

Public Strategy & Delivery Committee

Tue 13 July 2021, 09:00 - 12:30

MS Teams



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 Meeting held on 11th May 2021

Michael Imperato

 1.4- Draft Public Minutes - Strategy & Delivery Committee - v3 -11 May 2021 JE.NF clean.pdf (17 pages)

1.5. Action Log of the Meeting held on 11th May 2021

Michael Imperato

 1.5 - Public Action Log - S&D Committee -11-05-2021 v3 - NF.pdf (3 pages)

1.6. Chair's Action taken following meeting held on 11th May 2021

Michael Imperato

2. Items for Approval

2.1. Annual capital plan report

Abigail Harris

 2.1 - Capital Plan 2021.22 final.1.pdf (3 pages)

 2.1.1 - Appendix 1.pdf (3 pages)

 2.1.1 - Appendix 2.pdf (8 pages)

3. Items for Review and Assurance

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

Abigail Harris - Fiona Kinghorn

a) **Flash Update**

b) **Deep Dive** - Shaping our Future Population Health

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- 📄 3.1 (a) - Strategic Programme Update - cover paper.pdf (3 pages)
- 📄 3.1 (a) -Strategic Programme Governance and Flash Reports - Appendices.pdf (4 pages)
- 📄 3.1 (b) - Deep Dive - SOFPH.pdf (5 pages)
- 📄 3.1 (b) - SOFPH Presentation.pdf (6 pages)

3.2. Wellbeing of Future Generations Act Annual Update

Fiona Kinghorn

- 📄 3.2 - Wellbeing of Future Generations Act Annual Update.pdf (2 pages)
- 📄 3.2.1 - Wellbeing of Future Generations Act Annual Update.pdf (2 pages)

3.3. People & Culture

Rachel Gidman

Welsh Language Strategy Update

- 📄 3.3 - People & Culture - Welsh Language Strategy Update.pdf (4 pages)
- 📄 3.3.1 - APPENDIX 1 Welsh Language Standards VERTO Highlight Report.pdf (10 pages)
- 📄 3.3.1 - APPENDIX 2 Blwyddlyfr 2020/21 Yearbook for S and D Committee.pdf (29 pages)

3.4. Performance Reports

Steve Curry - Rachel Gidman

(a) Organisation Key Performance Indicators

(b) Workforce Key Performance Indicators

- 📄 3.4 (a) - Performance Report - Operational Indicators 13 07 21.pdf (6 pages)
- 📄 3.4b - Workforce KPI Metrics inc deep dive.pdf (9 pages)
- 📄 3.4b.1 - WOD KPI Report May-21.pdf (1 pages)

3.5. Board Assurance Framework

Nicola Foreman

- 📄 3.5 - BAF Report - Workforce & Sustainable Primary and Community Care.pdf (3 pages)
- 📄 3.5.1 - Workforce & Sustainable Primary and Community Care Risks.pdf (8 pages)

3.6. Annual Board Effectiveness Survey 2020-2021 - Strategy and Delivery Committee

Nicola Foreman

- 📄 3.6 - Cover Report Annual Board Effectiveness Survey 2020-2021 - S&D Committee je.pdf (3 pages)
- 📄 3.6.1 - Appendix 1 - Board Effectiveness Survey - S&D Committee Results 2020-2021.pdf (9 pages)
- 📄 3.6.2 - Appendix 2 - Board Effectiveness Action Plan 2020-2021 NF.pdf (3 pages)

4. Items for Noting and Information

4.1. Equality Strategy & Welsh Language Standards Group ToR's

Keithley Wilkinson

- 📄 4.1 - Terms of Reference ESWLSG FINAL - April 2021 cover sheet.pdf (3 pages)
- 📄 4.1.1 - Terms of Reference ESWLSG FINAL - April 2021.pdf (10 pages)

4.2. Q4 reports for all RPB short term funding streams

Abigail Harris - Meredith Gardiner

- 📄 4.2 - Q4 reports for all RPB short term funding streams.pdf (27 pages)

4.3. 10 Opportunities for Planned Care

Nicola Foreman

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5. Review of the meeting

Michael Imperato

6. Date & Time of Next Meeting: Tuesday 14th September 2021 at 09:00am Via MS Teams

Michael Imperato

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Unconfirmed Minutes of the Strategy & Delivery Committee
Tuesday 11 May 2021 – 9:00am – 12:00pm
Via MS Teams

Chair:		
Michael Imperato	MI	Committee Chair
Members:		
Rhian Thomas	RT	Independent Member – Estates
Sara Moseley	SM	Committee Vice Chair & Independent Member – Third Sector
In attendance:		
Paul Burns	PB	Primary Care Commissioning
Emma Cooke	EC	Head Of Physiotherapy Services
Steve Curry	SC	Chief Operating Officer
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	MD	Director of People and Culture
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
Karen May	KM	Head of Medicines Management - PCIC
Catherine Philips	CP	Director of Finance
Ceri Phillips	CP	UHB Vice Chair
Jason Roberts	JR	Deputy Executive Nurse Director
David Thomas	DT	Director of Digital Health Intelligence
Keithley Wilkinson	KW	Equalities Manager
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		

Min Ref	Agenda Item	Action
S&D 21/05/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 21/05/002	Apologies for Absence No Apologies for absence were received.	
S&D 21/05/003	Declarations of Interest The Independent Member – Third Sector (IM-TS) declared an interest as being part of the General Medical Council (GMC) in Wales The Executive Director of Therapies and Health Science (EDTHS) declared an interest as a Joint Executive Director of Cwm Taf Morgannwg UHB (CTMUHB).	

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S&D 21/05/004	<p>Minutes of the Committee Meeting held on 9 March 2021</p> <p>The minutes of the meeting held on 9 March 2021 were received and confirmed as a true and accurate record of the meeting.</p> <p>The Committee Resolved that:</p> <p>a) The Committee APPROVED the minutes of the meeting held on 9 March 2021 as a true and accurate record of the meeting.</p>	
S&D 21/05/005	<p>Action Log following the Meeting held on 9 March 2021</p> <p>The action log was received and the Committee noted that the majority of the actions had been completed or were on the agenda for discussion during the meeting, or were due for discussion at a future meeting.</p> <p>The CC confirmed the action relating to the Integrated Performance Report would be presented to the Public Board meeting in May 2021.</p>	
S&D 21/05/006	<p>Chair's Action taken following the meeting held on 9th March 2021</p> <p>The CC advised that he met with the Director of Digital Health Intelligence (DDHI) regarding the Strategy & Delivery Dashboard and had received a demonstration of the most updated iteration.</p>	
S&D 21/05/007	<p>Draft Pharmaceutical Needs Assessment (PNA) report</p> <p>The Draft Pharmaceutical Needs Assessment (PNA) report was received and the Executive Director of Public Health (EDPH) introduced the Head of Medicines Management – PCIC (HMM) & Paul Burns, Primary Care Commissioning (PB-PCC) who gave an update on the PNA process.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> • The Welsh Government had changed the way in which applications from pharmacies, dispensing appliance contractors and dispensing doctors to provide pharmaceutical services are made and determined, by introducing pharmaceutical needs assessments (PNAs), • The NHS (Pharmaceutical Services) (Wales) Regulations 2020, which introduce the PNA in Wales, came into force on the 1 October 2020 and placed a statutory duty on each Health Board to publish its first PNA by the 1 October 2021. As a result, Cardiff & Vale UHB (CVUHB) had begun the process of developing its first PNA, • From the 1 October 2021, Health Boards would need to use the published PNA when determining applications from pharmacies, dispensing appliance contractors and dispensing doctors to provide pharmaceutical services under these regulations. She added that it was a significant change in the way applications to open new pharmacies were considered having a shift from a contractor driven, dispensing focused process to a system that could respond to the wider pharmaceutical needs of a population. 	

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<p>Khan, Raj 07/06/2021 11:33:41</p>	<p>She highlighted that the assessment would be used to determine:</p> <ul style="list-style-type: none"> • Additional contractor premises were required – pharmacies and appliance contractors, • Additional dispensing by doctors was required, • Existing contractors were adequately addressing pharmaceutical needs, • Where additional services were required from existing contractors <p>The HMM advised that the following processes were followed:</p> <ul style="list-style-type: none"> • CVUHB had set up a PNA Steering Group which would oversee the drafting of the PNA which was being supported by PCC CIC who were contracted in December 2020 to author the report, • The Chair of the Steering Group was the Head of Medicines Management Primary Care (HMMPC) and the members included representatives from Primary Care, Pharmacy, Public Health, the Local Medical Committee (LMC), Communications team, Finance, Planning, the Community Health Council (CHC), and Community Pharmacy Wales also had Pharmacy project management support, • Conducted a patient/public engagement survey, • Issued Community pharmacy questionnaires to 106 pharmacies, • Data collation and consideration at cluster level, which was draft edited and approved by the steering group, • Data examined to identify evidence regarding: <ul style="list-style-type: none"> ○ Current gaps that must be immediately met , ○ Future needs – gaps that would arise within the 5 year timescale of the PNA. <p>The Committee noted that the following information was considered for each cluster:</p> <ul style="list-style-type: none"> • Population demographics, • General health needs of the population, • Current provision of pharmaceutical services, • Access to pharmaceutical services, • Identification of other services that affect the need for pharmaceutical services, • Health needs that can be met by pharmaceutical services, • Developments planned in the cluster & progress, • Capacity of existing pharmacies to meet demand from planned developments. <p>The Committee noted:</p> <ul style="list-style-type: none"> • the findings of the PNA, • based on the information available at the time of developing the PNA no current or future gaps were identified in the provision of essential, advanced or enhanced services • the next steps which were to undergo a 60 day consultation from 12 May – 20 July 2021 and then review the responses and update the PNA. There are regulations as to who the PNA must be consulted with which will be published on their website, • The PNA would be reviewed by the steering group on the 23 August 2021, and be brought back to the S&D committee for sign 	<p>KM</p>
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<p>Khan, Raj 07/06/2021 11:33:41</p>	<p>off on the 14 September 2021, before being published by the 21 October 2021.</p> <p>The Independent Member – Third Sector (IM-TS) queried what the potential was for the pharmacies to be used in terms of prevention and maintenance of health as part of CVUHB's strategic ambition.</p> <p>The HMM responded that the community pharmacy contract included a health promotion stream within it, and whilst this year had been more focused on dispensing predominantly due to COVID-19, there was a requirement within the core contract to undertake health promotion and offer health promotion advice including healthy eating, smoking cessation, alcohol, etc. She added that there could be up to 6 health promotions per year including National stop smoking day and Antibiotic awareness.</p> <p>The Independent Member – Estates (IM-E) queried what influence the Health Board had on the quality of the service provided. The HMM responded that as a Health Board they had the ability to monitor the pharmaceutical services over a 3 yearly monitoring cycle and that they also reviewed enhanced service data to identify and monitor delivery. She added that there were significant comments received in the patient questionnaires that were influenced by COVID-19 and advised that this needed to be taken into account, for example when people have to queue outside to maintain social distancing.</p> <p>The Executive Director of Strategic Planning (EDSP) queried the reference within the report which stated that Cardiff had the sixth largest percentage increase, she advised that Cardiff was the largest growing core city outside of London, and had the largest growing Local Authority area in terms of size, and queried if the reference was correct. She added that consideration should be given on how the population would be changing over time and how we could ensure that they are on the front foot to ensure that service provision was effective and that patients were still able to access them.</p> <p>The HMM stated that she would double check the information concerning the population figure. She added that the trajectory going forward was to improve and increase services and that Welsh Government had structured pharmacy contracts in Wales to support that, unlike in England.</p> <p>The Director of Corporate Governance (DCG) stated that due to the significance of this that it should be ratified by the Board in September 2021, following sign off by the Strategy & Delivery (S&D) Committee in September due to the statutory requirements.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) The Pharmaceutical Needs Assessment (PNA) Update report be noted, b) the proposed approach for Cardiff & Vale UHB (C&VUHB) to develop a process for developing its first PNA be endorsed, c) the need to take chair's action to include, and or act on, information contained within the report be considered. 	<p>KM</p>
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S&D 21/05/008	Strategic Equality Plan – Action Plan	
	<p>The Strategic Equality Plan – Action Plan report was received and the Equalities Manager (EM) stated that this was the first year of their action plan, and that the original plan was received and approved in September 2020 and it had been agreed that a more action orientated plan be developed for the future.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> • Since the last report to the Committee the Equality Strategy & Welsh Language Standards Group (ESWLSG) had been established and had met on three occasions. The purpose of the ESWLSG was to advise, embed and assure the Strategy and Delivery Committee on the development and implementation of the UHB's Strategy Equality Plan - Caring about Inclusion 2020-2024 (SEP) and compliance with the Welsh Language Standards, and key enabling plans, • The agreed EDWLSG Terms of Reference of the group would be brought to the next S&D Committee for noting, • The first year action plan was developed to ensure the delivery of the SEP in the new healthcare landscape as a result of the COVID-19 pandemic and the disproportionate impact on those with protected characteristics and those who come from socio-economically deprived communities. The objectives had been reviewed and commitment reaffirmed that equality and human rights must take centre stage to the thinking and planning of the Health Board and inform our response to COVID-19, • The forthcoming year would be about sustainability and enhancement with its continuation of some actions as well as the identification of new actions as we move into a more inclusive and partnership approach for our SEP which initially began in April 2020 and would be ending in March 2024, • the new Socio-economic Duty came into force on the 31 March 2021 and some of the aspects of the legislation had been adopted within the first year plan, in particular how the Health Board must take into consideration all of their decisions to help reduce inequalities associated with Socio-disadvantage which was around poverty in regards to financially, accessibility, education, health, etc, • the original plan had been accepted and noted by the Equality & Human Rights Commission who were public sector enforcers who ensured the Health Board were adhering to legislation and to ensure that the plan was up to standard. <p>The EDPH expressed her support for the equalities work and advised that she was pleased to see the range of actions within the plan and the work undertaken over the past year. She advised that the work undertaken for the Socio-Economic Duty had involved a lot of work on inequalities in health across the Health Board and within the partnership arena, and felt there was an opportunity to expand how they describe and take the inequalities work further as it was a key component of their strategy.</p> <p>The EDPH queried if the three actions from the “Black Lives Matter” task group were included in the action plan, and the EM confirmed that they were included in the plan and that he and Catherine Floyd – Public Health,</p>	<p>KW</p>

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	<p>were members of Cardiff Council's Race Equality Task Force and were leading on the Health Work streams concerning the three actions.</p> <p>The UHB Vice Chair highlighted work undertaken by the Kings Fund concerning "The Road to Renewal" and "5 Priorities for Health & Social Care" which was a step change in inequalities and population in health. He advised that it suggested a movement away from recognising something needed to be done, to actually transforming the way things were done to secure reductions in inequalities. He stated that part of the agenda was to measure things appropriately to monitor the trajectory. He queried if a piece of work needed to be undertaken to get measures and metrics in place.</p> <p>The EM responded and advised that work was progressing to get measures and metrics in place.</p> <p>The EDPH added that that there were many areas of inequalities statements that require action to change the statistics, and that there was more work to be undertaken and there was much wide reaching and consideration needed to be given to how this work was reported. The Committee noted that work was being undertaken to consider additional reporting requirements and the findings would be brought back to a future meeting.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) the Strategic Equality Objectives - Delivery Plan Framework 2020-2022 report be noted, b) the first year Strategic Equality Plan (SEP) delivery framework Plan be approved. 	KW
S&D 21/05/009	<p>Employment Policies for Approval</p> <p>The employment policies report was received and the Director of People & Culture (DPC) advised that there were three policies for approval, two of which had been changed and one had been amended:</p> <p>(a) Respect and Resolution Policy</p> <p>The DPC advised that the Respect and Resolution Policy would come into force from the 1 June 2021 and would replace the existing the dignity at work policy. She advised that a lot of collaboration had gone into this piece of work on an all Wales basis in conjunction with the Trade Unions.</p> <p>The CC queried how staff would know about the new Respect and Resolution policy being implemented and the changes that had been made, and the DPC responded that numerous staff workshops had been held to create awareness of the new policy, and that hundreds of staff attended. She added that they were also issuing further communications through the HR Governance Team via emails and on the Electronic Staff Record (ESR).</p> <p>The Chief Operating Officer (COO) highlighted the difficulty of communicating out to a large organisation like CVUHB and wanted to point out the challenge for the DPC's team in doing this and that it was</p>	

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not just the policy itself but also how ourselves as leaders and managers build that into daily practice.

(b) Special Leave Policy

The DPC advised that the Special Leave Policy had been reviewed and a number of changes introduced including:

- The introduction of an underlying principle that managers should 'know their staff' and be familiar with any issues or particular needs they may have. The manager, in knowing their staff, had the ability to apply discretion to the application of the policy,
- Individual, social, cultural, religious and geographical circumstances should be considered when granting special leave for bereavement purposes,
- A section on staff experiencing domestic abuse had been added – managers should be flexible and treat each instance sensitively and individually,
- Definitions, including that of a dependant and a carer, had been updated,
- The section on Public Duties had been strengthened to make it clear that individuals who had been allowed paid time off for public duties must refrain from claiming or accepting a fee or allowance for undertaking that duty,
- The section on time off and pay during jury service had been widened to include attending court as a witness,
- Support and reasonable time off would be provided to an employee who was the partner of someone receiving fertility treatment,
- The provisions in respect of the death of a child, which previously applied to staff employed on AFC terms and conditions only, had now been widened to include medical and dental staff.

(c) Recruitment and Retention Protocol

The Recruitment and Retention Protocol had been reviewed by the Welsh Partnership Forum (WPF) and a small number of amendments were made as follows:

- Further information was provided on what makes the payment robust enough to resist an equal pay challenge,
- If an extension was sought the review process needed to be initiated 12 months before the expiry date of the RRP,
- Reference was included to the public sector equality duty.

The Committee Resolved that:

- a) the Respect and Resolution Policy be approved and adopted by CVUHB with effect from 1 June 2021,
- b) the Dignity at Work Process and NHS Wales Grievance Policy be rescinded with effect from 1 June 2021,
- c) the revised Special Leave Policy be approved for adoption by the CVUHB,
- d) the revised Recruitment and Retention Payment (RRP) Protocol be approved for adoption by the CVUHB.

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<p>S&D 21/05/010</p>	<p>No Smoking and Smoke Free Environment Policy</p> <p>The No Smoking and Smoke Free Environment Policy was received and the DCG and CC confirmed that as the policy document had been brought to the committee the EDPH would send the policy out to the CC so that a chairs action could be taken to approve.</p> <p>The EDPH advised that the Public Board meeting in March 2021 had received a report on the smoking regulations and that the policy had since been updated and an Equality Health Impact Assessment had been completed and articulated the requirements under the regulations.</p> <p>The Committee noted that the following amendments had been made to the Policy:</p> <ul style="list-style-type: none"> • Reference to the legislative requirements relating to the Smoke-Free (Wales) Regulations 2021, • Reference to the use of e-cigarettes inside specific, risk assessed areas for in-patients with mental health conditions, • Smoking Cessation Service provider name changes and updated information (including the implementation of the Level 2 Enhanced Smoking Cessation Service for Community Pharmacies, introduced June 2020), • Data updates where available, • Evidence updates where available. <p>The EDPH highlighted that CVUHB had a comprehensive smoking cessation policy in place since 2011 and that they had a track record on having an approach to tackling smoking on hospital premises. She added there had been a revision of the original policy and not a complete re-write.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • the policy included a Policy Statement including aims which were to protect Employees, Contractors, Visitors, Patients, and Service users to UHB sites from exposure from second hand smoke in line with legislation and to actively promote Health & Well-being, • smoking and tackling smoking played into being an inequality gap and that one of their tasks was to reduce smoking prevalence in their most disadvantaged communities and with populations that were more vulnerable and at risk. • The Management Executive Team had already considered the updated policy and an emphasis was placed on the importance of showing leadership right across all other leadership responsibilities to encourage and push the requirements within the policy. • the Equality Impact Assessment had not identified any negative impacts, however there were a few areas where they had compiled an action plan that they would take action on, to enable people with learning disabilities to have appropriate access and additional work to ensure they have the right materials and communication tools for people with visual impairments. 	
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	<p>The EDPH added that when the regulations had been discussed with the Board it was suggested that this formed a component part alongside support and highlighted that Welsh Government expected the public to be widely compliant with the new legislation. As such, local arrangements for enforcement would depend on adherence by both the public, patients and staff. She added that there were enforcement arrangements in place with Local Authorities as they had a duty to support Health Boards with enforcement.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) the No Smoking and Smoke Free Environment Policy was noted and endorsed, b) the No Smoking and Smoke Free Environment Policy be published in full in accordance with the UHB Publication Scheme, c) That Chairs action be taken to formally approve No Smoking and Smoke Free Environment Policy, as the revised policy document had not been included in the papers for the Committee. 	
<p>S&D 21/05/011</p>	<p>Recovery Planning Update – Presentation</p> <p>The Recovery Planning Update – Presentation was received and the COO gave an update on the planned care recovery.</p> <p>The COO advised that it had been a difficult year and that there were a number of recovery challenges with the continued uncertainty both in terms of the impact of the mass vaccination programme, the potential of a third wave, the significant suppressed demand, and a fatigued team from facing COVID-19 challenges.</p> <p>The COO gave an overview on the recovery planning approach and the Committee noted the Recovery Planning Cycle and Scenario modelling which was informed by:</p> <ol style="list-style-type: none"> 1. Infection, Prevention & Control (IP&C) conditions, 2. A requirement to put capacity into the system, and 3. Access to skilled personnel <p>All of these were assumed under the context of the uncertainty of a third wave.</p> <p>The COO explained the scale of the challenge they faced and presented modelling to demonstrate the peak of the waiting list backlogs that were likely to be seen, where they might peak, where they levelled off, and what would happen to them. He advised they would apply assumptions to the modelling process to forecast where the backlogs may appear.</p> <p>The Committee noted the level of activity lost from March 2020 to February 2021, in which more than 22,000 procedures had not been undertaken. He stated this was expressed in different ways showing the top 10 volume specialties on how capacity was lost.</p> <p>The COO stated that when planning at a modelling level they had needed to put some assumptions in related to the scenarios and had included a best, central, and worst case scenario. He added it will be dependent on</p>	

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the IP&C restrictions being removed and the degree to which lost activity will return:

- **Best Case** – 30 weeks to return to normal levels,
- **Central** – 60 weeks to return to normal levels,
- **Worst Case** – 90 weeks to return to normal levels

The COO stated that their assessment would be:

1. A full 'recovery' from the pandemic was likely to take 5-10 years and would require sustained and significant additional capacity,
2. Additional capacity alone would not be enough and the NHS would need to fundamentally review the services it provided and the way in which they were provided,
3. Both additional capacity and pathway redesign would take time and therefore there would be a need to support patients, manage expectations and enhance the services which were alternatives to treatment.

The COO added that he was providing a level of modelling that was informing their planning to date and would continue to do so culturally and sustainably as they wanted to get into specialty level planning. This would help them orientate themselves into the 'Clinically Validate, Prioritise, & Design' element of the Recovery Planning Cycle which would give them different levels of planning.

The COO advised that they needed to ensure that there was proper capacity and capability to make this work and that each of the cells (i.e. Workforce, IP&C, Capacity & Estates, etc.) would have Programme Management Support, Improvement Support, and Data Support. From that they would have learned from the COVID-19 response in terms of corporate cells that function to support Clinical Boards.

The Committee noted the current position:

- Maintenance of essential services through the first and second COVID-19 peaks,
- The development of Protected Elective Surgical Units (PESU),
- Independent Sector capacity,
- An ambition to return to elective activity to:
 - 70% of pre-COVID-19 levels in Q1,
 - 80% of pre-COVID-19 levels in Q2,
- An Outpatient transformation programme

The COO presented graphs which demonstrated re-establishing activity in 3 areas:

- Outpatients – returned to 81% of activity in February 2021
 - Outpatient activity was slightly different as not all activity recovered was good activity as they wanted to do things differently and not just recover.
- Inpatient / Day Case – Achieved 70% in November 2020 before having to suspend in January 2021 but was now up to 66% in February which was on target for the 70% that they aimed for by Q1,

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- Radiology – was now at 100% of pre-COVID-19 activity and had remained at a strong and improving position since September being at 96%.

The Committee noted that:

- that there had not been a significant waiting list increase since January 2020 – March 2021, however assurance should not be taken from this as it was part of the cycle of recovery activity coming back which hadn't grown significantly, and would change as other activity started to pick up,
- the 26-week position was starting to rise and had been since September 2020 – March 2021, however this was anticipated, and there was an assumption that as people got referred back into the system the under 26 week group would increase and in proportion the over 36 weeks group should reduce,
- they were starting to make some progress in Diagnostics showing the number of 8-week waits highlighting that they had made some significant gains in this area and that sustaining this would be an issue however there were signs that they could make rapid progress in some areas.

The COO advised that next steps would be a huge challenge, and that a start had been made on some major schemes including:

- Endoscopy was being worked through,
- Green Zones were being expanded and had been a success in terms of outcomes and volumes,
- Continuing to use the Independent Sector,
- Continuing to use Mobile MRI Scanners – which affected the 8 week diagnostic position,
- Using Mobile Day Surgery Units – the rate limiter would be staff,
- Using traditional methods of waiting list initiatives which were not sustainable.

He added their long term plans would be Risk Orientated, Data Driven, Clinically Led, through a programme delivered approach, looking through a number of lenses.

The CC queried what the difference of the new approach would be in comparison with the old approach used 3 years ago, the COO responded that the differences were the scale and the priority as they used to manage people by wait time whereas now they needed to shift to risk.

The Independent Member Capital & Estates (IM-CE) queried the viability of a long term dependency on the independent sector and that as the workforce was identified as a rate limiting factor, assuming there was an injection of cash into the system which would create public perception on how quickly recovery could happen, she also queried how they would deal with that.

The COO responded that long term dependence on the independent sector was not what they should be planning for and that one of the things they were doing through their annual plan bids was to be clear that short

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	<p>term planning would not get them out of this and that strong bids for recurrent funding should be made to be able to invest and grow their own core services to ensure they could recover in a sustainable way. The COO advised that in relation to workforce CVUHB were planning ahead and were actively recruiting staff as it was anticipated there would be a need to grow capacity staff, and that there will be significant competition for skills and a lag to growing those skills locally.</p> <p>The CC queried what advice was being sought from Welsh Government on what should be done to manage the workforce, and the COO stated that there was active discussion and a keenness to get a scale of planning at granular level from the clinicians on the front line as the Clinicians were informing this and the risk would be appropriate in terms of that need. He added that the Clinicians were also involved on national committees and were keeping Welsh Government sighted on the discussions to provide an informed view.</p> <p>The Committee Resolved that:</p> <p>a) the Recovery Planning Presentation be noted.</p>	
S&D 21/05/012	<p>Shaping Our Future Wellbeing Strategy (SOFW) Update</p> <p>a) Flash Update</p> <p>The flash update presentation on “Accelerating delivery of our strategy - our road to recovery and renewal” was received and the EDSP shared a presentation to illustrate how they had regrouped some of their work concerning the strategic programmes.</p> <p>The EDSP reminded the Committee that the overarching vision was about the health inequalities in the population and that they were striving to equalise the inequalities seen which would have likely deteriorated throughout the pandemic.</p> <p>The Committee noted that the strategy was delivering joined up care based on home first; avoiding harm, waste and variation; empowering people; and delivering the outcomes that matter to them. The strategic objectives set out in their strategy were:</p> <ul style="list-style-type: none"> • Reduce health inequalities – reduce the 12 year life expectancy gap, and improve the healthy years lived gap of 22 years, • Deliver outcomes that matter to people, • All take responsibility for improving our health and wellbeing. <p>The Committee noted the 4 design principles:</p> <ul style="list-style-type: none"> • Empower The Person, • Home First, • Outcomes That Matter To People, • Avoid Harm, Waste And Variation. <p>The EDSP advised that they were keen to ensure they were able to shift the power balance and show they had greater equity in relation to people who use the services.</p>	

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The EDSP reminded the committee in November 2020 there was a mid-year review of the strategy which was informed by all of the learning from the response to the pandemic.

The Committee noted:

- the emerging strategic programmes of the UHB were Strategic Programmes, Operational Programmes, and Enabling Programmes,
- work was being undertaken on the measures, metrics, and indicators of how they would know they are delivering on the principles and outcomes that they wanted to achieve for the population,
- they were developing a live interactive outcomes framework by applying the learning taken from Canterbury Hospital,
- the Annual plan focussed on the four COVID-19 harms, remaining COVID-19 ready, COVID-19 recovery (staff wellbeing, planned care, MH demand, long COVID-19 rehabilitation, emergency care and planning for the winter), moving beyond COVID to transforming services in line with Shaping our future wellbeing (SOFWB) strategy, Zero carbon, Dragon's Heart Institute, Spread and scale intensive learning academy and Working in collaboration,
- a strategic programme meeting was held each fortnight where the individual programmes were discussed. The purpose of this was to make sure as a collective group of directors they had responsibility across all programmes, also to hold Senior Responsible Officers (SRO's) to account that they are on course to deliver.

b) Deep Dive – (Rehabilitation Model Implementation)

The deep dive presentation on the Rehabilitation Model Implementation was received and the Head Of Physiotherapy Services (HPS) advised that the rehabilitation model was launched in 2020 and was being used to try and map where and when they should be implementing rehabilitation services and that they were aligned to the model.

The Committee noted that there are 5 tiers within the model:

Specialised Rehab

- Critical Care / Rookwood facility,
- MDT rehabilitation,

Non Specialised rehab

- Supported rehabilitation – non specialised rehabilitation,
- Primary Care support – delivered in a primary care setting in peoples home or GP's,
- My Health and Well Being – centred on enabling and empowering the population to use their community assets to support their health and wellbeing.

The Committee noted:

- a programme was being developed that would look at how they would deliver rehabilitation against their model,

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	<ul style="list-style-type: none"> • as it was 8 weeks of support they decided to focus on areas that were least developed within their tier one and two areas and felt that they needed to be developing more co-produced behavioural changed programmes focusing on prevention, self-management, for people with chronic conditions living within the community, • the 8 week programme will include fortnightly 60-minute catch-ups with the programme lead, workshops with more than 60 individuals attending, 60-minute meetings with stakeholders from across the organisation and Kick-Off meetings with the key stakeholders, • key topics identified for discussion include Stakeholder engagement, Communication and IT & Digital Capabilities, • the short term aim which was to start developing a Living Well Programme for long-term conditions in partnership with the Recovery College and their long term aspiration which was a long-term condition rehabilitation service in the community to support people to live well, • an initial 90-day implementation plan has been designed and CVUHB are developing an 18 month implementation plan <p>The HPS outlined the Governance and reporting structures and felt the work would be better aligned in the Shaping Our Future Clinical Services (SOFCS) strategy.</p> <p>The CC asked that a brief update on this item be brought back to the committee later in the year.</p> <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) The Flash update Presentation be noted. b) The Deep Dive presentation on the Rehabilitation Model Implementation be noted. 	
S&D 21/05/013	<p>Strategy & Delivery Dashboard Demonstration Update – Verbal</p> <p>The verbal update on the Strategy & Delivery Dashboard Demonstration was received and the CC advised that he had met with the Director of Director of Digital Health Intelligence (DDHI) and received an update / demonstration on the Dashboard. He stated that he was impressed with the proposal, and that it provided a simpler easy to use dashboard, which highlights key targets and performance.</p> <p>The CC stated that he had discussed having the dashboard presented at a Board development session with the UHB Chair to ensure that IM's were sighted on this. Once this had been done the CC could sign it off for completion.</p> <p>The DDHI advised that the dashboard was published and validated data and that were looking to expand the number of indicators, as it currently only focussed on the 38 indicators mapped to the S&D Committee. He added the plan is to have a "Biz Dashboard" set up for each IM to show them the data in a useful way.</p> <p>The Committee Resolved that:</p>	DT

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	a) The verbal update on the Strategy & Delivery Dashboard Demonstration was noted.	
S&D 21/05/014	<p>People and Culture</p> <p>The People and Culture update was received and the DPC advised that her title has now changed to People and Culture and wanted to encapsulate that in a People and Culture plan going forward.</p> <p>The Committee noted that the team were working on:</p> <ul style="list-style-type: none"> • developing a wellbeing plan for the next 12 months, • A VBA Campaign – which would be very important when referring to statistics and was a foundation that they needed to drive forward on. The DPC advised that a presentation will be brought a future meeting providing an update, • Project Search – in relation to diversifying the workforce and were working in collaboration with the Local Authority and Project Search concerning individuals coming into the Health Board with learning disabilities, • a procurement tender for a virtual showcase to help spear a social movement and to encourage staff to be on board with the strategy. This will link in with SOFCS and engage with the population in a creative way, • Discussion with the CEO of Health Education improvement Wales (HEIW) regarding higher level apprenticeships. <p>The Committee Resolved that:</p> <p>a) The verbal People and Culture update be noted.</p>	RG
S&D 21/05/015	<p>Performance Reports</p> <p>(a) Organisation Key Performance Indicators</p> <p>The Organisation Key Performance Indicators update was received and the COO advised that he wanted to recognise the good work being undertaken in the Diagnostics & Therapies department as they had reached almost zero 8-week waits for diagnostics last year. He stated that it then increased to 10,000 as a result of COVID-19 but they had reduced to 4,500 in March 2021.</p> <p>The COO highlighted two areas of concern:</p> <ul style="list-style-type: none"> • Stroke – 4 hour access was very poor and this was directly related to COVID-19 as the stroke reception unit is very small where patients go to receive optimal care. The front door pathways state that if any of the patients are suspected to have COVID-19 symptoms they had to go to a different place, • Mental Health 28 Day Assessment – this continued to be a concern and they were seeing some real improvements for the trajectory for Children and Adolescent Mental Health Services (CAHMS). There is a slight improvement in Mental Health highlighting that the previous months referrals were 1,400 but that were not at 900. The COO stated that he and the mental health 	

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team had gone through a recovery plan and were seeing some recovery up to 20% for May 2021, but it was dependent on recruitment which had a lag to benefit. They were working on what could be done in the short term whilst the recruitment was ongoing.

The IM-TS queried what was being offered in lieu of an assessment and if there was a watchful waiting support for individuals rather, than them having to wait in distress. The COO advised he would happy to arrange a meeting with the CC, IM-TS and the UHB Vice Chair to provide greater detail. He added that with other services Mental Health protected the higher acuity essential services and therefore they had taken a risk based approach to this, however this is not acceptable but is understandable, as the figures demonstrated that their staff have been affected in the same way as Physical Health staff.

The CC queried the impact of CAV 24/7 and how it was being assessed. The COO advised that it was being measured in the same way as before and was still constituting one third of activity in the emergency department (ED). He added that a new scheme was proposed which extended access to surgical direct referrals which rather than book people into ED would also book them into a direct urgent surgery slot going forward. The Committee noted that if the surgical teams were keen on this there was potential to replicate this. They would be going from an unplanned event to a semi-planned event so at the end point of the event it will not default to the ED anymore but instead to cardiology, surgery, psychiatry, etc.

(b)Workforce Key Performance Indicators (KPI's)

The Workforce Key Performance Indicators (KPI's) report was received and the DPC gave a summary of performance against the KPI's presented within the report.

The Committee noted that the total monthly pay bill had doubled and that the DPC she was working with the finance teams to discuss the central monies received from Welsh Government for this purpose.

The DPC advised that there was an additional £17 Million bonus for NHS staff plus the accrual of £10 Million and that they had to give the estimation for annual leave carryover and study leave for junior doctors.

The Committee noted that of the 1,600 voluntary resignation monitored from the period 2019-2020 there had been only an 8% return of exit questionnaire feedback, and the DPC felt that more work was required in this area through discussion with managers and managers training. She advised that people were generally leaving to transfer to other NHS organisations in the same profession.

The DPC advised that they had analysed the number of staff leaving and that 11% of the 130 staff had retired, and some comments of concern were identified stating staff were not feeling valued or managers were not behaving in the correct way.

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	<p>The DPC advised that the sickness absence rates correlated with the first wave in April 2020, which saw the biggest spike of over 8% sickness which was similar to December 2020 when the second wave occurred. The Committee noted that the sickness rates were decreasing, however they were not yet below the target set for NHS Wales.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) The year to date position against key Organisational Performance Indicators for 2020-21 but in the context of current operating framework principles be noted, b) the Workforce & OD Key Performance Indicators Dashboard report be noted. 	
S&D 21/05/016	<p>Board Assurance Framework</p> <p>The Board Assurance Framework (BAF) report was received and the DCG outlined the risks that would be presented to the Public Board meeting in May 2021 for discussion.</p> <p>The DCG also detailed which risks were aligned to the S&D Committee and proposed to bring two risks to each committee going forward, rather than one in an effort to maintain the momentum and risk discussions going.</p> <p>The Committee noted that in addition to the nine risks detailed, the DCG would work with the EDPH to integrate the risk concerning inequalities into the BAF, and that this will be taken to the Board meeting on the 29 July 2021.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) the Board Assurance Framework (BAF) and the risks which will be presented to the Strategy & Delivery Committee once the full BAF has been agreed at the Board meeting on the 27 May 2021. 	NF
S&D 21/05/017	<p>Induction Support For New Committee Members – Verbal</p> <p>The verbal update on the Induction Support for New Committee Members was not received as there was no need for the matter to be discussed further.</p>	
S&D 21/05/018	<p>Review of the Meeting</p> <p>The CC asked if attendees were satisfied with the business discussions and format of the meeting, and all Committee members confirmed it was a positive meeting with an appropriate level of Independent Member challenge and scrutiny.</p>	
S&D 21/05/019	<p>Date & Time of next Meeting</p> <p>The CC thanked everyone for their attendance and contribution to the meeting, and confirmed that the next meeting would be held on Tuesday 13 July 2021 at 09:00am Via MS Teams</p>	

Public Action Log

Following Strategy & Delivery Committee

Held on 11 May 2021

(for the meeting on 13 July 2021)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 15/09/007	Strategic Equality Plan – Action Plan	To bring an updated action plan with set target/criteria as well as a timeline with set time points to a future meeting	11/05/2021	Keithley Wilkinson / Rachel Gidman	Completed discussed at meeting 11 May 2021.
S&D 21/03/015	Workforce Key Performance Indicators	Interim EDWOD to share findings on review of exit interviews and an increase in voluntary resignations. The CC advised that the May committee meeting would focus on workforce and staff wellbeing.	11/05/2021	Rachel Gidman	Completed discussed at meeting 11 May 2021.
S&D 21/03/009	Work Plan 2021-22	The EDSP to share 'Flash' Programme Update reports at future meetings.	11/05/2021	Abigail Harris	Completed discussed at meeting 11 May 2021 and is a standing item on the agenda for all meetings.
S&D 21/03/012	Strategy & Delivery Dashboard Demo	The CC asked the DDHI to meet outside the meeting on how to carry this work forward, the MD also asked to meet the DDHI to discuss this work.	11/05/2021	David Thomas	Completed discussed at meeting 11 May 2021.
S&D 21/03/013	Elective Treatment Strategy Update "Recovery Planning Update"	Updated operational plan to be shared following finalisation of the Annual Plan. Updated to Recovery Planning	11/05/2021	Steve Curry	Completed discussed at meeting 11 May 2021.

