 The Host shall pay the Employer a sum equivalent to the total amount paid by the Employer to or in respect of the Secondee under the Employment Contract, which shall include, but is not limited to:

(a) the Salary;

(b) National Insurance contributions made by the Employer in relation to the Secondee;

(c) any overtime payments made to the Secondee during the Secondment Period and approved in advance by the Host; and

(d) Pension contributions made by the Employer in respect of the Employee.

5.4 Any wholly, exclusively and necessarily incurred expenses incurred by the Secondee during or in connection with the Secondment Period shall be submitted by the Secondee to the Host for approval, subject always to the Host's expenses policy. The Host shall notify the Employer of all expenses that are approved by the Host, and the Employer shall refund the Secondee in respect of those expenses. The Host shall reimburse the Employer for any such expenses.

5.5 Any sums due to the Employer under this agreement shall accrue from day to day and shall be payable monthly in arrears.

6. Management during the secondment

6.1 The Employer shall continue to deal with any Management Issues concerning the Secondee during the Secondment Period, where relevant following consultation with the Host.

6.2 The Host shall provide any information, documentation, access to its premises and employees and assistance (including but not limited to giving witness evidence) to the Employer to deal with any Management Issues concerning the Secondee whether under the Employer's internal procedures or before any court of tribunal.

3 Appendix B: Secondment agreement pro-forma

6.3 The Host shall have day-to-day control of the Secondee's activities but as soon as reasonably practicable shall refer any Management Issues concerning the Secondee that come to its attention to the Employer.

6.4 The Host and the Employer shall inform the other as soon as reasonably practicable of any other significant matter that may arise during the Secondment Period relating to the Secondee or their employment.

6.5 The Secondee shall notify the Host Contact and the Employer Contact if the Secondee identifies any actual or potential conflict of interest between the Host and the Employer in respect of the Role during the Secondment Period.

7. Leave

7.1 The Secondee shall continue to be eligible for sick pay, holiday pay and any absence entitlements in accordance with the Employment Contract, and shall remain subject to the Employer's approval and notification procedures.

7.2 The Secondee shall submit any annual leave requests to the Host, in accordance with the Host's processes. The Secondee shall additionally notify the Employer of any dates on which the Secondee shall take holiday.

7.3 The Secondee shall comply with the Host's reporting arrangements if the Secondee is absent from work for any reason. The Secondee shall additionally be required to notify the Employer of any absence.

8. Data protection

8.1 The Employer needs to provide relevant information about the Secondee to the Host in connection with the secondment. In addition, during the secondment:

(a) The Host will collect and process information relating to the Secondee in accordance with the Host's privacy notice which is annexed to this agreement.

(b) The Secondee will comply with the Host's data protection policy when handling personal data relating to any employee, worker, contractor, customer, client, supplier or agent of the Host. The Secondee will also comply with the Host's IT and communications systems policy and social media policy.

(c) Failure to comply with any of the policies referred to in clause 8.1(b) may be dealt with as a disciplinary matter and referred to the Employer and, in serious cases, may result in the termination of the secondment or even the Secondee's employment.

3 Appendix B: Secondment agreement pro-forma

9. Confidentiality

9.1 The Secondee shall not:

(a) (except in the proper course of the Services, as required by law or as authorised by the Host) during the Secondment Period or after its termination (howsoever arising) use or communicate to any person, company or other organisation whatsoever (and shall use best endeavours to prevent the use or communication of) any Confidential Information relating to the Host that the Secondee creates, develops, receives or obtains during the Secondment Period. This restriction does not apply to any information that is or comes in the public domain other than through the Secondee's unauthorised disclosure; or

(b) make (other than for the benefit of the Host) any record (whether on paper, computer memory, disc or otherwise) containing Confidential Information relating to the Host or use such records (or allow them to be used) other than for the benefit of the Host. All such records (and any copies of them) shall be the property of the Host and shall be handed over to the Host by the Secondee on the termination of this agreement or at the request of the Host at any time during the Secondment Period.

9.2 Nothing in this agreement shall prevent the Secondee from disclosing information that they are entitled to disclose under the Public Interest Disclosure Act 1998, provided that the disclosure is made in accordance with the provisions of that Act.

9.3 The Employer shall:

(a) keep any Confidential Information relating to the Host that it obtains as a result of the Secondment secret;

(b) not use or directly or indirectly disclose any such Confidential Information (or allow it to be used or disclosed), in whole or in part, to any person without the prior written consent of the Host;

(c) ensure that no person gets access to the Confidential Information from it, its officers, employees or agents unless authorised to do so; and

(d) inform the Host immediately on becoming aware, or suspecting, that an unauthorised person has become aware of such Confidential Information.

3 Appendix B: Secondment agreement pro-forma

10. Intellectual property

10.1 The Parties acknowledge that all Intellectual Property Rights subsisting (or which may in the future subsist) in all such inventions and works embodying Intellectual Property Rights made wholly or partly by the Employee during the course of the Secondment shall automatically, on creation, vest in the Host. To the extent that they do not vest automatically, such rights will be held on trust for the Host.

The Employer and the Employee agree promptly to execute all documents and do all acts as may, in the Host's reasonable opinion, be necessary to give effect to this Clause 10.1.

11. Summary termination

11.1 The Employer may terminate the Secondment with immediate effect without notice:

(a) on the termination of the Employment Contract; or
(b) if the Host is guilty of any serious or (after warning) repeated breach of the terms of this agreement.

Any delay by the Employer in exercising the right to terminate shall not constitute a waiver of such rights.

11.2 The Host may terminate the Secondment with immediate effect without notice:

(a) on the termination of the Employment Contract; or
(b) if the Employer is guilty of any serious or (after warning) repeated breach of the terms of this agreement.

Any delay by the Host in exercising the right to terminate shall not constitute a waiver of such rights.

12. Liability

12.1 During the Secondment Period, the Host shall fulfil all duties relating to the Secondee's health, safety and welfare as if it was their employer and shall comply with the Employer's reasonable requests in connection with the Employer's duties in relation to the Secondee.

12.2 The Host acknowledges that the Employer is not responsible for the way in which the Secondee provides the Services and waives all and any claims that it may have against the Employer arising out of any act or omission of the Secondee in the course of carrying out the Services.

12.3 The Host shall indemnify the Employer fully and keep the Employer indemnified fully at all times against any loss, injury, damage or costs suffered, sustained or incurred by:

(a) the Secondee in relation to any loss, injury, damage or costs arising out of any act or omission by the Host or its employees or agents; or

(b) a third party, in relation to any loss, injury, damage or costs arising out of any act or omission of the Secondee in the course of carrying out the Services.

3 Appendix B: Secondment agreement pro-forma

12.4 The Host shall indemnify the Employer fully and keep the Employer indemnified fully at all times against any claim or demand by the Secondee arising out of their employment by the Employer or its termination during the Secondment Period (except for any claim that the Employer has failed to pay the Secondee's salary and any allowances, provide any benefits due to the Secondee or their dependants, make any payments to third parties in relation to the Secondee or make any deductions that it is required to make from the Secondee's salary and other payments).

13. Variation

No variation of this agreement shall be effective unless it is in writing and signed by the parties (or their authorised representatives).

14. Governing law

This agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the law of England and Wales.

15. Jurisdiction

Each party irrevocably agrees that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim arising out of or in connection with this agreement or its subject matter or formation (including non-contractual disputes or claims).

This agreement has been entered into on the date stated at the beginning of it.

Signed for and on behalf of
[NAME OF THE EMPLOYER]

.....

Date:

Signed for and on behalf of
[NAME OF THE HOST]

.....

Date:

Signed by
[NAME OF THE EMPLOYEE]

.....

Date:

Designed by the NWSSP Communications Team

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

Background and current situation:

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

- Shaping Our Future Clinical Services
- Shaping Our Future Hospitals
- Shaping Our Future Community Hospitals @ Home
- Shaping Our Future Population Health (in development)

The updated governance framework and reporting arrangements for this Programme Portfolio is attached at Appendix A.

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

Each of the Programmes reports twice monthly to the Management Executive (ME) Strategic meeting using a Flash Reporting Tool and the most recent Flash reports are appended at Appendices B-E to this paper.

Appendix B provides a composite overview of the Strategic Programmes' portfolio and the remaining appendices provide an update on the individual Strategic Programmes.

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

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

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

Recommendation:

Strategy & Delivery Committee is asked to:

1. **note** the updated governance framework and
2. **note** the progress and risks described in the Programme Portfolio Flash Reports.

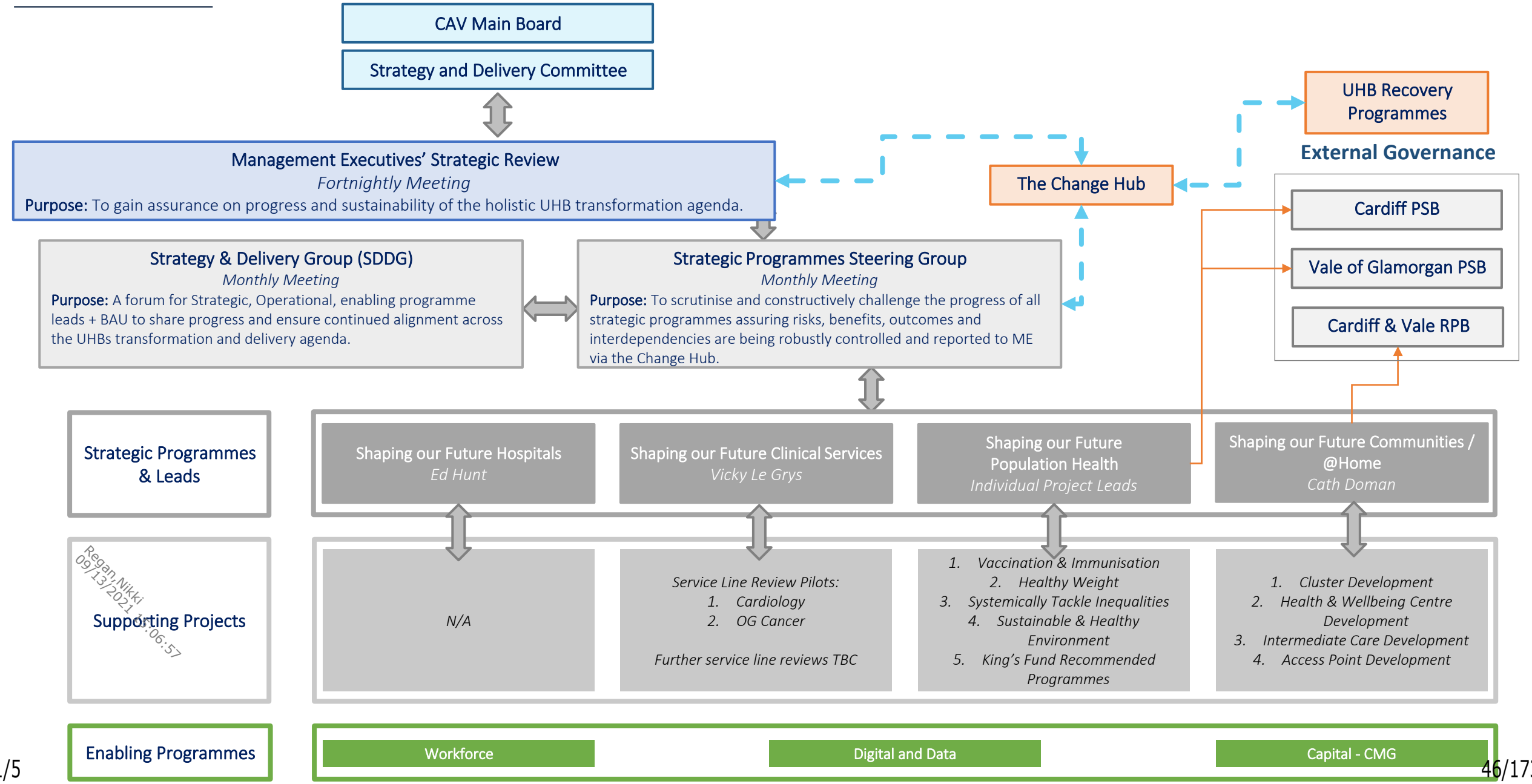
Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver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

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

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

Appendix A

Strategic Programmes Governance Structure



Appendix B

Strategic Programme Portfolio

Update: 20 August 2021

Exec Summary: The UHB's Strategic Programme Portfolio has made considerable progress in establishing its operating rhythm and governance arrangements. Several constituent programmes have also made progress in standing up their work – including @Home and SoFCS. The portfolio is carrying several major risks, including resourcing levels in programmes not currently being sufficient to deliver outcomes, and Welsh Government intervention in SoFH.

Headline measures:

Measures are programme dependent, please see subsequent slides for details.

Overall Portfolio Report

Portfolio Lead	Marie Davies	Portfolio Status	Progress being made across most programmes, with SoFH dependent on support of WG to progress to SOC.	Next Portfolio Milestone:	TBC
		Previous Status	N/A		

Done this month:

- Strategic Programmes Steering Group has been set up, with a monthly operating rhythm established and governance arrangements, including reporting lines into Management Exec via the Change Hub agreed.
- A clear forward view of items to take to the Strategic Management Exec meetings has been developed with tighter governance arrangements (e.g. action log) established.
- UHB has responded to WG review of UHW2 case with correspondence to WG / AG.
- SOFCS has identified two pilot service lines for pilot reviews.
- @Home has identified resource within local authorities to support projects and has made considerable progress in developing programme brief and internal governance.
- SOFPR has determined its constituent projects and produced project plans on a page.

Targets for next month:

- Continue to support strategic programmes' progress against their key measures.
- Continue the roll out of Verto's project management tools across programmes and establishing critical activities such as digital RAID logs, programme timelines, and action trackers.
- Explore resource options to support strategic programmes' delivery capability – particularly SoFCS.
- Support key programme activity across portfolio.

Major Portfolio Risk:

- UHW2 losing momentum after PBC
- Lack of delivery resource within programmes
- Lack of alignment between programmes

Mitigating Action:

- Set challenging aspiration for SOC delivery
- Request for allocated resource from CBs made to Exec
- Invest time in understanding programme interdependencies

Decision / Intervention required from Execs:

- Confirmation of resource for SoFCS from Clinical Boards

Appendix C

Shaping Our Future Hospitals

Update: 19 August 2021

Exec Summary:
WG have provided feedback on the PBC which indicates significant work required. UHB's position is to push back and aim to complete this work in SOC. Meanwhile answers to scrutiny being drafted pointing to where information already exists.

Headline measures:

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

Overall Programme Report					
Programme Lead	Ed Hunt	Programme Status	Require green light from WG to progress	Next Major Milestone:	27/8/21 - Meeting with WG on PBC scrutiny & Gateway recommendations
		Previous Status	Require green light from WG to progress		

Done this fortnight:	Targets for next fortnight
• Preparing answers to WG scrutiny points. Although letter to WG is pushing back on major updates to the PBC, answers to their scrutiny points are being prepared pointing where requested information already exists in the PBC. • Provide update to key stakeholders (UHBs, Councils, etc) by way of letters. • Met Cardiff Council to update on SOFH progress	• Prep meeting with WG on PBC scrutiny • Distribute answers to scrutiny points to programme board. • Meet WG on 27/8/21 to address scrutiny and Gateway 0 points. • Hold Programme Board.

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Losing momentum after PBC • Ensuring enabling transformation programmes are delivered	• Set challenging aspiration for SOC delivery • Setting priority programmes & measures (outcomes framework)	• Recommend and support decisive actions in response to scrutiny and Gateway 0 to once again pick up pace. • In progress

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

Appendix D

Shaping Our Future Clinical Services

Update: 19 August 2021

Exec Summary:

- Engagement findings published & Directorate engagement meetings completed
- Planning workshops completed and plan developed for pathway redesign
- Cardiovascular and OG cancer agreed as exemplars
- Planning commenced with showcase

Headline measures (current phase – planning and discovery):

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

Overall Programme Report

Programme Lead	Vicky Le Grys / Nav Masani	Programme Status	(green)	Under-resourced	Next Major Milestone:	• Agreeing detailed programme of work for next 12 months alongside SOFH • Completion of exemplar pathway redesign
		Previous Status	(green)	**Under-resourced**		

Done this fortnight:

- Showcase planning commenced alongside primary care colleagues to support next phase engagement
- Review of all directorate feedback complete
- Discussion commenced with CEDAR on support to programme
- VBH links confirmed

Targets for next fortnight

- Commence planning with Cardiology & OG Cancer leads
- Prioritisation framework to be developed and tested to support development of strategy
- Meeting with COO to review links with COVID recovery programme
- Lessons learned session with CHC to be planned in September (postponed due to leave)

Major Programme Risk:

1. Lack of resource to deliver required outputs in a timely manner (note delay to sept exemplar)
2. Lack of clarity around portfolios, scope and interdependencies will cause confusion within the organisation and loss of engagement with SOFCS programme

Mitigating Action:

Broader work being undertaken on strategic and operational portfolios, meeting to take place with Prog leads for recovery programme

Decision / Intervention required from Execs:

- Championing of the programme within the organisation
- Support to identify champions, leads
- Support for resource to enable delivery

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

@Home / Shaping our Future Community Services

Update: 19 August 2021

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

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

Overall Programme Report

Programme Lead	Cath Doman	Programme Status	Programme planning progressing well towards delivery phase	Next Major Milestone:	• Defining and mobilising formal programme board structure for delivery. • Securing Recovery funding to support cluster expansion.
		Previous Status	Programme planning progressing well towards delivery phase		

Done this fortnight:

- Emerging programme board structure and terms of reference continue to be developed
- Further discussions with the comms lead to develop a communications and engagement plan for the programme
- Work on developing detailed project plans for the individual projects
- Individual projects have all progressed, with resources mainly focussed on; Access point service mapping; Intermediate care rightsizing modelling, Vale alliance governance development
- Programme business intelligence and information needs drafted
- Initial exploration of digital maturity across the partnership
- Links developed to the H&W Centre exploration work in North Cardiff

Targets for next fortnight

- Finalise programme governance including programme board terms of reference and membership for the delivery phase
- Define and confirm Lightfoot analytical support across portfolio
- Develop a clear plan for expansion of cluster-based integrated care model with Community Directors in East and North Cardiff
- Interdependency mapping across SOFC/@home, SOFCS, SOFH
- Continue to address project delivery capacity concerns by specifying the resources required at project level to deliver the programme
- Programme comms planning
- Commence dependency mapping with SOFCS and SOFH
- Align recovery funding to @home programme

Major Programme Risk:

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

Mitigating Action:

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

Decision / Intervention required from Execs:

Nothing at present

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

Report Title:	**Rehabilitation Programme**	**Agenda Item no.**	**3.2**
Meeting:	**Strategy and Delivery Committee**	**Meeting Date:**	**14/09/2021**
Status:	**For Discussion**	**For Assurance** x	**For Approval**	**For Information** x
Lead Executive:	**Fiona Jenkins**		
Report Author (Title):	**Dr Emma Cooke – Head of Physiotherapy and Interim Assistant Director of Therapies and Healthcare Sciences**		

Background and current situation:

Rehabilitation, as a cornerstone to support people to live well, was chosen as one of the 7 improvement programmes for the UHB. The programme received eight weeks of project management support (February and March 2021) from Q5 to develop an implementation programme of the Rehabilitation. Over the course of the eight weeks, the work had three phases in which we **a) identified the issues**, **b) discussed issue-specific solutions** and **c) designed a joint delivery approach** for the implementation of the Rehabilitation Model.

With the UHB's and Rehab Model's strategy to bring **rehabilitation closer to home and to empower patients** to take control and responsibility for their ongoing health and wellbeing, equipped both patients and staff with **skills and knowledge** to support people to manage their ongoing rehabilitation needs. The programme developed:

1. **Short-term Aim** - 'Start developing a Living Well Programme for long-term conditions in partnership with the Recovery College'
2. **Long-term Aspiration** - 'A long-term condition rehabilitation service in the community to support people to live well'

A 90 day implementation plan was developed, and after assuring the implementation plan was aligned to the 'Shaping Our Future Clinical Services' workstream. No further project management support was available therefore there has been some slippage to the original plan. However, the UHB is due to receive funding for Adreriad (COVID recovery) from WG, which will enable us to resource the necessary project management to progress implementation for the next 14 weeks.

Rehab Programme Implementation Plan.p

7 Workstreams updates:

Outcomes:

- National work with Value Based team and CEDAR to support standardised data set of PROMs and PREMS for the evaluation of COVID rehabilitation this work to be expanded on across rehabilitation service.
- Rehabilitation modelling work for Major Trauma – using patient complexity scores to predict discharge destination from MTC. Agree standardisation of PREMS and PROMS across the Major Trauma pathway.

Rehabilitation Model:

- Follow-up workshop following Spread and Scale work and Q5 workshops to agree and finalise tier definition held in July 2021. Model changed from 5 tiers to 4 tiers and describes the level of complexity and intervention delivered rather than where the rehabilitation is carried out i.e. hospital / community.
- Model is being edited to reflect the changes.
- Using recovery college peers and third sector organisations to co-produce amendments.

Rehab Model Amended Tiers.pptx

Living Well:

- Partnership agreed with Recovery College using COVID Rehabilitation funding to increase capacity in the college to run an additional 10 programmes with a physical health focus
- Substantive funding from recovery money to establish and Living Well Programme in the Community for people with Chronic Health Conditions jointly delivered with leisure.
- Posts recruited to with start dates in September.
- Joint training programme finalised for leisure and health staff.
- Initially targeting patients on the obesity, musculoskeletal and orthopaedic pathways.

Digital:

- Physiotherapy and MDT therapy services migrated on to an electronic health record (PARIS)

Cancer Rehabilitation:

- Model of care agreed and mapped against the Rehabilitation model.
- Therapists recruited and developing the intervention and rehabilitation programmes with an aim to start the service in September 2021.

COVID Rehabilitation:

- Progress report and health Pathway below:

COVID Rehab Progress Report CVU

Cardiff and Vale UHB Long COVID clinic anc

Cardiff and Vale UHB Long COVID pathway

Keeping Me Well.com website:

- Comms officer recruited
- Agreement with Recovery College to host the Recovery College Website on the Keeping me Well website
- Content continues to be update following user feedback.
- Web developer to be employed to develop further content and functionality of the website

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

1. An innovative model for rehabilitation has been developed and is being implemented
2. Lack of continued project management support to progress this work at pace originally planned, but now mitigated by Adferiad WG funding for 21-22.
3. Recovery College partnership via short term funding therefore will not sustainable without long term funding, and will need to be factored into 22-23 Annual plan.

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

Recommendation:

The S&D Committee are requested to:

NOTE the progress being made with the development and implementation of the rehabilitation strategy

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

Shaping our Future Clinical Services

Llunio Gwasanaethau Clinigol y Dyfodol

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Shaping our Future Clinical Services

Presentation for Strategy and Delivery Commitee

September 2021

We will work with our staff, patients, and partners to co-ordinate and support the design and implementation of future clinical services, transforming our healthcare pathways and clinical models.

Programme Principles:

- Have our patients at its heart & clinically-led
- Be developed collaboratively with staff, patients and partners
- Work across whole care pathways for key conditions, illnesses and injuries
- Cover all ages
- Be evidence based, informed by best practice and good health intelligence
- Drive the requirements for programmes such as digital, workforce, development of a new buildings infrastructure
- Work alongside other Strategic programmes - @home, population health – where they are key interdependencies
- Be closely linked with the covid recovery plan and plans for the development of services such as: mental health, tertiary services for Wales

Dec 20/Jan 21
- Programme leads recruited
- Principles, scope and approach developed

Feb/March 21
- Clinical Strategy workshops for UHW2 PBC
- Engagement materials developed

March/April 21
- Public engagement
- Programme Structure confirmed

May/June 21
- Board approved engagement findings
- Directorate team engagement

June/July 21
- Service line exemplar & methodology confirmed
- Programme timelines developed

Public engagement

92% of respondents strongly agreed or agreed that there is a need to transform some of our clinical services and **74%** strongly agree or agree with the principles to transforming those clinical services.

A number of common themes emerged from feedback:

- Right care, right place, right time
- Communication
- Digital transformation and technology
- Quality
- Organisation and integration of services
- Physical access issues
- Support for the Home First/Care closer to home concept
- Workforce
- Comments on specific services
- Comments about primary care

Our challenge

- Making the complex and complicated simple and relevant
- Making the inarguable case for solving the problem as a whole system, with explicit recognition that no one organisation owns the solution
- Making the solution address the priority problems of multiple organisations
- Making the links between now and future
- Eating the elephant!

Next steps

- Creating the counterfactual and setting the tone for Strategic Portfolio
- Understanding how future demand is driven and defining what our response should be at a macro level:
  - Major population shifts across age groups & biggest drivers for demand
  - Population risk stratification profile: which groups drive the greatest cost & which will allow us to make the largest shift
  - What are the interventions that will enable us to transform our services and the way we deliver care in line with our strategy – where do these interventions sit?
- Development of a prioritisation framework based on above
- Road test the framework & methodology for pathway work with exemplar based on above (Heart Failure, Diabetes) to test and work at pathway level
- Creation of a clinical services plan based upon the outputs of the above

Shaping our Future
Clinical Services

Cardiff and Vale University Health Board

Public Engagement Report

April 2021

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

Contents

1. Executive Summary

Redesigning the way we deliver our clinical services is fundamental in the delivery of the Health Board's vision for future care as set out in our Shaping Our Future Wellbeing strategy. The clinical redesign programme to deliver this transformation – Shaping Our Future Clinical Services - has been identified as an urgent priority for Cardiff and Vale University Health Board (UHB). Following discussions with the South Glamorgan Community Health Council (CHC), the Health Board undertook a seven-week programme of engagement in March/April 2021 to seek people's views on what is important in the redesign of our clinical services.

This report describes the approach to engagement, provides an analysis of the feedback received, summarises key findings and provides responses to the comments received and proposed action that will be taken. The content of this report will inform the development of recommended next steps in the implementation of the Shaping Our Future Clinical Services programme that will be considered at the Health Board meeting on 27th May 2021. The CHC has received copies of all the feedback received and will determine its response to the engagement at a CHC Executive Committee meeting on 18th May 2021. A final Health Board position will take in to account the views of the CHC. The number of responses received is summarised below:

Number of Responses Received

Type	**Number**
Survey response	351
Responses received via email	5
Social Media	31
TOTAL	**388**

The engagement was designed to explore views on key components of the Shaping Our Future Clinical Services programme as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy. The aim was to test and obtain feedback on our transformation ambitions as the start of an ongoing dialogue with the public, our staff and our stakeholders, fully recognising that specific service changes that are developed through the programme will require further engagement and/or consultation.

351 people responded to the engagement via an online survey. The South Glamorgan Community Health Council hosted four virtual public meetings (44 attendees) and the proposals were discussed at a range of external and internal stakeholder meetings. Of those who replied via the online survey, 92% strongly agree or agree that there is a need to transform some of our clinical services and 74% strongly agree or agree with the principles to transforming those clinical services.

A number of common themes emerged from the feedback received in response to the engagement questions and in other formats including comments made at the public and stakeholder events; the themes which appeared most frequently were:

- Right care, right place, right time
- Communication
- Digital transformation and technology
- Quality
- Organisation and integration of services
- Physical access issues
- Support for the Home First/Care closer to home concept
- Workforce
- Comments on specific services
- Comments about primary care

The engagement has highlighted that people recognise the need to transform our clinical services and broadly support the underpinning principles for transformation. Ensuring that people have easy and timely access to the right clinician, who provides the right care and treatment, is fundamental to what people want and expect from their NHS - care that provides the right outcome for them as individuals. Transformation must have quality of care at its centre. Communication in plain language around what any changes are, how to access services and talk to clinicians is essential, as is communication between professionals in different parts of the care system.

There is much support for increasing the use of digital technology in service provision, with people citing good experience of accessing primary and secondary care services online during the pandemic. However, this is tempered with concern about those who may be digitally excluded and an emphasis on the need for alternatives being made available for those who are unable to access or use technology and the importance of continued opportunities for face-to-face consultations.

The engagement has also reinforced that transformation must develop around whole patient pathways that place the patient's wellbeing at the heart of what we are seeking to achieve, and that build greater integration and join-up of services within the NHS and with partner services. Comments about the future delivery of services in hospital and in the community, demonstrated the importance of enabling access to our facilities with a robust transport infrastructure and designing new buildings to be fully accessible to all.

Having a workforce with the capacity and training to deliver our transformation ambitions and who have buy-in to the plans is crucial to success, as is taking care of our staff. Clinicians from across different specialties are keen to get involved in shaping the programme and to share their ideas for how services could work differently in the future.

