

## Bundle Strategy and Delivery Committee 30 April 2019

### Agenda attachments

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- 1.1 Welcome and Introductions  
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- 1.2 Apologies for Absence  
*Charles Janczewski*
- 1.3 Declarations of Interest  
*Charles Janczewski*
- 1.4 Minutes of the Committee Meeting Held on 5 March 2019  
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- 1.5 Action Log - 5 March 2019  
*Charles Janczewski*
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- 1.6 Chairs Action Taken Since Last Meeting  
*Charles Janczewski*
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- 2.1 Shaping Our Future Wellbeing: In Our Community Programme  
*Abigail Harris*
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- 2.2 Scrutiny of the Capital Plan  
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*Abigail Harris*
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- 2.8 Developing a Performance Framework  
*Sharon Hopkins*
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  - 2.9.1 - performace indicators for SDv4.pptx
- 2.9 Implementation of Wellbeing of Future Generations (Wales) Act in Cardiff and Vale UHB - Update
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- 2.13 Deep Dive Report on Absence Rates and Hotspots  
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- 2.14 Strategic Equality Objectives - Delivery Plan Framework 2018-19  
*Keithley Wilkinson*  
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- 2.15 Board Assurance Framework: Sustainable Primary and Community Care  
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- 3 ITEMS FOR APPROVAL / RATIFICATION
- 3.1 Memorandum of Understanding Between Cardiff and Vale and UHB and the Third Sector in Cardiff and Vale of Glamorgan  
*Abigail Harris*  
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- 4 ITEMS FOR NOTING AND INFORMATION
- 5 ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE  
*Charles Janczewski*
- 6 REVIEW OF THE MEETING  
*Charles Janczewski*
- 7 DATE AND TIME OF NEXT MEETING  
*Tuesday, 25 June 2019 at 9.00am*  
*Venue to be confirmed*

# AGENDA

## STRATEGY AND DELIVERY COMMITTEE

**TUESDAY, 30 APRIL 2019 at 9.00am**  
Corporate Meeting Room, Headquarters

<b>Mins</b>	<b>1</b>	<b>Preliminaries – 10 minutes</b>	
	<b>1.1</b>	Welcome & Introductions	Charles Janczewski
	<b>1.2</b>	Apologies for Absence	Charles Janczewski
	<b>1.3</b>	Declarations of Interest	Charles Janczewski
	<b>1.4</b>	Minutes of the Committee Meeting held on 5 March 2019	Charles Janczewski
	<b>1.5</b>	Action Log – 5 March 2019	Charles Janczewski
	<b>1.6</b>	Chairs Action taken since last meeting	Charles Janczewski
	<b>2</b>	<b>Items for Review and Assurance</b>	
10	<b>2.1</b>	Shaping Our Future Wellbeing: In Our Community Programme	Abigail Harris
5	<b>2.2</b>	Scrutiny of the Capital Plan	Abigail Harris
5	<b>2.3</b>	Update on the Clinical Services Plan	Abigail Harris
10	<b>2.4</b>	A Healthier Wales – Implementation Update	Abigail Harris
	<b>2.5</b>	Shaping Our Future Wellbeing: Strategy Review	Abigail Harris
10	<b>2.6</b>	Ensuring that Service Provision, Quality, Finance and Workforce are Aligned and Integrated	Martin Driscoll
10	<b>2.7</b>	Digital Healthcare Update	Sharon Hopkins
10	<b>2.8</b>	Developing a Performance Framework	Sharon Hopkins
10	<b>2.9</b>	Implementation of Well-being of Future Generations (Wales) Act in Cardiff and Vale UHB - Update	Fiona Kinghorn
10	<b>2.10</b>	Key Organisational Performance Indicators	Steve Curry
10	<b>2.11</b>	Workforce Key Performance Indicators / Dashboard	Martin Driscoll
5	<b>2.12</b>	Staff Survey Response Group Report	Martin Driscoll
10	<b>2.13</b>	Deep Dive Report on Absence Rates and Hotspots	Martin Driscoll
10	<b>2.14</b>	Strategic Equality Objectives - Delivery Plan Framework 2018-19	Keithley Wilkinson
10	<b>2.15</b>	Board Assurance Framework: Sustainable Primary and Community Care	Nicola Foreman
	<b>3</b>	<b>Items for Approval/Ratification</b>	
5	<b>3.1</b>	Memorandum of Understanding Between Cardiff and Vale	Abigail Harris

		UHB and the Third Sector in Cardiff and Vale of Glamorgan	
	<b>4</b>	<b>Items for Noting and Information</b>	
		No items to report	
	<b>5</b>	<b>Items to bring to the attention of the Board/Committee</b>	Charles Janczewski
	<b>6</b>	<b>Review of the Meeting</b>	Charles Janczewski
	<b>7</b>	<b>Date and time of next Meeting</b>	
		Tuesday, 25 June 2019 at 9.00am Venue to be confirmed	



**MINUTES OF STRATEGY AND DELIVERY COMMITTEE**  
**On 5<sup>th</sup> MARCH 2019**  
**CORPORATE MEETING ROOM, HEADQUARTERS**

**Present:**

John Antoniazzi	JA	Independent Member - Estates
Charles Janczewski	CJ	Vice Chair and Committee Chair
Dawn Ward	DW	Independent Member - Trade Union

**In Attendance:**

Julie Cassley	JC	Deputy Director of Workforce & OD
Lee Davies	LD	Operational Planning Director
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Sharon Hopkins	SH	Deputy CEO/Director of Transformation
Dr Fiona Kinghorn	FK	Executive Director of Public Health
Robert Chadwick	RC	Executive Director of Finance
Len Richards	LR	Chief Executive Officer

**Secretariat:**

Sheila Elliot

**Apologies:**

Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member – ICT
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Director of Workforce and OD
Sara Moseley	SM	Independent Member - Third Sector
Ruth Walker	RW	Executive Nurse Director

<b>SD:05/03/001</b>	<b>WELCOME AND INTRODUCTIONS</b> The Chair welcomed everyone to the meeting.	<b>ACTION</b>
<b>SD:05/03/002</b>	<b>APOLOGIES FOR ABSENCE</b> Apologies for absence were noted.	
<b>SD:05/03/003</b>	<b>DECLARATIONS OF INTEREST</b> Charles Janczewski advised that he was Chair of the Welsh Health Specialist Services Committee's Quality and Patient Safety Committee.	
<b>SD:05/03/004</b>	<b>MINUTES OF THE COMMITTEE MEETING HELD ON 8<sup>th</sup> JANUARY 2019</b> It was noted that the meeting of the 8 January had focussed on the Integrated Medium Term Plan (IMTP) and Committee Members agreed that the IMTP would be a regular Committee agenda item.  Nicola Foreman, Director of Corporate Governance agreed to update the Committee's Work Plan.  <b>Matters Arising</b> The Committee was advised that a letter had been received from Simon Dean, Welsh Government requesting further information and greater assurance in relation to three key areas of the IMTP; namely	<b>NF</b>

the measures to be taken in relation to the delivery of savings; arrangements to address the underlying deficit and the financial arrangements for research. It was confirmed that the Finance Committee of the Board considered the Health Board to be moving forwards positively in these areas and estimated the £12million gap to have been closed by approximately half.

Abigail Harris, Executive Director of Strategic Planning confirmed that she was preparing a response to Simon Dean, and noted that the Welsh Government had been complimentary about the content of the IMTP. She advised that given the level of assurance that the UHB could provide, in respect of the three issues raised, it was expected that the Welsh Government would recommend approval of the IMTP.

The Committee also noted that the Welsh Government had lowered the UHB's intervention status to 'Enhanced Monitoring', and confirmed its pleasure at this progress.

**Resolved – that:**

- (a) the minutes of the 8 January meeting be approved.
- (b) the IMTP would be a regular item on the Committee's agenda and added to its Work Plan

**SD:05/03/005**

**ACTION LOG FOLLOWING THE LAST MEETING**

The Committee Action Log was reviewed and it was noted that six of the items detailed in the action log were on the meeting agenda,

**Resolved – that:**

- (a) the updates on the Action Log be noted
- (b) The Action set out in Minute 18/048 be closed
- (c) The Action set out in Minute 18/045 be closed
- (d) An audit of Study Leave procedure be added to the Internal Audit Plan (see Action set out in Minute 18/025)

NF

**SD:05/03/006**

**CHAIR'S ACTIONS**

Charles Janczewski, Vice Chair and Committee Chair confirmed that Chair's Action had been taken in relation to the approval of the revised Organisational Change Policy. He asked that the Committee ratify this decision.

**Resolved – that:**

- (a) the approval of the UHB's revised Organisational Change Policy be ratified.
- (b) going forward similar policies should be flagged for taking to the Board

**SD:05/03/007**

**SCRUTINY OF THE CAPITAL PLAN**

The Executive Director of Strategic Planning provided the Committee with a verbal update of the Capital Plan highlights. It was noted that:

- The Plan was on course to achieve the objectives set out

within it.

- There were two major areas of work that were on-going or commencing soon i.e. Neo-natal work and the relocation of Rookwood Hospital to Llandough. The Neo-natal area was awaiting a new MRI scanner which should be installed by the end of the financial year. The mobile MRI scanner in use at Cwm Taf would be deployed across Wales and the second unit would stay at UHW as it was being heavily used.
- Steps to safeguard Cardiff Royal Infirmary were continuing.
- The Welsh Government had provided discretionary budgets of £1.7m for IT, £1.6m for kit, £3.6m for equipment and £1m for a genomic sequencer. A full update on 'Shaping our Future Wellbeing in the Community' would be provided at the next meeting.
- Good partnership work was taking place particularly with Cardiff Council, for example in relation to the Older Persons Village in Penarth.

**Resolved – that:**

- (a) the verbal update provided be noted
- (b) a full update on 'Shaping our Future Wellbeing in the Community' would be provided at the next scheduled meeting of the Committee

AH

**SD:05/03/008**

**STAFF SURVEY EMPLOYEE STAKEHOLDER GROUP** The Deputy Director of Workforce and OD Reminded the Committee that when it met in November 2018, Members had supported the creation of an Employee Stakeholder Group, to be chaired by the Executive Director of Workforce and Organisational. Development, to consider the outcomes of the Staff Survey and develop an action plan for the UHB. It was confirmed that the Stakeholder group had met twice since November 2018 and that:

- To improve Executive involvement: consideration was being given to whether Executives should attend Corporate Induction; undertake department visits and undertake 'A day in the life...' where Executives experience front line roles
- To improve communication at every level: consideration was being given to the greater and appropriate use of social media be encouraged.
- To address matters related to work related stress / bullying: it was felt that there was a need to gain a greater understanding of the causes of work related stress (by influencing future surveys).
- The need to improve the response rate to future Surveys had been recognised, as it was felt that the survey was far too long and as a result staff were put off from completing it.
- A further update would be provided at the next scheduled meeting.

**Resolved – that:**

- (a) the report should be noted
- (b) a further update would be put on the agenda for the next scheduled meeting.

JC

SD:05/03/009

## UPDATE ON THE WORKFORCE DELIVERY PLAN

The Deputy Director of Workforce and OD delivered a presentation Plan to the Committee. As part of this presentation an update on the following areas was provided:

- Workforce Metrics Update
- Workforce Enablers
  - HR Operations, Mediation Service
  - Nurse Recruitment and Retention
  - Leadership, Talent Management and Succession
  - Apprenticeship Programme

The Deputy Director of Workforce and OD confirmed that:

- Good feedback on the plan had been received from Welsh Government.
- The workforce enablers set out in the paper would assist in improving performance against the work force metrics.
- Further action needed to be taken to support the health and wellbeing of staff to help reduce the level of sickness. It was confirmed that more information would be presented at the next scheduled meeting of the Committee as it was hoped that by the next meeting a deep dive in relation to sickness 'hotspots' and benchmarking against English data should have been completed.
- In relation to formal employee relations cases the Mental Health Directorate appeared to be an outlier, and a further review of the figures and cases was being undertaken. A new Call management system had been introduced in September to manage general HR queries in a more efficient way.
- A new Industrial Injury Procedure implemented in November had resulted in a significant improvement and as a result the backlog of claims has been cleared.
- A new Mediation Service (Consensus) was launched in February and it was hoped that this service would help to stop issues escalating to a formal grievance. Since December Level 1 E-learning training (awareness) had been reduced for employees and made profession specific; stopping repetition and duplication of training and increasing efficiency and productivity and ultimately impacting on patient care / experience.
- A successful UHB wide Recruitment Campaign undertaken in January 2019 had resulted in 71 new starters.
- A senior leader's programme commencing March 2019, with the support of Korn Ferry.
- A team was visiting New Zealand and looking at Canterbury's

approach to staff engagement.

- The apprenticeship programme had been launched and the hourly rate has been structured around the living wage. At least one day per week was spent in training but the overall hours would be flexible to suit lifestyles.

**Resolved – that:**

- (a) the workforce plan be noted.
- (b) a detailed report on sickness absence would be provided at the next scheduled meeting.

JC

**SD:05/03/010**

**SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES**

The Executive Director of Strategic Planning provided a brief overview of the progress being made in relation to the Shaping our future Wellbeing Strategic Objectives and confirmed that a comprehensive report entitled “Offer of Services that our Citizens are Entitled to Expect” would be presented to the Committee when it met in April.

**Resolved – that:**

- (a) a comprehensive report entitled “Offer of Services that our Citizens are Entitled to Expect” would be presented to the next scheduled meeting of the Committee.

AH

**SD:05/03/011**

**LEARNING ALLIANCE**

The Deputy Chief Executive/Director of Transformation provided an update on progress being made within the Learning Alliance with Canterbury New Zealand. As part of this report the learning conversations, the purpose of the study tour in March and uses the work on, accessible information, Healthpathways and the Alliancing approach as direct learning being applied within the health board were highlighted.

It was noted that:

- a Learning Alliance agreement has been set up with Canterbury New Zealand and Grampian Health Scotland..
- the Medical Director from Canterbury would be visiting the UHB in March and has specifically asked to see and experience the work being done by Community Mental Health Teams, working in partnership with the other agencies and our users.
- the UHB was aiming to adapt and accelerate its plans with full engagement with Local Authority partners.

**Resolved – that:**

- (a) that the Learning Alliance update be noted

SD:05/03/012

## EQUALITY AGENDA

The report was presented by the Equality Manager who highlighted the following key points:

- **Inclusion Project: It was confirmed that by March of 2020 the UHB** will need to have developed its new legally obliged four year Strategic Equality Plan 2020-20-24 Fair Care (SEP) and its accompanying action plan.
- **The UHB is** currently working in partnership with Cardiff and Vale College and Delsion Ltd to look at the effective and measurable impact of an organisational development approach to inclusion at a management level in order to upskill and develop a group of managers around all aspects of inclusion.
- **Stonewall and LGBT+ work: It was highlighted that the UHB** recently fell out of the Stonewall Workplace Equality Index which is used as an effective way to measure our efforts to tackle discrimination and create an inclusive workplace for our lesbian, gay bisexual and trans employees. A task group has been established to implement an action plan which we have already agreed to share with the CEO of the UHB.
- **Learning Disability: The UHB wishes** to increase its recruitment of people with learning disabilities. It is looking to raise awareness and highlight good practice.
- **Welsh Language Standards: The UHB's** work in relation to the Standards will be aligned within the SEP 2020-2024 as will work in relation to the delivery of the UHB's IMTP and compliance with the Well-being of Future Generations (Wales) Act 2015.
- **Innovative Drama: The UHB is** looking to create with the AFTA Thought Theatre Company, a drama-based training showcase that will introduce the inclusion agenda. The aim is to help the UHB enable positive change in the workplace

NF

### Resolved – that:

- (a) the report on the Equality Agenda be noted
- (b) the report should be considered by Management Executives before being brought back to the S&D Committee at the end of April 2019.

KW

SD:05/03/013

## WELSH LANGUAGE STANDARDS

The Equality Manager introduced the report, and in so doing confirmed that:

- On the 30 November, the Welsh Language Commissioner issued the UHB with its compliance notice, and so over the next 24 months the organisation will be expected to prepare its compliance with these standards by their assigned deadlines.
- The UHB will be required to comply with a large number of the 120 Standards by the end of May 2019, with a second tranche needing to be in place by November 2019. The compliance



schedule was challenging, with significant costs being aligned to a number of the standards, for example standard 7.1a. Further discussions will take place with the Welsh language Commissioner to identify if there were opportunities to develop a more achievable compliance schedule.