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	Integrated performance report	Director of Digital Health Intelligence and Executive Medical Director to take integrated performance report to the next Board meeting	27/05/2020	David Thomas A Harris	Completed discussed at the Board meeting 27 May 2021.
Actions In Progress					
S&D 21/03/006	Chair's Action taken following the meeting held on 12 January 2021	The Interim EDWOD to share an update on the Health Board's Implementation of the Welsh Language Strategy.	13/07/2021	Rachel Gidman	Update to be given at the meeting 13 July 2021 – Agenda Item 3.3.
S&D 21/05/007	Draft Pharmaceutical Needs Assessment (PNA) report	The PNA to be brought back to the S&D committee for final sign off in September 2021.	14/09/2021	Fiona Kinghorn Karen May	Update to be given at the meeting 14 September 2021.
S&D 21/05/008	Strategic Equality Plan – Action Plan	1. The EM stated he will bring back the agreed Terms of Reference of the ESWLS group to the next S&D committee for noting.	13/07/2021	Keithley Wilkinson	Update to be given at the meeting 13 July 2021. Agenda Item 4.1
		2. Additional reporting requirements for the SEP to be brought to a future meeting.	14/09/2021		Update to be given at the meeting 14 September 2021
S&D 21/05/012 (b)	Shaping Our Future Wellbeing Strategy (SOFW) Update (b) Deep Dive – (Rehabilitation Model Implementation)	The CC asked that a brief update on this item be brought back to the committee later in the year.	14/09/2021	Fiona Jenkins Emma Cooke	Update to be given at the meeting 14 September 2021.
S&D 21/05/014	People and Culture – VBA Campaign	The EDPC to give a presentation on the VBA campaign to a future meeting.	14/09/2021	Rachel Gidman	Update to be given at the meeting 14 September 2021

Actions referred to committees of the Board

S&D 21/05/007	Draft Pharmaceutical Needs Assessment (PNA) report	Due to the significance of the PNA that it should be ratified by the Board in September, following sign off by the S&D committee due to the statutory requirements.	14/09/2021	Fiona Kinghorn Karen May	To be taken to the 30 September 2021 Board Meeting after the S&D Committee 14 September 2021 .
S&D 21/05/013	Strategy & Delivery Dashboard Demo Update	CC had requested that the S&D Dashboard be presented at a Board Development session	24/06/2021	David Thomas	To be taken to the June Board Development Session
S&D 21/05/018	Board Assurance Framework (BAF)	The DCG and the EDPC to work together to integrate the risk in relation to inequalities into the BAF. This will be presented to the Board in July 2021.	29/07/2021	Nicola Foreman	Update to be given at the Board meeting 29 July 2021 .

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Cardiff and Vale
University Health Board

Report Title:	Capital Programme 2021/22			Agenda Item no.	2.1
Meeting:	Strategy & Delivery Committee			Meeting Date:	13th July 2021
Status:	For Discussion	For Assurance	For Approval	x	For Information
Lead Executive:	Executive Director of Strategic Planning				
Report Author (Title):	Director of Capital Estates & Facilities				

Background and current situation:

The purpose of this report is to provide the Strategy & Delivery Committee with details of the Health Boards Capital programme for the financial year 2021/22.

The UHB receives an allocation of Capital funding from Welsh Government (WG) via our Capital Resource Limit (CRL). The allocation is divided between Major Capital, Discretionary Capital and 'Other' Capital Projects. The Major Capital allocation is used for larger scale projects that have followed Capital Planning Business Case route. The discretionary capital funding is used to address smaller scale infrastructure developments including statutory maintenance remedial works, rolling programmes of refurbishment (eg. Ward), IT and equipment investment and small capital schemes that have been prioritised as part of the IMTP. The 'Other' Capital Funding is used for ad hoc projects that have not gone through Capital Planning Business Case route and are outside the Discretionary Capital allocation.

The CRL is issued by WG and is a live document which is updated as, business cases are approved, national funded programmes are identified or where the cash flows for projects are adjusted. The CRL is monitored by the UHB Capital Management Group (CMG) at their monthly meeting.

Welsh Government, have supported a number of national initiatives for financial year 2021/22, from which the UHB has benefited, including an Imaging Programme and a Funding Programme for Targeted Improvements.

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

- The programme has been endorsed by both the Capital Management Group and Management Executive Group prior to submission to the Strategy & Delivery Committee
- It is recognised that the funding for 2021/22 will again pose significant challenges for the UHB particularly as it moves out of COVID.
- The position relating to backlog estates maintenance, medical equipment and IM&T is being managed on a risk based process and a modest contingency has been retained within the overall programme to support any emergencies identified through the financial year
- The overall programme is extensive and resources are stretched to deliver the schemes to expected plans

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- A number of schemes, particularly those identified to support the Covid recovery plan have no identified source of funding

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

The UHB receive an annual discretionary funding allocation from WG of £14.871m, which is allocated across a number of schemes many of which are supporting rolling programmes of work including ward refurbishment and estate compliance in addition to a percentage of the available funding being provided for estate, medical equipment and IM&T backlog. Funding of the resource necessary to deliver a challenging programme is also included on an annual basis.

The latest CRL, dated 27th May 2021, identifies 'All Wales' approved funding of £19.051m, (as noted previously this will likely fluctuate during the financial year) which includes £11.328m for schemes that have or are being progressed through the Business Case process. A further £3.262m as part of the Targeted Improvements, £3.216m for Imaging and £1.245m for the national Eye e-referral system.

The Targeted Improvement Programme, includes allocations for Fire Safety backlog, Estate Infrastructure, Mental Health Estate and Decarbonisation. Only schemes that could be delivered in the financial year were considered as it is not yet known whether this initiative will continue beyond 2021/22.

The Discretionary capital programme includes a donated asset of £1.201m, from LATCH for works to the Children's Hospital.

The UHB have recently released detailed service plans for covid recovery and this highlights a number of schemes that require estate solutions to support the clinical delivery.

Appendix 1 provides an overview of the schemes together with the funding source and anticipated spend.

Appendix 2 provides an overview of the current status of each of the schemes, expenditure up to the end of March 2021 and the planned spend for 21/22. There are a number of schemes that have identified anticipated spend for the year but this will be solely dependent on WG approval of the respective business case to enable the next stage of the project to progress.

Recommendation:

The committee are requested to

NOTE: the content of the paper including the level of funding which will be challenging to manage in year

APPROVE: the Capital Plan as presented with any 'in year' changes to the Plan being dealt with in line with the UHB Standing Financial Instructions (SFI's) and scheme of delegation.

NOTE: that all Business Cases will follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board.

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Not Applicable
If "yes" please provide copy of the assessment. This will be linked to the report when published.



Appendix 1.docx



Appendix 2.docx

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Appendix 1

Capital Allocation 2021/22

No. Description		Cost			
		Major Capital	Funded Disc Cap	Donated	O'Turn
		£k		£k	£k
FUNDING:					
Major Capital					
	Rookw ood Relocation	1,150			1,150
	Wellbeing Hub - Maelfa	9,788			9,788
	Wellbeing Hub - Penarth				0
	SARC OBC	390			390
	WG Funding Programme for Targeted Improvements	3,262			3,262
	Eye Care		288		288
	Cystic Fibrosis (East 2)		198		198
	Eye Care	1,245			1,245
	National Programmes – Imaging	3,216			3,216
Major Capital Total		19,051	486	0	19,537
Discretionary Capital & Sale of Properties					
	Discretionary Capital Allocation		14,385		14,385
Discretionary Capital & Sale of Properties Total		0	14,385	0	14,385
Donated Funding					
	Rainbow Ward UHW (Latch)			1,201	1,201
Other Schemes Total		0	0	1,201	1,201
	Unapproved				
					0
					0
Unapproved Total		0	0	0	0
Business Case Payback					
	Genomics OBC/FBC	759			759
	Radiopharmacy FBC	394			394
	Wellbeing Hub Park View OBC	301			301
	Wellbeing Hub CRI	1,079			1,079
	UHL New Substation & Upgrade Med Gases	185			185
	Hybrid/MTC Theatres OBC/FBC	1,052			1,052
Other Schemes Total		3,770	0	0	3,770
TOTAL CAPITAL ALLOCATION		19,051	14,871	1,201	35,123

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Capital Programme 2021/22

No.	Description	Cost			
		Major Capital	Funded Disc Cap	Donated	O'Turn
		£k		£k	£k
MAJOR CAPITAL					
	Rookw ood Relocation	1,150	786		1,936
	Refit				0
	Eye Care - e-referral system	1,245	228		1,473
	Cystic Fibrosis		198		198
	SARC OBC	390			390
	WG Funding Programme for Targeted Improvements	3,262			3,262
	National Programmes – Imaging	3,216			3,216
	Wellbeing Hub Cogan				0
	Wellbeing Hub Maelfa	9,788			9,788
MAJOR CAPITAL COMMITMENTS		19,051	1,212	0	20,263
DISCRETIONARY CAPITAL & PROPERTY SALES					
Annual Commitments:					
	UHB Capitalisation of Salaries		500		500
	UHW 2 Capitalisation of Salaries		200		200
	UHB Revenue to Capital		1,215		1,215
	UHB Accommodation Strategy		200		200
	UHB Misc / Feasibility Fees		100		100

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No.	Description	Cost			
		Major Capital	Funded Disc Cap	Donated	O'Turn
		£k		£k	£k
Business Cases funded via Discretionary Capital					
	CAVOC Theatres UHL				0
	UHL New Substation & Upgrade Med Gases				0
	Radiopharmacy Development FBC		435		435
	Geonomics		273		273
	Hybrid/MTC Theatres (FBC)		1,026		1,026
	Wellbeing Hub Park View		230		230
	Wellbeing Hub CRI		1,965		1,965
	Refurbishment of Mortuary UHW BC		100		100
	Haematology Ward & Day Unit				0
	Endoscopy Expansion		100		100
	Critical Care Expansion				
	Pet Scanner				
	RUCS				
IM&T:					
	Backlog IM&T		500		500
Medical Equipment					
	Backlog Medical Equipment		1,000		1,000
Statutory Compliance:					
	Fire Risk Works		200		200
	Asbestos		400		400
	Gas infrastructure Upgrade		300		300
	Legionella		450		450
	Electrical Infrastructure Upgrade		150		150
	Ventilation Upgrade		500		500
	Electrical Backup Systems		250		250
	Upgrade Patient Facilities		350		350
	Dedicated Team		200		200
Other:					
	Backlog Estates		1,000		1,000
	Ward Upgrade (2 wards)		1,100		1,100
	Lift Upgrade (3 lifts)		300		300
	Pembroke House Accommodation Refurbishment		416		416
	Donated Building works			1,201	1,201
	Rainbow Ward Plant Room		244		244
					0
	Emergency Contingency		1,000		1,000
	Unallocated				0
					0
DISCRETIONARY CAPITAL & PROPERTY SALES COM		0	14,704	1,201	15,905
Total Commitment		19,051	15,916	1,201	36,168
Over / Under Commitment		0	1,045	0	1,045

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Appendix 2

Capital Programme Plan

A. Capital Schemes in Construction

A.1 Acute Infrastructure

Scheme (Total Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21-22
Neuro & Spinal Rehab Unit at UHL. Relocation of Rookwood services (£31m AWCP)	Main Unit complete – some ongoing works being finalised – Gym and Horatio’s Garden Funded by WG	£29.569m	£1.044m
Ward East 2 UHL (Cystic Fibrosis)		£0.000m	£0.198m
St David’s Hospital – enabling works for ECAS and Day Hospital from Rookwood	On hold - Draft paper describing the legal opinion and a potential way forward submitted to Mgt Exec. Funded by WG	£0.173m	£1.030m
MTC Enablers (carried fwd from 19/20) ED CT scanner (£1.5m AWCP) Resus – additional bay (£0.462m AWCP)	CT Scanner and Resus works completed and scanner installed. Feasibility - MTC Phase 2 and Polytrauma Ward A4 development - business case required Funded by WG	Works £0.687 ED Scanner £1.500m Resus £0.462m	£0.000m
Green Zone – UHW (£0.087m)	Tender – A5. Tender schedule: issued (11/05/21), return (25/05/21), construction from 15/06/21 to 27/07/21 Funded from contingency	£0.000m	£0.087m

A.2 Community Infrastructure

Scheme (Total Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21-22
Wellbeing Hub – Maelfa (£12.881m AWCP – Primary Care Pipeline)	Construction – completion scheduled Oct-22. Funded by WG	£2.020m	£9.735m

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B. Capital Business Cases in Development

B.1 Acute Infrastructure

Scheme (Total Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21-22
Hybrid/Vascular & Major Trauma Theatre – UHW (£33.5 AWCP)	FBC - Revised OBC submitted March '21 – awaiting scrutiny meeting. Proceeding with FBC AT RISK by Dec 2021. Spend to date through discretionary capital. Undertaken at Risk	£1.063m	£1.026m
UHL – Replacement theatres and additional (22 bed) ward facility (£11m AWCP)	OBC in development – planned completion of OBC March 2022. OBC production funded by AWCP. Undertaken at Risk	£0.272m	£0.800m
UHW Theatre Do minimum Refurbishment (£15m AWCP) – 2 at a time	SOC in development (Do min solution for theatres replaces Academic Ave scheme). SOC production funded through discretionary capital.	Nil	Nil
Genomics (£15.323m AWCP) – Joint infrastructure scheme with NPHS – critical enabler for national Genomics strategy	FBC completed AT RISK and submitted to WG May 2021. Scrutiny meeting awaited. Lease for CD1 at risk if FBC approval delayed Undertaken at Risk	£0.759m	£0.273m
Radiopharmacy (£12.756m AWCP) – replacement of inadequate accommodation – MHRA statutory compliance requirement	FBC AT RISK - OBC submitted to WG. UHB responded to WG Scrutiny comments (19/02/21) and feedback awaited. CMG agreed to progress FBC at risk to mitigate time lost.	£0.394m	£0.435m
Mortuary Refurbishment (£1.6 - £2m AWCP) - HTA statutory compliance at UHW	Design - Appoint design team June 2021. Develop drawings and spec. August 2021. Compliance with HTA recommendations required. Undertaken at Risk	£0.000m	£0.100m
UHL – Electrical and Oxygen (£4m AWCP) New substation to address single point of failure and second VIE to augment existing oxygen plant	BJC submitted to WG March 2021. No feedback received to date Undertaken at Risk	£0.000m	£0.185m
Dental Riser Electrical Works (£1 -1.5m)	BJC – External resource and WG funding needed to support BJC development. Designed & supported by in-house team	Nil	Nil

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Scheme (Total Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21-22
UHL Endoscopy Expansion	BJC for two additional endoscopy theatres and a new recovery area progressed through CMG (17/05/21), UHB Board (27/05/21) and WG (w/c 31/05/21)	£0.000m Note 1	£3.049m Note 2
Sustainable Transport Hub (£3.6m)	Undertaken at Risk	£0.185m	£0.100m

B.2 Community Infrastructure

Scheme (Total Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21- 22
Wellbeing Hub Penarth (£11.553m AWCP – Primary Care Pipeline) (£1.8m over budget)	OBC complete but on hold whilst a review of options in undertaken with and at the request of Vale of Glamorgan Council Funded by WG	£1.196m	£0.500m
Wellbeing Hub Ely (Park View) (£16 - 20m AWCP)	OBC in development. OBC Submission to WG planned for November 2021 Undertaken at Risk	£0.301m	£0.230m
SARC Hub – CRI (£10m AWCP)	OBC – WG submission planned for January 2022. Construction planned Jul-21 to Oct-21 Funded by WG	£0.315m	£0.363m
Health & Wellbeing Centre – CRI (£93m AWCP)	FBC – PM challenging programme from SCP. Confirmation required for demolition of Building 6 . Undertaken at Risk	£1.072m	£1.965m
CRI – Safeguarding Works (£? AWCP)	FBC – PM challenging programme from SCP. Undertaken at Risk	Included in Above	Included in Above

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C. Capital Infrastructure Priority Requirements – Proposals Identified in Annual Plan 2020/21

C.1 COVID URGENT INRASTRUCTURE ENABLING SCHEMES – In 21/22 Recovery Plan

Scheme (Total Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21- 22
2 Mobile Theatres - UHW	Under procurement – Revenue Scheme	N/A	N/A
Mobile Endoscopy Unit - UHL	Procurement plan under development in partnership with CTM UHB (Revenue scheme)	N/A	N/A
2 Day Case Modular Theatres UHW (£3m AWCP)	Feasibility planning in progress to accommodate Ophthalmology daycases	£0.000	£4.000m
Adult Fracture Clinic – relocation from UHL to UHW	Feasibility planning in progress to relocate clinics from Ortho elective clinics at UHL to main OPD at UHW		TBA
Paeds Fracture Clinic -	Scheme to accommodate service in ED at UHW in planning stage		TBA
Surgical SDEC – key component to support emergency flow plan	Feasibility planning in progress to accommodate in Physio at UHL (also requires relocation of Physio services as an enabler)		£3.000m
Physio service transfer to Lakeside	To enable the above		Nil
UHW ED – internal footprint changes to support flow redesign	Scoping plan under development to agree changes required		TBA
Virtual Village for OP services @UHL	Feasibility plan under development for space for clinical staff to undertake virtual OP consultations		TBA
Establishment of Community Diagnostics Hub @ Barry	Feasibility plan under development in partnership with private sector partner – Revenue Scheme	N/A	N/A
Gynae Treatment Rooms - UHW	Feasibility plan to expand treatment capacity		£0.600m

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C.2 Acute Infrastructure

Scheme (Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21- 22
BMT – Haematology Ward & Day Unit – urgent accreditation requirement	Feasibility plan underway to utilise some of the Lakeside Wing		
Acute Oncology Unit – required to support joint service model with Velindre	Included in feasibility plan above		
Advanced Cell Therapy – specialist inpatient capacity to deliver novel nationally commissioned service	Feasibility - Included with BMT Haematology above.		
Hyper Acute Stroke Unit Facility at UHW	Len Richards signalled that this should be included in the 2021/22 Annual Plan. A work programme and service model UHB is required.		
Rheumatology Day Unit	Scoping		
Immunology Infusion Facilities	Scoping		

C.3 Community Infrastructure

Scheme (Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21- 22
Health & Wellbeing Centre – North Cardiff	Internal engagement commencing to develop integrated service plan with all key stakeholders. PCIC leading – North Locality .		TBA
Health & Wellbeing Centre - Barry	Internal engagement commencing to develop integrated service plan with all key stakeholders. PCIC leading – Vale Locality .		TBA
Wellbeing Hub @ Plasdwr	Conversations with Cardiff LA continuing with a proposal to develop a joint integrated hub for the provision of public and third sector health & social care services for the community		TBA
CHC Paeds Respite Centre	Scoping for engagement of healthcare planning support to develop initial schedule of accommodation to assess option service model requires significant stakeholder engagement as part of the process. Infrastructure solution and location is yet to be determined.		TBA

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D Discretionary Acute

D1 Business Case development

Scheme (Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21-22
Lift Refurbishment Programme	Feasibility – number of breakdowns and issues reported appears to be increasing and lift spares are becoming obsolete increasing down time. Resource required to develop programme business case for refurbishment of lifts	£0.000m	£0.000m

D.2 Other schemes

Scheme (Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21-22
Theatre 0 sterile store	Design – redesign to reflect recent remedial works undertaken. Requires discussion with department to progress works	£0.000m	£0.250m
Maternity Air plant	Design – retender required due to time lapsed. Required this financial year to meet compliance	£0.000m	£0.250m
Pembroke House Refurbishment	Mobilisation – construction 17/05/21 to Nov-21	£0.000m	£0.416m
Ward 6 Refurbishment	Design – work can recommence subject to availability of LSW	£0.000m	£1.100m
Concourse Stairs	Mobilisation – construction phase 1: 19/04/21 to Jun-21. Potential disruption along main corridor. Subsequent phases in progress	£0.000m	£0.036m
Rowan House electrical supply	Mobilisation – construction completion planned for Aug-21. Awaiting Western Power	£0.000m	£0.006m
UHW tunnel Smoke ventilation	Construction – commenced on site to Sep-21. Dependencies include asbestos removal and agreement of Fire Officer re fire dampers	£0.160m	£0.100m
UHL Car park Safety Fencing	Design – identified as safety risk by CEF H&S team	£0.000m	£0.200m
Multi-storey Car Park CCTV	Design – upgrade ongoing	£0.000m	£0.200m
Security Hub TDSI Server Room	Design – Tender issue Jun-21 construction from end Jul-21 to end Aug-21		
CPU EHO Report	Mobilisation – Redial works required following EHO (or “WHO”?) visit and report.	£0.000m	£0.160m

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Ceiling tiles and lighting (Concourse stairs)	Design – ongoing	£0.000m	£0.050m
Maternity Lift	Feasibility – a number of Datix incidents reported following failure of lifts	£0.000m	£0.350m

D.3 Requests for urgent capital funding

Scheme (Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21-22
Tertiary Tower Long Term Solution	Design – structural design end of Ju-21. High risk due to ongoing generator availability to support all services within Tertiary Tower		£0.800m

D.4 Welsh Government Funding programme for Targeted Improvements

Scheme (Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21-22
an Estates Fire Safety Backlog			
UHW Tower Block 1 Fire Alarm system upgrade	Design. Partly Funded	£0.000m	£0.137m
Fire Alarm detection system upgrade Llandough Hospital	Design	£0.000m	£0.184m
b Estate Infrastructure			
UHW Vacuum Plant Replacement	Design	£0.000m	£0.223m
UHL Plant Room Upgrade	Tender	£0.000m	£0.991m
d Decarbonisation			
Air Conditioning Controls Scheme	Tender	£0.000m	£0.688m
Burner Replacement for UHW Centralised Boiler House	Design	£0.000m	£0.563m
Control Valve Replacement Programme	Design	£0.000m	£0.168m
Pipework Re-insulation Programme	Design. Identifying Asbestos requirement	£0.000m	£0.094m

E. Discretionary Community

E. 1 Welsh Government Funding programme for Targeted Improvements

Scheme (Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21- 22
a Estates Fire Safety Backlog			
Fire Safety – Community Based Facilities Phase 1	Design.	£0.000m	£0.063m
Fire Alarm upgrade – Community Based Facilities	Design	£0.000m	£0.100m

Scheme (Estimated Capital value)	Current Status	Spend to date Prior Years	Spend Plan 21- 22
c Mental Health Estate			
Community based facilities; Anti- ligature and other related associated building works	Design.	£0.000m	£0.050m

Notes

UHL Endoscopy Expansion

- 1) In House Team undertaken design
- 2) Estimated costs for 21/22

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Report Title:	Shaping Our Future Wellbeing - Strategic Programmes Falsh Reports					Agenda Item no.	3.1	
Meeting:	Strategy & Delivery Committee					Meeting Date:	13 th July 2021	
Status:	For Discussion		For Assurance	x	For Approval		For Information	
Lead Executive:	Abigail Harris – Executive Director of Strategic Planning							
Report Author (Title):	Marie Davies - Deputy Director of Strategic Planning							

Background and current situation:

The UHB is more than half way through the delivery period for its strategy Shaping Our Future Wellbeing 2015 -2025.

In order to support the delivery of key components of the strategy, a Strategic Programme Portfolio governance structure has been developed and the Strategic Programmes Portfolio Steering Group has been established to oversee the delivery of the 4 key Programmes:

- Shaping Our Future Clinical Services
- Shaping Our Future Hospitals
- Shaping Our Future Community Hospitals @ Home
- Shaping Our Future Population Health (to be established)

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

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

Each of the Programmes reports twice monthly to the Management Executive (ME) Strategic meeting using a Flash Reporting Tool and the most recent Flash reports are appended at Appendices B-D to this papers. The Strategic ME is responsible for overseeing Strategic Programmes delivery and ensuring alignment with the UHB's Recovery Programme portfolio.

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

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

Recommendation:

Strategy & Delivery Committee is asked to:

1. **APPROVE** the proposed governance framework and
2. **NOTE** the progress and risks described in the Programme Portfolio Flash Reports.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

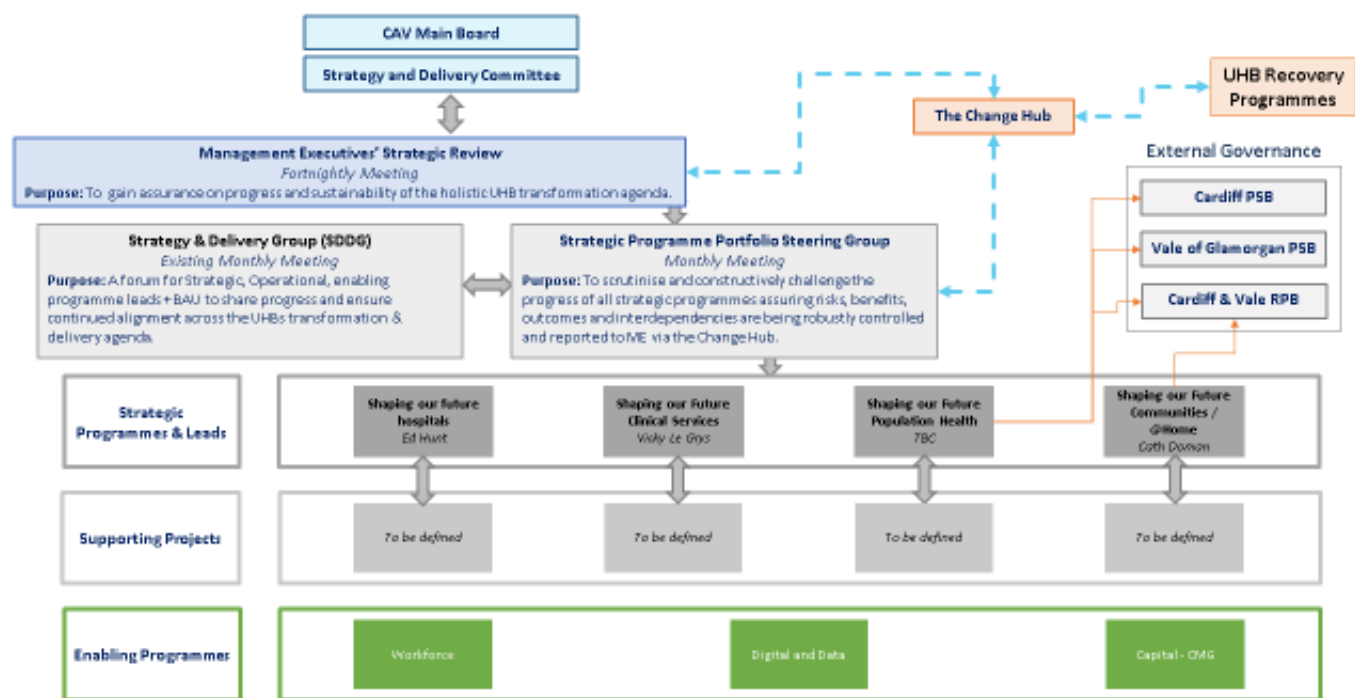
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Equality and Health Impact Assessment Completed:

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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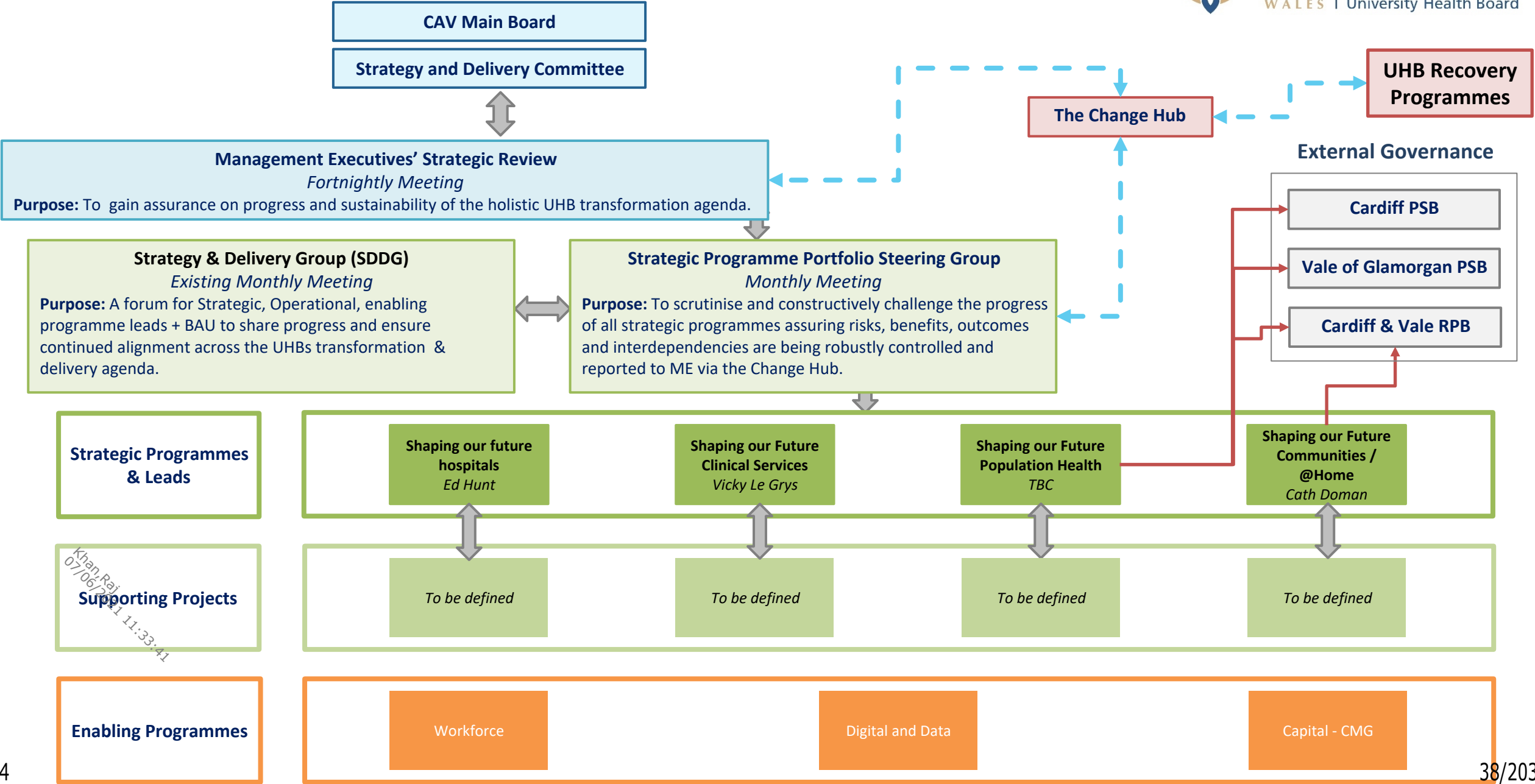
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Kind and caring
Caredig a gofudd

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



Shaping Our Future Clinical Services

Update Date: 30/06/21



GIG
CYMRU
NHS
WALES

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



Exec Summary:

Engagement report supported by UHB Board, plan developed for sharing outcome
Initial programme resource requirements set out in line with SOFH SOC requirements
Pathway redesign planning underway to support Cardiology service line

Headline measures (current phase):

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 (to inc completion of exemplar by Sept 21)

Overall Programme Report

Programme Lead	Vicky Le Grys / Nav Masani	Programme Status		Under-resourced	Next Major Milestone:	Agreeing detailed programme of work for next 12 months alongside SOFH Completion of exemplar pathway redesign – Sept 2021
		Previous Status		Under-resourced		

Done this fortnight:

- Directorate meetings continue (cardiothoracic, Critical Care & MTC)
- Engagement feedback plan developed for agreement with CHC next week
- Local session undertaken to develop pathway redesign methodology inputs and outputs
- Agreement with Cardiology to undertake first pathway as exemplar
- RSSPPP proposal for a joint Tertiary Services workshop to be independently facilitated which will impact upon clinical plans for both SBUHB & CAV. To be held in the summer.

Targets for next 2 weeks:

- Continued staff engagement sessions and Directorate meetings (ALAS, Nephrology & transplant)
- Next stage plan engagement and consultation for clinical services to be undertaken
- Prioritisation framework to be developed and tested
- Lessons learned session with CHC following May Board

Major Programme Risk:

1. Lack of resource to deliver required outputs to align with SOFH timeline &/or requirements for change within clinical services
2. Lack of clarity around portfolios, scope and interdependencies will cause confusion within the organisation and loss of engagement with SOFCS programme

Mitigating Action:

1. Will require support and time from existing staff to ensure delivery.
2. Broader work being undertaken on strategic and operational portfolios, as well as governance

Decision / Intervention required from Execs:

Championing of the programme within the organisation this with team and support to identify leads and resource for delivery.

Shaping Our Future Hospitals

Update Date: 30/06/21



GIG
CYMRU
NHS
WALES

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

Exec Summary:

Meeting with WG and completion of Gateway 0 review have shined a light on matters of affordability which need to be addressed. Doing nothing isn't regarded by WG as an option.

Headline measures:

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

Overall Programme Report

Programme Lead	Ed Hunt	Programme Status		Require green light from WG to progress	Next Major Milestone:	22/6/21 - Meeting with WG on PBC & next steps timetable
		Previous Status		Require green light from WG to progress		

Done this fortnight:

- Held first PBC review meeting with WG
 - Acknowledged that do nothing isn't an option
 - WG want to understand expected estate failures over the next 10 years
 - Further meeting with officials to progress scrutiny
- Held gateway 0 review of SOFH and report provided
 - Recommendations for WG and C&V
 - Concern review didn't cover scope agreed with WG for PBC
 - Affordability the biggest risk area – WG thus far not considered
 - Programme operation not raised as a cause for concern

Targets for next week:

- Arrange meeting with WG on PBC scrutiny
- Quantify anticipated estate failures with 10 year horizon
- Write to NHS Wales Chief Exec summarising meeting and actions
- Devise response and plan of action following scrutiny and gateway 0 recommendations, including resourcing implications
- Receive briefing on Uni plans for Heath Park West

Major Programme Risk:

- Losing 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:

- Recommend and support decisive actions in response to scrutiny and Gateway 0 to once again pick up pace.
- In progress



Appendix D

@Home / Shaping our Future Community Services

Update Date: 30/06/21

Exec Summary:

Programme scope and component projects and work streams developing rapidly. Strong partner engagement.

Headline measures:

To be defined as part of programme scoping and mobilisation.

Overall Programme Report						
Programme Lead	Cath Doman	Programme Status		Programme mobilisation progressing well however project resourcing causing concern.	Next Major Milestone:	-Completion of programme scope and deliverables and sign-off by Ageing Well Partnership -Securing and mobilising project workforce
		Previous Status		Programme mobilisation progressing well		
Done this fortnight:				Targets for next 2 weeks:		
<ul style="list-style-type: none">• Programme scoping continues• Work up and project scope clarification continues• Established alignment of programme with National Primary Care Accelerated Cluster Development programme: to establish an action learning set to support integrated cluster model locally• Intermediate care sub-programme defined• Initial exploration of digital capability required to support delivery of integrated care models				<ul style="list-style-type: none">• Briefing to Management Exec strategy review session 01.07.21• Vale Alliance exploratory discussions 06.07.21• Finalise programme definition and governance for sign off by Ageing Well Partnership• Programme business intelligence and information needs, to be defined• Define and confirm Lightfoot analytical support across portfolio• Commence exploration of expansion of cluster-based integrated care model with Community Directors in East and North Cardiff• Interdependency mapping across SOFC/@home, SOFCS, SOFH• Address project delivery capacity concerns		
Major Programme Risk:		Mitigating Action:		Decision / Intervention required from Execs:		
<ul style="list-style-type: none">• 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) and risk of gaps/duplication• Digital capability and maturity to support multi-agency integrated care model• Programme delivery and leadership capacity		<ul style="list-style-type: none">• 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		<ul style="list-style-type: none">• Nothing at present		

Report Title:	Shaping our Future Population Health - articulating our approach				Agenda Item no.	3.1b
Meeting:	Strategy and Delivery Committee				Meeting Date:	13 July 2021
Status:	For Discussion		For Assurance	X	For Approval	
Lead Executive:	Executive Director of Public Health					
Report Author (Title):	Consultant in Public Health Medicine					

Background and current situation:

As part of delivering Cardiff and Vale UHB's Shaping our Future Well-being Strategy, a suite of strategic priority change programmes are being established, including Shaping our Future Population Health (SOFPH). This paper describes in more detail what the SOFPH programme includes, and the initial focused programmes for delivery.

SOFPH describes a system which identifies and addresses current and future population health issues, improving health, preventing ill health, and reducing health inequalities among residents and communities in our area.

The UHB has a statutory responsibility to protecting and improving the health of the population, alongside a requirement to demonstrate the sustainable development principle set out in the Well-being of Future Generations (WFG) Act. This principle requires organisations to prioritise prevention, the long-term, integration, collaboration, and involvement.

Components of SOFPH

Delivery mechanisms / programme characteristics

- Partnerships are a key mechanism of delivery for the SOFPH programme.
- Action on the wider determinants of health is led via the Public Services Boards (PSBs) in Cardiff and the Vale, and local authority corporate plans. This includes action on fair economic development; housing and homelessness; environment; education; and community safety
- Actions at specific life stages (life course approach) is led via the Regional Partnership Board, through the Starting Well, Living Well, and Ageing Well partnerships, which each include specialist public health input
- Population health and prevention will be a core element of partnership recovery and renewal planning after the pandemic - this will encompass both the wider determinants (a 'public health in all policies' approach) and specific specialist programmes of work
- This year's Director of Public Health report, focusing on health inequalities, will help prioritise partnership work on population health and prevention
- Focus on measuring improvements and outcomes

Integrating prevention in other SOFW strategic programmes

- To realise our ambitions to improve health outcomes and reduce health inequalities all our programmes need to include prevention, early intervention and plans to shift upstream. For example:

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- Shaping our Future Communities - strengthened approach to community service provision and NHS health and well-being infrastructure
- Primary care strategy
 - Systematic approach to specific prevention and early intervention action
- Primary and community care
 - We are commissioning work from the King's Fund to identify strengthened opportunities for prevention and early intervention in our primary and community services, and will incorporate these in the '@home' locality-based RPB care model
- Mental health strategy - systematic approaches to early intervention; and implementing a suicide and self-harm prevention strategy
- Diagnostics - diagnostic components of screening programmes fit to meet future needs
- Shaping our Future Clinical Services
 - Integrating prevention and early intervention in clinical pathways will be taken forward through Shaping our Future Clinical Services.
 - We will encourage needs-based planning of care pathways, and look for evidence that the care pathway has been shifted upstream, towards prevention (forms part of our sustainable planned care approach)
 - Ensure secondary prevention as well as primary prevention included in pathways
 - Explore opportunities for work with public sector partners, e.g. local authorities, in end-to-end care pathways
 - Support commissioning of work as required, to identify future population health needs requirements for specific clinical pathways, over and above intelligence from wellbeing assessments and population needs assessment
- Shaping our Future Hospitals
 - We will provide advice and support to ensure our settings are an appropriate size for future population need and care pathways; and our estate supports staff, patients and visitors to stay healthy, and has a minimal or positive impact on the environment and air quality
- Emergency and urgent care
 - Preventative pathways, e.g. CAV 24/7, falls prevention, alcohol harm reduction
 - Supporting vulnerable groups e.g. homeless population
 - Equity of access
- Enabler - workforce - every member of staff has responsibility for prevention
- Enabler - digital and data - strengthen our approach to measurement of outcomes and use in planning and delivering services

Specific system programmes (supporting projects)

- These will include:
 - Vaccination and immunisation
 - We will review and improve our existing governance and service delivery models for childhood and flu vaccinations to effectively protect our population against vaccine-preventable diseases
 - We will continue to offer covid-19 vaccination for priority groups in line with JCVI guidance as quickly and safely as possible

Systematic approach to health inequalities

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- Review of the impact on health inequalities due to Covid-19 through publication of the Director of Public Health Annual Report 2020, consolidating learning from unparalleled partnership working during the pandemic. Focus to include promotion of the key roles of partner organisations as significant local employers/role models; community development of asset-based approaches targeting our most disadvantaged groups; and amplifying collective action with local authorities to decrease inequalities in a small number of focused programmes of work
- Further development of our engagement programme with ethnic minority communities, building on strengthened relationships during Covid-19 but looking to widen our scope to other health concerns, through the employment of an Engagement Coordinator (Health/Ethnic Minorities), sited within the Cardiff Council Cohesion and Engagement Unit, and covering Cardiff and Vale
- Specific work planned around identified vulnerable groups includes implementation of the recommendations of Public injecting & Youth Justice Health Needs Assessments in Cardiff and also implementation of the recommendations of our Needle Exchange programme review
- Healthy weight: Move More Eat Well
 - Our Move More, Eat Well Plan outlines a systems leadership approach to achieve the vision for our population to move more and eat well. Launched in July 2020, we are working in partnership to deliver positive outcomes in behaviour change in our communities and beyond. This has been adopted by Cardiff PSB, Vale PSB and Cardiff and the Vale of Glamorgan RPB. It is also exemplified in the Healthy Weight; Healthy Wales Delivery Plan, as an example of best practice
- Sustainable and healthy environment
 - Close partnership working with Cardiff Council and Vale of Glamorgan Council transport and planning teams, to support strategic and operational approaches to place making and transport infrastructure design which promote and improve health. This includes impacting on air quality, quality and availability of active travel (walking and cycling) infrastructure, spatial environments including access to green and blue spaces and key public services (including primary and preventative healthcare), and healthy retail and growing environments in neighbourhoods
 - Informing and advocating for improvements to national policy to support the development of sustainable and healthy environments locally
 - Advice and support to Shaping our Future Hospitals programme (as above)
- King's Fund recommended programmes
 - Commissioning the King's Fund to work with key local service leads, and draw upon the evidence of what is effective and works in practice, to identify those actions the UHB and partners should take to maximise the opportunities for prevention and early intervention in primary and community settings. The report recommendations will be received in early Autumn and integrated in to the locality model at that point
- Health improvement programmes sit alongside these, with specialist public health input at key life stages (via RPB) and clinical pathways (via Shaping our Future Clinical Services).

