

Strategy & Delivery Committee Meeting

Tue 11 January 2022, 09:00 - 12:30

MS Teams - Virtual Meeting

Agenda

1. Standing Items

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 previous Committee meeting – 16th November 2021

Michael Imperato

 1.4 SD Minutes 161121MD.NF.pdf (11 pages)

1.5. Action log following the previous meeting – 16th November 2021

Michael Imperato

 1.5 - Public Action Log - S&D Committee - 110122 v1.pdf (2 pages)

1.6. Chairs actions since previous meeting

Michael Imperato

2. Items for Review and Assurance

2.1. Service Change Engagement and Consultation

Abigail Harris

 2.1 S&D Committee paper Engagement on Service Change Jan 2022 v2.pdf (4 pages)

2.2. Stroke Performance Indicators

Caroline Bird

 2.2 2021-12 Stroke Performance SD committee Jan 22.pdf (4 pages)

2.3. Strategic Equality Update

Rachel Gidman

2.4. Board Assurance Framework

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Nicola Foreman

- 📄 2.4 BAF Report - workforce and sustainable primary and community care.pdf (3 pages)
 - 📄 2.4a Sustainable Primary and Community Care BAF Risk.pdf (4 pages)
 - 📄 2.4b Workforce BAF Risk.pdf (4 pages)
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3. Items for Approval / Ratification

3.1. Performance Reports

3.1.1. Key Operational Performance Indicators

Caroline Bird

- 📄 3.1.1 Performance Report - Operational Indicators 11 01 22.pdf (5 pages)

3.1.2. Hospital Flow

Caroline Bird

3.1.3. Winter Plan

Caroline Bird

3.1.4. Reset & Recovery Programme

Caroline Bird

3.1.5. Key Workforce Performance Indicators

Rachel Gidman

- 📄 3.1.5 Workforce KPI Metrics Paper - Nov-21 Data.pdf (4 pages)
- 📄 3.1.5a WOD Metrics Report Nov-21.pdf (2 pages)

3.2. Staff Wellbeing Plan

Rachel Gidman / Claire Whiles

- 📄 3.2 Strategy and Delivery Committee Wellbeing Plan January 2022 (003).pdf (6 pages)

3.3. IMTP 2022-2023

Abigail Harris

3.4. Committee Terms of Reference 2022-2023

Nicola Foreman

- 📄 3.4 Terms of Reference - covering report.pdf (2 pages)
- 📄 3.4a Strategy and Delivery TOR 2022-23.pdf (8 pages)

3.5. Committee Workplan 2022-2023

Nicola Foreman

- 📄 3.5 Covering report - work plan 2022.23.pdf (2 pages)
 - 📄 3.5a Strategy & Delivery Workplan 2022.23.pdf (1 pages)
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4. Items for Information and Noting

4.1. Flash Reports

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Abigail Harris

- 📄 4.1 Strategic Portfolio Update - cover paper - Strategy & Delivery Committee Jan 2022.pdf (2 pages)
- 📄 4.1a Annex A Strategic Portfolio - Flash Reports Dec 2021.pdf (4 pages)

4.2. Corporate Risk Register

Nicola Foreman

- 📄 4.2 Corporate Risk Register Covering Report - Jan 2022.pdf (3 pages)
 - 📄 4.2a Appendix A - Detailed Corporate Risk Register Entries.pdf (3 pages)
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5. Any Other Business

6. Review & Final Closure

6.1. Items to be deferred to Board / Committee

Michael Imperato

6.2. The date & time of the next Committee meeting: 15th March 2022 at 9am

**Minutes of the Strategy & Delivery Meeting
Held on 16th November 2021 at 09.00am
Via MS Teams**

Chair:		
Michael Imperato	MI	Independent Member – Legal
Present:		
Sara Moseley	SM	Independent Member for Third Sector
Rhian Thomas	RT	Independent Member for Capital & Estates
Gary Baxter	GB	Independent Member for University
In Attendance:		
Abigail Harris	AH	Executive Director of Strategic Planning
Rachel Gidman	RG	Executive Director of People & Culture
Caroline Bird	CB	Interim Chief Operating Officer
Nicola Foreman	NF	Director of Corporate Governance
Karen Pardy	KP	Community Director – South Wales Cluster
Huw Williams	HW	GP Partner
Adam Wright	AW	Head of Service Planning
Jonathan Watts	JW	Assistant Director – Strategic Planning
Chris Lewis	CL	Deputy Director of Finance
Jason Roberts	JR	Deputy Director of Nursing
Hannah Evans	HE	Program Delivery Director
Katrina Griffiths	KG	Interim Head of HR Operations
Observers:		
Wendy Wright	WW	Deputy Head of Internal Audit
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences
Steve Curry	SC	Deputy Chief Operating Officer
Catherine Phillips	CP	Executive Director of Finance
David Thomas	DT	Director of Digital & Health Intelligence

Item No	Agenda Item	Action
SD 2021/11/16/001	Welcome & Introductions	
SD 2021/11/16/002	Apologies for Absence Apologies noted above	
SD 2021/11/16/003	Declarations of Interest The Independent Member – Third Sector (IMTS) declared an Interest as worked for the GMC. The Independent Member – University (IMU) declared an interest for working in the School Optometry at Cardiff University.	
SD 2021/11/16/004	Minutes of the Meeting held on 14th September 2021	

	<p>The IMU noted that an amendment to the draft minutes was required to reference the School of Optometry and not the School of Ophthalmology under the Declarations of Interest section.</p> <p>The Committee Resolved that:</p> <p>a) Subject to the amendment being made, the draft minutes of the meeting held on 14 September 2021 be confirmed as a true & accurate record.</p>	
<p>SD 2021/11/16/005</p>	<p>Action Log of the Meeting held on 14th September 2021</p> <p>The Committee held a discussion with regards to Action 21/07/010. The Executive Director of Strategic Planning (EDSP) suggested that a specific item is brought to the next Committee meeting to address service change, engagement and consultation.</p> <p>The Independent Member for Third Sector (IMTS) suggested that it would also be useful to understand how the Health Board was engaging with staff.</p> <p>The Executive Director of People and Culture (EDPC) said she would seek clarity regarding Action Number 21/07/010 (Workforce Key Performance Indicators).</p> <p>The Committee Resolved that:</p> <p>a) Subject to the above comments in relation to the Action Numbers 21/07/010, the Action Log was received and noted.</p>	<p>AH</p> <p>RG</p>
<p>SD 2021/11/16/006</p>	<p>Chair's Action taken following meeting held on 14th September 2021</p> <p>The Committee Resolved that:</p> <p>a) No chairs actions were taken.</p>	
	<p>Items for Approval</p>	
<p>SD 2021/11/16/007</p>	<p>Policies for approval:</p> <p>i) Raising Concerns Procedure</p> <p>The EDPC confirmed the procedure had been reviewed on an All Wales basis and some minor changes had been made. There was a wider national piece of work underway and it was likely that further changes would be required.</p> <p>The Committee noted that there was a new Duty of Candour and that it would be useful for the Committee to understand a little more about the new legislation. The Chair commented that this topic would be of interest to other Committees and he suggested that it was brought to a future Board Development session for the benefit of all Board members.</p> <p>ii) SAS Job Planning Procedure</p>	<p>NF</p>

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	<p>The EDPC commented that the SAS Job Planning Procedure had been updated and aligned with the job planning. It mirrored the Consultant Procedure that was previously approved by the Committee. It had moved to an electronic procedure and should be more efficient and improve job planning.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) The new SAS Job Planning Procedure was approved. b) The revised Procedure for NHS Staff to Raise Concerns was formally adopted. 	
<p>SD 2021/11/16/008</p>	<p>Capital Plan: Infrastructure / Estates Plan</p> <p>The Capital Programme Status update was received.</p> <p>The EDSP updated on the following matters: –</p> <ul style="list-style-type: none"> • Funding was obtained from 2 sources – (i) the Discretionary Capital allocation and (ii) the All Wales capital funding. A business case to secure further resource was submitted. • COVID had delayed the building of the hub planned for Penarth. • Due to that delay one of the practices that was due to move into the new hub had notice served on its accommodation. PCIC were managing that matter. • Some of the “Executive Lead” columns in the Capital Development Schedule were blank and would be clarified and completed. <p>The Independent Member for Capital & Estates (IMCE) commended the paper. She queried that the ramp at the new neuro facility (Rookwood Hospital) was not level and asked how the cost of rectifying that issue would be managed? She also queried how the Health Board managed the Discretionary Capital pot of funding, given there would be ad hoc expenditure.</p> <p>The EDSP commented that she would ensure that the Director of Capital and Estates was aware of that issue. If the specification was right the contractors would be required to fix it.</p> <p>With regards to Discretionary Capital, the EDSP explained that each year the Health Board determined its Capital Programme. It consisted of several components. That included (i) infrastructure (i.e. some staff costs and IT equipment, (ii) work that was required annually (e.g. maintenance, medical equipment and IT), (iii) a cycle of work that had to be undertaken (i.e. statutory requirements), (iv) an identified specific budget in some areas, for example lifts. There was a lift replacement programme.</p> <p>The Independent member for University (IMU) asked for clarity with regards to what progress the Health Board had made in relation to the advanced cell therapy, which was tied in with haematology.</p>	

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	<p>The EDSP explained that the Lakeside unit had been explored and there were some clinical concerns. She had met last Friday with the new director of UHW and they had a plan of how that piece of work would progress.</p> <p>It was noted that many patients needed to be close to critical care. The Health Board had a relationship with a local hotel which meant that patients did not have to wait in a hospital.</p> <p>The Director of Corporate Governance (DCG) noted a previous action from the Estates and Capital Report to Board on Procurement and Governance stated that any scheme with a value over £200k needed an Executive lead. The Executive Director of Strategic Planning was pleased to report that the gaps had been filled. The DCG confirmed that it was good that this action had been completed as the action plan would be audited in Quarter 4 this year.</p> <p>The Committee resolved that:</p> <p>a) The content of the report and the assurance provided that the capital programme was being monitored appropriately by the Capital Management Group, was noted.</p>	
	<p>Items for Review and Assurance</p>	
<p>SD 2021/11/16/009</p>	<p>Shaping Our Future Wellbeing Strategy (SOFW) Update</p> <p>The Shaping Our Future Wellbeing Strategy update was received.</p> <p>The EDSP updated on the following –</p> <ul style="list-style-type: none"> • The team had moved to a monthly meetings to track the programmes. • The Shaping Our Future Hospitals programme had a “red” status due to the same having moved away from the initial timeline. December would be a key time because the business case was due to be presented to Welsh Government. • Shaping Our Future Well-being was not on track given that the Programme Lead had to prioritise the vascular regional programme. • The team were refining their work programme to move forward. It was wide ranging and there was an overlap with the range of work. • The Shaping Our Future Population Health was making good progress. <p>Hannah Evans (HE) noted the milestones set out in the annual plan had been achieved due to increasing activity levels. The ability to recruit staff had been challenging and additional resources had been secured.</p> <p>The EDSP noted the highlight report did not include all of the detail.</p>	

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	<p>The IMU noted there was reference in the summary about securing funding to support cluster expansion.</p> <p>The IMCE queried the link between the flash reports and the overarching strategy.</p> <p>The EDSP responded that –</p> <ul style="list-style-type: none"> • The Health Board was in the second half of the Strategy and her team were starting some additional work to scope what the next ten year Strategy would look like. • A “Healthier Wales” influenced some of that work. • Her team were preparing for the next phase and she would commission some additional capacity for some of that work. During mid-summer she proposed to review the Strategy. <p>The Committee resolved that:</p> <p>a) The progress and risks described in the Programme Portfolio Flash Reports were noted.</p>	
<p>SD 2021/11/16/010</p>	<p>People & Culture - Workforce Strategy</p> <p>The People and Culture Plan was received and the EDPC highlighted the following –</p> <ul style="list-style-type: none"> • The plan set out the Health Board’s ambition for the next three years with regards to its workforce. • Workforce and OD had a diverse workforce department. • The plan was aligned to Shaping Our Future Wellbeing programme, the Welsh Health and Social Care Strategy and the IMTP. • The all Wales strategy highlighted the need for a digitally ready workforce. • The plan was built around seven themes based upon those set out in the Workforce Strategy for Health and Social Care, with a team leader aligned to each theme along with a Trade Union member. • Two small teams had been created to improve recruitment. <p>The IMCE asked who would be taking responsibility for monitoring the plan and queried how the Committee would know if any progress had been made.</p> <p>The EDPC confirmed that the project plan contained milestones and goals and that there would be an update review to ensure that the pace of progress was continued.</p> <p>The Independent Member for Third Sector (IMTS) commented that with such a large and diverse workshop how leadership was being developed. There was not a sense of long term development with universities and schools.</p> <p>The EDPC responded that the Health Board had been working closely with professionals in the Health Board’s area.</p>	

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	<p>The EDPC noted that her team had recently engaged with the Somalian community and had received positive feedback.</p> <p>The Committee resolved that:</p> <p>a) The draft People and Culture Plan and Objectives was considered and discussed.</p>	
<p>SD 2021/11/16/011</p>	<p>Performance Reports</p> <p>(a) Workforce Key Performance Indicators</p> <p>The EDPC highlighted the following –</p> <ul style="list-style-type: none"> • Sickness was increasing in all areas along with voluntary resignations. • There were 60 people in the Health Board with long COVID. <p>The Executive Director of Public Health noted the flu vaccination uptake in the next cycle.</p> <p>Katrina Griffiths (KG) presented on the following points–</p> <ul style="list-style-type: none"> • Monthly sickness was in the range of 4-5%, with lowest percentage in the spring. • Absence in September was the highest ever for that time of year. • The highest sickness rates were in Capital Estates and Facilities. • The team had considered the top 10 sickness reasons. Stress & anxiety was the top reason for sickness with an increase seen in chest & respiratory related sickness this year. • Nursing workforce sickness had increased. • There was a trend that as vacancies increased, sickness increased. • Staff with long COVID would continue to be paid in full. • There had been an increase in demand for the Occupational Health service. • The team would continue to promote and deliver the strategy and development plan. • The team were working with the workforce team and processing recruitment to ease the stress on staff. <p>The DCG noted that the sickness rate had risen to 6.42% and queried if that was happening across other Health Boards.</p> <p>The EDPC confirmed that the sickness levels were definitely a concern across all Welsh Health Boards.</p> <p>The Executive Director of Finance (EDF) commented that she had noticed the 43% increase in referrals to Occupational Health and queried if there were any plans to support Occupational</p>	

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Health staff and to look at different ways to provide Occupational Health?