**Resolved – that:**

(a) the Welsh Language Standards update be noted.

**SD:05/03/014**

**KEY ORGANISATIONAL PERFORMANCE INDICATORS**

The Operational Planning Director presented the Committee with a high level summary of 2018-19 year to date performance against key operational targets and IMTP delivery profiles. The following points were noted:

- **Unscheduled Care:** The proportion of patients admitted, discharged or transferred within 4 hours rose slightly in January to 84%, this is below both the WG target of 95% and the UHB's IMTP trajectory of 87%. The latest all-Wales performance data available (December 2018) indicates that the UHB is ranked first for compliance with the patients >12 hours care access measure and second for 4 hour waits compliance.
- **Stroke:** The latest available benchmarking data across Wales (December 2018) indicates that all Health Boards are facing challenges in providing direct admission to the acute stroke ward and thrombolysis within 45 minutes on a sustainable basis. A summary of the steps being taken by the UHB to improve compliance with the four mandated measures was provided. It was also noted that there was a focus on door to needle times for thrombolysis.
- **Planned Care:** The number of patients waiting over 36 weeks had increased slightly to 984 at the end of January 2019. At the end of January 2019 86.3% of patients had been seen within 26 weeks, this is below both the WG target of 95% and the UHB's IMTP trajectory of 89%. It was noted that there were a number of specialties, such as orthopaedics, where compliance with waiting time targets was an issue. It was confirmed that actions to address this were in place.
- **Diagnostics:** At the end of January 448 patients were waiting over 8 weeks for diagnostics.
- **Cancer:** It was confirmed that compliance against the 31 and 62 day targets was improving slowly, with the compliance rate for the 31 day target being consistently over 90%.
- **Mental Health:** It was noted that compliance against Part 1a of the Mental Health Measure (Assessments) dropped significantly in December 2018 (69%) and January 2019 (56%). The Committee was advised that this drop in performance was felt to be due to a significant increase in referrals during October. It was confirmed that compliance had increased to 91% in February 2019.

**Resolved – that:**

- (a) the update in relation to key organisational indicators be noted.

**SD:05/03/015 COMMITTEE SELF-ASSESSMENT**

The Director of Corporate Governance provided the Committee with and overview of the effectiveness assessment to be undertaken by the Members and the Executive Lead of the Strategy and Delivery Committee. It was confirmed that the assessment would be sent out to Members to complete and then the results will be analysed by the Director of Corporate Governance.

**Resolved – that:**

- (a) The process for self-assessment be approved
- (b) The outcomes of the assessment and resultant action plan be presented at a future Committee meeting.

NF

**SD:05/03/016 BOARD ASSURANCE FRAMEWORK: RISKS RELEVANT TO COMMITTEES' TERMS OF REFERENCE**

The Director of Corporate Governance introduced the report highlighting that there were six key risks set out within the Board Assurance Framework, and the risks which link to the Strategy and Delivery Committee were:

1. Workforce
2. Sustainable Primary and Community Care
3. Sustainable Culture Change
4. Capital Assets

It was confirmed that at the agenda setting it had been agreed that the Committee would look at one risk per meeting of the Strategy and Delivery Committee and the risk attached for review was Workforce. The Chair confirmed that the role of the Committee was to: review the risk, check that the controls are in place and working and agree any further actions which are required in order to mitigate the risk further. The Committee can then provide further assurance to the Board that the risk is being managed or mitigated as much as possible at the current time.

- The Committee discussed the Workforce risk in detail and Members:
- Agreed that a target risk score of 10 was acceptable.
- Agreed that the current controls needed to be monitored to ensure that the controls were assisting in reducing the 'likelihood' of the risk occurring so that the target risk score was met.
- Noted that previously identified gaps in controls and assurance had been addressed and were now listed as actions that were being taken forward.
- Noted that hotspot areas in relation to workforce gaps were medicine and surgery.



**Resolved – that:**

- (a) the target risk score set for the Workforce risk was reasonable
- (b) noted the controls, assurance arrangements in place, and the further actions to be taken.

**SD:05/03/017**

**PERFORMANCE MAPPING**

The Deputy CEO/Director of Transformation presented the Committee with an overview of the approach for considering performance at the Committee.

- It was confirmed that the approach builds on the discussions with the Board in relation to the development of strategic indicators for the Board itself, and the role of committees in providing assurance on the Welsh Government Delivery Targets.
- It was noted that to this end the delivery targets had been mapped against each of the committee's terms of reference, with 37 being remitted to the S&D Committee.

The Committee confirmed its support for this approach and it was noted that a further overview of the development would be presented at the next meeting of the Committee

**The Committee Resolved – that:**

- (a) the presentation be noted.
- (b) a further presentation would be delivered at the April meeting.

SH

**SD:05/03/018**

**COMMITTEE WORK PLAN 2019-20**

The Director of Corporate Governance introduced the Committee's Work Plan for 2019-20 and confirmed that it was based on the requirements set out within the Strategy and Delivery Committee Terms of Reference. It was noted that:

- It was noted that the work-plan was fluid and would change over the course of the year.
- Transformation, Learning Alliances, regional planning and tertiary partnership working updates would be received at the S&D Committee or at the Board, but not at both.
- The IT & G Committee was to be made a Committee of the Board not reporting into this Committee in the future.

**Resolved – that:**

- (a) the Work Committee's Plan be approved and recommended to the Board for ratification.
- (b) the Chair discuss the positioning of some of the current responsibilities under the Committee's Terms of Reference with the Chair of the Board.

NF

**SD:05/03/019**

**REVIEW OF COMMITTEE'S TERMS OF REFERENCE**

The Director of Corporate Governance introduced the report and outlined the changes to the Committee's Terms of Reference that were being recommended. It was confirmed that one key change recommended to Members of the Committee was that its responsibility for the IT&IG Committee be removed, and the IT and IG Committee made a Committee of the Board.

**Resolved – that:**

- (a) the recommended amendments to the Committee's Terms of Reference be accepted and recommended to the Board for formal approval.
- (b) it should be recommended to the Board that the IT&IG Committee be made a formal committee of the Board.

NF

NF

**SD:05/03/020**

**COMMITTEE'S ANNUAL REPORT**

The Director of Corporate Governance introduced the Committee's Annual Report confirming that:

- The report showed the areas considered by this Committee during 2018/19, the attendance rate of members and demonstrates that the Terms of Reference had been met.
- The membership of the S&D Committee will be reviewed in due course.

**Resolved – that:**

- (a) the Committee's Annual Report be approved and submitted to the Board for formal ratification.

NF

**SD:05/03/021**

**EMPLOYMENT POLICIES**

The Deputy Director of Workforce and OD presented the report on Employment Policies, confirming that it summarised a proposal to rationalise the number of UHB Employment Policies.

The Committee reviewed and discussed:

- The proposal to replace many topic-specific policies with accompanying procedures, with a small number of overarching policies covering:
  - Learning, Education and Development
  - Health and Wellbeing
  - Patterns of working (including breaks, redeployment, flexible working, retirement options etc.)
  - Recruitment
  - Maternity, Adoption, Paternity and Shared Parental Leave
  - Equality
- The revised NHS Wales Organisational Change Policy, noting Chair's Action had been taken to adopt the revised policy.
- The revised Maternity, Adoption, Paternity and Shared Parental Leave Policy.

- The new NHS Wales Menopause Policy

**Resolved – that:**

- (a) the recommendation to develop a small number of overarching Employment Policies with accompanying Procedures aligned to them be Supported
- (b) the following Policies be Rescinded with effect from when the Procedure is reviewed and approved by the Employment Policy Sub Group
  - (i) Domestic Abuse Policy, Retirement Policy, Redeployment Policy, DBS Policy, Recognition of Prior Learning Policy, Professional Abuse Policy
- (c) the following Policies be Rescinded with immediate effect
  - (i) Pre- and Post-Registration Nurse Placement Policy and Occupational Health Policy
- (d) the following Policies be Re-designated as Procedures with effect from the date the reviewed document is approved by the Employment Policy Sub Group :
  - (i) Payroll Over/Under Payment Policy, Relocation Expenses Policy, Loyalty Award Policy, Working Times Policy, Flexible Working Policy,
- (e) the following Policies be Re-designated as Procedures with immediate effect:
  - (i) Management of Alcohol, Drugs and Substance Misuse Policy and Management of Stress and Mental Health in the Workplace Policy
- (f) Chair's Action taken to adopt the revised NHS Wales Organisational Change Policy (OCP) be Ratified
- (g) the revised NHS Wales Menopause Policy be Adopted
- (h) the revised Maternity, Adoption, Paternity and Shared Parental Leave Policy be Approved

**SD:05/03/022**

**DR DAVID THOMAS DIALYSIS UNIT**

The Director of Corporate Governance advised the Committee that a request had been made to name the new dialysis unit the Dr David Thomas Dialysis Unit.

It was confirmed that Management Executive had already confirmed that it was content with this action, and that subject to the views of the Committee the request would be taken to the March Board meeting for approval.

**Resolved – that:**

- (a) the Committee would give its support to the new dialysis unit being named the David Thomas Dialysis Unit .
- (b) the request should be taken to the March Board meeting for formal approval.

NF

**SD:05/03/023**

**TRANSFORMATION BID UPDATE**

The Deputy Chief Executive/Director of Transformation, confirmed that:

- A second Transformation Fund bid had been submitted to Welsh Government, covering a range of innovative service developments. This second proposal builds on the initial work and is linked closely to Regional Partnership Board priorities, the area plan and SOFW.
- Welsh Government colleagues had requested some additional financial information before considering the proposal at its next meeting in early April.

**Resolved – that:**

- (a) the Transformation Bid update be noted.

**SD:05/03/024**

**STRATEGIC SERVICE PLANNING UPDATE**

The Executive Director of Strategic Planning introduced the Strategy and Planning Flash Report for January 2019, and provided the Committee with a summary of the format and detail. The Committee agreed that the Flash Report provided a useful overview of key strategic issues.

**Resolved – that:**

- (a) The Strategic Planning update be noted
- (b) The Strategy and Planning Flash report should be regularly discussed and reviewed by the Committee

AH

**SD:05/03/025**

**MAJOR CAPITAL BUSINESS CASE GANTT CHART**

The Executive Director of Strategic Planning presented the paper and provided an overview of the Major Capital Business Case GANNT Chart. It was agreed that the Chart:

- was helpful and enabled a constant review against pressures, and allowed interim phased changes to occur
- helped to understand the relationship between capital programme and the operational programme.

**Resolved – that:**

- (a) the update in respect of the Major Capital Business Case GANTT Chart be noted

**SD:05/03/026**

**ANY OTHER BUSINESS**

No other items of business were raised.

**SD:05/03/027**

**DATE OF THE NEXT MEETING OF THE BOARD**

Tuesday 30 April 2019, 9.30am – 12.00pm Corporate Meeting Room,  
Headquarters

**ACTION LOG**  
**FOLLOWING STRATEGY AND DELIVERY COMMITTEE MEETING**  
**5th MARCH 2019**

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
<b>Actions Completed</b>					
<b>SD: 18/073</b>	Transformation Bid Update	The transformation dashboard should be regularly presented to the S&D Committee to note progress being made	06/11/18	Sharon Hopkins	<b>COMPLETED</b>
<b>SD: 18/072</b>	Staff Survey Results	An employee stakeholder group to be created to review the staff survey and choose 3 or 4 areas on which to focus their attention. Report to be presented back to the Committee	06/11/18	Martin Driscoll	<b>COMPLETED</b>
<b>SD: 18/070</b>	Equality Agenda	A report to be presented to the Committee on the way forward for equality to enable assurance to be provided to the Board	06/11/18	Martin Driscoll	<b>COMPLETED</b>
<b>SD: 18/068</b>	Committee Workplan	Completed work plan to be presented to the next meeting of the S&D Committee	06/11/18	Nicola Foreman	<b>COMPLETED</b>
<b>SD: 18/052</b>	Performance Mapping	Report on Performance Mapping to be presented to the November S&D Committee meeting	11/09/18	Sharon Hopkins	<b>COMPLETED</b>
<b>SD: 18/049</b>	Workforce Delivery Plan	To review the variable pay metric and determine if it was providing an instructive overview	11/09/18	Martin Driscoll	<b>COMPLETED</b>
<b>SD: 18/048</b>	Estates Strategic Plan	To receive comments from the Committee on the Estates Strategic Plan	11/09/18	Abigail Harris	Update received at the November meeting that no further feedback had been obtained - <b>COMPLETED</b>
<b>SD: 18/045</b>	Shaping Our Future Wellbeing: Planned	An update to be presented as to what Management Executives expect to be presented to the Strategy and	11/09/18	Abigail Harris	Updates against the Shaping our Future Wellbeing objectives have been built into the Committee Work

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
	Performance and Delivery Framework	Delivery Committee			Programme - <b>COMPLETED</b>
<b>SD:05/03/007</b>	Capital Plan	Circulate report	05/03/19	Secretariat	<b>COMPLETED</b>
<b>SD: 18/025</b>	Study Leave	Place on Internal Audit Plan	05/03/19	Nicola Foreman	<b>COMPLETED</b>
<b>SD:05/03/019</b>	Review of TOR	Workplan to reflect TOR	05/03/19	Nicola Foreman	<b>COMPLETED</b>
<b>SD:05/03/019</b>	Review of TOR	IG & IT to come out of Transformation	05/03/19	Nicola Foreman	<b>COMPLETED</b>
<b>SD:05/03/020</b>	Committee Annual Report	Independent membership to be reduced to three (minimum is 2)	05/03/19	Nicola Foreman	<b>COMPLETED</b>
<b>SD:05/03/018</b>	Committee Workplan	The workplan to be recommended to Board for ratification	05/03/19	Nicola Foreman	<b>COMPLETED.</b> This item was ratified at the Board meeting in March 2019.
<b>SD:05/03/018</b>	Committee Workplan	The Chair to discuss the positioning of some of the current responsibilities under the Committees Terms of Reference with the Chair of the Board	05/03/19	Charles Janczewski	<b>COMPLETED</b>
<b>SD: 05/03/22</b>	Dr David Thomas Dialysis Unit	Naming of the new dialysis unit to be taken to March Board meeting for formal approval	05/03/19	Nicola Foreman	<b>COMPLETED</b>
<b>SD: 18/074</b>	Staff Nursing Act – Mental Health Clinical Board	It was considered this item more appropriate to be presented at Board Development	06/11/18	Ruth Walker	<b>COMPLETED.</b> This item was presented at Board Development on 25 April 2019

#### Actions In Progress

<b>SD: 18/072</b>	Staff Survey Results	A 'people's dashboard' to be developed and presented to the Committee to show absence rates, appraisals tribunals etc	06/11/18	Martin Driscoll	To be presented in April meeting as part of the Key Performance Indicators
<b>SD:05/03/004</b>	Matters Arising - IMTP	Should be a regular feature and added to Committee Workplan	05/03/19	Nicola Foreman	Add to Workplan – Update April Meeting
<b>SD:05/03/007</b>	Scrutiny of the Capital Plan	A summary to be provided on the Integrated Care Fund	05/03/19	Abigail Harris	This item has been deferred from April to the June meeting.
<b>SD: 05/03/008</b>	Staff Survey	To provide a further update at the	05/03/19	Martin Driscoll	Item on agenda for April meeting

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
	Employee Stakeholder Group	next meeting			
<b>SD:05/03/009</b>	Workforce Delivery Plan	A Deep Dive Report on absence rates and hotspots	05/03/19	Martin Driscoll	Item on agenda for April meeting
<b>SD:05/03/010</b>	Shaping our Future Wellbeing	'Offer of Services that our Citizens are Entitled to Expect' Report	05/03/19	Abigail Harris	Update to be provided at April meeting
<b>SD: 05/03/012</b>	Equality Agenda	To bring the Strategic Equality Objectives – the Delivery Plan Framework 2018-19 to the next meeting	05/03/19	Keithley Wilkinson	Item on agenda for April meeting
<b>SD: 05/03/015</b>	Committee Self-Assessment	The outcomes of the assessment and subsequent action plan to be presented at a future meeting	05/03/19	Nicola Foreman	To be presented at the June meeting
<b>SD: 05/017</b>	Performance Mapping	A further presentation to be delivered at the next meeting	05/03/19	Sharon Hopkins	Item on agenda for April meeting
<b>SD: 18/072</b>	Staff Survey Results	A 'people's dashboard' to be developed and presented to the Committee to show absence rates, appraisals tribunals etc	06/11/18	Martin Driscoll	To be presented in April meeting as part of the Key Performance Indicators
<b>Actions referred to committees of the Board</b>					



<b>Report Title:</b>	<b>SOFW: In Our Community Programme – Progress Report</b>					
<b>Meeting:</b>	<b>Strategy and Development Committee</b>			<b>Meeting Date:</b>	<b>30<sup>th</sup> April 2019</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b> ✓
<b>Lead Executive:</b>	<b>Executive Director of Planning</b>					
<b>Report Author:</b>	<b>Service Planning Project Lead – 029 2074 4098</b>					

## SITUATION

The attached report provides an update on the progress made in implementing the SOFW: In Our Community Programme. It sets out:-

- The current status of the Programme Business Case (PBC);
- Progress in developing the tranche 1 projects; and
- Planning work underway for the tranche 2 projects.