The body of this report provides detail on all the themes identified, discussion of the issues raised under the theme headings, and the Health Board response to those issues.

The Health Board will need to give careful consideration to the feedback received and the views of the CHC in determining its response to the engagement and agreeing a way forward.

2. Introduction

With our modern NHS facing a number of challenges and our population's needs changing, we must adapt the way we deliver care to meet these challenges and respond to opportunities for improved care. Over the next ten years, Cardiff and Vale University Health Board's Shaping Our Future Clinical Services programme will develop and deliver a plan for transforming the way our patients access clinical services in their homes, in the community and in hospital. This will also provide a foundation for our plans for developing our acute hospital infrastructure, including a renewed University Hospital of Wales (UHW), a hospital that will be state-of-the-art, more sustainable and energy efficient, offering outstanding care in an environment suitable for the mid-21st century.

This report describes work undertaken in collaboration with the CHC to engage with the people who use and deliver our services, to shape the early thinking underpinning this programme of work. It presents the feedback we have received during a seven-week period of engagement that ran 1 March to 19 April 2021, in which we described current challenges and our ideas about principles for service redesign. We invited people to share what is important to them about the way services are delivered in the future.

3. Background and Context

There are growing challenges facing our NHS. With a growing and ageing population, staff shortages and outdated hospital buildings, we recognise that we must change the way we deliver our care if we want to provide high-quality, safe and sustainable care for the future. The learning from having to manage and implement change at pace during the COVID-19 pandemic has reinforced the requirement for healthcare to transform as a whole system.

The Shaping Our Future Wellbeing strategy provides the context for everything that we do: for healthcare to be increasingly provided away from traditional hospitals and closer to people's homes; delivering outcomes that are important to people; providing standardised treatment, delivered efficiently; and supporting our population to lead healthy lifestyles and empower them to self-manage conditions where appropriate. This is also very much in line with the Welsh Government's strategy for health and care A Healthier Wales.

In order to support the delivery of our strategy and ensure we are fit for the future, the next step is to deliver a programme of clinical redesign. The Shaping Our Future Clinical Services programme will help to transform the way people access our clinical services in their homes, communities and in hospital, and inform the development of plans for our Shaping Our Future Hospitals programme, and our Shaping our Future Community Care programme. The programme is commencing at the same time as Welsh Government publish the National Clinical Framework, which has important implications for how our clinical services should develop and importantly how they fit into a wider learning health and care system as set out in A Healthier Wales.

4. Scope of Engagement

The engagement was designed to start a conversation, exploring views on key components of the Shaping Our Future Clinical Services programme as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy. The aim was to test and get feedback on our transformation ambitions as the start of an ongoing dialogue with the public, our staff and our stakeholders, fully recognising that specific service changes that are developed through the programme will require further engagement and/or consultation where there is a substantial change to the way we deliver services.

5. Approach to Communications and Engagement

A seven-week engagement period was undertaken from 1 March to 19 April 2021. Recognising the limitations of undertaking this work during the pandemic which prevented the use of typical face-to-face mechanisms for engaging with the public, the UHB worked closely with the South Glamorgan Community Health Council (CHC) to develop a blended approach to engagement. This was designed to draw on the learning and mechanisms for reaching people online which have evolved over the past year. While digital would naturally become a key area of our strategy, we also made sure that we leveraged opportunities to reach people who are not online. The approach included leveraging relationships with stakeholders and Third Sector organisations to broaden our reach as much as possible.

Our communication and engagement plan had the following key features:

Core elements	- Website as a hub for engagement (www.shapingourfuturewellbeing.com) - Survey form - Telephone number - Postal address - Engagement brochure and supporting documents (Including accessible versions such as Easy Read)
Staff updates	- All staff email/letter - Updates via Staff Connect app - Executive team videos - Banner CEO Connects COVID-19 Updates - Digital screen tiles and posters - Overview of programme in Ask Len Q&A session - Attendance and a number of staff group meetings
Stakeholder outreach	- Stakeholder letter - Communications Toolkit - Email to charities and Third Sector organisations - Attendance at a number of stakeholder meetings
Social media	- Promotion of public engagement events into community Facebook groups across Cardiff and the Vale - Facebook advertising - Ongoing social media posts - Promotion of animations (including BSL version) - Executive team videos - Presentation Video Premiere Facebook Live
Promotional assets	- Banner advert in Weekly CEO Connects newsletter - Banner on Cardiff and Vale UHB website home page - Digital screen tiles and posters around Health Board sites (including Mass Vaccination Centres) - A6 flyers distributed through Mass Vaccination Centres
Engagement events	- Public - Staff groups - Stakeholders and other organisations
Advertising	- Advertising package agreed covering digital, print and radio - Advertising package agreed for digital screens in supermarkets and shopping arcade
Content	- Translation of summary SOFCS document into top 5 languages in Cardiff and the Vale, cascaded through stakeholders and made available online - Part of 'Hope' section of Health Board COVID-19 One Year On campaign

Note: All content produced bilingually

The communications and engagement plan is attached as **Appendix A** and provides details of the key audiences and methods of communication and engagement adopted, and the meetings at which the programme was presented and discussed. A detailed insight into the communications and engagement reach will be provided to the CHC as a supplementary document.

The questions included in the Engagement Document (provided as **Appendix B**) and the online survey were as follows:

1. Do you agree with the challenges and opportunities we have set out in the 'Why do we need to transform our clinical services?'
   (Strongly agree, agree, neutral, disagree, strongly agree)
   Any further comments?

2. Do you agree that in order to meet some of our challenges and take advantage of opportunities we have set out, that there is a need to transform some of our clinical services?
   (Strongly agree, agree, neutral, disagree, strongly agree)

3. Do you agree with the principles we have set out in our approach to transforming clinical services?
   (Strongly agree, agree, neutral, disagree, strongly agree)
   Are there any others we should consider?

4. Are you supportive of the principles we have set out in the 'Which clinical services should we consider?' section?
   For Emergency and Urgent Care, for Elective Care, for Specialised Care
   (Strongly agree, agree, neutral, disagree, strongly agree)
   Any further comments?

5. Is there anything else we should consider when transforming clinical services, that we haven't thought of?

6. In your view, what are the most important aspects of your healthcare?
   - the distance I have to travel
   - seeing the right specialist
   - that it is timely
   - that it provides the best outcome for me
   - that it is delivered close to home where possible

7. If the way you receive care changes in the future, what are the most important things we need to consider I order to limit any negative impacts on your family/care givers?

8. How can we help you to ensure that more of our services can be delivered at home?

9. How would you feel about having the opportunity to receive some of your care via online technology where possible (e.g. virtual appointments from either home or a community facility)
   - I would be happy to, and have the ability to do so
   - I would be happy to but don't have access to the internet or facilities
   - I would not be happy to

10. When we are looking at the design of our hospitals for the future, what features would make your visit or stay better?

11. Are you happy to be emailed about future consultations?
    Details of the engagement, opportunities to learn more and how to share views were circulated widely to stakeholders at the start of the engagement period, with requests for their support in sharing the information within their networks and contacts. A stakeholder communications kit was provided to support this wider promotion of the engagement.

6. Mid-Point Review

A mid-point review meeting was held with the CHC on 24 March 2021 to consider the processes and responses to date and to agree any additional actions or change in approach needed for the second half of the engagement. A key focus in the discussion was how to support further engagement with those less able to get involved via online or digital routes.

Actions arising from the review:

- Additional mechanisms to increase the reach in the second half of engagement including:
  - Advertising via Capital radio, Spotify, SW Echo, Wales Online
  - Advertising in final two weeks in non-essential retail e.g. screens in Queen's Arcade and supermarkets
  - Translation and distribution of summary document in community languages, utilising links to community and faith groups established via COVID-19 work
  - Targeted engagement sessions with seldom heard voices via Diverse Cymru and Ethnic Minorities and Youth Support Team (EYST)
  - Hard copy leaflets to be made available in the Mass Vaccination Centres
  - Online staff event
  - Following up with those who signed up to public events with a reminder to complete the survey
  - Targeted social media aimed at those living in other Health Board areas

- Agreement not to hold a planned Facebook Live Q&A session aimed at the public during the pre-election period
- Check social media posts and comments to identify any feedback which should be included in considerations
- Agreement on post engagement process and key dates to enable the CHC position to be considered as part of the presentation on the outcome of engagement at the May UHB Board

7. Responses to the Engagement

The following feedback was received:

Type of Feedback	Number
Online response form	351
Emails	5
Public meetings	44 attendees
Stakeholder meetings	17 meetings
Social media posts	31

Comments made at the four public meetings were captured, verified by the CHC and considered in the analysis. The notes are provided as Appendix C. Key points made at stakeholder meetings were also considered in the analysis. It should be noted that everyone was also encouraged to complete individual response forms so there may be an element of duplication in the points captured in meeting notes and those made in response forms. A full copy of all the feedback received via the survey, meeting notes, social media and emails was shared with the CHC.

7.1 Key Themes Identified from Feedback

The engagement survey contained a mix of closed and open questions. A number of common themes emerged in the analysis of the feedback received via open questions in the survey, comments made at the public and stakeholder meetings, emails and social media posts. The CHC was involved in the agreement of these key themes which have been used as the basis of analysis of the qualitative feedback.

The key themes are set out below, with an indication of the number of times comments relating to these themes were mentioned in survey responses:

Theme	Responses across questions 1, 3-5, 7 & 8	Percentage
Right care, right place, right time	152	12%
Communication	125	10%
Digital Transformation and Technology	116	9%
Quality	103	8%
Organisation and Integration of Services	100	8%
Physical Access	90	7%
Support for the Home First/Care Closer to Home concept	80	6%
Workforce	79	6%
Comments on specific services	67	5%
Comments about Primary Care	60	5%
Scepticism about the programme	47	4%
Financial comments	35	3%
Comments relating to what services will be provided on which site and the rationale for those decisions	33	3%
Comments about Health Inequalities	30	2%
Role of clinicians	28	2%
Issues for the next steps of the programme	24	2%
Engagement Process	17	1%
Questions about the proposed location of buildings	12	1%
Environmental Impact	10	1%
Importance of adopting a preventative approach and public health programme	10	1%
Equality Issues	7	1%
Ideas for role of Wellbeing Hubs	5	0%
Dealing with the impact of COVID-19	5	0%
Design of buildings	2	0%

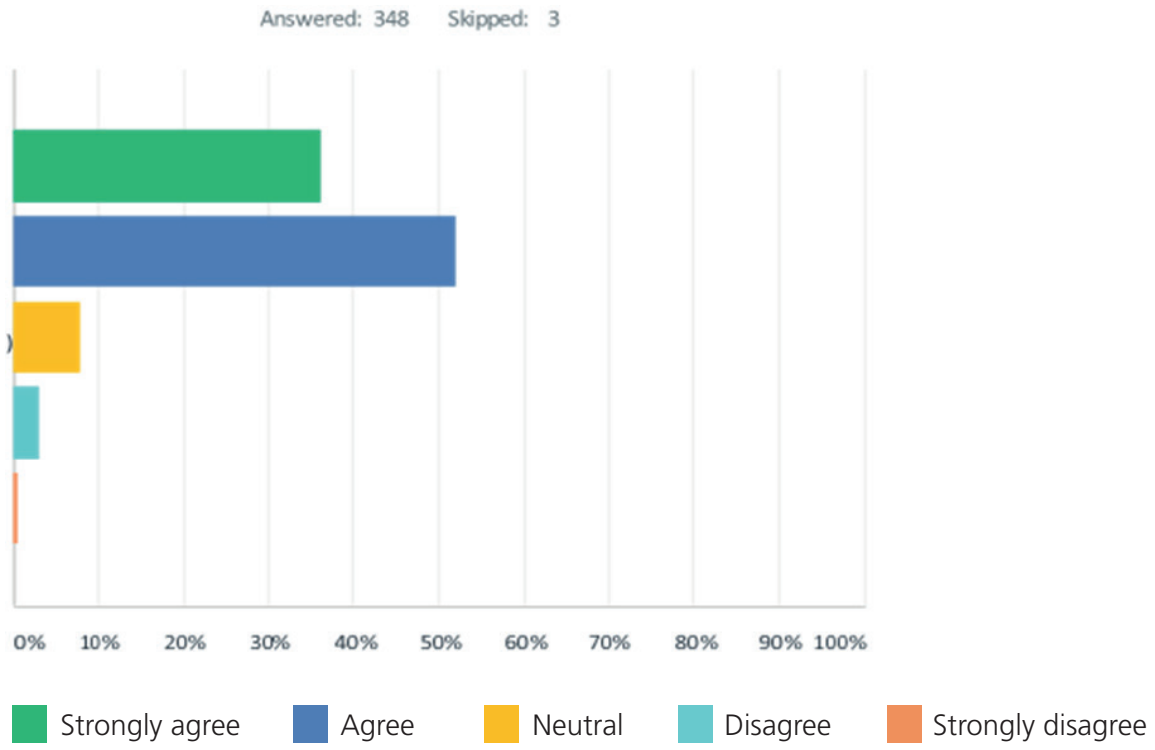
Given the breadth of the programme being explored through this engagement, and the open nature of some of the engagement questions, feedback touched on a huge range of issues under these key theme headings. Appendix D provides a breakdown of the issues raised under these themes, the detail of which will be used by the Programme Team to shape its work going forward.

Please note that while the 'Design of buildings' was a low scored theme overall, Q.10 in the survey specifically asked people to identify the features they would most like to see in the design of hospitals of the future; the feedback received to this question is set out in more detail in the next section.

7.2 Analysis of Online Survey Feedback

This section provides a breakdown of the responses to each of the questions in the survey.

1. **Do you agree with the challenges and opportunities we have set out in the 'Why do we need to transform our clinical services?'**



STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
36.21% 126	52.01% 181	8.05% 28	3.16% 11	0.57 % 2	 348

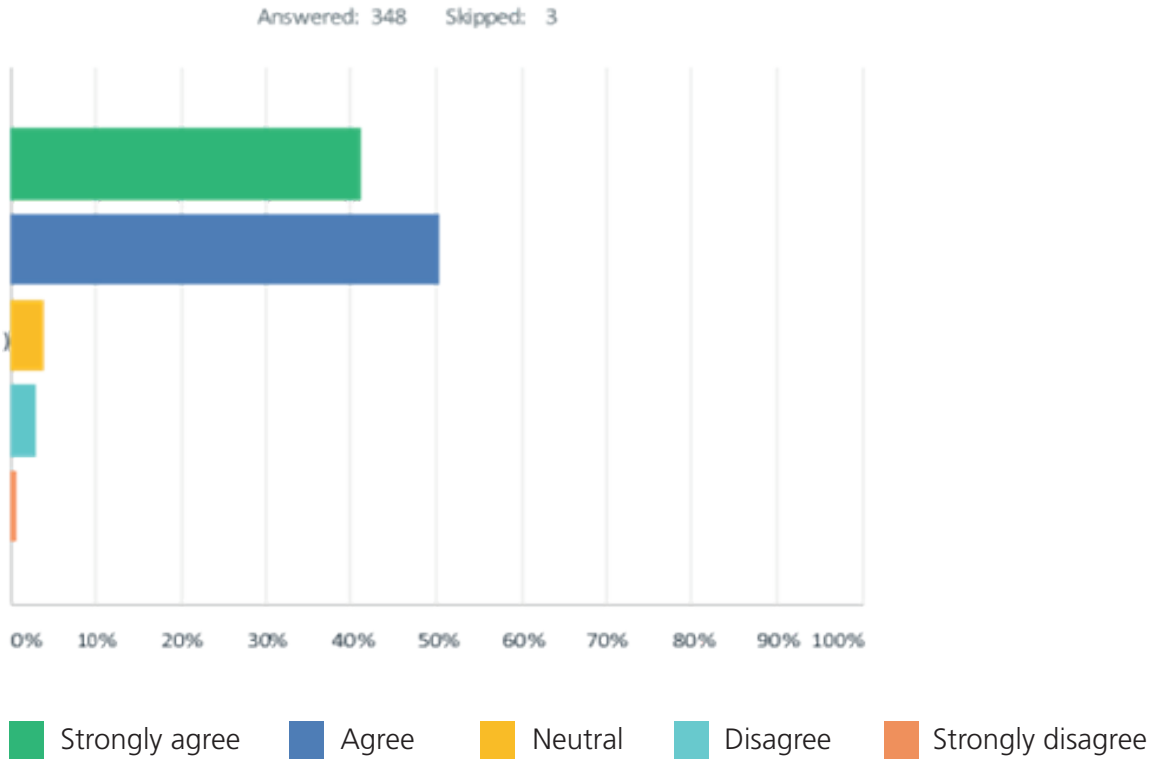
88.22% of respondents strongly agree or agree with the challenges and opportunities set out.

Any further comments?

The information from the 29 respondents who submitted data for this question was categorised 28 times against the key themes. The top 10 themes are shown below:

Themes for Question 1	Response	Percentage
Organisation and Integration of Services	6	21%
Workforce	5	18%
Comments on specific services	4	14%
Support for the Home First/Care Closer to Home concept	2	7%
Digital Transformation and Technology	2	7%
Engagement Process	2	7%
Financial comments	2	7%
Importance of adopting a preventative approach and public health programme	1	4%
Comments about Health Inequalities	1	4%
Ideas for role of Wellbeing Hubs	1	4%

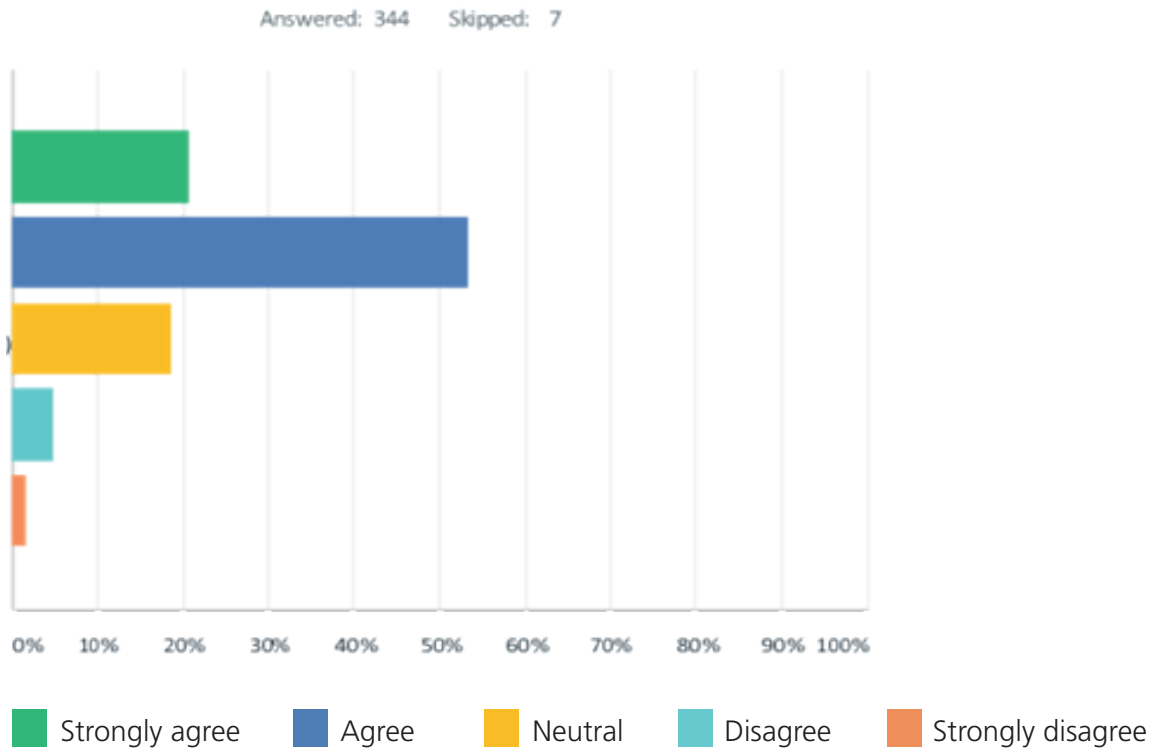
2. Do you agree that in order to meet some of our challenges and take advantage of opportunities we have set out, that there is a need to transform some of our clinical services?



STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
41.38%	50.57%	4.02%	3.16%	0.86%	
144	176	14	11	3	348

91.95% strongly agree or agree that there is a need to transform some of our clinical services.

3. Do you agree with the principles we have set out in our approach to transforming clinical services?



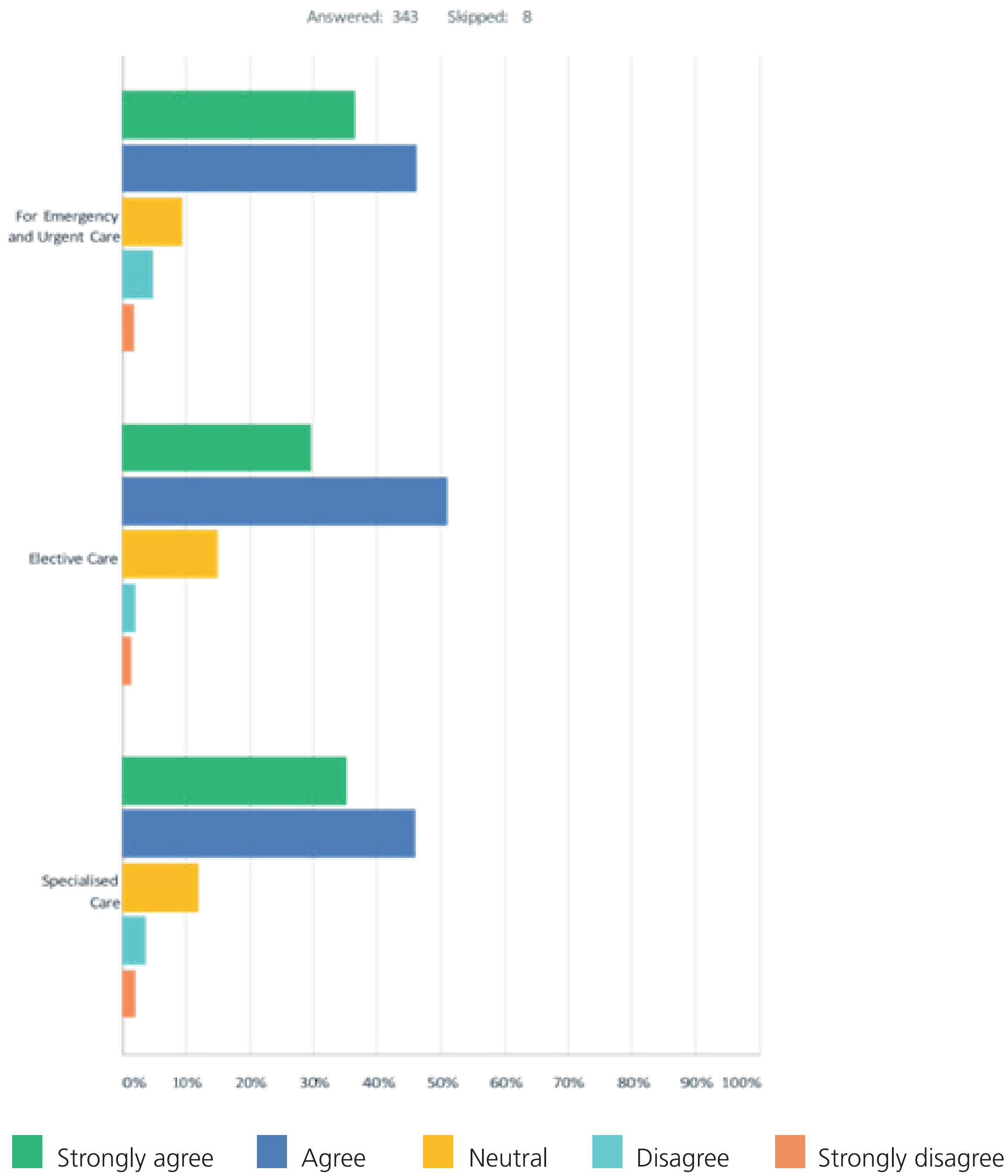
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
20.93%	53.49%	18.90%	4.94%	1.74%	
72	184	65	17	6	344

74.42% strongly agree or agree with the principles for transforming clinical services.
Are there any others we should consider?

The information from the 57 respondents who submitted data for this question was categorised 144 times against the key themes. The top 10 themes are shown below:

Themes for Question 3	Response	Percentage
Physical Access	18	13%
Organisation and Integration of Services	17	12%
Comments about Health Inequalities	15	10%
Quality	13	9%
Issues for the next steps of the programme	10	7%
Right care, right place, right time	8	6%
Financial comments	8	6%
Scepticism about the programme	8	6%
Comments relating to what services will be provided on which site and the rationale for those decisions	7	5%
Digital Transformation and Technology	6	4%

4. Are you supportive of the principles we have set out in the 'Which clinical services should we consider?'
For Emergency and Urgent Care, for Elective Care, for Specialised Care



	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
For Emergency and Urgent Care						
	36.76% 125	46.47% 158	9.71% 33	5.00% 17	2.06% 7	340
Elective Care						
	29.94% 100	51.20% 171	14.97% 50	2.40% 8	1.50% 5	334
Specialised Care						
	35.40% 120	46.31% 157	12.09% 41	3.83% 13	2.36% 8	339

83.23% strongly agree or agree with the principles in relation to Emergency and Urgent Care

81.14% strongly agree or agree with the principles in relation to Planned Care

81.71% strongly agree or agree with the principles in relation to Specialised Care

Any further comments?

The information from the 46 respondents who submitted data for this question was categorised 64 times against the key themes. The top 10 themes are shown below:

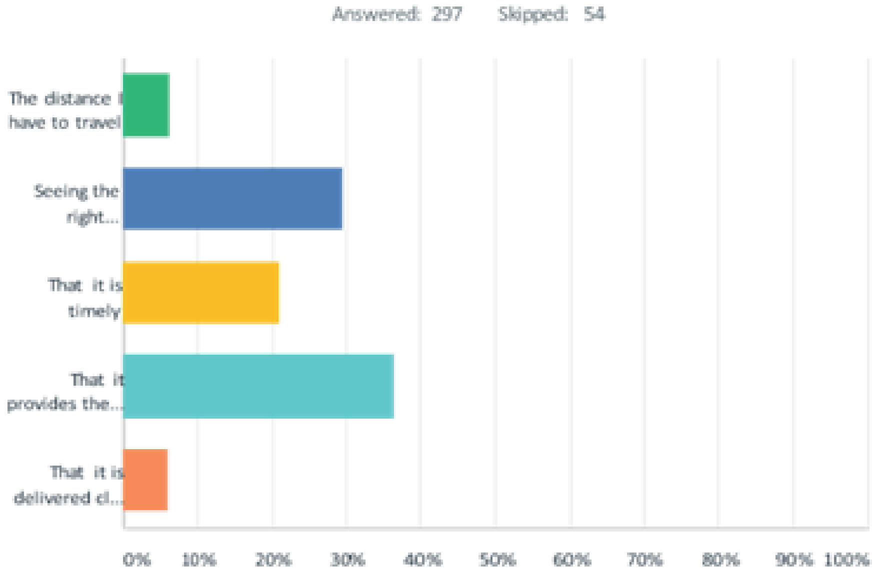
Top 10 themes for Question 4	Response	Percentage
Comments on specific services	12	19%
Right care, right place, right time	10	16%
Comments relating to what services will be provided on which site and the rationale for those decisions	6	9%
Organisation and Integration of Services	5	8%
Quality	5	8%
Support for the Home First/Care Closer to Home concept	4	6%
Workforce	4	6%
Comments about Health Inequalities	3	5%
Communication	3	5%
Scepticism about the programme	3	5%

5. Is there anything else we should consider when transforming clinical services, that we haven't thought of?

The information from the 134 respondents who submitted data for this question was categorised 159 times against the key themes. The top 10 themes are shown below:

Top 10 themes for Question 5	Response	Percentage
Comments on specific services	24	15%
Digital Transformation and Technology Issues	22	14%
Physical Access	19	12%
Organisation and Integration of Services	19	12%
Workforce	13	8%
Comments relating to what services will be provided on which site and the rationale for those decisions	10	6%
Communication	8	5%
Scepticism about the programme	8	5%
Environmental Impact	6	4%
Financial comments	5	3%

6. **In your view, what are the most important aspects of your healthcare?**



ANSWER CHOICES	RESPONSES	
The distance I have to travel	6.40%	19
Seeing the right specialist	29.63%	88
That it is timely	21.21%	63
That it provides the best outcome for me	36.70%	109
That it is delivered close to home where possible	6.06%	18
TOTAL		**297**

The most important aspect of healthcare identified by the respondents to the survey was 'that it provides the best outcome for me', followed by 'seeing the right specialist'.