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These programmes include immunisation, tobacco, physical activity, healthy and sustainable food, healthy environments, alcohol, sexual health, and falls prevention

We are currently exploring with Cardiff Council the potential to identify two or three pathways to act as exemplars of end-to-end pathway integration, with agreed partnership interventions at each stage of the pathway, from wider determinants through to primary prevention, early intervention, secondary prevention, and clinical care. For example, for a respiratory pathway action on housing quality and air quality would be part of an integrated pathway alongside specialist Respiratory Medicine care.

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

As we come out of the Covid-19 experience there are significant challenges we still face, and opportunities to build on our transformational working during the pandemic. This strategic programme will capitalise on these opportunities and build a stronger systems approach to improving the health outcomes of the population and reducing health inequalities in our local area.

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

- Financial - additional resource may be required to provide sufficient capacity to programme manage and deliver new aspects of this preventative programme
- Legal/Reputational - the UHB has statutory requirements relating to prevention (see opening paragraph, above). Failure to meet these would have legal and reputational impacts

Recommendation:

- Strategy and Delivery Committee is asked to SUPPORT this strategic programme and direction of travel, noting that further work will be taking place to define deliverables for our supporting projects, and resource requirements

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

				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	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:		To be completed as detail of supporting projects and health improvement programmes is being drafted and agreed. EHIAs have been completed for previous 3 year public health plans							



SHAPING OUR FUTURE POPULATION HEALTH

Khan, Raji
07/06/2021 11:33:41



Shaping our
Future
Population
Health

- Fair economic
development
- Housing and
homelessness
- Environment
- Education
- Community
safety

Through Local
Authority
corporate plans
and PSB
leadership



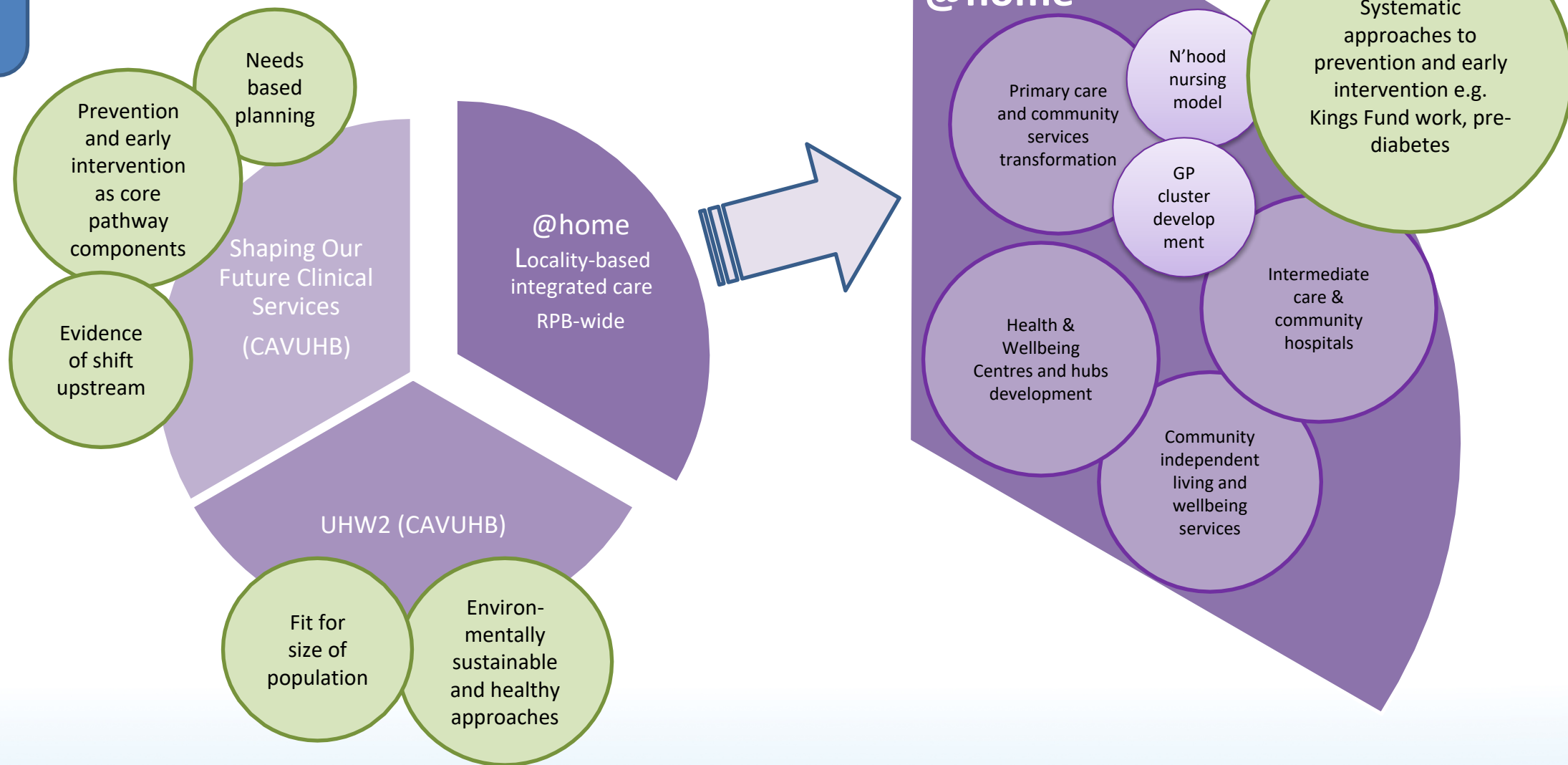
Through Regional
Partnership Board

Through UHB
Shaping Our
Future Well-being
Strategy



Khan Raj
07/06/2021 11:33:41

Shaping our Future Population Health



Khan Raj
07/06/2021 11:33:41



Embedding population health

<i>Strategic Programme Portfolio</i>				<i>Operational Recovery Portfolio</i>					<i>Enabling Programmes</i>	
Shaping our future hospitals	Shaping our future communities	Shaping our future Clinical services	Shaping our future population health	Primary care	Planned care	USC	Diagnostics	MH	Workforce	Digital and Data
Ensure our settings are appropriate size; support staff, patients and visitors to stay healthy; no adverse impact on air quality or the environment	Strengthened approach to community service provision and NHS health and well-being infrastructure	Integrating prevention and early intervention in clinical pathways; needs-based planning of care pathways; upstream shift		Systematic approach to specific prevention and early intervention action	Integrating prevention and early intervention in clinical pathways; needs-based planning of care pathways; upstream shift	Preventative pathways, e.g. CAV 24/7, falls prevention, alcohol harm reduction; supporting vulnerable groups; equity of access	Diagnostic components of screening programmes fit to meet future needs	Systematic approaches to early intervention. Suicide and self-harm strategy	Every member of staff has responsibility for prevention	Strengthen our approach to measurement of outcomes and use in planning and delivering services



Specific system programmes

Review governance and service delivery models for childhood and flu vaccinations

Covid-19 mass vaccination programme

Vaccination and immunisation

Systematically tackle inequalities

Review of impact of Covid-19 on health inequalities; development of engagement programme with black and minority ethnic communities; specific work on vulnerable groups including substance misuse and youth justice

Systems leadership to deliver behaviour change in our communities, to achieve vision for population to move more and eat well

Healthy weight: Move More Eat Well

Sustainable and healthy environment

Partnership working with Council transport and planning teams to impact on air quality, active travel infrastructure, access to public services and green/blue spaces, and healthy retail and growing environments

Work with service leads, based on evidence, to identify actions to maximise opportunities for prevention and early intervention in primary and community settings

King's Fund recommended programmes

Khan Raj
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Addressing health behaviours and risks across care pathways and life stages

Immunisation

Tobacco

Physical activity

Diet

Healthy environments

Alcohol

Sexual health

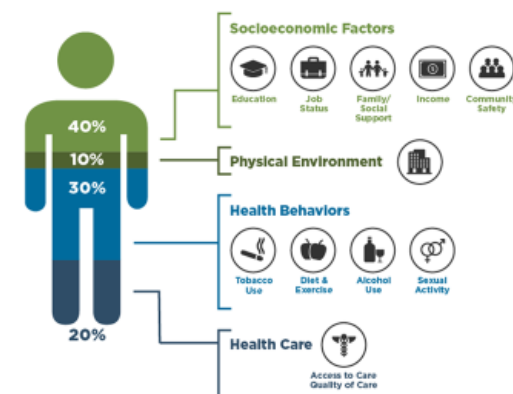
Falls prevention

Starting well

Living well

Ageing well

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement. Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

Khan, Raj
07/06/2021 11:33:41

Report Title:	Implementation of Well-being of Future Generations (Wales) Act in Cardiff and Vale UHB: Update				Agenda Item no.	3.2
Meeting:	Strategy and Delivery Committee				Meeting Date:	13 July 2021
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Public Health					
Report Author (Title):	Consultant in Public Health Medicine					

Background and current situation

The Well-being of Future Generations (WFG) Act introduced a number of new statutory duties for the UHB. An internal Steering Group usually meets regularly to oversee the actions required to fully embed the Act in the UHB and ensure the organisation is meeting its statutory duties under the Act. As a result of prioritising the response to Covid-19, this group hadn't met during 2021/22 but meetings have now restarted.

The attached Flash Report provides assurance that the UHB is discharging its statutory duties in respect of the WFG Act.

Assessment

The Well-being of Future Generations (WFG) Act introduced a number of new statutory duties for the UHB, with responsibilities both as an individual organisation, and in partnership as part of the two Public Services Boards (PSBs) in Cardiff and the Vale.

Within the UHB, the Shaping our Future Well-being Strategy objectives are the organisations' statutory Well-being objectives under the WFG Act; so reviewing and demonstrating progress against our Well-being objectives requires regular review and implementation of the SOFW Strategy. In the partnership arena, we contribute to the statutory Well-being Plans (one for Cardiff; one for the Vale) through our participation in the PSBs and delivery of key actions in the Plans, individually and together with partner organisations. The Well-being assessments for each PSB area are being updated during 21/22, led by the respective Councils with input from the local public health team and UHB.

A Cardiff and Vale UHB WFG Steering Group, chaired by the Executive Director of Public Health, meets regularly to determine and implement the actions required to embed the requirements into the UHB, both from a process and governance perspective, as well as the culture change required for the UHB to implement routinely the sustainable development (SD) principle. The SD principle requires the organisation to routinely follow the five ways of working from the Act (prevention, long-term, collaboration, integration, involvement), and contribute to the seven national well-being goals. Meetings were suspended during 20/21 due to the pandemic but have recently restarted.

The attached Flash report summarises progress by the UHB during 20/21 and plans for 21/22. This report will provide regular assurance for Strategy and Delivery Committee that the UHB is undertaking the actions required to meet its statutory requirements under the Act.

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

- Meetings of the WFG Steering Group were suspended during 2020/1 due to the pandemic have now restarted
- The attached Flash Report provides assurance that the UHB is discharging its statutory duties in respect of the WFG Act

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

- Legal/Reputational - the UHB has a statutory duty to meet the requirements of the WFG Act

Recommendation:

The Committee is asked to:

- **NOTE** the attached Flash Report, which provides regular assurance of progress against the Steering Group's action plan, to undertake actions required for the UHB to meet its statutory duties under the Act

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Not applicable

Well-being of Future Generations Act: progress in implementing in the UHB	Date	13 July 2021	Overall assessment	Amber
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Background

The Well-being of Future Generations (WFG) Act is ground-breaking legislation in Wales requiring specific statutory bodies in Wales to consider the needs of future generations when making decisions and setting their strategic approach. Cardiff and Vale UHB is a named statutory body under the Act and is also a statutory member of the Public Services Boards in Cardiff and the Vale, working in partnership to implement agreed Well-being Plans for each area.

A Steering Group oversees the implementation of the Act within the UHB, and the work required to enable the culture change required by the Act, to embrace the ways of working. The group usually meets every 2-3 months and maintains an annual work programme action plan to assess progress. Due to the Covid-19 pandemic the Steering Group was suspended during 2020/21 but has recently restarted. The group is chaired by the Executive Director of Public Health and membership includes the Board Champion for Future Generations, the Chair. A schedule of reports on WFG (both statutory, and to raise awareness of the Act within the UHB) is maintained by the group.

Highlights since last report on 29 Oct 2019

- As a result of the Covid-19 pandemic the WFG Steering Group did not meet during 2020, but restarted regular meetings on 27 April 2021. The Steering Group now plans to meet regularly again during 21/22
- Although much of the Health Board and partners' work was focused on the response to Covid-19 during 20/21, this didn't prevent activity during this period from following the five sustainable development principles of the Act; the partnership approach to the pandemic, and ongoing engagement with our communities, has been an exemplar of all five principles. Detailed examples are given in the UHB's Annual Report, and include:
 - Development of an ambitious Sustainability Action Plan, led by the Executive Director of Strategic Planning
 - A sustainable procurement approach within the UHB
 - Cardiff and Vale UHB signing the Vale Climate Charter
 - The Health Board joining the Global Green and Healthy Hospitals network
 - Engaging with the public on Shaping Our Clinical Services
 - The development and submission to Welsh Government in March 2021 of a programme business case for the Shaping Our Future Hospitals programme, having sustainable building principles at its heart.
 - Delivery of Phase 1a of the UHB's Refit programme, which will result in an estimated annual reduction in CO₂ emissions of 700 tonnes
 - 3 electric vehicles were purchased in 2020/21 for Estates and Security instead of fossil fuel vehicles

Key actions for 21/22

The following objectives and progress status are taken from the WFG Steering Group draft action plan for 21/22. The action plan is being refreshed for 21/22 and will be finalised before the next Steering Group meeting and provided with the next Flash Report.

Key actions include updating the 'demonstrator' directory (under Objective 2), refreshing the communications plan (Objective 3), and holding more in-depth meetings on particular topics, to ensure opportunities are being taken to embed WFG principles (Objective 2)

Objective	Status
Objective 1: Provide advice to support the UHB's statutory annual review of its well-being objectives, and review actions in place to meet the UHB and partnership well-being objectives	G
Objective 2: Identify and support UHB-led WFG 'demonstrator' projects, which show action being taken to meet the well-being objectives of the UHB and/or the two partnerships	G
Objective 3: Agree, implement and regularly review a communications plan	G

Objective 4: Ensure robust governance processes in place to provide assurance and leadership on WFG within the UHB and externally as required

G

Identified issues or risks

Issue or risk to delivery	Commentary incl. mitigation	Status
Covid-19 pandemic - potential for third wave of cases in community and/or hospital to impact on delivery of actions	There remains a high degree of uncertainty over the extent and impact of the current wave of community Covid-19 cases. As in the first two waves, even when the Covid-19 response is prioritised, the sustainable development principles are embedded in the response, though some non-Covid sustainability programmes may be temporarily paused	A

Author

Dr Tom Porter, Consultant in Public Health Medicine

Khan, Raj
07/06/2021 11:33:41

Report Title:	Welsh Language Strategy Update							
Meeting:	Strategy & Delivery Committee					Meeting Date:	13 July 2021	
Status:	For Discussion	x	For Assurance	x	For Approval	x	For Information	x
Lead Executive:	Executive Director of People & Culture							
Report Author (Title):	Equality Manager & Welsh Language Officers							

Background and current situation:

In 2011, the Senedd passed the Welsh Language Measure, which legislated that Welsh public services such as Cardiff and Vale University Health Board must comply with the Welsh Language Standards set by the Welsh Language Commissioner.

The Standards replaced the previous Welsh Language Scheme which had been in place since 2008. Under the new standards, the organisation is required to provide services through the medium of Welsh for its patients, service users, patients and, to some degree, its staff.

The Welsh Language Commissioner monitors the compliance of the standards through many means, including spot checks and processing inquiries due to concerns from our service users, patients and the general public. The organisation is expected to provide an annual report by the end of September, setting out both its challenges and its successes.

The organisation had initially begun to make progress in complying; however, the covid pandemic meant a pause in improvement and progress for most of 2020. Since then, the organisation has established the Equality Strategy and Welsh Language Standards Group (ESWSLG) to monitor the organisations' progress.

Chaired by the Executive Director for People & Culture with members including the Chair of the UHB, Independent Board Members, clinical boards and corporate areas are expected to report on their progress on achieving full compliance to the standards.

The Equality and Welsh Language Unit worked with the Improvement & Implementation Team (I&IT) to create the compliance process as a managed project. In addition, they utilised the I&IT new project management software, VERTO, to assess compliance. (Please see Appendix 1)

The Welsh Language Standards have now been in operation since the imposition date of the 30th May 2019. The organisation has been working towards complying with them since that date. However, while positive progress has occurred, the covid pandemic has stalled progress due to areas focusing on continuing their services under emergency conditions. Due to this reason, the organisation is not currently fully compliant with the Welsh Language Standards.

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

The purpose of a planned and systematic approach to the Welsh Language is to enable us as an organisation over the long-term to deliver our obligations under the Welsh Language (Wales)

Measure 2011, the Welsh Language Standards and our Bilingual Strategy. It means that as an organisation we move beyond reactive approaches where action on the Welsh language is based on dealing with and responding to issues or opportunities in the short-term, and is enabled to embed thinking about the Welsh Language within our organisational culture.

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

Cardiff and Vale UHB have now complied with 70 of the 120 standards in generic terms. Furthermore, other work is currently being undertaken to ensure that the organisation becomes fully compliant:

- The organisation has employed two full-time Welsh language translators. They are currently focused on working with the Communication Team to ensure that all communication via website, press releases and social media is accessible bilingually.
- The Communication team is now working with an external contractor to ensure that all the text on its website is available bilingually.
- Some Clinical Boards have liaised with the Equality and Welsh Language Unit to progress and achieve compliance.

However, some critical areas, including clinical boards, are still slow in compliance with the standards or work on compliance has paused. The Covid period has exacerbated the situation where the focus has been on maintaining our service during these unprecedented times. As we begin to look ahead at our organisational recovery it will be necessary for clinical boards and other services that provide a frontline service (*including the distribution of public information*) to continue to work with the Equality and Welsh Language Team to comply with the Welsh Language Standards.

The organisation has been the recipient of numerous concerns raised and investigated by the Welsh Language Commissioner, which has led to recommendations to be actioned and reported by Cardiff and Vale UHB. Although a couple have been closed, we still have nine on-going investigations that are at various stages of the process. The majority of these investigations relate to a lack of compliance in terms of our websites, social media accounts and telephone services. We are working with both the Welsh Language Commissioner and the internal appropriate teams to progress and resolve these investigations in a positive manner.

It is essential that the organisation recognises possible areas of risk in relation to the Welsh language and a dedicated Risk Status Register is in operation. (Please see Appendix 1) Current potential risks include meeting the demands of the Standards, particularly in primary care, and financial costs and the timescales involved in meeting the Standards. All risks have remained the same during 2021 and the overall risk rating is currently at moderate or minor.

Controls have been put in place to mitigate any complex issues and to determine further actions required to achieve a target risk score. The current pandemic is having an impact on the risks, due to some of the Clinical Boards' inability to be proactive during this period. This will be taken into consideration when assessing the risks. The Welsh Language Services Risk Register is monitored and reported upon every two months to the ESWLSG.

It should be noted that despite these challenges during the past year, there have also been achievements. For example, to promote the standards, initiatives have been taking place to change the organisational culture. The work in complying is branded under an internal campaign called 'Meddwl Cymraeg' (Think Welsh) to encourage staff to think about the Welsh language when managing their services. A yearbook has been produced to promote the successes and share the good practice. (Please see Appendix 2)

Conclusion

Our active commitment to the Welsh Language within the organisation is demonstrable through our progress in terms of the number of Standards that we have achieved compliance. We have and continue to build a culture of the importance of Welsh Language for our patients and staff. We are however aware of the challenges we continue to face to achieve full compliance. We have and we will continue to take a planned and systematic approach to progress our work further in delivering our statutory obligations so we can further improve our services for our Welsh-speaking patients in their language of choice and also for our Welsh-speaking staff.

ASSURANCE is provided by:

- Our continued working relationship with the Welsh Language Commissioner and the work of the ESWLSG established to monitor our compliance on behalf of the organisation.

Recommendation

The Strategy and Delivery Committee is asked to:

- **NOTE APPROVE** the contents of this paper
- **APPROVE** and **SUPPORT** the ongoing Welsh Language compliance with the Welsh Language Standards across the UHB.

Shaping our Future Wellbeing Strategic Objectives

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

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

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



Welsh Language Standards Highlight Report 2021-22

1 General Information

Project Name:	Welsh Language Standards Project
Project Code:	PR000014
Date:	21 June 2021
Authors:	Jessica Sharp & Alun Williams
Project Manager:	Jessica Sharp
Executive Sponsor:	Rachel Gidman
Previous Status:	Red
Current Status:	Amber

2 Main Achievements

2.1 Main Achievements Since Last Report

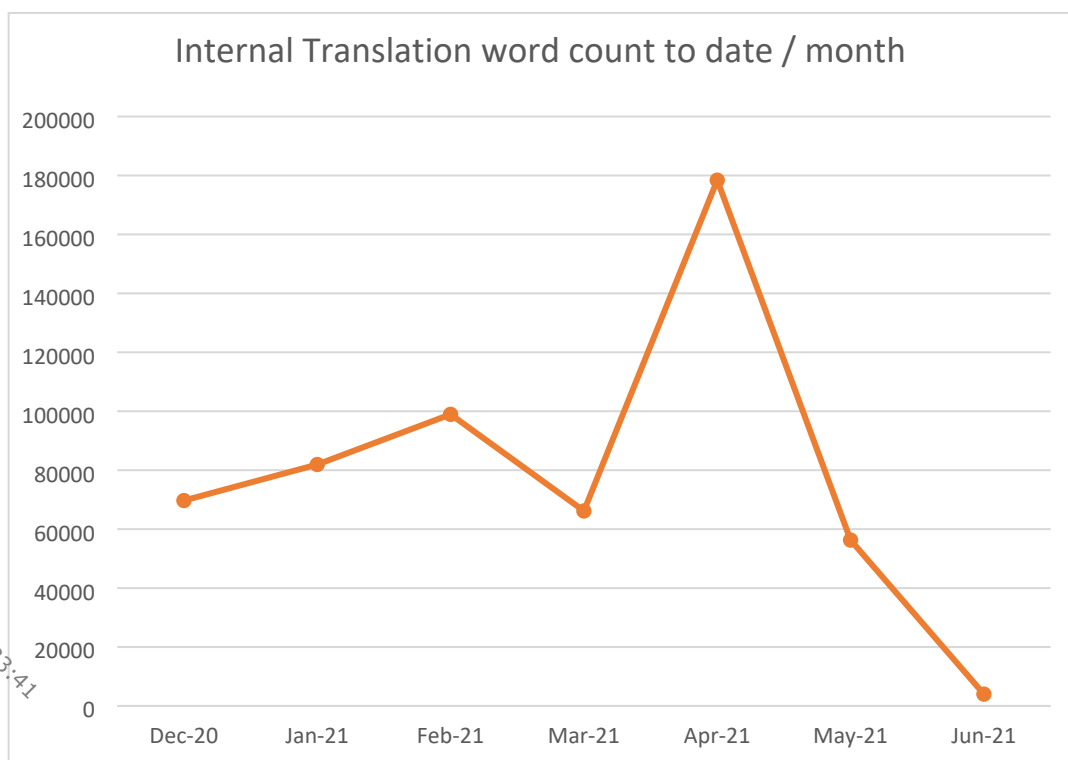
Highlight of progression since last report in April 2021.

Project Management and Governance:

- Review of all Standards and updates from standard owners by utilising Verto project management software which monitors the implementation and progress of our actions to meet the Welsh Language Standards.
 - We have now closed **70** of the **120** standards in generic terms as agreed. This is a progress and closure of 2 standards since the last report. No further standards closed since last report in April 2021.
 - Continuing progress on a further **3** patient related standards which are currently implemented on a pilot basis and **2** recruitment related standards which are under review and awaiting rollout.
 - Progressing 47 of the 120 standards in generic terms as agreed with continuous checks with Standard Owners for ongoing compliance.

People:

- Welsh Language Officer will continue to work on a part time basis alongside previous Welsh Language Officer who returned to post on 1st April 2021.
- Senior Welsh Language Translators continuing UHB wide translation requests facilitated by the 'Memsources' translation memory package.
 - Approximately **760** translations, equating to around **560,000** words undertaken by the team to date.



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Compliance of the standards:

- Website translation continued by Trosol. Completion delayed - target end date pushed back by 1 month to beginning of Qtr 2 (July) 2021/22.
- The 'Meddwl Cymraeg – Think Welsh' campaign Stage 2 was launched on 8th June 2021 and has continued to be effective with increased engagement with the Welsh language across the UHB.
 - Launched First Annual Welsh Language Yearbook to demonstrate and celebrate the progressive work taking place in the Welsh Language within the UHB.
 - Continued to raise awareness of Welsh cultural days and Heritage.
 - Installed/launched first Welsh Language 'learning' wall in Woodland House stairwell for staff to learn and develop their language skills while navigating headquarters.
- Admissions Pack for Welsh Speaking Patients released on a pilot basis within Mental Health, Paediatrics and ICU wards this week. Being trialled and reviewed during a 1 month consultation period - this will now roll out through the early summer to ensure all bases are covered and that all clinical areas are able to give it a full and fair trial period now that Covid-19 pressures have reduced slightly. Aim to roll out across all wards in the following month/s.
- Progressed with the ALN alliance to improve the provision of Welsh Language service within ALN.
 - The Welsh Language Officers have met with ALN network to provide advice and guidance on improving Welsh medium additional learning needs in line with the ALNET act. A guideline document has been produced for the benefit of the network in Cardiff.
 - Met with the Occupational Therapy team leader to provide advice and guidance to ensure that the Welsh language is integrated into their services they provide.
 - Establishing a new translation contract with Bilingual Cardiff to provide further translation support for the organisation.
 - Working with Cardiff Medicentre to develop a new Welsh Language Support role and linking with local services.
 - IT have agreed to offer CYSILL and CYSGAIR as part of the suite of IT software.
- Development and installation of the Welsh Language and Culture mural for the stairwell of Woodland House has taken place and planning to mirror this piece across all 7 UHB sites has begun, This project aims to encourage staff and visitors to engage and become more familiar with the language. The work

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was managed by the Welsh Language team in partnership with Grosvenor Interiors and Capital, Estates and Planning and funded by the Health Charity.

- Working with IT team to update the Welsh Language department's intranet pages which is currently being transferred to the new SharePoint system. The new pages will have a new integrated translation request portal, online dictionary style database of words and a request portal for laith Gwaith materials, E.g. Lanyards, badges, signage on top of its current contents.

- Developing a Welsh Language skills assessment process for vacant posts within the organisation alongside Workforce Governance Team.

- Developing a standardised process and procedure for advertising vacant posts bilingually alongside Workforce Governance Team.

- Continued collaboration with Cardiff University School of Medicine and other Health Boards in Wales in relation to Medical and Healthcare students receiving training and opportunities through the medium of Welsh whilst on placement.

- Continuing to work in partnership with Capital and Estates department to ensure that signage is bilingual across all UHB sites.

- Continued to work proactively to maintain a positive relationship with the Welsh Language Commissioners Office.

- Clinical Consultation Policy draft agreed upon – Welsh Language Commissioner's Office has outsourced for an organisation to look into the barriers that all organisations are experiencing in line with the policy. Draft guidance report due to be published by April/May 2021.

- Primary Care (PCIC) Policy draft agreed upon – Welsh Language Commissioner's Office is looking at setting up an additional guidance document for this policy. No date confirmed as yet.

Organisation:

- Set amount of monies provided to initiate progress in meeting the Welsh Language Standards following intervention by CEO is ongoing and positive contributions and support of the Board is continued.

- Executive Director sponsorship of the Welsh Language
- Independent Board Member is a Welsh language Champion

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2.2 Planned Progress Before The Next Report

- Link with Menter Iaith Caerdydd to form a working partnership for future projects and endeavours. Promoting Menter Caerdydd's activities including the Tafwyl, which was showcased this year a covid-test event.
- Continue to update all Welsh Language materials used within the UHB in line with the Meddwl Cymraeg – Think Welsh campaign. Ongoing within redevelopment and modernisation of Welsh Language department intranet. Work is continuing on schedule.
- Implement and publicise the agreed processes and guidance for internal translation within campaign material which was postponed due to pressures of high profile pieces of work – awaiting completion of intranet modernisation for digital process.
- Re-establishing the alliance between the Health Visiting Team and the Mudiad Meithrin (to assist the aim of bilingual from birth) to distribute awareness of Welsh language resources and activities to assist parents to use Welsh with their children from birth.
- Establishing links with Cardiff Council and other partners to develop awareness among students that are leaving school, about using the Welsh language in the workplace.
- Drafting of the Annual Welsh Language Standards Report for approval for the August meeting.
- Promoting the opportunities for learning Welsh with a social media campaign during the EURO 2020 Tournament
- A new initiative has been launched by the Welsh NHS Digital Authority. Cardiff and Vale have made links with the Digital Authority to ensure that the Welsh language is an integral part of the initiative. The work is to develop quantitative and qualitative data that will drive effective decisions across NHS Wales.
- Continue to work proactively to maintain a positive relationship with the Welsh Language Commissioners Office.
- Look into developing a process for including Welsh Language within in UHB wide audits alongside departmental audits to assist with the push to be fully compliant with the standards.

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3 Risks

Risks Status | See updates from last report below.

Title	Welsh Language Team Structure		
ID	00002	Score	16
Description	There is a risk that the delivery of the Welsh Language Standards could be compromised due to the lack of resources. The UHB does not have a full team allocated to this area of work to deliver within the given timescales. The lack of resources, such as a Programme Lead, Senior Team Lead and subsequent officer(s) will delay the overall compliance process for the UHB.		
Updates (1)	Due to WLO secondment post ending March 2021 and previous WLO returning to post, there is now 1 permanent full time WLO and 1 part time WLO until September 2021.		

Title	Welsh Language Standards - Compliance Risk		
ID	00003	Score	9
Description	There is a risk that the UHB could be fined for not complying with the Welsh Language Standards. With the current climate and strain on the Health Service, it is unlikely that the UHB will receive a fine.		
Updates (1)	A complaint from a member of the public on 06/04/2021 regarding the lack of Welsh language provision when calling the telephone number 02921841234, which was stated in a Covid-19 vaccination letter from Cardiff and Vale University Health Board. Response due: 21/04/2021		

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Title	Primary Care		
ID	00004	Score	12
Description	There is a risk that the implementation of the Welsh Language Standards in primary care will be delayed even further because they are challenging the standards. The standards have been queried by the Organisation and no changes have been made. The Primary Care team are happy with the content of the policy but believe it should be applied UHB wide which is currently awaiting a decision from the Welsh Language Commissioner.		
Updates	No further update.		

4 Issues

Issues Status

No change from previous report.

Title	Welsh Language Standards Costs	
ID	00001	
Description	<p>The issue is that the Welsh Language standards do not come with any resources attached and the costs involved with compliance are unknown.</p> <p>The cost of translation is one of the biggest challenges but the employment of two Welsh Language translators will help reduce those costs. Translation will be an on-going cost that cannot be fully determined.</p>	
Updates	Update Date	Updated By
	21/06/2021	Keithley Wilkinson
	The project team need to produce a plan of the costs and how this will impact the UHB.	

Title	Welsh Language Standards - Timescales	
ID	00002	
Description	The issue is that the majority of the standards should have been delivered by the 30th November 2019 and most of them have not been fully met. Though progress is being made, the project is significantly behind schedule.	

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Updates	Update Date	Updated By
	24/06/2021	Keithley Wilkinson
	The project team has developed a project plan to understand what can be delivered quickly and also show how the UHB intend to accelerate the pace of change.	

Title	Translation of ESRS
ID	00003
Description	There is an issue that because of the complexity of ESRS and because the system is used across the UK we are unable to comply with this standard.
Updates	An attempt to negotiate this with the Welsh Language Commissioner has been attempted in the past, but was ultimately unsuccessful

5 Decisions

ID	00001
Title	Recommendation for ESWLSG
Decision	<p>That the proactive stance taken by the Director of People & Culture, Equality Manager and Welsh Language Officers continues.</p> <p>The Committee is asked to: Support the ongoing Welsh Language compliance with the Welsh Language Standards across the UHB.</p>
Updates	

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6 Investigations

The Welsh Language Commissioner is currently undertaking inquiries from the following concerns about lack of compliance by Cardiff and Vale UHB.

It should be noted, however, that based on our conversations with the Welsh Language Commissioners Office, there is a Wales wide increase in investigations around “front of house” operations, including telephones, website, digital communications and vaccination related issues.

Title	Concerns from the Welsh Language Commissioner. Vale University Health Board.	Current update
CS032	A complaint from a member of the public on 06/04/2021 about the lack of Welsh language provision when calling the telephone number 02921841234, which was stated in a Covid-19 vaccination letter from Cardiff and Vale University Health Board.	Ongoing – Organisation confirmed responsibility. Awaiting further judgements.
CS037	A complaint from a member of the public on 12/04/2021 about the lack of a Welsh form for the Covid-19 vaccine waiting list. The complainant noted that the @BIP_CaF Twitter account tweeted a link to a vaccination form on their website, but that the link referred to a form in English - even in the Welsh tweet. Although the complainant looked at the website for a form in Welsh, it appears that none exists.	Ongoing – UHB confirmed responsibility. Awaiting further judgements.
CS039	A complaint from a member of the public on 13/04/2021 about the fact that there is no substantive material on its website in Welsh: https://bipcaf.gig.cymru/ . In particular, the complainant is complaining about this form, and the fact that there is no Welsh version available: https://cavuhb.nhs.wales/covid-19/cavuhb-covid-19-massvaccination-programme/covid-19-forms/i-would-like-to-be-on-a-standby-list-for-the-covid-19-vaccine/	Ongoing – UHB confirmed responsibility. Awaiting further judgements.
CS055	A complaint from a member of the public on 24/05/01 about the fact that there is pages of the Cardiff and Vale University health board website which are available in English only.	Ongoing – UHB to confirm responsibility and await the decision.

Khan Raj
07/06/2021 11:33:41

CSG741	A complainant was unhappy that it was not possible to receive a Welsh language service on the telephone number 02920 444500 (emergency dentist) on 25/06/2020.	Ongoing - UHB to share findings of the review undertaken by 25/06/2021.
CSG728	A complainant states that a letter was sent to her in English only by the 'Health Visiting Service' on 23/4/2020 explaining that, under normal circumstances, the health board would offer a developmental review for her 6 month old child, but that that was no longer possible due to the COVID19 crisis.	Ongoing - The Commissioner has investigated the concern and provided recommendations. This includes that standard letters sent by Health Visiting complies with the Welsh Language Standards.
CSG710	UHB to carry out enforcement action to produce the first draft of the action plan and give the draft to the Commissioner by 25/06/2021.	Ongoing - UHB to carry out enforcement action to produce the first draft of the action plan and give the draft to the Commissioner by 25/06/2021.
CSG754	A complainant claims that on 07/08/2020 there was not a page on the Health Board's website providing information regarding the availability of primary care services in Welsh.	Ongoing - Commissioner to consider the response and draft the proposed report and decision notice.
CSG763	A complaint from a member of the public on 28/08/2020 that the health board does not have a Welsh language website. The complainant noted that he had already made a complaint about this to the health board, and that they had been assured that they would publish a new Welsh language website soon. However, it was noted that the health board had published a new website (https://cavuhb.nhs.wales/) which is available in English only.	Ongoing - 31/03/21 - Commissioner to draft Final Terms of Reference and Evidence Notice.
CSG768	A complaint around an English only Health Board sign.	Case closed
CSG802	A complaint from a member of the public that Parking Eye has not read his appeal for a parking ticket received on 09/06/2020 at University of Wales Hospital, Cardiff, as it is in Welsh, and Popla has not investigated that issue. The complainant has provided copies of documents in support of his complaint.	Case Closed
Updates	The currently the organisation has confirmed responsibility for the concerns and awaiting further judgement from the Commissioners' office.	

Khairi
07/06/2021 11:33:41


BLWYDDLYFR Y GYMRAEG 2020/21 WELSH LANGUAGE YEARBOOK



GIG
CYMRU
NHS
WALES

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

Meddwl Think Cymraeg
Welsh



“Mae'r Gymraeg yn un o'r ieithoedd sy'n tyfu gyflymaf yn y byd, ac fel sefydliad sy'n gweithredu yng nghalon prifddinas Cymru, mae'n bwysig bod y Bwrdd Iechyd yn gwneud popeth o fewn ei allu i gofleidio a dathlu'r iaith. “Trwy fabwysiadu'r dull rhagweithiol newydd hwn, ochr yn ochr â lansiad diweddar ein hymgyrch Meddwl Cymraeg - Think Welsh, gallwn hyrwyddo'r Gymraeg yma ym Mwrdd Iechyd Caerdydd a'r Fro, a gweithio tuag at fod yn sefydliad gwirioneddol ddwyieithog.”

Khan Raj
07/06/2021 11:33:41

Neges gan...

Croeso i Flwyddlyfr y Gymraeg cyntaf Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, sy'n canolbwyntio ar y gweithgareddau a gyflawnwyd dros y flwyddyn ddiwethaf i hybu'r Gymraeg o fewn ein sefydliad.

Rydym yn falch o fod yn un o'r sefydliadau mwyaf sy'n gweithredu yng nghanol prifddinas y genedl a'r cyffiniau. Mae'n rhoi cyfrifoldeb arnom i ddathlu a hyrwyddo treftadaeth a diwylliant y genedl, yn ogystal â'i hiaith.