KG confirmed that her department were already considering this. The EDPC commented that COVID had impacted upon the workforce, that Occupational Health did need extra support and that her team had considered outsourcing some of this service in order to alleviate some pressure.

KG confirmed that 49 staff were absent from work with long COVID.

KG confirmed that the reasons for absence were reported to the Clinical Board each month. Managers engaged with their staff regarding reporting absence and the return to work process was a good example of that and it enabled staff to report any issues.

(b) Organisation Key Performance Indicators

The Interim Chief Operating Officer (ICOO) highlighted the following –

- Unscheduled care continued to be challenging.
- A meeting had just taken place with the Deputy Minister and the Health Board was able to demonstrate that it had seen a number of improvements. There were still challenges around increase in demand.
- CAMHS demand was still high. However, the average waiting time had reduced.
- Subject to no further demand, the Health Board should be on track for Quarter 4.
- Demand for Adult Mental Health services remained high. Average waiting times had reduced to 23 days.

The IMCE noted the data relating to Referral to Treatment (RTT).

The IMCE questioned the Emergency Unit waiting times and asked what impact CAV 24/7 was having?

The ICOO commented that CAV 24/7 had helped having planned appointments. The Health Board had joint action plans with the Local Authorities and noted that some of the challenges related to the workforce and pay.

The EDSP noted that there was a team Wales event last week and the social care issues were at the top of the WG's list to resolve.

The IMU questioned the stroke performance measures referred to in the report.

The ICOO confirmed that there were pressures managing a patient's pathway due to COVID and that she shared his concerns. The ICOO commented that she would like to bring an update on the stroke performance indicators to the next Committee.

CB

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(c) MDT Clusters

Karen Pardy (KP) & Huw Williams (HW) gave a presentation to the Committee in relation to the MDT Clusters.

The Committee noted that KP was the lead for the South West GP Cluster and that the said Cluster came under the Accelerated Cluster Transformation Project. The Cluster model involved GPs, other healthcare providers, Social Services and third sector organisations working together.

KP highlighted the following points:–

- The Primary care was where most patient contact happened in the healthcare system and it was critical to support patients.
- As a cluster various partners came together to put forward a bid to develop and accelerate a cluster programme.
- Compassionate communities were used as the basis of the model.
- There was a strong history of social prescribing and a third sector provider was commissioned to provide well-being connectors.
- An integrated care hub was set up and had developed into “admission avoidance”.
- Occupational Therapy were based in the hub.
- The Cluster supported people who had just come out of hospital and helped to keep those patients at home.
- Timely care planning was important to support people in their community.

HW presented and the following points were noted:–

- Before the Cluster was set up, more people were referred into admissions.
- The Cluster had an impact upon hospital admission rates and admissions had reduced by 16%.
- There was a decline when people were asked to stay away and keep the NHS safe during COVID.
-
- By linking all the services together, the Cluster could offer better care and the patient had less contact with Primary Care.
- There was a lot of learning that could be shared in relation to the development and implementation of the Cluster.

The EDSP commented that the work that had been undertaken was positive and the evidence based data had shown that. The model had to be right for the population and HW & KP were helping with new clusters. There would be 3 clusters next year.

KP noted the key developments and the need for strong links with secondary care. The community team had employed a discharge liaison nurse and was looking to have more support for young people aged between 14-17.

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	<p>HW commented that next year the Cluster would like to reach out to gain more focused services in the community.</p> <p>HW the plan is for each cluster to have their own ILS worker.</p> <p>The Chair asked how much work and resource did it take to get to that level of model? The outcomes were interesting as there was good evidence of making an impact.</p> <p>KP stressed the need to be realistic and commented that part of the success was due to the strong relationships with other partners. He added that the transformation project was a “game changer”.</p> <p>The Committee thanked HW & KP for attending and delivering the presentation.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The contents of the Workforce KPI Report was noted and discussed. b) The year to date position against key organisational performance indicators for 2021-22 but in the context of prevailing operating conditions, was noted. c) The MDT clusters were discussed and noted. 	
<p>SD 2021/11/16/012</p>	<p>Board Assurance Framework – Delivery of Annual Plan and Staff Wellbeing</p> <p>The Board Assurance Framework – Delivery of Annual Plan and Staff Wellbeing report was received.</p> <p>The DCG highlighted the following points:–</p> <ul style="list-style-type: none"> • The winter plan had been developed with partners and was now completed. • A successful bid had been submitted for more resources to assist with staff well-being. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The attached risks in relation to Delivery of the Annual Plan and Staff Wellbeing was reviewed. 	
<p>SD 2021/11/16/013</p>	<p>2022-2023 IMTP</p> <p>The EDSP introduced the matter.</p> <p>Jonathan Watts (JW) & Adam Wright (AW) gave a presentation to the Committee and it included the following points: -</p> <ul style="list-style-type: none"> • IMTP is the Health Board's medium term plan. • WG formally issued the planning framework last week and it was publicly available on WG website. • The expectation was to submit the IMTP by February 2022. • The Board would receive the draft IMTP in January and the draft IMTP would also be presented to the Strategy and Delivery Committee. 	

	<ul style="list-style-type: none"> • The team had engaged with the Clinical Boards and had articulated what the focus will be. • There were 4 areas of focus which were the next part of the strategy • There were a small number of deliverables that were not fully resourced. • The team was working through the Clinical Board level IMTP. <p>AW updated on the following points: –</p> <ul style="list-style-type: none"> • The early warning system had been developed in relation to patients in A&E. • The vaccination and booster programme was likely to continue. • The system and workforce pressures were the biggest challenge currently being faced. • The occupancy peak had continued. • There were 5 programmes of work for the recovery and redesign programme. • It was recognised that the Health Board should return to 100% of activity and work through the backlog and waiting lists. • The team was aware that there were challenges with patient waiting lists. • Primary care had to be more accessible and care should be closer to home. • There was a need to improve “out of hours” services. • Reducing the backlog was a key priority. • The plan was to get to 90% of pre covid activity by the end of the year. <p>The EDPH suggested that there may need to be a revised coronavirus plan and that plans with regards to healthcare and care homes may need adjusting. She commented that the winter element of the plan focussed on respiratory conditions as well as COVID.</p> <p>The Vice Chair noted the Minister’s intention to move towards a preventive agenda and move resources.</p> <p>The Committee Resolved that:</p> <p>a) The 2022-2023 IMTP was discussed and noted.</p>	
<p>SD 2021/11/16/014</p>	<p>Naming of CRI Chapel</p> <p>The EDSP briefed colleagues on the following –</p> <ul style="list-style-type: none"> • Part of the CRI plan was to establish a well-being centre. • The Health Board had secured a grant and with a small capital contribution from Cardiff Council, the former chapel had been transformed into a health & well-being space. • The Health Board had engaged with the third sector to facilitate the re-naming of the former chapel. 	

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	<ul style="list-style-type: none"> The name recommended was Capel I bawb, which translated into “chapel for everybody”. <p>The Chair queried why this matter had not been referred straight to Board rather than coming via the Strategy and Delivery Committee.</p> <p>The DCG agreed that was a logical approach but that the matter had followed the process and governance set out in the Health Board’s naming policy.</p> <p>The DCG agreed to review the Health Board’s existing naming policy with regards to its buildings.</p> <p>The EDSP confirmed that the matter was on the agenda for November’s Board meeting. The 100th anniversary for CRI was in December and her team were hoping to co-ordinate a Ministerial event with a more official opening planned in the Spring.</p> <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> The outcome of the engagement exercise was noted. The support and endorsement of the Management Executive Team to seek formal approval of the proposed name of Capel i Bawb in respect of the former chapel at the CRI, was noted. It be recommended to Board that approval is granted to name the former chapel of the CRI “Capel i Bawb”. 	NF
	Items for Noting and Information	
SD 2021/11/16/015	Regional partnership Board – Quarterly Reports The Committee Resolved that: a) The reports were noted.	
SD 2021/11/16/016	Review of the Meeting	
SD 2021/11/16/017	Date & Time of Next Meeting: Tuesday 11 th January 2022 at 09:00am Via MS Teams	
SD 2021/11/16/018	Date and Time of Next Meeting: 11 th January 2022 09:00am Via MS Teams	

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Public Action Log

Following Strategy & Delivery Committee Held on 16th November 2021 (For the meeting on 11th January 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
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.	16/11/2021	Rachel Gidman Lianne Morse	COMPLETE Update shared at November meeting – Agenda item 3.3a
Actions In Progress					
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	This action has been superseded by 2021/11/16/005 Update to be given at the meeting 11 January 2022
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	Rachel Gidman	Update to be given at the meeting 11 January 2022 .
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	Rachel Gidman	Update to be given at the meeting 11 January 2022 .
SD 2021/11/16/005	Service change, engagement and consultation.	Bring a paper to provide general information with regards to service change engagement and consultation.	11/01/2022	Abigail Harris	Update to be given at the meeting 11 January 2022 .
SD 2021/11/16/011	Stroke Performance Indicators	Will bring an update on the performance stroke indicators to the next committee.	11/01/2022	Caroline Bird	Update to be given at the meeting 11 January 2022 .
SD 2021/11/16/014	Naming Policy	To review the existing naming policy regarding building new facilities	11/01/2022	Nicola Foreman	Update to be given at the meeting 11 January 2022 .

Actions referred to committees of the Board

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**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

Report Title:	Engagement and Consultation on Service Change				
Meeting:	Strategy and Delivery Committee			Meeting Date:	11 January 2022
Status:	For Discussion	For Assurance	For Approval	For Information	
Lead Executive:	Executive Director of Planning				
Report Author (Title):	Deputy Director of Planning				

Background and current situation:

Shaping Our Future Wellbeing sets out the UHB's commitment to working with our communities and partners to deliver outcomes that matter to people and to adopt the five ways of working set out in the Wellbeing of Future Generations Act, including collaboration and involvement. Crucially, engagement is the only way we can truly demonstrate that we are putting the service user at the centre of service design.

In addition, delivering service change in NHS Wales is subject to legislation that imposes specific duties on Health Boards (HBs) in relation to involving, engaging and consulting with the public, and with Community Health Councils (CHCs).

HBs in Wales have a legal duty under two separate pieces of legislation to involve and consult a) citizens and b) CHCs in:

- planning the provision of services;
- developing and considering proposals for changes in the way those services are provided; and
- making decisions that affect how those services operate

As the UHB continues its delivery of an ambitious programme of transformation to reflect the need to improve the health of the population and ensure services are fit for the future, it is important for there to be transparency around how the public, staff and wider stakeholders have been involved in influencing decisions around changes in service provision. This paper provides an overview of work to support engagement and consultation on service change.

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

Welsh Government expectations around engagement and consultation are set out in [Guidance for Engagement and Consultation on Changes to Health Services](#) issued in March 2011. This places a greater emphasis on the need for continuous engagement with citizens rather than ad-hoc consultation on specific proposals, and sets out a number of principles which must be applied when the NHS considers service change, including the role of the CHC. The Guidance states that there may be some cases where, exceptionally, the view is that a more formal consultation is required. A key issue to be determined as to whether the change is substantial or not. It further states that LHBs, with their CHCs, should develop a local protocol for dealing with this.

In 2018, the then Cardiff and Vale CHC and Cardiff and Vale UHB agreed a **Local Framework for Engagement and Consultation on Changes to Health Services**. Based on a template adopted in other parts of Wales, this Framework provided a set of principles and a process to

support the Health Board and CHC in reaching an agreement on the appropriate approach to engagement and/or consultation for different types of proposed service change. While acting only as guidance, it replaced the previous approach of considering each service change on an individual case by case basis with no standardised method for their consideration.

The Framework aims to ensure that the Health Board and CHC are working in a consistent way to determine the most appropriate approach to engagement and/or consultation on proposed service change by setting out:

- a local process to ensure that Clinical Boards build any need for engagement into their planning process
- the information that Clinical Boards should provide to inform discussions on the level of engagement required
- criteria for determining the level of engagement required, including what constitutes 'substantial change'

In order to reflect how approaches to engagement have developed over the past 3 years, the HB is working with the CHC to review and refresh the Local Framework. It is also providing an opportunity to strengthen the involvement of the operational arm of the UHB in order to more consistently embed planning of engagement activity alongside service development work. An updated Local Framework will be brought to the Committee for approval once a draft has been agreed with the CHC.