7. **If the way you receive care changes in the future, what are the most important things we need to consider I order to limit any negative impacts on your family/care givers?**

The information from the 255 respondents who submitted data for this question was categorised 291 times against the key themes. The top 10 themes are shown below:

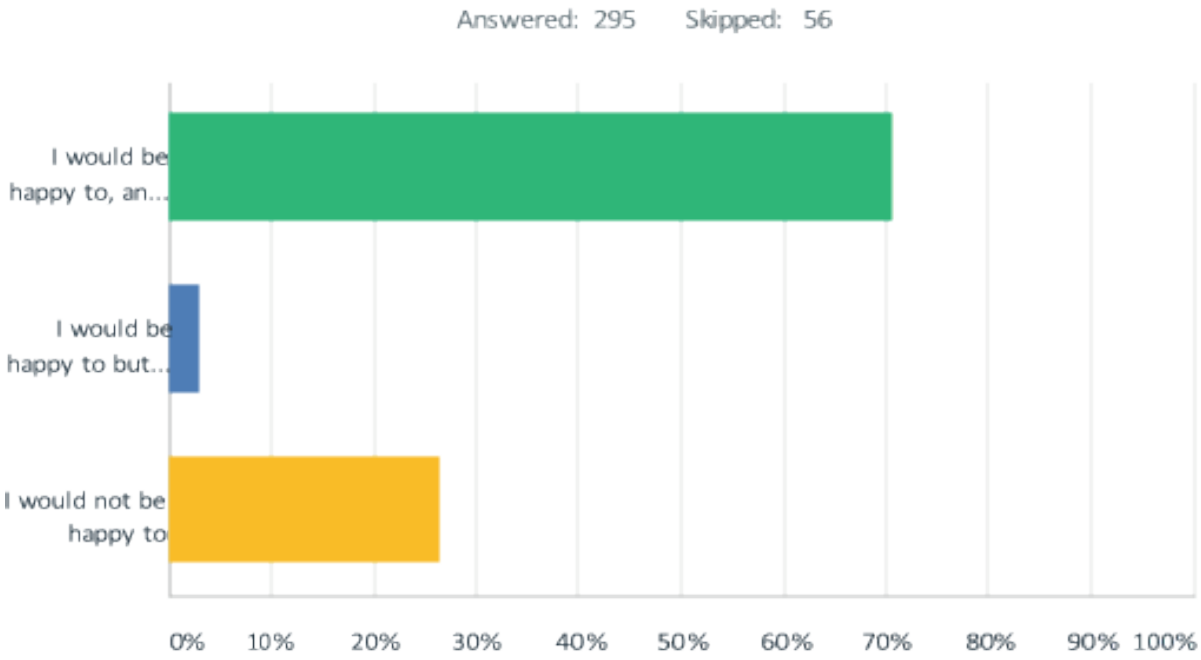
Top 10 themes for Question 7	Response	Percentage
Right care, right place, right time	89	31%
Communication	45	15%
Quality	44	15%
Physical Access Issues	36	12%
Support for the Home First/Care Closer to Home concept (more services being delivered in the home, primary care or in the community)	12	4%
Comments about Primary care	11	4%
Digital Transformation and Technology Issues	8	3%
Scepticism about the programme	8	3%
Organisation and Integration of Services	7	2%
Workforce Issues	6	2%

8. How can we help you to ensure that more of our services can be delivered at home?

The information from the 246 respondents who submitted data for this question was categorised 551 times against the key themes. The top 10 themes are shown below:

Top 10 themes for Question 8	Response	Percentage
Digital Transformation and Technology Issues	77	14%
Communication	63	11%
Support for the Home First/Care Closer to Home concept (more services being delivered in the home, primary care or in the community)	55	10%
Workforce Issues	47	9%
Organisation and Integration of Services	46	8%
Right care, right place, right time	45	8%
Quality	41	7%
Comments about Primary care	38	7%
Role of clinicians	21	4%
Scepticism about the programme	20	4%

9. How would you feel about having the opportunity to receive some of your care via online technology where possible (e.g. virtual appointments from either home or a community facility)



ANSWER CHOICES	RESPONSES	
I would be happy to, and have the ability to do so	70.85%	209
I would be happy to but don't have access to the internet or facilities	3.05%	9
I would not be happy to	26.78%	79
Total Respondents:		**295**

10. When we are looking at the design of our hospitals for the future, what features would make your visit or stay better?

Question 10 was very specific around the design of buildings and therefore had very different responses from the other questions. The responses to this question were therefore analysed separately so that the richness of information was not lost in the main key themes. Feedback from this question will be used to inform the development of our estate including the planning of UHW2.

The top 10 themes are shown below:

Top 10 themes for Question 10	Response	Percentage
Parking (cars/bikes etc)	70	13%
Privacy & dignity	53	23.5%
Clear, easy and efficient layout which is easy to navigate for all, accessible	44	31.9%
Open, light and airy, space	43	40.2%
Cleanliness & Hygiene	31	46.1%
Quality Care (timely, coordinated, effective, compassionate)	29	51.6%
Patient facilities (showers, toilets, communal seating areas, entertainment)	28	57.0%
Transport Links/Easy access/convenient location/closer to home	28	62.3%
Ambience, quiet, modern & comfortable	27	67.5%
Facilities and support for visitors and visits	25	72.3%

11. Are you happy to be emailed about future consultations?

213 respondents indicated that they were happy to be emailed about future consultations (74%).

Survey Respondent Type

In order to assess the public reach of the engagement, respondents to the survey were asked if they were a member of Cardiff and Vale UHB staff. Unfortunately, due to an error, this question was only included after the engagement had been running for two weeks; the first 65 respondents did not have the opportunity to share this information.

Of the 209 respondents who were given the opportunity to share this information, 80% (168) did not identify themselves as employees of the Health Board and 20% (41) identified themselves as an employee of Cardiff and Vale UHB staff.

Geographical Profile of Respondents to the Survey

Health Board	Responses	Percentage
Cardiff	147	42%
Not provided	109	31%
Vale of Glamorgan	76	21%
Other Areas (1 from outside of Wales)	22	6%

42% of respondents to the survey identified themselves as residents of Cardiff; 21% from the Vale of Glamorgan. 31% of respondents did not provide details of their area of residence. 6% were from other areas.

Demographic Profile of Respondents to the Survey

The survey included a series of questions designed to help us understand the reach of the engagement. **Appendix E** provides a detailed breakdown of the profile of respondents based on the responses to the equality monitoring questions included in the survey. This data is currently being analysed in more detail to better understand which sections of our community we have been less successful in reaching during this engagement, so that we can learn from this exercise and consider ways to increase and improve our reach for future work.

7.3 Other Feedback

Public Meetings

The CHC hosted four public meetings via Zoom, with simultaneous Welsh translation available. Each meeting adopted the same format of an introduction and welcome from the CHC and the Chair of the UHB followed by a presentation by the UHB and then an open Q&A session chaired by the CHC. A total of 44 people attended the meetings which were held as follows:

8 March	North and West Cardiff (2 attendees)
10 March	Central, South and East Cardiff (11 attendees)
22 March	Eastern Vale (14 attendees)
24 March	Central and Western Vale (17 attendees)

A separate meeting for Central Vale had been scheduled for 30th March but due to the pre-election period commencing on 25th March, a decision was jointly taken by the UHB and CHC to merge the Central and Western Vale meetings. The notes of the public meetings are available as **Appendix C.**

Attendees were also asked to submit individual responses to the survey. The issues raised in the public meetings were representative of many of the themes identified in the survey feedback. They have been reflected in the discussion under the themes in section 8 of this report, with an overview provided below.

There were many comments made that indicated support for the direction of travel, particularly the principles of more services being provided in the community and enabling people to receive their care closer to home, and recognition that our current hospital estate was no longer fit or purpose.

Attendees were interested in the proposed location of UHW2 and the Wellbeing Hubs, seeking clarity on the rationale for what services would be provided where and sharing ideas for the role the Hubs could play in supporting wellbeing. The importance of developing a robust transport infrastructure to support access to all our facilities was highlighted at several meetings.

There were a number of comments about the need to address inequalities, many of which had been exposed more clearly by the pandemic, and concern that increasing the provision of services through the use of technology might serve to widen existing inequalities. At the same time, several attendees shared their personal good experience with online consultations.

The meetings provided an opportunity to clarify that while the overall Shaping Our Future Wellbeing strategy covers the development of all the care provided by the Health Board, including public health and preventative work, the focus of this engagement is on clinical services. Questions about the way the Health Board is working with neighbouring Health Boards were raised as well as the impact of COVID-19 on service provision and the financial feasibility of funding the programme in the context of the cost of responding to the pandemic.

There were some concerns raised about the appropriateness of engaging during the pandemic and questions about how people could get involved who did not have access to technology.

Stakeholder Meetings

In addition to the public meetings, the clinical and programme leads took a presentation and discussion to a range of external and internal stakeholder meetings. The introductory letter circulated widely to stakeholders at the start of the engagement offered the option of specific meetings on request as well as details of the scheduled meetings. The details of the stakeholder sessions that took place are set out in the table below.

9 March	UHB Volunteers
10 March	UHB Occupational Therapy Leadership Meeting
10 March	Vale of Glamorgan Council all member briefing session
11 March	UHB Senior Workforce and OD Transformation Meeting
11 March	Youth Board, Cardiff Youth Council and Vale Youth Forum
15 March	SE Wales Regional Optical Committee
16 March	Cardiff Public Services Board
16 March	Bro Taf Local Dental Committee
17 March	UHB/Community Pharmacy Operational Group
17 March	UHB Nursing and Midwifery Board
22 March	Third Sector organisations (organised by Cardiff Third Sector Council, Glamorgan Voluntary Services and Cardiff and Vale Action for Mental Health)
23 March	UHB Stakeholder Reference Group
23 March	Joint meeting of Cardiff and Vale 50+ Forums
6 April	CHC Aneurin Bevan Planning Committee
13 April	Cardiff Council Senior Management Team
14 April	Ethnic Minority and Youth Support Team Wales (EYST)
19th April	UHB Local Partnership Forum

Attendees were also asked to submit individual responses to the survey. Notes of all the meetings have been shared with the CHC. The themes and issues raised by stakeholders were largely similar to those raised through the other engagement routes. They have been reflected in the discussion under the themes in section 8 of this report, with an overview provided below.

While welcoming the direction of travel and ambitions of the programme, external stakeholders additionally highlighted the importance of working with partners in the public and third sectors to tackle the wider determinants of health and to adopt a more preventative approach, as well as to deliver care in a joined-up system that supported continuity of care. There were also strong messages encouraging the Health Board to involve patients and carers in co-designing services.

A strong theme emerged about balancing the opportunities for widening access through the use of technology while ensuring that the needs of those who don't have access to technology are accommodated in future plans and that issues around data protection are considered.

Comments about access focused on the importance of a robust public transport system to support access to our facilities and issues relating to parking. The impact of the pandemic was another issue raised, with comments about the backlogs in elective surgery, the reluctance of people to visit services or use public transport during the pandemic and the impact that had had on early detection of cancer. Several attendees queried the cost of the proposals, how it would be resourced and how it might be affected by shortages in some clinical professions.

Some stakeholders highlighted their involvement in existing projects to develop Wellbeing Hubs and identified the potential role of community and third sector organisations in such developments. A concern was expressed about whether three Hubs in the Vale was sufficient to meet the needs of the more dispersed communities in the Vale of Glamorgan.

Discussions internally provided an added perspective around the potential role different professions might play in the future, the need to look flexibly at the skills required and the desire for staff to be involved in the programme as it develops. There were also concerns about the capacity of staff to manage change in the wake of the pandemic. In addition, there were comments about the opportunities for learning from elsewhere and the importance of integrating staff wellbeing into the programme.

Emails

14 emails were received via the Engage.Cav@wales.nhs.uk email address. 5 of the emails provided feedback on the programme; the remainder contained requests for more detail about how to get involved, copies of resources or expressed individual interest in getting involved in future work. Emails providing organisational responses to the engagement were received from Community Pharmacy Wales, Glamorgan Voluntary Services and the Vale 50+ Forum. Copies of all the emails, anonymised where appropriate, were shared with the CHC. The comments in the emails have been reflected in Section 8 of this report under the relevant themes.

Social Media

The comprehensive social media programme supporting the engagement included regular posts about different aspects of the proposals, mainly through Twitter and Facebook. 31 comments were posted and reviewed, largely echoing the themes already identified. Feedback included concerns about the impact of COVID-19 on waiting lists, about accessing services, the location of UHW2 and Wellbeing Hubs, as well as parking and digital technology not being suitable for everyone. Other comments demonstrated praise for the proposals outlined.

It is important to note that 'reactions' to social media posts were extremely positive with overwhelming support shown through the use of 'like' or 'love' reactions. It is widely accepted that only the most vocal proportion of social media users comment on social media posts, similar to contributions seen at public events.

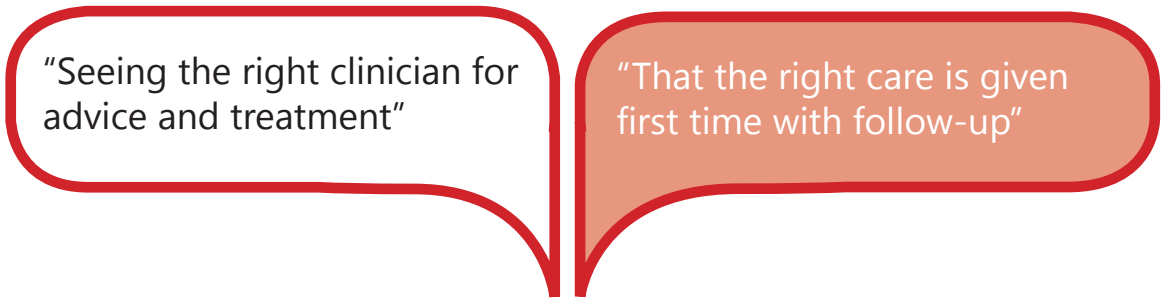
8. Consideration of Engagement Responses: UHB response, action and mitigation

This section provides an analysis of each of the key themes that have emerged through the engagement, with a commentary regarding our response to the comments received and further action that will be taken. **Appendix D** provides a more detailed breakdown of the main issues raised under these key themes, the detail of which will be considered and used by the Programme Team to shape its work going forward.

8.1 Right care, right place, right time

This key theme was the most popular theme having been identified 152 times within the respondents' feedback to the survey, 12% of all the instances when a key theme was identified within the text.

This was a theme that emerged strongly particularly in response to Question 7 about the most important things to consider to limit any negative impacts if changes are made to the way people receive care in the future. Respondents emphasised the importance of ensuring that they could get easy and timely access to the most appropriate clinician when they needed to. There were views expressed about how being able to see the right person and have the right tests and investigations done at the first visit, would reduce the need for repeat visits, and that providing a mix of online consultations and face to face visits could help to make access easier for patients. Several responses mentioned concern about waiting times, emphasising the importance of timely access to treatment required.



UHB response, actions and mitigations

We consider this to be a very important issue. It is a key principle in the design of future care pathways in which patients are directed to the right service according to agreed, integrated pathways. Furthermore, clearly defining and protecting care pathways will ensure that patients are seen in the most appropriate place and experience a more efficient process, e.g. investigations being done before seeing a specialist.

The Health Board also agree that this is an important means of improving waiting times: clear separation between "Planned and Elective Care" pathways and Urgent and Emergency pathways gives us the opportunity to reduce the impact of the latter on waiting times, delays and cancellations (as well as clinical risk). This has been an important element of our response to the COVID19 pandemic (e.g. the Protected Elective Surgical Unit).

8.2 Communication

This key theme was the second most popular theme in the survey responses having been identified 125 times within the respondents' feedback, 10% of all the instances when a key theme was identified within the text.

Providing clear guidance on how to access services, including emergency care, and navigate the health system was identified by a number of respondents. In considering changes to the way people might access clinicians or treatment, people highlighted the need to give clear advice to support people to understand what the changes were and what they would mean for patients, in a simple way that everyone can understand.

There were also comments about making it easy to speak to the right person and to understand what is happening in your care.

There were also some comments about ensuring effective communication between professionals across specialisms and across geographical areas.

"I don't mind being on a waiting list if I am at least told about it and reassured"

"If services are transforming or changing, there needs to be much more communication to the public"

UHB response, actions and mitigations

The Health Board recognise that this is a key area for development and improvement as a part of the redesign of clinical services.

We acknowledge the challenge of coordinating care for patients who are under the care of multiple specialist teams. Joining up care across different teams and organisations is a key principle of the Shaping Our Future Clinical Services programme and will be key to our approach in pathway redesign.

We agree that patient's being at the centre of the planning of their treatment and care plan is central to achieving the outcomes that matter to people, and that effective communication about where people are on their care pathway is very important. We will be involving patients and carers, as well as patient representative groups, in the redesign program and inviting their views on the best and most inclusive methods of keeping patients well informed about their "home to home journey" as partners in their healthcare. This will be improved through the development of 'patient held records' ensuring that patients have access and ownership of their health care records.

We have also heard from patients with long term conditions that they want more proactive ways of communicating with their clinical teams, hence we are exploring new means of doing this including the use of digital apps and questionnaires that specifically measure a patients view of their health status and outcome as well as those that measure their experience (PROMS and PREMS).

In terms of the development of the Shaping Our Future Clinical Services programme and others, we have embarked on an extensive engagement programme to support these changes as they develop and have committed a dedicated team to ensure ongoing communication and engagement with the public, our staff and stakeholders throughout the process.

8.3 Digital transformation and technology

This key theme was the third most popular theme having been identified 116 times within the respondents' feedback to the survey, 9% of all the instances when a key theme was identified within the text. It was also a theme that was raised in many of the public and stakeholder meetings.

Many people expressed their support for more services to be provided virtually or using digital technology and as the response to Q. 9 in the survey indicates, many welcome the opportunity to receive more of their care via online technology. However, many people also voiced concern that those who are unable to use technology because of cost, ability, lack of confidence or other barriers, could be disadvantaged. For those who could be digitally excluded by the increasing use of this type of technology, respondents emphasised the need to retain the option of face-to-face contact, to recognise the limitations of online consultations and for advice and support to be provided to enable more people to access and use technology as one of the ways to receive their care. The needs of patients with hearing or sight loss were highlighted.

There were also some comments from staff around the need for specialist expertise and capacity to be available to support the digital and technology infrastructure of the UHB as an organisation, across hospital and community settings.

"Don't lose the human element of care in the evolution of services"

"E consult is brilliant in primary care, this should be extended to secondary care clinicians"

"Consider the needs of those less tech savvy (e.g. the elderly) when making access and services more digital. The challenges presented by these may alienate some and negatively impact on their care"

"It is a waste of time sitting in an outpatient clinic waiting to be called, there should be greater use of video consults"

UHB response, actions and mitigations

We recognise the importance of harnessing and maximising the benefits of the digital healthcare revolution (some of which are mentioned in the engagement feedback – convenience, efficiency, safety), whilst taking care to retain the "human element" and clinical contact that is crucial to holistic patient care. Central to this is patient choice and offering high quality services through pathway design, recognising that this cannot be delivered with a one size fits all approach and ensuring that we, together, craft an individual response to how we deliver care for patients ensuring this is accessible.

We have learned from the experience of using certain digital technologies during the COVID19 pandemic. We are currently considering the positive and negative impact of this experience and ensuring that this is a consistent approach between our COVID recovery programme and Shaping Our Future Clinical Services.

We have already commenced engagement with 'harder to reach" stakeholder groups to hear their views, listens to their concerns and get their advice on minimising any negative impact of the projected widespread adoption of new technologies across global healthcare systems.

The Health Board is strengthening its approach to its digital infrastructure. Importantly, this is being jointly led by a clinician, with a strong focus on clinical benefit and patient-centred care. Our Digital Transformation programme is closely linked to the Shaping Our Future Clinical Services programme.

8.4 Quality

This key theme was identified 103 times within the respondents' feedback to the survey, 8% of all the instances when a key theme was identified within the text.

Another theme that emerged particularly in response to Question 7 (about the things to consider to limit any negative impacts if changes are made to the way people receive care in the future) focused on quality. Echoing the responses to Question 6 which asked people to identify the most important aspects of their healthcare, respondents highlighted that ensuring people had the best outcomes possible was a priority and that any changes to the way services are delivered should not compromise quality of care. Ensuring that there was a high quality of care for the elderly was mentioned in a few responses.

Some responses shared comments on their own experience of our services.

"Quality of care and patient safety"

"I have only stayed for short periods in hospital, and have found the care and attention I personally received has been excellent"

UHB response, actions and mitigations

The Health Board agrees that quality of care and patients, carers and families experience of their care is of paramount importance.

Integral to the redesign of services will be careful review of best practice, alignment to national standards and rigorous benchmarking. We regard monitoring of clinical outcomes as crucial and Quality and Safety standards will be embedded within care pathways.

Importantly, we support the principles of Value Based Healthcare in which "outcomes that matter to patients" are an equally important marker of quality of care. For this reason, we will be developing this approach within the design of the programme and will include Patient Report Outcome Measures (PROMS) and Patient Reported Experience Measure (PREMS) as key deliverables within pathway design.

8.5 Organisation and integration of services

This key theme was identified 100 times within the respondents' feedback, 8% of all the instances when a key theme was identified within the text.

Many comments were made about the importance of considering the whole patient pathway and ensuring that services and professionals are working in a joined-up and integrated way across the health and care system. The opportunity for working with Third Sector organisations who support people with specific medical conditions was also highlighted. The need for services to be organised in a way that enabled treatment of the whole person and their overall wellbeing was emphasised alongside a call for continuity of care. This was echoed in calls for the UHB to work closely with neighbouring Health Boards, particularly in meeting the needs of those living near the borders.

There was also a plea that in making changes to services, we must look at the impact on other services, to ensure the implications for the whole service model are considered and that resilience must be built in to cope with surges in demand.

The importance of developing pathways for frail older people was mentioned as well as opportunities for linking more closely with care homes as a means of reducing hospital admissions. Similarly, work with the Ambulance Service to help avoid admissions to hospital was also identified.

"Integrate and further link up clinical and social services by attaching them to Cardiff and Vale hubs."

"Very overwhelming for patients when they have a lot of professionals involved in their care and for individuals who have a number of health needs"

A number of comments were also made, particularly in the stakeholder discussions, about the opportunities for working more closely with other public and third sector partners, building on collaborative work that has strengthened during the pandemic.

UHB response, actions and mitigations

These are extremely important issues.

Pathways for frail older people is being given particular attention within the Shaping Our Future Clinical Services programme. It is a designated cross cutting theme, to ensure that the issues highlighted here (and by others) are addressed specifically across all pathways. This will also ensure that we work closely with appropriate 3rd parties, including integration between Health and Social Care. We anticipate particular benefits to the frail, older population as part of our Shaping our Future Community Care programme, which includes Wellbeing Hubs and will continue to work closely as a part of the Regional Partnership Board to develop services locally.

The Health Board has signalled its intent to work closely with neighbouring Health Boards, both in terms of patients who live close to boundaries, as well as in our role as a provider of specialist, regional services. Work that was commenced prior to the pandemic, as part of our Tertiary Service Strategy, is being incorporated into the Shaping Our Future Clinical Services programme and will inform the development of Regional and Specialist care pathways.

Working in partnership and seamless integration of services are two of the design principles of the Shaping Our Future Clinical Services programme, reflecting the intent set out in our Shaping Our Future Wellbeing strategy.

8.6 Physical access

This key theme was identified 90 times within the respondents' feedback to the survey, 7% of all the instances when a key theme was identified within the text. It was also a theme that emerged strongly from discussion at meetings.

A frequent comment or question focused on the need for there to be a good transport infrastructure to support easy access by road or public transport to our hospital and community facilities, and that this needed to be taken into consideration when looking at locations for new sites, working with local authority colleagues. The availability of parking was also raised as well as support for adopting an Active Travel approach.

A number of people highlighted the importance of ensuring that the needs of older people and people with disabilities was considered in planning the layout of sites, access to buildings, and the design of buildings themselves. Specific comments about access made in the response to the question about the design of our hospitals for the future included the need for diagnostics to be close to entrances to avoid people having to walk long distances through hospital corridors, the need for reliable lifts or escalators and good signage within buildings.

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UHB response, actions and mitigations

The UHB are required under law to reduce our carbon footprint. As a member of the Public Service Board are fully committed to our role in tackling the climate emergency.

We have been developing a new traffic management systems for our hospital sites as part of a wider Sustainable Travel Plan. Strict criteria for staff parking have been introduced and the UHB encourages staff and visitors to use alternative means of travel such as the park and ride scheme and public transport. This has resulted in reduced congestion on our main sites and has freed up parking spaces for visitors.

More recently, with an increased number of outpatient appointments taking place virtually an initiative to ensure the amount of time patients are waiting in the emergency department at UHW has resulted in fewer trips to hospital for many patients and reduced congestion.

Access will be a key consideration in the design of any new hospital or community building and will be subject to further engagement.

The Health Board is working with both Cardiff and the Vale of Glamorgan councils to develop plans for enabling more people to use sustainable travel options to access services and come to work. This is necessary as part of our commitment to achieving carbon zero services, as detailed in our Sustainability Action Plan.

8.7 Support for Home First/Care Closer to Home concept

This key theme was identified 80 times within the respondents' feedback, 6% of all the instances when a key theme was identified within the text.

There was a great deal of support expressed both in the survey and in the meetings for the concepts of Home First and Care Closer to Home, with many people welcoming the ambition for more services to be provided in their homes, in primary care or in community facilities such as Health and Wellbeing Centres and Wellbeing Hubs. There were a small number of comments raising concern that the vision for more services to be provided in Hubs, which might include some primary care services, indicated a plan to centralise GP services, which was not supported.

UHB response, actions and mitigations

We are very encouraged by the support received for the 'home first' concept and will take on board the concerns about the services being offered in Wellbeing Hubs. We recognise the importance of working with local people who use our services when planning where future services and facilities are located.

This work forms part of the Shaping our Future Community Care programme – the involvement of GP services and Primary and Community Care teams is integral to this. Acknowledging the importance of primary care in integrated health pathways, we are hopeful that this will be one way in which GP services, including the wider multi-disciplinary team are supported and strengthened.

8.8 Workforce issues

This key theme was identified 79 times within the respondents' feedback, 6% of all the instances when a key theme was identified within the text.

There were a range of different comments emphasising that the success of the programme would depend on there being sufficient staff with the right skills and training to deliver the proposed models of care. In response to the question about how we can enable more care to be provided in the home, some people commented on the need for there to be more staff available 24/7 in the community.

"If the aim is 'hospital at home' or rehabilitation at home, these services need to be staffed to provide just that."

Some comments focused on the importance of staff buy-in to the plans, and the role that Trade Unions could play in facilitating discussions about change. There were a few concerns raised that the pandemic might have a detrimental impact on the capacity of staff to manage change. The importance of building staff wellbeing into the programme was highlighted as well as increasing opportunities for flexible working and improving working conditions as factors affecting staff retention.

"Retaining and looking after staff"

"Transformation will only succeed if staff are motivated"

Comments from staff emphasised the role that different clinical professions could play within the programme and the need to look flexibly at staff skills across the workforce.

Comments from staff emphasised the role that different clinical professions could play within the programme and the need to look flexibly at staff skills across the workforce.

UHB response, actions and mitigations

This is valuable feedback and supports the view that we highlighted in our engagement document and presentation: workforce issues - such as those highlighted above - are amongst the most serious drivers for change, major challenges that will need to be met, but also an area of opportunity for positive change.

Given its importance, Workforce transformation has been identified as a cross cutting programme that will be integral to the design and delivery of clinical services in the future.

A plan for continued staff engagement is being developed with the support of the Local Partnership Forum which is the formal mechanism for the Health Board and Staff Representative Bodies/ Professional Organisation Representatives to work together to improve health services.

8.9 Comments on specific services

This key theme was identified 67 times within the respondents' feedback, 5% of all the instances when a key theme was identified within the text.

The open nature of many of the questions allowed people to share their views on a wide range of issues of which they had personal experience. Question 5 in particular, which invited people to highlight anything else we should consider when transforming clinical services, elicited a number of individual comments relating to the priority that should be given to improvement and development of specific services. Mental health services and services for children and young people were the service areas which were mentioned the most frequently. The full range of those services mentioned in individual responses is included in **Appendix D**, which sets out the key issues raised under each of the main themes.

> "More emphasis on mental health services"

UHB response, actions and mitigations

The next phase of the SOFCS programme will involve working with individual clinical teams to develop their future care pathways. We will need to consider the feedback and comments on specific services, as well as seeking the views of relevant patient representative groups, as part of this process.
We mentioned mental ill health as an important challenge and driver for change. We will be developing mental health care pathways as part of the program and take on board the comment of emphasising this specific area.