## REPORT

### BACKGROUND

The PBC sets out the rationale for developing and reconfiguring our community infrastructure to create a network of Locality Health and Wellbeing Centres (H&WC) and smaller Cluster focused Wellbeing Hubs (WH) across Cardiff and Vale. The PBC was submitted to WG in July 2018. Following a period of scrutiny, WG officials have indicated that they intend to submit the PBC to the Minister for Health and Social Services with a recommendation to endorse.

### ASSESSMENT

#### Tranche 1 Projects

In agreement with WG, work has begun in relation to a number of tranche 1 projects with a view to accessing capital funding from either the All Wales Capital Programme (AWCP) or the Primary Care Pipeline Fund (PCPF):-

- WH@Penarth ( PCPF);
- WH@Maelfa ( PCPF);
- Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works (AWCP);
- Chapel Redevelopment at CRI (AWCP); and
- H&WC@CRI Masterplan, Capital Safeguarding Works and Fit Out (AWCP).

The report briefly describes the current position for these projects along with the proposed WH@ParkView, further progress of which awaits approval of the PBC.

#### Tranche 2 Projects

Early planning work has begun in relation to the development of the tranche 2 projects, focusing on preparations for Local Development Plan (LDP) population growth in the north of Cardiff and the development of the H&WC@Barry to meet the health and wellbeing needs of Vale residents.

A brief summary of initial planning work undertaken is described in the report.

**ASSURANCE** is provided by:

The multi-agency SOFW: In Our Community programme and project governance structure established for the development and reconfiguration of our community infrastructure.

## RECOMMENDATION

The Strategy and Delivery Committee is asked to:

- **NOTE** the progress made in relation to the development and implementation of the SOFW: In Our Community Programme.

### Shaping our Future Wellbeing Strategic Objectives

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

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
<b>Equality and Health Impact Assessment Completed:</b>		Yes							



# SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY PROGRAMME

## PROGRESS REPORT APRIL 2019



This report provides an update on the progress made in implementing the SOFW: IOC Programme. It sets out:-

- the current status of the Programme Business Case;
- planning work underway for the tranche 2 projects; and
- progress in developing the tranche 1 projects.

### Background

The SOFW: In Our Community Programme Business Case (PBC) sets out the rationale for developing and reconfiguring our community infrastructure to create a network of Locality Health and Wellbeing Centres (H&WC) and smaller cluster focused Wellbeing Hubs (WH) across Cardiff and Vale. These will deliver the community facilities to support the implementation of the SOFW Strategy and the associated Clinical Services Plan, Transformation Programme along with the Regional Partnership Board Area Plan and the UHB Estate Strategy.

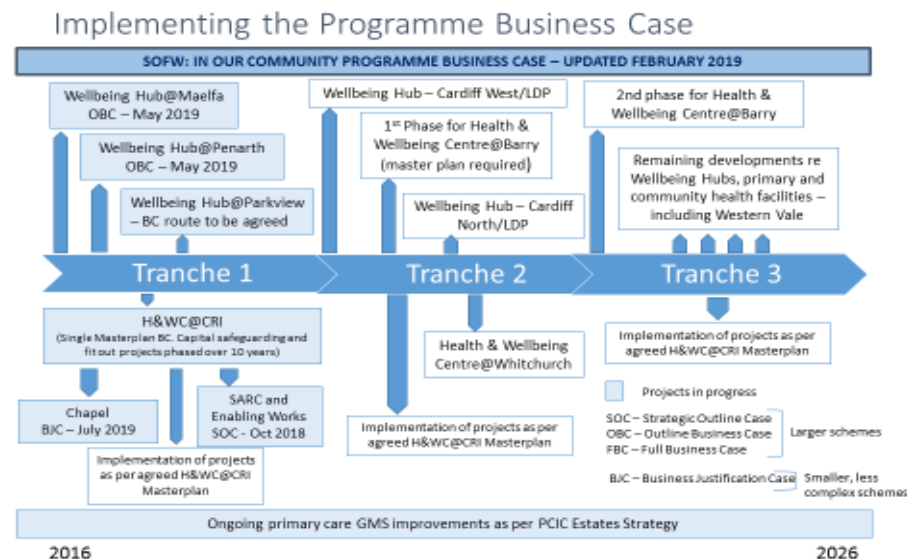
### SOFW: IOC Programme Business Case

The PBC outlines the constituent projects to be delivered in three tranches over the period to 2025 and beyond, subject to the allocation of capital funding from Welsh Government. The PBC was approved by the UHB Board in June 2018 and submitted to Welsh Government in July 2018 for endorsement.

The PBC has been scrutinised by WG and, at their request, updated to incorporate the H&WC@CRI development as a single project to be phased over a 10 year period. WG officials have indicated that they will submit the revised PBC to the Cabinet Secretary for Health and Social Services with a recommendation to endorse.



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



### Planning for Tranche 2

Tranche 2 projects provide a response to a range of key issues:-

- known LDP developments across the north and west of Cardiff, associated population growth and opportunity to develop integrated health and wellbeing facilities as part of the housing developments;
- continued focus on reducing health inequality, particularly in the Barry area which has acknowledged high levels of deprivation with associated health and wellbeing needs;
- opportunity to further develop the Locality focused H&WC model to support different ways of working and facilitate the move of services from a hospital setting into the community

## TRANCHE 2 – PLANNING WORK

## NORTH AND WEST CARDIFF LOCALITY

### CARDIFF WEST CLUSTER WELLBEING HUB @ PLAS DWR

**Anticipated Demand/Capacity** LDP planned homes approx 9k; Potential population growth approx 20.2k; GP estate capacity to accommodate approx 11.2k; GP shortfall approx 9k. Would still require additional staffing **Housing Development Timescale** Building work has slowed to 500-700 dwellings per year. Timescale for planned LDP growth likely to be over next 20 years rather than original projected 10 years. **Cluster Planning** Number of Locality Team led workshops held with Cluster GP practices and stakeholders from the UHB, Local Authority and Third Sector to identify vision for future service delivery in the Cluster, based around the opportunity offered by the proposed wellbeing hub. Also developed plan to manage population growth in short term. **WH Proposal /Timescale** Integrated WH in District Centre of Plas Dwr development (2026), to serve Cluster, including the increased population in Cardiff West Strategic LDP sites C, D and E. Trigger for agreement of WH specification – 3,783 dwellings (2025); construction of facility – 4,750 dwellings (2026). **Capital Funding** Likely to be combination of funding through S106 developer obligations and All Wales Capital Programme. **Short Term Proposal** developed by Cluster to address the physical capacity shortfall across GP practices until the WH@Plas Dwr is available. Potential being considered for utilising facilities at Tongwynlais (branch surgery) and Fairwater Road site to deliver UHB and Cluster services, creating capacity at GP surgeries.

### CARDIFF NORTH CLUSTER WELLBEING HUB FOR NORTH CARDIFF

**Anticipated Demand/Capacity** LDP planned homes - Site F (Lisvane/West of Pontprennau) 4.5k; Site G (East of Pontprennau) 1.3k homes; potential population growth approx 13.3k; Potential GP Estate capacity to accommodate 9.5k ; GP shortfall approx 4k. Subject to additional staffing **Housing Development Timescale** Work on part of Site F has now begun and anticipated 1.5k homes will be completed by 2023; Site G is underway with approx 330 homes completed and remaining 1.1k to be completed by 2023. **Cluster Planning** LDP meeting held March 2019 to discuss the impact of the LDP on primary care provision in the cluster and to formulate suggestions for meeting the increased demand. Initial consideration given to what the Cluster would want from a WH in the North of Cardiff. **WH Proposal /Timescale/Capital Funding** Wider discussion required with CBs and other stakeholders regarding a WH in terms of other services, location and potential capital funding sources. Planning permission for majority of 2.2k homes in site F to be submitted in May, therefore opportunity to influence S106 obligations **Short Term Proposal** Discussion between practices on absorbing growth in the interim period have commenced, with the expansion of Pontprennau surgery supported by grant funding.

### NORTH & WEST CARDIFF LOCALITY HEALTH & WELLBEING CENTRE

**Proposal** Initial proposal to locate H&WC on the Whitchurch Hospital Site. Further work required to determine if best location in relation to travel routes/accessibility for residents across the Locality and especially those in areas of highest deprivation. **Timescale** To be determined

## TRANCHE 1 - PROGRESS

### CARDIFF SOUTH AND WEST CLUSTER WELLBEING HUB @ PARKVIEW

**Proposal** WH adjacent to Ely/Caerau Hub. To include replacement for Park View Health Centre; Westway Surgery; wellbeing education/activities, information/advice/signposting; health services/clinics; team bases/hot desking to promote collaborative working. **Indicative Capital Cost** £16m - All Wales Capital programme. **Revenue** modelling work required to assess facility associated costs. Service transfers assumed to be cost neutral at this time. **Progress** initial concept design work undertaken based on service scope developed in partnership with stakeholders. Positive discussions with Council about proposal to construct on adjacent council land. **Business Case/Timescale** preparatory planning work undertaken as part of the business case process. However, to allow the project to be progressed further, WG endorsement of the overarching SOFW: IOC PBC required to move direct to OBC stage, which will release funding to appoint the design team and enable key milestones to be identified.



## SOUTH AND EAST CARDIFF LOCALITY

### TRANCHE 1 – PROGRESS

#### SOUTH AND EAST CARDIFF LOCALITY H&WC@CRI (masterplan, capital safeguarding works, fit out)

**Service Planning/Design Work** Draft service scope developed with stakeholders. Concept design work undertaken which indicated gap between space available and space required to deliver the service scope. Further work required to challenge space requirements and identify creative design solutions. Design development costs to be sought from WG once PBC endorsed. **Indicative Capital Cost** £97.484m - All Wales Capital Programme. **Business Case** Business Case will describe the development as a single project with phased implementation over a 10 year period. **Timescale** for production of the business case to be determined.



#### REDEVELOPMENT OF SARC, LINKS AND CAU

**Proposal** Redevelopment of Houses 54/56 to accommodate relocation of SARC; enabling works to transfer CAU from Houses 54/56; relocation of CMHT from Links. Currently investigating potential longer term solution to accommodate relocation of CMHT and CAU in CRI to avoid need for a temporary decant into modular building. **Indicative Capital Cost** £17.817m **Revenue** no anticipated change to UHB delivered services. Facility associated revenue to be determined at OBC. Costs associated with implementation of the regional SARC model to be agreed across Health Boards and Police before implementation. **Business Case/Timescale** SOC submitted to WG October 2018. WG scrutiny process in process. Once SOC approved, OBC to be developed (Spring 2020) followed by development of the FBC.

#### CHAPEL REDEVELOPMENT

**Proposal** Development of a community facility in collaboration with Cardiff Council which will incorporate a café, library, PCs and meeting room. **Indicative Capital Cost** £3.935m **Revenue** The Aroma café will be self financing. Any surplus profit to be re-invested into services provided by capital estates and facilities including cleaning, maintenance and services relating to the chapel. Discussions ongoing with Council re: their contribution to the running costs of the building. **Business Case** BJC in development, with a view to submitting to WG in July 2019

#### LLANEDEYRN AND PENTWYN WELLBEING HUB @ MAELFA

**Proposal** WH adjacent to the Llanedeyrn Hub at the Powerhouse. To include replacement for Llanedeyrn Health Centre; Llan Healthcare GPs; wellbeing education/activities, information/ advice/signposting; health services/clinics; team bases/hot desking to promote collaborative working. **Indicative Capital Cost** £11.567m out turn - Primary Care Pipeline Fund. **Revenue** modelling work required to assess facility associated costs. Service transfers assumed to be cost neutral at this time. **Progress** design in development in partnership with stakeholders. Positive discussions with Council about proposal to construct adjacent to the Llanedeyrn Hub. Pre-planning application submitted to Council to test proposals prior to submission of outline planning application. **Business Case/Timescale** OBC in development for submission to WG end of April 2019. Expectation that WH will open end of 2021.





## VALE LOCALITY

### TRANCHE 2 – PLANNING WORK

#### VALE LOCALITY HEALTH & WELLBEING CENTRE @ BARRY

**Proposal** Barry Hospital to be developed as a H&WC for residents of the Vale Locality. Will facilitate the implementation of the Clinical Services Plan and the drive to redesign service delivery models to focus on the principle of ‘home first’.

**Locality Planning** Locality Team met in March 2019 to restart the process of describing the vision for the H&WC@Barry and develop the service scope. This will provide the basis for the development of the masterplan for the site and the phasing of projects to be taken forward through tranches 2 and 3 of the SOFW:IOC Programme. A Project Steering Group has been established supported by the Locality Team. Clinical Services Plan Engagement Event arranged for 22 May 2019 to focus on developing the model for urgent unscheduled care, including the role of the H&WC@Barry within the model. **Early Initiatives Implemented** Some early initiatives have been implemented consistent with the initial vision, including the establishment of the Vale CMHT at Barry hospital, improvement of reception area and refurbishment of the Mary Lennox Room, transfer of health visitor and speech and language therapy teams and SaLT clinic from Colcot Clinic.



### TRANCHE 1 - PROGRESS

#### EASTERN VALE CLUSTER WELLBEING HUB@PENARTH

**Proposal** WH adjacent to Penarth Leisure Centre. To include relocation of Redlands Surgery and Albert Road Surgery; wellbeing education/activities, information/advice/signposting; health services/clinics; team bases/hot desking to promote collaborative working. Will facilitate withdrawal from Avon House lease and release of accommodation at Penarth Health Centre to support the Penarth Healthcare Partnership. **Indicative Capital Cost** £9m out turn. To be funded from the Primary Care Pipeline Fund. Capital associated with the inclusion of Albert Road Surgery to be identified. **Revenue** modelling work required to assess facility associated costs. Service transfers assumed to be cost neutral at this time. **Progress** design in development in partnership with stakeholders. Potential issues raised for dental and sexual health services in relation to proposed transfer of PHC space to the Penarth Healthcare Partnership - to be considered by PCIC. Positive discussions with Council about proposal to construct adjoining the Leisure Centre. Outline planning application submitted to Vale of Glamorgan Council. Engagement with the local community and Councillors undertaken during February - April 2019. Concerns raised about relocation of Redlands Surgery, accessibility of the site for those living in the centre of Penarth, increased traffic congestion and traffic pollution. **Business Case/Timescale** In discussion with WG, proposed submission of the OBC delayed to incorporate capital costs for shell accommodation for Albert Road Surgery. FBC to incorporate redesign and fit out costs. Expectation that WH will open end of 2021.



## Equality & Health Impact Assessment for:-

### Perfect Locality & Shaping Our Future Wellbeing: In the community programmes (Final)

**Please note:**

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required<sup>1</sup>
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Perfect Locality & Shaping Our Future Wellbeing: In the community programmes
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Strategic and Service Planning Corporate Strategic Planning Lead 02920 747951
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<b>The Mission:</b> Caring for People, Keeping People Well <b>Vision:</b> A person's chance of leading a healthy life is the same wherever they live and whoever they are.