Updating the Local Framework will also provide an opportunity to refresh a flow chart developed between the CHC and UHB setting out the process and decision-making arrangements across the two organisations.

An **internal UHB Practical Guide to Engagement**, which provides advice to Clinical Boards about how to undertake engagement when a need for service change has been identified, is also being reviewed and updated. It is accompanied by a set of **resources to support good practice engagement work** including template documents e.g. Engagement Plan, Engagement document, Outcome of Engagement Report, and a 'Starter for Ten' list of local stakeholders and a guide to third sector organisations that support protected characteristic groups. This practical guide makes reference to the Local Framework and the flow chart to ensure consistency of approach. Both the flow chart and practical guide highlight the importance of undertaking engagement work in tandem with Equality and Health Impact Assessment activity.

In order to establish a more planned approach to engagement on the UHB's service redesign and transformation programme, a **Service Development Tracker** is being developed with an associated schedule of engagement activity. The Head of Service Planning, who reports to the Chief Operating Officer, has been working with the Clinical Boards to populate the tracker and with the CHC to explore the level and nature of engagement required for those identified as service changes. The developments identified in the Tracker will be based on proposals contained in the IMTP; a live version of the Tracker will be brought to the Committee in early 2022 aligned to the emerging IMTP.

To further support and enhance continuous communication and engagement and to enable us to work smarter, procurement of a **stakeholder management system** is underway. This tool will be a central resource that will hold information on people who engage with us throughout our service redesign work and will be more important than ever as we deliver the portfolio of strategic programmes sitting under our Shaping our Future Wellbeing strategy. Opportunities to

develop a system that can be utilised by the Regional Partnership Board and the Health Charity are being actively explored.

In 2022-23, the **forward programme of engagement/consultation activity** to support key service developments includes:

- Shaping Our Future Hospitals – engagement to support a hospital redevelopment SOC
- Regional and supraregional engagement on the future provision of specialised services, including:
 - o Oesophageal and Gastric Cancer Surgery – Phase 1 - SBUHB
 - o Oesophageal and Gastric Cancer Surgery – Phase 2 – South and West Wales
 - o Hepato Pancreato Biliary Surgery – South and West Wales
 - o Partnership Framework for Specialised Services
- Shaping Our Future Wellbeing: In Our Community programme, including the proposed Barry Health and Wellbeing Centre and the Wellbeing Hub @Maelfa
- Proposals for service change emerging from ongoing SOF Clinical Services programme
- An ongoing programme of engagement to support the transformation of mental health services
- Engagement on specific GP practice changes
- Partnership involvement in engagement to support Population Needs Assessment (via RPB) and Wellbeing Assessments (via PSBs) and the RPB-led @Home programme
- Other service developments emerging from the development of the IMTP

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

The HB is working closely with the CHC to ensure that processes, tools and resources designed to support engagement and consultation on changes to health services continue to meet Welsh Government and other statutory and legal requirements and that they reflect up to date good practice and public expectations.

Recommendation:

The Strategy and Delivery Committee is asked to:

- **NOTE** the key mechanisms being developed to support engagement and consultation on the UHB’s service redesign and transformation agenda

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	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x

4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>			
Prevention		Long term	x
		Integration	x
		Collaboration	x
		Involvement	x
Equality and Health Impact Assessment Completed:	Not Applicable		

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Kind and caring
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Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



Report Title:	Stroke Performance & Challenges			Agenda Item no.	2.2
Meeting:	S&D committee			Meeting Date:	11/01/22
Status:	For Discussion	For Assurance	For Approval	For Information	
Lead Executive:	Chief Operating Officer (Interim)				
Report Author (Title):	Director of Operations Medicine Clinical Board				

Background and current situation:

Every year 1400 patients present to the Emergency Department with a suspected stroke. Of these, 750 patients are admitted to hospital with a confirmed stroke whilst another 650 patients present as a suspected stroke but ultimately have a different diagnosis and do not get admitted to a stroke bed.

National Quality Improvement measures (QIMs) are that patients on the Stroke Pathway should:

- receive a CT scan within one hour of arrival,
- have a swallow screen test within four hours,
- be admitted to a stroke ward within four hours,
- be reviewed by a stroke consultant within 24 hours

Percentage compliance for each measure is adjusted periodically based on the latest Sentinel Stroke National Audit (SSNAP) quarterly average.

There has been a significant reduction in compliance. This paper sets out current performance against two of the QIMs, the contributing factors to the deterioration and improvement actions agreed.

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

- There has been a significant disruption to the optimal stroke pathway during the Covid-19 pandemic and the significant challenges the system has faced more recently with unscheduled care. This has impacted on compliance with Stroke Quality Improvement measures.
- Whilst an improvement plan has been agreed, timing of delivery may be impacted by winter unscheduled care pressures and the potential increase in demand due to the omicron covid variant. Investment, via the IMTP process, will also be required.

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

C&VUHB use the Code stroke pathway to triage patients presenting with stroke like symptoms. This allows the stroke team to assess, evaluate and provide treatment for these patients in a timely manner.

The workforce within the stroke service is currently limited to core hours Monday to Friday, with cover from three Clinical Nurse Specialists (CNS's) and 10 sessions of a medical registrar. Out of hours (OOH) cover is provided by the hospital at night medical registrar. There is a consultant

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ward round Monday to Friday and an on-call ward round at weekends. OOH consultant cover is provided by phone via the thrombolysis rota.

There has been a significant reduction in compliance with two of the key measures from June 2021 until November 2021 as shown in table below.

2021/22		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Stroke										
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 51.5%)	21/22 Actual	4.5 %	15.8 %	31.0 %	50.8 %	28.8 %	26.5 %	20.4 %	13.0 %	6.8 %
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	21/22 Actual	75.0 %	83.3 %	82.7 %	90.9 %	89.2 %	78.9 %	69.1 %	75.0 %	56.0 %

This has been caused by significant disruption to the optimal stroke pathway during the Covid-19 pandemic and the significant challenges the system has faced more recently with unscheduled care.

This reduction in compliance is not unique to C&VUHB. In October 2021, only Hywel Dda achieved the latest SSNAP UK average for direct admission to an acute stroke unit within 4 hours. Performance for other Health Boards ranged from 0% to 19.3%.

The key contributing factors that have affected stroke performance for C&VUHB include, but are not limited to, the following:

- Streaming of Covid-19 positive and potential patients at the front door. Positive Covid-19 or potential Covid-19 patients were streamed to a non-stroke ward. All patients not admitted to the stroke ward counted as a reportable SSNAP breach regardless of time to ward.
- There have been increased cleaning procedures in place for the CT scanner to ensure good infection control measures and to keep patients safe. This has resulted in some delays for patients being scanned.
- Increasing number of medical (non-stroke) patients admitted into stroke beds to support the challenging unscheduled care position. This has resulted in a delay for stroke patients being admitted to the ward.
- A number of out of area patients on the stroke ward awaiting repatriation. This delays a patient being admitted to the stroke ward.
- The code stroke team had a significant reduction in workforce due to vacancies and CNS's supporting wards where nursing staff numbers were reduced.
- Increased number of patients in the emergency department causing a delay in patients being seen.
- Increased gaps in the out of hours code stroke cover.
- Covid-19 outbreaks on the acute stroke ward and Stroke Rehabilitation Centre resulting in closed stroke capacity.

There is a strong evidence base that admitting stroke patients to the stroke ward within four hours and being seen by a stroke consultant in a timely manner will see a reduction in mortality. It is

essential that these standards form the backbone of the delivery of stroke services and the improvements required.

A renewed focus on stroke patient outcomes and performance is present across the Medicine Clinical Board. An improvement plan has been developed. Timing of delivery of actions may be impacted given the current operational position and the increased level of uncertainty from winter pressures and potential omicron demand. Nevertheless, the improvement plan aims to deliver the following:

- Increased stroke consultant presence in the emergency department to cover the code stroke pathway. The clinical director for stroke has recently 'job planned' the gerontology stroke team and as a result, there will be an increased sessional commitment to cover the code stroke bleep. This aims to provide 10 sessions of cover (Monday to Friday, 0900 to 1700). This needs to be also conducted with Neurology and Acute Medicine teams.
- Increased collaborative working with neurology and acute medicine teams to support the delivery of medical cover to the acute stroke ward and supporting the code stroke pathway.
- Plan has been implemented to move medical rehabilitation sessions at the stroke rehab centre (SRC) to the front door – with rotation of consultants supporting acute stroke and stroke rehab.
- Acute stroke services will form a key part of C&VUHB's IMTP for 2022/23 with a dedicated scheme to support the provision of seven day working prior to the delivery of a Hyper Acute Stroke Unit (HASU) in 2023/24.
- Consideration on how stroke beds can be ring-fenced on the stroke ward to ensure there is capacity for stroke patients.
- Dedicated training to Emergency Department teams on swallow screening of stroke patients.
- Dedicated stroke clinical director and senior clinical and management support to drive forward service improvements.

There are discussions ongoing around a regional stroke service. In the short term, the focus of C&VUHB is to improve our current performance to better prepare ourselves for regional working and benefits these will bring.

Recommendation:

The Committee is asked to **NOTE:**

- current compliance against the stroke quality improvement measures, contributory factors to the deterioration in performance and improvement actions agreed

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
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	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

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

Prevention	Long term	Integration	Collaboration	Involvement
Equality and Health Impact Assessment Completed:				
Not Applicable				



Report Title:	Board Assurance Framework – Workforce and Sustainable Primary and Community Care			
Meeting:	Strategy and Delivery Committee		Meeting Date:	11 th January 2021
Status:	For Discussion	For Assurance	x For Approval	For Information
Lead Executive:	Director of Corporate Governance			
Report Author (Title):	Director of Corporate Governance			

Background and current situation:

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:

- Workforce
- Sustainable Primary and Community Care

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 Delivery of Annual Plan and Staff Wellbeing risks are key risks to the achievement of the organisation's Strategic Objectives and these were approved as part of the BAF at the Board Meeting on 27th November 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
- Inadequate Planned Care Capacity

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- 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 of 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 ✓

11 January 2022

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

Recommendation:

The Strategy and Delivery Committee is asked to:

Review the attached risks in relation to Workforce and Sustainable Primary and Community Care.

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		10. Excel at teaching, research, innovation and improvement and	

care, in the right place, first time				provide an environment where innovation thrives			
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>							
Prevention	x	Long term	x	Integration		Collaboration	Involvement
Equality and Health Impact Assessment Completed:		<p>Yes / No / Not Applicable</p> <p><i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>					

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Respectful
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Trust and integrity
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Personal responsibility
Cyfrifoldeb personol

1. Sustainable Primary and Community Care – Lead Executive Steve Curry

The strategy of “Care closer to home” is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of Primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements. Although the underlying actions continue to be progressed it should be acknowledged that the focus has changed due to responding to Covid 19 this will inevitably cause implications for the speed of ongoing action and implementation.

<p>Risk</p> <p>Date added: 12.11.2018</p>	<p>The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services.</p>
<p>Cause</p>	<p>Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket.</p> <p>GP’s being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team.</p> <p>Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care.</p> <p>Poor consistency in referral pathways, and in care in the community leading to significant variation in practice.</p> <p>Practice closures and satellite practice closures reducing access for patients.</p> <p>Lack of development of a multidisciplinary response to Primary Care need.</p> <p>Significant increase in housing provision</p>
<p>Impact</p>	<p>Long waiting times for patients to access a GP</p> <p>Referrals to hospital because there are no other options</p> <p>Patients turning up in ED because they cannot get the care they need in Primary or Community care.</p> <p>Poor morale of Primary and Community staff leading to poor uptake of innovative solutions</p> <p>Stand offs between Clinical Board and Primary care about what can be safely done in the community</p>

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Impact reinforces cause by effecting ability to recruit			
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (Extreme)
Current Controls	<p>Me, My Home , My Community</p> <p>Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care.</p> <p>Development of Primary Care Support Team</p> <p>Contractual negotiations allowing GP Practices to close to new patients</p> <p>Care Pathways</p> <p>Roll out of MSK and MH First Point of Contact Services by Cluster</p> <p>Implement new urgent care Phone First helpline at Primary Care Level (CAV24/7)</p> <p>Implement nationally supported digital supported enablers (Consultant Connect and Attend Anywhere)</p>		
Current Assurances	<p>Improved access and response to GP out of hours service ⁽¹⁾</p> <p>Sustainability and assurance summary developed to RAG rate practices and inform action⁽¹⁾</p> <p>Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented. ⁽¹⁾</p> <p>Second peer review of PCOOH Services undertaken with commendations and exemplars referred to in WG reports⁽³⁾</p> <p>Annual Plan submitted to Welsh Government and presented to Board demonstrated a significant orientated strengthening of Primary Care ^{(2) (3)}</p> <p>Health and Population Management is tracked through Programme Management</p> <p>Investment decisions are prioritised ⁽¹⁾.</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls	<p>Actively scale up multidisciplinary teams to ensure capacity</p> <p>Achieving scale in developing joint Primary/Secondary Care patient pathways</p> <p>Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions</p>		

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Gap in Assurances			
No gaps currently identified.			
Actions	Lead	By when	Update since Sept 21
1. Development of recruitment strategies for GP and non GP service solutions	RG	31/03/2022	GP Support Unit helps with recruitment and finding GP alternatives. The focus on a multi-disciplinary solution continues.
2. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs	AH	31/03/2022	These are being developed through the Public Service Board and Transformation work and progressing well updates will continue to be provided.
3. Second cluster MDT model being developed which builds on the experience of the South West Cluster	SC	31/03/2022	Funding has been agreed for 2 nd and 3 rd MDT model for development before Christmas. They will target vulnerable groups and prevention deterioration.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

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1. Workforce – Lead Executive Rachel Gidman

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

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

Risk Date added: 6.5.2021	There is a risk that the organisation will not be able to attract, recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale.
Cause	<ul style="list-style-type: none"> • Increased workforce capacity requirement to meet funded establishment and temporary requirements which support Covid-19; temporary bed expansion for COVID-19 and Winter Planning, community testing, mass immunisation programme, Recovery & Redesign Plan. • Requirements of the Nurse Staffing Act and BAPM Standards. • Requirements of medical rotas to flex across the Recovery and Redesign plan. • UK National shortage of registered Nurses, supply is low. • Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP) • Changes to Junior Doctor Training Rotations (Deanery). • Brexit/EU settlement scheme. • Workforce demographics/ageing workforce. • Increased turnover of registered Nurses across the organisation. • Sickness absence has increased over the last 12 months. • Continued operational Pressures has reduced the resilience of some of our staff, which has impacted on their health and wellbeing. • The current climate has created a shortage of candidates with the right skills, abilities and experience in many professions which has created a more competitive market. • Lack of capacity due to operational pressures to develop existing workforce.
Impact	Negative impact on quality of care provided to the population. Inability to meet on-going demands of both pandemic and the Recovery & Redesign plan. Potentially inadequate levels of staffing. Increase in agency and locum usage, increased workforce costs. Low morale, reduction in staff engagement and low staff resilience especially in clinical areas. Increase in turnover and sickness absence. Increase in the number of formal employee relations cases. Poor compliance with statutory and mandatory training.