In addition, the mental health needs and wellbeing of patients will also be considered within physical healthcare pathways, e.g. the importance of psychological support and rehabilitation programs in heart disease or following trauma.

We recognise the importance of giving mental health and physical health equal priority, recognising that many people with mental health issues die prematurely from physical health causes, and many people with physical health problems experience associated mental health issues.

8.10 Comments about primary care

This key theme was identified 60 times within the respondents' feedback, 5% of all the instances when a key theme was identified within the text.

There were a number of comments about primary care, particularly in response to Question 8 about how we can help to ensure more services can be delivered at home. These included the importance of services being integrated with GP services, ensuring that plans do not place more burden on primary care which is already under great pressure and ensuring GPs have a strong voice in the programme. Some respondents commented on the difficulty with getting access to GPs and that that their services needed to be more accessible, with more flexible and longer opening hours.

> "Pressures on GP centres and extreme difficulties booking appointments"

UHB response, actions and mitigations

Please see our response to Paragraph 8.7 which addresses some of these points, particularly those relating to the involvement and integration of General Practice services in the clinical redesign of care pathways within the Shaping Our Future Clinical Services programme and the specification and services offered in Wellbeing Hubs.

In terms of access, opening hours and other operational issues, we will take this opportunity to feedback to ongoing service improvement programmes being undertaken by the Primary, Community and Intermediate Care Clinical Board.

We recognise that there cannot be a disconnect between the Shaping Our Future Clinical Services programme of strategic change and the continuous service improvement that is being undertaken by the Health Board and, in particular, the accelerated transformation of certain services as part of COVID recovery. We are working to align and coordinate these work programmes and will need to ensure that this is communicated well to our staff and public.

8.11 Scepticism about the programme

This key theme was identified 47 times within the respondents' feedback, 4% of all the instances when a key theme was identified within the text.

Some respondents expressed frustration with ambitions of the programme, commenting that it was unnecessary and unfeasible and that services are fine as they are, that we should be investigating what services are already being provided before trying to change everything or focus too much on buildings. That waiting lists are not mentioned was commented on by one respondent.

UHB response, actions and mitigations

We acknowledge that major building works may grab headlines but have been at pains to emphasise that the Shaping Our Future Clinical Services programme is about the entire pathway journey, rather than just isolated services or buildings.

However, the buildings in which we deliver care are of equal important in the delivery of safe, sustainable services for the future. We know the current buildings infrastructure limits our ability to deliver modern clinical care and ways of working. New infrastructure will also ensure that patients have improved access to participate in research. Buildings must be designed with high quality patient care and staff wellbeing at its core: the "optimal healing and learning environments" and therefore go hand in hand with the redesign of clinical pathways.

Whilst the program is ambitious, it is important to remember the context in which the changes are set out. We know that our populations needs are changing and therefore our services need to change to support this. We are pleased that the feedback supports the need for change and will continue to apply population health data to the development of clinical pathways. This reflects the majority of feedback that we have received as well as external expert assessment of the potential of Cardiff and Vale UHB within the context of NHS Wales.

We will continue to work closely with the public, stakeholders and Welsh Government to ensure that our plans meet the needs of our population and are deliverable within carefully scrutinised timescales and business cases.

8.12 Financial comments

This key theme was identified 35 times within the respondents' feedback, 3% of all the instances when a key theme was identified within the text.

Comments under this theme highlighted some concerns about the affordability of the programme particularly in the context of the cost of the pandemic. There were also queries about whether the proposed emphasis on providing more services closer to home would be more costly, for example with equipment needed on more sites, thus requiring disinvestment from other parts of the service including a potential impact on jobs.

There were also a small number of comments relating to the relationship with the private sector, with views expressed about avoiding the use of private sector finance and concerns about the private sector cashing in on our plans.

UHB response, actions and mitigations

The UHB supports the principles of Value Based Healthcare in which "outcomes that matter to patients" are an important marker of quality of care. These principles will be embedded within the Shaping Our Future Clinical Services programme.

There will be a focus in the redesign of pathways on the delivery of services in the most effective and efficient way that provides the best value for the patient.

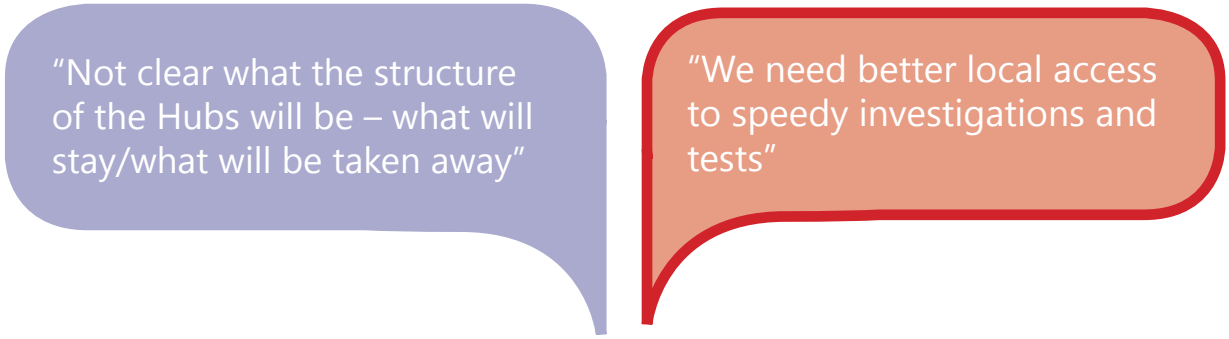
It is important to note that this will require different choices about where resources are invested over time to ensure balance across system but at that this stage of the process we have not yet undertaken any detailed analysis of costs as the design work has not yet commenced.

8.13 Comments relating to what services will be provided on which site and the rationale

This key theme was identified 33 times within the respondents' feedback, 3% of all the instances when a key theme was identified within the text.

Attendees at meetings and participants in the survey raised questions about what services would be provided in the Health and Wellbeing Centres and the Wellbeing Hubs. Some made suggestions for what could be provided in community facilities including access to investigations and tests. The future role of Barry Hospital was also raised by a small number of respondents.

Similarly, many people were interested in the future service mix at UHW2 and UHL, and queried the basis on which decisions about service location would be made. There were also some concerns that people might have to travel further for emergency services and specialist services.



UHB response, actions and mitigations

The location of clinical services is being considered and planned on the basis of the design principles outlined in Shaping Our Future Wellbeing and Shaping Our Future Clinical Services. The plans for specific services and their locations are under development and will be subject to ongoing engagement.

The key principles include Home First; Care Closer to Home, holistic consideration of the home-to-home patient journey, integration of healthcare and other services, promotion of active transport and healthy travel, minimising the impact on the environment, delivering high quality clinical care in outstanding facilities when it is needed, creating an optimal healing and learning environment. Wellbeing Hubs are planned in each of our nine Primary Care clusters, co-located with Social Care and other local authority services. They will include some clinical services that are not suitable for delivery in individual GP Surgeries; the exact nature of these tests, investigations, clinic areas and community facilities is being considered in the SOFCC program.

Health and Wellbeing Centres will provide more clinical services away from our acute hospitals and we have plans for Barry Hospital, Cardiff Royal Infirmary to develop as Health and Wellbeing Centres, in addition to developing plans for a centre for the north Cardiff locality. This programme does not supplant existing or planned services in these locations, which are subject to their own plans and programs of work. The Health and Wellbeing Centres will offer diagnostic and treatment services that be optimally delivered outside of the major hospital setting (where they have traditionally been

located), without sacrificing quality or efficiency. These represent a new way of working that will be designed for better access for patients; it will require significant transformation of our digital infrastructure and our workforce.

Our current thinking around the design principles for our main hospitals (future UHL and future UHW) have been outlined in our presentations: two centres of excellence, each with a dedicated and complementary focus: (1) protected, planned elective care and high quality treatment and rehabilitation services (including in-patient mental health services) at UHL. (2) 24/7 high intensity and intensive care services, including several regional services co-located with the major university teaching and research facility at UHW. This design allows for the development of high quality care in coordinated dedicated facilities, with a grouping of co-dependent and interrelated specialties.

8.14 Comments about health inequalities

This key theme was identified 30 times within the respondents' feedback, 2% of all the instances when a key theme was identified within the text.

A number of comments were made focusing on the priority that should be given to reducing health inequalities and that above all, access must remain fair and equitable. The importance of ensuring access to healthcare and wellbeing services for black, Asian and minority ethnic communities was specifically identified. The inequalities exposed by COVID-19 were highlighted as well as concerns that future moves to provide care through digital technology might widen existing inequalities.

> "Make sure all services are readily and easily accessible to all"

Discussion at one of the stakeholder meetings highlighted the need for the Health Board to capture data relating to the protected characteristics of our patients, to better understand health inequalities and how they can be addressed.

UHB response, actions and mitigations

We are in wholehearted agreement with these comments. In addition to engaging widely with appropriate stakeholders, including a number of seldom heard stakeholders, we aim to develop better methods of capturing and analysing data regarding health inequalities and monitoring the effects of our service redesign.

We recognise that 'one size does not fit all' in the delivery of future healthcare. And whilst the delivery of some elements of a patients care digitally may be suitable for a large percentage of our population, a significant proportion are either unable to or would prefer face-to-face services.

We are committed to reducing health inequalities in line with our vision that a person's chance of leading a healthy life should be the same wherever they live and whoever they are and are refreshing plan around this with partners in light of the COVID-19 pandemic which has further exposed the gap in health and social inequalities.

8.15 Role of clinicians

This key theme was identified 28 times within the respondents' feedback, 2% of all the instances when a key theme was identified within the text.

> "Ensure you are asking and consulting with the nurses, therapists, support workers who actually carry out the work, not the people who have a vision and no experience of working in it"

That clinicians should lead the thinking in taking this programme forward was a clear message that came through from a number of meetings and survey responses. Aligned to this, people highlighted the need for those who deliver services across the UHB to have the opportunity to be involved in the development and design of plans. A number of more specific ideas were also put forward about the potential role different professionals could play in the future e.g. to use the full skill set of Allied Health Professionals in supporting the management of long term conditions.

UHB response, actions and mitigations

This is a core principle of the Shaping Our Future Clinical Services programme, which is being led by an active clinician (Associate Medical Director) and experienced clinical manager (Programme Director). The development of future care pathways will be undertaken by multidisciplinary clinical teams working within those services, right the way across the pathway, it will be centred on patient care, supported by data, workforce, planning and improvement teams.

This programme will inform and be enabled by a separate programme focussing on our future workforce and we are very pleased to see a number of ideas about future clinical roles being out forward as a part of this engagement.

8.16 Next steps of the programme

This key theme was identified 24 times within the respondents' feedback, 2% of all the instances when a key theme was identified within the text.

Discussion at the public and stakeholder meetings in particular highlighted some key messages around things that are important in taking forward the programme to the next stages of development; some are points already mentioned under other theme headings. Staff are keen to get involved and emphasised the need to give all service areas the opportunity to help shape the work going forward. Comments were also made about the need to learn from good practice elsewhere.

Partner organisations were similarly excited by the ambitions of the programme and want to work with us to deliver change. The importance of strong university research links was highlighted. There were also strong messages about the crucial voice of service users, and the partnership that needs to be built with patients and carers in co-designing future services, as well as the need for future consultations taking place before plans are worked up in detail.

> "How will the patient voice be built into clinical services planning?"

UHB response, actions and mitigations

We are delighted by the level of positive engagement we have had from the public, staff and stakeholder organisations.

We are collating feedback and lists of individuals and groups who are keen to contribute on an ongoing basis and over the next few months will continue to meet with teams from across the organisation and with partner Health Boards, Trusts and other stakeholders.
We plan to develop and communicate the structure, methodology, team membership and program of work for the next 12 months and are committed to designing services with patients and their carers and families.

We are also continuing to engage widely across other Health Services within Wales and the wider UK to ensure we learn and take best practice from outside our own organisation.

8.17 Engagement Process

This key theme was identified 17 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text.

Concerns about the appropriateness of undertaking an engagement during the pandemic were highlighted in some public meetings and in some survey responses. Equally, some people raised concerns that only those who could access and use digital routes would be able to engage effectively and questioned how we were targeting those who were not able to use technology.

Concerns about the appropriateness of undertaking an engagement during the pandemic were highlighted in some public meetings and in some survey responses. Equally, some people raised

> "I think this is an inappropriate time to be putting this on staff and the public for consultation. How widely has it been able to be distributed to the public? How are people really able to engage at present"

concerns that only those who could access and use digital routes would be able to engage effectively and questioned how we were targeting those who were not able to use technology.

There were some positive comments from people who had been involved in engagement work supporting the development of some community facilities such as Wellbeing Hubs and others who welcomed the fact that we were engaging early in the life of the programme.

UHB response, actions and mitigations

We are pleased that both members of the public, staff and stakeholders are supportive that the UHB is engaging during the early stages of the programme planning. We are keen to ensure that everyone has an opportunity to shape plans at this important stage.

Running an engagement during the pandemic is something that the Health Board in partnership with the CHC discussed at length before the programme was launched. While COVID-19 has presented us with many challenges we have also recognised that we have a number of opportunities. It was agreed that this engagement programme is broad in its approach to shape our vision for clinical redesign so seeking public feedback as early as possible would be beneficial to ensure our direction of travel is the right one.

We developed a communication and engagement strategy that capitalised on digital adoption during the pandemic but also leveraged opportunities to reach seldom heard groups and the digitally excluded through other channels as well as wider stakeholders.

8.18 Comments about the proposed location of buildings

This key theme was identified 12 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text.

The potential location of UHW2, the Health and Wellbeing Centres and Wellbeing Hubs was queried by some both in the survey and at meetings.

"Where is the Cardiff North Hub to be situated and will it be accessible by public transport?"

"Llantwit Major needs a health centre Hub"

"Where will the new hospital be?"

UHB response, actions and mitigations

Decisions on the location of a new Hospital for Wales has not yet been made and a detailed site analysis and a thorough evaluation of options will be carried out to ensure the best value, least environmental impact, most access are considered. This process will be undertaken as a part of the ongoing planning for a new hospital under the Shaping our Future Hospitals programme. At this stage, the case for change has been set out in a Programme Business case submitted to Welsh Government, so it is important to note that at this stage there is no formal commitment to replacing UHW.

The development and considerations on the individual locations of both Wellbeing Hubs and Health and Wellbeing Centres will be undertaken as a part of the Shaping our Future Community Care Programme which has its own programme of engagement. Accessibility will be a key consideration as a part of this process.

8.19 Environmental impact

This key theme was identified 10 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text.

There were a few responses which featured the importance of considering environmental impacts of the programme. There were comments about the need to consider the impact on the environment in the design of the building and also the potential impact of the way services are designed. Some highlighted the need for the approach to be as green and eco-friendly as possible and that plans provided an opportunity to look at the use of alternative technology to support sustainability and to introduce initiatives to prevent waste.

"Please consider the impact of carbon reduction in the design of buildings"

"I'd like to see more initiatives involving waste management, especially recycling, upcycling and prevention of equipment and medication being wasted"

UHB response, actions and mitigations

The UHB are required under law to reduce our carbon footprint. As a member of the Public Service Board are fully committed to our role in tackling the climate emergency.

We have developed a sustainability action plan agreed by our Board in autumn 2020. It considers improvements across eight dimensions: Energy, waste, water, people, travel and transport, procurement, biodiversity and clinical practice.

We are currently looking at updating it in response to the recently released NHS Wales action plan to enable the Welsh public sector achieve net zero by 2030. https://gov.wales/nhs-wales-decarbonisation-strategic-delivery-plan .You will see from the NHS Wales targets that net-zero new buildings are desired. Existing buildings are expected to be improved and optimised also.

We encourage staff and visitors to use alternative means of travel such as the park and ride scheme and public transport. This has resulted in reduced congestion on our main hospital sites. More recently, with a number of outpatient appointments taking place virtually an initiative to ensure the amount of time patients are waiting in the emergency department at UHW has resulted in fewer trips to hospital for many patients.

8.20 Importance of adopting a preventative approach

This key theme was identified 10 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text. It was also highlighted in some public and stakeholder meetings.

The adoption of a preventative approach to meeting future needs was identified by some respondents alongside comments about the importance of public health programmes to help people manage their own health and wellbeing, including education for school aged children. Questions were raised at some meetings about why the focus of the presentation was on clinical services and the future design of hospitals, rather than on an equally important focus on prevention and early intervention.

> "A more preventative approach to healthcare should be focused on"

UHB response, actions and mitigations

We are really encouraged by the feedback around prevention and wellness during the engagement and would like to reassure citizens and our staff that whilst we are engaging specifically on the programme that will focus on the delivery of transformed clinical services that it is clear this cannot be fully realised without focus on population health.

The UHB has recently published its plan describing our approach to public health in Cardiff and the Vale of Glamorgan during the period 2020-23 and setting out our priorities in line with Public Health Wales and the Shaping our Future Wellbeing Strategy working alongside our partners.

We will ensure that this work dovetails with our strategic programmes including Shaping our future Community Care as well Shaping our Future Clinical Services and are considering the development of a specific programme of work to support the development and delivery of plans.

There is also a role for the Shaping Our Future Clinical Services programme to ensure prevention is a focus in the delivery of its clinical services. This is relevant in not only Primary Care but in our delivery of Secondary and Tertiary care. To that end the programme team have identified the need for a prevention cross cutting programme of work that will be applied to the redesign of pathways.

8.21 Equality Issues

This key theme was identified 7 times within the respondents' feedback, 1% of all the instances when a key theme was identified within the text.

Many of the other themes highlight issues that relate to issues of equality, and the following section of this report focuses on a discussion of equality impact. However, there were also several comments which reflected specific areas which it will be important to address in the implementation of the

programme. One related to ensuring equal access to healthcare and wellbeing services for black, Asian and minority ethnic communities and another described the opportunity that a transformational approach provided to challenge heteronormative culture.

"All patients should be treated equally with dignity and respect"

"Equality for all including challenging heteronormative language and systems"

UHB response, actions and mitigations

As a part of our vision that a person's chance of leading a healthy life should be the same wherever they live and whoever they are. We are building good links with seldom heard organisations and community leaders to ensure that we are increasingly engaged in conversations around healthcare with the whole population of Cardiff and Vale and wider Wales in relation to regional and specialised services. As a Health Board we are committed to reduce health inequalities and engaging with seldom heard groups in our communities will be a significant part of this programme.

8.22 Ideas for the role of Wellbeing Hubs

This key theme was identified 5 times within the respondents' feedback, 0.4% of all the instances when a key theme was identified within the text.

A number of people commented on the opportunities offered by the development of Wellbeing Hubs and suggested roles that they could play in supporting a more holistic approach to health and wellbeing. This included support for carers, building links with education services and opportunities for Information Centres supported by Third Sector organisations.

A response from Community Pharmacy Wales highlighted the opportunity to utilise the existing network of community pharmacies into local health and wellbeing resources. Developments such as increasing independent prescribing capacity and management of common conditions through roll out of the Common Ailments Service in community pharmacies – coupled with the high density of pharmacies in more deprived areas – demonstrates what a significant role these local assets could play in helping to deliver the UHB's objectives.

"There is an extremely strong case for the network of Community Pharmacies across the Cardiff and Vale UHB area to be developed into a network of community health and wellbeing centres and to play an even greater role in the provision of clinical services to the people living in the area"

UHB response, actions and mitigations

We are pleased to see that citizens and staff share our vision for a holistic, integrated approach to health and wellbeing, to be delivered through our community facilities. It will be really important to work with stakeholders including local residents and community groups, to shape each community facility as it is developed and also as it evolves over time in response to changing needs and priorities of our local communities. Working with community groups, third sector and statutory services will be key to nurturing the development of a strong community spirit and consequent positive outcomes, such as improved public health and social resilience.

It will be important to engage the right clinical teams and partners in the development of the model of care for both our wellbeing Hubs and Health and Health and Wellbeing Centres. The work of the Shaping our Future Clinical Services programme will be closely aligned to the Shaping our Future Community Care programme which will be instrumental in developing the link between partner organisations within our communities.

We were very pleased to have already engaged with such a wide range of services including those such as community pharmacy, optometry and dental services during the engagement and very much look forward to including these teams within the redesign workshops and wider programme.

8.23 Impact of COVID-19

This key theme was identified 5 times within the respondents' feedback, 0.4% of all the instances when a key theme was identified within the text.

> "Waiting lists will be very long due to the pandemic and this will need to be properly addressed as a more urgent priority"

Some respondents to the survey as well as participants in the public meetings highlighted concerns about the impact of the pandemic on waiting lists and that dealing with the backlog would need to be a future priority for the NHS. There were also concerns about the way that COVID-19 was affecting people's confidence in accessing services and the potential impact this was having on issues like capturing cancer early.

UHB response, actions and mitigations

Key to the COVID response of the UHB has been dynamic and advanced planning – remaining one step ahead of the curve. This has required transformational change and bold decision-making. As we emerge from the second wave and rapidly roll-out the vaccines we are applying that same approach to the longer-term challenge of recovery and reconstruction. The UHB has protected essential services throughout the pandemic, maximised use of the independent sector and established highly successful Protected Elective Surgical Units ('green zones') which have ensured over 7000 patients have received treatment via this pathway since their inception. It is true however that the pandemic has resulted in many fewer consultations, diagnostic procedures and surgeries and a full recovery, therefore, will take multiple years.

The plans we continue to develop will combine the obvious need for additional capacity with a transformation of the way we deliver services. Of particular importance will be the support we provide to both our patients and staff as services evolve. It's imperative to us that our patient centred recovery plans are clinically-led and data orientated, and carefully consider the risks in both covid and non-covid populations.

The UHB sees this challenging period as an opportunity to not only recover from the pandemic, but also to reconstruct our health service in a fundamental and sustainable way. Further details of the Health Board's Annual Plan for 2021-22 will be published on the website in due course.

8.24 Design of buildings

This key theme was identified 2 times within the respondents' feedback, 0.2% of all the instances when a key theme was identified within the text.

Question 10 in the survey asked people to identify the features that would make their visit or stay better when we are designing our hospitals for the future. A wide range of ideas were put forward with the majority emphasising the importance of future hospitals being modern, welcoming, light, clean and spacious. Some people highlighted the need for privacy and quiet, and the value that could be gained from access to outdoor space and inviting space decorated with art.

Others focused on the needs of staff working in future hospitals, with comments about design needing to facilitate easy supervision and flow, minimise the risk of cross infection, provide room for therapeutic interventions, storage for equipment and wellbeing areas for staff.

There were also suggestions around helping people to navigate their way around large hospitals, with good signage and assistance being available to help people find their way around, as well as the importance of there being good access for people with a disability.

"Outdoor space for inpatients to be able to see their families and rehabilitate"

"Good access to wheelchairs at large hospitals with long corridors"

UHB response, actions and mitigations

We would like to thank citizens, staff and stakeholders for their feedback at this early stage of the planning. Everything suggested will be taken into account and must be addressed.

We envisage a thorough exercise being undertaken to design the facilities and ensure the best environment for our patients and our staff. And in addition, learning from across the UK and internationally from some of the organisations delivering exceptional care with world leading facilities.

9. Equality Impact

We are particularly interested in identifying issues emerging from the engagement which relate to potential impacts, positive or negative, of our proposals on different members of our communities. This section highlights some of the key learning we have gained from this engagement in relation to equality impacts.

Question 7 in the survey provided a specific opportunity for respondents to identify things we need to consider in order to limit any negative impacts of any changes that might be made to the way people receive their care in the future. However, comments relating to equality impacts also featured in the responses to other questions.

Physical access and building design of healthcare facilities were major themes in the feedback we received. Ensuring good access to our sites, on our sites and within our buildings, is of particular significance to some members of our community. Poor access impacts negatively but ensuring that access is improved in the future could impact positively on people's ability to receive the care they need e.g. older people or people with a disability.

Another key theme emerging from the engagement were issues relating to increasing opportunities to receive some care via online technology. This could have very positive impacts for some people, but there was a lot of feedback about the potential negative impact on those who were less able to access or use such technology. The importance of retaining the option of face-to-face consultations was a key feature of comments we received. The issue of working to address the specific needs of people with hearing or sight impairments was also highlighted.

There was a lot of support for the concepts of Home First and Care Closer to Home. For many people, the provision of more care in their own home, in primary care, or in community facilities, and the greater flexibility that facilitates, could have a very positive impact on their ability to access the care they need if they face barriers to accessing care that has previously been provided in hospital.

Another theme which has the potential to impact on particular groups in our community is communication. Feedback through this engagement focused on the importance of clear information about service changes and how to access services written in a way that is easy for people to understand. How that type of information is communicated could impact differentially on different members of the community.

In comments received about our workforce, opportunities for impacting positively by improving the offer to staff were highlighted e.g. more flexible working, training utilising a wider skill set, developing wellbeing areas and improving working conditions. However, some concerns were raised about potential negative impacts relating to the capacity of staff to deal with change in the aftermath of the pandemic and whether the cost of the new plans might jeopardise jobs.

One comment was received which highlighted that transforming our healthcare system provided an opportunity to challenge heteronormative language and systems.

The information gathered through the engagement will help to inform and shape our approach going forward; the information has been used to update the Equality and Health Impact Assessment (attached as **Appendix F**). This is to ensure that due regard is given to these issues in our planning and that appropriate action is built into implementation plans to mitigate any negative impacts and promote positive impacts. This is crucial if we are being true to our vision that a person's chance of leading a healthy life is the same wherever the live and whoever they are.

10. Conclusion

The Health Board is grateful to members of the public, staff, stakeholders and other partners, who have taken part in constructive conversations around our vision for clinical redesign and provided feedback. We have been extremely pleased with rich feedback that we have been able to gather from this programme of engagement and will continue to draw on this. The contributions have offered insights from a range of perspectives which will be crucial in informing our next steps.

The Shaping Our Future Clinical Services programme will continue to be a vehicle for engagement on transformation plans. We are delighted that 74% of survey respondents (213 individuals) indicated that they would be happy to be contacted via email about future pieces of engagement and consultation work. This presents us with an opportunity to build on this dialogue and learn from their experiences of our services and views about future configuration.

Cardiff and Vale UHB will use all of the feedback to strengthen our collaborative approach to Shaping Our Future Clinical Services. We would like to extend a special thanks to South Glamorgan CHC for working in partnership with us on this engagement and for their support throughout the process.

All feedback and responses that form part of the engagement have been shared with the South Glamorgan CHC in the interest of transparency. The feedback of the engagement programme will be considered by the South Glamorgan CHC at an Executive Committee meeting on 18th May 2021. Cardiff and Vale UHB Executive Board will then take into account the South Glamorgan CHC's position when determining its own response and final position on whether to proceed with the next phases of the engagement. This meeting will take place on 27th May 2021.

10. Appendices

The following are attached as appendices to the report:

Appendix A	Communication and Engagement Plan
Appendix B	Engagement Document
Appendix C	Notes of the public meetings
Appendix D	Key issues raised under each theme
Appendix E	Demographic profile of respondents to the survey
Appendix F	Equality and Health Impact Assessment

Report Title:	Regional and Specialised Services Provider Planning Partnership	**Agenda Item no.**	**3.4**
Meeting:	Strategy and Delivery Committee	**Meeting Date:**	14/09/21
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information** x
Lead Executive:	Executive Director of Strategic Planning		
Report Author (Title):	Associate Programme Director for Tertiary and Specialist Services Planning Partnership		

Background and current situation:

CVUHB and SBUHB have established the Regional and Specialised Services Provider Planning Partnership, to develop a shared view on the delivery of high quality, safe and sustainable specialised services across the two tertiary centres in South Wales in the future. The forum ensures that a collaborative relationship is maintained between the two providers to deliver the best quality and outcomes of care possible to patients.

Over the last two years, both organisations have undertaken a comprehensive assessment of the tertiary services that they provide on a regional, supraregional, national and UK basis. The aim is to use this baseline assessment to inform the development of a tertiary services strategy for each Health Board, as well as a joint strategy for the partnership.

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

The RSSPPP has provided a unique platform for the two organisations to work together at a senior level to develop a collaborative approach with the delivery of regional and specialised services.

This has enabled the organisations to make significant progress in addressing long standing sustainability issues in a number of services over the last two years.

Further work is planned for the autumn to create a partnership strategy to ensure that patients in South and West Wales have equitable access to safe, sustainable, and effective specialised services.

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

The partnership has been strengthened for 2021/22 with the substantive appointment of the Associate Programme Director in August 2021, and the agreement of a memorandum of understanding (MoU) which sets out a series of new objectives for the next phase of its work programme:

- Our specialised services must be underpinned by a clear commissioning framework – including service specifications, commissioning policies, referral pathways, etc.
- Our specialised service models must be both clinically and financially sustainable and resilient, using a value based healthcare approach to deliver high quality patient experiences, care and outcomes.