Rydym wedi gwneud cynnydd rhagorol yn wyneb heriau gweithredol sylweddol dros y 12 mis diwethaf. Er gwaethaf pwysau pandemig COVID-19, rydym wedi cynyddu ein hymdrechion i feithrin diwylliant gwirioneddol ddwyieithog ar draws ein sefydliad a gwneud gwelliannau i fodloni ein dyletswyddau o dan Safonau'r Gymraeg. Yr elfen allweddol sydd wedi galluogi hyn yw'r gweithgareddau amrywiol a gyflawnwyd yn rhan o'r ymgyrch Meddwl Cymraeg – Think Welsh newydd a lansiwyd ar Ddiwrnod Hawliau'r Gymraeg ym mis Rhagfyr, sy'n annog aelodau staff i roi'r Gymraeg ar flaen eu meddwl wrth ddarparu gwasanaethau.

Mae nifer o heriau i'w hwynebu a'u goresgyn o hyd. O dan arweiniad ein Grŵp Strategaeth Cydraddoldeb a Safonau'r Iaith Gymraeg, ac wrth ganolbwyntio ar yr effaith gwirioneddol y gall cael mynediad at ein gwasanaethau yn Gymraeg ei gael ar gleifion, rydym yn hyderus ac yn benderfynol o lwyddo.



Len Richards
Prif Weithredwr



Charles Janczewski
Cadeirydd

Khanh
07/06/2021 11:33:41

Staff y Bwrdd Iechyd yn cael eu hannog i Feddwl yn Gymraeg - Think Welsh...

Mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro wedi lansio ymgyrch newydd i annog y defnydd o'r Gymraeg ac i hyrwyddo diwylliant a threftadaeth Cymru.

Bydd ymgyrch Meddwl Cymraeg – Think Welsh yn annog gweithwyr y Bwrdd Iechyd i feddwl yn weithredol am y Gymraeg, ac ystyried sut y gallent gyfrannu at wneud gwasanaethau yn fwy hygyrch i siaradwyr Cymraeg.

Mae'r ymgyrch, sy'n cael ei lansio ar Ddiwrnod Hawliau'r Gymraeg, yn cydnabod hawliau pobl i ddefnyddio'r Gymraeg, ac yn bwriadu ei gwneud hi'n haws i gleifion a staff y Bwrdd Iechyd wneud hynny.

Yn rhan o'r ymgyrch, bydd ystod o wybodaeth, adnoddau a gweithgareddau ar gael i staff dros y misoedd nesaf i'w hannog i gael yr hyder i siarad Cymraeg ar unrhyw lefel o ruglder, cefnogi staff di-Gymraeg i wella eu sgiliau, a helpu gwasanaethau i gynyddu eu defnydd o'r iaith.

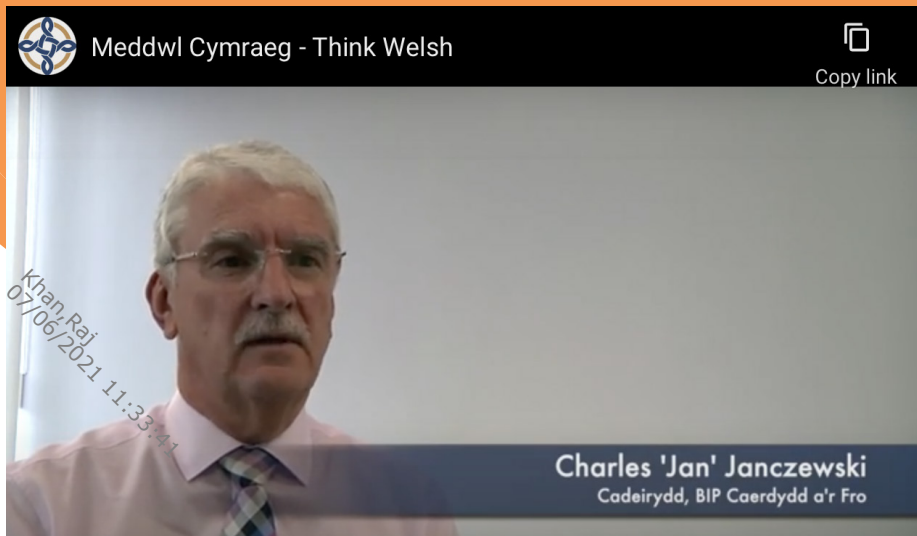
**Meddwl
Think** **Cymraeg
Welsh**

Dywedodd y Dirprwy Brif Weithredwr: “Fel un o'r prif sefydliadau ym mhhrifdinas Caerdydd a'r cyffiniau, mae gan y Bwrdd Iechyd gyfrifoldeb i ddathlu a hyrwyddo treftadaeth a diwylliant y genedl, sy'n cynnwys y defnydd o'r Gymraeg.

“Trwy weithredu ymgyrch Meddwl Cymraeg – Think Welsh, rydym yn annog staff i feddwl am y Gymraeg yn barhaus ac ystyried ffyrdd y gallant ei hymgorffori yn eu rolau i gefnogi ein cleifion a'n cydweithwyr sy'n siarad Cymraeg.

“Rydym wedi gweld sut y gall defnyddio'r ymadroddion mwyaf syml yn Gymraeg gael effaith sylweddol ar ofal cleifion, felly byddwn yn annog yr holl staff sydd hyd yn oed â'r sgiliau Cymraeg mwyaf sylfaenol i gael hyder i'w defnyddio.

“Gyda chefnogaeth lawn gan bawb i'r ymgyrch, rydw i'n hyderus y gallwn ni wir godi momentwm a chyflawni ein huchelgais o ddod yn sefydliad cwbl ddwyieithog, fel bod modd i bobl gael mynediad at unrhyw un o'n gwasanaethau yn Gymraeg.”



Murlun Ward y Gofod Newydd yn Serennu...

Mae murlun dwyieithog newydd wedi'i osod yn Ward y Gofod yn Ysbyty Arch Noa i Blant Cymru i helpu annog cleifion sy'n siarad Cymraeg i deimlo'n gyfforddus i ddefnyddio eu dewis iaith ar y ward.

Lansiwyd y murlun ar thema'r gofod, a gefnogwyd gan y Celfyddydau ar gyfer lechyd a Lles, Elusen lechyd Caerdydd a'r Fro, ar Ddydd Gŵyl Dewi.

Mae'r murlun, a ddyluniwyd gan ddefnyddio syniadau gan gleifion a staff o Ward y Gofod, yn cynnwys ymadroddion Cymraeg a lluniau o dirnodau poblogaidd yng Nghymru, megis yr Wyddfa, Castell Coch a Stadiwm Principality, i annog cleifion ifanc, eu teuluoedd a staff y Bwrdd lechyd i deimlo'n falch o'n treftadaeth a chael mynediad at wasanaethau'r Bwrdd lechyd trwy gyfrwng y Gymraeg.

Yn rhan o'r murlun, mae'r Bwrdd lechyd hefyd wedi cyflwyno masgot newydd o'r enw Cadog, a fydd yn wyneb mwy a mwy cyfarwydd ledled y Bwrdd lechyd i helpu i hyrwyddo'r Gymraeg.



Dywedodd Jessica Sharp, Swyddog y Gymraeg yn BIP Caerdydd a'r Fro: "Mae'n bwysig bod ein cleifion o bob oedran sy'n siarad Cymraeg yn teimlo'n gyfforddus i ddefnyddio ein gwasanaethau trwy gyfrwng y Gymraeg os mai dyna yw eu dewis iaith, felly rydw i'n falch iawn o'r murlun newydd hwn."

"Hoffwn ddiolch i Elusen lechyd Caerdydd a'r Fro am wneud y prosiect hwn yn bosibl, ac i gleifion a staff yn ysbyty'r plant am ddod â thaith Cadog drwy'r gofod yn fyw gyda'u syniadau gwych."



Mae'r murlun yn un cam bach sy'n rhan o nod y Bwrdd lechyd i ddod yn sefydliad cwbl ddwyieithog. Mae'n rhan o'r ymgyrch Meddwl Cymraeg - Think Welsh, sy'n annog gweithwyr y Bwrdd lechyd i roi'r Gymraeg ym mlaen eu meddwl, ac ystyried sut y gallant gyfrannu at wneud gwasanaethau yn fwy hygyrch i siaradwyr Cymraeg.



Grosvenor Interiors oedd yn gyfrifol am ddylunio a gosod y murlun newydd, a chafwyd cefnogaeth gan Elusen lechyd Caerdydd a'r Fro.



Meddwl Think Cymraeg Welsh



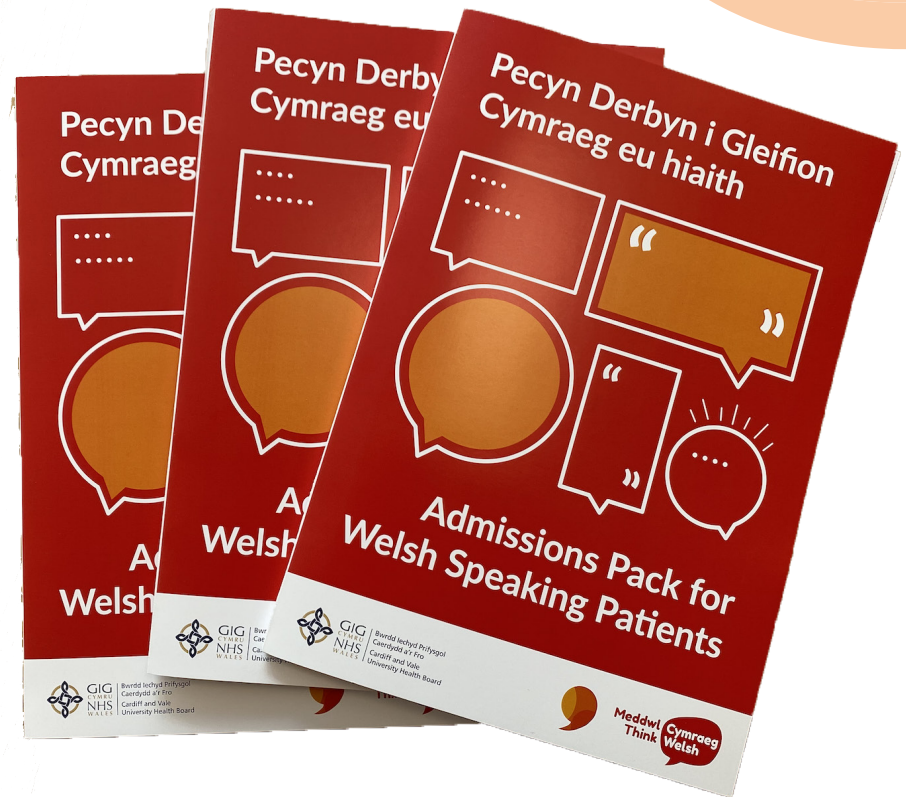
Pecyn Derbyn i Gleifion sy'n Siarad Cymraeg...

Mae Pecyn Derbyn Peilot ar gyfer Cleifion sy'n siarad Cymraeg wedi cael ei weithredu o fewn wardiau lechyd Meddwl, Pediatreg a'r Uned Gofal Dwys gyda'r nod o'i gyflwyno i'r holl wardiau ar draws y Bwrdd Iechyd yn dilyn cyfnod ymgynghori o chwe wythnos.

Nod y pecyn yw cynorthwyo staff wrth sefydlu p'un a yw claf mewnol yn dymuno defnyddio'r Gymraeg yn ystod ei gyfnod yn yr ysbyty.

Dylid gofyn i gleifion beth yw eu hiaith ddewisol ar y diwrnod cyntaf ar ôl iddynt gael eu derbyn. Os yw claf yn cael trafferth yn cyfathrebu am unrhyw reswm, a cheir amheuaeth y gallai'r claf fod yn siaradwr Cymraeg, mae gweithdrefn i'w dilyn i sicrhau bod y gofal yn cael ei ddarparu trwy gyfrwng y Gymraeg, gyda chymorth y Language Line ac aelodau o staff sy'n siarad Cymraeg o fewn yr adrannau.

Ar ôl sefydlu p'un a yw'r claf yn siaradwr Cymraeg, mae'n rhaid gwneud pob ymdrech i gyfathrebu â'r claf yn Gymraeg trwy gydol ei gyfnod fel claf mewnol.



Staff yn cael eu cydnabod am eu cyfraniad i'r Gymraeg...



Cafodd Lorraine Coultis, Arweinydd Clinigol Theatrau Plant, Ysbyty Arch Noa i Blant Cymru, ei dewis ar gyfer y wobr am ei brwdfrydedd a'i hymdrech i sicrhau bod yr holl gleifion a staff yn gallu defnyddio'r Gymraeg pan fyddant mewn Theatrau Plant, drwy greu arddangosfeydd Cymraeg i gleifion edrych arnynt cyn eu llawdriniaeth.

Mae tri aelod o staff Bwrdd Iechyd Prifysgol Caerdydd a'r Fro wedi derbyn cydnabyddiaeth am eu hymdrechion i hyrwyddo'r Gymraeg ar Ddydd Gŵyl Dewi 2021 a byddant yn cael eu rhoi'n flynyddol i amlygu'r unigolion hynny sydd wedi gwneud newidiadau yn eu gwaith i sicrhau bod y Gymraeg yn cael ei hymgorffori'n llawn.

Cyflwynwyd y gwobrau newydd, a noddwyd gan Elusen Iechyd Caerdydd a'r Fro, gan Rachel Gidman, Cyfarwyddwr Gweithredol Dros Dro y Gweithlu a Datblygu Sefydliadol a Swyddog y Gymraeg, Jessica Sharp, i gydnabod a dathlu staff sydd wedi gwneud cyfraniad gwych i ddatblygiad y Gymraeg yn eu hadrannau a meysydd gwasanaeth.



Dr Hywel Roberts, Meddyg Ymgynghorol mewn Meddygaeth Gofal Critigol yn Ysbyty Athrofaol Cymru, yw ail enillydd y gwobrau newydd hyn, am iddo sicrhau bod yr holl staff sy'n siarad Cymraeg, a'r rhai nad ydynt yn siarad Cymraeg ar ei ward, yn gallu cael gafael ar sticeri a greodd yn ei amser ei hun i staff gael dangos i gleifion eu bod yn siarad Cymraeg, tra eu bod yn gwisgo PPE yn ystod y pandemig COVID-19. Roedd Hywel hefyd yn ddigon caredig i rannu'r syniad hwn gydag Adran y Gymraeg i staff gael defnyddio'r sticeri ar wardiau eraill pe bai angen.

Trydydd enillydd eleni yw Lorena Garcia-Wright, Therapi Galwedigaethol, Ysbyty Athrofaol Llandochoau, am weithio gyda chleifion hŷn sy'n siarad Cymraeg ar wardiau iechyd meddwl yr henoed, E12 yn enwedig, a chreu wal ryngweithiol iddynt ei defnyddio ochr yn ochr â staff, lle gallant roi'r diwrnod, y dyddiad, y tymor a phethau eraill yn ddyddiol i gadw eu meddwl yn effro, gan ymgorffori'r Gymraeg ar yr un pryd.



Khan Raji
07/06/2021 11:33:41

Y Bwrdd Iechyd yn Cryfhau ei Ymrwymiad i'r Gymraeg trwy ESWLSG...

Mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro wedi ymrwymo i fabwysiadu dull newydd, rhagweithiol o ymgorffori'r Gymraeg yn ei weithrediadau.

Mae Grŵp Strategaeth Cydraddoldeb a Safonau'r Gymraeg (ESWLSG) y Bwrdd Iechyd wedi cymeradwyo'r dull o weithredu sy'n ceisio meithrin a chyflymu'r defnydd cynyddol o'r Gymraeg ledled y sefydliad.

Mae'r grŵp, wedi'i gadeirio gan Cyfarwyddwr Gweithredol Dros Dro y Gweithlu a Datblygu Sefydliadol, a'i gefnogi gan Aelodau Annibynnol y Bwrdd, yn hyrwyddo'r agendâu Cydraddoldeb a'r Gymraeg o fewn y sefydliad.

Mae datblygiadau diweddar wedi cynnwys gwerthuso adnoddau'r sefydliad a ddyrannwyd i weithredu'n ddwyieithog, a datblygu a threialu adnoddau newydd i wneud gwasanaethau ysbytai yn fwy hygyrch i gleifion sy'n dewis defnyddio'r Gymraeg.

Mae'r grŵp hwn hefyd wedi cefnogi lansiad ymgyrch newydd y Bwrdd Iechyd, Meddwl Cymraeg - Think Welsh, sy'n annog gweithwyr ledled y bwrdd iechyd i ystyried sut i wneud mwy o ddefnydd o'r Gymraeg o fewn eu rolau, ac i ddefnyddio eu sgiliau Cymraeg ar unrhyw lefel o ruglder.



Shan Raj
07/06/2021 11:33:41

Penodi Tîm Cyfieithu Cymraeg Newydd...

Mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro wedi penodi tîm newydd o ddau swyddog cyfieithu Cymraeg i helpu'r sefydliad i gyhoeddi gwybodaeth yn ddwyieithog.

Mae Anna a Nia wedi ymuno â'r sefydliad i gefnogi'r gwaith o gyfieithu dogfennau corfforaethol, polisïau, newyddion a chyhoeddiadau yn rhan o ymrwymiad y Bwrdd Iechyd o'r newydd i feithrin diwylliant cwbl ddwyieithog o fewn y sefydliad.

Y tîm newydd yw adnodd mewnol pwrpasol cyntaf y Bwrdd Iechyd ar gyfer cyfieithu i'r Gymraeg, a fydd yn ategu'r gwasanaeth cyfieithu y mae'r sefydliad yn gallu ei ddefnyddio trwy Gyngor Caerdydd.

I gael rhagor o wybodaeth am gyfieithu cynnwys ar gyfer eich gwasanaeth, ewch i dudalen y Gymraeg ar fewnwyd y staff.



Nia McLellan

Anna Powys

Khan Raj
07/06/2021 11:33:41

Masgot y Gymraeg...

Yn rhan o ailfrandio a datblygu prosiectau Cymraeg ar draws y Bwrdd Iechyd, rydym hefyd wedi cyflwyno masgot newydd o'r enw Cadog, a fydd yn wyneb mwy a mwy cyfarwydd ledled ein hysbytai i helpu i hyrwyddo'r defnydd o'r Gymraeg.

Cyn dylunio'r masgot, cynhaliom gystadleuaeth fach gyda chleifion yn adran therapi chwarae Ysbyty Arch Noa i Blant a fu'n gyfrifol am ddewis lliw, dyluniad ac enw posibl yr un ar gyfer y ddraig. Er bod yr holl geisiadau ar gyfer ei enw yn wych, ysbrydolwyd yr enw Cadog, sy'n golygu brwydr, gan glaf ifanc a aeth i weld y murlun ar ei ffordd i gael llawdriniaeth.

Mae'r enw a ddewiswyd yn nodweddiadol o'r ysbryd brwydro a welir gan gleifion yn yr ysbyty plant bob dydd.



Khan Raj
07/06/2021 11:33:41

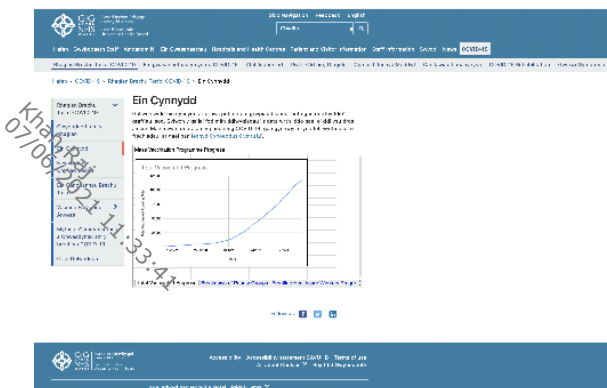
Y gwaith o gyfieithu gwefan newydd y Bwrdd lechyd yn mynd rhagddo...

Lansiodd BIP Caerdydd a'r Fro wefan gorfforaethol newydd ym mis Awst 2020, a oedd yn benllanw prosiect i symud cynnwys o system reoli cynnwys gwaddol y Bwrdd lechyd i system newydd.

Fel rhan o'r prosiect, mae tua 2,000 o dudalennau o gynnwys Saesneg wedi symud i'r wefan, a phenodwyd asiantaeth cyfieithu gan y Bwrdd lechyd i ymgymryd â'r gwaith o gyfieithu a chyhoeddi'r cynnwys yn Gymraeg.

Mae'r gwaith o gyfieithu'r wefan yn mynd rhagddo, ac mae'r asiantaeth a benodwyd i wneud y gwaith wedi cadarnhau ei bod yn disgwyl i tua hanner y cynnwys fod wedi'i gyfieithu erbyn diwedd Ebrill 2021.

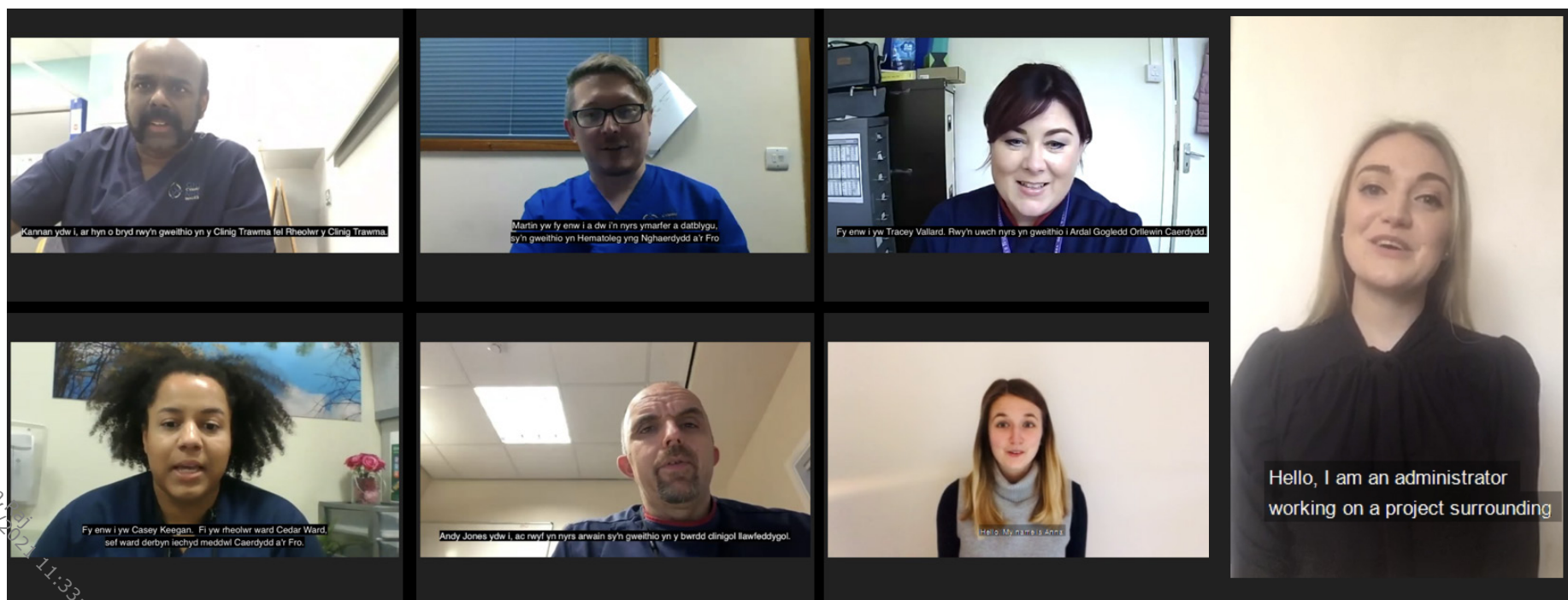
Yn dilyn y gwaith cyfieithu cychwynnol, ac wrth i aelodau o staff ar draws y Bwrdd lechyd gael eu cyflwyno'n raddol i ddiweddaru'r wefan, bydd gofyn i'r holl ddefnyddwyr sicrhau bod unrhyw ddiwed-dariadau i'r wefan yn cael eu gwneud yn ddwyieithog, a bydd angen defnyddio tîm cyfieithu'r Bwrdd lechyd a/neu ddarparwyr cyfieithu allanol i wneud hynny fel y bo'n briodol.



Ffair Gyrfaoedd Rhithwir Cymraeg...

Gwirfoddolodd staff Bwrdd Iechyd Prifysgol Caerdydd a'r Fro eu hamser i recordio neges fer gyda'r nod o ysbrydoli disgyblion ysgol uwchradd sydd naill ai'n dechrau ar eu hastudi-aethau a'u gyrfaoedd neu sy'n ansicr o ran pa lwybr i'w ddilyn.

Daeth staff o amrywiaeth o gefndiroedd, grwpiau ethnig, addysg a rolau at ei gilydd (yn rhithwir) i annog oedolion ifanc i ystyried eu hopsiynau'n ofalus wrth ddewis proffesiwn ond hefyd i egluro beth sy'n wych am yrfa yn y GIG, boed mewn rôl glinigol, rôl gorfforaethol neu rôl iaith arbenigol hyd yn oed.



Annog staff i ‘gamu ymlaen’ a gwella eu sgiliau Cymraeg...

Bydd staff Bwrdd Iechyd Prifysgol (BIP) Caerdydd a'r Fro yn datblygu eu sgiliau Cymraeg diolch i waith celf newydd sydd wedi'i osod wrth ymyl y grisiau ym mhencadlys y sefydliad yn Nhŷ Coetir.

Mae'r gwaith celf newydd, sy'n cynnwys tirnodau yng Nghymru a geiriau Cymraeg cyffredin, wedi cael ei ariannu drwy garedigrwydd Elusen Iechyd Caerdydd a'r Fro.

Fe'i gosodwyd fel rhan o'r ymgyrch Meddwl Cymraeg – Think Welsh a lansiwyd yn ddiweddar, sy'n annog gweithwyr y Bwrdd Iechyd i feddwl yn weithredol am y Gymraeg, ac ystyried sut y gallant gyfrannu at wneud gwasanaethau yn fwy hygyrch i siaradwyr Cymraeg.

Mae'r ymgyrch yn rhan o ymdrechion ehangach i ddathlu treftadaeth y Bwrdd Iechyd fel prif sefydliad sector cyhoeddus ym mhrifddinas Cymru, a bwriad mentrau fel gosod y gwaith celf newydd yw gwella'r defnydd o'r Gymraeg.



Dywedodd Jessica Sharp, Swyddog y Gymraeg yn BIP Caerdydd a'r Fro: “Mae hwn yn gam enfawr ymlaen i ni yn BIP Caerdydd a'r Fro, o ran proffil y Gymraeg.

“Mae tua 65 y cant o'r boblogaeth yn ddysgwyr gweledol, ac felly, drwy osod y gwaith celf hwn mewn ardaloedd prysur, gobeithiwn y bydd staff yn dechrau sylwi arno a dysgu'r cyfarchion a'r ymadroddion syml hyn, i'w defnyddio gyda chydweithwyr a chleifion - man cychwyn holl bwysig wrth i ni geisio ymgorffori diwylliant cwbl ddwyieithog.

“Rydym yn ddiolchgar iawn i gael cefnogaeth y Tîm Gweithredol, ac Abi Harris, Cyfarwyddwr Gweithredol Cynllunio Strategol yn arbennig, fel Hyrwyddwr dynodedig y Gymraeg ar gyfer y Bwrdd Iechyd, a chefnogaeth lawn y Timau Cyfalaf, Ystadau a Chyfleusterau. Hoffwn hefyd ddiolch i Grosvenor Interiors am eu cefnogaeth a'u cymorth parhaus i gynhyrchu'r gwaith celf hwn.”



Poster Arfer Da...



Rydym yn cynnig nifer o drawsnewidiadau i'r ffordd rydym yn darparu gofal.

Nod y rhaglen Llunio ein Gwasanaethau Clinigol i'r Dyfodol yw eich hysbysu am ein gweledigaeth ar gyfer gofal yn y dyfodol a chanfod yr hyn sy'n bwysig i chi. Bydd hyn yn dylanwadu ar ein cyfeiriad teithio.

Ymhlith ein uchelgeisiau mae:

- Datblygu ein dau safle ysbyty aciwrt mawr, Ysbyty Athrofaol Cymru ac Ysbyty Athrofaol Llandochoau, fel canolfannau rhagoriaeth - y bydd gan y ddau rôl ddiffiniedig.
- Dod â gofal yn agosach at ein cymunedau, parhau i ddatblygu Canolfannau Iechyd a Lles a Hybiau Lles, yn ogystal â gwella ein model ar gyfer gofal yn y cartref.

Mae'n bwysig ein bod yn clywed eich adborth wrth i ni ddechrau datblygu ein cynlluniau.

Rhagor o wybodaeth a chyfle i ddweud eich dweud...

Ffôn i: www.shapingourfuturewellbeing.com
E-bostwch: engage.cav@wales.nhs.uk
Ffônwch: 029 218 36078

Chwiliwch am **#LlunioEinCAF** ar y cyfryngau cymdeithasol

Llunio Gwasanaethau Clinigol y Dyfodol

GIG NHS Wales
Bristol Medical Professor
Cambridge at the
Cardiff and Vale
University Health Board

**DE-DDWYRAIN CYMRU
RHWYDWAITH FASGWLAIDD**

Dyfodol Gwasanaethau Fasgwlaidd yn Ne-ddwyrain Cymru

Mae Byrddau Iechyd ar draws y rhanbarth wedi dod at ei gilydd i gynnal model newydd o ofal ar gyfer darparu gwasanaethau fasgwlaidd. Byddai'r strwythur newydd yn cynnig ystod o fuddion i'n poblogaeth ac yn gwneud y gwasanaeth yn gynaliadwy ar gyfer y dyfodol.

Mae'r gwasanaethau hyn yn rhan hanfodol o'n seilwaith gofal iechyd yn Ne-ddwyrain Cymru.

Hoffem glywed gennych...

Mae'n bwysig ein bod yn clywed eich meddyliau a'ch safonwyntiau wrth i ni ddechrau datblygu ein cynlluniau. Ewch i'n tudalen we neu cysylltwch â ni, er mwyn i ni allu dweud mwy wrthydd am y cynlluniau arfaethedig a'ch gwahodd i gwblhau ein ffurflen adborth fyr.

Ewch i'n gwefan:
www.bipcaf.gig.cymru/fasgwlaiddDDdCymru

Anfonwch e-bost atom:
sewales.vascular@wales.nhs.uk

Ffônwch ni: 02921 836068

Chwiliwch am
#FasgwlaiddDDdCymru
ar y cyfryngau cymdeithasol


GIG NHS Wales

Meddwl
Think



Cymraeg
Welsh

Khan Raj
07/06/2021 11:33:41



“The Welsh language is among the world’s fastest growing languages, and as an organisation operating at the heart of the nation’s capital it’s important that the Health Board does all it can to embrace and celebrate it.

“Through adopting this new proactive approach, alongside the recent launch of our Meddwl Cymraeg – Think Welsh campaign, we can really push the Welsh language forward here at Cardiff and Vale UHB, towards becoming a truly bilingual organisation.”

Khan Raj
07/06/2021 11:33:41



A message from...

Welcome to Cardiff and Vale University Health Board's first Welsh Language Yearbook, which focuses on the activity that we have undertaken over the past year to drive forward the Welsh language within our organisation.

We are proud to be one of the largest organisations operating in the heart of the nation's capital and its surrounding areas. It puts on us a responsibility to celebrate and elevate the nation's heritage and culture and its language.

We have made great progress in the face of significant operational challenges in the past 12 months. Despite the pressures of the COVID-19 pandemic, we have upped our game to foster a truly bilingual culture across our organisation and made strong progress in working to meeting our duties under the Welsh Language Standards. Key to this has been the various activities we have undertaken as part of the new Meddwl Cymraeg – Think Welsh campaign that we launched on Welsh Language Rights Day in December, which encourages members of staff to put the Welsh language at the forefront of their minds in delivering services.

There remain a number of challenges and hurdles that we need to address and overcome, which driven by our Equality Strategy and Welsh Language Standards Group and with a focus on the real impact that we know being able to access our services in Welsh can have for our patients, we are confident and determined to achieve.

07/06/2021 11:33:41



Len Richards
Chief Executive



Charles Janczewski
Chair

Health board staff encouraged to 'Meddwl Cymraeg' - Think Welsh...

Cardiff and Vale University Health Board has launched a new campaign to encourage use of the Welsh language and promote Welsh culture and heritage.

The Meddwl Cymraeg - Think Welsh campaign will encourage Health Board employees to actively think about the Welsh language, and consider how they can contribute to making services more accessible to Welsh speakers.

Launching on Diwrnod Hawliau, Welsh Language Rights Day, the campaign recognises people's right to use the Welsh language, and sets out to make doing so easier for the Health Board's patients and staff.

As part of the campaign, a range of information, resources and activities will be made available to staff in the coming months to encourage staff to have the confidence to speak Welsh at any level of fluency, support non-Welsh speaking staff to improve their skills, and help services to increase their use of the language.

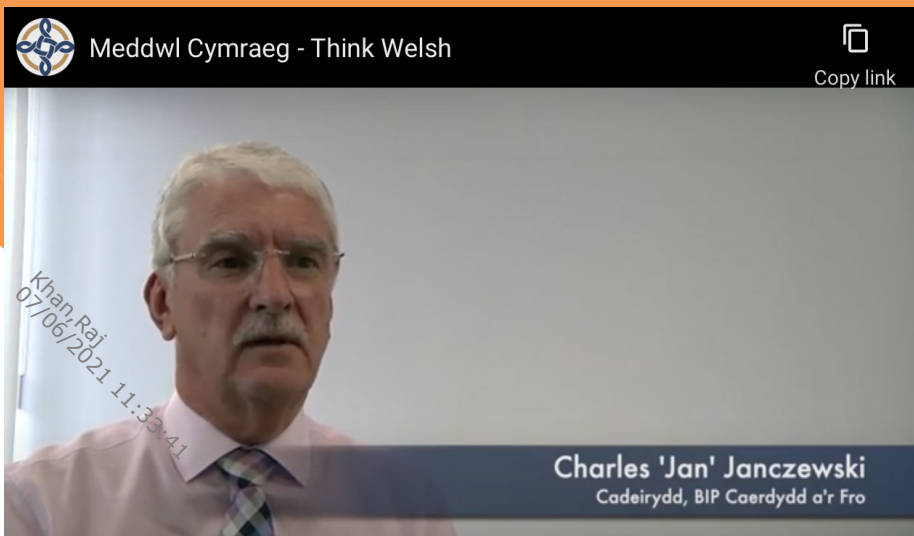
**Meddwl
Think** **Cymraeg
Welsh**

Deputy Chief Executive, said: "As one of the major organisations in and around Wales' capital, the Health Board has a responsibility to celebrate and push forward the nation's heritage and culture, which includes using the Welsh language.

"Through implementing the Meddwl Cymraeg – Think Welsh campaign, we're encouraging staff to continually think of the Welsh language and consider ways they can incorporate it into their roles in support of our Welsh speaking patients and colleagues.

"We've seen how using even the simplest phrases in Welsh can have a significant impact on patient care, so I would encourage all staff with even the most basic Welsh language skills to have the confidence to use them.

"With everybody's full support of this campaign, I'm confident that we can really build momentum towards achieving our ambition of becoming a fully bilingual organisation, so that people can access any of our services using Welsh."



New Space Ward Mural is Out of This World...

A new bilingual mural has been installed on Space Ward at the Noah's Ark Children's Hospital for Wales to help encourage Welsh speaking patients feel comfortable using their chosen language on the ward. Supported by Cardiff & Vale Health Charity Arts for Health and Wellbeing, the space-themed mural has launched on St David's day.

The mural, which was designed using ideas from patients and staff from Space Ward, features Welsh phrases and images of popular Welsh landmarks such as Snowdonia, Castell Coch and the Principality Stadium, to encourage young patients, their families and Health Board staff to be proud of our heritage and to access the Health Board's services through the medium of Welsh. As part of the mural, the Health Board has also introduced a new mascot named Cadog, which will become an increasingly familiar face throughout the Health Board to help promote the Welsh Language.



Jessica Sharp, Welsh Language Officer at Cardiff and Vale UHB said: "It's important that our Welsh speaking patients of all ages can feel comfortable accessing our services through the medium of Welsh if it is their chosen language, so I am very pleased with the installation of this new mural."



The mural is one small step as part of the Health Board's mission to become a fully bilingual organisation. It forms part of the Meddwl Cymraeg - Think Welsh campaign, which encourages Health Board employees to put the Welsh Language at the forefront of their thinking, and consider how they can contribute to making services more accessible to Welsh speakers.

The design and installation of the new mural was supplied by Grosvenor Interiors and was supported by Cardiff & Vale Health Charity.



**Meddwl Cymraeg
Think Welsh**



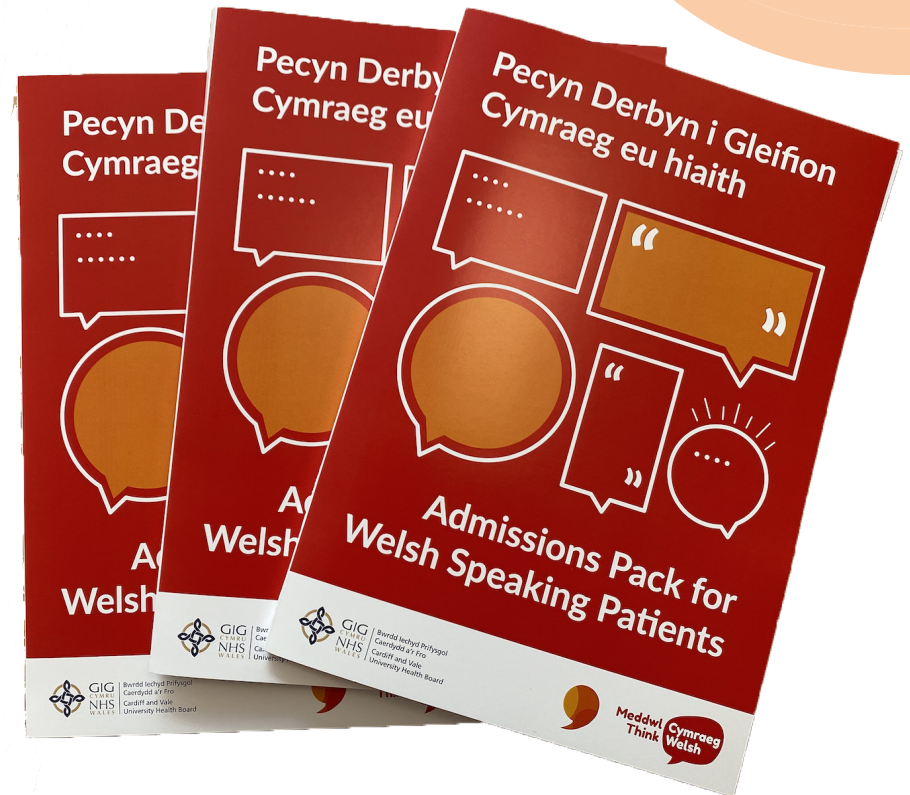
Admissions Pack for Welsh Speaking Patients...

A Pilot Admissions Pack for Welsh Speaking Patients has been implemented within Mental Health, Paediatrics and ICU wards with the intention of rolling out to all wards across the Health Board after a six week consultation period.

The pack aims to assist staff in establishing whether an in-patient wishes to use the Welsh language during their admission.