<sup>1</sup>[http://www.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,73860407,253\\_73860411&\\_dad=portal&\\_schema=PORTAL](http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL)

		<p><b>Overarching strategy is:</b> Achieve joined up care based on ‘home first’, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.</p> <p>The Perfect Locality /Shaping Our Future Well-being in the Community Strategy has the following priorities</p> <ul style="list-style-type: none"> <li>- Focus on well-being</li> <li>- Develop whole system models (that matter to patients and citizens)</li> <li>- Sustain primary care, particularly general practice</li> <li>- Improve patient pathways across primary and secondary care</li> <li>- Develop Health &amp; Wellbeing Centres and Wellbeing Hub</li> <li>- Facilitate technology solutions</li> </ul> <p>All underpinned by co-production, co-design, co-ownership, health literacy, empowerment and self care</p>
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul>	<p>Information is available on the</p> <ul style="list-style-type: none"> <li>- SOFW website <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/page/86420">http://www.cardiffandvaleuhb.wales.nhs.uk/page/86420</a> outlines the approach adopted by the UHB</li> <li>- The Stakeholder and Communication Plan together with future planned engagement work is available at <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/engagement-our-future-wellbeing">http://www.cardiffandvaleuhb.wales.nhs.uk/engagement-our-future-wellbeing</a> . A list of stakeholders, including the Community Health Council, is included in the plan. Further local level engagement will occur during the development of the Wellbeing Hubs and Health &amp; Wellbeing Centres</li> <li>- Perfect Locality website <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/the-perfect-locality-specification">http://www.cardiffandvaleuhb.wales.nhs.uk/the-perfect-locality-specification</a>. The priorities and model proposed were developed through discussions by the Perfect Locality /BIG2 Working Group. Evidence in the literature informed best practice</li> </ul>



	Population pyramids are available from Public Health Wales Observatory <sup>2</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need <sup>3</sup> .	<ul style="list-style-type: none"> <li>- Needs assessment data is available at <a href="http://www.cvihsc.co.uk/about/what-we-do/population-needs-assessment">http://www.cvihsc.co.uk/about/what-we-do/population-needs-assessment</a> . The needs assessment highlighted <ul style="list-style-type: none"> <li>○ Inequalities in health and the life expectancy gap experienced across the UHB area</li> <li>○ The increase in numbers in the older age group and the increasing complexity of conditions experienced</li> <li>○ Lifestyle choices that increase risk of disease</li> <li>○ Patterns of service utilisation</li> </ul> </li> </ul> <p>Additional briefing papers on specific elements (eg Organisational Models of Primary Care, Health Literacy) are also available</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Individuals across Cardiff and Vale of Glamorgan accessing primary, community and secondary care services will be affected by the strategy. UHB staff will also be affected by the planned changes to service delivery.

## 6. EHIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<sup>2</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>3</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<b>Potential Positive impact</b> All ages <ul style="list-style-type: none"> <li>• Accessible local primary and community care services delivered from fit for purpose facilities</li> <li>• Improved access to multi-disciplinary primary care teams</li> <li>• Facilitates social prescribing approaches</li> <li>• Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well</li> <li>• IT supports patient engagement</li> </ul>	All ages <ul style="list-style-type: none"> <li>• Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> <li>• Ensure times of clinics/services flexible to facilitate access</li> <li>• Embed sustainable social prescribing approaches</li> <li>• Embed health literacy approaches</li> <li>• Develop IT support /social media programmes</li> <li>• Access appropriate communication technology</li> </ul>	Action to be taken by:- <ul style="list-style-type: none"> <li>• Capital and Estates Team and Public Health Team</li> <li>• PCIC Clinical Board</li> <li>• Strategy &amp; Service Planning Team</li> <li>• SOFW Programme Team (including PCIC and other Clinical Board members)</li> <li>• UHB IM&amp;T Team and Communication Team</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<ul style="list-style-type: none"> <li>Social isolation addressed through partnership working</li> </ul> <p><b>Potential negatives impact</b> All ages</p> <ul style="list-style-type: none"> <li>Time required to support patients understand the change to multi-disciplinary primary care teams</li> </ul>	<ul style="list-style-type: none"> <li>Develop local patient engagement programmes</li> <li>Enable further partnership working and integration across health and social care organisations</li> <li>Access appropriate communication technology</li> <li>Develop local patient engagement programmes</li> </ul>	<ul style="list-style-type: none"> <li>Patient Experience Team</li> <li>Third sector Health &amp; Social Care Facilitators</li> <li>Integrated Health and Social Care Partnership</li> <li>UHB IM&amp;T Team and Communication Team</li> <li>Patient Experience Team</li> </ul>
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p><b>Potential Positive impact</b></p> <ul style="list-style-type: none"> <li>Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities</li> <li>Improved access to multi-disciplinary primary care teams</li> </ul>	<ul style="list-style-type: none"> <li>Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> <li>Times of clinics/services flexible to facilitate access</li> </ul>	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> <li>Capital and Estates Team and Public Health Team</li> <li>PCIC Clinical Board</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<ul style="list-style-type: none"> <li>Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well</li> </ul> <p><b>Potential negatives impact</b></p> <ul style="list-style-type: none"> <li>Time required to support patients understand the change to multi-disciplinary primary care teams</li> </ul>	<ul style="list-style-type: none"> <li>Staff employed to reflect population demographics</li> <li>Ensure patient is able to communicate in language (eg Welsh) or format (eg sign language) appropriate to need</li> <li>Embed health literacy approaches</li> <li>Partnership working with specialist organisations (eg RNIB)</li> <li>Develop IT support /social media programmes</li> <li>Access appropriate communication technology</li> <li>Develop local patient engagement programmes</li> </ul>	<ul style="list-style-type: none"> <li>Workforce and Organisational Development</li> <li>SOFW Programme Team (including PCIC and other Clinical Board members)</li> <li>UHB IM&amp;T Team and Communication Team</li> <li>Patient Experience Team</li> <li>Third sector Health &amp; Social Care Facilitators</li> </ul>
<b>6.3 People of different genders:</b>	<b>Potential Positive impact</b>	<ul style="list-style-type: none"> <li>Development and implementation of a</li> </ul>	Action to be taken by:-

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<ul style="list-style-type: none"> <li>• Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities</li> </ul>	<p><i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</p>	<ul style="list-style-type: none"> <li>• Capital and Estates Team and Public Health Team</li> </ul>
<p><b>6.4 People who are married or who have a civil partner.</b></p>	<p>N/A</p>		
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p><b>Potential Positive impact</b></p> <ul style="list-style-type: none"> <li>• Accessible local primary and community care services delivered from fit for purpose facilities</li> <li>• IT supports patient engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> <li>• Develop IT support /social media programmes</li> </ul>	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> <li>• Capital and Estates Team and the Public Health Team</li> <li>• UHB IM&amp;T Team</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<b>Potential negatives impact</b> <ul style="list-style-type: none"> <li>Time required to support patients understand the change to multi-disciplinary primary care teams</li> </ul>	<ul style="list-style-type: none"> <li>Develop local patient engagement programmes</li> </ul>	<ul style="list-style-type: none"> <li>Patient Experience Team</li> <li>Third sector Health &amp; Social Care Facilitators</li> <li>Strategy &amp; Service Planning Team</li> </ul>
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	<b>Potential Positive impact</b> <ul style="list-style-type: none"> <li>Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities</li> <li>Improved access to multi-disciplinary primary care teams</li> <li>Improved staff access to appropriate communication</li> </ul>	<ul style="list-style-type: none"> <li>Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> <li>Ensure times of clinics/services flexible to facilitate access</li> <li>Employ local people to reflect demographics /population</li> <li>Embed health literacy approaches</li> </ul>	Action to be taken by:- <ul style="list-style-type: none"> <li>Capital and Estates Team and Public Health Team</li> <li>PCIC Clinical Board</li> <li>Workforce and Organisational Development</li> <li>Patient Experience Team</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>methods that facilitate engagement with non-English speaking patients</p> <ul style="list-style-type: none"> <li>IT supports patient engagement and communication</li> <li>Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well</li> </ul> <p><b>Potential negatives impact</b></p> <ul style="list-style-type: none"> <li>Time required to support patients understand the change to multi-disciplinary primary care teams</li> </ul>	<ul style="list-style-type: none"> <li>Ensure patient is able to communicate in language or format appropriate to need</li> <li>Access and use appropriate communication technology and services</li> <li>Develop IT support /social media programmes</li> <li>Develop local patient engagement programmes</li> </ul>	<ul style="list-style-type: none"> <li>SOFW Programme Team (including PCIC and other Clinical Board members)</li> <li>UHB IM&amp;T Team and Communications Team</li> <li>Third sector Health &amp; Social Care Facilitators</li> <li>Integrated Health and Social Care Partnership</li> <li>Locality Care Transformation Workstream</li> <li>Patient Experience Team</li> <li>Third sector Health &amp; Social Care Facilitators</li> <li>Strategy &amp; Service Planning Team</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	<b>Potential Positive impact</b> <ul style="list-style-type: none"> <li>• Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> </ul>	Action to be taken by:- <ul style="list-style-type: none"> <li>• Capital and Estates Team and Public Health Team</li> </ul>
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> </ul>	Action to be taken by:- <ul style="list-style-type: none"> <li>• Capital and Estates Team and Public Health Team</li> </ul>
<b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>	<b>Potential Positive impact</b> <ul style="list-style-type: none"> <li>• Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients</li> </ul>	<ul style="list-style-type: none"> <li>• Translation services to be available</li> <li>• All public documents available in Welsh</li> <li>• Develop IT support /social media programmes in Welsh</li> </ul>	Action to be taken by:- <ul style="list-style-type: none"> <li>• Strategy &amp; Service Planning Team</li> <li>• Clinical Boards</li> <li>• UHB IM&amp;T Team</li> </ul>



How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language	<ul style="list-style-type: none"> <li>IT supports patient engagement and communication</li> </ul>	<ul style="list-style-type: none"> <li>Employ Welsh speaking staff</li> <li>Develop local patient engagement programmes in Welsh</li> <li>Promote the availability of Welsh speaking staff</li> </ul>	<ul style="list-style-type: none"> <li>Workforce and Organisational Development</li> <li>Patient Experience Team</li> <li>SOFW Programme Team (including PCIC and other Clinical Board members)</li> </ul>
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	<b>Potential Positive impact</b> <ul style="list-style-type: none"> <li>Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities</li> <li>Improved access to multi-disciplinary primary care teams</li> <li>Prioritisation of services in areas of deprivation</li> </ul>	<ul style="list-style-type: none"> <li>Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> <li>Ensure times of clinics/services flexible to facilitate access</li> <li>Prioritise areas of deprivation for service</li> </ul>	Action to be taken by:- <ul style="list-style-type: none"> <li>Capital and Estates Team &amp; Public Health Team</li> <li>PCIC Clinical Board</li> <li>SOFW Programme Team (including PCIC and other Clinical Board members)</li> <li>Capital and Estates Team</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<b>Potential negatives impact</b> <ul style="list-style-type: none"> <li>Time required to support patients understand the change to multi-disciplinary primary care teams</li> </ul>	<ul style="list-style-type: none"> <li>development and provision of new /renovated buildings or facilities</li> <li>Develop IT support /social media programmes</li> <li>Develop local patient engagement programmes</li> </ul>	<ul style="list-style-type: none"> <li>SOFW Programme Team (including PCIC and other Clinical Board members)</li> <li>UHB IM&amp;T Team</li> <li>UHB Communications Team</li> <li>Patient Experience Team</li> </ul>
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	<b>Potential Positive impact</b> <ul style="list-style-type: none"> <li>Facilities available in areas of most need and services tailored to community need</li> <li>Buildings to be accessible by walking, cycling and public transport</li> <li>Facilities to be interconnected with other local services</li> </ul> <b>Potential negatives impact</b> In some areas, location of buildings is based on opportunity rather than need	<ul style="list-style-type: none"> <li>Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> <li>Prioritise areas of deprivation for service development and provision</li> </ul>	Action to be taken by:- <ul style="list-style-type: none"> <li>Capital and Estates Team and Public Health Team</li> <li>Strategy &amp; Service Planning Team</li> <li>Capital and Estates Team</li> <li>Clinical Boards</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		of new /renovated buildings or facilities	<ul style="list-style-type: none"> <li>Programme Team</li> </ul>
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)	Action to be taken by:- <ul style="list-style-type: none"> <li>Capital and Estates Team and Public Health Team</li> </ul>

**Note 1**

A *Statutory /Mandatory and Public Health Reference List* is in development for use during the development and refurbishment of the UHB Estate. This reference document will bring together the statutory and mandatory requirements that guide any development and will also include best practice for promoting population health. The list may include the following examples

- Opportunities to ensure provision promotes health - e.g. positioning of stairs, hearing loops, use of colour, height of reception desks, entry systems, width of doorways, play areas, child friendly toilets, breast feeding areas, space for carers to support family members (seats together), pictorial /multi-lingual /universal signage, universal changing facilities
- Buildings to be accessible by walking, cycling and public transport. Traffic speed restricted to 20mph
- Facilities to be interconnected with other local services
- Access to open green spaces to promote mental health
- Provision of community food growing spaces
- Provision of universal toilets
- Dementia friendly services and facilities
- Child friendly services and facilities
- Access to a quiet, private space for discussion, reflection or contemplation

- Partnership working with specialist organisations (e.g. RNIB, Action on Hearing Loss, transgender groups)
- Healthy foods provided in cafes and healthy catering standards are adopted
- Services promote prevention and wellbeing at front of house

**7. EHIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p><b>Potential Positive impact</b></p> <ul style="list-style-type: none"> <li>• Buildings to be placed in areas of most need and services tailored to community need</li> <li>• Buildings to be accessible by walking, cycling and public transport</li> <li>• Facilities to be interconnected with other local services</li> </ul> <p><b>Potential negatives impact</b></p>	<ul style="list-style-type: none"> <li>• Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> <li>• Develop formula for location of hubs and well-being centres being agreed</li> </ul>	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> <li>• Capital and Estates Team and Public Health Team</li> <li>• SOFW Programme Team (including PCIC and other Clinical Board members)</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	In some areas location of buildings is based on opportunity rather than need		
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p><b>Potential Positive impact</b></p> <ul style="list-style-type: none"> <li>• Focus on well-being and keeping well</li> </ul>	<ul style="list-style-type: none"> <li>• Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> <li>• Ensure prevention is part of service planning and that services promote prevention and wellbeing at front of house</li> <li>• Develop and embed social prescribing approaches</li> <li>• Embed 'Making Every Contact Count' training across all service areas</li> </ul>	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> <li>• Capital and Estates Team and Public Health Team</li> <li>• Strategy &amp; Service Planning Team</li> <li>• PCIC Clinical Board</li> <li>• SOFW Programme Team (including PCIC and other Clinical Board members)</li> <li>• Clinical Boards, Public Health Team and Workforce and Organisational Development</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
		<ul style="list-style-type: none"> <li>• Deliver frequent public awareness campaigns</li> <li>• Ensure healthy foods provided in cafes and that healthy catering standards are adopted</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Experience Team, Communications Team and Public Health Team</li> <li>• Facilities Team and Public Health Team</li> </ul>
<b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales	<b>Potential Positive impact</b> <ul style="list-style-type: none"> <li>• Opportunities for volunteers to deliver appropriate projects and services</li> <li>• Employment of a range of disciplines</li> </ul>	<ul style="list-style-type: none"> <li>• Employment of local people to reflect demographics /population</li> </ul>	Action to be taken by:- <ul style="list-style-type: none"> <li>• Workforce and Organisational Development</li> <li>• PCIC Clinical Board</li> </ul>
<b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment	<b>Potential Positive impact</b> <ul style="list-style-type: none"> <li>• New design of services and buildings to promote easier access</li> <li>• DDA compliance of buildings with natural light and consideration for sensory loss</li> </ul>	<ul style="list-style-type: none"> <li>• Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> </ul>	Action to be taken by:- <ul style="list-style-type: none"> <li>• Capital and Estates Team and Public Health Team</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<ul style="list-style-type: none"> <li>• Location of hubs to have green space that can be utilised positively</li> <li>• Closer proximity to home</li> </ul>		
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p><b>Potential Positive impact</b></p> <ul style="list-style-type: none"> <li>• Promote sense of belonging due to location within community</li> <li>• Opportunities for participation and volunteering and peer support</li> <li>• Addressing social isolation</li> <li>• Understanding and promotion of social networks</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of community engagement approaches</li> <li>• Implementation of patient participation groups</li> <li>• Develop and embed social prescribing approaches</li> </ul>	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> <li>• Strategy &amp; Service Planning Team</li> <li>• Patient Experience Team</li> <li>• SOFW Programme Team (including PCIC and other Clinical Board members)</li> <li>• Third sector Health &amp; Social Care Facilitators</li> </ul>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Deliver UHB and WG policies</p> <p>Contribute to meeting the Well-being Objectives</p>		



Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p>	<p><b>Positive impacts / how we will achieve the objectives</b></p> <ul style="list-style-type: none"> <li>• Focus on well-being and keeping well</li> <li>• Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities</li> <li>• Improved access to multi-disciplinary primary care teams</li> <li>• IT supports patient engagement</li> <li>• Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well</li> <li>• Facilitates social prescribing approaches</li> <li>• Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients</li> <li>• Prioritisation of services in areas of deprivation</li> <li>• Buildings to be placed in areas of most need and services tailored to community need. Formula for location of hubs and well-being centres being agreed</li> <li>• Buildings to be accessible by walking, cycling and public transport</li> <li>• Facilities to be interconnected with other local services</li> <li>• Implementation of UHB policies (eg no smoking policy)</li> <li>• Opportunity to access food growing spaces around NHS buildings</li> <li>• Signposting to community/ local services or groups</li> <li>• Opportunities for volunteers to deliver appropriate projects and services</li> <li>• Employment of a range of disciplines</li> <li>• New design of services and buildings to promote easier access</li> <li>• Location of hubs to have green space that can be utilised positively</li> <li>• Space within buildings could promote more diverse workforce, ie volunteers</li> <li>• Closer proximity to home</li> <li>• Promote sense of belonging due to location within community</li> </ul>
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	<ul style="list-style-type: none"> <li>• Opportunities for participation and volunteering and peer support</li> <li>• Understanding and promotion of social networks</li> </ul> <p><b>Negative impacts include</b></p> <ul style="list-style-type: none"> <li>• Time required to support patients understand the change to multi-disciplinary primary care teams</li> <li>• In some areas location of buildings will take account of opportunity as well as local need</li> </ul>
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## Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	<ul style="list-style-type: none"> <li>• Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)</li> <li>• Development of service specifications for Health &amp; Wellbeing Centres and Wellbeing Hubs that meet the requirements of the SOFWB /Perfect Locality Strategy:- <ul style="list-style-type: none"> <li>○ High level principles</li> <li>○ Service scope and Clinical Output Specifications (for each project)</li> </ul> </li> <li>• Development of a holistic approach to communication that includes</li> </ul>	<p>Capital and Estates Team</p> <p>Strategy &amp; Service Planning Team</p>	<p>November 2017</p> <p>May 2017</p> <p>As per project plans</p>	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
	<p>stakeholder and community engagement, health literacy approaches, use of social media</p> <ul style="list-style-type: none"> <li>Implementation of employment practices that prioritise employment of individuals with the right skills from local areas</li> <li>Development and implementation of sustainable social prescribing approaches</li> <li>Implementation of UHB policies that support access to language and communication support, smoking cessation, etc</li> <li>Delivery of 'Making Every Contact Count' and Dementia Friends training</li> <li>Delivery of frequent public awareness campaigns</li> </ul>	<p>Strategy &amp; Service Planning Team</p> <p>Workforce and Organisational Development</p> <p>PCIC Clinical Board with Primary Care Clusters</p> <p>To be agreed</p> <p>Public Health Team Communications Team</p>	<p>To be agreed</p> <p>To be agreed</p> <p>2018/19</p> <p>2018/19</p>	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>As there has been potentially very limited negative impact identified, and the consultation and engagement activity has been comprehensive, it is unnecessary to undertake a more detailed assessment.</p> <p>However, the SOFW:IOC Programme EHIA will be used as a basis to inform the development of specific project EHIAs</p>			
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <p>Decide whether the strategy, policy, plan, procedure and/or service proposal:</p> <ul style="list-style-type: none"> <li>continues unchanged as there are no significant negative impacts</li> <li>adjusts to account for the negative impacts</li> <li>continues despite potential for adverse impact or missed opportunities to advance equality (set out</li> </ul>	<p>On reviewing this service delivery strategy positive changes have been made. The EHIA has been consulted upon.</p> <p>The Strategy will continue, enhanced by the actions identified within the EHIA</p> <p>The EHIA will inform actions and further policy changes of the Strategy and inform</p>			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>the justifications for doing so)</p> <ul style="list-style-type: none"> <li>stops.</li> </ul> <p>Have your strategy, policy, plan, procedure and/or service proposal approved</p> <p>Publish your report of this impact assessment</p> <p>Monitor and review</p>	<p>EHIA's of the component parts of the Strategy</p> <p>The EHIA will be published, alongside the Strategy, on the intranet and internet once approved.</p> <p>This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>			



**GIG**  
CYMRU  
**NHS**  
WALES

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

**EQUALITY HEALTH IMPACT ASSESSMENT**  
**SCHEDULE OF BUILDING AND ENGINEERING SERVICES DESIGN AND COMPLIANCE STANDARDS INCLUDING**  
**EQUALITY IMPLICATIONS**

<b>Specific Engineering/Compliance Topic</b>	<b>Type of Standard</b>	<b>Equality Impact to be considered</b>
<b>Fire Safety</b>	<b>Statutory</b>	<ul style="list-style-type: none"><li>• Sensory Loss (signs, emergency lighting, access and egress etc)</li><li>• Age related equality issues (signs, access and egress etc)</li><li>• Gender related equality issues</li><li>• Dementia Care and Mental Health (access and egress etc)</li><li>• Welsh Language (signage etc)</li><li>• Evacuation strategies (signage, access, egress and communication strategies)</li><li>• Training</li></ul>
<b>Water Safety</b>	<b>Statutory</b>	<ul style="list-style-type: none"><li>• Sensory loss (temperature related issues, scalding, signage etc)</li><li>• Age related equality issues (signage, selection of taps, sanitary ware etc)</li><li>• Gender related equality issues</li><li>• Dementia Care and Mental Health (signage, selection of taps, sanitary ware etc)</li><li>• Welsh Language (signage etc)</li></ul>

		<ul style="list-style-type: none"> <li>• Faith/Religion related equality issues</li> <li>• Training</li> </ul>
<b>Asbestos Management</b>	<b>Statutory</b>	<ul style="list-style-type: none"> <li>• Sensory Loss (signs, precautions, access to asbestos database etc)</li> <li>• Age related equality issues (signage, access to asbestos database etc)</li> <li>• Gender related equality issues</li> <li>• Dementia Care and Mental Health (signage etc)</li> <li>• Welsh Language (signage etc)</li> <li>• Training</li> </ul>
<b>Control of Contractors</b>	<b>Statutory</b>	<ul style="list-style-type: none"> <li>• Care of equality management with contractors including the following equality issues, age, sensory loss, age, gender, faith/religion etc</li> </ul>
<b>Medical Gases</b>	<b>Statutory</b>	<ul style="list-style-type: none"> <li>• Sensory Loss (signs, emergency procedures etc)</li> <li>• Training</li> </ul>
<b>Ventilation</b>	<b>Statutory</b>	<ul style="list-style-type: none"> <li>• Sensory Loss (signs, emergency procedures etc)</li> <li>• Training</li> </ul>
<b>High and Low Voltage Electricity</b>	<b>Statutory</b>	<ul style="list-style-type: none"> <li>• Sensory Loss (signs, emergency procedures etc)</li> <li>• Training</li> </ul>
<b>Environmental Management</b>	<b>Statutory</b>	<ul style="list-style-type: none"> <li>• Sensory Loss (signs, emergency procedures etc)</li> <li>• Training</li> </ul>

<b>Energy and Water Management</b>	<b>Statutory</b>	<ul style="list-style-type: none"> <li>• Sensory Loss (signs, emergency procedures etc)</li> <li>• Training</li> </ul>
<b>Building Regulations, Design Standards and HTM's, HBN's</b>	<b>Statutory</b>	<ul style="list-style-type: none"> <li>• All as above dependent on specific standard e.g. Fire Safety, Water Safety</li> <li>• Under the Equality Act the Architects and designers will ensure that Capital schemes meet the necessary equality standards e.g. positioning of stairs, hearing loops, use of colour, height of reception desks, entry systems, width of doorways, play areas, pictorial /multi-lingual /universal signage, toilet/changing facilities, Dementia friendly services and facilities, Child friendly services and facilities</li> </ul>
<b>Capital Design Team /Project Boards</b>		<p>In addition to the above regulatory statutory standards detailed in Building Regulations, Design Standards and HTM's, HBN's, the following topics can be considered and reviewed:</p> <ul style="list-style-type: none"> <li>• Buildings to be accessible by walking, cycling and public transport. Traffic speed restricted to 20mph</li> <li>• Facilities to be interconnected with other local services</li> <li>• Access to open green spaces to promote mental health</li> <li>• Provision of community food growing spaces</li> <li>• Access to a quiet, private space for discussion, reflection or contemplation</li> <li>• Partnership working with specialist organisations (e.g. RNIB, Action on Hearing Loss, transgender groups)</li> </ul>



<b>Report Title:</b>	<b>Development of the Strategic Clinical Services Plan</b>					
<b>Meeting:</b>	<b>Strategy &amp; Delivery Committee</b>				<b>Meeting Date:</b>	<b>30.04.19</b>
<b>Status:</b>	<b>For Discussion</b>	✓	<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Strategy &amp; Planning</b>					
<b>Report Author (Title):</b>	<b>Deputy Director of Strategy &amp; Planning</b>					

## SITUATION

As we move further into the implementation of Shaping Our Future Wellbeing we need to be clear on the clinical approach that will underpin the strategy and which services are delivered where.

The executive and clinical leads have worked together to develop a high level clinical services plan to identify the core clinical service models and key milestones in terms of service redesign and infrastructure and other enablers required to implement the vision articulated in Shaping Our Future Wellbeing.

## BACKGROUND

Two executive and clinical leadership workshops were held in 2018 to agree the approach to the development of the clinical services plan, building on previous strategic clinical planning work. A further corporate workshop with broader clinical representation was held in October 2018. From these events and using the outputs from other programmes of work notably but not exclusively, Shaping Our Future Wellbeing in the Community, Cardiff & Vale of Glamorgan RPB Area Plan, UHB Estates Strategy and the UHB transformation programme, the high level draft UHB strategic clinical services plan document was produced and presented to the UHB Board in December 2018.

To further develop the high level clinical services plan to a point where more extensive engagement can be undertaken, an action plan describing the key next steps was agreed (see attached at Appendix A). The initial core priorities for this further work are to develop the outline, whole-pathway service models for those services where further clarity was required to define and scope sustainable, future configuration. These priorities are:

1. Tertiary service provision across the UHB
2. Urgent unscheduled care model (initial focus UHL)
3. Elective surgery (initial focus UHL)

These planning outputs have been prioritised as they are key to inform the design and functionality of the new hospital building for the replacement of UHW and to provide strategic clinical direction and context for the ongoing development of services and infrastructure across the UHB particularly at UHL and St David's hospitals as well as the evolving locality-based Health & Wellbeing Centres.

## **ASSESSMENT**

### **Work Undertaken to Date**

#### **1. Tertiary Services**

The planning work on developing the draft vision statement for the provision of tertiary services and the baseline assessment of current service delivery has commenced. A paper outlining the approach and key next steps has been produced and will proceed in parallel and aligned with the broader strategic, clinical service planning.

#### **2. Urgent Unscheduled Care Model (initial focus UHL)**

Clinicians have identified three options for development and wider stakeholder engagement:

- No medical intake at UHL (no front door) i.e. all take is at UHW 24/7.
- Pathway driven medical assessment and in hours admission for diagnostics or immediate intervention that cannot be undertaken in the community (planned stay of e.g. <48 hours) at UHL during set hours e.g. 08:00 – 20:00. No out of hours provision.
- Front door urgent care assessment model led by primary care clinicians and/or paramedics at UHL with access to onsite diagnostics and clinical advice.

The urgent unscheduled care pathway model is under development with the focus in Medicine and PCIC clinical boards and work is ongoing with clinical lead representatives to further develop the required detail. Clinical audit and specialist informatics analysis support is required to test the deliverability and impact of the secondary care component of the service model options on future patient flows and transfers.

A Planning Event is due to be held on 22<sup>nd</sup> May to:

- determine and gain clinical consensus on the favoured option which will influence the future configuration of UHL/UHW; and
- use the favoured option to test the potential role of the Health & Wellbeing Centres in this model and shape the thinking already underway to define how Barry Hospital transforms into the Barry Health & Wellbeing Centre.

#### **3. Elective Surgery (initial focus UHL)**

The provision of elective surgical services is already well-developed at UHL and the vision for the future described at a high level. The sustainability of existing and further development of additional elective, surgical services is being tested through the development of a surgical service model specification. This defines the service model in the context of the key clinical standards alongside the service, workforce and infrastructure dependencies to deliver a sustainable service model across the elective surgical specialties.

These models will be worked up in draft with key clinical leads – ENT is currently under development. General surgery and orthopaedics are the next priorities.

- A Planning Event will be held in June to test the agreed urgent unscheduled care model as determined at the May event, with the emerging surgical model.

Due to the operational planning and delivery pressures, it has been challenging to secure the engagement of groups of clinicians to collectively support this strategic planning work, so the corporate planning lead has adopted a more flexible approach to engaging with clinical colleagues to develop the service models. It will be critical to have a robust engagement plan to ensure that we have a vehicle for sharing progress to date and involving wider stakeholder in the process.

Once the above service model options have been sufficiently developed they will need to be tested via an ongoing engagement programme with Executives, clinicians and other stakeholders. Initial views to be discussed at Board Development session on 25<sup>th</sup> April 2019. A separate draft engagement plan has been produced (Appendix B).

The draft high level strategic plan approved in December is being updated to reflect the above and the next iteration will be shared at Strategy & Delivery Committee in June and continues to provide the context for the development of the specific service models described above.

Over time, the UHB's services will be increasingly based in the community to support this model of care, with only those services that require either a critical mass, access to critical care or theatres or specialist diagnostic or medical equipment that can only be provided in one of the two acute hospitals.

It is important to note that the complementary work in developing the primary and community services and supporting health & social care infrastructure to support the increased capacity in the community to deliver more care at home and in the community is being driven through:

- The UHB's partnership Transformation work with Local Authority, Public Health and wider stakeholders developing integrated and jointly commissioned services in the community focussing on prevention, early intervention and home delivered care through the Regional Partnership Board.
- The UHB's internal Transformation programme focussing on data-driven, evidence-based clinical pathway redesign methodology to improve outcomes and redeploy resources to deliver value based healthcare
- The UHB's Shaping Our Future Wellbeing in the Community programme and the Primary Care Estates programme to develop effective and integrated infrastructure solutions in the community to support redesigned models of care.

**ASSURANCE** is provided by involvement of Clinical Boards to develop and agree the clinical models with oversight and direction from the Strategic Clinical Reference Group.

## RECOMMENDATION

The Committee is asked to:

- NOTE – progress to date in the development of the UHB's strategic clinical services plan and the emerging clinical models for UHW and UHL.