- Our specialised service models must be underpinned by a sustainable workforce plan, which recognises skills and workforce availability, and provides appropriate training opportunities and access to research.
- Our specialised services should deliver care as locally wherever possible, and services should only be centralised where necessary.
- Service users should receive the same level of care wherever they access specialised services across the region.
- We should not be constrained by past thinking, we should work collaboratively with all stakeholders to develop patient centred, clinically described models, which can inform future commissioning decisions.
- Our specialised services should work synergistically to ensure equity of access across South Wales- recognising where there are differences and similarities between services.
- Our specialised services should aspire to achieve UK standards and specifications.

RSSPPP Work Programme

The partnership has developed an effective working relationship with our wider partners and stakeholders to progress an ambitious plan to transform the delivery of a number of specialised services, examples include:

- **Partnership Strategic Framework for Specialised Services -** A series of internal workshops are being organised for September to inform the development of a partnership strategy between CVUHB and SBUHB for specialised services in South and West Wales. The ambition is to create a framework that promotes a patient centred, clinically informed, and value based health care approach across all services delivered by the partnership, which ensures that patients in South and West Wales have equitable access to safe, sustainable, and effective specialised services.

- **Modernising Spinal Services for South Wales –** In October 2020 the partnership established a clinically led project to make recommendations on the delivery of spinal surgery for South and West Wales. The project concluded in March 2021, and the recommendations were presented to the NHS Wales Health Collaborative Executive Group (CEG) on the 6th April. These included the establishment of an interim network to maintain the momentum of the project, and the establishment of an Operational Delivery Network (ODN) to:
    - Maintain and coordinate patient flow across the spinal surgery pathway;
    - Lead the development, and coordinate implementation and delivery of standards and pathways;
    - Promote and support cross-organisational and clinical multi-professional collaboration.

  The recommendations were accepted by the CEG, and at its last meeting members agreed to establish the ODN from the 1st April 2022. Members also agreed that the ODN will be hosted by SBUHB, and discussions are now ongoing to determine the appropriate commissioning arrangements. In the interim CVUHB and SBUHB have agreed to fund a shadow/interim network to take forward the work programme, and to develop the governance framework for the ODN.

- **Oesophageal and Gastric Cancer Surgery -** The RSSPPP has received a recommendation from the OG Cancer Surgery service model group that the only viable option for delivering a safe, sustainable, and effective service, is to consolidate the surgical service at CVUHB, with outreach to SBUHB, and other Health Boards, to support

local delivery of preop assessment and post-operative care, as well as non-surgical management. The next stage will be to undertake a period of public engagement, and to establish a task and finish group to take forward the implementation of the service model.

- **Hepatopancreatobiliary Surgery** – Following the approval in principle of the HPB surgery service specification by the NHS Wales Health Collaborative Executive Group, the partnership is organising a series of workshops for the autumn to develop a clinically informed action plan for a future service model to provide a safe, sustainable, and effective service for the population of South Wales.

- **Paediatric Orthopaedic Surgery** – The RSSPPP has secured support from the NHS Wales Health Collaborative Executive Group to commission the development of service specifications for specialised and non-specialised paediatric orthopaedic surgery. This work is being progressed by WHSSC (specialised paediatric orthopaedic surgery) and the Welsh Orthopaedic Board (non-specialised paediatric orthopaedic surgery)

- **Adult Specialised Endocrinology Services** - The RSSPPP is seeking support from the NHS Wales Health Collaborative Executive Group to develop a service specification for Adult Specialised Endocrinology Services.

Recommendation:

Members are asked to note the update from the Regional and Specialised Services Provider Planning Partnership.

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

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

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

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

Report Title:	**People Dashboard**	**Agenda Item no.**	**3.6 (b)**
Meeting:	Strategy & Delivery Committee	**Meeting Date:**	14 September 2021
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**
Lead Executive:	**Executive Director of People and Culture**		
Report Author (Title):	**Workforce Information Systems Manager / Senior LED Manager**		

Background and current situation:

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

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

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

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

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

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

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- A trend of increase in permanent and fixed term contracted staff which is in line with expectation as we have recruited more fixed term through COVID-19, specifically to support Track & Trace and to deliver the Mass Vaccination programme. Permanent recruitment is being maintained despite COVID-19.
- Overall the Nurse Bank usage remains fairly static.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 50 WTE per month

- Total pay-bill peaked as expected during March, due to year-end accruals which included accruals for annual leave and study leave as well as additional employers superannuation contributions and NHS bonus payments.
- Variable pay trend is upward and is now over 10.3% UHB-wide.

Other key performance indicators:

- Voluntary resignation trend is slightly rising although the rate is now lower than at the end of 2020, at 7% UHB wide.
- Sickness rates are now broadly following normal season fluctuations. The in-month sickness rates peaked in the winter of 2020, to 6.70% in December and January. Rates have gradually risen during the intervening months to 6.59% in July 2021. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances).
- ER caseload trend is gradually falling as the team work through the backlog of investigations, and overall numbers remain within reasonable tolerance levels.
- Statutory and Mandatory training compliance has improved slightly during the last 2 months; now 13% below the overall target.
- Compliance with Fire training has also improved somewhat. In July the compliance with Fire training was 56%.
- By the end of July almost 29% of consultant job plans are in the e-system.
- There has been little change in the rate of compliance with PADR (now Values Based Appraisal); 35% in July.

In summary, what actions are we taking?

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

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

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

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

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

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

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

Deep Dive – Statutory & Mandatory Training Compliance

Background

In 2013 the Health Board agreed to support the "Once for Wales" approach to allow training to be inter transferable between Health Boards and Trusts. In principle this should create a consistent standard across Wales, however, different interpretation nationally has prevented this from being achieved. The Core Skills Training Framework which was adopted supports the 10 core mandatory modules, see table below.

In 2016 Cardiff and Vale University Health Board agreed to add an additional 3 modules (see table below) following a mandate presented by the Welsh Assembly Government (WAG). The Health Board adopted a 'blanket approach' requiring all staff, in all professions to complete all 13 modules. This misrepresented the government's mandate by instructing inappropriate staff groups to complete e-learning modules not applicable to their role. This has led to duplication and unrealistic training for staff developing an ineffective picture of compliance. Therefore, a review was undertaken in 2019 with the aim of ensuring relevant staff completed the relevant training within appropriate refresher periods.

The table below sets out the current mandatory training requirements, detailing the refresher periods and delivery methods as agreed during the review in 2019:

No.	Mandatory Training Subject	Level	Refresher Period	Delivery Method	Staff Group
1	Fire Safety	1	1 year 1 year	Classroom E-learning	Clinical Non-clinical
2	Information Governance	1	2 years	E-learning	All Staff
3	Resuscitation	1	3 years	E-learning	All Staff
4	Manual Handling	1	One-off	E-learning	All Staff
		1b	2 years	Classroom	Staff identified by position number
		2	2 years	Classroom	Staff identified by position number
5	Infection control	1	3 years	E-Learning	All Staff

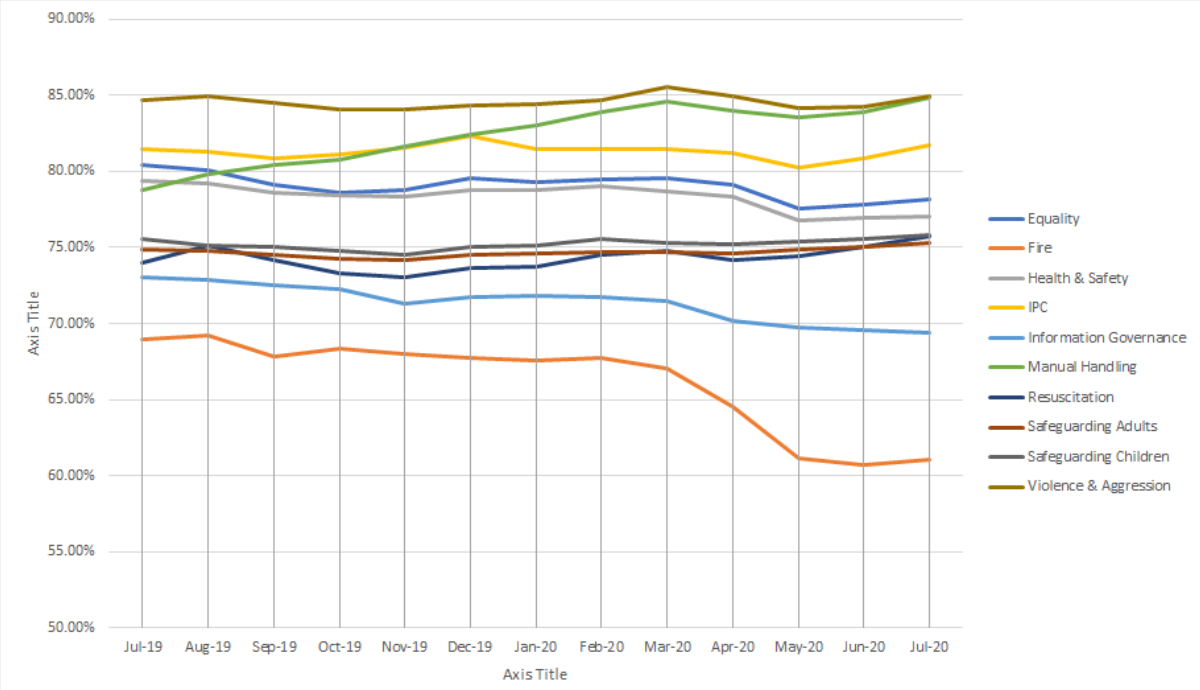
		2	3 years	E-Learning	Staff identified by position number
6	Health and safety	1	3 years	E-Learning	All Staff
7	Equality	1	3 years	E-Learning	All Staff
8	Safeguarding adults	1	3 years	E-Learning	All Staff
		2	3 years	Classroom	Staff identified by position number
		3	3 years	Classroom	Staff identified by position number
9	Safeguarding Children	1	3 years	E-Learning	All Staff
		2	3 years	Classroom	Staff identified by position number
		3	3 years	Classroom	Staff identified by position number
10	Violence and aggression	A	One-off	E-Learning	All Staff
		B	3 years	Classroom	Staff identified by position number
		C	3 years	Classroom	Staff identified by position number
Additional modules mandated in 2016					
11	Mental Capacity	1	One-off 3 years	E-Learning E-Learning	Staff identified by position number
12	Dementia	1	One-off	E-Learning	Frontline staff - identified by position number
13	Domestic Violence against Women	1	3 years	E-Learning	All Staff

Predominantly all level 1 awareness raising training, apart from fire, are required to be completed via e-learning in ESR and where there are further levels of training; these are mainly completed via classroom delivery. However, the trainers provide the flexibility of offering level 1 via classroom for staff who find it difficult to access or use a PC.

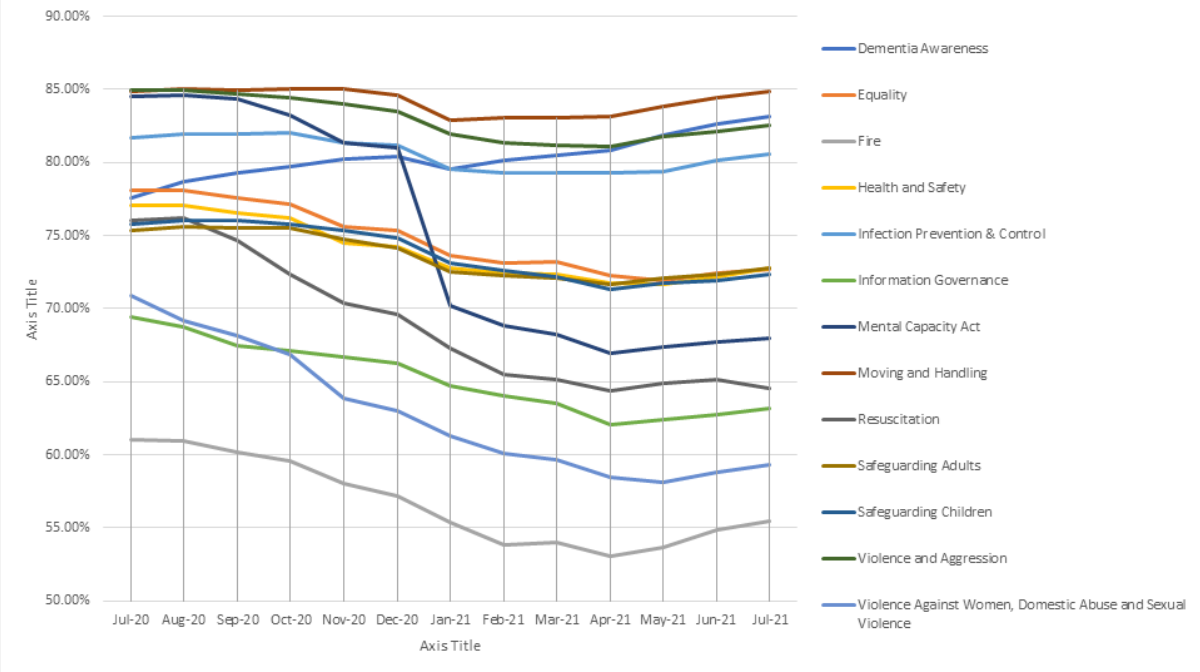
During March 2020, the COVID-19 pandemic high infection level rates resulted in the Welsh Assembly Government locking down the country to protect the population and the NHS. During this period, any classroom training provided was for newly recruited staff and training space was restricted, due to the risk of spreading the virus. Towards the end of 2020, the IT had improved, particularly the introduction of Microsoft Teams, which provided trainers with an alternative option to deliver classroom-based training.

Compliance

Breakdown by Level 1 Mandatory Training subjects July 2019-July 2020 – NB this data includes the 10 core modules



Breakdown by Level 1 Mandatory Training subjects July 2020-July 2021 – NB this data includes the 13 modules



The above shows the trends in compliance for level 1 training, with the target being 85% for all subjects. During 2019/20 (prior to COVID-19), compliance remained fairly consistent for all core 10 subjects.

The only major decline once COVID-19 restrictions began has been the Fire compliance, which has seen a steady decrease since March 2020. To date, compliance is 56%, however has since April 2021, once classroom training has been re-introduced, there is a continuing increase. It is a requirement for all clinical staff to complete fire annually, therefore COVID-19 has had a major impact on this compliance.

With the majority of subjects we can see a slight decline from August 2020, then April 2021 they have all starting to increase. This is likely, as with fire, due to the re-introduction of face-to-face delivery.

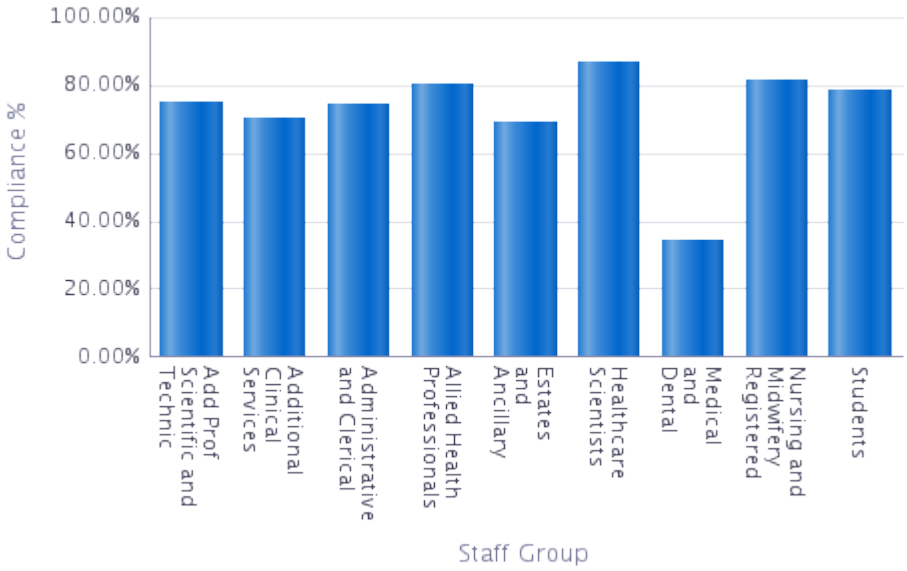
Progress made to date

Traditionally the LED Team have organised months of classroom level 1 training during May, September and November with the aim of increasing compliance, however due to COVID this did not happen during 2020/2021. It was resurrected during July 2021, however social distancing restrictions hugely reduced the numbers we have traditionally seen attend. Fire training have also started to provide face-to-face ad hoc training out in the UHB. The LED team also introduced self-enrolment via ESR, which may have restricted some staff booking on to attend.

During 2020, ESR self-enrolment was introduced to allow staff and/ or managers to view and book themselves/ their staff directly onto classroom-based training. Communications have gone out via the LED newsletter and on the internet to inform staff of this change, however further training needs to be provided to support staff.

Work has commenced with the UHBs Practice Development Nurses to provide them with classroom admin access to ESR, as it has been identified that they do a lot of the training bookings for clinical staff in their areas. They also act as cascade trainers for some of the mandatory training. This will ensure that ESR records will be updated at the source, rather than signature lists being kept locally and ESR not being updated.

The Health & Safety (H&S) department manage Health & Safety, Moving & Handling and the Violence & Aggression suite of training. LED has been working closely with H&S to ensure they are utilising ESR self-enrolment and also a piece of work has commenced to review the training requirements currently identified across these subjects and at the differing levels of training.



The graph above shows a breakdown of compliance for level 1 mandatory training across staff groups, which demonstrates the medical and dental staff group as having the lowest compliance. Discussions have taken place with the Medical Director to raise awareness and it has been agreed to review the training requirements and refresher periods across all subjects and levels. Also to explore a streamlined process to access the e-learning with the possibility of utilising the auto enrolment functionality within ESR, as well as the certification functionality.
All Wales Task & Finish groups have recently been set up to explore the CSTF, Shared Training Centres and auto-enrolment functionality within ESR, to see if a consistent approach can be taken across Wales; a member of the LED team attends these meetings and will feedback to the Workforce Information Systems Meeting.

The All Wales Digital Workforce Team have recently reviewed and updated all of the CSTF mandatory modules which are due an imminent release.

Also, consideration needs to made in relation to the implementation of pay progression which is due to come into effect in October 2022, as this will be a driving force for many people to achieve their compliance over the coming year.

Next Steps

- To continue to provide dedicated months of level 1 classroom training. Fire are providing a week of fire classroom drop in sessions early October 2021.
- To work with subject matter experts to review the training provided and suitability of utilising Teams or Classroom delivery methods
- To explore steps to simplify the access to e-learning modules, utilising ESR auto enrolment process.
- To continue working closely with H&S to audit the training requirements for their suite of training and to ensure staffs compliance records are accurate
- To contribute to the work taking place across Wales
- Provide a suite of training materials to help staff and managers use ESR to reach compliance
- To improve process with PDNs to ensure all training is captured and recorded via ESR.
- To explore and investigate the possibility of assessing staff's competence prior to them completing the training. This will ensure that staff are only completing specific modules of

the training they need to as identified from the assessment. This project has been discussed to be actioned on an All Wales basis, which may limit progress locally.

Recommendation:

The Committee is asked to:

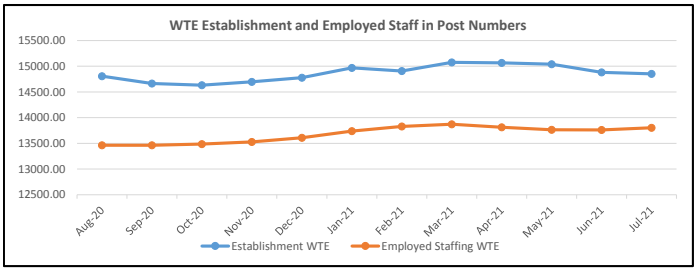
- **Note** and **discuss** the contents of the report

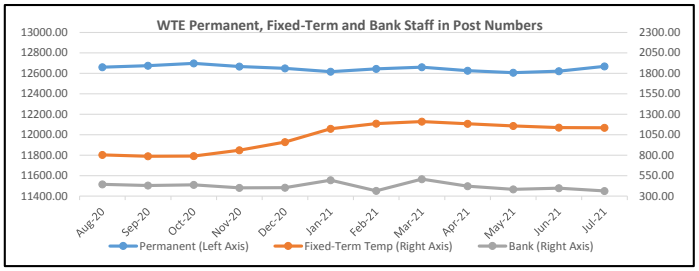
Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver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

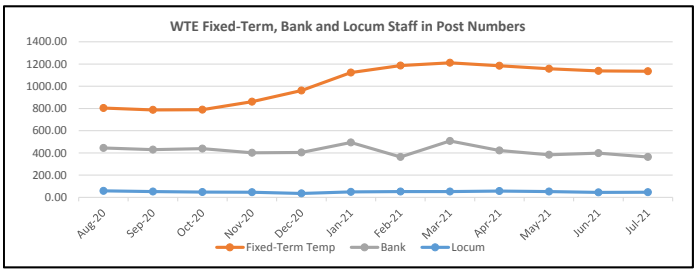
Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

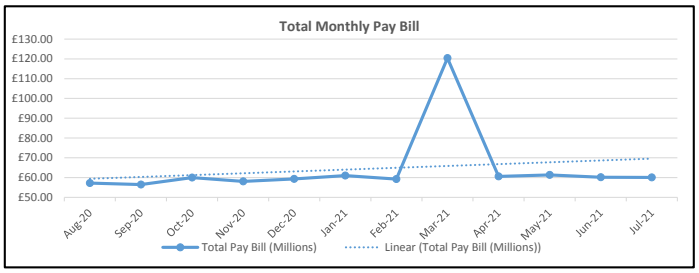
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

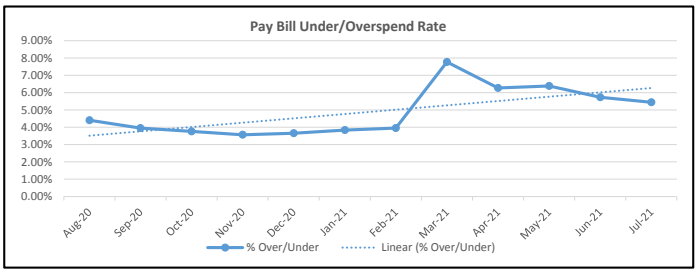
Workforce Key Performance Indicators Trends July 2021

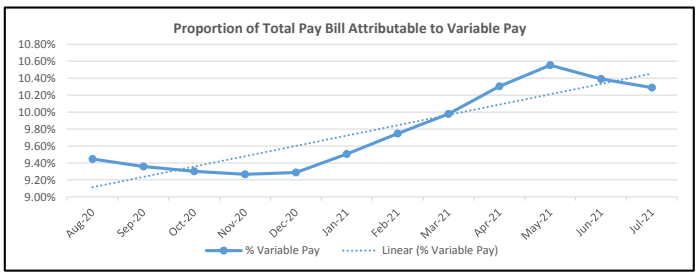


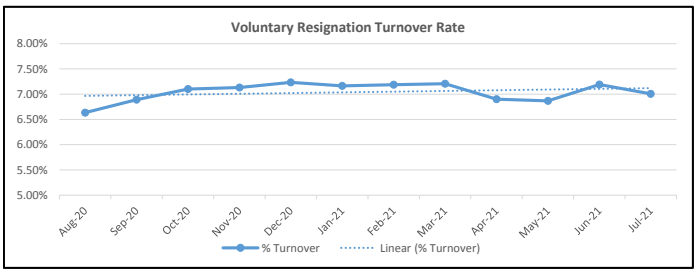


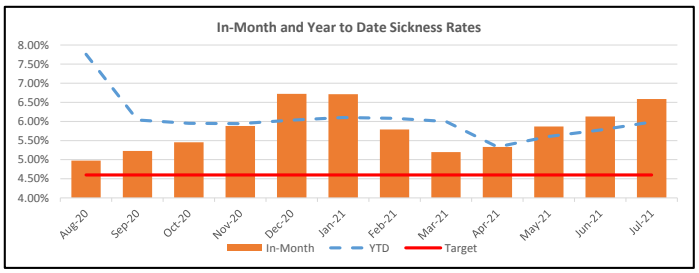


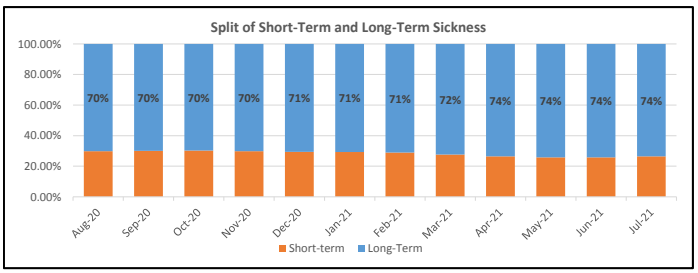


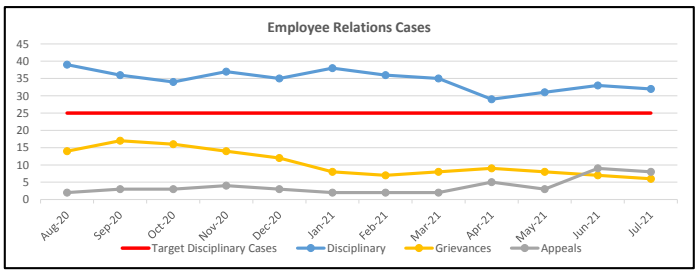


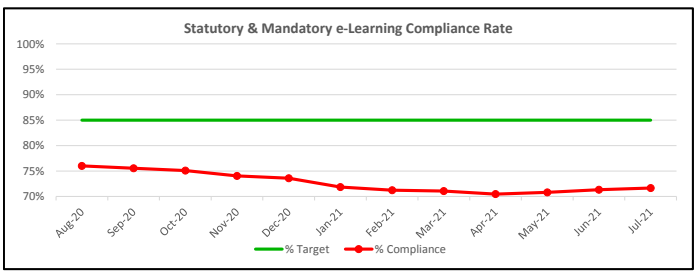


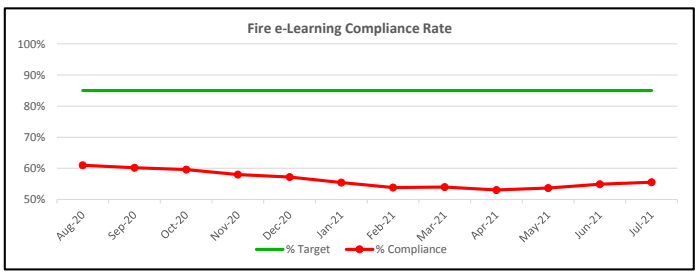


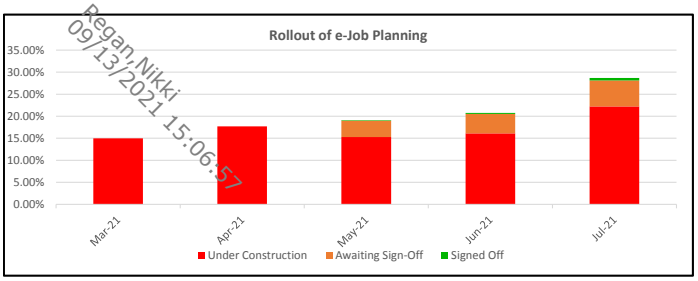


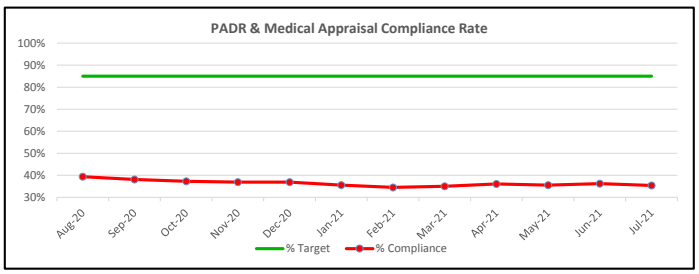












Report Title:	**KEY OPERATIONAL PERFORMANCE INDICATORS**								
Meeting:	Strategy & Delivery Committee						**Meeting Date:**	14/09/21	
Status:	**For Discussion**		**For Assurance**	√	**For Approval**		**For Information**		
Lead Executive:	**Chief Operating Officer**								
Report Authors (Title):	**Assistant Director – Performance & Delivery**								

Background and current situation:

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

Workforce, estates, ongoing Infection, Prevention and Control (IP&C) requirements and the prevailing operating conditions are the factors that impact on the speed of our recovery. With regard to the latter, the current position is that the Health Board is experiencing exceptional operational pressures - with the local picture similar to that seen across Wales and the UK. The early summer urgent and emergency care pressures have been sustained, with pressures seen across primary and community care as well as within our emergency department. It is also apparent that there are significant pressures within social care.