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Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning.

Lack of capacity to upskill and develop our current workforce.

Impact Score: 5

Likelihood Score: 5

Gross Risk Score:

25 (Extreme)

Current Controls

- Clinical Boards are actively reviewing workforce requirements.
- Workforce plans are integrated with Recovery and Redesign plan.
- Workforce Hub Steering Group meet weekly to monitor progress of recruitment to deliver the Recovery and Redesign plan.
- A central Resourcing Team, supported by the well-established Nurse Resourcing Team is being established. Focusing on improving attraction, recruitment and retention. Overall aim to improve supply and retention.
- A Recruitment & Retention Strategy is being developed, which will align to the People & Culture Plan and the IMTP.
- Overseas Nurse Recruitment Campaign is on-going – by November 185 Nurses would have been recruited, with a request to recruit an additional 90 Nurses from overseas.
- Re-launched nurse recruitment campaign through social media with strong branding. An event is being held in September and a recruitment planner for the next 12 months is being finalised.
- Strong clinical engagement with student streamlining – 201 graduate Nurses have been recruited and are due to start in September and October. The March Cohort is smaller, we are expected approx. 30.
- Internal Career Development Scheme for band 5 nurses launched in April 2020 and is being utilised to improve retention.
- Nurse Adaptation and Returners Programmes are now business as usual.
- Programme of talent management and succession planning.
- Ward Accreditation Programme implemented in Medicine Clinical Board.
- Medical overseas recruitment strategies reinforced with BAPIO.
- Medical Training Initiative (MTI) 2-year placement scheme.
- Collaboration with Medics to fill hard to fill roles, search and selection methods, CV scanning by speciality.
- On-going review of medical rotas to flex and increase medical cover capacity.
- Increase number of Physician Associates to supplement MDT in a number of Clinical Boards.
- Continue implementation of the All Wales Single Lead Employer initiative for Junior Doctors to improve trainee experience and streamline hiring processes.
- Link with Welsh Government Campaign *Train, Work, Live* to attract for Wales – GP, Doctors, Nursing and Therapies.
- Enhanced overtime provisions for substantive staff, approved by the COO only and aligned to Recovery & Redesign Plan.
- Healthy Working Relationships principles are being embedded into our culture, the All Wales Respect and Resolution Policy has been implemented from June which will support the organisation resolve concerns in an effective and timely manner.
- Freedom to Speak Up has been relaunched to ensure staff are aware of the way in which concerns can be raised that aren't directly related to their employment.
- Nurse Retention Steering Group established with 6 work streams - aim to improve retention.
- Implementation of a new Medical and Dental Bank through a Managed Service. This will increase supply and improve skills availability through a new bank system;

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	<p>dedicated central team; improved technology and a launched locum recruitment campaign.</p> <ul style="list-style-type: none"> Effective rostering – an implementation plan has been agreed for Health Roster (Allocate), early adopter wards are currently being trained and will go live in October. By March 2022 the majority of our ward staff will have been trained to effectively roster on Health Roster system. Both the Nurse and the Facilities staff temporary bank will be on Health Roster. Evidence shows that effective rostering will improve fill rates, create capacity and provide financial efficiencies 		
<p>Current Assurances</p>	<p>The Workforce Hub Steering Group is well established and meets on a weekly basis to monitor progress with recruitment to enable the delivery of the Recovery & Redesign Plan. The Group provides assurance to the Portfolio Board ⁽¹⁾</p> <p>Central Resourcing Team being established to improve attraction, recruitment and retention. Developing Recruitment & Retention Strategy ⁽¹⁾</p> <p>Deep dive monitoring at Clinical Board and operational level being undertaken monthly to monitor nursing capacity ⁽¹⁾</p> <p>The workforce position for Mass Immunisation programme remains amber as the Registrant workforce remains largely through Bank. Efforts continue to increase bank supply in addition to rolling permanent recruitment campaigns. Some workforce turnover being experienced, as expected. Team have developed the workforce requirements for the COVID-19 Booster programme ⁽¹⁾.</p> <p>By November 185 registered Nurses have been recruited to support the Clinical Boards. Approval has been requested to recruit an additional 90 to reduce nursing vacancies ⁽¹⁾ Nursing establishments have been reviewed to reflect the current position and requirements over Winter. Progress with recruiting to vacancies is updated by the Clinical Boards on a weekly basis. ⁽¹⁾</p> <p>Workforce metrics will now focus on deep dive analysis – e.g. turnover, statutory & mandatory training, employee relations cases, etc. ⁽²⁾</p> <p>Engagement with local Universities will continue to ensure that graduate Nurses continue to choose Cardiff & Vale as an employer of choice ⁽¹⁾</p> <p>Medical workforce monitoring at Medical Workforce Advisory Group (MWAG) ⁽¹⁾</p> <p>Medical rotas being monitored to ensure flexibility in place (RAG rated system) ⁽¹⁾</p> <p>In order to shape decisions about people and the workforce we are moving away from workforce reporting and metrics into workforce analytics. ⁽¹⁾</p> <p>The recent HCSW advert resulted in over 160 applications, unfortunately approx. 50% of applicants were currently employed in the care sector. We are working closely with Social Care on recruitment and resourcing. ⁽¹⁾</p>		
<p>Impact Score: 5</p>	<p>Likelihood Score: 4</p>	<p>Net Risk Score:</p>	<p>20 (Extreme)</p>
<p>Gap in Controls</p>	<p>Ability to on-board overseas nurses at pace due to Visa, COVID-19 isolation and red country quarantine requirements.</p> <p>National UK shortage of nurses remains which impacts on local campaigns.</p> <p>National shortage of Consultants in Adult Psychiatry is having a negative impact on supply even through recognised Locum Agencies.</p>		
<p>Gap in Assurances</p>			

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Actions	Lead	By when	Update since Sept 21
1. Central Resourcing Team established	RG	From 30.11.2021	The new appointments have been made and start dates agreed. Support organisation to attract, recruit and retain.
2. Overseas Nurse Recruitment Campaign	RG	31.03.2022	Approval sought from Board to recruit an additional 90 overseas Nurses.
3. Recruitment & Retention Strategy in development to improve attraction, recruitment and retention.	RG	30.09.2021	Specific plans being developed to support Recovery & Redesign.
4. Clinical Board Workforce Plans developed to support the Recovery and Redesign Plan.	RG	30.09.2021	Specific plans being developed to support Recovery & Redesign.
5. Nursing establishments reviewed	RW	30.09.2021	On-going compliance with Nurse Staffing Act and will also re-set establishments.
6. New Nurse E-Rostering System being implemented during 2021/22, including Safe-Care Module and improved Bank App. functionality	RG	31.3.2022	Implementation Plan paused in order to resolve ESRGO and Self-Billing.
7. Development of the People and Culture Plan, aligned to the 7 themes in Healthier Wales: Workforce Strategy for Health and Social Care	RG	31.12.21	New action
Impact Score: 5	Likelihood Score:2	Target Risk Score:	10 (High)

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01/11/2022 09:24:05

Report Title:	KEY OPERATIONAL PERFORMANCE INDICATORS					
Meeting:	Strategy & Delivery Committee				Meeting Date:	11/01/22
Status:	For Discussion		For Assurance	√	For Approval	For Information
Lead Executive:	Interim Chief Operating Officer					
Report Authors (Title):	Service Manager – Operations Team					

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 centered on patients being seen in order of clinical priority rather than time-based targets.

The prevailing operating conditions remain largely as reported at the last Committee meeting – with the Health Board continuing to experience significant operational pressures. The pressures continue to be seen across the whole system – in primary and community care, mental health, our emergency stream and within social care.

Our Covid admissions and occupancy have decreased since the last Committee meeting and remain lower than in previous peaks. 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, at the time of writing this report, the non-Covid position continues to be the main driver to current pressures. As reported previously, current difficulties are caused by our inability to achieve timely discharge of patients as opposed to it being a demand-based issue. The UHB is, in conjunction with its Partners, implementing a range of schemes outlined in the Integrated winter plan. The UHB are also planning for the potential of a further wave of Coronavirus infections related to a new variant (Omicron) and the resulting impact on health and care services.

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 continues to experience significant operational pressures, driven by our inability to achieve timely discharge of patients. Covid continues to add an increase level of complexity and uncertainty.
- Whilst headline performance on the Part 1a Mental Health measures is not compliant overall, CAMHs performance specifically is now above target. Demand for Mental Health Services continues to be high.

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Assessment and Risk Implications

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

Planned Care overview (Appendix 1)

Demand and activity for planned care continues to recover towards pre-Covid levels. Referrals from Primary Care have returned to over 90% of pre-Covid levels. Outpatient activity, a quarter of which is undertaken virtually, is now 94% of pre-Covid levels for new outpatients. Elective Inpatient & Daycase treatments are running at 84% of pre-Covid levels. (All data from October – December 2021).

The overall **Referral to Treatment (RTT)** waiting list increased in November to 117,002. There were 39,782 patients waiting **over 36 weeks**.

The volume of patients waiting greater than 8 weeks for a **Diagnostic** test was 7,459 at the end of November, similar to the reported position in September and October. 14-week **Therapy** breaches were 1,412 at the end of November, up from 1,178 at the end of September.

For **Cancer** services, 169 patients started first definitive treatment in October. 58% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion, down from 60.1% in August.

The overall volume of patients waiting for a **follow-up outpatient** appointment was 172,804 at the end of November 2021. 98% 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 43,237 at the end of November, a reduction of 2,238 from the end of September 2021, at its lowest point since April 2020 and remains lower than the end of year target set for the Health Board by Welsh Government.

94.9% of patients waiting for **eye care** had an allocated health risk factor in November against a target of 98%. 68.4% of patients categorised as highest risk (R1) are under or within 25% of their target date, the highest performance since February 2020.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) remain high (1,369 in November 2021, compared to 1,289 in November 2020 and 715 in November 2019.)

Part 1a: The percentage of Mental Health assessments undertaken within 28 days has increased since September, standing at 33% overall and 85% for CAMHs in November 2021. Part 1b: 98.9% of therapeutic started within 28 days following assessment at the end of September, an improvement from the September position.

Unscheduled Care overview (Appendix 2)

Attendances at our Emergency Unit remain close to pre-Covid levels. Occupancy has continued to increase, specifically within our greater than 21-day length of stay patient cohort.

Saunders, Nathan
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4-hour performance in our Emergency Unit was 63.8% in November 2021, up from 62.7% in October, but down from the 65.3% reported at the previous S&D committee (September). This compares with 76.6% compliance in November 2020.

There were 1131 x **12-hour delays** in EU in November, this has increased every month since March 2021. In November 2020 there were 176 x 12-hour delays.

Over 1-hour **Ambulance Handover** delays were 554 in November 2021, compared to 441 in October and 378 in September.