All patients should be asked their preferred language on the first day of their in-patient admission. If a patient is unable to communicate for any reason, and it is suspected that the patient could be a Welsh speaker, there is a procedure to follow to ensure their care is provided through the medium of Welsh, which is assisted by LanguageLine and members of Welsh speaking staff within the departments.

On establishing that the patient is a Welsh speaker, every effort must be made to communicate with the patient in Welsh throughout their in-patient stay.



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07/06/2021 11:33:41

Staff Recognised for Contribution to Welsh Language...



Lorraine Coultis, Children's Theatres Clinical Leader, Noah's Ark Children's Hospital, was chosen for the award for her enthusiasm and drive to ensure all patients and staff are able to access the Welsh Language while in Children's Theatres by creating Welsh Language displays for patients. <https://elis-dafydd-sharp-portfolio.squarespace.com/>

Three members of Cardiff and Vale University Health Board staff have received recognition for their efforts to promote the Welsh language on St David's Day 2021 and will be given annually to highlight those individuals who have made changes in their working practice to ensure that the Welsh language is fully embraced.

Then new awards, Sponsored by Cardiff & Vale Health Charity, were presented by Rachel Gidman, Interim Executive Director of Workforce and Welsh Language Officer, Jessica Sharp, to recognise and celebrate staff who have made a great contribution to the development of the Welsh language in their departments and service areas.



The second inaugural award winner is Dr Hywel Roberts, Consultant in Critical Care Medicine, University Hospital of Wales, for ensuring all Welsh speaking and non-Welsh speaking staff on his ward had access to stickers he created in his own time for staff to identify themselves to patients as Welsh speaking, while wearing PPE during the COVID-19 pandemic. Hywel also kindly offered to share this idea with the Welsh Language Department for staff to use on other wards if needed.

This year's third winner is Lorena Garcia-Wright, within Occupational therapy, UHL, for working with elderly Welsh speaking patients on older people's mental health wards, E12 in particular, and creating a wall for them to interact with alongside staff where they place the day, date, season, among other things on a daily basis to keep their minds active, which incorporated the Welsh Language.



Khan Raj
07/06/2021 11:33:41

Health Board Strengthens Commitment to Welsh Language through ESWLSG...

Cardiff and Vale University Health Board has committed to taking a new, proactive approach to embedding the Welsh language into its operations.

The Health Board's Equality Strategy and Welsh Language Standards Group (ESWLSG) has endorsed the approach that aims to nurture and accelerate the growing use of the Welsh language throughout the organisation.

Chaired by interim Executive Director of Workforce and supported by Independent Members of the Board, the group champions the Equalities and Welsh language agendas within the organisation.

Recent developments have included evaluating the organisation's resource allocated to operating bilingually, and developing and piloting new resources to make hospital services more accessible to patients whose chosen language is Welsh.

The group has also supported the launch of the Health Board's new Meddwl Cymraeg - Think Welsh campaign that encourages employees throughout the health board to actively consider how they can integrate the Welsh language into their roles, and to use their Welsh language skills at any level of fluency.



Khan Raj
07/06/2021 11:33:41

Welsh Language Translators...

Cardiff and Vale University Health Board has appointed a new team of two Welsh language translation officers to help the organisation publish information bilingually.

Anna and Nia have joined the organisation to support the translation of corporate documents, policies and news and announcements, as part of the Health Board's renewed commitment to achieving a truly bilingual organisation culture.

The new team is the Health Board's first dedicated in-house resource for Welsh language translation, which will complement the translation service that the organisation is able to access through Cardiff Council.

To find out more about translating content for your service, visit the Welsh language page on the staff intranet.



Nia McLellan

Anna Powys

Khan Raj
07/06/2021 11:33:41

Welsh Language Mascot...

As part of the rebranding and development of Welsh Language projects across the the Health Board, we have also introduced a new mascot named Cadog, which will become an increasingly familiar face throughout the our hospital's to help promote the use of the Welsh Language.

Prior to the mascot being designed, we held a small competition with patients in the Play therapy department of Noah's Ark Childrens Hospital who each chose a colour scheme, design and a potential name for the dragon. Although all entries for its name were fantastic, Cadog's name, which means battle, was inspired by a young patient who visited the mural after it was installed on his way into surgery.

The name chosen typifies the fighting spirit seen by patients at the children's hospital every single day.



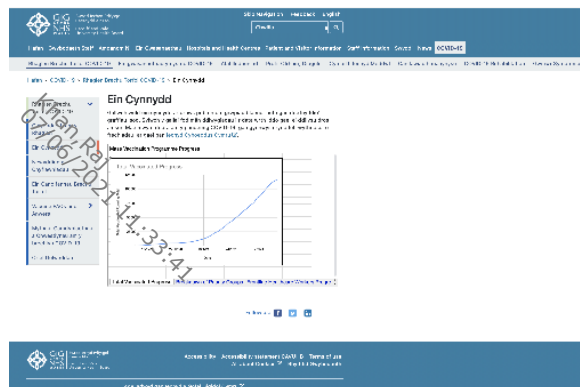
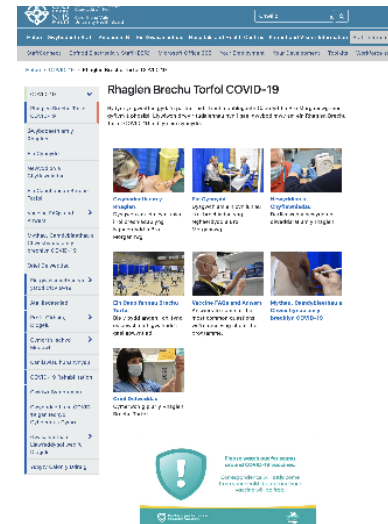
New Health Board website translation underway...

Cardiff and Vale UHB launched a new corporate website in August 2020, which was the culmination of a project to migrate content from the Health Board's legacy content management system into a new system.

The project has seen approximately 2,000 webpages of English language content migrated into the website, and the Health Board has appointed a Welsh language translation agency to undertake translation and publication of this content in Welsh.

Translation of the website is underway, and the agency that has been appointed to undertake this work has confirmed that it expects approximately half of the content to have been translated by the end of April 2021.

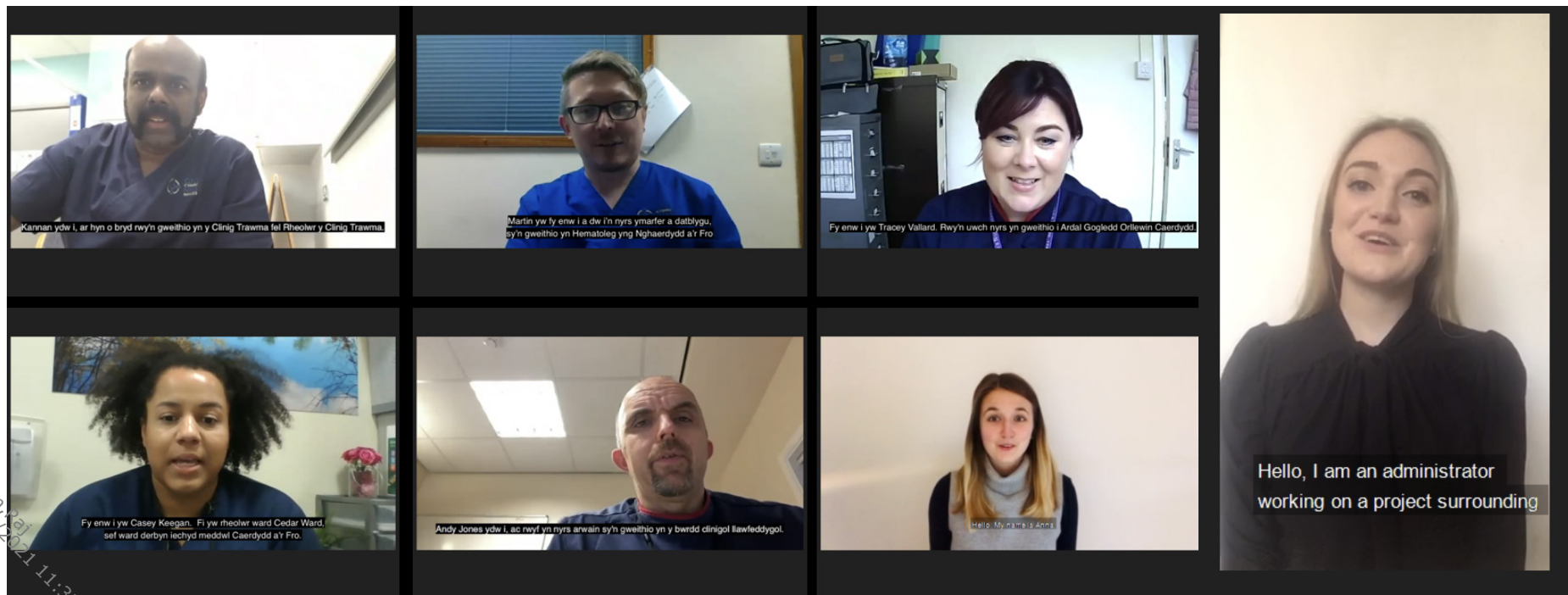
Following this initial translation, and as members of staff across the Health Board are increasingly introduced to update the website, all users will be directed to ensure that any updates to the website are made bilingually, which they will need to resource via the Health Board's translation team and/or external translation providers as appropriate.



Virtual Welsh Careers Fair...

Cardiff and Vale University Health Board staff volunteered their time to record a short message aiming to inspire secondary school pupils that are either commencing their studies and careers or are unsure of which path to follow.

Staff from varied backgrounds, ethnicities, education and roles came together (virtually) to encourage young adults to carefully consider their choices when choosing a profession but also to explain all that is great about a career in the NHS, be that in a clinical role, a corporate role or even a specialist language role.



Staff to 'Step up' their Welsh Language Skills...

Cardiff and Vale University Health Board (UHB) staff will be stepping up their Welsh language skills thanks to new artwork which has been installed on the stairwells at the organisation's Woodland House headquarters.

The new artwork, which features Welsh landmarks and common Welsh words was kindly funded by Cardiff & Vale Health Charity.

It has been installed as part of the recently-launched Meddwl Cymraeg - Think Welsh campaign, which encourages Health Board employees to actively think about the Welsh language, and consider how they can contribute to making services more accessible to Welsh speakers.

The campaign is part of wider efforts to celebrate the Health Board's heritage as a major public sector organisation in the Welsh capital, with initiatives such as the installation of the new artwork designed to further the use of the Welsh language.



Jessica Sharp, Welsh Language Officer at Cardiff and Vale UHB said: "This is a big step forward for us within Cardiff and Vale UHB with regards to the profile of the Welsh language.

"Approximately 65 per cent of the population are visual learners, and so, by placing these art works in busy circulation areas we hope that staff will begin to notice and learn these simple greetings and phrases to use with colleagues and patients – an important starting point as we look to embed a truly bilingual culture.

"We are very grateful to have the support of the Executive Team, Abi Harris, Executive Director of Strategic Planning in particular, as our designated Board Welsh Language Champion, and with the full support from the Capital, Estates and Facilities Teams. I'd also like to thank Grosvenor Interiors for their continued support and help in producing the artwork."



Khan Raj
07/06/2021 11:33:41

Good Practice Posters...



Rydym yn cynnig nifer o drawsnewidiadau i'r ffordd rydym yn darparu gofal.

Nod y rhaglen Lluio ein Gwasanaethau Clinigol i'r Dyfodol yw eich hysbysu am ein gweledigaeth ar gyfer gofal yn y dyfodol a chanfod yr hyn sy'n bwysig i chi. Bydd hyn yn dylanwadu ar ein cyfeiriad teithio.

Ymhlith ein huchelgeisiau mae:

- Datblygu ein dau safle ysbyty aciwrt mawr, Ysbyty Athrofaol Cymru ac Ysbyty Athrofaol Llandochau, fel canolfannau rhagoriaeth - y bydd gan y ddau rôl ddiffiniedig.
- Dod â gofal yn agosach at ein cymunedau, parhau i ddatblygu Canolfannau Iechyd a Lles a Hyblau Lles, yn ogystal â gwella ein model ar gyfer gofal yn y cartref.

Mae'n bwysig ein bod yn dlywed eich adborth wrth i ni ddechrau datblygu ein cynlluniau.

Rhagor o wybodaeth a chyfle i ddweud eich dweud...

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E-bostiwch: engage_cav@wales.nhs.uk
Ffoniwch: 029 218 36078

Chwiliwch am **#LluioEinCAF** ar y cyfryngau cymdeithasol

Lluio Gwasanaethau Clinigol y Dyfodol

GIG Cymru NHS Wales Welsh Health Board

DE-DDWYRAIN CYMRU RHWYDWAITH FASGWLAIDD

Dyfodol Gwasanaethau Fasgwlaidd yn Ne-ddwyrain Cymru

Mae Byrddau Iechyd ar draws y rhanbarth wedi dod at ei gilydd i gynnal model newydd o ofal ar gyfer darparu gwasanaethau fasgwlaidd. Byddai'r strwythur newydd yn cynnig ystod o fuddion i'n poblogaeth ac yn gwneud y gwasanaeth yn gynaliadwy ar gyfer y dyfodol.

Mae'r gwasanaethau hyn yn rhan hanfodol o'n seilwaith gofal iechyd yn Ne-ddwyrain Cymru.

Hoffem glywed gennych...

Mae'n bwysig ein bod yn dlywed eich meddyliau a'ch safbwyntiau wrth i ni ddechrau datblygu ein cynlluniau. Ewch i'n tudalen we neu cysylltwch â ni, er mwyn i ni allu dweud mwy wrthydd am y cynlluniau arfaethedig a'ch gwahodd i gwblhau ein ffurflen adborth fyr.

Ewch i'n gwefan: www.bipcaf.gig.cymru/FasgwlaiddDDdCymru

Anfonwch e-bost atom: sewales.vascular@wales.nhs.uk

Ffoniwch ni: 02921 836068

Chwiliwch am **#FasgwlaiddDDdCymru** ar y cyfryngau cymdeithasol

GIG Cymru NHS Wales Welsh Health Board



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

Meddwl **Cymraeg**
Think **Welsh**

Report Title:	KEY OPERATIONAL PERFORMANCE INDICATORS						
Meeting:	Strategy & Delivery Committee				Meeting Date:	13/07/21	
Status:	For Discussion		For Assurance	√	For Approval		For Information
Lead Executive:	Chief Operating Officer						
Report Authors (Title):	Assistant Director – Performance & Delivery						

Background and current situation:

The Health Board submitted an updated 2021/22 annual plan and 'Planning for Recovery and Redesign' addendum to Welsh Government on 30th June 2021, following submission of the first draft in March 2021. Recognising that our planning for recovery and redesign will continue to be agile and plans will develop and refine over time, the addendum sets out the Health Board's evolving position, overall approach to addressing the Recovery and Redesign challenge and details of schemes proposed to help the organisation meet the needs of our patients.

Our planning for recovery and redesign continues to be 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 centres on patients being seen in order of clinical priority rather than time-based targets.

In considering the operational performance indicators, it is also important to recognise our prevailing operating conditions. We continue to operate within a context of significant uncertainty and with a requirement to remain 'covid ready'. Additionally, there are a further three factors impacting on the speed of our recovery – workforce, estates and ongoing Infection, Prevention and Control (IP&C) requirements.

Finally, there has been no change to national requirements since the last report to the committee. Performance and waiting list information continues to be reported with the published information used for management information and to provide assurance against the delivery of the Health Board's plan.

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 re-emergence of non-covid unscheduled care demand and higher presentations arising from the indirect impact of covid e.g. in Mental Health is resulting in increased pressure across primary, community and secondary care.
- Operational performance needs to be considered in the context of our prevailing operating conditions. There is significant uncertainty alongside a requirement to remain 'covid ready'. Additionally, there are a further three factors impacting on the speed of our recovery – workforce, estates and ongoing IP&C requirements.

Khan, Raj
07/06/2021 11:33:41

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 has grown since some elective care cessation in December and the Christmas/New Year period. Referrals from Primary Care are currently 82% of prior year levels, and have remained above 70% since mid-August. Outpatient activity, just under a third of which is undertaken virtually, is now 85% of prior year levels for new outpatients. Elective Inpatient & Daycase treatments are running at 74% of prior year levels.

The overall **Referral to Treatment (RTT)** waiting list increased in May to 100,686 and is 9% higher in total in March 2020. The May data showed there were 34,896 patients waiting **over 36 weeks**.

Patients waiting greater than 8 weeks for a **diagnostic** test were 4,848 at the end of May, an increase of 301 from the March position of 4,647. 14 week **Therapy** breaches were 494 at the end of May, reduced from 562 at the end of March.

For **Cancer** services, 156 patients started first definitive treatment in April. 64.7% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

The overall volume of patients waiting for a **follow-up outpatient** appointment was 172,596 at the end of May 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 48,833 at the end of May, a reduction from 49,862 at the end of March, and is at its lowest point since May 2020 and remains lower than the end of year target set for the Health Board by Welsh Government.

95.9% of patients waiting for **eye care** had an allocated health risk factor in March against a target of 98%. 62.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) increased in March, April and May (3,330) compared to the previous quarter (3,082).

Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 16% overall and 28% for CAMHs in May 2021. Part 1b: 97.47% of therapeutic started within 28 days following assessment at the end of May, the highest level since September 2020.

Unscheduled Care overview (Appendix 2)

Following a decrease in unscheduled care activity during the previous quarter, attendances at our Emergency Unit have increased and are approaching pre-covid levels.

4 hour performance in our Emergency Unit was 76.6% in May 2021 from 80.4% in April. This compares with May 2020 – 91.4%.

Khan, Raj
07/06/2021 11:33:41

There were 94 x **12 hour delays** in EU in May, an increase in the number experienced in previous months. This compares with May 2020 – 14.

Over 1 hour **Ambulance Handover** delays were 116 in May 2021, compared to 108 in April and 116 in March.

Stroke performance has improved in the most recent quarter, with 31% of patients being directly admitted to an acute stroke bed within 4 hours against a target of 55% and 83.8% of patients being assessed by a Stroke Consultant within 24 hours against a target of 84%.

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.

Khan, Raj
07/06/2021 11:33:41

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



Appendix 1

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

2021/22		Mar	Apr	May
Planned Care				
RTT - 36 weeks (Target = 0)	21/22 Actual	32,938	33,922	34,896
RTT - 26 weeks (Target = 95%)	21/22 Actual	55.0%	55.5%	55.9%
Total Waiting list	21/22 Actual	92,286	96,892	100,686
Diagnostics > 8 weeks (Target = 0)	21/22 Actual	4,547	4,244	4,848
Therapies > 14 weeks (Target =0)	21/22 Actual	562	530	494
Cancer				
SCP - with no suspensions	21/22 Actual	65.6%	64.7%	N/A
Outpatient Follow Up				
OPFU - > 100% delayed (Target x by 31/3/22)	21/22 Actual	49,862	49,032	48,833
OPFU - Target date (Target 95% compliance by 31/12/19)	21/22 Actual	98.1%	98.0%	98.0%
Total OPFU waiting list (Target x by 31/3/22)	21/22 Actual	170,453	171,576	172,596
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%
98% of patients to have an allocated HRF	21/22 Actual	96.4%	95.6%	95.9%
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%
Part 1a: CAMHS only	21/22 Actual	25.81%	29.85%	27.54%
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%

Khan Raj
07/06/2021 11:33:41

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

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

Khan Raj
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Report Title:	People Dashboard					Agenda Item no.	3.4 (b)
Meeting:	Strategy & Delivery Committee					Meeting Date:	13 July 2021
Status:	For Discussion		For Assurance		For Approval		For Information
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Deputy Director of Workforce & OD/Workforce Information Systems Manager/Head of HR Operations						

Background and current situation:

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

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

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

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

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

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

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- A trend of increase in permanent and fixed term staff which is in line with expectation as we have recruited more fixed term through COVID-19, specifically to support Track & Trace and to deliver the Mass Vaccination programme. Permanent recruitment is being maintained despite COVID-19.
- Overall the Nurse Bank usage remains fairly static.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 55 WTE per month

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- Total pay-bill peaked as expected during March, due to year-end accruals which included accruals for annual leave and study leave as well as additional employers superannuation contributions and NHS bonus payments.
- Variable pay trend is upward and is now over 10.5% UHB-wide.

Other key performance indicators:

- Voluntary resignation trend is rising although this has dropped in April and May and is now below 7% UHB wide.
- In month Sickness peaked significantly in April 2020 to 8.37% as expected but is now following normal season fluctuations. Sickness was 5.77% in May 2021. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances).
- ER caseload trend is increasing slightly due to backlog of investigations, but overall remains within reasonable tolerance levels.
- Statutory and Mandatory training compliance is falling; now 15% below the overall target.
- Compliance with Fire training has now fallen to 53%.
- By the end of May almost 20% of consultant job plans are in the e-system.
- PADR (now Values Based Appraisal) continues to fall and is significantly off target (35.56% in May)

In summary, what actions are we taking?

- Performance reviews with CB's are being undertaken to retain control measures for pay-bill, establishment control and capture increase associated with COVID (UHB was previously underspent prior to COVID).
- A deep dive is being undertaken into each of these KPIs and will be attached to this report – the second deep dive looks at Employee Relations activity (below).
- Sickness reviews are resumed and now being undertaken as normal. The maximising attendance group is being reviewed. Staff are returning to work (at home or location) who were previously Shielding.
- There is an extensive range of Employee Well-being strategies and support in place.
- The delivery of Fire Training falls within the remit of Capital, Estates and Facilities. The new Head of Health and Safety is now linking in with CEF to seek improvement. A health and safety review is currently underway which will provide useful information and feedback into these areas. The Head of Health and Safety has developed a new H&S Dashboard which is being sent monthly to Clinical Boards to help support them improving compliance across a range of indicators, including Fire Training. A communications strategy is being put in place to raise awareness of the importance of continuing to undertake the annual Fire E-learning.
- Allocate E-Job Planning system is currently being implemented. Recording of consultant job plans in the new e-system will be reported as follows: -

- Level 1 Compliance - Some activity detail has been recorded by or for the consultant in a job plan (the job plan is under construction)
 - Level 2 Compliance - The construction of the job plan is complete, and is awaiting the various levels of sign-off
 - Level 3 Compliance - The job plan has been signed off
- Values Based Appraisal Training has continued to be delivered and take up has been excellent. Plans are in place to re-launch the VBA to reinforce importance.

Deep Dive – Employee Relations Background

In August 2018 the structure of the Workforce & OD Department was changed into the HR Business Partner Model structure which incorporates strategic HR Business Partners (HWODs), the HR Operations Team and HR Expert Teams. The top priority for the HR Operations Team was to understand the reasons for the UHB's formal employee relations cases being so high (over 60 cases), improve HR processes, procedures and practices to support a reduction in the number of cases and ultimately move towards a Just and Learning Culture.

The HR Operations Team have worked closely with senior managers within the Clinical/Services Boards to embed the principles of a Just and Learning Culture. This is to ensure that we do not have a blame culture as we understand that one of the greatest stressors for staff, especially during a healthcare crisis, is: what will happen to me if something goes wrong? To address this, we have implemented the 'Just Culture' guidance which emphasises that mistakes are generally a product of faulty organisational cultures, rather than solely brought about by the person or persons directly involved. The guide is used to support conversations between managers about whether a staff member involved in a patient safety incident requires specific individual support or interventions to work safely. This allows for individual accountability, fair treatment and promotes a learning organisation culture.

Within 6 months the team had significantly reduced the number of ER cases by introducing and strengthening the following:

- Assistant Heads of Workforce and Organisational Development (AHWODs) to take on the role of HR Case Managers;
- HR were too involved in investigations, this stopped;
- Support was provided to Investigating Officers by adopting a coaching style;
- Disciplining Officers were supported, ensuring they understood their responsibilities;
- Trade Union colleagues started to build trust in the team;
- The initial assessment process was revised to ensure that only serious cases progressed to a formal investigations, to avoid unnecessary investigations;
- The duration of investigations started to improve, with the majority taking 0-3 or 3-6 month to complete.

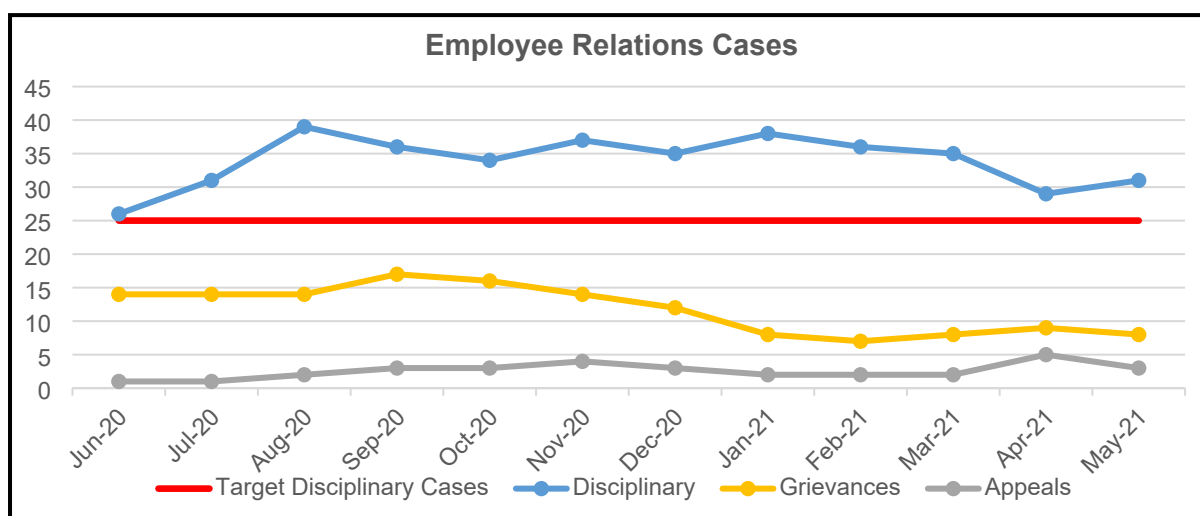
In February 2020 the team reported 25 formal investigations/disciplinary hearings, of which 6 were being progressed by the Police/CPS. This was the lowest cases had been since the HR Operations Team was established. This improvement was sustained with cases only fluctuating slightly each month.

On 23rd March 2020 the COVID-19 pandemic had reached infection levels which resulted in the Welsh Government locking down the country to protect the population and the NHS. At this time a decision was taken to pause all formal employee relations cases and all efforts were focused on supporting the organisation with the pandemic. The HR Operations Team became the Workforce Hub and concentrated solely on recruiting additional staff at pace. This continued during the first wave.

The HR Operations Team tried to return to business as usual by the summer and had the challenge of progressing the cases virtually using new technology. Initially there was a reluctance by Trade Unions to progress cases in this way and some refused to represent in this manner. This created further delays in concluding cases.

By September 2020, the team were supporting the organisation with the second wave and whilst we continued to progress some cases virtually, progress was slow due to availability of managers, HR and trade union colleagues. Since March 2021 more cases have been concluded.

The graph below shows the level of employee relations cases from June 2020 to May 2021, you will see that disciplinary cases increased from 26 in June 2020 to 39 in August 2020. Over the period the number of formal grievances have reduced and appeals have fluctuate slightly over the period:



Position as at 14th May 2021

As at 14th May 2021, the UHB had 29 formal internal employee relations investigations/disciplinary hearings, which reduced from 37 in April. I am pleased to confirm that the long standing cases that were delayed due to the pandemic are now reaching a conclusion.

In addition, there are also:

- 5 cases that are being progressed by an external agency (Police).
- 4 cases being progressed via the Fast Track disciplinary procedure.

Breakdown of Internal investigations/disciplinary hearings by Clinical Board

Clinical Board	No of Cases	May-21 WTE	% under investigation
All Wales Genomics Service	0	227.92	0%
Capital, Estates & Facilities	5	1132.04	0.44%
Children & Women's	5	1814.27	0.27%
Clinical Diagnostics & Therapeutics	0	2047.35	0%
Corporate Executives	2	778.85	0.25%
Medicine	6	1613.75	0.37%
Mental Health	5	1276.18	0.39%
Primary, Community & Intermediate Care Service	3	989.63	0.30%
Specialist Services	2	1798.23	0.11%
Surge Hospitals	0	45.80	0%
Surgical Services	1	2040.06	0.04%
Total	29	13764.07	0.21%

Breakdown of Internal investigations/disciplinary hearings by Staff Group

The number of cases involved registered Nurses are higher than any other staff group, to mitigate this and to share understanding the Head of HR Operations, Deputy Executive Nurse Director and the RCN meet quarterly to discuss. Whilst the number of cases are higher, the RCN are satisfied that the progression of cases is appropriate.

Staff Group	May-21	No of Cases
Add Prof Scientific and Technical	736.80	0
Additional Clinical Services	972.33	0
Administrative and Clerical	2339.26	2
Allied Health Professionals	934.85	0
Estates and Ancillary	1142.52	5
Healthcare Scientists	495.02	0
Medical and Dental	1224.61	2
Nursing and Midwifery Registered	4037.83	15
Students	31.18	0
Unregistered Nurse	1849.68	5
Total	13764.07	29

Reasons for formal investigations/disciplinary hearings include:

Reason	No. of cases
Breach of patient confidentiality	1

Convicted of criminal offence	3
Falsification of clinical records	2
Fraud	3
Inappropriate behaviour (b&h)	3
Maltreatment of other worker	1
Maltreatment of patient/client	8
Misconduct	1
Theft	1
Negligence or failure to undertake duties	6
Total	29

External Cases (Police/CPS)

Clinical Board	Total
CE&F	1
Mental Health	2
Specialist	2
Total	5

Breakdown by Work Status (internal)

Suspensions from duty are a last resort and linked to very high risk cases.
Wherever possible staff are deployed to non-clinical roles rather than suspended.

Work Status	Internal Cases
Normal Duties	3
Sick Leave	9
Suspended	2 (+1 external case)
Temp Alt Work	15
Total	29

Employment Tribunal Cases

Clinical Board	Staff Group	Stage	Total
Surgery	Medical	Progressing to final hearing	1
CE&F	Estates and Ancillary	Progressing to final hearing	1
PCIC	Nursing & Midwifery	Preliminary hearing stage	1
Mental Health	N/A	Preliminary hearing stage	1
Total			4

Appeals

Clinical Board	Category of appeal, e.g. sickness, disciplinary sanction	Total
Specialist	Disciplinary Appeal	1
Genomics	Industrial Injury Appeal	1
CEF	Industrial Injury Appeal	1
Surgery	Disciplinary Appeal	1
Total		4

Formal Grievances

Clinical Board	Staff Group	Stage	Total
Specialist	Allied health professional	Stage 2	1
	Allied health professional	Stage 3	1
Medicine	Admin and Clerical	Stage 2	2
	Nursing & Midwifery	Stage 2	1
CD&T	BMS	Stage 3	1
Surgery	Dental	Stage 3	1
Mental Health	Nursing & Midwifery	Stage 2	1
	Nursing & Midwifery	Stage 2	1
Total			9

The Team are currently focusing on:

- Continuing to embed the Just Culture principles;
- Providing awareness and training on the initial assessment process to ensure this is completed robustly and quickly.
- Building the capability and capacity of Investigating Officers through formal training and ongoing coaching;
- Developing and are delivering training for Disciplining Officers in relation to the accountability and responsibility of the role;
- Developing a debrief process to ensure lessons learnt are actioned.
- Embedding the new Respect and Resolution Policy which launched on 1st June 2021 and embedding the new approach 'Healthy Working Relationships' into the organisation.
- Reducing the duration of formal investigations wherever possible.

Considerations for the future

Formal investigations take too long for a number of reasons but predominantly due to the lack of capacity of the Investigating Officer. This is not a criticism, as the Investigating Officers undertake the investigation in addition to their normal role. Investigations that take too long are problematic on a number of counts, for example:

- Impacts negatively on the health and wellbeing of individuals involved in the investigation process;
- It's costly to the organisation, due to sickness absence, deployment out of substantive role, suspension, etc.;
- Weakens the case as memories fade;
- At Employment Tribunal the organisation would be criticised for lengthy processes and cases can be lost procedurally due to investigations taking too long.

Duration of formal investigation/disciplinary hearings

Below is a breakdown of the duration of current internal cases, prior to the pandemic the position was much better in that there were no cases taking over 12 months and only a small number that had taken over 6 months – the majority of cases were taking 4-6 months to conclude. Albeit that is still too long for a member of staff to be under investigation.

Duration Category (Months)	No of Cases
0-3	9
3-6	7
6-12	11
>12	12
Total	29

Consideration needs to be given to determine how investigations can be conducted in a timely manner. Previously the organisation employed an independent Investigating Team that consisted of 2-3 dedicated Investigating Officers to formally investigate Disciplinary and Dignity at Work matters. If the Investigating Officers are skilled, have the expertise required and the capacity then this could be an ideal solution to the current problem. Another option would be to provide Investigating Officers with protected time but in my experience this is very difficult to achieve when the Investigating Officers are Senior/Lead Nurses, Directorate Support Managers, etc. The clinical and operational needs of the organisation always have to come first. If acceptable, an options appraisal could be developed for consideration by the Executive Team.

Recommendation:

The Strategy and Delivery Committee is asked to:

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

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Shaping our Future Wellbeing Strategic Objectives

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

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

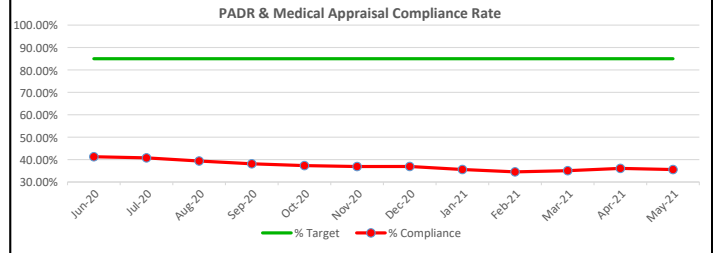
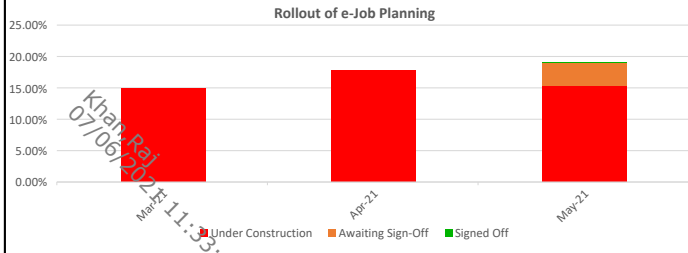
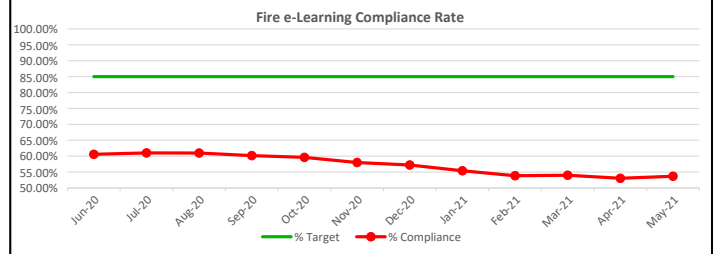
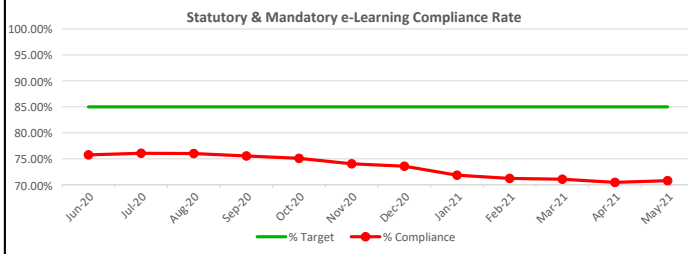
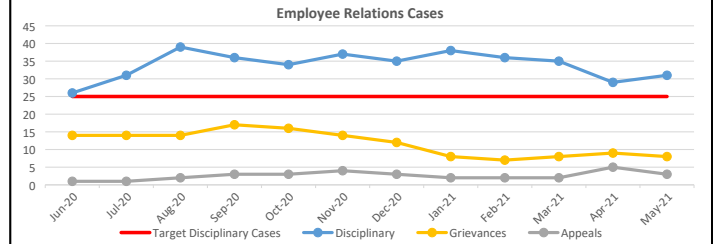
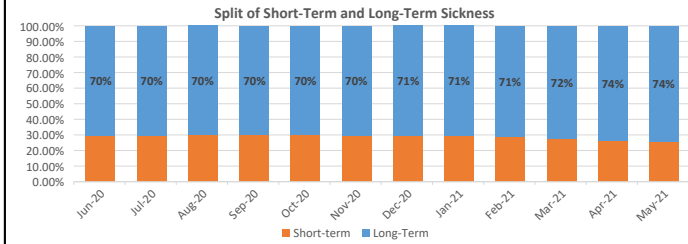
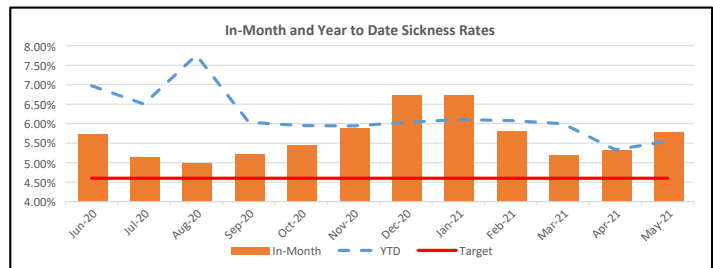
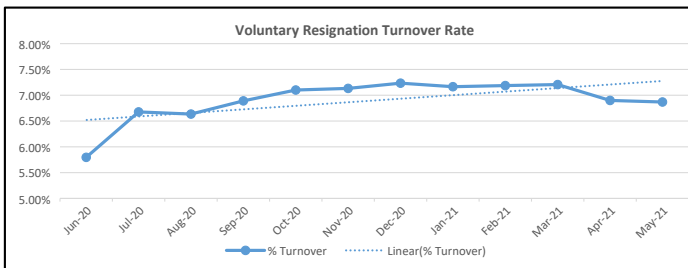
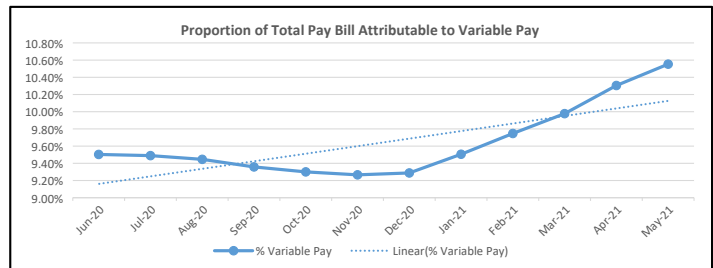
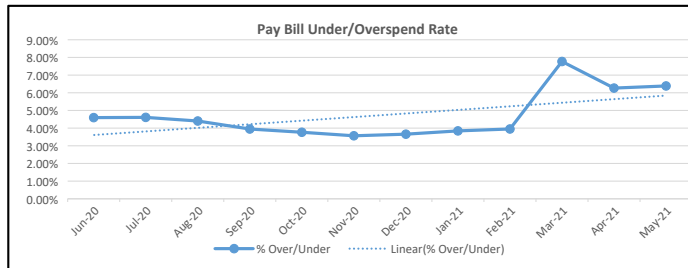
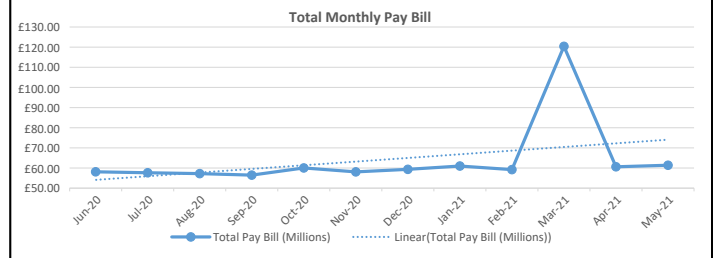
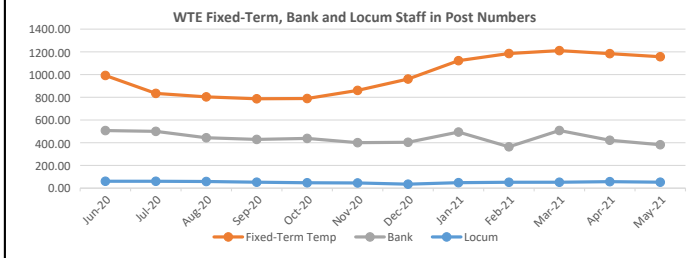
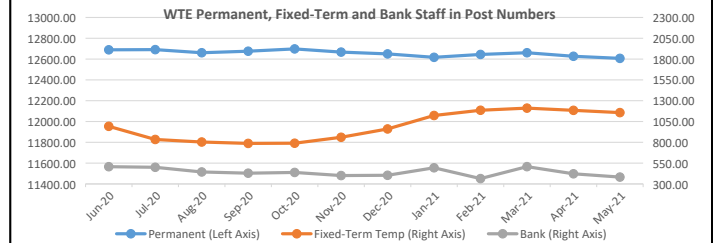
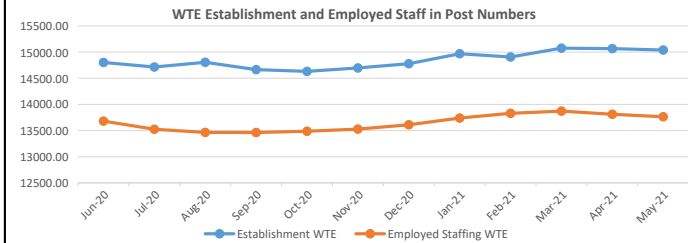
Five Ways of Working (Sustainable Development Principles) considered

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

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



Workforce Key Performance Indicators Trends May 2021



Report Title:	Board Assurance Framework – Workforce, Sustainable Primary and Community Care				
Meeting:	Strategy and Delivery Committee			Meeting Date:	13 th July 21
Status:	For Discussion		For Assurance	x For Approval	For Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Background and current situation:

At the last 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 Workforce and Sustainable Primary and Community Care 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 May 2021.