Our COVID admissions and occupancy, whilst increasing, remain low but the uncertainty regarding demand and ongoing IP&C requirements to minimise nosocomial spread results in the UHB continuing to operate in an increased level of complexity. Whilst this is a contributory factor, it is mainly the non-covid unscheduled care position, however, that is driving current pressures and a deterioration in the unscheduled care position. An analysis of the data shows that the current difficulties are being driven by our inability to achieve timely discharge of patients – as opposed to it being a demand issue.

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

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

- Whilst the Health Board continues to monitor the position for key operational performance indicators, prioritisation of need and service delivery continues to be based on clinical prioritisation rather than time-based targets.
- The Health Board is experiencing exceptional operational pressures - with the local picture similar to that seen across Wales and the UK. Our overall assessment shows that the current difficulties are being driven by our inability to achieve timely discharge of patients, as opposed to it being a demand issue.

Assessment and Risk Implications

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

Planned Care overview (Appendix 1)

Demand and activity for planned care continues to recover towards pre covid levels. Referrals from Primary Care are now at 90% of pre covid levels. Outpatient activity, a quarter of which is undertaken virtually is now 87% of prior year levels for new outpatients. Elective Inpatient & Daycase treatments are running at 79% of prior year levels. (All data from June – August 2021).

The overall ***Referral to Treatment (RTT)*** waiting list increased in July to 107,555 and is 23% higher in total in March 2020. There were 37,311 patients waiting ***over 36 weeks***.

Patients waiting greater than 8 weeks for a **diagnostic** test were 6,147 at the end of July, an increase of 1,299 from the May position of 4,848. 14 week ***Therapy*** breaches were 794 at the end of July, up from 494 at the end of May.

For ***Cancer*** services, 200 patients started first definitive treatment in June compared with 156 in May. 67% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion up from 58.7% in May.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment was 173,412 at the end of July 2021. 98.1% of patients on a follow up waiting list have a target date. We are consistently above the national target of 95%. The number of follow up patients waiting 100% over their target date was 47,776 at the end of July, a reduction from 48,833 at the end of May, and is at its lowest point since May 2020 and remains lower than the end of year target set for the Health Board by Welsh Government.

95.2% of patients waiting for ***eye care*** had an allocated health risk factor in July against a target of 98%. 64.9% of patients categorised as highest risk (R1) are under or within 25% of their target date, the highest performance since March 2020.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) remain high (1,087 in July 2021, compared to 926 in July 2020 and 887 in July 2019.)

Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 36% overall and 35% for CAMHs in July 2021, both improvements since May 2021. Part 1b: 92.92% of therapeutic started within 28 days following assessment at the end of July.

Unscheduled Care overview (Appendix 2)

Following a decrease in unscheduled care activity during the previous quarter, attendances at our Emergency Unit have increased and are approaching pre-covid levels. The last 3 months (June to August 2021) was the highest volume of EU attendances per quarter since pre-covid. Occupancy has seen a marked change - specifically our greater than 21-day length of stay has significantly increased and, at the time of the report, continues to rise.

4 hour performance in our Emergency Unit was 67.3% in July 2021 from 72.4% in June. This compares with July 2020 – 80.6%.

There were 574 x ***12 hour delays*** in EU in July, a significant increase in the number experienced in previous months. This compares with July 2020 – 9.

Over 1 hour ***Ambulance Handover*** delays were 331 in July 2021, compared to 290 in June and 116 in May.

Stroke - 29% of patients were directly admitted to an acute stroke bed within 4 hours and 90.6% of patients being assessed by a Stroke Consultant within 24 hours.

Recommendation:

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

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

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

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

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

Appendix 1

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

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

Appendix 2

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

2021/22		Mar	Apr	May	Jun	Jul
Unscheduled Care						
EU waits - 4 hours (95% target)	21/22 Actual - Monthly	81.1%	80.4%	76.9%	72.4%	67.3%
EU waits - > 12 hours (0 target)	21/22 Actual - Monthly	39	79	94	377	574
Ambulance handover > 1 hour (number)	21/22 Actual	116	108	116	290	331
Ambulance - 8 mins red call (65% target)	21/22 Actual	68%	68%	69%	77%	71%
Stroke						
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	21/22 Actual	4.5%	14.3%	31.0%	50.8%	29.3%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	21/22 Actual	75.0%	84.5%	83.8%	90.9%	90.6%

Leading not Following

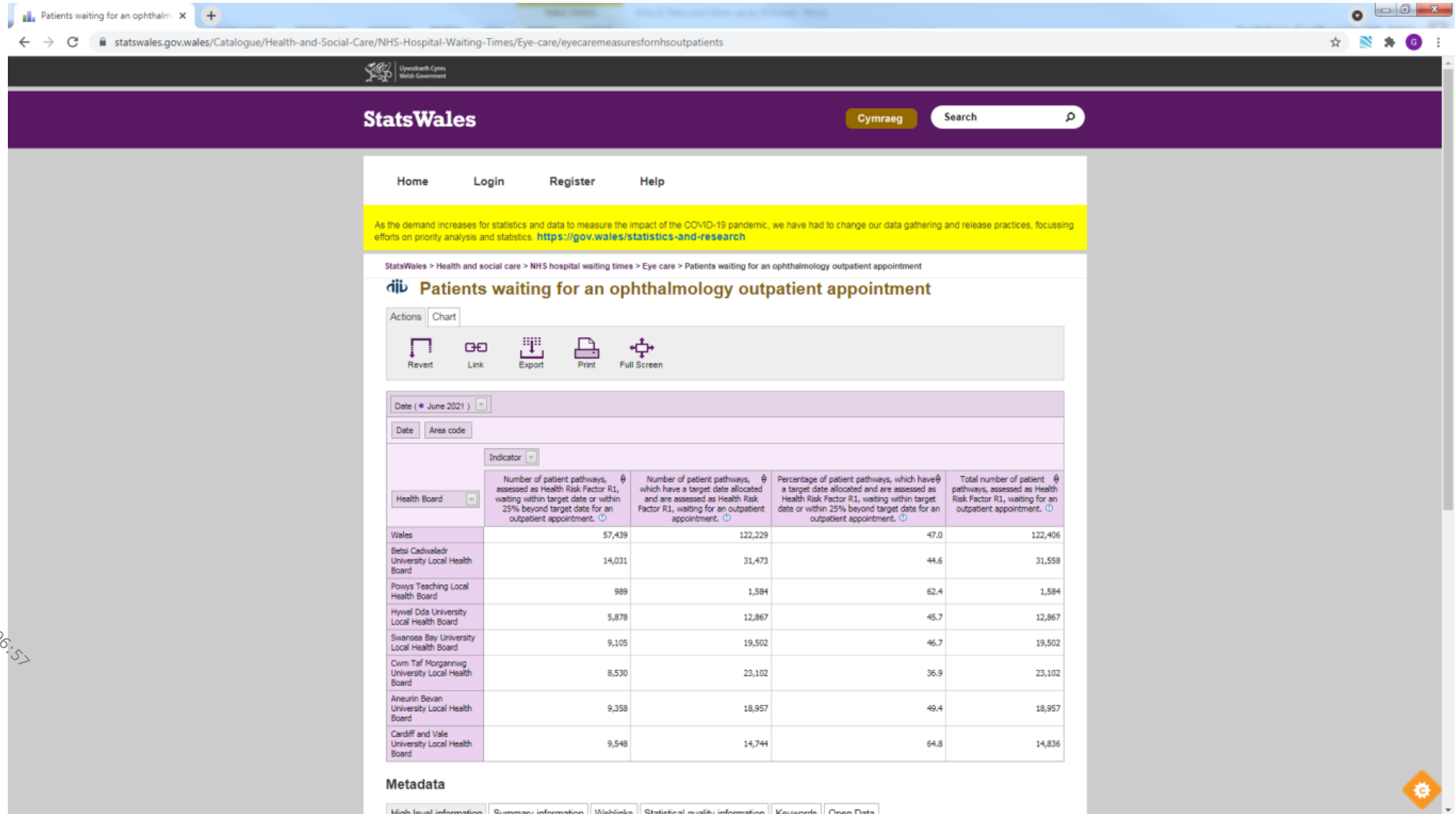
Agenda

Detail of Item	Presenter
How the Journey Started (Setting the Scene)	Gareth Bulpin
How the Welsh Government publish the Health Boards R1 Performance	Sharon Beatty
Our Years One to Four Training and Development Plan	Sharon Beatty
Our Five Year Training and Development Plan	Sharon Beatty
Shared Service Impact on the Delivery of R1 Performance during COVID-19	Sharon Beatty
How the Teams Manages our Monthly Eye Care performance	Gareth Bulpin
Welsh Government Eye Care Recovery Plan	Clare Evans/Hayley Dixon
Our Recovery Plan October 21 to March 2022	Hayley Dixon/Clare Evans
Recognition Awards	Clare Evans/Hayley Dixon
Questions and Answer Session	S&D Committee Members
We don't use "old maps in our new world"	Gareth Bulpin

How the Journey Started

1. In 2017 I had a stroke and lost an Eye, ever since I have been a patient having to be seen and monitored every three months
2. As a patient I very quickly identified the Perfect Storm in our Nations Eye Care Services
    1. Patients living longer (I am 67) = More AMD, Glaucoma
    2. More Citizen Obesity = More Diabetic Retinopathy Patients
    3. 40% of our Consultants are age 55 plus
    4. An Acute Sector that “simply” cannot cope with the demand
    5. A Primary care sector has capacity, imaging equipment, but requires a level of training and development
3. In 2018, I transferred from the Corporate Digital Services to procure a single Electronic Patient Records/Electronic Referral Systems (OBC, Tender, FBC contract award and COVID)
    1. We were given two Objectives to deliver Regional and Shared Care.
4. In 2019 Sharon Beatty joined my team and we created our 5 Year Training and Development Plan, Digital Transformation simply doesn’t happen overnight.. We created a team of primary and secondary care colleagues to deliver the dream of “Health Care without Boundaries”.
5. In October 2020, Cardiff and Vale were instructed by the Welsh Government to procure OpenEyes and OpenERS to enable
    1. Regional working
    2. Deliver Shared Care
    3. Optometrists able to electronically refer into the Acute Sector
    4. Optometrists able to have read/write access to the single record on OpenEyes
6. I am pleased to advise this committee that the solution will go live in Cardiff and Vale UHB on the 29th September 2021 and the rest of Wales over the following number of months.

This is the June 2021 R1 Performance updated monthly of each Health Boards Performance



Patients waiting for an ophthalm

statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Eye-care/eyecaremeasuresfornhsoutpatients

Llywodraeth Cymru
Welsh Government

StatsWales

Cymraeg

Search

Home Login Register Help

As the demand increases for statistics and data to measure the impact of the COVID-19 pandemic, we have had to change our data gathering and release practices, focussing efforts on priority analysis and statistics. https://gov.wales/statistics-and-research

StatsWales > Health and social care > NHS hospital waiting times > Eye care > Patients waiting for an ophthalmology outpatient appointment

Patients waiting for an ophthalmology outpatient appointment

Actions Chart

Revert Link Export Print Full Screen

Date (June 2021)

Date Area code

Indicator

Health Board	Number of patient pathways, assessed as Health Risk Factor R1, waiting within target date or within 25% beyond target date for an outpatient appointment.	Number of patient pathways, which have a target date allocated and are assessed as Health Risk Factor R1, waiting for an outpatient appointment.	Percentage of patient pathways, which have a target date allocated and are assessed as Health Risk Factor R1, waiting within target date or within 25% beyond target date for an outpatient appointment.	Total number of patient pathways, assessed as Health Risk Factor R1, waiting for an outpatient appointment.
Wales	57,439	122,229	47.0	122,406
Betsi Cadwaladr University Local Health Board	14,031	31,473	44.6	31,558
Powys Teaching Local Health Board	989	1,584	62.4	1,584
Hywel Dda University Local Health Board	5,878	12,867	45.7	12,867
Swansea Bay University Local Health Board	9,105	19,502	46.7	19,502
Cwm Taf Morgannwg University Local Health Board	8,530	23,102	36.9	23,102
Aneurin Bevan University Local Health Board	9,358	18,957	49.4	18,957
Cardiff and Vale University Local Health Board	9,548	14,744	64.8	14,836

Metadata

High level information Summary information Weblinks Statistical quality information Keywords Open Data

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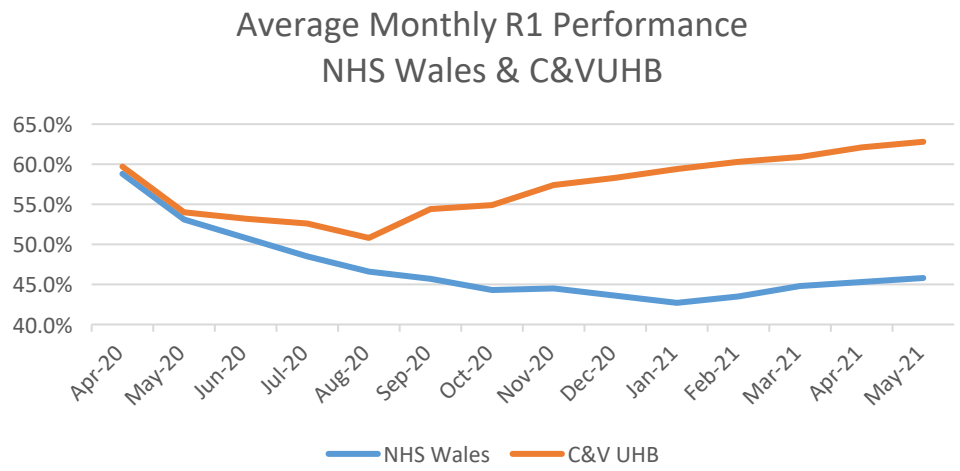
09/13/2021 15:06:57

Shared Care Impact on the Delivery of R1 performance



1. In March 20, when we closed as a nation our Hospital Eye Care Services, we were ready
    1. That weekend we moved our Unscheduled Care into Primary Care delivered by Independent Prescribing Optometrists and connected “live” via Blackberry MDM Technology to OpenEyes and Consultants Support

We have seen more than 3,000+ patients in Primary Care

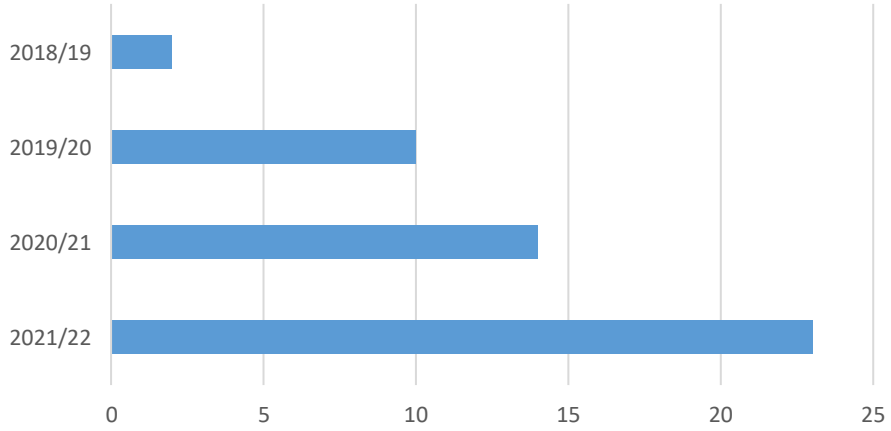
2. Commencing April 20, we commenced the implementation of our Glaucoma New and Follow-up Patients
    1. We installed an OCTa/Anterion Camera and their HFA in two Practices and via Meraki Technology connected live to Carl Zeiss FORUM
    2. We connected the HFA and OCT output in three Practices h via Meraki Technology connected live to Carl Zeiss FORUM

We have seen more than 2,000+ patients in Primary Care

Regan,Nikki
09/13/2021 15:06:57

Years 1 to 4 Training and Development Plan

1. Working on an academic year basis.
2. Sharon Beatty joined the team in 2019 to support our Training and Development Plan, as a part of the C&VUHB readiness programme
3. Lots of discussion with Consultants happened in 2019.
4. In 2020 we started to receive requests from other Optometrists located in other Health Boards requesting placements, in the UHW.
5. Mission achieved Clinical Teams with Optometrists, is the norm in Cardiff and Vale UHB.



1. In 2021/22 the 4th year in our Training and Development plan. From the Welsh Government £150,000 Eye Care Sustainability Fund we have recruited for 12 months 9 Optometrists as band 7 Specialist Optometrists, to work in the UHW. The minimum qualifications being the Certificate in Glaucoma and/or Medical and IP, to improve their skills and funded the Higher Certificate in Glaucoma and/or Medical Retina, in all we have 20 days of Specialist Optometrists

Year 5 Training and Development Plan Five

1. In May 2021, whilst having a coffee with Gareth, I received a call from an Optometrist, requesting a placement. Gareth simply said lets get another coffee and have 5 minutes chat, I returned with the coffee and he simply stated OK, we move year 5 forward, the development of a Teach and Learn Centre in Cardiff University commencing this September.
2. We now have 9 Optometrists training for the Higher Certificate in Glaucoma and recently advertised across Wales for 9 Optometrists for the Higher Certificate in Medical Retina supporting the treatment of Medical Retina follow-ups and an AMD Referral Refinement Centre, to meet the Welsh Government 2 week assessment target.
3. This Teach and Learn Centre in Cardiff University will be called the NHS Wales University Eye Care Centre and will manage 1500 UHW glaucoma appointments, 1000+ Medical Retina UHW appointments initially whilst training optometrists to achieve their higher specialist qualifications.
4. This in turn will enable more patients to be managed in primary care by these higher qualified optometrists, from September 2022.

We Manage by Information, this is the July 2021 Activity we Produce, as we are concentrating on RI Patients, those that have irreversible Eye Pathologies

HEALTH_RISK_FACTOR	R1						
New or Follow-up	(All)						
Count of CRN	Column Labels						
Row Labels	0% to 25% Past Target Date	100% Plus Past Target Date	25% to 50% Past Target Date	50% to 100% Past Target Date	No Target Date	Within Target Date	Grand Total
CANCER		3				3	6
CATARACT	34	114	24	104		51	327
CORNEA	8	52	10	5		83	158
CORNEATR						2	2
DERM	1						1
DRSS	80	383	40	33		1272	1808
GENERAL	45	518	47	76		400	1086
GENERALP	3	22		6		119	150
GLAUCODTC	47	114	23	51		644	879
GLAUCOMA	199	941	153	251	1	2250	3795
LASER/YAG	16	80	16	17	1	224	354
LUCENTIS	48	298	20	41		755	1162
NEURO	17	143	14	23	1	103	301
NONE	125	486	66	98	76	1725	2576
OCCULAPLA	68	389	34	50		703	1244
OCCULMOB	5	74	7	21		121	228
UVEITIS	17	83	8	20		226	354
VR	37	154	15	32		279	517
VRDIAB		2				1	3
(blank)		13		1		4	18
Grand Total	750	3869	477	829	79	8965	14969

NHS Wales Projected Activity Profile for six Months as Detailed in the Welsh Government Eye Care Recovery Plan

Percentage Allocation		22.60%	4.40%	12.80%	12.70%	13.30%	15.40%	18.80%	100%
Pathways	Number of Patients	BCU	POWYS	HD	SB	C&V	CTM	AB	**TOTAL**
Diabetic Service Referrals from DESW	21657	4894	953	2772	2750	2880	3335	4072	**21657**
AMD	2424	548	107	310	308	322	373	456	**2424**
IP services	7087	1602	312	907	900	943	1091	1332	**7087**
Glaucoma New & F/Up	6133	1386	270	785	779	816	944	1153	**6133**
HCQ	3000	678	132	384	381	399	462	564	**3000**
DEECS	2184	494	96	280	277	290	336	411	**2184**
Waiting List Initiative	15000	3390	660	1920	1905	1995	2310	2820	**15000**
Total	**57484**	**12991**	**2529**	**7358**	**7300**	7645	**8853**	**10807**	**57484**

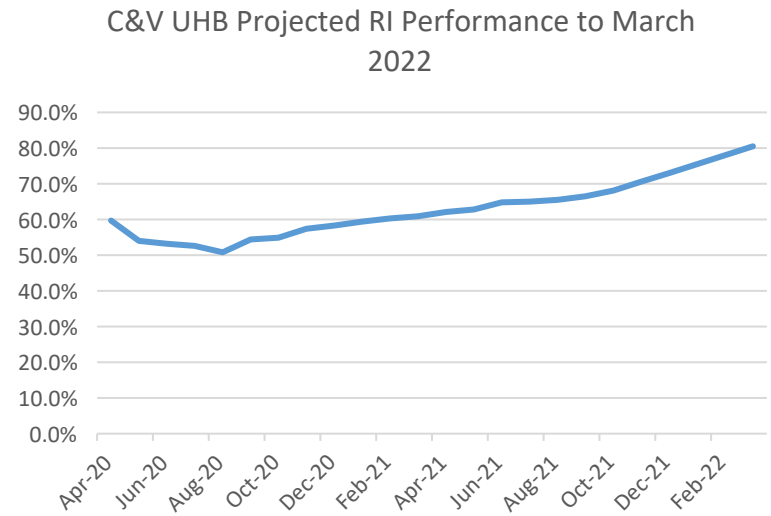
How do we propose to Achieve the Target of 294 **ADDITIONAL** Patients per week

WE HAVE ALREADY PRESSED THE GO BUTTON as we have already been altered of additional monies being provided nationally by Welsh Government for Eye-Care Recovery, in September

1. Recruited 8 Highly Qualified Optometrists to work in the Eye Clinic for 20 sessions	80 Patients per Week
2. New Glaucoma Patients will be seen in a Community ODTC, supported by additional Virtual Clinics	40 Patients per Week
3. Because of the success of the Glaucoma Follow-up in the Vale of Glamorgan, this service will continue.	15 Patients per Week
4. We will continue to provide our Unscheduled Care Service in Primary Care	60 Patients per Week
5. We have agreed the continued additional clinics for Oculoplastic	8 Patients per Week
1. We have lost our Oculoplastic Nurse and advertising for a replacement	
1. Have funded on a Locum basis the Nurse we continue with the UHB and train the nurse	15 Patients per Week
6. The Teach and Learn Centre in Cardiff University	67 Patients per week
7. HCQ Screening we have 1,300 patients, on this Medication evaluating an algorithm with and test 150	6 Patients per week

WE HAVE THE FOLLOWING ISSUES THAT REQUIRE ADDRESS

- We have an issue with Diabetic Retinopathy, with a long term Consultant on Annual Leave
  1. Additional imaging already agreed with Medical Illustration
  2. Additional clinics being supported by the DR Fellow for three months
- We have patient shown under None and General Pathways
  2. Optometrists identified to review all these on Clinical Portal and re-classify
- Already looking at the additional administrative and imaging support required
- Already in discussion with Cardiff University to increase the agreement and move Neurophysiology from the UHW
- We have 1254 patients without a pathway, which will be addressed when we implement OpenERS. We have employed an Optometrist to go through all 1254 referrals and create the pathway and Medical Records to update PMS, no more General or None Pathways.



Finalists for Awards in 2021

1. Health Care Journal 2020 = Highly Commended
2. Leading Healthcare Award = Commended
3. Leading Healthcare Forward Award = Finalist in three categories (virtual ceremony week commencing 6th September 2021)
4. HPMA Excellence in People Award = Finalist (virtual award ceremony 7th October 2021)
5. Building Better Healthcare Award = Finalist two awards in 2020 and awaiting the outcome of 2 submissions for 2021 (ceremony 3th November 2021)
6. Health Service Journal Award = Finalist (ceremony 17th November 2021)
7. We are making a submission to the Optician Award COVID Heroes Award, for the delivery of more than 5,000 patients being seen and managed in Primary Care
8. SBRI award for the development of OpenERS to enable images to be viewed as a part of the referral process and checked against clinical pathway engine(s)

“Don’t use old maps to explore the new world.”

Albert Einstein

Diolch yn Fawr

Thank you

Report Title:	**Emerging thinking for developing care at a System Level**							**Agenda Item no.**	**3.7**
Meeting:	**Strategy and Delivery Committee**							**Meeting Date:**	**14/09/2021**
Status:	**For Discussion**	**X**	**For Assurance**		**For Approval**		**For Information**		
Lead Executive:	**Chief Operating Officer**								
Report Author (Title):	**Head of Service Planning (Operations)**								

Background and current situation:

The delivery of a number of operational and strategic priorities are underway which aim to transform the care provided to patients who require urgent or unscheduled care. These priorities are being developed and delivered during a period of unprecedented summer pressures with significant demand on health and care services during a time usually associated with reduced attendances and lower bed occupancy.

At a previous S&D committee, it was described how the introduction of CAV 24/7 has provided the UHB with an opportunity to redefine our approach to the delivery of unscheduled care. The enclosed presentation presents an overview of how this work is evolving and how system level thinking is central to the UHB recovery.

The presentation provides an opportunity for discussion on the emerging thinking that underpins the UHB unscheduled care plans. Furthermore, it outlines the congruency between strategic and operational planning and how cross boundary working will be central to success.

Key Issues to bring to the attention of the Committee:

- CAV 24/7 has changed the delivery of unscheduled care with around 1/3 of attendances to Emergency Departments now via a scheduled appointment
- This change is ideally positioned to facilitate implementation of a number of strategic and operational priority schemes
- Current unscheduled care pressures make clear the importance of a system wide approach to dealing with the challenges ahead
- CAV 24/7 has begun the process of integration with NHS 111 to align further with the national model

Assessment and Risk Implications

- Service transformation is imperative in order to deliver improved unscheduled care and thus reduced clinical, operational and reputation risk

Recommendation:
The Committee are requested to:

- NOTE the opportunity for unscheduled care redesign that is afforded to the UHB through the success of CAV 24/7
- NOTE the significant ongoing work underway across a multitude of strategic and operational priorities

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

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

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

Developing Care at a System Level – Building on CAV 24/7

Adam Wright, Head of Service Planning (Operations)

Background

- Follow up to previous discussions on the success of CAV 24/7
- Aim - describe the connections from CAV 24/7 to some of the current operational and strategic priorities
- Objective - provide an opportunity for engaged discussion on the emerging plans for unscheduled care through Covid Recovery and beyond

Unscheduled Care – CAVUHB Journey

Historical Inpatient Admission Reliant System

Emerging Models – Developing Care at a System Level

Home First

Primary and Community Care Led

Traditional model too heavily reliant on inpatient admission for the assessment and treatment of unscheduled care needs.

System wide change improvements required to deliver primary and community led care

Alignment with strategic direction to deliver system wide unscheduled care improvements that have the patient at the centre of services and avoid unnecessary attendance and admission in secondary care.