Stroke – in November, 6.8% of patients were directly admitted to an acute stroke bed within 4 hours and 56% 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
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable
If “yes” please provide copy of the assessment. This will be linked to the report when published

Submitted by: Nathan
 11/11/2022 09:24:05

Performance against key operational performance indicators 2021/22: Planned Care

2021/22		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Planned Care										
RTT - 36 weeks (Target = 0)	21/22 Actual	32,938	33,922	34,896	35,975	37,311	38,415	38,021	38,937	39,782
RTT - 26 weeks (Target = 95%)	21/22 Actual	55.0%	55.5%	55.4%	56.7%	57.3%	56.9%	56.3%	56.3%	55.8%
Total Waiting list	21/22 Actual	92,286	96,892	99,664	103,606	107,555	110,126	112,049	115,981	117,002
Diagnostics > 8 weeks (Target = 0)	21/22 Actual	4,547	4,244	4,848	5,315	6,147	6,998	7,428	7,479	7,459
Therapies > 14 weeks (Target =0)	21/22 Actual	562	530	494	696	794	993	1,178	1,338	1,412
Cancer										
SCP - with no suspensions	21/22 Actual	65.6%	64.7%	58.7%	67.0%	68.4%	60.1%	54.4%	58.0%	
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	46,726	45,475	43,995	43,237
OPFU - Target date (Target 95% compliance by 31/12/19)	21/22 Actual	98.1%	98.0%	98.0%	98.1%	98.1%	97.9%	98.0%	97.9%	98.0%
Total OPFU waiting list (Target x by 31/3/22)	21/22 Actual	170,453	171,576	172,596	173,058	173,412	171,164	171,427	171,559	172,804
Eye Care										
% R1 ophthalmology 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%	66.1%	66.4%	68.0%	68.4%
98% of patients to have an allocated HRF	21/22 Actual	96.4%	95.6%	95.9%	96.2%	95.2%	94.9%	94.7%	94.2%	94.9%
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%	30.51%	26.46%	29.77%	33.38%
Part 1a: CAMHS only	21/22 Actual	25.81%	29.85%	27.54%	46.23%	35.48%	37.65%	34.19%	59.80%	85.34%
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%	95.71%	93.66%	96.15%	98.90%

Saunders Nathan
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Performance against key operational performance indicators 2021/22: Unscheduled Care

2021/22		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Unscheduled Care										
EU waits - 4 hours (95% target)	21/22 Actual - Monthly	81.1%	80.4%	76.9%	72.4%	67.3%	67.7%	65.3%	62.7%	63.8%
EU waits - > 12 hours (0 target)	21/22 Actual - Monthly	39	79	94	377	574	680	897	1054	1131
Ambulance handover > 1 hour (number)	21/22 Actual	116	108	116	290	331	349	378	441	554
Ambulance - 8 mins red call (65% target)	21/22 Actual	68%	68%	69%	77%	71%	72%	66%	65%	64%
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%	15.8%	31.0%	50.8%	28.8%	26.5%	20.4%	13.0%	6.8%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	21/22 Actual	75.0%	83.3%	82.7%	90.9%	89.2%	78.9%	69.1%	75.0%	56.0%

Saunders Nathan
01/11/2022 09:24:05

Report Title:	People Dashboard			Agenda Item no.	3.4 (b)
Meeting:	Strategy & Delivery Committee			Meeting Date:	
Status:	For Discussion	For Assurance	For Approval	For Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Workforce/Workforce Information Systems Manager				

Background and current situation:

The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and going forward will periodically provide an overview report against the seven themes within the People & Culture Plan.

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

Attached at **Appendix 1** is the Workforce Key Performance metrics dashboard.

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

Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the 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 fixed term contracted staff which is in line with expectation as we have recruited additional fixed term/temp staff to support with the COVID-19 pandemic, specifically to support wave 1, 2 and the delivery of the Mass Vaccination programme. The level of permanent contacted staff is also rising as we are responding to both the pandemic demands and the Recovery & Redesign Plan.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 50 WTE per month.
- Variable pay trend is upward and is now 10.5% UHB-wide.

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Other key performance metrics:

- Voluntary resignation turnover trend is rising; the rate is now 8.23% UHB wide. This doesn't include retirements, or the end of fixed-term contracts. There has been a 1% increase since December 2020, which equated roughly to an additional 130 WTE leavers. The top 5 reasons recorded for voluntary resignation are; 'Other/Not Known', 'Relocation', 'Work Life Balance', 'Promotion' and 'Health'.
- Sickness rates have risen steadily since April 2021, but the November rates are slightly lower than for October, at 7.42%. (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). The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Other musculoskeletal problems', 'Other known causes - not elsewhere classified' and 'Cold, Cough, Flu – Influenza'.
- In each of the last 5 years (and more) monthly sickness rates are at their highest either in December or January. If sickness absence rates this year follow normal trends we may expect to see the sickness rate reach or pass 8 – 8.5% before falling in February and March 2022. 8% sickness absence equates to almost 1,100 WTE staff absent from work each day.
- ER caseload trend continues to fall 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 4 months; now 13% below the overall target. It is likely that operational pressures are adversely affecting compliance.
- Compliance with Fire training is continuing to improve. In November the compliance with Fire training was 62%.
- By the end of November 65% of consultant job plans were under construction in the e-system.
- There has been little improvement in the rate of compliance with Values Based Appraisal; 34% in November. It is likely that operational pressures are adversely affecting compliance.
- At 30th November 49% of staff (50% of frontline staff) have received the flu vaccination, against a target of 80%.

Our current Challenges

- Workforce demand in the NHS is far exceeding supply.
- Large scale vacancies in some professions and hard to fill roles.
- Difficulty sourcing people with the correct level of experience, qualifications and skills.
- National shortages of some professions, e.g. registered Nurses, doctors in specialities such as Emergency Medicine, Anaesthetics, Urology and Respiratory.
- Turnover in some staff groups/areas this is higher than the national average
- High competition from neighbouring Health Boards.
- High reliance on agency and bank workers.
- Sickness absence remains high.
- Ageing workforce.

In summary, what actions have we taken since the last report?

- Workforce Resourcing Team, including the Nursing Hub are supporting the mass recruitment and deployment of staff to support the accelerated booster programme and our hospital wards, similar to what was achieved in Wave 1 and 2.
- Kickstart Scheme - 118 staff commenced employment with 212 starting shortly.
- Overseas Nurse Recruitment, approx. 195 recruited to date, with a pipeline of an additional 200 nurses over the next 6 months, once approved by Board.
- Supporting managers will streamline recruitment, e.g. undertaking pre-employment checks for key roles, processing band to permanent appointments, etc.
- Retention strategy has been developed and a number of actions are being taken forward, although there are no quick fixes as retention is multi-faceted.
- A myriad of health & wellbeing services are available for our staff to access. Additional investment has been secured to support the health & wellbeing of our staff over the winter months.
- New roles are being developed, moving away from traditional roles with more focus on the skills that are needed to care for our population, e.g. Band 3 Support Worker role and Band 4 Assistant Practitioner role.
- Building effective working relationships with local authorities and social care colleagues to move towards more collaborative working as outlined in the Health & Social Care Workforce strategy.
- Coaching and mentoring networks being established, first phase commences with ward sisters and deputy ward sisters. A focus group to listen to staff close to retirement will commence in January 2022
- An workforce engagement tool has been procured which will be piloted in the New Year for our nursing workforce – aim is to improve engagement and retention.
- E-job planning compliance increased to 74% in December and we have embedded the managed Locum Bank, with a view to increase efficiency.
- Introduced a framework to facilitate agile working and to provide guidance that is consistent across the UHB.
- Educational infrastructure agreed: CAV Centre of Excellence for Health Education (CAV-CEHE) hosting four academies within the Learning Education and development department

The HR Operations Team have reconfigured for a period of 3 months so that they can offer more support to the UHB, managers and staff. The team are focusing on recruitment, retention, maximising attendance, staff health & wellbeing and resolving formal employee relations cases in a timely manner.

The draft People & Culture Plan will be presented to Board in January 2022, after this date assurance on progress against the plan will be provided through this Committee and then to Board.

Recommendation:

The Board is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

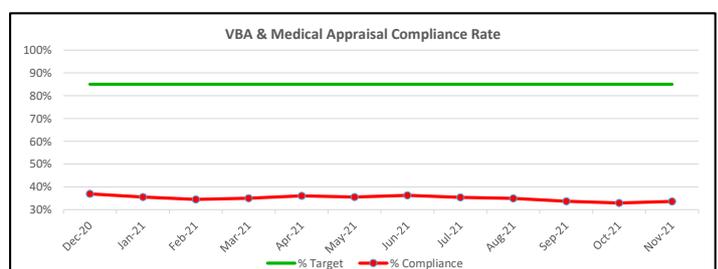
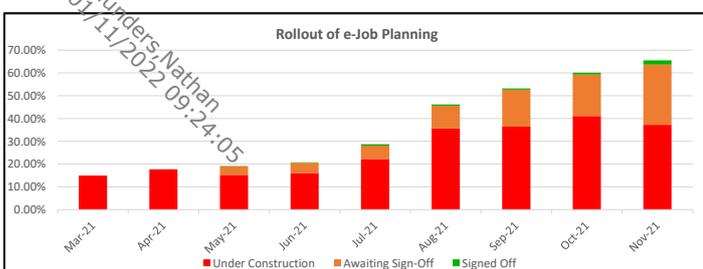
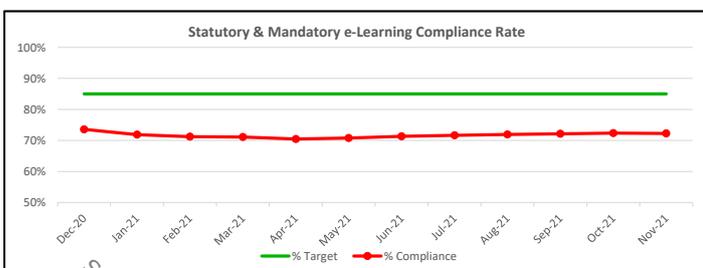
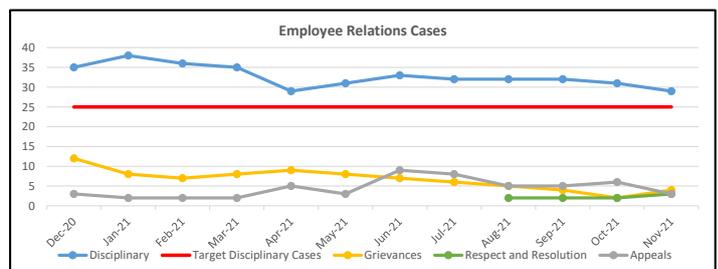
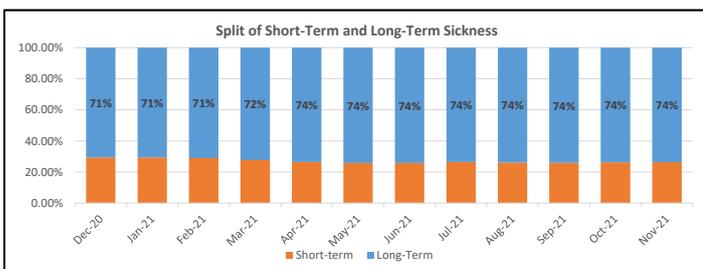
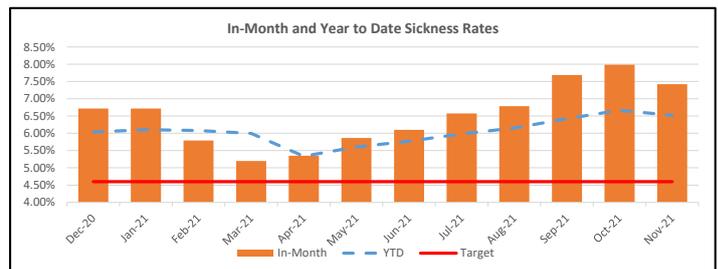
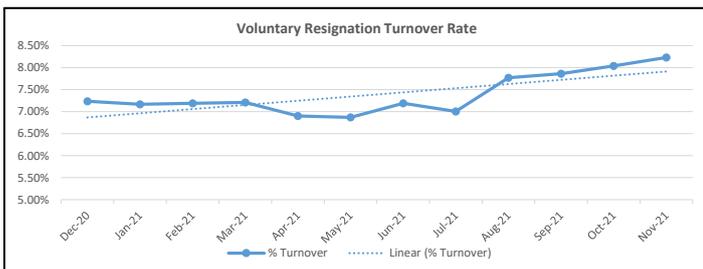
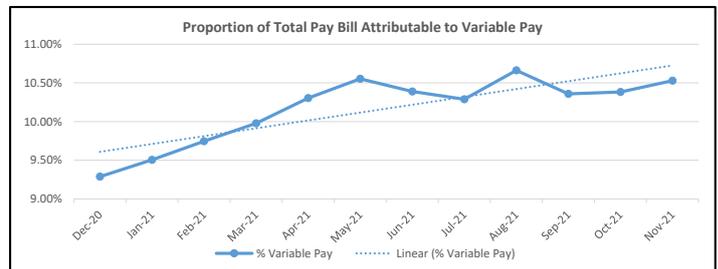
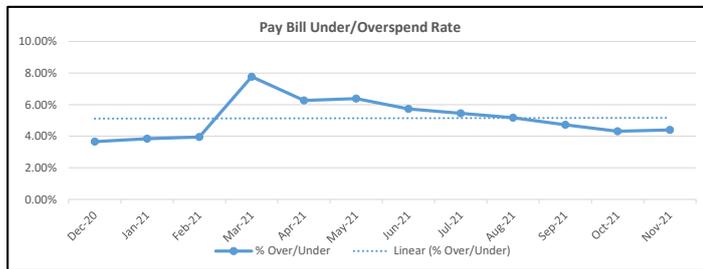
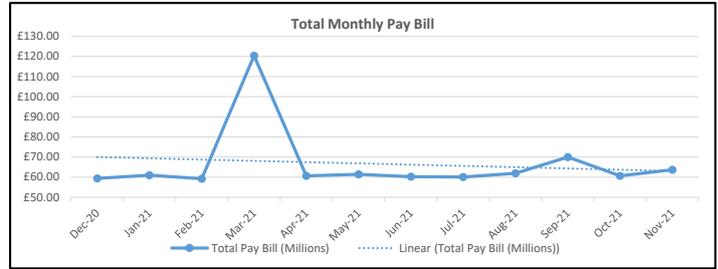
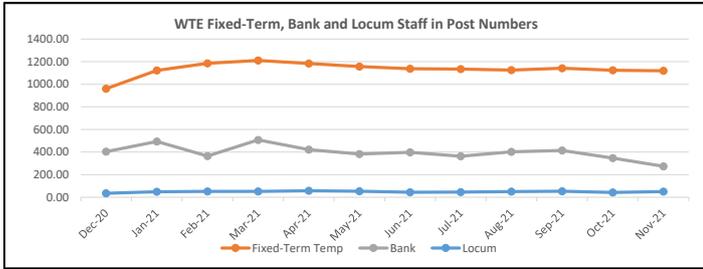
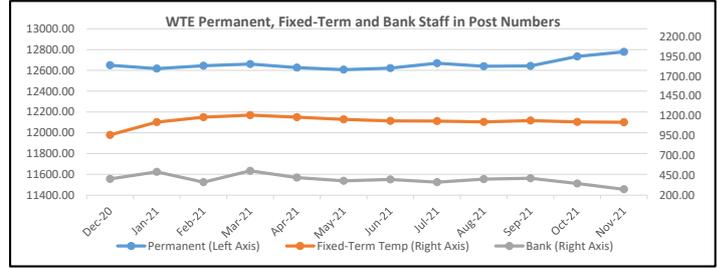
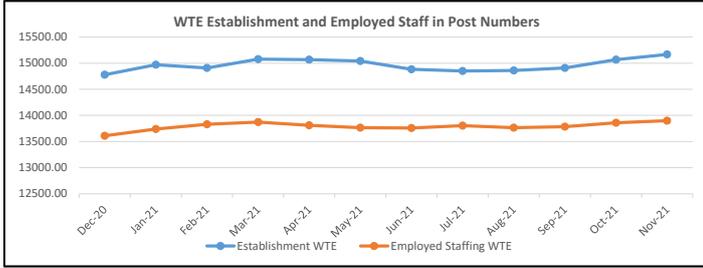
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Equality and Health Impact Assessment Completed:

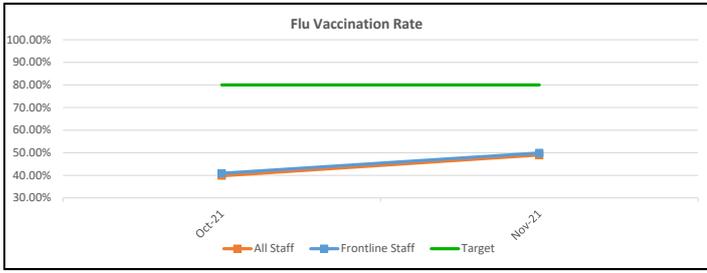
Yes / No / Not Applicable
If “yes” please provide copy of the assessment. This will be linked to the report when published.



Workforce Key Performance Metrics Trends November 2021



Saunders Nathan
01/11/2022 09:24:05



Saunders, Nathan
01/11/2022 09:24:05

Report Title:	Health and Wellbeing Plan			Agenda Item no.	3.2
Meeting:	Strategy and Delivery Committee			Meeting Date:	11 th January 2022
Status:	For Discussion		For Assurance	x For Approval	For Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Organisational Development				

Background:

“Without a physically and psychologically safe and healthy workforce, excellent health care is not possible.”

Don Berwick, MD, International Visiting Fellow, The King’s Fund

The health and well-being of NHS workers has been an area of concern for many years. With high levels of stress, long-standing staff vacancies and high turnover, the NHS was in the midst of a workforce crisis prior to the developments of 2020.

Prior to 2020, the UHB had undertaken work to address colleague health and wellbeing across the Clinical Boards and enabling services. This has resulted in the introduction and implementation of initiatives, approaches and interventions. These include, but are not limited to:

- Menopause Café / Policy Developments
- Equality, Diversity and Inclusion Networks & Education
- Adoption of Managing Attendance at Work policy, including manager training
- An established Employee Wellbeing Service
- Financial Wellbeing support through Neyber
- Leadership and Management Development

The UHB undertakes regular reviews of policies, ways of working and guidance to ensure it responds to the emerging environment and the demands on its workforce, both inside and outside of work. These reviews and changes are undertaken through partnership working with key stakeholders including Trade Unions.

Over the past 22 months a number of challenges have presented themselves as a result of the pandemic, these include but are not limited to:

Patient Care and Safety	External Communication	Staff Care and Safety
New Ways of Working	Digital Response	Leadership
Internal Communication	Social Distancing / IPC	Site Health and Safety
All Wales Updates / Decision Making	Emerging Procedures / Guidance	Pause of services to manage pandemic response
Role Shortages	Continuation of Services	People Management

Saunders, Nathan
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These are on top of existing challenges, including the continuing work on strategic themes, and many additional major projects and pieces of work at team and departmental level.

The UHB responded throughout the pandemic by assessing what was in place to support colleagues, what the emerging research was recommending in terms of provision and listening to feedback from Clinical Boards, staff and Union partners.

Examples include the development of Staff Havens, establishment of the Recovery College, reinforcing and enhancing staff wellbeing services through employment of additional counsellors, wellbeing practitioners and a Health Intervention Team, and the digital response to supporting agile working.

“These are extraordinary times. There is a pressing need to ensure that the tasks ahead do not cause long lasting damage to healthcare staff. They will be the heroes of the day, but we will need them for tomorrow.”

Managing mental health challenges faced by healthcare workers during covid-19 pandemic; BMJ 2020;368:m1211 doi: 10.1136/bmj.m1211 (Published 26 March 2020)

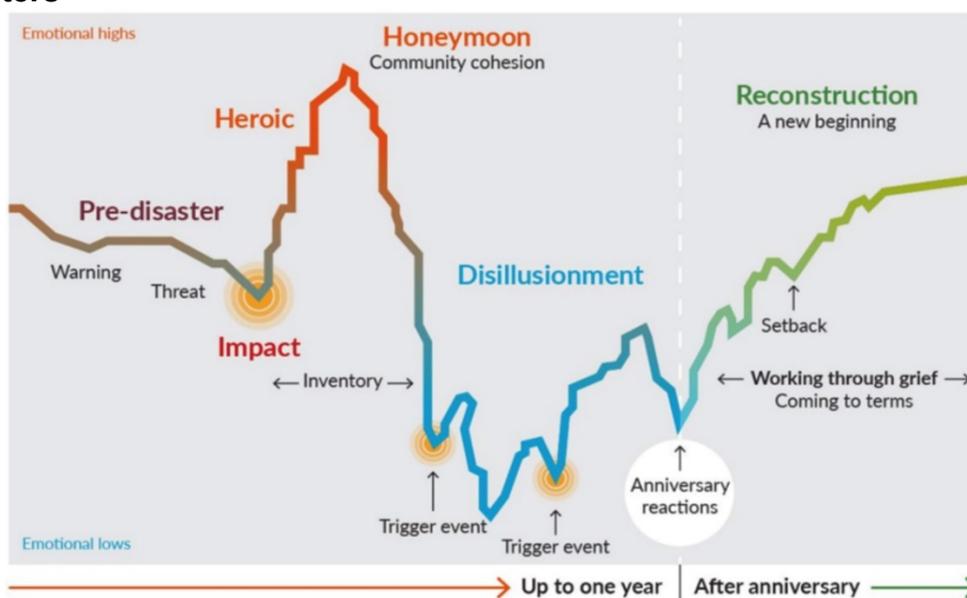
Current Situation

‘Health care workers could reasonably considered as ‘second victims’ of COVID-19.’ *BMJ*

The past 22 months have provided a backdrop of uncertainty, fear and change that continues to challenge our people and our services. Figure 1 illustrates the journey so far, and what could potentially lie ahead in terms of response.

Research and evidence outlines that the journey out of the pandemic will not be a quick, and organisations will need to take a ‘long haul’ approach to recovery.

Figure 1: COVID19 Recovery and Resilience: what can health and care learn from other disasters



<https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/>

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The potential of wellbeing impact to NHS staff is captured in Figure 2, and the UHB will need to ensure a 'watchful waiting and prepared to act' period over the next 24 months at the very least, while individuals and teams reflect on their experiences while responding to emerging challenges.

The national picture currently facing the nation continues to be fraught with difficulty and emerging challenges, e.g. the omicron variant, waiting lists etc, which adds further demands onto our people and our infrastructures.

Figure 2: The Potential Impact on the H&WB of Our Workforce



The COVID-19 pandemic is yet to finish with deployments still being undertaken, increasing sickness levels and recruitment shortages and many are fearful of the winter months that lie ahead.

To maintain a functioning and supported workforce the UHB has a responsibility to act to ensure we support and protect our staff health and wellbeing through the months and years ahead.

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

Based on the research and feedback from engagement work carried out by 14,000 Voices, Q&As with Executive Teams, the Health Intervention Team, along with input from Trade Union partners and Clinical Boards, the proposed Wellbeing Recovery Plan adopts a holistic approach to developing Healthy and Engaged staff.

The potential impact on our workforce is yet to be seen in its entirety but, based upon research and now feedback from our colleagues, we will see, and are already seeing in some areas, challenges around physical health, mental health and financial health and wellbeing. Early comparisons to sickness data already indicate an upwards trend in sickness absence and a 45% increase in manager referrals to Occupational Health.

Created by: Nathan
 09/01/2022 09:24:05

The feedback we have received has focused the Wellbeing Plan priorities on:

- Improving the workplace environment
- Enhancing Leadership and Management Development / Support
- Supporting and enhancing Occupational Health and Wellbeing Support / Advice
- Under-pinning what we do with our values and behaviours
- Extending opportunities for communication & feedback
- Providing opportunities for effective learning and development

With an infrastructure to build upon, this proposal adopts a holistic approach to developing a culture that supports the development of healthy and engaged staff with the spend providing improvements and impact that will last beyond March 2022.

The opportunity to access Welsh Government Funding has put us in a position to undertake substantial developments to our infrastructure, and introduce interventions to support our staff over the Winter months. There is also a focus on sustaining intervention which is being developed through a 'train the trainer' approach to ensure continuation beyond March 2022 when the non-recurrent funding ends.

Overview of the Wellbeing Plan Proposal

- Improving the workplace environment / space to rest and recover
 - Hydration Stations x 10 to be positioned across the UHB
 - Refurbishment of staff-rooms / break areas (19 areas across UHW; UHL and Community)
 - Improvement to Staff Nursery Areas across UHB
 - Provision of metal water bottles/flasks – support hydration and sustainability agenda
- Enhancing Leadership and Management Development / Support
 - REACTMH Train the trainer – develop 40 people to deliver REACTMH to managers and include in existing development programmes
 - Developing further development sessions for managers, via work with the Recovery College and Wellbeing Services, around Mental Health Awareness and Supporting Teams; Engaging and Leading Remote Teams
 - Targeted work with teams on Civility at Work
 - Equality, Diversity and Inclusion Development opportunities Cultural Awareness; Racism Awareness Discrimination and Hate (including Board Development opportunity)
 - Development of the Coaching and Mentoring Framework including effective governance through developing coaching and mentoring supervision
 - Trade Unions Winter Plan – enhanced availability to support colleagues
- Supporting and enhancing Occupational Health and Wellbeing Support / Advice
 - Resources to support self-care including ebooks / information leaflets for staff
 - Enhancing peer support systems via developing peers to support using a range of tools, e.g. Sustaining Resilience at Work (StRAW); Critical Incident Stress Management (CISM); Trauma Management; linking in with existing Wellbeing Champions.

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- Introduction of Schwartz Rounds, training of facilitators and leads. Peer support and reflection
- Occupational Health outsourcing support to reduce Manager Referral waiting lists and provide managers with a timely response
- Vouchers to support the 'Have a break' initiative – linked to CAVaCoffee / Keep talking
- Extending opportunities for communication & feedback
 - 3-month trial of Winning Temp Engagement and Feedback App - Nursing
- Providing opportunities for effective and accessible learning and development (including clinical education)
 - Development of LED online learning infrastructure to provide online learning opportunities for hard to release staff groups (clinical education)
 - Development of effective online learning resources and blended learning development to support staff development and education

It is important to note that the above is in addition to the priorities contained within the People and Culture Plan, however these are aligned to the priorities and themes within the Plan.

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

Outcomes and benefits

- Creating psychological safety through effective leadership behaviours
- Building a Healthy Working Environment
- Improved wellbeing, understanding and effectiveness through peer facilitated support conversations
- Improved health and wellbeing awareness
- Developing Connections / Peer Support Systems / Communities and Networks that will enhance effective ways of working
- Normalising psychological responses and access to psychological care to minimise long-term potential impact
- Capturing real time colleague feedback
- Enhanced in-house provision through peer support and train-the-trainer
- Timely feedback and indicators
- Improved patient experience via more supported and engaged staff

Risks

- Increasing levels of sickness absence, staff turnover and staff shortages
- Risk of errors, ineffective ways of working and deterioration of patient experience and outcomes
- Deterioration of the health and wellbeing of our staff
- Short-term funding risk with co-ordination posts (e.g. co-ordination and facilitation of peer support)

- Reputation both internally and externally, internal communication messages re staff wellbeing not being endorsed by action.

Recommendation:

The Committee is asked to: -

a) Note the work and initiatives being undertaken to support and improve the health and wellbeing of the Health Board's staff, as outlined in the body of the report: and

b) To approve the approach being undertaken to deliver all aspects of the wellbeing interventions. An update will be brought back to the committee in March 2022

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	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	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	x	Long term		Integration		Collaboration	x	Involvement	x
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable
If "yes" please provide copy of the assessment. This will be linked to the report when published.