## 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	√
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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	
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>			
Prevention	√	Long term	√
		Integration	√
		Collaboration	√
		Involvement	√
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable (at this point of development)		

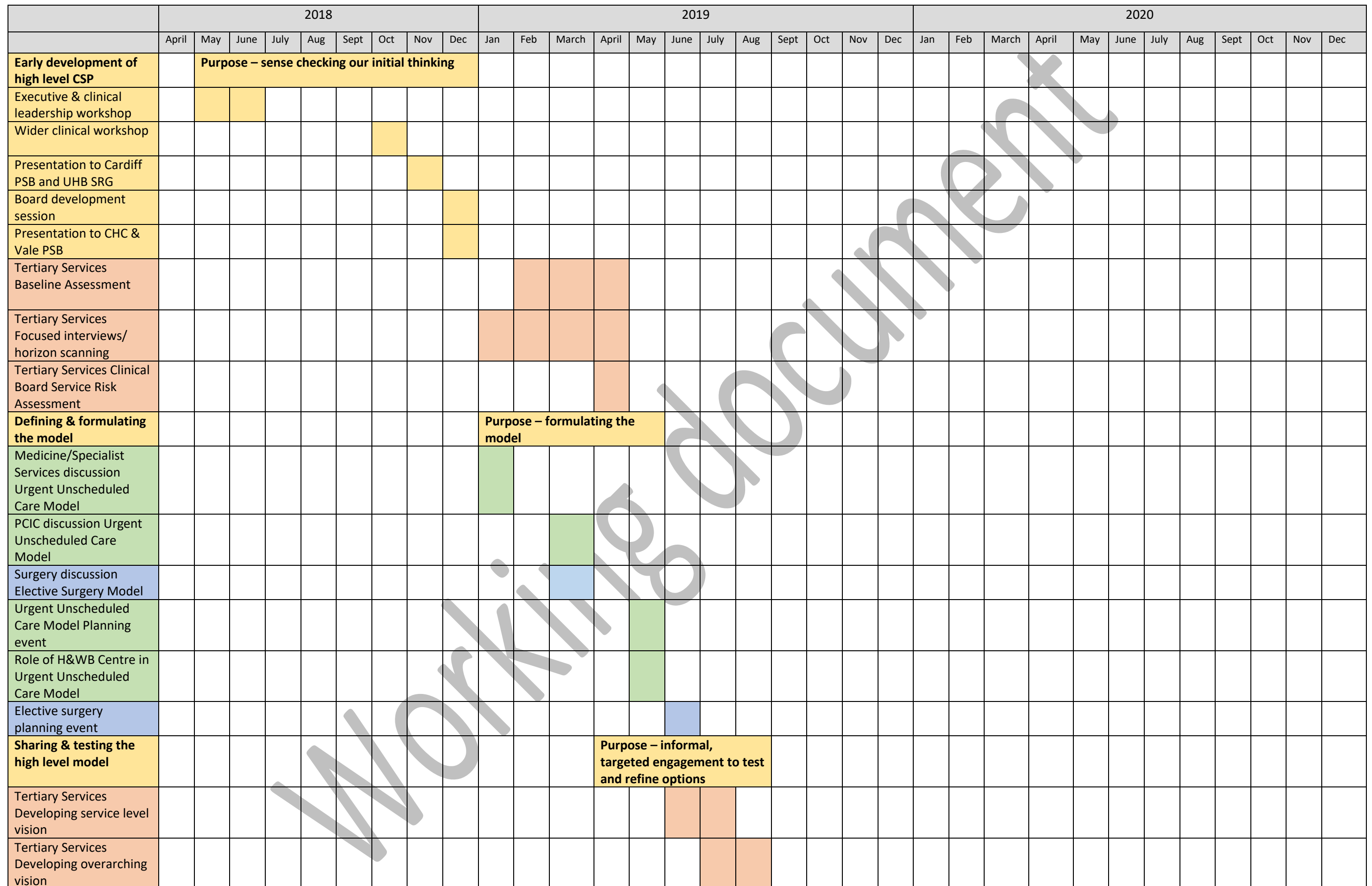
# KEY CRITICAL SERVICE MODELS REQUIRING FURTHER DEVELOPMENT – STRATEGIC CLINICAL SERVICES PLANNING – DRAFT ACTION PLAN

SERVICE AREA	FURTHER WORK REQUIRED	PROPOSED APPROACH
<b>Tertiary Services</b>		
<b>Services Included:</b> <ul style="list-style-type: none"> <li>Specialised (Planning population greater than 1 million) e.g. Neurosurgery</li> <li>Regional secondary care (Secondary care delivered at UHB due to lack of service provision in adjacent UHBs) e.g. Secondary Care Allergy Services</li> <li>Enhanced secondary care (Secondary care activity delivered at UHB due to colocation of tertiary services) e.g. Haematological Malignancy</li> </ul>	<ul style="list-style-type: none"> <li>Specify and scope each tertiary service currently provided by C&amp;V UHB by: <ul style="list-style-type: none"> <li>High level Service Description (what, why, how, who &amp; where)</li> <li>Core clinical pathway(s)</li> <li>High Level demand and capacity assessment</li> <li>Key clinical support service dependencies</li> <li>Critical clinical workforce</li> <li>Critical accommodation</li> <li>Critical governance and/or service, workforce and accommodation accreditation compliance requirements</li> <li>key service issues/constraints</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Prioritise services at Clinical Board level using risk assessment against three domains: <ul style="list-style-type: none"> <li>Quality and Patient Safety</li> <li>Service Sustainability</li> <li>Delivery and Performance</li> </ul> </li> <li>Development of service vision – underpinned by principles of service configuration framework</li> <li>Development of high level vision for UHB Tertiary Services</li> <li>Gap analysis</li> <li>Service action plans</li> <li>Development of evaluation framework</li> <li>Audit</li> </ul>
<b>Urgent Unscheduled Care Model (initial focus UHL)</b>		
<p>Including elderly care assessment and day hospital services</p> <ul style="list-style-type: none"> <li>key considerations: <ul style="list-style-type: none"> <li><i>interface with primary &amp; community care teams</i></li> <li><i>management of the deteriorating patient</i></li> <li><i>hospital @ night model</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Define high level service model (what, why, how, who &amp; where). Three options under consideration: <ul style="list-style-type: none"> <li>No medical intake at UHL (no front door) i.e. all take is at UHW 24/7.</li> <li>Pathway driven medical assessment and in hours admission for diagnostics or immediate intervention that cannot be undertaken in the community (planned stay of e.g. &lt;48 hours) at UHL during set hours e.g. 08:00 – 20:00. No out of hours provision.</li> <li>Front door urgent care assessment service potentially led by primary care clinicians and/or paramedics at UHL (with access to on site diagnostics and clinical advice).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Establish small, multi-disciplinary T&amp;F to work up proposed model to refine through wider clinical and stakeholder engagement – <i>led by Aled R &amp; Anna K with Marie Davies – planning event 22.05.19</i></li> <li>Clinical governance oversight via SCRG</li> <li>Planning governance through Clinical Board Teams, HSMB &amp; ME</li> </ul>

# KEY CRITICAL SERVICE MODELS REQUIRING FURTHER DEVELOPMENT – STRATEGIC CLINICAL SERVICES PLANNING – DRAFT ACTION PLAN

SERVICE AREA	FURTHER WORK REQUIRED	PROPOSED APPROACH
	<ul style="list-style-type: none"> <li>Describe core clinical pathways (GP refs, WAST pathways?)</li> <li>Model demand and capacity – assessments/ transfers/ admissions (if appropriate)</li> <li>Describe and quantify key clinical support dependencies</li> <li>Identify key enablers (i.e. what it will take to deliver the service model?) e.g. diagnostics, workforce (clinical leadership and skill mix) accommodation, other infrastructure</li> </ul>	
<b>Development of Elective Surgical Centre (initial focus UHL)</b>		
<b>Surgical</b> <ul style="list-style-type: none"> <li>ENT</li> <li>General Surgery</li> <li>Orthopaedics (CAVOC expansion)</li> <li>Other surgical specialties</li> </ul>	<ul style="list-style-type: none"> <li>Define high level service model</li> <li>Describe core clinical pathways</li> <li>Model demand and capacity</li> <li>Describe and quantify key clinical support dependencies</li> <li>Identify key enablers (i.e. what it will take to deliver the service model) e.g. PACU and workforce model out of hours</li> </ul>	<ul style="list-style-type: none"> <li><i>Planning event to be arranged for June 2019 to test agreed urgent unscheduled care model with emerging surgical model - led by Alun Tomkinson &amp; Mike Bond with Marie Davies</i></li> <li>Clinical governance oversight via SCRG</li> <li>Planning governance through the Capital &amp; Service Planning Governance framework, Clinical Board Teams, HSMB</li> </ul>

Strategic Clinical Services Plan Communication &amp; Engagement Gantt Chart



KEY:

Elective surgery model	Urgent USC Model	UHB Tertiary Services Plan	Overarching plan
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## Strategic Clinical Services Plan Communication &amp; Engagement Gantt Chart

	2018										2019												2020														
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec				
Tertiary Services Sharing & testing the high level model																																					
Tertiary Services Needs Assessment																																					
Tertiary Services Service / Commissioning gap analysis																																					
Tertiary Services Individual Service Action Plans																																					
Internal engagement																																					
Strategic Clinical Reference Group																																					
Board development session																																					
Strategy & Delivery Committee																																					
HSMB																																					
Health Care Professionals Forum																																					
Local Partnership Forum																																					
External engagement - Is there anyone else we should be targeting at this stage?																																					
CHC Service Planning Committee																																					
Routine meetings with AMs/MPs																																					
Local Medical Committee																																					
Tertiary Services Engagement on emerging UHB TSP																																					
Clinical Boards																																					
UHB Board																																					
Velindre NHS Trust																																					
Other HBs – providers/ commissioners																																					
WHSSC																																					
HEIW																																					
Public Health Wales																																					

KEY: Elective surgery model Urgent USC Model UHB Tertiary Services Plan Overarching plan



Strategic Clinical Services Plan Communication &amp; Engagement Gantt Chart

	2018										2019												2020																		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec								
WAST																																									
Welsh Government																																									
Formal engagement on emerging CSP (8-12 weeks)	Purpose – Seeking feedback on the options (to understand impacts and enablers) to inform the option appraisal and the criteria for the option appraisal																																								
Internal engagement - What are the other key mechanisms we should use to reach a wider internal clinical audience?																																									
UHB Board (sign off Engagement Documentation)																																									
Staff Workshops led by clinicians: one in UHL, one in UHW																																									
Health Care Professionals Forum																																									
Local Partnership Forum																																									
External engagement - Is there anyone else we should be targeting?																																									
CHC Service Planning Committee																																									
Public and Stakeholder Workshops led by clinicians: one in each Locality																																									
Stakeholder Reference Group																																									
Cardiff Public Services Board																																									
Vale Public Services Board																																									
Regional Partnership Board																																									
Routine meetings with AMs/MPs																																									
Local Medical Committee																																									
Option Appraisal	Purpose – identify preferred option																																								
Formal consultation on CSP	Purpose – seek views on preferred option Gunning Principles must be observed: <ul style="list-style-type: none"><li>- Formative stage proposals (HB has open mind; outcome not predetermined)</li><li>- Enough information to allow intelligent consideration</li><li>- Adequate time for consideration and response</li><li>- Conscientious consideration to feedback by decision-makers</li></ul>																																								

KEY:

Elective surgery model

Urgent USC Model

UHB Tertiary Services Plan

Overarching plan

Strategic Clinical Services Plan Communication & Engagement Gantt Chart

	2018										2019												2020														
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec				
Internal consultation - What are the other key mechanisms we should use to reach a wider internal clinical audience?																																					
UHB Board (sign off Consultation Documentation)																																					
Strategic Clinical Reference Group																																					
Staff events led by clinicians: one in UHL, one in UHW																																					
Health Care Professionals Forum																																					
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A Healthier Wales – Cardiff and Vale UHB Implementation				Meeting Date:	Cardiff and Vale UHB Strategy and Deliver Committee – 30 <sup>th</sup> April 2019	
For Discussion	✓	For Assurance	For Approval	For Information		
<b>SITUATION</b>						
<p>The Welsh Government published A Healthier Wales, its ten year strategy for health and social care in Wales, in 2018. The strategy was a response the recommendations of the Parliamentary Review of Health and Social Care which reported at the beginning of the same year. A Healthier Wales was produced following significant engagement across the health and social care sector.</p> <p>The following is a high-level summary of the strategy:</p> <p><b><i>“The five main ways we want to change health and social care are:</i></b></p> <ul style="list-style-type: none"><li><i>• In each part of Wales <b>the health and social care system will work together</b> so that people using them won’t notice when they are provided by different organisations. New ways of joined-up working will start locally and scale up to the whole of Wales. We will make sure local services learn from each other and share what they do, because we want everyone in Wales to have the same high quality services. We also want services to use a single digital record so that they can give the most appropriate support and treatment based on a complete picture of a person’s needs.</i></li><li><i>• We want to <b>shift services out of hospital to communities</b>, and we want more services which stop people getting ill by detecting things earlier, or preventing them altogether. This will include helping people manage their own health, and manage long term illnesses. We also want to make it easier for people to remain active and independent in their homes and communities.</i></li><li><i>• We will <b>get better at measuring what really matters</b> to people, so we can use that to work out which services and treatments work well, and which ones need to be improved. We will identify and support the best new models of health and social care so they scale up more quickly to the whole of Wales.</i></li><li><i>• We will <b>make Wales a great place to work in health and social care</b>, and we will do more to support carers and volunteers. We will invest in new <b>technology</b> which will make a real difference to keeping people well, and help our staff to work better. By making health and social care a good career choice, investing in training and skills, and supporting health and wellbeing at work, we will be able to</i></li></ul>						

*get and keep the talented people we need to work in Wales. We will look to introduce digital advances that help staff work more effectively.*

*To make our services work **as a single system, we need everyone to work together** and pull in the same direction. We think we can do this in a small country like Wales, especially if we as a government provide stronger national leadership, and make sure we keep talking – and listening – to the people who deliver and use our health and social care services.”*

This report is to provide assurance that the UHB is taking the appropriate action, with partners to ensure that it is implementing A Healthier Wales. Appendix 1 details all of the actions set out in A Healthier Wales, and where appropriate the work the Health Board is undertaking to deliver the actions.

## **BACKGROUND**

In 2015 the health board published its ten year strategy, *Shaping Our Future Wellbeing*. It set out a vision for the future and series of actions designed to achieve that vision, set out in four main areas, and underpinned by four design principles. The strategy signalled the need to support people to take more responsibility for their health and to ensure that we work with them as co-producers of the care and treatment plans so that we deliver outcomes that matter, ensure that the services we provide are sustainable going forward and make use of the resources available, and work in a collaborative way – with our staff, local authorities, universities, third and independent sectors so that we recognise the contribution of all partners and ensure that innovation and improvement are built into how we transform services.

In 2017 the Welsh Government introduced a landmark Act, the *Wellbeing of Future Generations*, which requires public services to work together to take action to improve the wellbeing of the population of Wales now, and for future generations. The health board reviewed its strategic objectives with the aims of the *Wellbeing of Future Generations Act* and confirmed that they very much reflected the spirit of the Act and were therefore adopted at the Health Board's wellbeing objectives. The Act introduced the requirement for the establishment of a Public Services Board on the local authority footprint, building on the work of the Service Boards that predated the PSBs. Each PSB is required to produce a needs assessment and Wellbeing Plan, with a set of objectives. The Wellbeing Plans were produced in early 2018.

The Welsh Government also published the *Social Services and Wellbeing Act*. This set out a range of requirements aimed at shifting the focus of social care and health to wellbeing and an outcomes base approach to planning and delivering care and support. The legislation introduced the requirement to establish Regional Partnership Boards on the health board footprint and for these to complete population needs assessments and produce Area Plans which set out how those needs would be prioritised and met over the forthcoming five years. The Area Plan was produced in 2017.

Following a two year Parliamentary Review of Health and Social Care, the Welsh Government published its own ten year strategy *A Healthier Wales*, which sets out the actions required to achieve a significant improvement in health and wellbeing, and a shift in services away from hospitals to home and local communities in order to achieve a sustainable model for the future.

## **ASSESSMENT**

The strategic objectives are consistent and congruent with the direction of *A Healthier Wales*. *A Healthier Wales* does not require us to make alterations to our strategic direction, indeed it promotes the track we set in 2015. What *A Healthier Wales* does do is challenge us to accelerate the rate at which we implement the strategy and deliver service transformation, particularly through partnership arrangements. There is also close alignment between the design principles set out in *A Healthier Wales* and those that underpin our strategy, as set out below.