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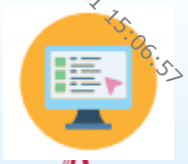


CAV 24/7

Policy and Principles – Unscheduled Care

A Healthier Wales

- A health and social care system that will work together as a single system
- Shift services out of hospital to communities
- Better at measuring what really matters
- Make Wales a great place to work in health and social care

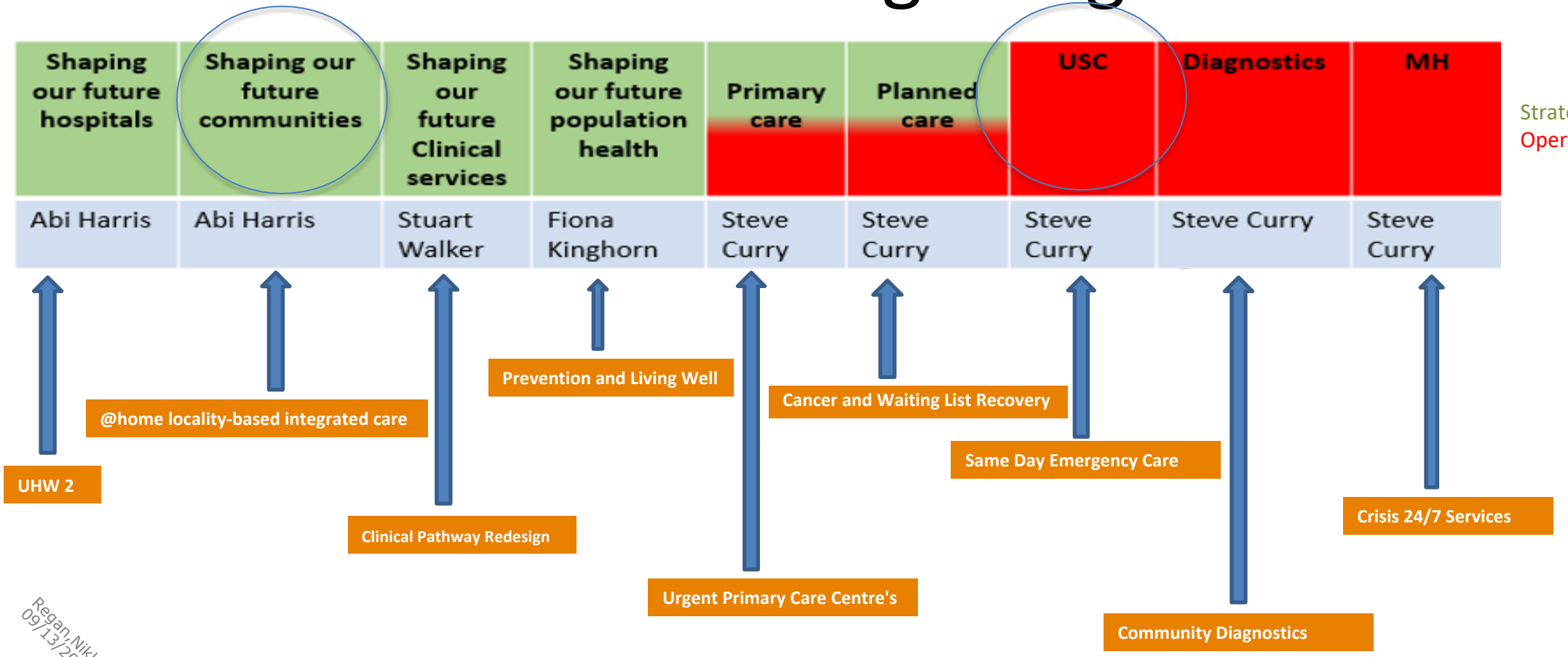
Welsh Government, 2018

Six goals for urgent and emergency care:

1. Coordination, planning and support for people at greater risk of needing urgent or emergency care
2. Signposting to the right place, first time
3. Alternatives to hospital admission
4. Rapid response in a physical or mental health crisis
5. Optimal hospital care following admission
6. Home-first approach and reduce risk of readmission

Welsh Government, 2021

CAVUHB Strategic Alignment

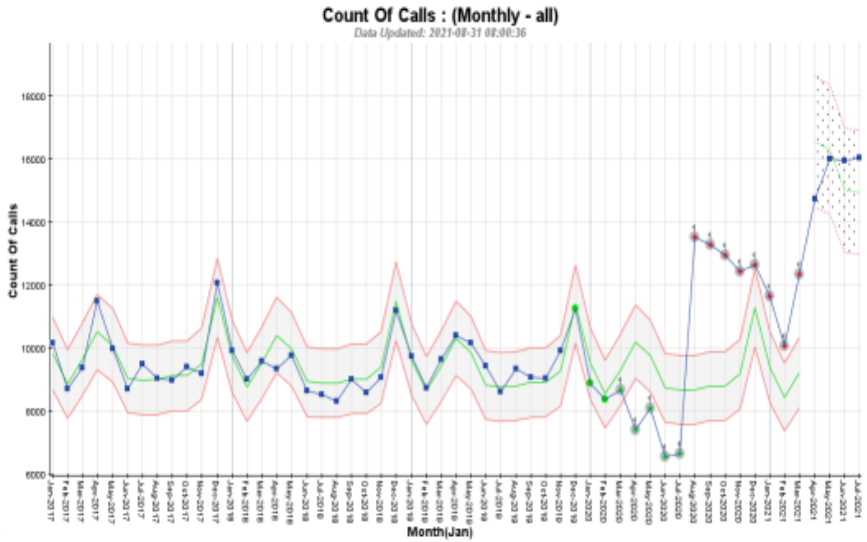


Strategic Programmes
Operational Programmes

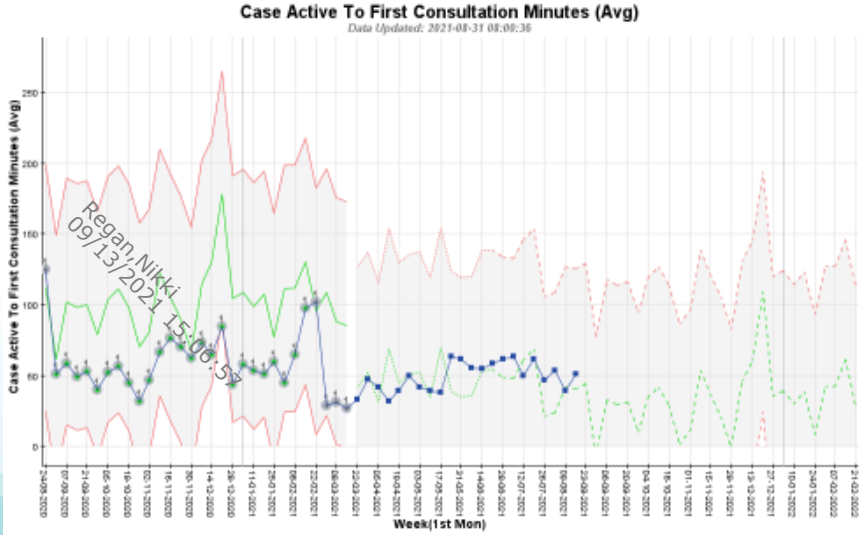
CAV 24/7 - Reminder

- August 2020 – CAV 24/7 established as a pathfinder scheme for unscheduled care
- Forerunner to much of the national work being undertaken through NHS 111
- Established for people needing urgent care which is not a life-threatening emergency
- Provides advice and guidance with the purpose of ensuring people are ‘seen’ in the right place, first time.
- It also aimed to ensure people are cared for in a safe environment by preventing overcrowding in ED.
- Options for ongoing care include:
  - Planned appointments within Emergency Departments (EDs) and Minor Injury Units (MIUs)
  - Direct booking of patients into next day slots within Primary Care Centres / Out of Hours (OOHs)
  - Home visit
  - Direction to existing services – community dental, pharmacy, optometry, etc.
  - Self-care advice

CAV 24/7 - Reminder



Volume of calls through CAV 24/7 (and OOH) continues to increase



The time to first consultation remains stable, despite increases in call volumes

Approximately 1/3 of EU attendances are now “scheduled” via CAV 24/7

Historical Inpatient Admission Reliant System

In order to benefit from the shift to a “semi-planned” unscheduled care system, which is made possible through the introduction CAV 24/7, there are a multitude of complementary programmes of work which need to be delivered

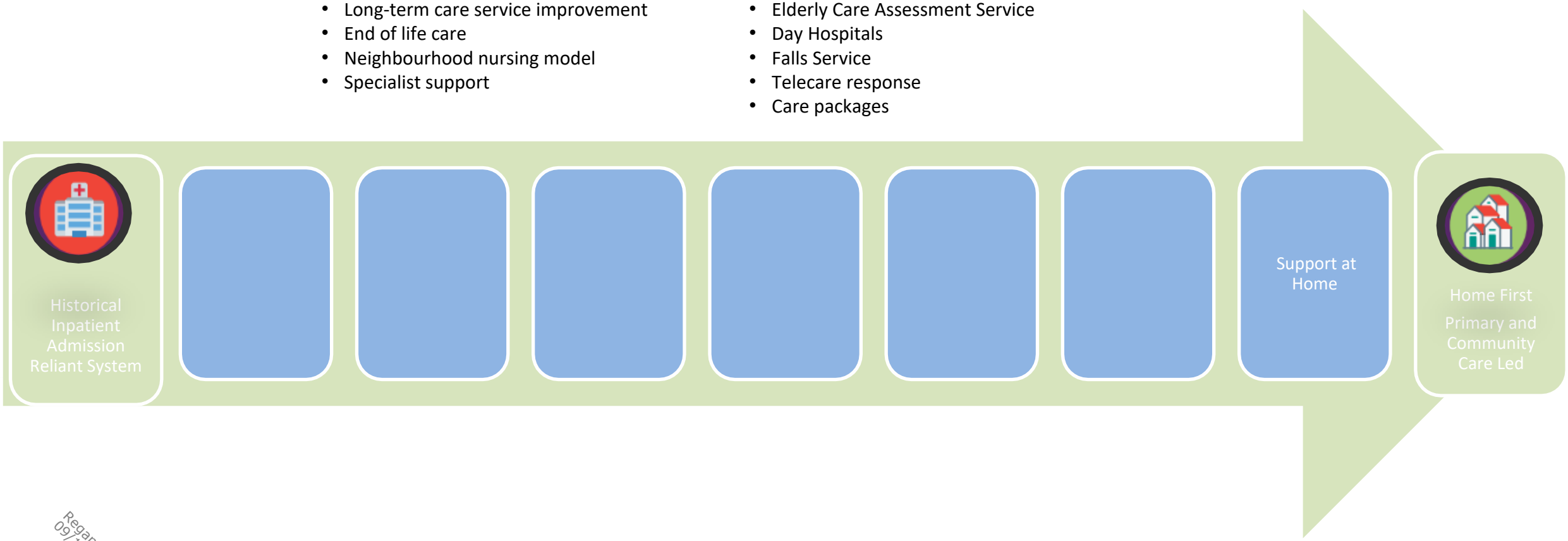
Home First

Primary and Community Care Led

CAV 24/7
NHS 111

Support at Home – SOFCS
Services delivered at (or very close) to home enabling people to continue their lives

- Long-term care service improvement
- End of life care
- Neighbourhood nursing model
- Specialist support
- Elderly Care Assessment Service
- Day Hospitals
- Falls Service
- Telecare response
- Care packages



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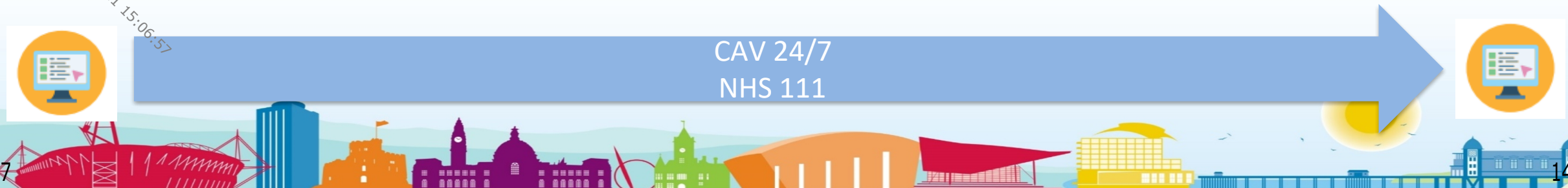
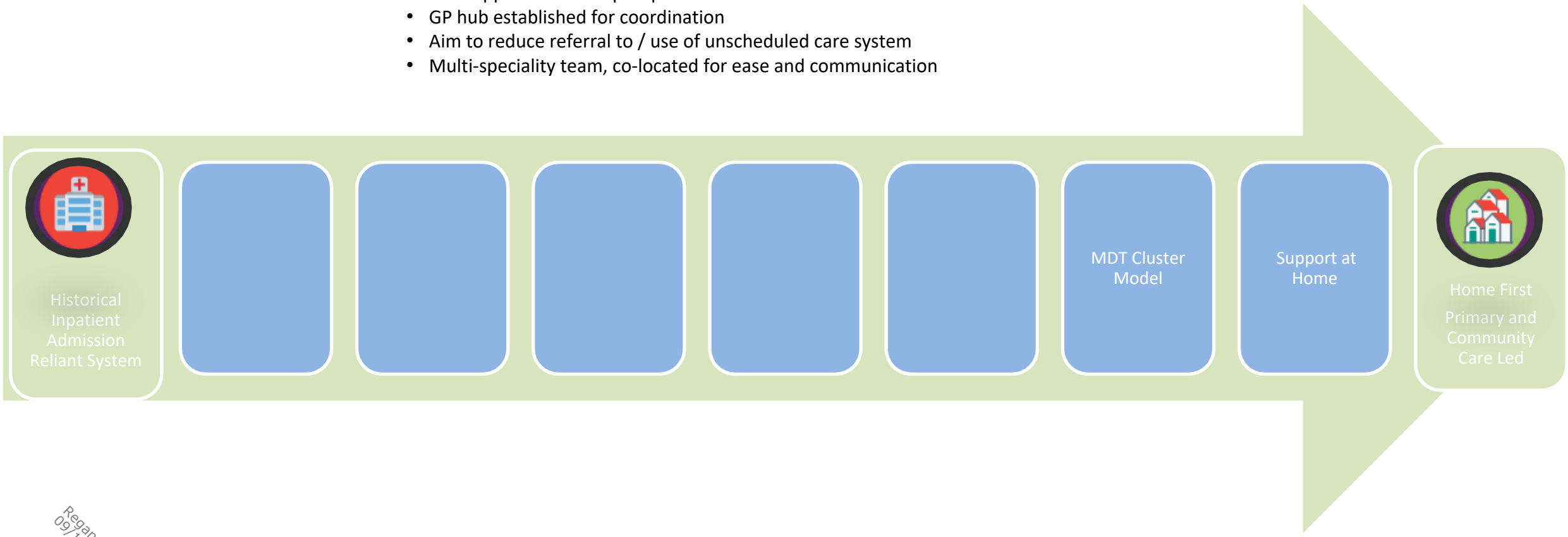


MDT Cluster Model – SOFCS / Covid Recovery

- MDT approach to complex patients
- GP hub established for coordination
- Aim to reduce referral to / use of unscheduled care system
- Multi-speciality team, co-located for ease and communication



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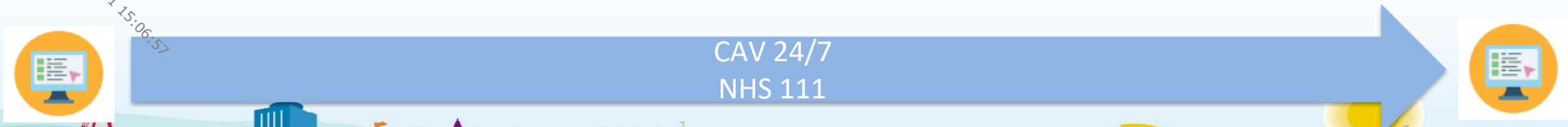
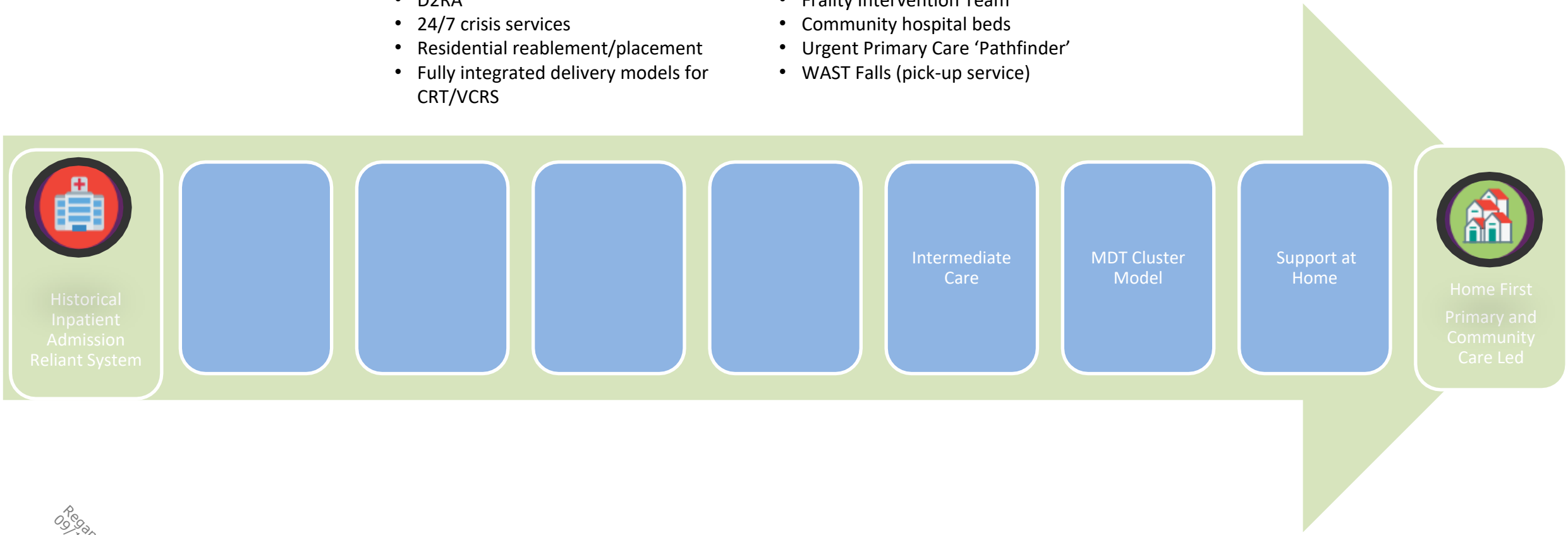


Intermediate Care – SOFCS
Services that 're-able' people to live their lives

- D2RA
- 24/7 crisis services
- Residential reablement/placement
- Fully integrated delivery models for CRT/VCRS
- Frailty Intervention Team
- Community hospital beds
- Urgent Primary Care 'Pathfinder'
- WAST Falls (pick-up service)



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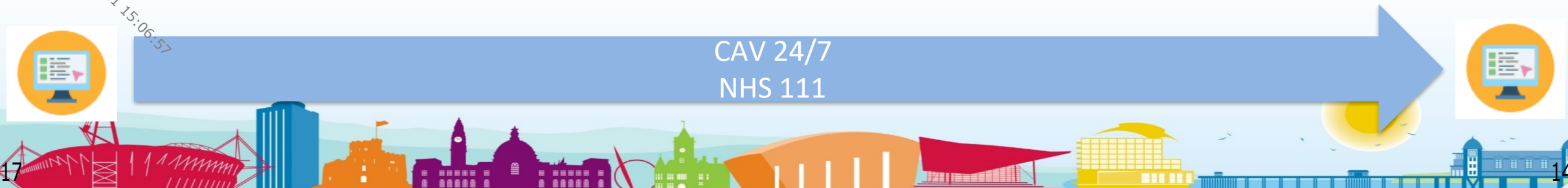
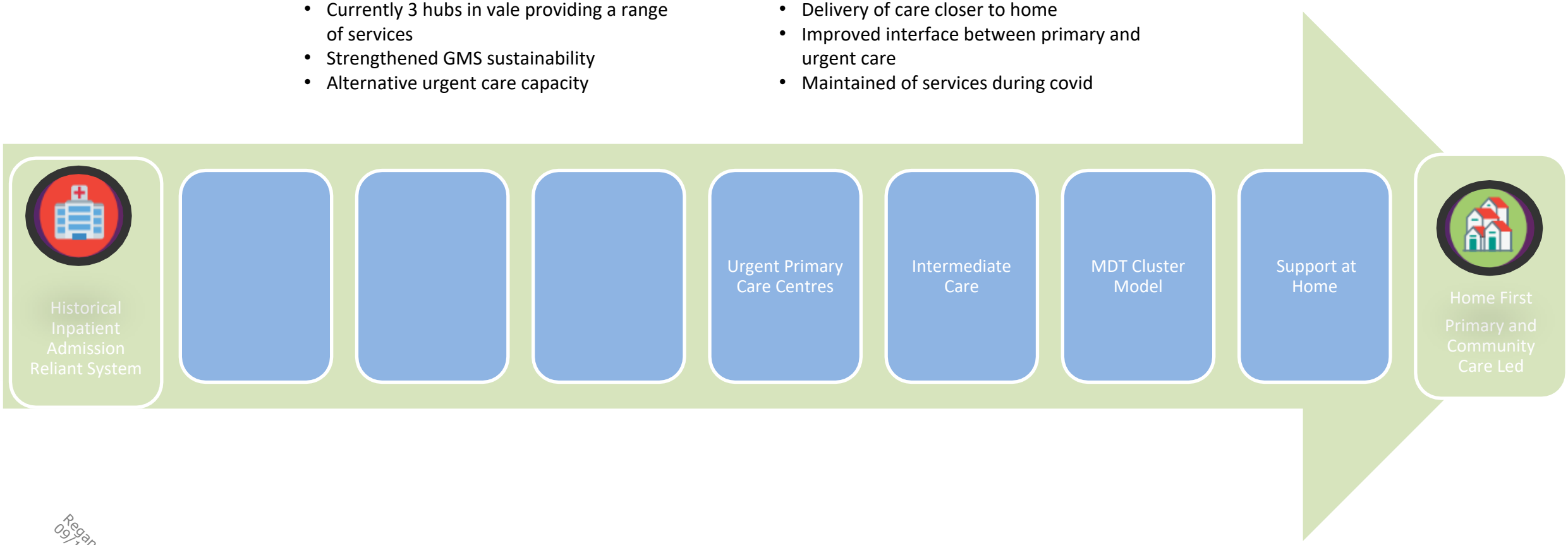


Urgent Primary Care Centres
Development of the Vale Locality Pathfinder – Care Closer to Home

- Currently 3 hubs in vale providing a range of services
- Strengthened GMS sustainability
- Alternative urgent care capacity

- Delivery of care closer to home
- Improved interface between primary and urgent care
- Maintained of services during covid



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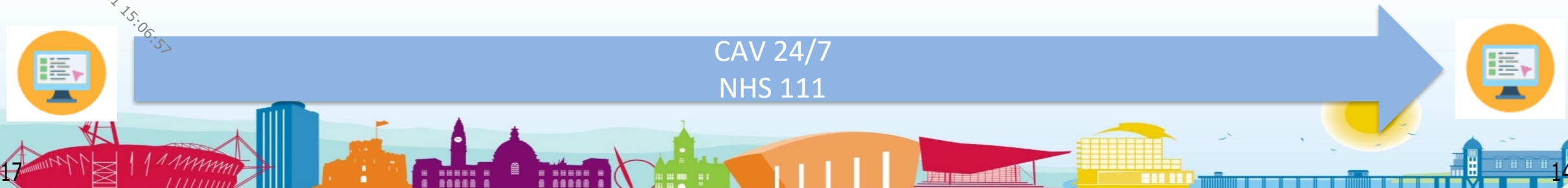
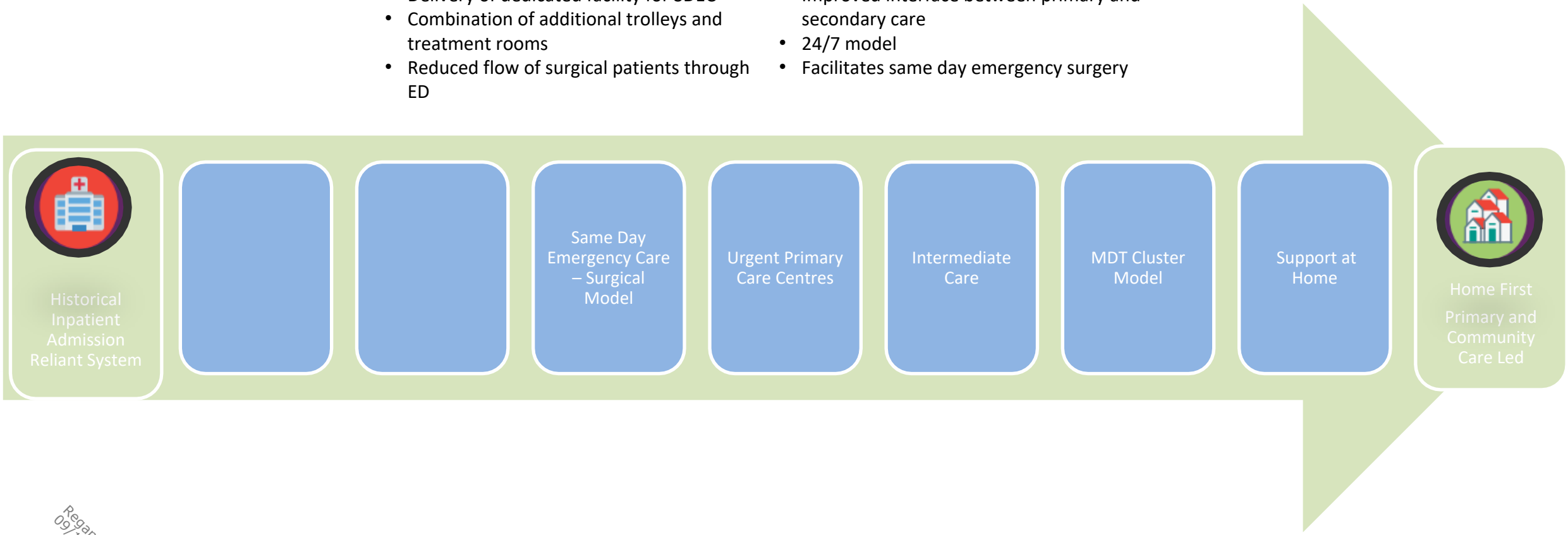


Same Day Emergency Care (Surgery) – Recovery and Redesign

- Delivery of dedicated facility for SDEC
- Combination of additional trolleys and treatment rooms
- Reduced flow of surgical patients through ED
- Improved interface between primary and secondary care
- 24/7 model
- Facilitates same day emergency surgery



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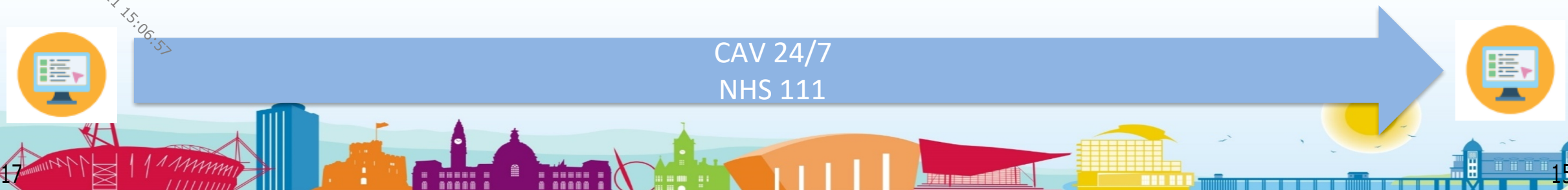
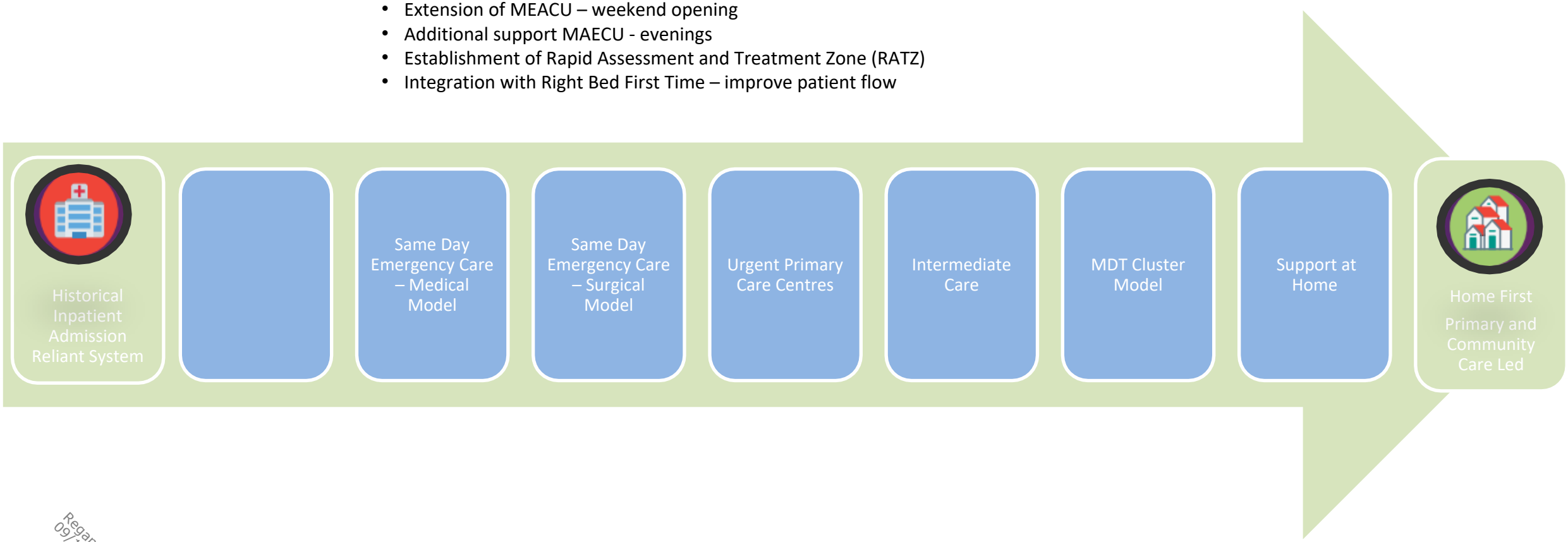