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

At the Board Meeting held on 27th May 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

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

Recommendation:

The Strategy and Delivery Committee is asked to:

Review the attached risks in relation to Workforce and Sustainable Primary and Community Care to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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Kind and caring
Caredig a gofudgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



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 lead 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 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, community testing, mass vaccine immunisation, staff absence, increased demands on step up and step down demand for GP and CRT Requirements of the Nurse Staffing Act and BAPM Standards. Requirements of medical rotas to flex across Recovery plans Workforce demographics/ageing workforce Insufficient supply of registered Nurses at UK national level. High nurse turnover in Medicine, Surgery and Specialist Services Clinical Boards Impact on staff resilience due to increasing service demand and work pressure 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. 		
Impact	<p>Impact on quality of care provided to the population.</p> <p>Inability to meet on-going demands of both pandemic and recovery plans</p> <p>Potentially inadequate levels of staffing</p> <p>Increase in agency and locum usage and increased workforce costs</p> <p>Low morale and poor staff resilience especially in clinical areas</p> <p>Higher turnover and sickness absence</p> <p>Poor attendance at statutory and mandatory training</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)

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Current Controls	<ul style="list-style-type: none"> • Clinical Boards are actively reviewing workforce plans • Workforce plans are integrated with phased clinical recovery plans • Staff Turnover and retention plans are now being reviewed at CB. • International Nurse Recruitment Campaign is on-going – 185 have now been commissioned. • Re-launched nursing recruitment campaign through social media with strong branding. Events happening in May and further being planned after summer period • Strong clinical engagement with Student Streamlining • Values based recruitment. • Internal Career Development Scheme for band 5 nurses. • Nurse Adaptation and Returners Programmes are now business as usual. • Programme of talent management and succession planning. • Ward Accreditation Programme being implemented • Medical international 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. • Appointment of Physician Associates to supplement MDT in a number of Clinical Boards • All Wales Single Lead Employer initiative for Junior Doctors to improve trainee experience and streamline hiring processes. • Link with Welsh Government Campaign <i>Train, Work, Live</i> to attract for Wales – GP, Doctors, Nursing and Therapies . • Enhanced overtime provisions for substantive nursing and HCSW staff to encourage take up of additional hours extended with a roadmap for phasing out by end May. • New All Wales Respect and Resolution Policy has been developed in partnership with trade union colleagues and will be launched in June, with the aim to prevent bullying and harassment and improve workplace culture
Current Assurances	<p>The Workforce Hub Steering Group has refocused and now meets weekly to co-ordinate proactive work around workforce plans to support Recovery.</p> <p>Deep dive monitoring at Clinical Board and operational level being undertaken monthly to ensure nursing capacity.</p> <p>There are no registrant gaps in mass immunisation programme. The gaps are in administration roles due to all centres working at max capacity. Operational and workforce models being reviewed to maximise efficiencies – e.g., workforce less spread out</p> <p>11 international nurses joined us in April and a further 18 are due to arrive in June, largely aimed at supporting Theatres extension and critical care.</p> <p>Nursing establishments are currently being reviewed now that covid has settled and this will provide for more accurate vacancy forecasting. Band 5 & 6 substantive nursing estimated to be at 91% in March. Estimate is due to nursing establishment changes not yet being verified.</p>

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HCSW recruitment is going well, all permanent vacancies will be recruited to and some areas will be over recruited to where approved.

Sickness absence has reduced to pre-covid trend – (5.14% March in month figure).

Workforce metrics will now focus on deep dive analysis - currently being undertaken into reasons for staff turnover.

Temporary recruitment remains active to support Mass Immunisation Programme.

Student Streamlining engagement session recently held provided excellent feedback that students want to join C&V as an attractive place to work.

Medical monitoring at Medical Workforce Advisory Group (MWAG).

Medical rotas being monitored to ensure flexibility in place (RAG rated system)

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15(Extreme)
Gap in Controls		<p>Ability to on-board international nurses more quickly due to Visa, isolation requirements and OSCE nurse facilitation capacity.</p> <p>National UK shortage of nurses remains which impacts on local campaigns</p> <p>Continuation of some staff shielding who remain very clinically vulnerable (although this has now reduced considerably).</p>	
Gap in Assurances			
Actions		Lead	By when
1. Recruitment Campaign in May with social media advertising		RG	From 30.9.2020
2. International Nurse Recruitment Campaign		RG	31.12.2021
3. Implementation of a new Medical and Dental Bank through a Managed Service		SW/RG	From 1.4.2021
4. Clinical Board Workforce Plans being reviewed during first quarter of 2021/22		SC/RG	30.6.2021
5. Nursing establishments being reviewed		RW	31.7.2021

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6. New Nurse E-Rostering System being implemented during 2021/22, including Safe-Care Module and improved Bank App. functionality		RG	31.3.2022	All Wales contract has been procured. C&V will now align to all other HB's using Allocate Software.
Impact Score: 5	Likelihood Score:2	Target Risk Score:		10 (High)

2. 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.

Risk	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.
Date added: 12.11.2018	
Cause	<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>
Impact	<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>

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<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> <p>Impact reinforces cause by effecting ability to recruit</p>			
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (red)
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</p> <p>Sustainability and assurance summary developed to RAG rate practices and inform action</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.</p> <p>Second peer review of PCOOH Services undertaken with commendations and exemplars referred to in WG reports</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)
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>		
Gap in Assurances	No gaps currently identified.		

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Actions	Lead	By when	Update since March 21
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.	SW/JG	31/03/2021	<p>Health pathways launched on 14/02/2019. As at 07/05/2019 32 pathways were live.</p> <p>Pathways will continue to be developed until the end of the financial year.</p> <p>65 pathways are now active. Chief Operating Officer has met with partners in New Zealand who are rolling it out. This continues to be rolled out.</p> <p>Complete and continuing</p>
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's	SC	From 28 August 2020	Complete – existing plans rolled out but continue to review effectiveness to look for opportunities for further expansion
3. Roll out digital solutions for smart working	DT	31/03/2021	<p>Platform procured- phased roll out plan to be implemented with completion due by end of the financial year.</p> <p>Complete and continuing</p>
4. Other digital platforms being considered e.g. Primary Care CAHMS Assessment platform being deployed	SC	31/03/2021	Complete
5. 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.
6. 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

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				work and progressing well updates will continue to be provided.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 (high)

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Report Title:	Annual Board Effectiveness Survey 2020-2021 - Strategy and Delivery Committee						
Meeting:	Strategy & Delivery Committee				Meeting Date:	13/07/2021	
Status:	For Discussion	X	For Assurance	x	For Approval		For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Interim Head of Corporate Governance Corporate Governance Officer						

Background and current situation:

Effective Board and Committee meetings are a key part of an effective governance structure and it is important to ensure that Cardiff and Vale University Health Board's (CVUHB's) organisational governance is compliant with the provisions of its Standing Orders which state that:

10.2.2 The Board shall introduce a process of regular and rigorous self- assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

CVUHB has undertaken a review of the Board and its sub-committees, using survey questions derived from best practice guidance, including the NHS Audit Handbook, and using the following principles:

- the need for sub-committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives,
- the requirement for a committee structure that strengthens the role of the Board in strategic decision making and supports the role of Independent Members in challenging executive management actions,
- maximising the value of the input from Independent Members , given their limited time commitment,
- supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda.

For the 2020-2021 self-assessment, a survey was disseminated via Survey Monkey to all Board members enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.

The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2020-2021, which relate to the Strategy and Delivery Committee and to present the action plan 2020-2021 developed to address the areas identified for improvement.

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

The survey questionnaire for the annual Board/Committee effectiveness survey 2020-2021 was issued in early April 2021 and attained a positive response rate overall,

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- The overall findings are positive which provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committees are effectively supporting the Board in fulfilling its role,
- The individual findings of the Annual Board/Committee Effectiveness Survey 2020-2021 relating to the Strategy and Delivery Committee are presented at **Appendix 1** for information,
- Out of the questions posed, room for improvement was identified in 5 areas and a Board Effectiveness Action Plan 2020-2021 has been developed to address them which is presented at **Appendix 2** and outlines proposed actions to strengthen and develop the areas identified, it is suggested that this action plan be progressed via Board, Development sessions. Assurance is provided by work already in train in many of these areas as referenced in the action plan,
- The individual Board/Committee findings will be presented to each relevant Committee for assurance,
- When considering the findings, they should be considered in the context that the survey was issued to the 22 Members of the Board and only those who were members of the relevant Committees were in a position to respond. Further work will be undertaken in 2021-2022 to encourage Board members to complete the survey.

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

To ensure effective governance the Board Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March/April 2022 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2021-2022.

Recommendation:

The Committee are requested to:

- NOTE** the results of the Annual Board Effectiveness Survey 2020-2021, relating to the Strategy and Delivery Committee,
- NOTE** the action plan developed for 2020-2021, which will be progressed via Board Development sessions.

Shaping our Future Wellbeing Strategic Objectives

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

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

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

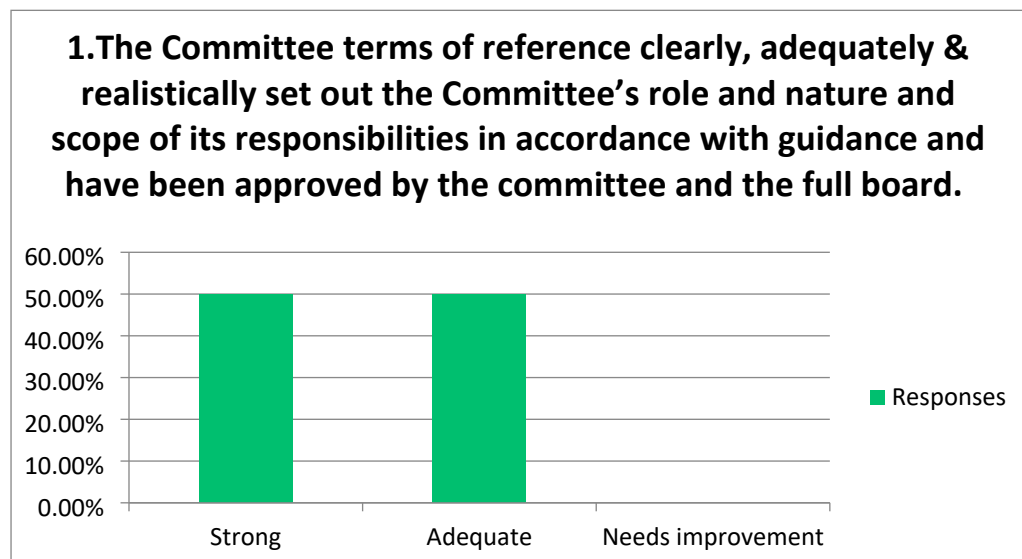


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Annual Board Effectiveness Survey 2020-2021

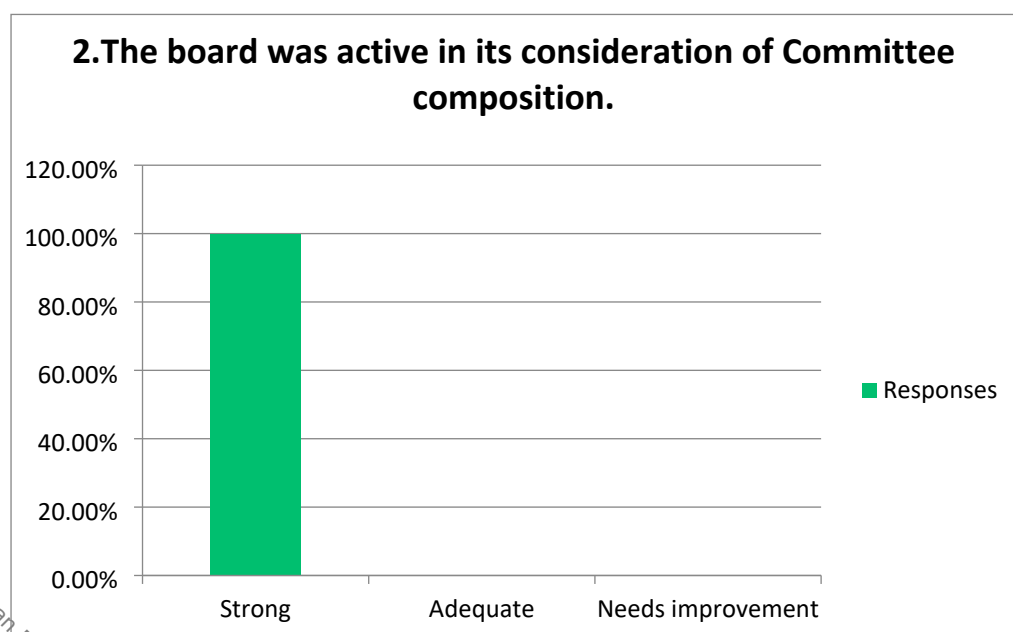
Strategy and Delivery Committee Self Evaluation 2020-2021

- 2 responses received

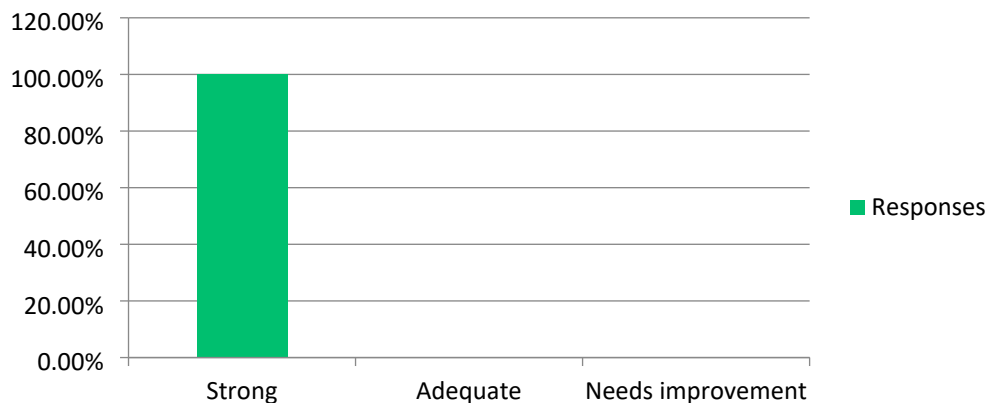


Comments received:

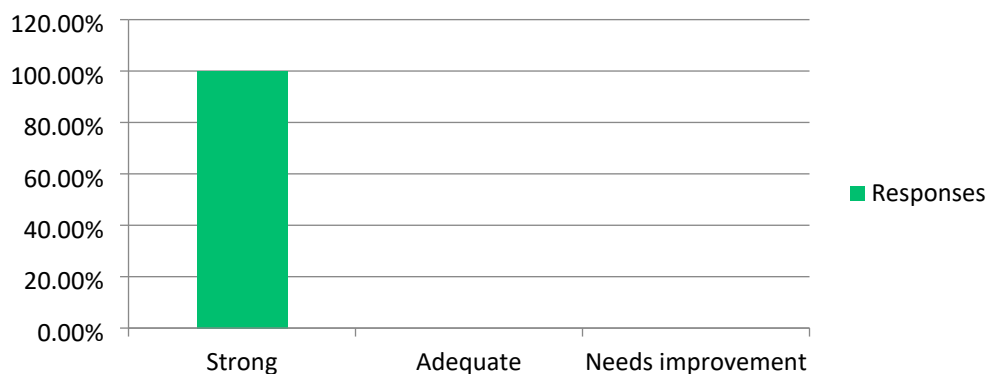
- The Committee covers a wide breadth. It is still evolving how it wishes to seek assurance regarding delivery of the strategy, but progress has been made on this during the year.



3.The Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

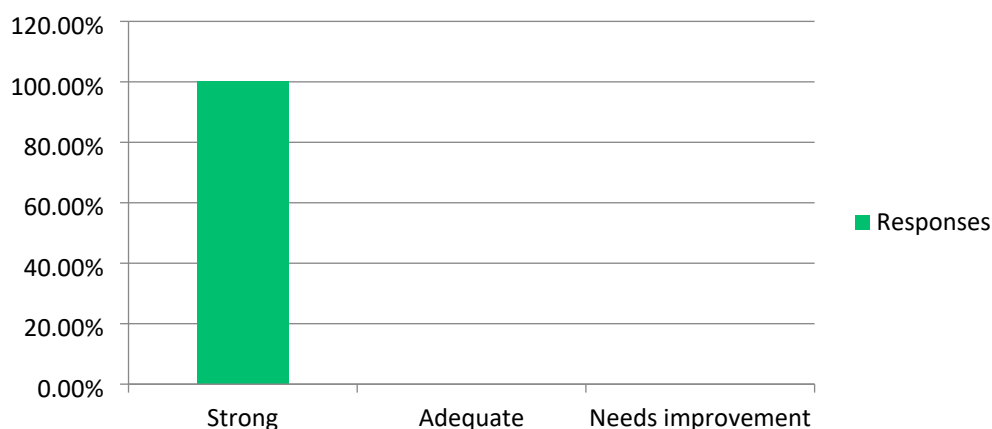


4.The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.

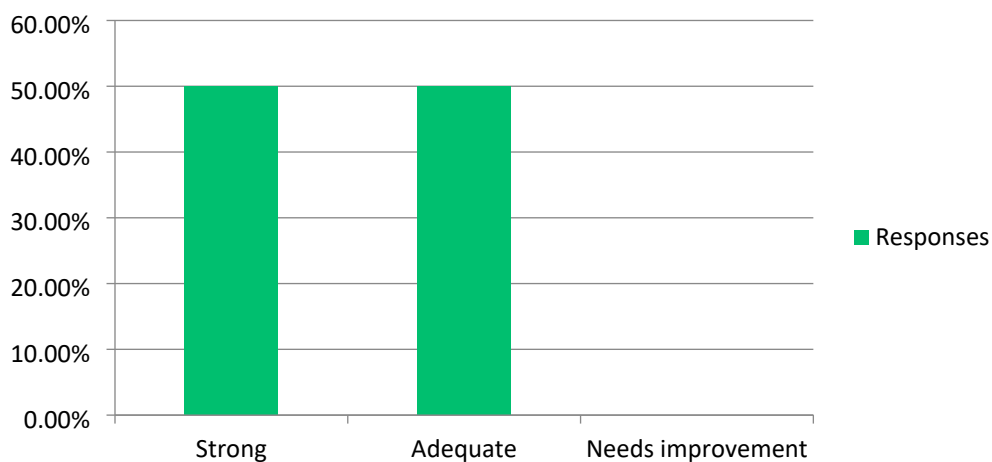


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5. Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the committee's responsibilities.



6. Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.

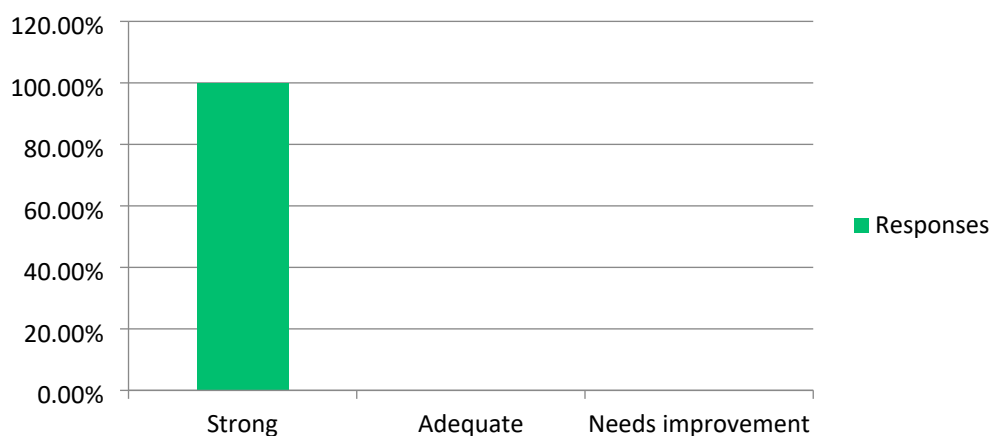


Comments received:

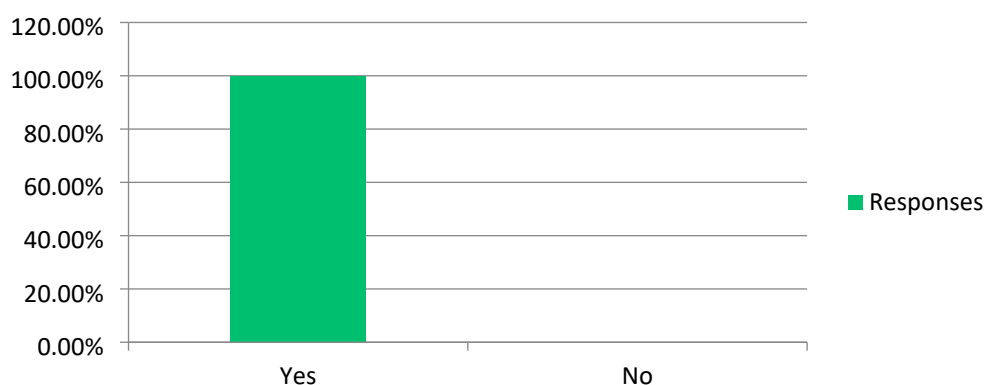
- The Strategic Planning Team has a role to play in ensuring the strategy elements of the agenda are supported but the tea, doesn't have adequate resources at present to support this fully.

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7.The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.

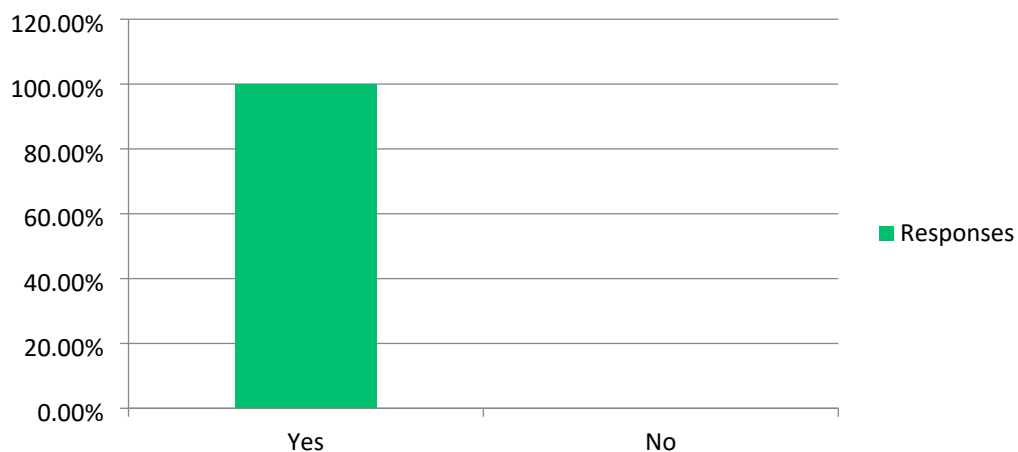


8.Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?

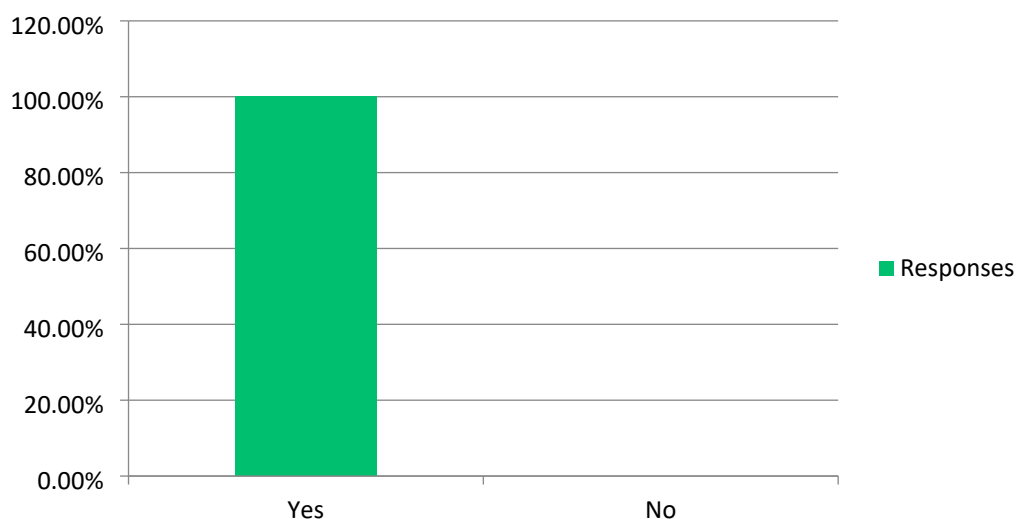


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9.Are changes to the committee's current and future workload discussed and approved at Board level?

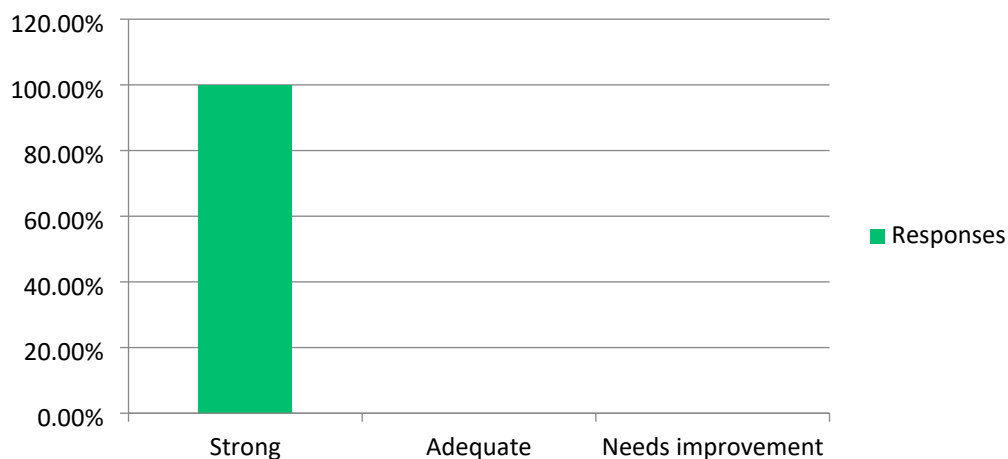


10.Are committee members independent of the management team?

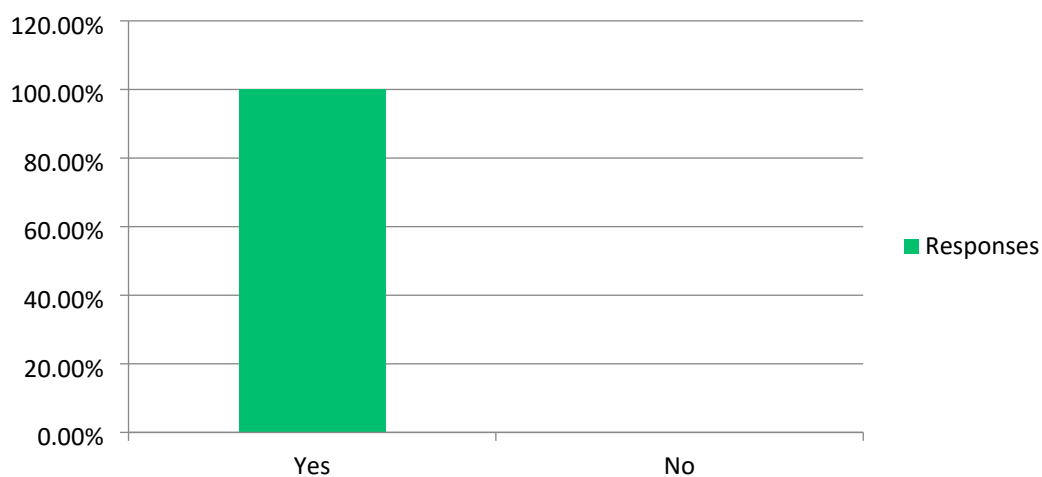


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11.The Committee agenda-setting process is thorough and led by the Committee Chair.

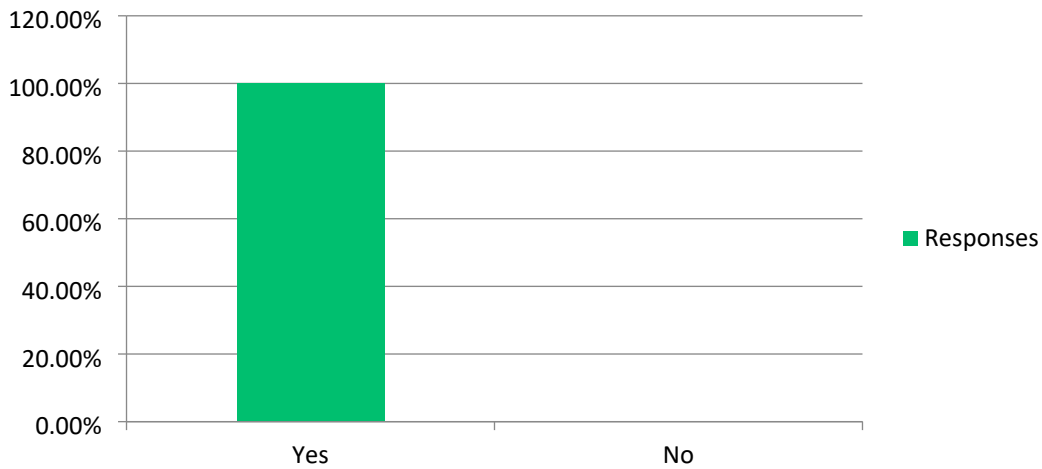


12.Has the Committee established a plan for the conduct of its work across the year?

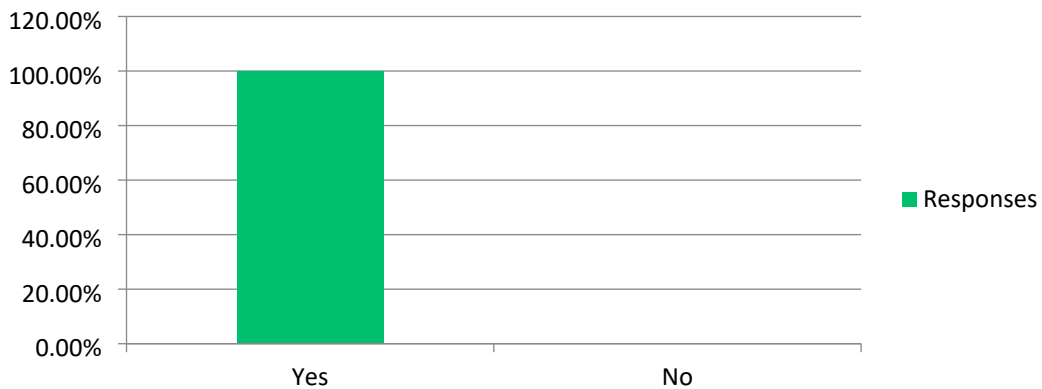


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13.Has the committee formally considered how its work integrates with wider performance management and standards compliance?

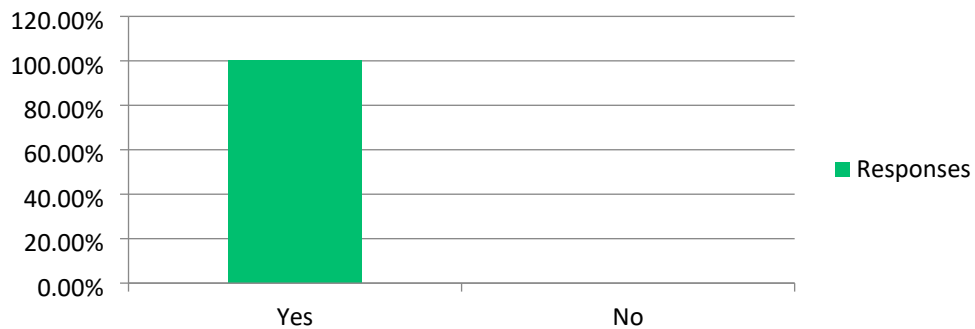


14.Has the committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?

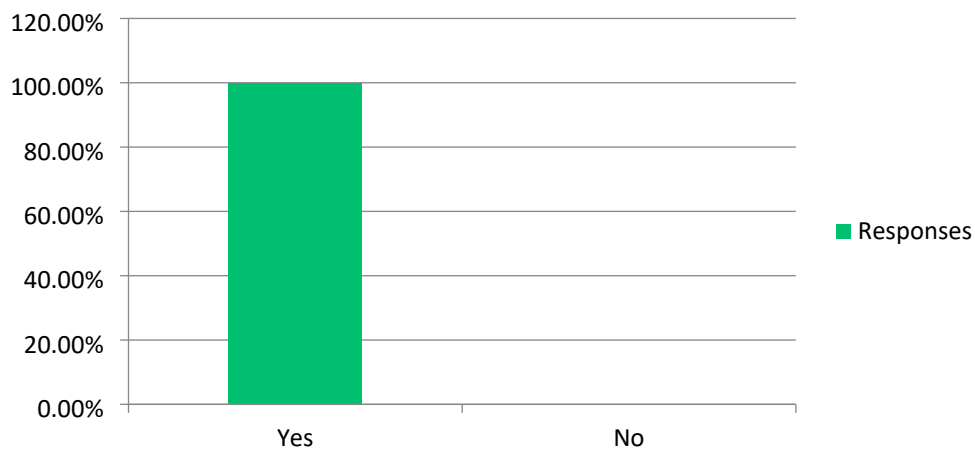


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15.Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?

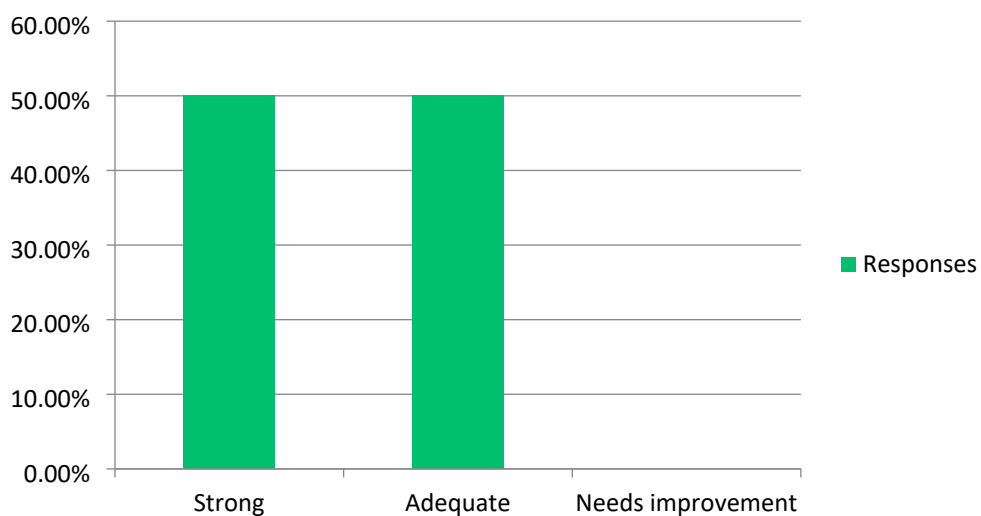


16.Is the committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?

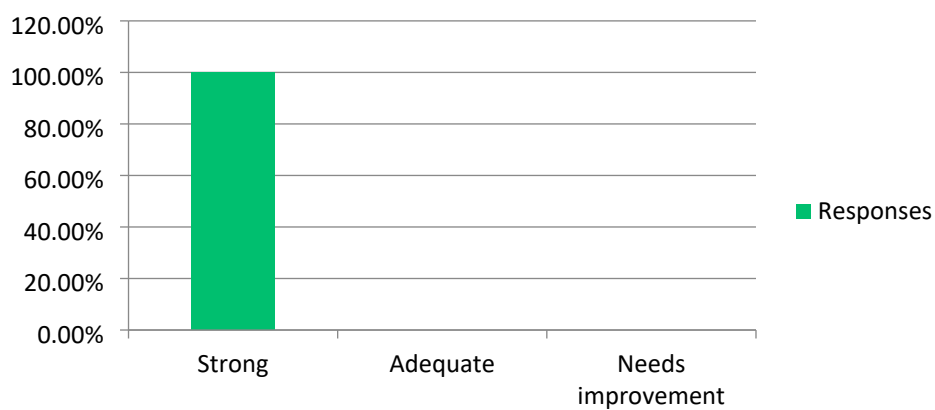


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17.The committee's self-evaluation process is in place and effective.



18.What is your overall assessment of the performance of the Committee?