Report Title:	Strategy and Delivery Committee – Terms of Reference				
Meeting:	Strategy and Delivery Committee			Meeting Date:	11 th January 2022
Status:	For Discussion	For Assurance	For Approval	x	For Information
Lead Executive:	Director of Corporate Services				
Report Author (Title):	Director of Corporate Services				

Background and current situation:

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

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

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

The Terms of Reference for the Strategy Committee were last reviewed in January 2021 and approved by the Board in March 2021 therefore, only a few changes have been recommended.

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

The Terms of Reference for the Strategy and Delivery Committee have been reviewed by the Director of Corporate Governance in consultation with the Executive Director for Strategic Planning (Executive Lead for the Committee). There are a limited number of changes to the document, these have been tracked and left in the draft so Committee Members can identify the changes that have been made since approval by the Board in March 2021.

Recommendation:

The Strategy and Delivery Committee is asked to:

- (a) **Ratify** the changes to the Terms of Reference for the Strategy and Delivery Committee and
- (b) **Recommend** the changes to the Board for **Approval**.

Shaping our Future Wellbeing Strategic Objectives

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

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



Strategy and Delivery Committee

Terms of Reference

Reviewed by Strategy and Delivery Committee: **11th January 2022**

Approved by Board:

DRAFT

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1. PURPOSE

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

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

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

2 RESPONSIBILITIES OF THE COMMITTEE

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

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

Part A

Strategy and/or Strategic Intent

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

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

2.2 National Strategies. Provide assurance to the Board that the organisation is strategically aligned with Welsh Government's health and social care strategy 'A healthier Wales: long term plan for health and social care' in addition to:

- a. The Wellbeing of Future Generations (Wales) Act
- b. **The Social Services and Wellbeing (Wales) Act**
- c. **Socio-economic Duty Equality Act 2020**

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Part B

Development and Delivery of Plans that support Strategies

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

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

All plans which are presented to the Committee should also ensure that consideration is given to Equality and Health Impact Assessments, Socio-Economic Duty and Decarbonisation.

Part C

Performance

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

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

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

Part D

Other Responsibilities

2.5 Equality and Health Impact Assessments: To provide assurance to the Board that Equality and Health Impact Assessments are fully considered and properly addressed in all **significant service change* proposals (see Welsh Government guidance on engagement and consultation)** and that full consideration is given to the UHB’s responsibilities for Equality, Diversity, Human Rights and the Welsh Language.

2.6 Socio Economic Duty: To provide assurance to the Board that proposals that constitute significant service change fully consider the requirements of the socio-economic duty

2.7 Decarbonisation: To provide assurance to the Board that proposals for significant service change consider decarbonisation impact.

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

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

3 GOVERNANCE

3.1 Delegated Powers of Authority

As described above.

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

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3.2 Authority

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

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

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

3.3 Membership

Chair: Independent member of the Board

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

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

3.4 Attendees

In attendance: Chief Executive
Executive Director of Strategic Planning (Lead Executive)
Chief Operating Officer
Executive Director of **People and Culture**
~~Executive Nurse Director or nominated deputy~~
Executive Director of Finance or nominated deputy
Executive Director of Public Health or nominated deputy
Director of Corporate Governance

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

Trade Union representation from the Local Partnership Forum

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

Chairs of the Stakeholder Reference Group and Professional Forum

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Clinical Board Directors
Representatives of partnership organisations
Public and patient involvement representatives
Trade Union Representatives

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

3.5 Secretariat

Secretariat: As determined by the Director of Corporate Governance

3.6 Member Appointments

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

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

3.7 Support to Committee Members

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

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

3.8 COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Withdrawal of individuals in attendance

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

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

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

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

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

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

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

4.1 REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

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

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

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

4.2 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (set within individual Terms of Reference);
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

4.3 REVIEW

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

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Report Title:	Strategy and Delivery Committee – Annual Workplan 2022-22				
Meeting:	Strategy and Delivery Committee			Meeting Date:	11 th January 2022
Status:	For Discussion	For Assurance	For Approval	x	For Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Background and current situation:

The purpose of the report is to provide Members of the Strategy and Delivery Committee with the opportunity to review the Strategy and Delivery Committee Work Plan 2022/23 prior to presentation to the Board for approval.

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

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

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

Recommendation:

The Strategy and Delivery Committee is asked to:

- (a) **Review** the Work Plan 2022/23;
- (b) **Ratify** the Work Plan 2022/23;
- (c) **Recommend** approval to the Board at it's meeting on 31st March 2022.

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	x

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, 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 <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								



STRATEGY AND DELIVERY COMMITTEE WORK PLAN 2022-2023		Lead Executive	17-05-22	12.07.22	27.09.22	15.11.22	24.01.23	14.03.23
Approval - App. Assurance - Ass. Information - Inf.								
PART A - Strategy and Strategic Intent								
1. Shaping Our Future Wellbeing Strategy (SOFW) - Provide assurance to the Board that the strategy is being progressed, within timescales and is embedded and with significant risks identified		AH	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
National Strategies:								
1. Wellbeing of Future Generations Act - assurance that the organisation is aligned with WG Health and Social Care Strategy - A healthier Wales.		FK		Ass.				
2. Socio-economic Duty Equality Act 2020 - Assurance to the Board that the organisation is aligned and undertaking its responsibilities under the Socio-Economic Duty		FK	Ass.			Ass.		
PART B - Development and Delivery of Plans that support support Strategies								
1. IMTP - Annual review prior to approval by Board		AH					Ass.	
2. Workforce Plan - To provide assurance that strategic workforce issues are being addressed including key service and operational issues which may impact upon delivery		RG	Ass.					
3. Capital Plan - to provide assurance to the Board that major capital investments are aligned to SOFW		AH					Ass.	
4. Other significant plans associated with the delivery of the SoFW Strategy: - (As and when required)		AH	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
PART C - Performance								
1. Key Operational Performance Indicators		CB	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
2. Key Workforce Performance Indicators		RG	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
3. Scrutiny and Deep Dives on areas of concerns (as and when appropriate)		CB/AH/FK/R G	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
PART D - Other responsibilities								
1. Strategic Equality Plan - annual review with six month update (to include equality, diversity, human rights and welsh language)		RG			Ass.			Ass.
2. Socio - Economic Duty - assurance to the Board that proposals which constitute significant service change fully consider the requirements of the Socio Economic Duty (as and when required)		FK/AH	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
3. Decarbonisation - assurance to the Board that proposals which constitute significant service change fully consider the impact of decarbonisation.(as and when required)		AH	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
4. Staff Wellbeing Plan - assurance that wellbeing of staff is fully considered and that plans are aligned with SoFW and the values of the organisation		RG					Ass.	
GOVERNANCE ARRANGEMENTS								
Minutes		NF	App.	App.	App.	App.	App.	App.
Action Log		NF	App.	App.	App.	App.	App.	App.
Approval of Policies (as and when required)		NF	App.	App.	App.	App.	App.	App.
Review Terms of Reference		NF					Ass.	
Committee Self Assessment		NF						Ass.
Committee Annual Report		NF						Ass.

Report Title:	Shaping Our Future Wellbeing - Strategic Programmes Flash Reports			Agenda Item no.	4.1
Meeting:	Strategy & Delivery Committee			Meeting Date:	11th Jan 2022
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:

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

- Shaping Our Future Population Health
- Shaping Our Future Community Hospitals @ Home (in collaboration with the RPB)
- Shaping Our Future Clinical Services
- Shaping Our Future Hospitals

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

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

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

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

Each of the programmes and composite projects are at different stages of maturity and the pace of project planning development and delivery is therefore variable. The appended flash report provides an updated position for each of the strategic programmes.

It should be noted that the approach and investment for each of the projects across the strategic portfolio will need to be approved through the RPB and IMTP planning process.

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 report.

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As the process and resources for programme and project planning and delivery mature, the milestones for delivery will be developed and linked with the UHB and regional outcomes framework to provide assurance.

The affordability of future investment in the strategic service proposals will depend on the future financial settlement and the ability of system partners across health and social care to re

Recommendation:

Strategy & Delivery Committee is asked to:

1. **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
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable
If “yes” please provide copy of the assessment. This will be linked to the report when published.

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Shaping our Future Population Health

Exec Summary:

- Majority of Q2 milestones met
- Some work delayed due to ongoing Covid pressures on specialist PH capacity

Headline measures:

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

Overall Programme / Project Report					
Programme/ Project Lead	Dr Tom Porter	Current Status		Delays in some targets due to Covid-19	Next Programme / Project Milestone:
		Previous Status			
Summary project status		Done this quarter (Oct to Dec 21):			Targets for next quarter –Q4 (Jan-Mar 22):
Systematically tackle health inequalities	Green	<ul style="list-style-type: none"> • Appointment of an Engagement Co-ordinator 			<ul style="list-style-type: none"> • Develop an engagement programme with ethnic minority communities
Healthy weight: Move More, Eat Well	Green	<ul style="list-style-type: none"> • Cardiff Good Food Strategy 21-24 launched • Baseline measures established across pre-school and school settings • Group education sessions in place for children and families weight management services (Level 2/3) 			<ul style="list-style-type: none"> • Implementation plan to improve food and physical activity offer in school settings developed and delivery commenced (Mar 22) • Ethnic minority children's weight management pilot commenced. Living well programme commenced, with a focus on MSK (Mar 22) • Roadmap for healthy workplace principles developed and key actions for PSB partners agreed (Mar 22) • Food Vale Sustainable Food Places Bronze Award application submitted (Mar 22) • 200 HAPI project participants improve their physical activity levels and 256 improve their food intake/cooking skills (annual total) (Mar 22)
Sustainable and healthy environment	Amber	<ul style="list-style-type: none"> • Cycleway 1 extension (1.2) to UHW ongoing build • Agreement by Cardiff PSB to delay final deadline for Healthy Travel Charter implementation to Sep 2022 in light of workplace changes due to Covid 			<ul style="list-style-type: none"> • Publication of Level 2 Healthy Travel Charter (Mar 22 – delayed) • Confirm first group of Level 2 Charter organisations (Mar 22 - delayed)
King's Fund recommended programmes	Amber	<ul style="list-style-type: none"> • King's Fund confirmed they are unable to deliver to agreed deadline due to significant staffing issues • Prediabetes work progressed in meantime 			<ul style="list-style-type: none"> • Revised project plan agreed, with phased delivery over Q4 (2021/22) and Q1 (2022/23) • Prediabetes work to progress in meantime
Vaccination and immunisation	Green	<ul style="list-style-type: none"> • Flu vaccination programme delivered • Covid-19 booster vaccination programme (& expansion) planned and delivered according to national milestones 			<ul style="list-style-type: none"> • 80% Completion of Covid-19 Booster Programme for eligible groups aged 18+ • Staff flu programme to exceed 60% uptake • Future Immunisation Service model implementation
Major Programme / Project Risks:		Mitigating Actions:			Decision / Intervention required from Execs:
<ul style="list-style-type: none"> • MMEW - Availability of future data to track overarching project outcomes • King's Fund – delay in delivery confirmed by King's Fund • Healthy travel – work delayed due to Covid-19 specialist support 		<ul style="list-style-type: none"> • MMEW - Concerns raised with PH observatory /HWHW surveillance T&F group • King's Fund – revised, phased plan will see full delivery by end of Q1 2022/23 			<ul style="list-style-type: none"> • No decisions or interventions required currently

@Home / Shaping our Future Community Services

Update Date: 20.12.21

Exec Summary:

Programme scope and component projects and work streams developing rapidly. Strong partner engagement. Plans progressing to shift programmes into delivery phase. Sensitivity around current system pressures being considered.

Headline measures:

To be defined as part of programme scoping and mobilisation

Overall Programme Report

Programme Lead	Cath Doman	Programme Status	Moving into delivery phase. Delivery resourcing uncertain at present.	Next Major Milestone:	<ul style="list-style-type: none"> Defining and mobilising project delivery groups. Developing detailed project plans and timelines Defining the benefits and outcomes metrics for tracking and reporting Establishing East and North accelerated cluster sites
		Previous Status	Moving into delivery phase. Delivery resourcing uncertain at present.		

Done this week:

- Meeting with Q5 to plan for their support in the New Year in developing the programme 'prospectus'
- Accelerated Cluster Development** – project groups have met and agreed dates for first MDT; 19th Jan (North Cardiff), 20th Jan (East Cardiff). IG being worked through with DHCW
- Intermediate Care** – workshop on 9th Dec with agreement to scope and develop a community crisis response service
- Access** – continued development of a new hospital-based MDT access route for Cardiff hospital step-down, development of the Wellbeing Matters access service in Vale
- Health and Wellbeing Centres** – tender live to bring in capacity for developing service specs
- Vale Alliance** – meetings with Vale and UHB leads to begin to detail legal and OD requirements
- Engagement** – feedback from engagement events presented to the AWP

Targets for next week:

- Continue to mobilise project delivery groups and detailed project planning to begin
- Interdependency mapping across SOFC/@home, SOFCS, SOFH
- Continued work in incorporating Verto at a programme level, with the further plan to cascade
- Accelerated Cluster Development** – finalise IG and plans for MDT in Jan
- Intermediate Care** – to define project group and bring together for detailed planning work
- Access** – finalise data/process mapping for Cardiff and Vale services
- Health and Wellbeing Centres** – award contract for developing scopes
- Vale Alliance** – continue to scope legal and OD requirements and bring in specialists to progress
- Workforce** - continue to address project delivery capacity concerns by specifying the resources required as detailed plans emerge. OD engagement through partner OD leads meetings.