<b>Healthier Wales Whole System Values</b>	<b>Cardiff and Vale Strategic Objectives</b>
<b>Co-ordinating health and social care services seamlessly</b> , wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services.	<b>For Our Population - we will:</b> <ul style="list-style-type: none"> <li>• reduce health inequalities;</li> <li>• deliver outcomes that matter to people; and</li> <li>• all take responsibility for improving our health and wellbeing.</li> </ul>
<b>Measuring the health and wellbeing outcomes which matter</b> to people, and using that information to support improvement and better collaborative decision making.	<b>Sustainability - we will:</b> <ul style="list-style-type: none"> <li>• offer services that deliver the population health our citizens are entitled to expect.</li> <li>• have an unplanned (emergency) care system that provides the right care, in the right place, first time;</li> <li>• have a planned care system where demand and capacity are in balance; and</li> <li>• reduce harm, waste and variation sustainably making best use of the resources available to us.</li> </ul>
<b>Proactively supporting people</b> throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to help reduce the health and wellbeing inequalities that exist.	<b>Culture - we will:</b> <ul style="list-style-type: none"> <li>• be a great place to work and learn;</li> <li>• work better together with partners to deliver care and support across care sectors, making best use of our people and technology; and</li> <li>• excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.</li> </ul>
<b>Driving transformative change</b> through strong leadership and clear decision making, adopting good practice and new models nationally, more open and confident engagement with external partners.	We have refreshed our transformation programme having established a learning alliance with Canterbury District Health Board (NZ). A dedicated transformation role has been created at Board Director level to ensure there is a specific focus in establishing the programmes of work and required governance to ensure that the actions we are taking result in a transformed system of care and support.
<b>Promoting the distinctive values and culture</b> of the Welsh whole system approach with pride, making the case for how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.	By being active partners in both Public Service Boards, and the Regional Partnership Board, we are promoting to values and culture of whole systems working. We were the first RPB to have a transformation bid and a second bid has been submitted to Welsh Government for consideration in April.

A Healthier Wales Design Principles	Alignment with Shaping Our Future Wellbeing
1. Prevention and early intervention – acting to enable and encourage good health and wellbeing throughout life; anticipating and predicting poor health and wellbeing.	
2. Safety – not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.	<div data-bbox="1283 296 1440 539"> <b>Empower the Person</b> </div> <div data-bbox="1440 296 2179 539"> <ul style="list-style-type: none"> <li>• Support people in choosing healthy behaviours</li> <li>• Encourage self-management of conditions</li> </ul> </div>
3. Independence – supporting people to manage their own health and wellbeing, be resilient and independent for longer, in their own homes and localities, including speeding up recovery after treatment and care, and supporting self-management of long term conditions.	
4. Voice – empowering people with the information and support they need to understand and to manage their health and wellbeing, to make decisions about care and treatment based on ‘what matters’ to them, and to contribute to improving our whole system approach to health and care; simple clear timely communication and co-ordinated engagement appropriate to age and level of understanding.	<div data-bbox="1283 555 1440 798"> <b>Home first</b> </div> <div data-bbox="1440 555 2179 798"> <ul style="list-style-type: none"> <li>• Enable people to maintain or recover their health in or as close to their own home as possible</li> </ul> </div>
5. Personalised – health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes.	
6. Seamless – services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.	<div data-bbox="1283 818 1440 1061"> <b>Outcomes that matter to People</b> </div> <div data-bbox="1440 818 2179 1061"> <ul style="list-style-type: none"> <li>• Create value by achieving the outcomes and experience that matter to people at an appropriate cost</li> </ul> </div>
7. Higher value – achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve ‘what matters’ and which is delivered by the right person at the right time; less variation and no harm.	
8. Evidence driven – using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working.	<div data-bbox="1283 1074 1440 1316"> <b>Avoid harm, waste and variation</b> </div> <div data-bbox="1440 1074 2179 1316"> <ul style="list-style-type: none"> <li>• Adopt evidence based practice, standardising as appropriate</li> <li>• Fully use the limited resources available, living within the total</li> <li>• Minimise avoidable harm</li> <li>• Achieve outcomes through minimum appropriate intervention</li> </ul> </div>
9. Scalable – ensuring that good practice scales up from local to regional and national level, and out to other teams and organisations.	
10. Transformative – ensuring that new ways of working are affordable and sustainable, that they change and replace existing approaches, rather than add an extra permanent service layer to what we do now.	

Promote equity between the people who use and provide services

**ASSURANCE** is provided by:

1. The assessment that the principles and objectives set out in A Healthier Wales are aligned with those set out in Shaping Our Future Wellbeing.
2. The review of Shaping Our Future Wellbeing which is currently underway and will be reported in more detail to the Committee in June.

### **RECOMMENDATION**

The Committee is asked to:

- Discuss the contents of this report and confirm it is assured that the Health Board is taking appropriate action to implement A Healthier Wales, which is very much aligned to Shaping Our Future Wellbeing.

#### **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	✓



<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>										
Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓			
Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							✓		✓	✓

# A Healthier Wales – Ten Year Plan for Health & Social Care Implementation

Appendix 1

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
How we will drive transformation	Promote understanding of our Prudent Healthcare philosophy, our Quadruple Aim approach, and the Design Principles through a public and workforce engagement programme.	Yes – design principles in SoFW align to AHW and philosophy of prudent health and care.	We need to refresh our approach to engagement. We are doing work on staff engagement as part of our transformation work but need to more on engagement with wider communities.	AH	From 2018
	Evaluate the impact of the Design Principles and refine them if necessary.				By 2021
	Publish a national overview of the overall performance of the health and care system against the Quadruple Aim and submit to the National Assembly for Wales.	We are developing our own outcomes framework with the RPB, but we will need to ensure that there is alignment with the national measures.	SH	By 2021	
New models of seamless health and social care	Regional Partnership Boards will be the key driver of change in health and social care at regional level.	Yes – the Area Plan and the transformation bid confirm plans to develop the locality and cluster place-based model of care.	Continue to develop the RPB. Refresh the Area Plan in light of AHW.	High	From 2018
	Clusters will continue to develop models of seamless local partnership working, working closely with Regional Partnership Boards to promote transformational ways of working, so that they are adopted across Wales.				From 2018
	Each Regional Partnership Board will identify and promote at least two models of seamless locality-based health and social care services, aligned to the Quadruple Aim and Design Principles.	The cluster model of care is developing.			By end of 2018

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
		The preventative model of care and support is set out in our Area Plan.			
	Commission the Healthcare Inspectorate Wales and the Care Inspectorate Wales to jointly examine the progress of new local models of health and social care, and the effectiveness of RPB joint working.	Welsh Government action. A task and finish group has been established with a DoP representative and meets for the first time on 3 <sup>rd</sup> April. It is likely that the focus will be on joint inspections that will really test how integrated our services are, from the staff and patient perspectives particularly.			<b>By end of 2018</b>
	The national primary care contracts will be reformed to enable the delivery of seamless local care and support.	The Director of Primary Community and Intermediate Care has been involved in the Welsh Government led GMS contract negotiations to ensure that the services provided by GP practices are in line with our requirements.			<b>By 2020</b>
<b>Transformation Programme</b>	Establish a national Transformation Programme to drive implementation of this Plan, led by the Director General, Health & Social Services, supported by a representative cross-sector Transformation Board.	Welsh Government leading Transformation Programme at national level. Locally the transformation programme has been refreshed under the Director of Transformation, and a programme for implementing the Area Plan is being refreshed to ensure the transformation of community based health and care services.		AH/SH	<b>June 2018</b>
	Establish a targeted Transformation Fund to support the implementation of this Plan, particularly new models of seamless health and social care promoted by Regional Partnership Boards.				<b>June 2018</b>
	Review existing programme boards, networks, delivery mechanisms, and initiatives supporting strategic change, to align and merge them into the Transformation Programme and Fund.	WG leading this work.  Locally we are reviewing the RPB and PSB work programmes, and the PSBs have agreed to meet jointly every other meeting to cover issues which are region wide.			<b>By March 2019</b>

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
Making System Fit for the Future	Establish a nationally co-ordinated network of hubs which bring together research, innovation and improvement activity within each RPB footprint.	Yes – SoFW confirms the importance of improvement and innovation as key enablers to transforming our health and care system.  We have agreed a joint R&D office with Cardiff University.	Proposals are being developed for the establishment of a virtual hub on the RPB footprint to bring together and accelerate our work on improvement, innovation and R&D, including social care research. More visibility need on value based approaches – although we are doing this as part of cost reduction programme in the IMTP.	SH/AH	By March 2019
	Adopt national standards for rapid evaluation of all innovation and improvement activity, using a value-based approach to measuring quality and outcomes.				From 2019
		Invest in a small number of priority areas which offer opportunities to drive higher value health and social care, through new approaches, emerging technologies, and strategic partnership opportunities.	Further clarity is need on this from Welsh Government. Despite this, the second transformation bid has been submitted following the success of the first bid.		
Digital and Data	Accelerate progress towards a fully integrated national digital architecture, the roll out of the Wales Community Care Information System, and creating an online digital platform for citizens, alongside other nationally mandated services.	Yes – the HB produced a strategic plan for accelerating digitally enabled healthcare through development of our digital	A refresh of the plan for digitally enabled care infrastructure is being undertaken by the newly appointed Director	SH	From 2018
	Invest in the future skills we need within the health and social care workforce, and in the wider economy, to accelerate digital change and maximise wider benefits for society and the Welsh economy.				From 2018

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
		infrastructure and architecture.	of IT and Information.		
	Develop an 'open platform' approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.	A key enabler. We are represented on the appropriate national groups. We will need to look at whether a separate business case is needed for the investment required if the current rate of investment via discretionary capital and the dedicated national IT investment programme does not facilitate change at the pace needed.			<b>From 2018</b>
	Significantly increase investment in digital infrastructure, technologies and workforce capacity, supported by stronger national digital leadership and delivery arrangements.				<b>From 2019</b>
	Establish a national data resource which allows large scale information to be shared securely and appropriately.				<b>By 2020</b>
<b>Sustainable health and care funding</b>	Commission analysis of future health and social care spending and the relationship between them, including new models of care and new funding arrangements.	WG action – not completed. National work is being done on the social care levy to look at options for introducing a 'tax' to raise funding for social care.			<b>By end 2018</b>
	Develop a method of tracking how resources are allocated across our whole system including through new seamless models, integrated pathways and pooled budgeting arrangements, highlighting the shift to prevention.	Need DoP involvement in National Efficiencies Board – new system predicated on shifting resource.			<b>By end 2019</b>
	Undertake a review of capital and estates investment, to identify future need and the full range of assets that can be used to drive service change.	Yes	Yes	High	<b>By end 2019</b>
<b>Continuous Engagement</b>	Establish a new national 'offer of involvement' through which people can participate in the decisions that need to be taken about the future of health and social care services.	WG lead – previous green and white papers on role of community health councils but not yet set out in legislation.			<b>By end 2018</b>
	Underpin this with a joined-up and multi-year "Future Health and Social care" engagement programme, jointly delivered by all partners (Welsh Government, NHS, Local Authorities, the Third Sector, Regional Partnership Boards and others).	As above	We need to develop our approach to engagement with local communities on how we see our services changing	AH	<b>By end 2019</b>

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
			over the next decade.		
Health and Social Care Workforce	Develop a new Workforce Strategy for Health and Social Care in Wales, which includes planning for new workforce models, strengthening prevention, well-being, generalist and Welsh language skills, developing strategic education and training partnerships, supporting career long development and diversification across the wider workforce.	Yes – aligned with ‘being a great place to work’ and having a sustainable workforce.	We need to further develop our whole system workforce planning. We have submitted a transformation bid to secure capacity to develop a RPB workforce plan.	MD/AH	By end 2019
	Align recruitment across sectors and with partners to attract talented people to train work and live in Wales.				From 2018
	Make NHS Wales an exemplar employer on wellbeing at work and a healthy workforce, with the intent to share this approach across the health and social care sector and the wider economy.	WG lead. We are doing a lot on promoting wellbeing in the workplace, linked to the latest public health annual report ‘Move more, more often’ and our work on promoting the importance of the arts in health and wellbeing.  Workforce academy for community health and social care staff included in the latest transformation bid	From 2018		
	Establish intensive learning academies focussed on the professional capability and system leadership which we will need in the future.		By end 2019		
National Leadership & Direction  National & Regional Integrated Planning	Strengthen planning capacity and capability throughout the health and social care system, including in Regional Partnership Boards and Public Service Boards.	We have strengthened planning at clinical and service board level and agreed an approvable IMTP.	The process needs further development and alignment with RPB and PSB planning. More work is needed to embed an integrated planning approach.	AH	From 2018

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
	Support Regional Partnership Boards to develop their Area Plans setting out new models of seamless care, pooled budgets and joint commissioning arrangements.	Yes – the current area plan is very much aligned to AHW.	It has been agreed that the Area Plan needs to be refreshed and the second transformation bid is seeking funding to develop planning and commissioning capacity. More work is required to ensure that joint commissioning is embedded and pooled budgets can facilitate the new models of care and support.	AH	<b>From 2018</b>
	Develop a range of 'quality statements' which set out the outcomes and standards we expect to see in high quality, patient focussed NHS services.	Yes – SOFW sets out plans for reducing harm and improving outcomes for patients and their experience.		RQ	<b>By end 2019</b>
	Simplify and streamline the existing NHS IMTP approach, and develop a National Integrated Medium Term Plan to strengthen strategic direction and prioritisation.	For 19/20 we have streamlined the IMTP and produced a much shorter plan, with supporting sub-plans sitting under it. This means the plan is sharper, shorter and much more accessible for staff, partners and stakeholders.			<b>By end 2019</b>
	Develop a national clinical plan for specialist health services setting out our strategic approach to delivering safe and high quality health services which meet the needs of people across Wales.	The remit of the national clinical plan is unclear. One of our AMDs has been appointed to the team developing the plan.			<b>By end 2019</b>

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
		Within the health board we are continuing to develop our clinical services plan, which includes our plans for tertiary and specialist services, which will inform our Tertiary and Specialist Services Planning Partnership with ABM UHB.			
<b>Integrated performance management and accountability</b>	Introduce a range of 'levers for change', a combination of incentives and sanctions, to drive performance, reward achievement and address failure to deliver.	WG lead. Work has commenced on national outcomes framework and we are linking into this to ensure that the outcomes framework that the RPB is developing is aligned.			<b>By end 2018</b>
	Develop new population health and service user feedback mechanisms, and transparent reporting on outcomes, to support strong citizen engagement.				<b>By end 2019</b>
	Implement a single national outcomes framework for health and social care aligned to the Quadruple Aim.				<b>By end 2020</b>
	Introduce joint inspection, to include partnership working, pooled budgets and joint commissioning.				<b>From 2020</b>
<b>National Executive Function</b>	Bring together appropriate collaborative planning, delivery and performance management activities as an NHS Wales Executive function, reporting directly to the Chief Executive of NHS Wales.	WG lead. Once there is clarity on the function and form of the NHS Wales Executive, we will need to establish how we work with the new body. Early proposals are being shared with CEOs for discussion.			<b>By end 2018</b>
	Confirm governance relationships between Welsh Government, the NHS Wales Executive, the Transformation Programme, and other key stakeholders.				<b>By end 2018</b>
	Review specialist advisory functions, hosted national functions (e.g. NWSSP, NWIS, WHSSC, EASC) and other national delivery programmes, with the aim of consolidating national activity and clarifying governance and accountability.				<b>By end 2019</b>



Report Title:	Shaping Our Future Wellbeing- Strategy Review						
Meeting:	Strategy and Delivery Committee					Meeting Date:	30 April 2018
Status:	For Discussion	X	For Assurance		For Approval		For Information
Lead Executive:	Abi Harris (Executive Director Strategic Planning)						
Report Author (Title):	Chris Dawson-Morris (Corporate Strategic Planning Lead)						

## SITUATION

Our 10 year strategy will reach the halfway point in the next financial year (2019/20). Much has been achieved to embed the strategy across the organisation and the strategic objectives are providing focus across the jigsaw of activities we deliver as an organisation.