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Board Effectiveness – Self Assessment 2020-2021 Action Plan

The table below identified areas from the Annual Committee Effectiveness Survey 2020-2021 undertaken in April 2021, that suggested a need for Further Improvement

Question asked 2020-2021	Response and Action Required	Lead	Timescale to complete
<u>Board</u> 8. We Identify and Share Best Practice and benchmark	<p>The Board are proactive in utilising business intelligence to support effective decision making and benchmarking is undertaken through the various NHS Wales professional peer groups, for example the NHS Wales Directors of Nursing Group, NHS Wales Board Secretaries Network etc.</p> <p>Action Consider strengthening and developing sharing best practice and benchmarking at a future Board Development session.</p>	Executive Nurse Director, Executive Director for Strategic Planning Executive Medical Director, Chief Operating Officer, Executive Director of Workforce and OD.	Dec 2021
<u>Charitable Funds Committee</u> 4. Committee meetings packages are complete, received with enough lead time for members to give them due consideration and include the right information. Minutes are received as soon as possible after the meeting.	<p>All Committee papers are issued in accordance with section 7.4.3 of the Standing Orders, specifically: <i>"7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Board meeting."</i></p> <p>Action - The Corporate Governance team will continue to adhere to internal performance standards for the review, approval and issuing of minutes, and will ensure that all minutes are issued swiftly.</p> <p>A review of the timeliness of papers being issued against the internal targets set will be undertaken to monitor effectiveness.</p>	Director of Corporate Governance	Dec 2021

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	Agenda planning meetings will confirm that minutes have been approved by the Chair and circulated to Members as required.		
<u>Health & Safety Committee</u> 2. The Board is active in its consideration of the Committee's composition	<p>The Composition of the Health & Safety Committee is outlined in its Terms of Reference which are agreed by the Board.</p> <p>The DCG will liaise with the Chair and review the composition of all Committees and the scheme of delegation within the Standing Orders will be updated.</p>	Director of Corporate Governance	Sept 2021
<u>Health & Safety Committee</u> 4. Committee meetings packages are complete, received with enough lead time for members to give them due consideration and include the right information. Minutes are received as soon as possible after the meeting.	<p>All Committee papers are issued in accordance with section 7.4.3 of the Standing Orders, specifically: <i>"7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Board meeting."</i> <i>Action</i> - The Corporate Governance team will continue to adhere to internal performance standards for the review, approval and issuing of minutes, and will ensure that all minutes are issued swiftly. A review of the timeliness of papers being issued against the internal targets set will be undertaken to monitor effectiveness.</p> <p>Agenda planning meetings will confirm that minutes have been approved by the Chair and circulated to Members as required.</p>	Director of Corporate Governance	Dec 2021
<u>Quality, Safety, Experience Committee</u> The Committee agenda setting process is thorough and led by the Committee Chair.	All Board/Committee meetings are supported through an agenda planning meeting which reviews the agenda, minutes, action log and length of the meeting. The Committee Chair attends the meeting and is involved in setting	Director of Corporate Governance	May 2021

	<p>the agenda with the Director of Corporate Governance.</p> <p>A meeting guidance document will be produced and issued to Officers and Independent Members and all agenda planning meetings will consider the length of the agenda, items for the agenda, time allowed for agenda items, approval of minutes and action logs, terms of reference, quoracy, Chairs report for Board etc</p>		
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Report Title:	Equality Strategy & Welsh Language Standards Group Terms of Reference				Agenda Item no.	4.1
Meeting:	Strategy and Delivery Committee				Meeting Date:	13 July 2021
Status:	For Discussion	x	For Assurance		For Approval	
					For Information	x
Lead Executive:	Executive Director of People & Culture					
Report Author (Title):	Equality Manager					

Background and current situation:

Equality, inclusion and human rights is the responsibility of all staff in an organisation. This is an important principle. It is, however, valuable to accord responsibility for driving the equality, inclusion and human rights commitments of the organisation to ensure they get implemented and to enable everyone to take up their responsibilities.

This responsibility can be held by an individual, preferably a senior member of staff with the necessary authority. However, the individual needs to be given time to fulfil this responsibility. Dedicated staff resources, such as an equality, inclusion and human rights manager and others, are also appointed. This is the situation within this organisation

The responsibility can be held collectively by an equality, inclusion and human rights committee or group. The Equality Strategy & Welsh Language Standards Group is such a collective. The membership of this committee is drawn from the various Clinical Boards and departments within the organisation to spread influence and ownership. It will include staff representation as well as representation from groups experiencing inequality or potentially subject to human rights abuses. This enables a range of perspectives to be brought to bear on developing and implementing equality, inclusion and human rights actions. Again, this is an approach that the organisation has fully undertaken.

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

The purpose of the Equality Strategy & Welsh Language Standards Group (ESWLSG) is to:

- Advise, embed and assure the Strategy and Delivery Committee on the development and implementation of the UHB's "Strategy Equality Plan - Caring about Inclusion" (SEP) and the Welsh Language Standards, and key enabling plans. This will include all aspects of service access/delivery, employment practice, patient and public involvement, commissioning services and partnership arrangements. It will include any risks that may hinder our achievement of the objectives set out in the SEP and the Welsh Language Standards, including mitigating actions against these.
- The work of the ESWLSG will be driven by legislation and compliance but also in tandem with the organisation's values and behaviour around equality and Welsh language considerations. Focusing on prevention, improvement through inclusion as key to sustainable development, education, wellness and wellbeing for the future of the people who work for and receive services from the Health Board. Equality is about making sure that people are treated fairly. It is not about us treating everyone the same, but seeing people as individuals and recognising

that everyone's needs are met in different ways. The ESWLSG must and will be sensitive, thoughtful and flexible in how it meets the needs of people.

- The ESWLSG will do the right thing for every person and treat everyone with dignity and respect. It will protect people's dignity and privacy and take action when it sees these are being undermined.
- The ESWLSG will do the right thing for every person and treat everyone with dignity and respect. It will protect people's dignity and privacy and take action when it sees these are being undermined.

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

The purpose of a planned and systematic approach to equality and human rights is to enable us an organisation over the long-term to eliminate discrimination, achieve equality, and fulfil human rights. It means that as an organisation we move beyond reactive approaches where action on equality and human rights is based on dealing with and responding to issues or opportunities in the short-term, and is enabled to embed equality, inclusion and human rights within its organisational culture.

Recommendation:

The Strategy and Delivery Committee is asked to:

- **NOTE** the contents of this paper
- **APPROVE** and **SUPPORT** the ongoing work of the ESWLSG.

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Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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





GIG
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WALES

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

EQUALITY STRATEGY & WELSH LANGUAGE STANDARDS GROUP

Terms of Reference

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1 PURPOSE

1.1 The purpose of the Equality Strategy & Welsh Language Standards Group (ESWLSG) is to:

Advise, embed and assure the Strategy and Delivery Committee on the development and implementation of the UHB's "Strategy Equality Plan - Caring about Inclusion" (SEP) and the Welsh Language Standards, and key enabling plans. This will include all aspects of service access/delivery, employment practice, patient and public involvement, commissioning services and partnership arrangements. It will include any risks that may hinder our achievement of the objectives set out in the SEP and the Welsh Language Standards, including mitigating actions against these.

The work of the ESWLSG will be driven by legislation and compliance but also in tandem with the organisation's values and behaviour around equality and Welsh language considerations. Focusing on prevention, improvement through inclusion as key to sustainable development, education, wellness and wellbeing for the future of the people who work for and receive services from the Health Board. Equality is about making sure that people are treated fairly. It is not about us treating everyone the same, but seeing people as individuals and recognising that everyone's needs are met in different ways. The ESWLSG must and will be sensitive, thoughtful and flexible in how it meets the needs of people.

The ESWLSG will do the right thing for every person and treat everyone with dignity and respect. It will protect people's dignity and privacy and take action when it sees these are being undermined.

The ESWLSG will do the right thing for every person and treat everyone with dignity and respect. It will protect people's dignity and privacy and take action when it sees these are being undermined.

2. RESPONSIBILITIES OF THE ESWLSG

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

- A. Strategy
- B. Delivery
- C. Performance
- D. Other responsibilities

Part A

Strategy and /or Strategic Intent

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2.1 Strategic Equality Plan- Caring about Inclusion (SEP). Provide assurance to the Strategy and Delivery Committee that the SEP and the Welsh Language Standards are being:

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

The Health Board prohibits discrimination, victimisation and harassment and provides equality of both opportunity and outcome for all community members, staff and applicants regardless of age, disability, gender identity and/or trans identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or socioeconomic status.

Members of the ESWLSG are expected to exercise accountability appropriate to their position and delegated authorities. They are accountable to each other, the Health Board and the Health Board's stakeholders both for their actions and their decisions not to act.

Members of the ESWLSG will exercise sound judgment in serving the best interests of the organisation and the communities it serves and represents. They will do this by exploring how individuals see themselves fitting into the organisation.

2.2 Organisational Strategy. Provide assurance to the Strategy and Delivery ESWLSG that the SEP and the Welsh Language Standards are strategically aligned with the organisation's "Shaping our Future Wellbeing (SOFW) strategy and Integrated Medium Term Plan.

2.3 National Strategies Provide assurance to the Strategy and Delivery ESWLSG that the SEP and the Welsh Language Standards are:
Strategically aligned with Welsh Government's health and social care strategy which includes:

- a. The Wellbeing of Future Generations Act
- b. The Social Care and Wellbeing Act
- c. The Equality Act, including both the Public Sector Equality Duty and the Socio-Economic Duty
- d. The Welsh Language (Wales) Measure
- e. The Human Rights Act
- f. A Healthier Wales: Our Workforce Strategy for Health and Social Care
- g. Health and Care Standards
- h. Race Equality Action Plan: An Anti-racist Wales

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Part B

Development and Delivery of Plans that support Strategies

2.4 Enabling/Supporting Plans:

The ESWLSG will scrutinise and provide assurance to the Strategy and Delivery Committee that related or supporting equality and Welsh language UHB plans have been developed and that their objectives are being delivered and planned. This will include:

a) Integrated Medium Term Plan (IMTP): The development and delivery of the Health Board's 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 Strategy and Delivery Committee that:

- The strategic equality and Welsh language workforce issues as set out in the SEP and the Welsh Language Standards are being fully addressed
- Early consideration is given to key service and operational issues which may impact on the delivery of any plans

ii. **Capital Plan:** Provide assurance to the Strategy and Delivery Committee that **major** capital investments are aligned with the SEP and Welsh Language Standards and have been appropriately assessed. The ESWLSG will where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation.

b) Other Significant Plans: The ESWLSG will scrutinise and provide assurance to the Strategy and Delivery Committee that other significant plans associated with the delivery of the UHB's strategy (SOFW) will be reviewed and monitored to ensure they are being progressed and implemented from an equality and Welsh Language Standards perspective. This will include, as appropriate, the plan for:

- I. Research and Development
- II. Commercial Developments
- III. Infrastructure/Estates
- IV. Key Service Change Proposals. This will include providing assurance that they are in accordance with national guidance regarding engagement and consultation with stakeholder/partner organisations
- V. Major consultations and or engagements that support the delivery of SOFW

Part C

Performance

2.5 Performance: The ESWLSG will scrutinise and provide assurance to the Strategy and Delivery Committee that key performance indicators will be

reviewed and monitored to ensure they are being progressed and implemented from an equality and Welsh Language Standards perspective, are on track and confirm that effective actions are being taken to correct unintended variations giving full consideration to associated governance arrangements. This will include:

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

Part D

Other Responsibilities

2.6 Equality and Health Impact Assessments: To provide assurance to the Strategy and Delivery Committee that Equality and Health Impact Assessments are fully considered and properly addressed in all service change proposals and that full consideration is given to the UHB's responsibilities for Equality and the Welsh Language.

2.7 Staff Wellbeing. To provide assurance to the Strategy and Delivery Committee 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 ESWLSG will advise the Strategy and Delivery Committee 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 ESWLSG will regularly review any high corporate risks associated with its functions and to ensure that appropriate and effective mitigating actions are in place.

3.2 Authority

The ESWLSG is authorised by the Strategy and Delivery Committee to investigate or have investigated any activity within its terms of reference. In doing so, the ESWLSG shall have the right to inspect any books, records or documents

of the UHB relevant to the ESWLSG'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 ESWLSG); and
- other sub-ESWLSG or taskforce/group set up by the Strategy and Delivery Committee to assist it in the delivery of its functions.

The ESWLSG is authorised by the Strategy and Delivery Committee 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 Strategy and Delivery Committee's procurement, budgetary and other requirements.

3.3 Membership

Chair: Executive Director of Workforce and Organisational Development

Vice Chair: Senior HWOD for Education and Inclusion

Members: A minimum of 3 Independent Board Members

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

3.4 Attendees

In attendance:

Equality Manager
Inclusion Manager
Welsh Language Officer
Nominated representatives from all of the UHB Clinical Boards
Nominated representative Patient Experience.
Nominated representatives from the Corporate Teams e.g.
Head of Human Resources
A representative from Staff side
Assistant Director of Nursing
Associate Medical Director (Workforce and Revalidation)
Director of Communications, Arts, Health Charity and Engagement
Trade Union representation

By invitation: The ESWLSG Chair may extend invitations to attend ESWLSG meetings as required to internal staff as well as others from outside the organisation who the ESWLSG considers should attend, taking account of the matters under consideration at each meeting. This would include extending an invitation to the Chair of the organisation's established Black, Asian, & Minority Ethnic Staff Network/Forum.

Attendance is required by members at 80% of meetings. Members unable to attend should indicate in writing to the ESWLSG Secretariat, at least 7 days in

advance of the meeting. In normal circumstances, any members (except Independent Members) who are unable to attend must nominate a deputy who is appropriately briefed to participate in the meeting.

A register of attendance will be maintained and the Chair of the ESWLSG will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardise the functioning of the ESWLSG, the Chair will discuss the matter with the member and, if necessary, seek a substitute or replacement.

3.5 Secretariat

Secretary: As determined by the Executive Director of Workforce & Organisational Development.

3.6 Member Appointments

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

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

3.7 Support to ESWLSG Members

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

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

3.8 ESWLSG MEETINGS

Quorum

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

Frequency of Meetings

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

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Withdrawal of individuals in attendance

The ESWLSG 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 STRATEGY AND DELIVERY COMMITTEE AND ITS ESWLSGS / GROUPS

Although the Strategy and Delivery Committee has delegated authority to the ESWLSG for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The ESWLSG is directly accountable to the Strategy and Delivery Committee for its performance in exercising the functions set out in these terms of reference.

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

- joint planning and co-ordination of Strategy and Delivery Committee and ESWLSG 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 Strategy and Delivery Committee's overall risk and assurance framework.

The ESWLSG shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and Welsh language best practice through the conduct of its business.

4.1 REPORTING AND ASSURANCE ARRANGEMENTS

The ESWLSG Chair shall:

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

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

The Strategy and Delivery Committee e, shall oversee a process of regular and rigorous self-assessment and evaluation of the ESWLSG’s performance and operation including that of any sub ESWLSG taskforce/group established.

4.2 APPLICABILITY OF STANDING ORDERS TO ESWLSG 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 ESWLSG, except in the following areas:

- Quorum (set within individual Terms of Reference)

4.3 REVIEW

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

5. ACCEPTANCE & SIGN-OFF

These ESWLSG members have been chosen based on their role and skill set, experiences, perspective and commitment to equality and Welsh language. Individual ESWLSG members are asked to sign-off on the Terms of Reference. This sign-off indicates that the terms of reference are understood and accepted.

The following signatures represent acceptance of these Terms of Reference.

Name	Signature	Date

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Report Title:	Q4 reports for all RPB short term funding streams			Agenda Item no.	4.2
Meeting:	Strategy and Delivery Committee			Meeting Date:	29/06/2021
Status:	For Discussion	For Assurance	For Approval	For Information	X
Lead Executive:	Executive Director of Strategic Planning				
Report Author (Title):	Programme Manager, Health, Social Care and Wellbeing				

Background and current situation:

The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) was established in response to requirements of the Social Services and Well-being (Wales) Act 2014. Its purpose is to manage and develop services to secure better joint working between local health boards, local authorities and the third sector; and to ensure effective services, care and support that best meet the needs of our population.

This paper provides an overview of the financial and activity performance of all programmes relating to the RPB as presented to Welsh Government as part of the Q4 reporting requirements for 2020/21. Links to digital case studies highlighting the results of both capital and revenue funding are also provided for information.

For further assurance, this paper also includes the ICF Revenue Written Agreement which was reviewed and approved by the Regional Partnership Board at its last meeting.

Lastly it provides an overview of the risk assessment and exit management plans which are already underway in anticipation of the closure of these funding streams in March 2022.

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

Q4 Performance Overview

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

Digital Case Studies can be accessed via the following links to demonstrate capital and revenue outcomes over the last year:

- [Get Me Home](#) a video showcasing how various services funded by the Integrated Care Fund and Transformation work together to support patient discharge.
- [ICFcapitalHighlights following a 3 year work programme.](#)

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ICF Written Agreement

The ICF Written Agreement has been reviewed and updated to reflect the latest [Welsh Government guidance for the ICF in 2021-22](#). Following its approval by the RPB in April 2021 it is attached here as **Appendix 2** for information and assurance.

Risk Assessment and Long Term Investment Planning

An overview of the short term funding streams available to the RPB in 2021-22 along with their funding status for ongoing years is provided as follows:

Funding Stream	Priority area	2021-22 (£k)	Funding Status
Integrated Care Fund Revenue	Older People with complex needs	4,740	At risk
	People with Learning Disabilities, Children with complex needs, Carers and Young carers	2,786	At risk
	Children at risk of becoming looked after	2,071	At risk
	Regional Capacity/Infrastructure	336	At risk
	Integrated Autism Service	367	Long term funding secured for IAS
	People with Dementia (Dementia Action Plan)	1,101	Long term funding assumed secured
	ICF Total	11,402	
Integrated Care Fund Capital	Housing and secure accommodation for children Discretionary Capital of £100k or less.	5,080	Funding scheduled to complete by end March 2022.
WCCIS	Welsh Community Care Information System (WCCIS)	190	At risk
Children and Young Peoples Mental Health	Independent funding focused on prevention reporting via WG ICF Team.	200	Long term funding secured.
Memory Assessment Service	Additional resource for people with Dementia to access memory assessment services and diagnostic support	399	Recurrent funding announced in May 2021
Transformation	<i>Locality Based Care</i>		
	Projects 1, 2: Wellbeing matters and social prescribing	888	At risk but exit plan in place. Some successful projects are likely to be prioritised for ongoing funding by operational leads.
	Project 3: GP Triage	491	
	Project 4 and 5: Get Me Home	1,353	
	Project 6: ACE Aware	480	
	<i>Delivery capacity CYP Integrated Care Model and @Home</i>	1,487	
	Transformation Total	4,699	
General RPB Support Funding	RIIC	250	At risk
	Engagement	40	At risk
	RPB Performance and Evaluation Capacity	60	At risk
Transformation Scaling Fund		810	Very short term fund with exit plan in place.
TOTAL		23,130	£15,983 revenue funding unsecured for 2022 onwards.

The Strategic Leadership Group continue to take forward a detailed management plan for all short term funding streams in readiness for their conclusion in March 2022. SROs for each project have completed a financial and service risk analysis and workshops are taking place in June and July to identify a list of initial priorities for ongoing funding consideration by partners. A full report will be provided for consideration at the next meeting of the Regional Partnership Board in July 2021.

In the meantime, lobbying is underway with Welsh Government to seek clarification on future funding plans to help inform the exit planning process.

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

All quarter 4 reports have been considered by the Strategic Leadership Group before approval by the Regional Partnership Board and scrutiny by Welsh Government.

The Strategy and Delivery Committee is asked to note the financial, service and potential reputational risks posed to the UHB from the potential removal of short term funding streams in March 2022. A risk assessment and management plan has been implemented, the findings of which will require further consideration by the UHB over the coming months.

Recommendation:

The Strategy and Delivery Committee are requested to note for information the Q4 report on all short term funding streams hosted by the UHB on behalf of the Regional Partnership Board, together with the ongoing risk assessment for the potential cessation of short term funding streams 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	✓	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:

No

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Appendix 1: Quarter 4 Performance Summary

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Programme	Description	Amount (£k) 2020-21	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Plans for 21-22
Transformation Fund	7 innovative projects designed to transform services for hospital discharges, children and localities.	3,547	3,191	Green	Green	<p>The end of year evaluation has shown that the Transformation Fund projects have been able to adapt through COVID-19 and continue to deliver transformative services to citizens across the region.</p> <p>Projects 3 and 7 had to pause their progress due to the pandemic, but work is ongoing to refocus and develop these innovations.</p> <p>Impact of second COVID-19 wave impacted on delivery of spend. Slippage returned to Welsh Government in line with guidance.</p>	<p>All projects are included within the Partnership's Risk Assessment exercise. This work will help to inform the prioritisation of proposals for consideration in the longer term.</p> <p>The 2021-22 Transformation Scaling Fund Proposal has been prepared for consideration and ratification by the RPB in April 2021.</p>

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Programme	Description	Amount (£k) 2020-21	Cumulative spend as at Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Plans for 21-22
Covid19 Discharge Fund	Funding provided over a 6 month period to assist the operational response to COVID19	1,250	1,250	Green	n/a	<p>The short term nature of this 6 month funding stream has created challenges for recruitment and sourcing of required skill sets. The midpoint report to Welsh Government in August 2020 raised concerns re. the level of spend and activity.</p> <p>The final report demonstrated full spend despite recruitment and operational issues as the service continued to respond and learn from the ongoing pandemic.</p>	This programme is now complete. Lessons have been learned and incorporated into proposals for the Winter period 2020-21

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Programme	Description	Amount (£k) 2020-21	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Plans for 21-22
Integrated Care Fund (Revenue) Range of programmes encouraging innovative partnership working for:	Older People	5,083	4,935	Green	Green	The majority of projects continue to operate within anticipated parameters although many have had to re-focus their scope in response to COVID-19. Various arrangements are in place to counteract the impact of COVID-19. A transitional year of additional funding has been announced to enable further evaluation and preparation of exit plans for each funding stream in March 2021.	All projects are included within the Partnership's Risk Assessment exercise. This work will help to inform the prioritisation of proposals for consideration in the longer term. The 2021-22 Revenue Investment Plan has been prepared for consideration and approval by the RPB in April 2021.
	Children w Complex Needs/ Learning Disabilities	2,780	2,712	Green	Green		
	Children at Risk	2,071	2,071	Green	Green		
	Dementia	1,101	1,013	Green	Green		
	WCCIS	201	128	Red	Red	Resource for this work was transferred to supporting the COVID-19 response with the exception of continued development support in the Vale of Glamorgan. Normal consultancy provision not utilized due to COVID-19 hence underspend.	A proposal for use of WCCIS funding has been submitted for consideration by Welsh Government.

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Programme	Description	Amount (£k) 2020-21	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Plans for 21-22
ICF Revenue cont'd	Integrated Autism Service	367	376	Green	Green	The end of year report is positive despite service delivery being severely challenged by the Pandemic. Additional expenditure due to incremental cost profile.	Ongoing funding for 2021-22 is contained within the Revenue Investment Plan 2021-22.
Children and Young People Mental Health	Child Prevention	200	167	Amber	Green	Service is in delivery phase with 3 staff in post and a commissioned service via Platform to support parent/carers of young people with Mental Health support.	Sustainability plans may be required for end of grant programme. Clarification from Welsh Government is currently being sought re. funding sustainability.
Integrated Care Fund (Capital)	Range of capital projects supporting development of the partnership agenda across the region.	8,225	8,225	Amber	Green	The three year programme of work has drawn to an end with full spend achieved across the portfolio of work. A digital case study showcasing some of the completed projects along with an initial qualitative survey will be presented to the RPB in April 2021.	A draft Delivery Plan (Needs Assessment) to help identify future capital priorities has been prepared for consideration by the RPB in April 2021.

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Programme	Description	Amount (£k) 2020-21	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Plans for 21-22
Winter Plan	<p>Discharge co-ordination</p> <p>Additional discharge to recover and assess</p> <p>Additional Community beds.</p>	2,774	2,484	n/a	Green	Funding ended on 31 st March 21, with some services looking to continue due to the ongoing additional pressures from COVID-19.	The winter funding for 20-21 ended on 31 st March 21, the local reporting data is being finalised and some services are looking to continue with Transformation Scaling funds. There is no indication yet of what winter funding will be available 2021-22.
Programme	Description	Amount (£k) 2020-21	Cumulative Q4 Total Spend (£k)	Status RAG @ Q3	Status RAG @ Q4	Overview of Risk Assessment	Plans for 21-22

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Partnership Support: small funding streams to support enabling projects for the Partnership	Research, Innovation and Improvement Co-ordination Hub (RIIC)	250	168	Green	Green	Following RPB approval in July, the RIIC has now been established with a renewed focus on evaluating and learning from the region's response to COVID-19. Slippage returned to Welsh Government in line with guidance.	Procurement issues have led to a delay in tendering key areas of the service but this has now been rectified.
	Engagement Funding	40	40	Green	Green	A Third Sector-led Delivery Group has undertaken a baseline assessment of current practice for consideration by the RPB in April 2021.	The future work plan for development of the Engagement Framework in 2021-22 will be considered by the RPB in April 2021.
	RPB Performance and Capacity – focused upon development of the Regional Outcomes Framework.	60	60	Green	Green	Resource has been re-focused upon preparatory work for the Regional Outcomes Framework and to provide additional support to the RIIC COVID-19 assessment.	It is anticipated that this resource will be used to complete work on the Regional Outcomes Framework in 2021-22.

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Year 5 – April 2021

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Integrated Care Fund Written Agreement

Funding Programme: Welsh Government Integrated Care Fund (ICF)

Time Period: 2017/18 – 2021/22
(with annual review)

Partners: Cardiff & Vale University Health Board
City of Cardiff Council
Vale of Glamorgan Council
Cardiff Third Sector Council
Glamorgan Voluntary Services

Lead Partner: Cardiff & Vale University Health Board

Funding: Revenue Allocation (2021/22)

Core Revenue Allocation £	
Frail and older people (including carers)	4,895,343
People with learning disabilities, children with complex needs and carers	2,878,908
Children – early intervention and support to children and families	2,159,181
Secure Accommodation	tbc
Integrated Autism Service	367,000
Dementia	1,101,452
Total	11,401,884

Capital Allocation

	£
2021-22	5,080,000
	5,080,000

Terms and Conditions: Please refer to the [Welsh Government ICF Guidance 2021-22](#)

1. General Principles

1.1 To have good working relationships for the mutual benefit of all partners to enable delivery of effective programme outcomes.

A commitment from all partners to working in partnership to achieve the aims of the funding set out in the guidance, including delivering best value for money within the available funding.

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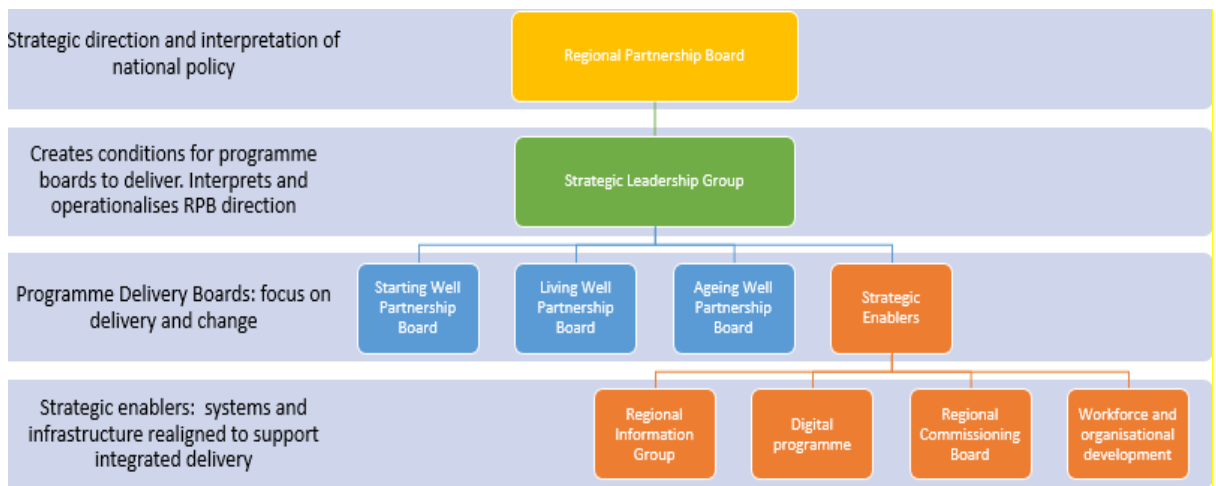
- 1.3 A commitment from all partners to undertake effective performance management and monitoring of outcomes to enable impact to be demonstrated across the Programme.
- 1.4 To share relevant information and intelligence across the Partnership, including any sensitive messages emerging which may impact on partners. Observation of confidentiality must be undertaken in relation to shared information not in the public domain.
- 1.5 A commitment to ensuring accurate records of expenditure and complying with any audit requirements as necessary.

2. Status of the Written Agreement

- 2.1 The partners acknowledge that it is not their intention for this Written Agreement to have a binding legal effect. Rather it is a statement of their shared intention to work together in a spirit of cooperation for the benefits of residents in Cardiff and the Vale of Glamorgan.
- 2.2 This Written Agreement will be in force for the duration of the ICF between 2017/18 and 2021/22 and is subject to review on an annual basis.
- 2.3 The Written Agreement can be reviewed at the request of any partner at any time but any changes will need the agreement of all parties concerned.

3. Governance Arrangements

- 3.1 The governance of the ICF Programme will be aligned within a new governance structure that is currently under development for the RPB as a whole. This new emerging structure is currently proposed as outlined below:



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- 3.2 The statutory **Regional Partnership Board (RPB)** is responsible for agreeing and managing overall strategic direction and ensuring effective governance of the Integrated Care Fund. The Board will agree the planning and use of the funding, as well as ensuring delivery, to maximise outcomes for people and the effective and efficient use of resources. The RPB has four formal meetings throughout the year, and will receive quarterly progress reports, including a summary Risk Register and associated action plan. The Terms of Reference of the RPB is provided in **Appendix 1**. The RPB has responsibility for linking with the Public Service Boards for both Cardiff and the Vale of Glamorgan to ensure collaboration and co-ordination of the Area Plan.
- 3.3 The **Strategic Leadership Group** meets on a monthly basis and has responsibility for making recommendations to the Regional Partnership Board in relation to funding priorities. The Group will also undertake ongoing monitoring and review of the ICF Programme and will receive a quarterly overview of all projects relating to the Programme along with a summary Risk Register and associated action plan. The Strategic Leadership Group will undertake action to mitigate issues impacting on delivery and funding. The SLG will also approve quarterly reports to Welsh Government if required before formal ratification by the Regional Partnership Board.
- 3.4 The various programmes within the ICF will be overseen operationally within one of three portfolio priorities: Starting Well, Living Well and Ageing Well. Each priority area will take responsibility for the relevant ICF projects alongside management of similar Transformation-funded developments where appropriate.

- 3.5 The **Third Sector** is engaged in developing and approving the Revenue Investment Plan through their representation on the Regional Partnership Board, Strategic

Leadership Group and ICF Programme Board. The Partnership has adopted an approach that ensures investment within the social value sector wherever it is judged to be most appropriate in securing agreed outcomes.

- 3.6 The day-to day management of the ICF programme will be undertaken by the Programme Manager for Health, Social Care and Wellbeing. Further information is available by contacting hsc.integration@wales.nhs.uk.
- 3.7 The Cardiff and Vale UHB Joint Management Executive will receive a copy of the quarterly performance reports for information following ratification by the RPB. The reports will also be available for scrutiny via Local Authority organisations as required.

4. Roles and Responsibilities

4.1 Lead Partner: Cardiff and Vale UHB

- 4.1.1 Cardiff and Vale UHB has set in place capacity to manage and administer the funding in terms of programme management, financial monitoring and reporting to Welsh Government in respect of the Integrated Care Fund. This capacity is provided via the Integrated Health and Social Care (IHSC) Partnership, hosted by the UHB but working on behalf of all partners. The Director of Health and Social Care Integration will hold responsibility for ensuring the overall strategic direction of the ICF whilst programme management and performance will be managed by the Programme Manager for Health, Social Care and Wellbeing.
- 4.1.2 The IHSC Partnership will ensure that all Welsh Government's funding pre-conditions, funding claims, monitoring, evaluation, audit and general obligations are met within the quarterly reporting timescales set out by Welsh Government:
31st July 2021;
31st October 2021;
31st January 2022;
30th April 2022.
- 4.1.3 All quarterly reports and claims will be signed off by the Chair of the Regional Partnership Board, Chief Executive and Executive Director of Finance at Cardiff and Vale UHB, or their nominated Deputies in line with Welsh Government processes. Quarterly reports will be considered and approved by the Strategic Leadership Group and Regional Partnership Board
- 4.1.4 Cardiff and Vale UHB, in conjunction with the lead officers in Cardiff Council and Vale of Glamorgan Council, will have responsibility for ensuring the management of any potential over commitment, underspend and slippage monies.
- 4.1.5 Cardiff and Vale UHB will work with partners to complete an evaluation of all projects at the end of each year to inform potential developments for the new financial year. This process will also be used to inform decisions about next steps in relation to ICF-funded services e.g. mainstreaming, and / or the development of exit strategies. This will then form part of the Annual Report of the Regional Partnership Board.

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- 4.1.6 Cardiff and Vale UHB will have responsibility for ensuring that appropriate systems are set in place to undertake 'due diligence' before utilising any part of the funding to provide a grant or procure any goods or services from third parties.

4.2 All Partners

- 4.2.1 Each partner with a responsibility for management of any activity funded through the programme will have responsibility for ensuring that funding is used for the agreed purpose in line with ICF Guidance, is delivered on time and within budget.
- 4.2.2 Each partner will be responsible for producing the required progress reports in relation to programme activity, outcomes delivered and financial expenditure/slippage. This information will be collated and reported to WG as part of the overall progress report for Cardiff and Vale of Glamorgan.
- 4.2.3 Each partner will be responsible for ensuring that appropriate data is collected throughout the funding period to enable outcomes and outputs to be reported. This also includes case studies which can be used to promote the work of the Partnership.
- 4.2.4 Each partner will be responsible for informing the Cardiff and Vale UHB of any potential underspend or slippage as soon as the project is aware of issues or delays.
- 4.2.5 Where the employment of staff is required each partner will be responsible for ensuring that additional staff are engaged either through secondment or employment contracts to coincide with the terms of this funding and that appropriate exit strategies are in place for any posts created. Each partner will be responsible as the Employer for any arrangements made. Funding will not be available to cover any payments on termination of employment contracts.
- 4.2.6 Each partner will be responsible for due diligence in utilising ICF to third parties, working with the Lead Partner to ensure that appropriate systems are in place for effective monitoring of grant schemes and the procurement of goods and services.
- 4.2.7 Each partner will be responsible for ensuring that any risks associated with their projects are effectively managed and reported to the Programme/Project Manager to contribute to the development of a Programme Risk Register.
- 4.2.8 Each partner agrees to bear their own costs in relation to any ineligible or non-allowable expenditure incurred and identified, either prior to any funding claim or subsequent to a claim however identified. Should Cardiff and Vale UHB have to repay funding as a result of ineligible expenditure by a partner, then that partner agrees to reimburse Cardiff and Vale UHB within a reasonable period.

5. Risk Management, Evaluation and Exit Planning

- 5.1 A **Partnership Funding Steering Team** meets on a monthly basis to monitor progress and ensure overall alignment of all funding streams pertaining to the Partnership. Membership is as follows:

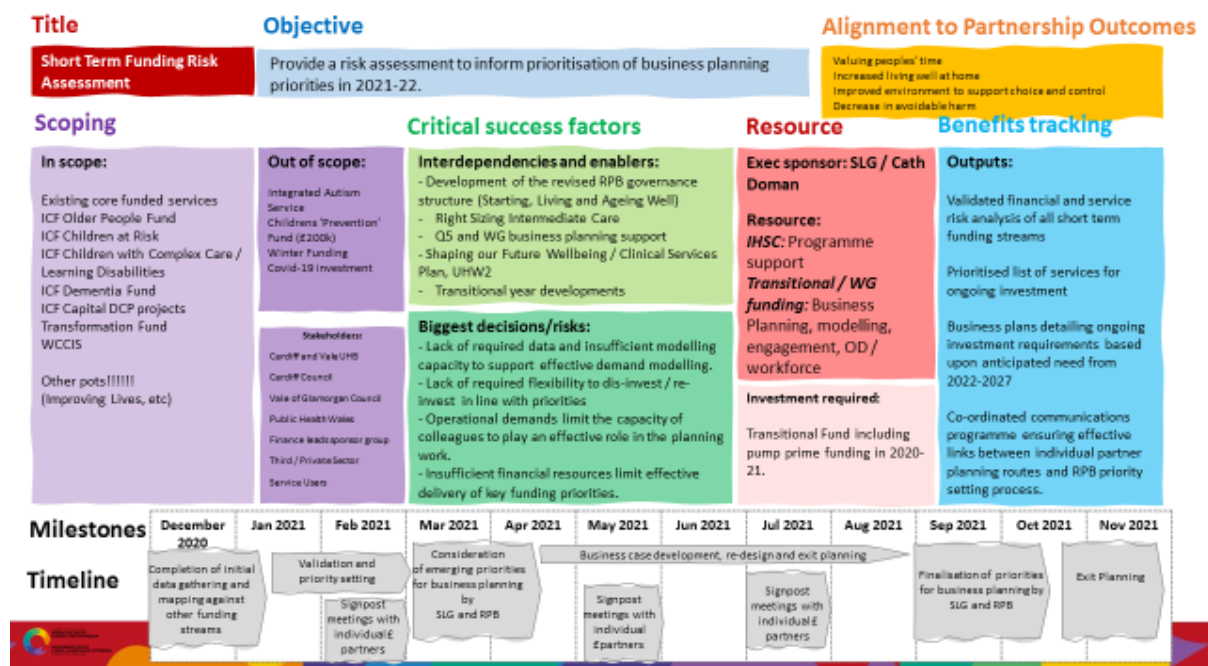
- Director of Health and Social Care Integration
- Programme Manager for Health, Social Care and Wellbeing
- Assistant Director of Finance
- Programme Leads for Starting Well, Ageing Well and Living Well.

The Team has responsibility for:

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- Ensuring the timely and effective management of RPB short term funding streams.
- Providing oversight of the short term funding risk assessment and exit strategy process;
- Ensuring timely, joined up reporting mechanisms at a Partnership and Welsh Government level;
- Facilitating effective preparation and roll-out of new funding streams.

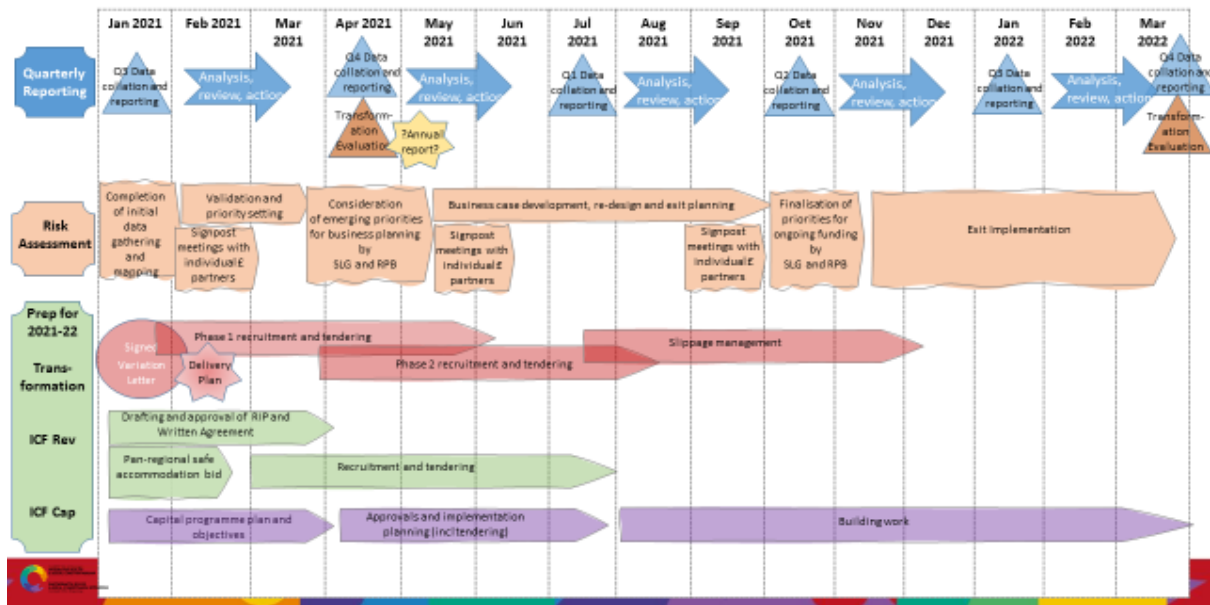
Exit Planning for all short term funding streams is a critical task for the Partnership over the coming year and a programme management approach has been established to take this work forward as outlined below:



All risks pertaining to the Integrated Care Fund are monitored via regular review of a Funding Risk Log which is owned by the Steering Team. In addition the Team are also working to the following timelines in undertaking exit management from the Integrated Care Fund.