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
- Operational capacity unavailable due to ongoing pressures of COVID-19

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
- Working closely with colleagues to understand pressures and reviewing delivery timelines

Decision / Intervention required from Execs:

Nothing at present

Shaping our Future Clinical Services

Update: 18/12/21

Exec Summary:
 Next phase engagement and comms planning commenced and portfolio group ToR complete- slippage monies allocated to support the development in Q4
 Planning commenced on the case for change with other portfolio leads
 Initial pathway exemplars identified – organisational capacity at present is a risk
 Programme Manager post approved – recruitment process commenced

Headline measures:
 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 Leads	Dr Nav Masani & Victoria Le Grys	Programme Status	 Limited programme resource	Next Programme Milestone:	Next phase engagement inc case for change piece with strategic programmes Completion of exemplar pathways Prioritisation framework Top down approach with GT (in line with SOC)
		Previous Status	 Limited programme resource		

Done this month: Targets for next month:

- | | |
|--|--|
| <ul style="list-style-type: none"> Comms and engagement group now widened to all strategic programmes, slippage money to next phase planning and advice (with SOFH) agreed and proposal developed Workforce leads discussion with focus on collaboration with partners to support specialised (inc tertiary services) and regional areas of development Discussion with Clinical Board and WHSSC re support to Thrombectomy project with a wider strategic set of workshops setting out long term vision – separate from immediate work Case for change workshop held to support comms and engagement with strategic portfolio | <ul style="list-style-type: none"> Planning session with GT Prioritisation framework to be developed and tested Pathway methodology to be trialled prior to commencing first full pathway Comms and engagement plan for next phase drafted in line with formal requirements for SOFH Commence recruitment for programme manager |
|--|--|

Major Programme Risks: Decision / Intervention required from Execs:

Lack of resource to deliver required outputs in a timely manner - cardiology Lack of clarity around portfolios, scope and interdependencies will cause confusion within the organisation and loss of engagement with SOFCS programme.	Mitigating Actions: Vascular planning phase nearing completion but clinical capacity and organisational capacity is limited Broader work being undertaken on strategic and operational portfolios to align work/language	Decision / Intervention required from Execs: <ul style="list-style-type: none"> Champion programme as a part of the Strategic portfolio Support to identify leads and change makers Support for resource to enable programme
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● Not started
 ● On Track
 ● At Risk
 ● Off Track
 ● Complete

Programme Name: Shaping Our Future Hospitals

Date: 06/01/22

Exec Summary:

Amended PBC submitted. IIB presentation delivered on 3/12/21. Cabinet paper regarding SOFH planned to be considered at end of January 2022.

Headline measures:

Deliver SOC within calendar year of commencement

Overall Programme Report

Programme Lead	Ed Hunt	Programme Status	 Await Minister endorsement decision	Next Major Milestone:	1/4/22 – Plan to commence SOC (if PBC endorsed and SOC funded by WG).
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Done this week:

- IIB Presentation delivered on 3/12/21
- After IIB, PBC further questions answered and appended onto scrutiny grid.
- Commenced recruitment for 3 x agreed posts for SOFH and SOCS
- Q4 work planning to prepare ground for SOC being worked up with Procurement. Will cover: clinical transformation pilots, physical surveys, SOC scoping.
- Life Sciences workshop held on 21/12/21. Two further workshops planned for Feb and March.
- Arrival of Geraldine Johnston to team last month and momentum beginning to build on early design principles.

Targets for next week:

- Meet WG to discuss cabinet paper drafting.
- With procurement completed, commence SOC preparation work with our partners.
- Commence work on SOFH brochure for stakeholders
- Lessons learned session with Velindre
- SOFH Committee on 13/1

Major Programme Risk:

- Lost momentum after PBC
- Ensuring enabling transformation programmes are delivered

Mitigating Action:

- Set challenging aspiration for SOC delivery
- Setting priority programmes & measures (outcomes framework)

Decision / Intervention required from Execs:

- None at this time
- In progress

Report Title:	Corporate Risk Register					
Meeting:	Strategy and Delivery Committee				Meeting Date:	11 th January 2022
Status:	For Discussion	✓	For Assurance	✓	For Approval	For Information ✓
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Risk and Regulation					

Background and current situation:

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

The Register records Extreme risks scoring 20 and above and those scoring 15 or above where they demonstrate a wider trend that may impinge on the delivery of Health Board strategy and objectives.

Each of these risks are linked to a Committee of the Board and the Board Assurance Framework. Those risks which are linked to the Strategy and Delivery Committee and were reported to Board in November 2021, are attached at Appendix A for further scrutiny and to provide assurance to the committee that relevant risks are being appropriately recorded, managed and escalated.

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

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

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

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

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

At the Health Board's November Board meeting a total of 7 (from a total of 19 live) Extreme Risks reported to the Board are linked to the Strategy and Delivery Committee for assurance purposes. Details of those risks are attached at Appendix A but can be summarised as follows:

Saunders Nathan
01/11/2022 09:24:05

Risk Score (1 to 25) - Clinical Board	15/25	16/25	20/25	25/25
CD&T				
Medicine				
PCIC				
Specialist Services	2		3	
Surgery				
Digital Health				
Estates				
Children and Women			2	
Mental Health				
Capital Estates and Facilities				
Total: (7)	2		5	

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

ASSURANCE is provided by:

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

RECOMMENDATION

The Committee is asked to:

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

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

provide an environment where innovation thrives

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

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



CORPORATE RISK REGISTER - STRATEGY AND DELIVERY COMMITTEE JANUARY 2022

Clinical Board/Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Children & Womens CB	9		Homebirth services have been withdrawn since 10.09.21 due to inadequate staffing levels. This has resulted in a loss of choice for women with potential to impact on quality of service and reputational harm to the Health Board.	4	5	20	<ol style="list-style-type: none"> Undertaking an in depth review of our that there is continued assurance that sickness is being managed according to the policy. Introduced a weekend planning meeting each Friday at 12pm so that we have assurance that weekends are covered Introduced a postnatal / newborn spot screening clinic at UHW on the weekends. This means that women will attend ANC at UHW or UHL for their care rather than a midwife visiting. This will release a community midwife to come in to support the hospital setting but keep the home birth service going. Operational Ward Managers – while they have a clinical component to their role, we have requested that they roster one clinical shift per week so that they're included in the overall numbers Midwives offered bank / additional hours and overtime Elan midwives to provide on call support to wider community teams with home birth service Digital Midwife, Practice Education Facilitator, Fetal Surveillance Midwife & Women's Experience Midwife – to provide at least one clinical shift per week. Research and Development Midwives to be temporarily redeployed back to providing frontline clinical care until the staffing situation improves Clinical Supervisors for Midwives to be redeployed 50% back into clinical practice. 50% CSFM to continue to provide ongoing support to clinical practice / capability / action learning 	4	5	20	<ol style="list-style-type: none"> Band 6 vacancies to be filled Band 5 vacancies to be filled 	4	2	8	Jan-22	Strategy and Delivery Committee	Sustainable Primary and Community Care
	10	Aug-21	The Midwifery Led Unit (MLU) has been closed since 10.09.21 due to inadequate staffing levels. This has resulted in the loss of choice for women and risks adverse impact on Health Board strategic objectives and our reputation.	4	5	20	<ol style="list-style-type: none"> Undertaking an in depth review of our that there is continued assurance that sickness is being managed according to the policy. Introduced a weekend planning meeting each Friday at 12pm so that we have assurance that weekends are covered Introduced a postnatal / newborn spot screening clinic at UHW on the weekends. This means that women will attend ANC at UHW or UHL for their care rather than a midwife visiting. This will release a community midwife to come in to support the hospital setting but keep the home birth service going. Operational Ward Managers – while they have a clinical component to their role, we have requested that they roster one clinical shift per week so that they're included in the overall numbers Midwives offered bank / additional hours and overtime Elan midwives to provide on call support to wider community teams with home birth service Digital Midwife, Practice Education Facilitator, Fetal Surveillance Midwife & Women's Experience Midwife – to provide at least one clinical shift per week. Research and Development Midwives to be temporarily redeployed back to providing frontline clinical care until the staffing situation improves Clinical Supervisors for Midwives to be redeployed 50% back into clinical practice. 50% CSFM to continue to provide ongoing support to clinical practice / capability / action learning 	4	5	20	<ol style="list-style-type: none"> Band 6 vacancies to be filled Band 5 vacancies to be filled 	4	2	8	Jan-22	Strategy and Delivery Committee	Planned Care Capacity

Specialist Services CB	12	Sep-21	<p>Critical Care - Nursing Workforce There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, shielding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.</p>	5	5	25	<p>Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.</p>	5	4	20	<p>Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group</p>	5	2	10	Jan-22	<p>Strategy and Delivery Committee Quality, Safety and Experience Committee</p>	<p>Patient Safety Planned Care Capacity</p>
	13	Jan-16	<p>Critical Care - Bed Capacity Due to an inadequate bed capacity there is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner. Where demand exceeds capacity patients are cared for in inappropriate settings such as Recovery Area, Emergency Department and ward areas and patients may be discharged at risk to generate capacity. This risk of delayed admission to Critical Care Dept or care in inappropriate settings could lead to increased morbidity and mortality, increased re-admission rates, longer hospital length of stay and a failure to adhere to national standards and guidelines. A resumption of pre-pandemic service levels and a restoration of previous clinical area configurations will lead the risk level to increase to its previously elevated level.</p>	5	4	20	<p>Highlight patients to Patient Access for discharge to ward areas Additional footprint identified for more Critical Care capacity Funding has been granted by the Executive Team for 6 additional Level 3 equivalent beds in CC and these have been commissioned recently. The unprecedented demand during the current Covid19 Pandemic has resulted in a temporary increase in the unit footprint and capacity which has ameliorated this issue whilst at the same time exacerbating the Critical Care workforce risks detailed elsewhere.</p>	5	3	15	<p>Continue to work with Patient Access and Health Board to have more effective discharge processes in place. Not all of the recommended staff are being supported at this time. Increase Patient Flow role to 7 days per week</p>	5	2	10	Jan-22	<p>Strategy and Delivery Committee Quality, Safety and Experience Committee</p>	<p>Patient Safety Planned Care Capacity</p>
	14	Jul-20	<p>Critical Care - Clinical Environment There is a risk that patients admitted to the Critical Care Department will not receive care in an environment that is suitable for purpose due to a number of facility shortcomings resulting in patient safety risks including serious harm and death. The normal capacity is 35 beds with a single isolation cubicle. Analysis shows that the stated normal capacity is inadequate for the population served and needs to increase to 50 beds. The number of isolation cubicles is significantly below national guidelines and presents serious Infection Control & Prevention risks. The Covid19 crisis has led to a temporary increase in capacity to 44 beds however the isolation cubicle capacity remains at 1. There is no air handling available on the unit which results in there being no means to manage airborne infection risk or manage ambient temperatures. This exacerbates the IP&C risks and also compromises the care of patients where temperature is a critical concern. The well being of staff working in the environment is also compromised leading to issues of heat exhaustion and collapse secondary to dehydration. The inadequate size of the facility footprint leads to there being inadequate space for all non-clinical areas including office space, consumable storage, clean utility area, dirty utility areas, equipment storage, pharmaceutical storage, device storage and management hubs areas.</p>	5	4	20	<p>The clinical area is divided into zones to where patients are grouped according to IP&C risk to reduce the risk of cross-infection. Staff entering the clinical area are required to wear full PPE to reduce the risk of cross-infection.</p>	5	3	15	<p>There is an urgent need for a capital investment program and business case developed to address this need.</p>	4	3	12	Jan-22	<p>Strategy and Delivery Committee Quality, Safety and Experience Committee</p>	<p>Patient Safety Capital Assets</p>
	17	Jun-21	<p>Neurology Telemetry Service - Temporary Closure The Neurology Telemetry Service has been temporarily closed due to the reconfiguration of inpatient capacity and services that occurred as part of the Covid 19 Pandemic response. The service was delivered in a 3 bedded area with bespoke telemetry equipment on C4 south. This area is currently housing 3 beds of the acute stroke service which need to be repatriated to an alternative location. Patients being considered for surgical intervention to treat severe epilepsy require telemetry assessment to determine whether the source of their seizure activity is operable. A failure to provide telemetry assessments means that this process cannot commence. Severe epilepsy is a known cause of sudden unexpected death (SUDEP) and we currently have about 40 patients being monitored.</p>	5	4	20	<p>Close monitoring of the patient group by CNS and Medical Staff to titrate and optimize non invasive therapies. Escalation of the risk to LCC via clinical board and working with medicine clinica board to facilitate repatriation of beds or offering an alternative way of supporting these patients Datix reporting and investigation of related patient incidents and adverse events.</p>	5	4	20	<p>Work is in progress to repatriate services and restore inpatient capacity so that services may resume. Either by 1) moving acute stroke beds to an alternative location to allow access to equipment. 2) Move equipment to an alternative location but losing synergy of other neurosciences services currently colocated nearby. 3) explore commissioning a new pathway for these patients possibly in Bristol.</p>	5	2	10	Jan-22	<p>Strategy and Delivery Committee</p>	<p>Planned Care Capacity</p>

18	Haematology and Immunology - Clinical Environment There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green). HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved.	5	4	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	5	Jan-22	Strategy and Delivery Committee	Planned Care Capacity
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