Same Day Emergency Care (Medical) – Recovery and Redesign

- Extension of MEACU – weekend opening
- Additional support MAECU - evenings
- Establishment of Rapid Assessment and Treatment Zone (RATZ)
- Integration with Right Bed First Time – improve patient flow



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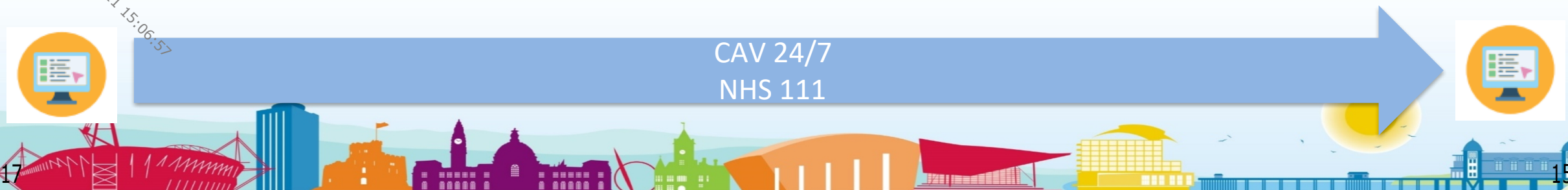
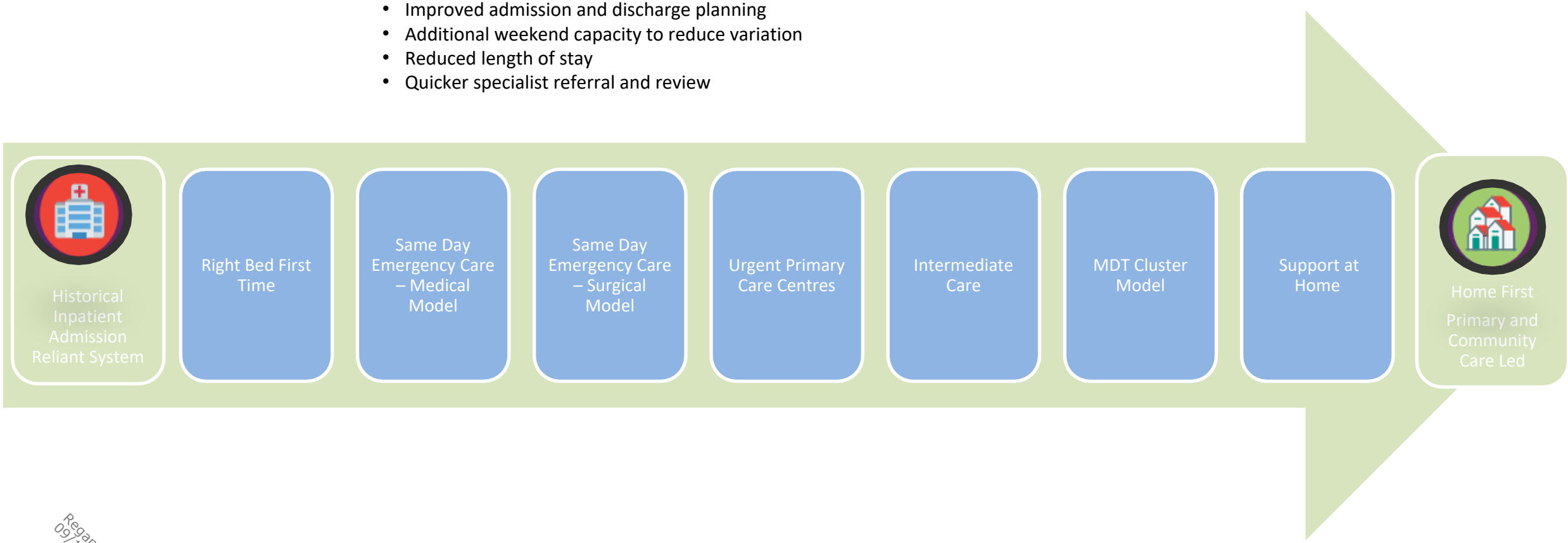
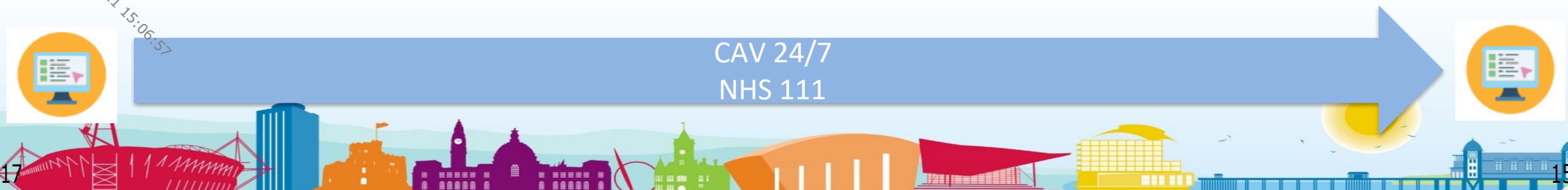


Right Bed First Time

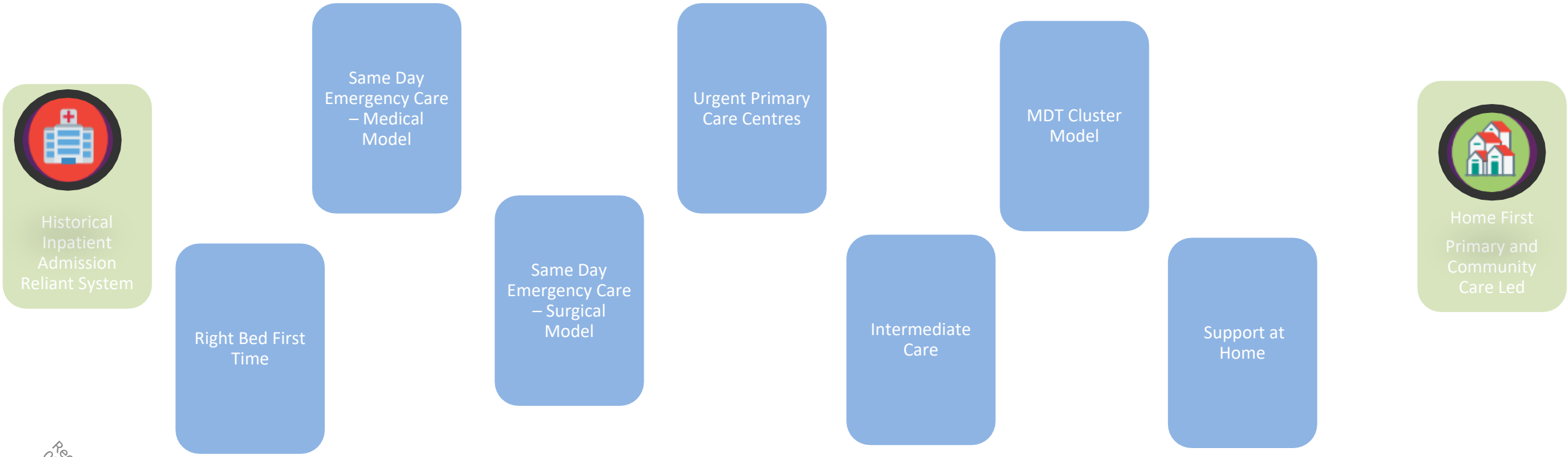
- Improved admission and discharge planning
- Additional weekend capacity to reduce variation
- Reduced length of stay
- Quicker specialist referral and review





In reality:

- Delivery will not be linear
- Many projects span across the continuum of services – pathway redesign is key
- Projects are at differing levels of maturity
- Many more projects, not listed here, will contribute to success
- Deeper and more consistent inter-organisational working will be key



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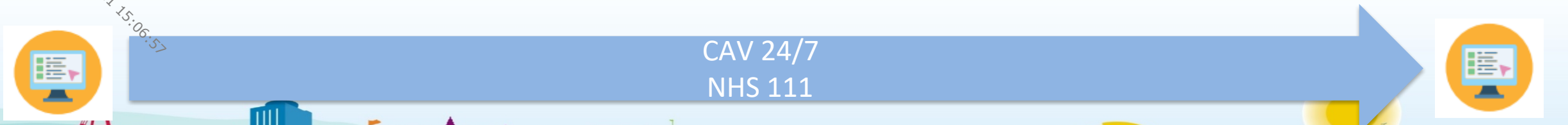

Summary

- Implementation of CAV 24/7 can act as a key enabler for unscheduled care redesign
- A number of ongoing strategic and operational priorities are aligning to facilitate system wide transformation
- Work continues to ensure congruence and good governance of unscheduled care planning
- The importance of joint working cannot be understated

Report Title:	**Board Assurance Framework – Sustainable Culture Change, Inadequate Planned Care Capacity, Reducing Health Inequalities.**								
Meeting:	**Strategy and Delivery Committee**						**Meeting Date:**	**14/09/21**	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

At the May 21 meeting of the Strategy and Delivery Committee a programme of risks associated with the Strategy and Delivery Committee was agreed for reporting purposes.

The following risks are attached for discussion at today's meeting:

- Sustainable Culture Change
- Inadequate Planned Care Capacity
- Reducing Health Inequalities

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

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

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

The attached Sustainable Culture Change and Inadequate Planned Care Capacity risks are key risks to the achievement of the organisation's Strategic Objectives and these were approved as part of the BAF at the Board Meeting on 29th July 2021.

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

At the Board Meeting held on 29th July the following risks were approved for inclusion on the BAF as the key risks to the Health Board delivering its Strategic Objectives:

1. Workforce
2. Financial sustainability
3. Sustainable Primary and Community Care
4. Patient Safety
5. Sustainable Culture Change
6. Capital Assets

7. Inadequate Planned Care Capacity
8. Delivery of Annual Plan
9. Staff Wellbeing
10. Reducing Health Inequalities

Set out below is a programme of which risks will be discussed at each meeting of the Strategy and Delivery Committee in order to provide assurance ot the Board:

13 July 2021

1. Workforce – Strategy and Delivery Committee
2. Sustainable Primary and Community Care – Strategy and Delivery Committee

14 September 2021

3. Sustainable Culture Change – Strategy and Delivery Committee
4. Inadequate Planned Care Capacity – Strategy and Delivery Committee
5. Reducing Health Inequalities

16 November 2021

6. Delivery of Annual Plan – Strategy and Delivery Committee
7. Staff Wellbeing – Strategy and Delivery Committee

Recommendation:

The Strategy and Delivery Committee is asked to:

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

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

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

1. **Leading Sustainable Culture Change – Lead Executive Rachel Gidman**

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

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition. Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.		
Impact	Staff morale may decrease Increase in absenteeism Difficulty in retaining and recruiting staff Potential decrease in staff engagement Increase in formal employee relations cases Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected. UHB credibility as an employee of choice may decrease		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	Values and behaviours Framework in place Task and Finish Group weekly meeting Cardiff and Vale Transformation story and narrative Leadership Development Programme linked in with the launch of the Dragons Heart Institute (DHI) Management Programmes now including a virtual offering. The content will be management skills but will incorporate inclusive management skills. The additionality of data training will be offered by the Summer 2021 Talent management and succession planning cascaded through the UHB Values based recruitment / appraisal – Awareness campaign June 2021 Staff survey results and actions taken Increasing the diversity of the workforce through the Kickstart programme, Apprenticeship Academy, Project SEARCH Patient experience score cards CEO and Executive Director of People and Culture sponsors for culture and leadership Raising concerns procedure/Freedom to Speak Up relaunched in October 2018 and again in June 2021 "Neyber" launched to support staffs financial wellbeing with an emphasis on education – Awareness campaign and training to start in July 2021 Conducted interviews with senior leaders regarding learnings and feedback from Covid 19 Lessons learnt document to be completed by September 30th 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 Launch in 2021 to coincide with the DHI Proposal for Self-care leadership – Recovery for wellbeing and engagement of staff		
Current Assurances	Engagement of staff side through the Local partnership Forum (LPF) Matrix of measurement now in place which will be presented in the form of a highlight report		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**

Gap in Controls	
Gap in Assurances	

Actions	Lead	By when	Update since May 21
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent) Compassionate and inclusive leadership principles will be at the core of all the programmes	RG	01.04.2021	Currently all the leadership programmes are on hold due to the recovery phase of covid. Intensive learning academy bid was successful. Part of the bid incorporates a 10-month leadership programme. The current leadership programmes will be reviewed and will complement the DHI ILA Programmes to restart Sept 2021
2. Showcase	RG	~~31.03.21~~ From Sept 21	Virtual showcase now being considered and linking with the Clinical Service Redesign and exploring catering for bigger numbers Virtual showcase – Engagement for the case for change. The design of the showcase will be aligned with Shaping our clinical services. Approval agreed in ME in Feb 2021. Tender submitted March 2021 and completed May 2021 Launch of Virtual Showcase Sept 2021
3. Equality, Diversity and Inclusion Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics	RG	From 14.12.20	Equality Strategy Welsh Language Group is taking place on a bi monthly basis with senior leaders across the organisation who can influence this agenda Two Welsh Language translators now recruited. – complete and fully operational All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. An emphasis on engagement, leadership and recruitment with be prioritised in 2021 with an action plan / outcome to be achieved. The RACE network will be in place by July 2021, with further networks to be established- Met on the 5th July 2021 The development and dialogue is happening regarding individuals with learning disabilities gaining work experience in a structure approach pl. In collaboration with project Search Aim Sept 2021 classroom base / Jan 2022 placements The successful bid to be a direct employer for KICKSTART a WG initiative to assist 16 – 24 year olds to

			gain employed work for 6 months. Initiative starts April 2021. By April 2021 100 applications received. We now have 200 applicants
4. CAV Convention	RG	From 12.11.20	Proposing CAV convention conference in the Autumn in line with the virtual showcase. Illustrating the clinical groups progression and to formally launch the CAV convention into the health system.
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

Inadequate Planned Care Capacity - Lead Executive - Steve Curry

The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks of the pandemic. There has been significant disruption to planned care and disruption to the progress which was being made after the first wave of Covid 19. This was further exacerbated by the second cessation of elective activity and despite progress been made planned care has been significantly compounded. The Health Board is now moving into a recovery phase with recovery plans developing and immediate actions taking place.

Risk	There is a risk that there will be inadequate planned care capacity due to the impact of covid 19 resulting in longer and ageing waiting lists and the ability of the Health Board to manage planned care in a timely manner going forward.		
Date added:			
Cause	Covid pandemic resulting in a cessation of elective activity and result of longer and ageing waiting lists.		
Impact	A growing waiting list for planned care activity An ageing waiting list Potential clinical risk associated with delayed access – see risk in relation to patient safety.		
Impact Score: 4	**Likelihood Score: 5**	**Gross Risk Score:**	**20 (Extreme)**
Current Controls	Clinical risk assessments by specialty to prioritise access Following risk stratifications where available i.e. Royal College of Surgeons L1 to L4 classifications Development of 'green zones' to provide confidence for low risk operating environments Increase the use of virtual consultation to avoid person to person contact Securing additional capacity within the private sector Recovery Plans in place Programme Delivery Director appointed to lead Recovery Schemes		
Current Assurances	Growth in 'green zone' activity Surgical audit to provide assurance on outcomes Growth in virtual outpatients activity Growth in diagnostics activity		
Impact Score: 4	**Likelihood Score: 4**	**Net Risk Score:**	**16 (Extreme)**
Gap in Controls	Roll out Health Board-wide risk stratification Maximise use of green pathways whilst balancing risk and outcome Virtual platforms need to be rolled out across the Health Board and clinical teams persuaded to make use Contractual arrangements are still under review – need to negotiate a contract to prolong access		
Gap in Assurances	Able to meet the highest priority caseloads – essential services Surgical audit needs to be supported to continue to provide evidence of safe and effective surgery Digital platforms need to roll out further and clinical engagement needs to result in their use		

Actions	**Lead**	**By when**	**Update since May 21**
1. Full assessment of risk to be undertaken	SC	May 2021	Assessment undertaken and presentations given in relation to timescales to achieve activity against various scenarios. Key measure are set out within the Annual Plan

				Initial bids for planned care which supported recovery schemes have been put into place as per the Annual Plan.
2. Bids for further schemes currently awaiting approval			SC	August 2021	Schemes from second rounds of bids awaiting approval
Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**		**12 (High)**	

Exacerbation of Health Inequalities in C&V – Lead Executive Fiona Kinghorn

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

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

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

Risk	There is a risk that the exacerbation of inequalities due to COVID-19 will reverse progress in our goal to reduce the 12 year life expectancy gap, and improvements to the healthy years lived gap of 22 years.
Date added:	29.07.21

Cause	• Deaths from COVID-19 have been almost double in the most deprived quintile when compared with the least deprived quintile of the population in Wales, and there has been a disproportionate rate of hospitalisation and death in ethnic minority communities
	• In Wales, socio-economic health inequalities in COVID-19 become more pronounced further along the hospital treatment pathway. Based on data from the first few months of the pandemic we can see that inequalities were not particularly pronounced for confirmed cases (unlike England) but the gradient became bigger for admissions, ICU and deaths. This may be related to the idea of staircase effects whereby health inequalities accumulate across the system and the 'inverse care law' whereby people from deprived areas may not seek help until later when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time. The role of the healthcare organisation in flexing to provide effective treatment according to individual need along that pathway is key
	• Health inequalities arise in three main ways, from
	  ○ structural issues, e.g. income, employment, education and housing
	  ○ unhealthy behaviours
	  ○ inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs
	• It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality

Impact	• The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include:
	  ○ Children and young people
	  ○ Minority ethnic groups, especially Black and Asian populations
	  ○ People living in (or at risk of) deprivation and poverty
	  ○ People in insecure/low income/informal/low-qualification employment, especially women

	○ People who are marginalised and socially excluded, such as homeless persons • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Underlying chronic conditions, as well as unequal living and working conditions, can in turn increase the transmission, rate and severity of COVID-19 infections • COVID-19 and its containment measures (lockdowns) can directly and indirectly increase inequity across living and working conditions; as well as inequity in health outcomes from chronic conditions. For example, working from home during and post lockdown may not be possible for many service sector employees. Marginalised communities are more vulnerable to infection, even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression • The longer-term, and potentially largest, consequences for widening health inequalities can arise through political and economic pathways. Areas with higher unemployment have greater increase in suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm • This is not simply a social injustice issue, health inequalities are also estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 Extreme**
Current Controls	1. Statutory function The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB 2. Role as an Employer • In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the Strategy and Delivery Committee, Reports/Updates to the Centre for Equality and Human Rights, Outcome Report to the Welsh Government Equalities Team regarding sensory loss, provision of evidence to the Health and Care Standards self-assessment, Equality and Health Impact Assessments • All our Executives have taken up a leadership role across the nine protected characteristics specified in the Equality Act 2010 - age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation - our CEO is the lead for race 3. Refocused Joint strategic and operational planning and delivery • Each of our strategic programmes within Shaping our Future Well Being Strategy will need to consider how our work can further tackle inequalities in health. Our Shaping our Future Public Health strategic programme will include a focused arena of work aimed at tackling areas of inequalities where there are gaps, for example healthy weight, immunisation and screening. We will work closely with the 2 local authorities and other partners, through our PSBs and RPB partnerships to		

	accelerate action in our local communities. This will include building on local engagement to date with our ethnic minority communities during the Covid-19 pandemic. Such focused work will be articulated in 'Cardiff and Vale Local Public Health Plan 2021-24' within our UHB three-year plan • Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB will further identify collective actions • The Youth Justice Board is planning to implement the recommendations of our Public injecting & Youth Justice HNAs in Cardiff • Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board will implement the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work • Our draft Suicide and Self-Harm Prevention Strategy is currently out for consultation • Action during the pandemic has included a multi-agency approach to Seldom Heard Voices, targeting initiatives towards areas of deprivation e.g. walk in vaccine clinics. This work will continue as we move toward delivery of a booster programme
Current Assurances	We are in the process of revising a bellwether set of indicators to measure inequalities in health in the Cardiff and Vale population through which we will measure impact of our actions. This will form part of the Annual Report of the Director of Public Health 2020, due to be published September 2021. Examples will potentially include: • The inequality gap in healthy life expectancy at birth in Cardiff and Vale UHB for males, increased from 20.4 years in 2005-2009 to 24.4 years in 2010-2014 • The gap in coverage of COVID-19 vaccination between those living in the least deprived and most deprived areas of Cardiff and Vale UHB, aged 80 years and above, reduced from 8.8% to 8.4% between May and June 2021
Impact Score: 4	**Likelihood Score: 3** | **Net Risk Score:** | **12 (High)**
Gap in Controls	• Uncertainty around progress of the pandemic due to variants and unpredictability of population behaviours • Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work • Financial support to individuals following ending of the furlough scheme
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales

Actions	**Lead**	**By when**	**Update since May**
8. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty	FK/RG	March 2022	**New risk new action**
9. Take further actions, to improve COVID-19 vaccination rates (including delivering a booster vaccine) in minority ethnic communities and vulnerable groups	FK/RW	December 2021	**New risk new action**
10. Review and operationalise the recommendations of the Annual Report of the Director of Public Health 2020, including development of shorter term indicators using routine data	Executive Team	From September 21	**New risk new action**
11. Within the UHB and through our PSB and RPB partnerships, refresh a suite of focused preventative actions to tackling inequalities in health	FK	September 2021	**New risk new action**
Impact Score: 4 | **Likelihood Score: 2**	**Target Risk Score:**	**8 (High)**	

Key:

1 -3	**Low Risk**
4-6	**Moderate Risk**
8-12	**High Risk**
15 – 25	**Extreme Risk**

Report Title:	**Cardiff and Vale Regional Partnership Board**	**Agenda Item no.**	**4.1**
Meeting:	**Strategy and Delivery Committee**	**Meeting Date:**	14.09.2021
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**	**X**
Lead Executive:	**Executive Director of Strategic Planning**		
Report Author (Title):	**Head of Partnerships and Assurance**		

Background and current situation:

The 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 financial and activity performance of all programmes relating to the RPB as presented to Welsh Government as part of the Q1 reporting requirements for 2021-22.

For further information and assurance, this paper also includes a link to a summary of key issues discussed at the last meeting of the Regional Partnership Board in July 2021. This includes an update on the short term funding risk and management plan which has been set in place in anticipation of these funding streams ending in March 2022.

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

Q1 Performance Overview

The RPB has responsibility for the effective delivery of a range of funding streams where the UHB acts as 'banker' on behalf of the region. ***Appendix 1*** includes a RAG rated summary of current performance across the programmes along with an overview of emerging risks and the actions that are being taken to address them. The majority of programmes are assessed as Green which demonstrates the positive way in which many have adapted to respond and continue to deliver service despite the impact of COVID-19. Actions to address remaining risks are also outlined in ***Appendix 1***.

Regional Partnership Board Update

For further information and assurance, this paper also includes a link to a summary of key issues discussed at the last meeting of the Regional Partnership Board in July 2021. This includes an update on the short term funding risk and management plan which has been set in place in anticipation of these funding streams ending in March 2022.

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

All quarter 1 reports have been considered by the Strategic Leadership Group before approval by the Regional Partnership Board and scrutiny by Welsh Government.

Recommendation:

The Strategy and Delivery Committee are requested to:

NOTE for information the Q1 report on all short term funding streams hosted by the UHB on behalf of the Regional Partnership Board, together with the summary of RPB discussion at its last meeting in July 2021.

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

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

Equality and Health Impact Assessment Completed:	No

Appendix 1: Quarter 1 Performance Summary

Programme	Description	Allocation (£k) 2020-21	Status RAG @ Q4	Status RAG @ Q1	Overview of Q1 performance	Plans for Q2 onwards
Transformation Fund	A series of innovative projects designed to transform services for hospital discharges and localities: - Wellbeing matters and social prescribing - GP Triage - Get Me Home - Delivery capacity for @Home	£4,699k	Green	Green	The Transitional Year programme of work has begun with the development of the @Home programme which will bring together projects spanning the RPB for Older People. All projects continue to deliver, except GP Triage (P3) which is using its resource towards the Access Point development within the @Home programme and specifically towards utilizing the connections with GP practices and receptions. There are also ongoing discussions around GMH+ (P5) and aligning this with the ICF D2A projects, an update will be provided with Q2 information.	The @Home programme will continue to be developed and deliver with all Transformation Fund projects continuing. Of note, the Accelerated Cluster Model (P1&2) is being developed with the @Home programme to be scaled across the region. Business cases will be developed for those projects (or groups of projects) which are identified as a priority for continued funding.

Programme	Description	Allocation (£k) 2020-21	Status RAG @ Q4	Status RAG @ Q1	Overview of Q1 performance	Plans for Q2 onwards
Transformation Scaling Fund	Funding provided for 12 months towards 8 projects focused on relieving the continued pressures on discharge services (extension of winter pressures funding)	£810k	Green	Green	This funding was utilized to continue the service scaling for some of the key discharge projects which were impacted by COVID-19 and were still seeing an increased demand. Areas invested include; Hospital discharge (FPOC), Intermediate Care (rehab therapy, CRT/VCRS), Domiciliary Care, Third Sector Services (Mental Health Matters, Age Connects). We have also been able to utilize a Pharmacy Technician to be able to address discharge and community issues. All projects have been able to show outcomes and development in Q1.	The projects will all continue to deliver, and we will continue to monitor reporting to develop measures which show the impact of the work being carried out as part of the business planning work towards the end of current short-term funding arrangements.

Programme	Description	Allocation (£k) 2020-21	Status RAG @ Q4	Status RAG @ Q1	Overview of Q1 performance	Plans for Q2 onwards
Integrated Care Fund (Revenue) Range of programmes encouraging innovative partnership working for:	Older People *15 projects focused on our ageing population*	*£4,740k*	**Green**	**Green**	The majority of projects continue to operate within anticipated parameters. There have been specific discussions around the D2A and Residential Reablement projects (OP6&7 and OP14), these are ongoing and an update with new proposals will be brought to the next Ageing Well meeting. The older people's projects have reported in a new format, which was very successful and will be worked on for Q2 and rolled out to the dementia projects. Development of the Dementia programme is progressing well.	Delivery and development of any projects identified as needing to be re-scoped due to COVID-19 and development of a plan for the Loneliness and Isolation funding (OP13). Business cases will be developed for those projects (or groups of projects) which are identified as a priority for continued funding. The Dementia programme will continue to be developed with the recurrent funding as agreed by the Ageing Well Partnership.
	Children w Complex Needs/ Learning Disabilities	*2,780*	**Green**	**Green**		
	Children at Risk	*2,071*	**Green**	**Green**		
	Dementia *4 projects focused on delivering care for people with dementia*	*£1,500k*	**Green**	**Green**		
	WCCIS	*201*	**Green**	**Green**	Funding focused upon development within the Vale of Glamorgan.	Funding focused upon development within the Vale of Glamorgan.

Programme	Description	Allocation (£k) 2020-21	Status RAG @ Q4	Status RAG @ Q1	Overview of Q1 performance	Plans for Q2 onwards
ICF Revenue cont'd	Integrated Autism Service	*367*	**Green**	**Green**		
Children and Young People Mental Health	Child Prevention	*200*	**Green**	**Green**	Service is in delivery phase with 3 staff in post and a commissioned service via Platfform to support parent/carers of young people with Mental Health support.	Sustainability plans may be required for end of grant programme. Clarification from Welsh Government is currently being sought re. funding sustainability.
Integrated Care Fund (Capital)	Range of capital projects supporting development of the partnership agenda across the region.	*5,080*	**Amber**	**Red**	A range of projects have been presented for consideration to Welsh Government but to date c£0.5m remained to be approved	The SLG continue work to agree a set of priorities which can be delivered in line with timescales. It is now proposed that remaining funding will be targeted to support the creation of Safe Accommodation for Children and Young people, subject to Welsh Government approval.

Programme	Description	Allocation (£k) 2020-21	Status RAG @ Q4	Status RAG @ Q1	Overview of Q1 performance	Plans for Q2 onwards
Partnership Support: small funding streams to support enabling projects for the Partnership	Research, Innovation and Improvement Co-ordination Hub (RIIC)	*250*	**Green**	**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.	Ongoing delivery.
	Engagement Funding	*40*	**Green**	**Green**	A Third Sector-led Delivery Group is undertaking the continued development of a regional framework for engagement.	Ongoing delivery.
	RPB Performance and Capacity – focused upon development of the Regional Outcomes Framework.	*60*	**Green**	**Green**	This resource will be used to complete work on the Regional Outcomes Framework in 2021-22.	The latest version of the Framework will be presented to the RPB in November 2021.