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Short Term Funding Delivery Phases



6. Disagreement Resolution

- 6.1 Any disagreement regarding the utilisation of ICF between the Partnership should be first considered at the Strategic Leadership Group prior to escalation to the RPB. Should agreement not be met, then the process set out in the RPB's Terms of Reference in **Appendix 1** will be followed.

7. Good practice and innovation

- 7.1 The region is committed to taking part in national events to share learning in relation to ICF developments. In addition, the ICF Programme Board has responsibility to share good practice and innovation at a local level, raising awareness of ICF developments across the Partnership and promoting awareness of best practice amongst partners via the Integrated Health and Social Care website at www.cvihsc.co.uk, quarterly Partnership newsletters, social media accounts and the RPB's Annual Report.

- 7.2 Further detail on the Partnership's intentions for Communication and Shared Learning is provided in the Communications Plan attached as **Appendix 2**.

8. ICF Revenue Investment Plan and Capital Funding

This Written Agreement will apply to the management of both the Annual ICF Revenue Investment Plan (see **Appendix 3**) and ICF Capital Funding.

9. Signatories

The Written Agreement in relation to the Integrated Care Fund for 2021/22 is agreed by the following:

Organisation	Name	Designation	Signature	Date
Cardiff and Vale Regional	Cllr Ben Gray	Chair, Cardiff and Vale RPB		

Partnership Board				
Cardiff and Vale UHB	Len Richards	Chief Executive Cardiff and Vale UHB		
Cardiff and Vale UHB	Catherine Phillips	Executive Director of Finance Cardiff and Vale UHB		

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Cardiff and Vale of Glamorgan Regional Partnership Board: Terms of Reference

1. BACKGROUND

- 1.1 The Part 9 Statutory Guidance (Partnership Arrangements) of the Social Services and Well-being (Wales) Act 2014 (the Act) and the Partnership Arrangements (Wales) Regulations 2015 set out the main requirements, purpose and responsibilities of the Regional Partnership Board.
- 1.2 These Terms of Reference supplement these documents and set out specific local detail for the Cardiff and the Vale Regional Partnership Board.

2. PURPOSE

- 2.1 The purpose of the Cardiff and Vale Regional Partnership Board is to ensure the partnership bodies work effectively together to:
- Respond to the population assessment carried out in accordance with section 14 of the Act;
 - Implement the plans for each of the local authority areas covered by the Board which local authorities and local health boards are each required to prepare and publish under section 14A of the Act;
 - Ensure the partnership bodies provide sufficient resources for the partnership arrangements in accordance with their powers under section 167 of the Act;
 - Promote the establishment of pooled funds where appropriate;
 - Ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region – including the use of the Integrated Care Fund;
 - Prepare an annual report for Welsh Ministers on the extent to which the board's objectives have been achieved;
 - Provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this;
 - Inform the development of the Cardiff and Vale of Glamorgan Public Service Board's Wellbeing Plans and support delivery in response to the requirements of the Wellbeing of Future Generations Act 2015.
- 2.2 The Regional Partnership Board will prioritise the integration of services in relation to:

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- Older people with complex needs and long term conditions, including dementia;
- People with learning disabilities;
- Children with complex needs;
- Carers, including young carers;
- Integrated Family Support Services;
- Children with disabilities and / or illness;
- Children who are care experienced;
- Children in need of care and support;
- Children who are at risk of becoming looked after;
- Children with emotional and behavioural needs;
- Establishment of pooled funds in relation to family support functions and care home accommodation.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Regional Partnership Board is authorised by the Cardiff and Vale University Health Board, Cardiff Council and the Vale of Glamorgan Council to deliver the requirements of Part 9 of the Act.
- 3.2 The Regional Partnership Board has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Partnership Board.

4. MEMBERSHIP

- 4.1 The Regional Partnership Board must include:

- at least one elected member from both Cardiff Council and the Vale of Glamorgan Council;
- at least one member of the Cardiff and Vale University Local Health Board;
- the person appointed as director of social services under section 144 of the Act for Cardiff Council and the Vale of Glamorgan Council, or his or her nominated representative;
- at least one representative of the Cardiff and Vale University Local Health Board
- at least two persons who represent the interests of third sector organisations in the area covered by the regional partnership board;
- at least one person who represents the interests of care providers in the area covered by the regional partnership board;
- at least one person to represent people with needs for care and support in the area covered by the regional partnership board;
- at least one person to represent carers in the area covered by the regional partnership board;
- at least one senior local authority officer who has responsibility for capital investment in housing for the area covered by the regional partnership board;

- at least two persons who represent registered social landlords for the area covered by the regional partnership board.

- 4.2 Officers, organisations or individuals will be invited to attend as required, or may be co-opted to be members of the Regional Partnership Board as appropriate.
- 4.3 A Chair and two Deputies from the University Health Board and the two Local Authorities will be selected from amongst the membership on a bi-annual basis.

5. MEETINGS

- 5.1 Meetings will be quorate when the minimum membership (section 4) set out in the Statutory Guidance is achieved.

Frequency of Meetings

- 5.2 The Regional Partnership Board will meet four times per year on a formal basis.
- 5.3 In addition to the formal Board Meetings, Development sessions and/or Workshops will be undertaken to develop the priorities of the Partnership's work programme. The focus and frequency of these sessions will be agreed by the Board as required.
- 5.4 The Partnership's Strategic Leadership Group will meet at intervening periods between the Regional Partnership Board meetings, in part to ensure that any required decisions/actions required at short notice can be undertaken with joint agreement from the 5 organisations pending final approval by the Partnership Board at the diarised time.

Secretariat

- 5.5 Secretariat functions will be performed by the Integrated Health and Social Care Partnership Team.

Agenda Items

- Agenda Items should be submitted to the secretariat at least one calendar month before each Partnership Board meeting;
- Papers will be structured using an agreed format;
- Papers will be distributed a minimum of 5 working days before each meeting.

6. DISPUTE RESOLUTION

- 6.1 All RPB members are encouraged to resolve any issues or concerns that they may have at the earliest opportunity. It is important that as issues do arise, they are dealt with in a fair and timely manner. While some conflicts will be resolved by an informal discussion between parties, other will need a process for successful resolution.
- 6.2 The RPB endorses the following principles for members to follow:
- Respect for another's point of view;
 - Commitment to resolving the issue;
 - Willingness to compromise;
 - Confidentiality;
 - Impartiality;
 - Respect;
 - Prompt action, and
 - Freedom from repercussions.
- 6.3 Should a conflict arise that cannot be resolved via informal discussion, the following procedure will apply:
- The dispute must be set out in writing and sent to the Chair.
 - The Chair will use their discretion to bring the issue to the next RPB meeting, or call an extraordinary meeting;
 - The matter should be discussed with all members present, unless they have advised the Chair, preferably in writing, that they are aware there is a dispute resolution meeting being held and they are unable to attend.
 - The Chair will call for a motion from the RPB, e.g. to appoint an independent assessor, seek mediation, call a special meeting, or to dismiss the complaint. All members present at the meeting will vote on the motion.

Where mediation is sought,

- The mediator must be:
 - A person chosen by agreement between the parties; or
 - In the absence of agreement, a person appointed by the RPB.
- The mediator, in conducting the mediation must:
 - Give parties to the mediation process every opportunity to be heard; and
 - Allow due consideration by all parties of any written statement submitted by any party; and
- The mediator must not determine the dispute.
- The mediation must be confidential and without prejudice.

7. TERMS OF REFERENCE will be reviewed on an annual basis.

Updated: April 2021

Appendix 2: Integrated Care Fund Communication Strategy

Region: **Cardiff and the Vale of Glamorgan** Communication Lead & Contact details: Meredith Gardiner,
Meredith.gardiner2@wales.nhs.uk

This Communication Strategy will provide a single overarching narrative to describe our communication direction and solutions to promoting the Integrated Care Fund in our region, and to our particular mix of audiences; the Welsh Government, staff, stakeholders and interested bodies and individuals, most importantly the citizens who will benefit from these projects and services. It should be completed in accordance with the ICF guidance, sections 145-148.

1. **Communication Strategy Aims and Objectives:** What will the communication work achieve? What does success look like?
SMART objectives

We aim to:

- **Raise the profile of the Integrated Care Fund and wider Partnership agenda to ensure that the services it funds are recognised and used by as many people as possible in our region:**
 - Operational staff working across the partnership will be aware of the services in place to help service users through the use of a partnership wide communications campaign and linking with established external communication vehicles such as DEWIS;
 - Service users and their carers will know what services are available and how to access them, using partnership-wide communications campaign and linking with established external communication vehicles such as DEWIS.
- **Celebrate the successes of the ICF-funded projects to share learning and spread innovation, integrated practice both within and outside our region:**
 - The Partnership will implement a rolling communications programme utilising social media and monthly electronic newsletters to highlight the work of the Integrated Care Fund and showcase good practice and innovation'
 - A celebration even will be held annually to showcase successes and share key learning across the programme of work;
 - A range of performance data dashboards will be developed to share learning on specific population-related projects.
- **Encourage a culture of person centred, community based, integrated service provision:**
 - Wherever possible, we will utilise our Regional Outcomes Framework which has been developed to shape and define the purpose of the Cardiff and Vale of Glamorgan Regional Partnership Board;
 - All strands of the Communications Plan will seek to dovetail with ongoing development plans with each Partner organisation.

2. Strategic Context: How does this communication strategy link into the business objectives or priorities of our partnership? Is there any previous communication work we can build on?

The above aims and objectives mirror the overall outcomes anticipated by the Partnership. Now that various elements of the ICF funded programmes are well established it is timely to review and strengthen the communication intentions to ensure that the work is publicised, celebrated and shared appropriately.

The Partnership has previously set in place the key communication tools on which to build and develop its plans for the coming year, including a website, social media platforms and mailchimp newsletter template. A whole sail review of our Partnership Communications Strategy is underway currently to maximise these resources in 2021-22.

In addition the Partnership aims to consider how engagement and co-production exercises can be developed and encouraged across the ICF funded projects as part of our aim to continually review and improve integrated service provision. Thus, the overall aim for the Partnership is to develop a plan that encompasses cyclical process of listening to the views and needs of service users and providers in addition to sharing information on existing services and plans.

3. **Audience:** Who are our audiences?

The Partnership has identified a database of over 300 contacts through which relevant communications can be disseminated as appropriate. These can be summarised as follows:

Internal groups directly related to the Partnership including:

- Regional Partnership Board
- Strategic Leadership Group
- Housing and Care Programme Board (including all Regional Social Landlords across the region)
- Carers Steering Group
- Commissioning Programme
- Integrated Care Fund Programme
- Transformation Programme
- Social Value Forum
- Get Me Home Working Group
- Shaping our Future Wellbeing Programme
- Dementia Steering Group
- WCCIS Board
- Integrated Autism Service
- ICF Capital Steering Team

External groups indirectly related to the Partnership including:

- Wider UHB contacts including all clinical boards and relevant corporate departments
- Wider Local Authority contacts including social care, housing, education and relevant corporate departments
- Third Sector including Cardiff Third Sector Council, Glamorgan Voluntary Sector and WCVA
- Public Service Board leads
- Welsh Government

4. **Implementation:** How will we deliver the communication campaign and what tactics/media will we use? Any branding and/or funder specific requirements ie WG Branding?

The Partnership has a well-established logo and branding which is utilised across all documentation from the Regional Partnership Board, official letter communications, powerpoint presentations, case studies etc. This is being considered as part of the wholesail review mentioned above to refresh and strengthen our branding where appropriate.

The Partnership's website <https://cvihsc.co.uk> is also being refreshed to provide comprehensive, bi-lingual coverage of all aspects relating to the Partnership. The existing website includes a specific section relation to the Integrated Care Fund with links to the [Welsh Government Guidance](#) and an overview of the region's Revenue Investment Plan. The site also display a number of case studies demonstrating the stories of citizens who have come into contact with ICF-funded services.

The website contains automatic links to the Partnership's [Facebook](#) and [Twitter](#) feeds which are used on a regular basis to highlight key activities.

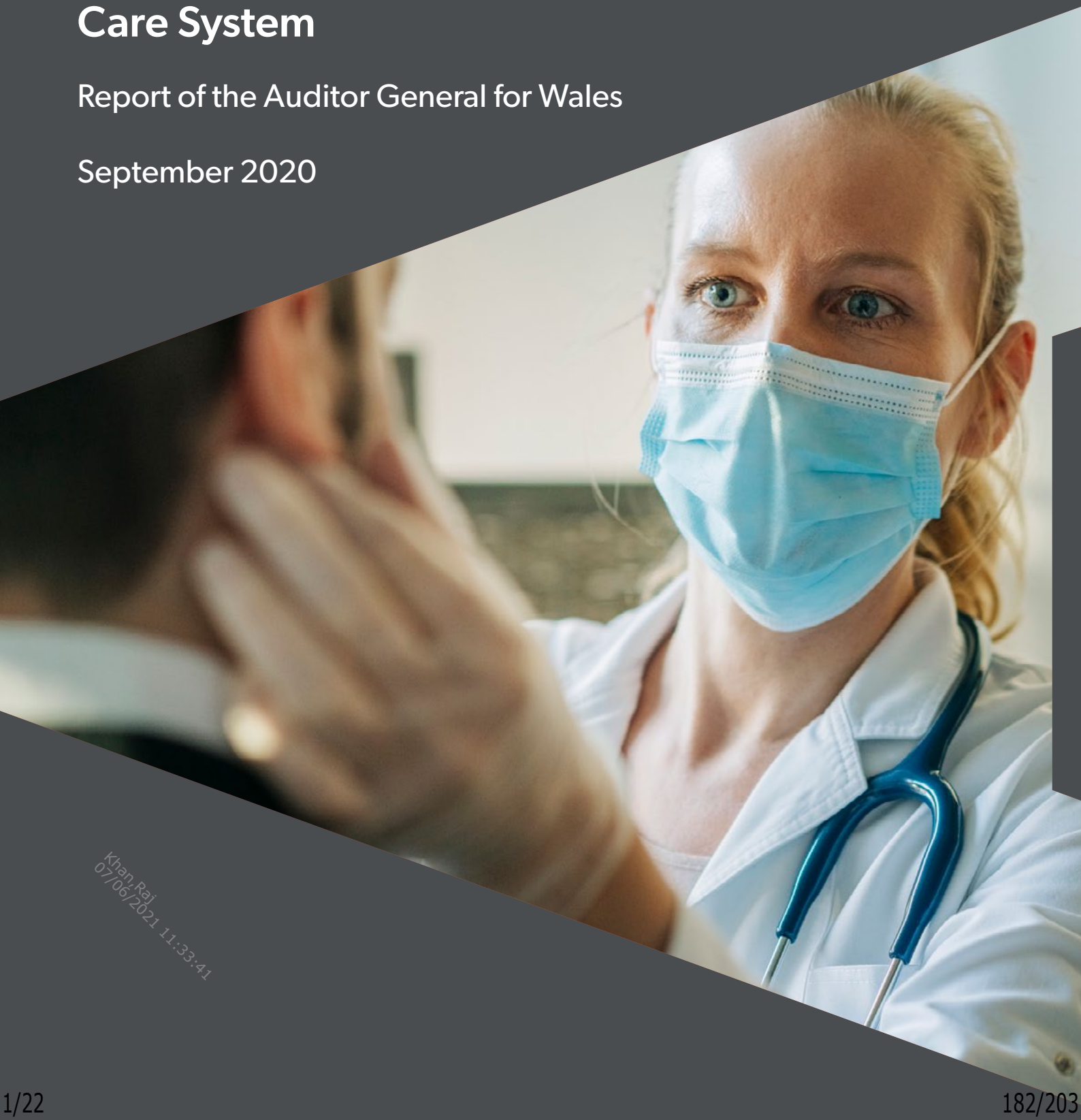
We will comply with the communications requirements set out with the ICF Guidance 2021-22.

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10 Opportunities for Resetting and Restarting the NHS Planned Care System

Report of the Auditor General for Wales

September 2020



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This report has been prepared for presentation to the Senedd under the Government of Wales Acts 1998 and 2006 and the Public Audit (Wales) Act 2004.

The Auditor General is independent of the Senedd and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the Senedd on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

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Mae'r dogfen hon hefyd ar gael yn Gymraeg.

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Summary report

- 1 On Friday 13 March 2020, the Welsh Government announced that it would be halting all non-urgent planned care treatment in hospitals. This came ahead of similar announcements for England, Scotland and Northern Ireland. Stopping non-urgent activity meant the NHS could free up capacity – beds, staff and equipment – to respond to the impending wave of COVID-19 cases. At the time, there were deep concerns that the UK was on a similar path to Italy, where the healthcare system was starting to become overwhelmed.
- 2 The NHS has continued to treat the most urgent patients. But hundreds of thousands of people in Wales are now ‘parked’ on waiting lists (**Box 1**). Between the end of January and May 2020 the total number of patients on a waiting list fell slightly from around 462,000 to 453,000. In part this fall was because, during the peak of the lockdown, there were far fewer people referred for a first outpatient appointment by their GP or other health professional. However, the numbers of patients waiting for long periods grew substantially. In May, around 148,000 had been waiting more than six months (up from 77,000 in January). Of those long waiting patients, 79,000 were still waiting for their first outpatient appointment (up from 33,000 in January).

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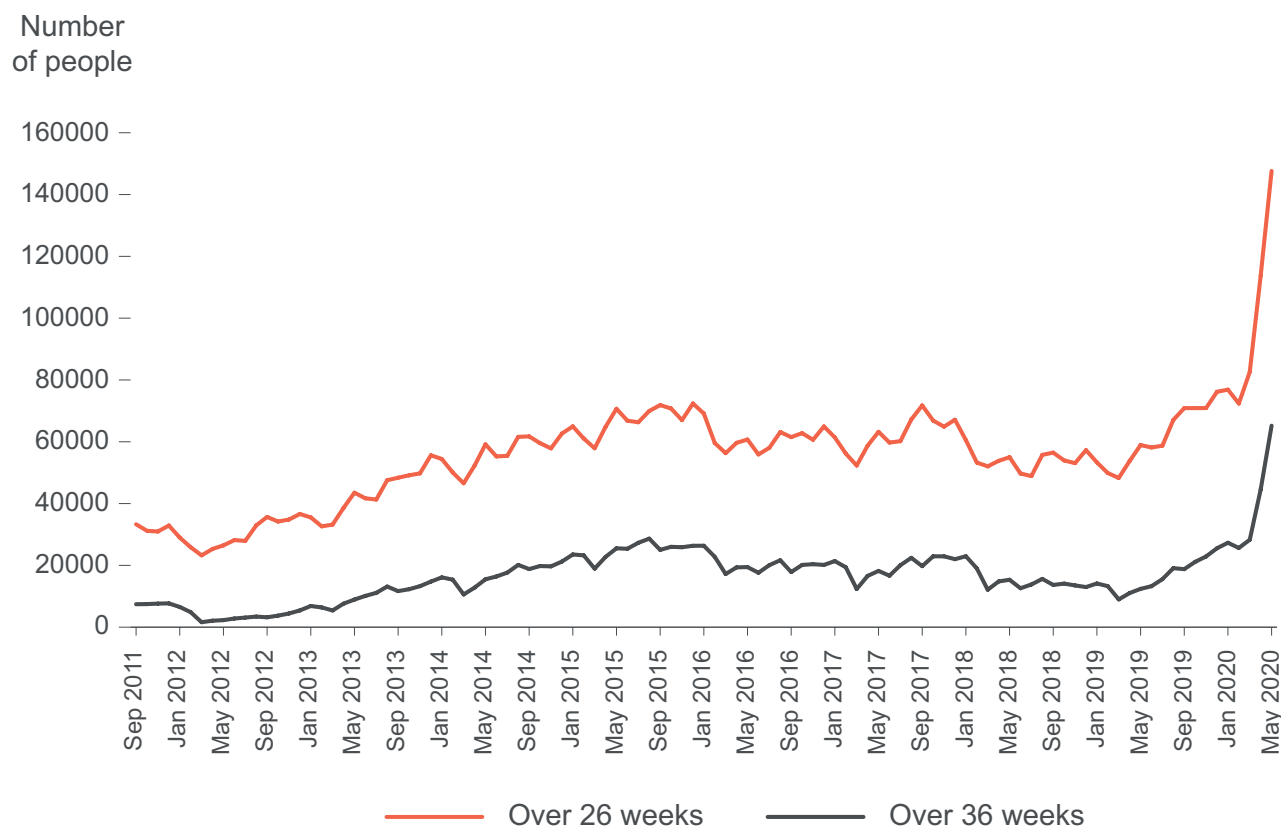
Box 1 – Waiting lists and waiting times

While NHS Wales is a complex system, waiting lists are essentially just queues. The NHS has various visible and less visible queues. The waiting list for planned care is one which is not visible, existing largely on computer systems with the patients doing the bulk of the waiting in their homes. The queue for cancer treatment is similar. The queue for emergency treatment is more visible, with patients waiting in waiting rooms, cubicles, sometimes in ambulances and on trolleys.

The Welsh Government has set targets for how long people in each of these queues should wait. The challenge for the NHS is to balance and prioritise within and between these queues because often they are competing for the same capacity: consultants, doctors, nurses, beds, appointment slots and operating theatres. Before COVID-19, the NHS was not meeting the waiting times targets for planned, cancer or emergency care.

- 3 At the time the UK went into lockdown, we were concluding our work to follow up progress against our 2015 reports on waiting times for elective care and orthopaedic services. Across both studies we had found the same story: many patients still face long waiting times (**figure 1**). Some progress has been made in specific areas but we have not seen the sorts of whole system change that is needed to make the planned care system sustainable.

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Figure 1 – patients waiting over 26 weeks and 36 weeks as at May 2020

Source: Figures to January 2020 are from StatsWales, figures from February to May are from Welsh Government data

Note: figures for February to May have not been subject to the usual verification processes

- 4 Against the backdrop of COVID-19 we have reframed the findings and key messages from both reviews to inform the emerging plans for restarting planned care and the wider discussions on what a post COVID-19 NHS needs to look like. In this report we present ten key opportunities – five longer-term opportunities to reset the system and five immediate opportunities to restart the system (**figure 2**).
- 5 Taking these opportunities will help create sustainable changes to the system of NHS planned care in way that aligns well with the five ways of working set out in the Well-being of Future Generations Act, namely focusing on the long-term, collaboration, integration, prevention and involvement. We do not pretend that this will be easy but it is perhaps a once in a generation opportunity to strategically reshape a fundamental element of the NHS.

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Figure 2 – Our 10 Key Opportunities for the NHS as it restarts planned care

Five opportunities to reset the system

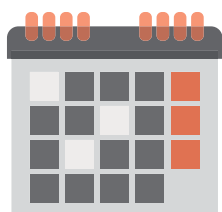
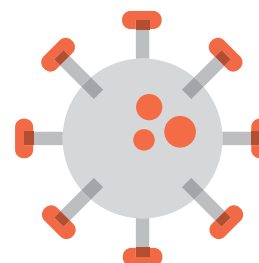
Take brave decisions about the target and accountability regime to align the planned care system around '**what matters**'

Strengthen **collective leadership** of planned care, learning lessons from COVID-19 and before

Consolidate and expand recent service changes in ways that involve patients

Undertake a **full and frank** review of capacity and the sustainability of the planned care system

Develop performance measures for planned care that align to outcomes and what matters to patients, families and communities



Five opportunities for restarting the system

Continue to **develop systems for prioritising patients** most in need of treatment

Engage with the public and patients about the options for treatment and the challenges, in line with principles of co-production

Carefully increase activity while sustaining the **focus on safety** and retaining flexibility to respond quickly to COVID-19

Engage clinicians and data scientists to rigorously analyse the backlog waiting lists with a view to reducing the risk of over-treatment

Promote prevention, self-care and behaviour change to **reduce respiratory illnesses** in particular and protect NHS capacity over the autumn/ winter months

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Five opportunities to reset the system

01

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Take brave decisions about the target and accountability regime to align the planned care system around 'what matters'

- 1.1 The national strategy for the NHS – A Healthier Wales – sets out the ambition for services to be focused on 'what matters' to patients. While waiting times matter to patients, we don't think it is the whole story.
- 1.2 For many years, the NHS has focused a great deal of managerial and clinical effort on meeting numerical waiting times targets at the end of March each year. We have come across multiple examples where the drive to meet targets potentially distorts clinical decision making and prioritisation. We think the focus on targets encourages short-term thinking and inhibits NHS bodies from developing realistic plans.
- 1.3 We heard some positive views about the work to revise the targets for eye care, where there has been a shift away from a one-size fits all target towards agreeing waits that are clinically relevant for each individual. We think there is opportunity to learn from that experience as part of a wider re-think of the approach to performance and accountability in the NHS, so that it aligns with ensuring that services focus on 'what matters' and quality and safety.

Strengthen collective leadership of planned care, learning lessons from COVID-19 and before

- 1.4 There is always a challenge in the NHS to balance national direction with local innovation in response to local needs and circumstances. Responding to our 2015 reports, the Welsh Government said that an initiative called the Planned Care Programme was going to bring together leaders from across the NHS to provide a national direction for planned care. However, our follow-up work has led us to conclude that the Planned Care Programme has had limited traction. A senior health board executive told us that 'the Programme has dropped little pebbles into lots of ponds but hasn't changed the whole system'.

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- 1.5 In the coming months, the Welsh Government will be turning its attention to the plans for a new NHS Executive which will bring together national leadership and accountability. The Welsh Government will also be developing a new plan for clinical services across Wales. We think these are positive opportunities to reset the approach to strategic leadership.
- 1.6 We don't claim to have all the answers on what leadership should look like. But we think NHS leaders need to take this opportunity of reset to have a rigorous and evidence-based review of what has worked, what hasn't and why. This should take in learning from the response to COVID-19, where there has been a new approach to leadership, as well as learning from previous and current national programmes. What should be avoided is an automatic default to previous ways of working, as this is unlikely to provide the collective impetus to make the system changes which are needed.

Consolidate and expand recent service changes in ways that involve patients

- 1.7 Had the pandemic not occurred, our follow-up work would have commented on the slow pace at which the system had addressed issues we identified back in 2015. However, the rapid innovation and transformation that has come about as a result of COVID-19 has shown what can be done, albeit in an environment that is less cost constrained. The challenge now is to consolidate and build on the service change that has happened, including:
 - a building on the rapid expansion of digital services which provide a foundation for a broader transformation of the traditional outpatient model, while being mindful of the digital divide and make sure that services remain accessible for all patients; and
 - b building on the cultural change that has seen staff willing to blur and step completely out of traditional professional boundaries to support new and more efficient and effective ways of team working that enable staff to make best use of their expertise and skills.

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- 1.8 In many cases, services have been changed at pace and under pressure. We recognise that it is difficult to fully engage with patients and co-produce the new ways of working. But as these new ways of working become embedded, there is an opportunity to engage with patients both to explain what they can expect and to understand their views and experiences in order to refine and improve.
- 1.9 Whilst, pre-COVID, change had been slow, it had been happening. In orthopaedics, CMAT¹s have shown you can meet demand and patient needs outside of the hospital and potentially at lower cost, though there is scope to reduce some overlap in roles. Positively, our 2019 follow-up also shows there has been improved efficiency in many areas, like length of stay, although there are still opportunities to keep getting more efficient and productive.

Undertake a full and frank review of capacity and the sustainability of the planned care system

- 1.10 COVID-19 has shed a light on the stretched NHS capacity including beds, staffing and estate. Stopping all non-urgent planned care for such a long period to manage priority COVID-19 demand was extraordinary. But it was not entirely novel. Health boards have done it in a planned way to manage winter pressures in emergency care and in an unplanned way by cancelling operations at short notice. For years, planned care has been the safety valve when the pressure in the system gets too much.
- 1.11 In 2015, we concluded that supply was not matching demand for planned care and we think this still holds true. Before COVID-19, the NHS relied on paying clinicians a premium rate to carry out work at the weekends to improve waiting times. This short-term approach left the NHS exposed when the UK Government made changes to pension tax rules² and clinicians were no longer prepared to take on the extra work. As a result, waiting times were already on a sharply deteriorating trajectory during 2019-20: well before COVID-19 hit.

1 Clinical Musculoskeletal Assessment Treatment Service (CMAT) were developed to provide a community-based service for the assessment and treatment of musculoskeletal related pain and conditions

2 In 2019-20, new rules covering tax paid on pensions came into force. These had the effect of potentially leaving clinicians facing large tax bills if they carried out additional work. In December 2019, the Welsh Government mirrored a temporary solution to the issue, implemented in England, whereby the NHS would pay for the tax liabilities. The Welsh Government's concerns are set out in a letter from the First Minister to the Permanent Secretary, directing her to implement the same approach as England.

- 1.12 There are opportunities for the NHS to make better use of existing resources. As highlighted here and in our previous work, these opportunities lie in changing the system and services, making better use of technology, as well as making incremental efficiency improvements. Our 2015 work estimated some of the financial and capacity gains possible from more efficient and effective ways of working³.
- 1.13 But alongside the focus on change and transformation, there also needs to be an open and frank discussion about the longer-term funding of the NHS. This should be based on a robust understanding of what it really costs to remove the backlog of patients and provide sufficient core capacity to meet the healthcare needs of the population in Wales.

Develop performance measures for planned care that align to outcomes and what matters to patients, families and communities

- 1.14 Our earlier point about rethinking the targets does not mean we are saying the NHS should stop measuring waiting times. The length of waits is an important indicator of quality, capacity and flow in the system. Our concern is the excessive performance management focus on a single measure. There are still some things to refine in terms of understanding end-to-end waiting times, like how to count waits for services like CMATS and community services.
- 1.15 We think that clinical risk and priority needs to feature more prominently in performance measures. In 2015, we said that the Welsh Government should publish waiting times data broken down by 'urgent' and 'routine' patients, but it didn't accept that aspect of our recommendation. There is a lot of work going on now to get a better understanding of the clinical risk on waiting lists. We still think there is an opportunity to revisit the spirit of that original recommendation to reflect the current importance of giving boards and the Welsh Government a clear view of how long urgent patients have been waiting.

3 For example, our 2015 report on waiting times for elective care estimated that reducing variation across all procedures could free up capacity equivalent to 32,000 procedures and 47,000 bed days. A 50% reduction in procedures known to be of limited clinical effectiveness could release capacity for 16,800 procedures, 22,000 bed days. The value of this capacity would be in the order of £26 million (in 2014-15 money). Figure 2 of the report sets out further capacity and efficiency opportunities.

- 1.16 There is also a big opportunity to focus more on outcomes and what matters to patients. There is already work underway to develop patient reported outcome measures to better understand clinical outcomes and support decisions making. But there are opportunities to speed up and expand the work. There are also opportunities to better understand patient satisfaction and engagement, especially around how involved they feel in decisions, how informed they are about processes and what to expect.
- 1.17 We also think there are opportunities to learn lessons from social care on their work around measuring personal outcomes. What matters to patients for example from a knee operation is not necessarily the clinical outcomes like healing of the bone and tissue. It is about the ability to walk to the post office, play football with a grandchild or get back dancing. If 'what matters' is actually what matters, then there is a need for a very different approach to what gets measured and some technical challenges to overcome in order to achieve that.

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Five opportunities for restarting the system

02

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Continue to develop systems for prioritising patients most in need of treatment

- 2.18 Given the size of the current planned care backlog and the constraints facing the NHS, prioritising patients based on clinical need is a sensible way to 'ration' the scarce healthcare resources in order to minimise harm. However, that inevitably means very long waits for those not considered a priority.
- 2.19 Traditionally, the NHS splits patients into 'urgent' and 'routine'. In the current circumstances that is not sensitive enough to distinguish between those who need to be seen within days and those within weeks or a few months. The NHS is now distinguishing between different types of urgent patients, but over time will also need to distinguish patients more generally.
- 2.20 In 2015, the Public Policy Institute for Wales (now Wales Centre for Public Policy) carried out an international review of approaches to prioritising elective care, highlighting some of the risks around points-based approaches to prioritisation. We think the NHS in Wales should look to international experience, including the live experiences of those slightly ahead of the UK on the pandemic curve, as it further refines its approach to prioritisation.
- 2.21 There is a lot of hard work involved in changing the underpinning systems to ordering by clinical priority. Booking systems and many other detailed aspects of planned care services have been based on prioritising people by how long they have waited. Also, the 'rules' of the game, such as what happens when patients cancel or don't attend are all part of a system focused on putting people in a time-based order. These will need to be updated. There is an opportunity to learn the detailed lessons from the implementation of the new eye care measures⁴.

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4 In June 2019, the Welsh Government announced a new approach to eye-care appointments, which involved prioritising patients' waiting times on the basis of their clinical need. Further detail can be found in the Health Minister's statement.

Engage with the public and patients about the options for treatment and the challenges, in line with principles of co-production

2.22 We think that there is an opportunity for the Welsh Government and the NHS to engage positively with patients as a result of the changes the NHS is having to make. The three areas we suggest the Welsh Government and NHS prioritise are:

- a **Informing** the public about the scale of the issues facing planned care in the coming months and years. Being clear that some people will potentially wait a very long time for their routine operations.
- b **Engaging** patients in decision making with clinicians to review the options and alternatives to surgery. In many cases, given a choice, patients would in any case prefer the least interventionist options. In some cases, this may require clinicians to think differently about what is best for the patient.
- c **Being responsive** by keeping in touch with patients who may not be an urgent priority now and ensuring there is a system in place to re-classify them if their condition deteriorates significantly.

Carefully increase activity while sustaining the focus on safety and retaining flexibility to respond quickly to COVID-19

2.23 In restarting planned care, the NHS here is in the same position as many other developed countries in balancing risks. A multi-country analysis published in the Lancet sets out concerns about the risks of non-urgent surgery during the pandemic, which is ongoing. But at the same time, there are potential harms from not carrying out surgery and making patients wait for very long periods.

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- 2.24 The NHS will need to be realistic in balancing the pressures to increase activity and use more capacity against the need to manage infection control and to respond to any local outbreaks. Capacity needs to be carefully managed. Our 2015 work raised concerns about the consequences of high bed occupancy with cancelled operations, patients being in beds usually used for other specialities and a general sense of a system that was highly pressured and reactive, where the focus is on finding beds. We think that during this period of recovery, potentially before a second wave in winter, the NHS should be thinking about what it needs to do to avoid returning to that sort of environment.
- 2.25 There is also the question of what to do with the surge capacity the NHS created to respond to COVID-19. Some of that was created by re-purposing operating theatres and wards, which would be needed to significantly increase planned care. With the possibility of a second wave in winter, decommissioning the surge capacity to accommodate more planned care needs to be carefully thought through and done in ways that can be reversed swiftly if required.

Engage clinicians and data scientists to rigorously analyse the backlog waiting lists with a view to reducing the risk of over-treatment

- 2.26 We think that there is an opportunity to engage clinicians and data scientists in analysing the waiting list, focusing in particular on reducing the amount of unwarranted variation and risk of over-treatment and harm. There are two main opportunities here:
- a **procedures that are not normally undertaken**: where there is scope to develop a Wales wide list of which procedures have low clinical effectiveness and to do some analytical work looking at which patients are currently on a list for those procedures;
 - b **reducing variation across common activity**: where there is scope to compare waiting lists within health boards and across Wales to identify variation in rates of intervention for common procedures, which could indicate signs of over-treatment

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- 2.27 Both pieces of analysis should be used to inform and, if necessary, challenge clinical decision making and ensure the conversation between clinicians and patients is centred around what matters and what is right for the patient.

Promote prevention, self-care and behaviour change to reduce respiratory illnesses in particular and protect NHS capacity over the autumn/ winter months

- 2.28 Each year, the NHS faces big challenges during the winter. Although this pressure is mostly felt in unscheduled care, it has knock-on consequences for planned care where operations are suspended or cancelled. In large part, these extra winter pressures are driven by flu and other respiratory conditions.
- 2.29 As a result of coronavirus, there has been a significant change in public behaviour in ways that could help reduce the spread of flu and other seasonal respiratory illnesses. We think there is an opportunity to invest in promoting strong public health measures and messaging to encourage continued hygiene measures social distancing and having clear plans to safely ramp up flu vaccination rates. We also think there is scope to expand the idea of self-isolation and self-care when you have early signs of any viral infections, not only suspected COVID. Such behaviours could help reduce the spread of flu and help protect NHS capacity during the difficult winter months.

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Appendices

1 Audit methods

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1 Audit methods

We have based the messages in this report on work we undertook to follow-up our 2015 reviews of waiting times for NHS elective care and orthopaedics services. The work was largely carried out over a 14 month period ending January 2020. Following the outbreak of COVID, we adjusted our reporting plans to take into account the impact of the pandemic on NHS planned care, and emergency recovery planning, nationally and locally. We have used discussions with Welsh Government officials and members of the Department for Health and Social Care's Quality Delivery Board to help test and shape our messages.

Further information on our audit methods is set out below.

Waiting Times for Elective Care Follow-up

- Self-assessment: we asked the Welsh Government to complete a self-assessment of progress against a range of areas related to our 2015 recommendations.
- Interviews with Welsh Government officials with responsibility for planned care within the Welsh Government.
- Interviews with a sample of health board executives with responsibility for planned care, in particular to gather their views on progress with the national planned care programme.
- We reviewed a range of documents, including Welsh Government correspondence with the Public Accounts Committee in relation to NHS waiting times, Welsh Government published plans, including the national strategy for the NHS A Healthier Wales. We also reviewed a range of internal documents that the Welsh Government provided as part of its self-assessment.
- Data analysis: we reviewed published data on the length of time people wait for treatment, as well as published data on activity and efficiency measures.

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Orthopaedic services follow-up

Our work examined progress in each health board as well as national developments in respect of orthopaedic services. Collectively this involved:

- analysis of publicly available data sets and additional data from health boards;
- observations at relevant national meetings such as the Welsh Orthopaedics Board and Planned Care Programme Board;
- interviews with Welsh Government officials and relevant staff within health boards, typically the executive lead for orthopaedic services, clinical director and general manager for orthopaedic services, and the orthopaedic triage lead;
- a review a range of national and local documents, plans and reports.
- surveys of all health boards to capture qualitative information on orthopaedic services;
- A 'pathway walkthrough' at each health board to understand the process and issues faced on a day-to-day basis both by staff and patients; and
- focus groups with a range of staff involved in the orthopaedic pathway.

Reports setting out the key findings from our local orthopaedic work will be shared with individual health boards during autumn 2020, alongside a national summary of the key messages from this work.

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