There are two elements to reviewing the strategy:

1. The strategy contains a number of actions associated with the strategic objectives as well as specific service standards and there is a need to review progress against these
2. Reviewing the overall direction of the strategy, including the four core principles for change and the strategic objectives to ensure they are still appropriate

## REPORT

### BACKGROUND

Our Strategic Objectives are our Wellbeing Objectives as required under the Well-being of Future Generations Act, we are obliged to review our objectives and progress under the Act. Since the publication of the Strategy the Welsh Government has published a refreshed national strategy in response to the Parliamentary Review of Health and Social Care; A Healthier Wales. We have reviewed the strategy for alignment with A Healthier Wales but this half way point review allows us to assess any further opportunities to support the delivery of Healthier Wales. We also have renewed opportunities through our transformation programme, clinical service plan development and embedded IMTP planning processes, to reflect on the delivery of the strategy.

The process for this review has been to gather evidence against the strategic objectives; this is set out in the tables at Annex 1 below and this evidence has been used to inform the overall assessment of the strategy and objectives.

### ASSESSMENT

It is clear from the review that the strategy and strategic objectives are providing effective direction to the activities of the organisation. This message was supported by our Stakeholder Reference Group who acknowledged the Strategy was underpinning the delivery of services. We are making progress in implementing the strategy and have laid down significant building blocks in the first years of the strategy.

There is some variation in implementation and a need for greater focus on some areas as we move into the next phase of strategy deployment. There is a notable gap in the strategy as it relates to specialised services and our role as a provider to a broad population on a regional and national level. It has been suggested the role of the UHB in contributing to environmental sustainability could be made more explicit within the sustainability objective, however this is captured in ‘sustainably making the best use of resources’.

The strategic objectives are consistent and congruent with the direction of a Healthier Wales. A Healthier Wales does not require us to make alterations to our strategic direction, indeed it promotes the direction we set in 2015. A Healthier Wales does however challenge us to accelerate the rate at which we implement the strategy and deliver service transformation, particularly through partnership arrangements.

<b>Healthier Wales Whole System Values</b>	<b>Cardiff and Vale Strategic Objectives</b>
<b>Co-ordinating health and social care services seamlessly</b> , wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services.	<b>For Our Population - we will:</b> <ul style="list-style-type: none"> <li>• reduce health inequalities;</li> <li>• deliver outcomes that matter to people; and</li> <li>• all take responsibility for improving our health and wellbeing.</li> </ul>
<b>Measuring the health and wellbeing outcomes which matter</b> to people, and using that information to support improvement and better collaborative decision making.	<b>Sustainability - we will:</b> <ul style="list-style-type: none"> <li>• have an unplanned (emergency) care system that provides the right care, in the right place, first time;</li> <li>• have a planned care system where demand and capacity are in balance; and</li> <li>• reduce harm, waste and variation sustainably making best use of the resources available to us.</li> </ul>
<b>Proactively supporting people</b> throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to help reduce the health and wellbeing inequalities that exist.	<b>Culture - we will:</b> <ul style="list-style-type: none"> <li>• be a great place to work and learn;</li> <li>• work better together with partners to deliver care and support across care sectors, making best use of our people and technology; and</li> <li>• excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.</li> </ul>
<b>Driving transformative change</b> through strong leadership and clear decision making, adopting good practice and new models nationally, more open and confident engagement with external partners.	
<b>Promoting the distinctive values and culture</b> of the Welsh whole system approach with pride, making the case for how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.	

We recently undertook a self-assessment exercise against our strategic objectives with the Future Generations Commissioner’s Office and participated in a peer review exercise. This exercise has informed this review and supported the position that our strategic objectives remain effective in setting the direction for the organisation.

We have also used this year’s IMTP process to ensure alignment of our actions with our strategic objectives to help in demonstrating alignment and prioritising actions. We will continue to ensure the alignment of action with strategic objectives.

## RECOMMENDATION

There are three recommendations which fall out of this review process:

1. The direction of the strategy and its strategic objectives continue to provide a clear and effective direction for the organisation and we do not recommend amending the objectives
2. There is a need to clearly identify our strategy as a specialist services provider on a regional and national basis within the context of Shaping Our Future Wellbeing
3. The Strategy can only be delivered in partnership, whilst progress has been made through our Regional Partnership Board arrangements there is a need to ensure partnership working is the norm for all areas of activity in the next phase of strategy deployment in line with A Healthier Wales.

**The Board is asked to: Agree these recommendations**

### 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


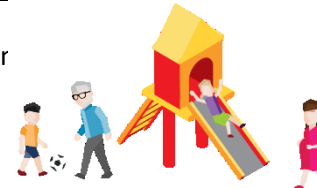


### Five Ways of Working (Sustainable Development Principles) considered

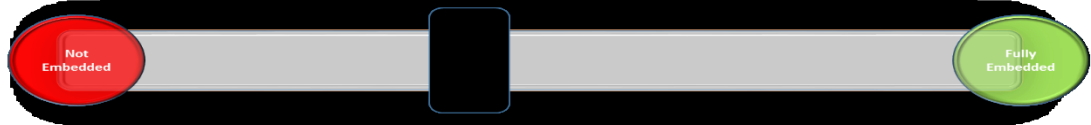


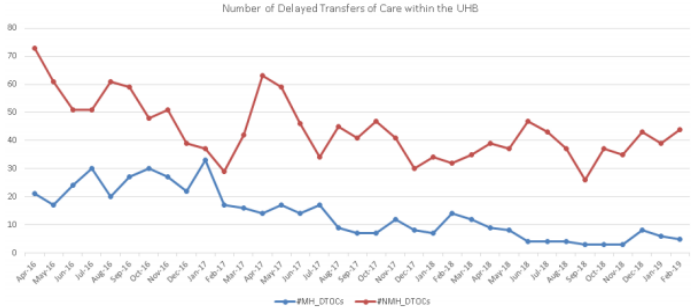
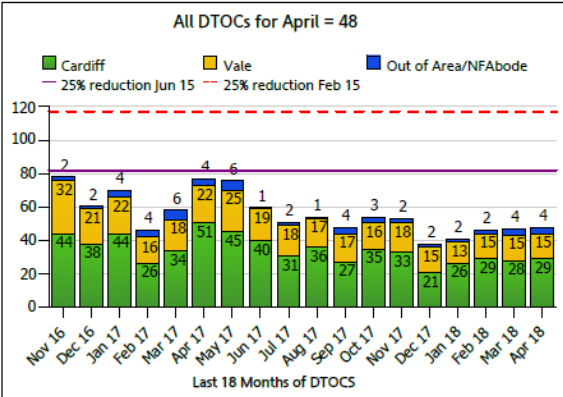
*Please tick as relevant, click [here](#) for more information*

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




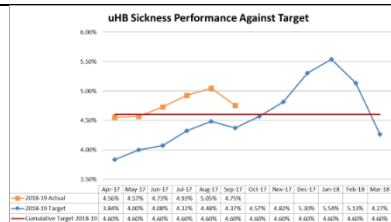
Not Applicable

<b>For Our Population - we will:</b> <ul style="list-style-type: none"><li>• reduce health inequalities;</li><li>• deliver outcomes that matter to people; and</li><li>• all take responsibility for improving our health and wellbeing.</li></ul>		<b>Progress</b> <div><div>Not Embedded</div><div>Fully Embedded</div></div>
<b>Narrative</b> <p>Delivery against this strategic objective is one we cannot achieve alone, but requires working with partners and communities across Cardiff and the Vale. Focussing on supporting resilient communities to reduce health inequality and deliver improved outcomes is core to the Regional Partnership Board (RPB) programme (<a href="http://www.cvihsc.co.uk/our-priorities/">http://www.cvihsc.co.uk/our-priorities/</a>). Public Services Board wellbeing plans and actions are strongly focused on the social determinants of health – we play a full &amp; active part in the delivery of these plans: <a href="https://www.cardiffpartnership.co.uk/well-being-plan/">https://www.cardiffpartnership.co.uk/well-being-plan/</a> and <a href="https://www.valepsb.wales/en/Our-Plan.aspx">https://www.valepsb.wales/en/Our-Plan.aspx</a> . The successful transformation bid (Me, My Home, My Community) heavily focused on building resilient communities, through for example an accelerated cluster model and social prescribing and will support us in accelerating the delivery of this objective. There is still more work to do to embed community focussed partnership working across all of our activities. Our actions to drive improvements in acute performance need to maximise the health of our population, we are beginning to see the full alignment of this objective through programmes such as HealthPathways and Prehabilitation.</p>		
	<b>Sustainable and Active Travel</b> <p>We are playing a leading role in supporting the development of active travel planning across Cardiff and the Vale, through our partnerships. This includes the development of the Cardiff Healthy Travel Charter launching in April 2019 with 14 commitments on active and low carbon travel from leading public sector organisations in the City.</p>	<b>Social Value Toolkit</b> <p>Social value is about maximising the positive outcomes and well-being of local people, influencing service provision, and adding value and focus to what matters to people in a way that exceeds exclusively monetary value. Through the Regional Partnership Board we have developed a social value toolkit, to help maximise opportunities and achieve a more consistent approach to securing social value.</p> <p><a href="http://www.cvihsc.co.uk/our-priorities/social-enterprise-2/maximising-social-value-toolkit/">http://www.cvihsc.co.uk/our-priorities/social-enterprise-2/maximising-social-value-toolkit/</a></p> 
<b>Specific Actions</b>		
Target our services to those most in need, working with key partners on wider determinants of health, to reduce health inequalities		Review of ‘what works’ to tackle health inequalities completed, which informed the development of the two public services board wellbeing plans. Our Food and Fun (SHEP) programme tackles childhood holiday hunger in our more deprived areas, and has been rolled out across Wales. Health improvement actions (see below) are prioritised in areas of higher deprivation and/or need.
Help individuals lead healthier lives, making the healthy choice the easy choice		UHB restaurant and retail standards ensure at least 75% of the food provided on our premises is healthy and we have introduced Fruit stalls outside University Hospital of Wales and University Hospital Llandough. We have also developed a successful food partnership in Cardiff (Food Cardiff), along with Peas Please commitments from local and national businesses to increase vegetable consumption. Working through our partnership arrangements we have made significant progress in supporting healthy travel, including development of the Healthy Travel Charter (see above), input to the Cardiff Clean Air Strategy, and supported the launch of Nextbike with over 10k hires per week. Our Optimising Outcomes Policy – is promoting weight loss and smoking cessation prior to surgery.
Ensure the voice of the individual is heard at all levels within the organisation and drives improvement; requiring continued working together with the people who use and deliver our services		We are using a patient’s time as a powerful currency is driving change across the organisation. We have developed three characters based on the profile of our citizens to help us in service design– Sam, Cerys, Wynn. We have also adopted Alliancing as a methodology to support service redesign, asking colleagues to leave there roles at the door and focus on meeting the needs of individuals and communities
Ensure we have effective methods of identifying those at risk of developing disease and actively manage that risk		We have developed and published a Falls Prevention Framework for Cardiff and Vale UHB: Reducing risk and harm. This focuses on early intervention and reducing risk of falls amongst our population aged 65 and over.
Spread the awareness and use of shared decision making tools and the personalising of care plans		Through our Dementia strategy 2018-28 and work on dementia friendly communities we have developed the ‘read about me’ toolkit to support shared decision making and care planning for patients with dementia.
Build outcomes that matter to people into the organisation’s every day performance measurement processes		24,000 Patient reported outcomes collected electronically & initial analysis undertaken to inform service developments
<b>Supporting Data</b>		
 <p><b>2015/16</b> 54% of adults across Cardiff and the Vale are overweight and/or obese</p> <p><b>2017/18-</b> 54%</p> <p>In 2017/18 – Cardiff had lowest rates of childhood obesity at 9.3%, statistically significantly lower than the Wales figure of 12%.</p>	<b>Healthily Life Expectancy</b> <p>2015/17 Men living in the least deprived areas of Cardiff and Vale live 10 years longer than those in the most deprived areas. For women the gap is 9 years. The difference in healthy life expectancy is 23 years for men and 22 years for women. (updated data is expected later this year)</p>	 <p><b>2015-</b> 19% Adults in our area smoked <b>2019-</b> 15% Adults in our area smoke</p>

<p><b>Our Service Priorities - we will:</b></p> <ul style="list-style-type: none"> <li>offer services that deliver the population health our citizens are entitled to expect.</li> </ul>	<p><b>Progress</b></p> 
<p><b>Narrative</b></p> <p>We are making progress in improving overall access to services across Cardiff and Vale. We are increasingly shifting the balance of services away from hospitals and through partnership working we will make further progress in changing the balance of services to meet people's needs to live well in their own communities. Through the Shaping our Future Wellbeing in our Community programme (the Estates component of 10 year strategy) we have designed with partners new facilities to deliver integrated health and social care, with the first Wellbeing Hubs to open in 2021. There is more we need to do to in recognising the service provision for our wider regional and national population articulating our role as a specialist services provider.</p>	
<p><b>Exemplars</b></p>  <p><b>Wellbeing Hub@Penarth</b></p> <p>The Wellbeing Hub will provide a focus for integrated delivery of services and place based workforce spanning organisational and service boundaries. It will Promote physical, mental and social wellbeing and an integrated experience.</p>	 <p>The Accommodation Solutions Team includes Housing Solutions Officers and Therapists, offering advice on housing issues. The team can also access short term accommodation cross Cardiff and the Vale to assist discharge and avoid hospital admission. Lynne was admitted to the University Hospital of Wales due to ongoing chemotherapy. Lynne was unable to return to her previous property due to its poor condition so had been placed on the Immediate Housing list. An Accommodation Solutions Officer visited Lynne in hospital and provided information about an available Step Down property at Lydstep Flats</p>
<p><b>Specific Actions</b></p>	
<p>Work with Local Partners in the design and future delivery of primary and community care utilising Health and Wellbeing Centres</p>	<p>Significant progress has been made through the Shaping Our Future Wellbeing in the Community Programme. New models of care delivery focussed on wellbeing and community ownership have been developed, with the first tranche of Wellbeing Hubs to open in 2021. These hubs will be fully integrated with local authority and third sector partners with joint facilities combining leisure, libraries and support series to provide strong community care models. A Programme Business Case is in place along with a supporting governance structure. <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/sofw-in-our-community">http://www.cardiffandvaleuhb.wales.nhs.uk/sofw-in-our-community</a></p> <p>We are also working with partners through the Regional Partnership Board to design and deliver new models of community care, supported through Integrated Care Funding and Transformation Funding. <a href="http://www.cvihsc.co.uk/">http://www.cvihsc.co.uk/</a></p>
<p>Ensure that staff have the correct skills to support services which focus on population health, for example motivational interview techniques</p>	<p>MECC training delivered to over 500 staff across Cardiff and Vale UHB, includes motivational interviewing techniques and skill development to be able to offer patients advice and support around behaviour change, contributing to improvements in population health.</p>
<p>Ensure patients with multiple conditions have the support of a key worker to help co-ordinate care and signpost to services across all sectors, making every contact count</p>	<p>Working in partnership with a range of public sector organisation we have introduced a range of community based roles to support individuals to access care, Wellbeing Coordinators, community navigators and Wellbeing4U coordinators are now in place (wellbeing coordinators within United Welsh Housing Association based in GP practices across Cardiff and the Vale)</p>
<p>Invest in technology that improves communication both with the patient and between care and support providers and which enables people to remain safely in their home. Work will initially focus on delivery of a Community Care Information System</p>	<p>We have a community Care Information system in place and are committed to the use of WCCIS in the longer term. We are working on a range of tools that enable us to better communicate with our patients and citizens. One stop shop access approaches as being piloted with transformation funding from Welsh Government are enabling people to better access a range of services and support social prescribing.</p>
<p>Access where and by whom services are best provided by undertake outcomes based commissioning, prioritising health and care services based on delivering the outcomes that matter to people</p>	<p>We are facing the challenge of improving the quality and timeliness of services while at the same time experiencing an increasing demand, increasing costs of new interventions, and a reduction in relative budgets. When we review our services, we ensure that we join up care wherever we can to reduce inequalities in health and deliver value-based healthcare. We manage the risk factors and conditions which will have the biggest impact on our local population now and in the future. We endeavour to ensure that the services we provide now, and those we expect to provide in the future are sustainable, and are person-centred.</p>
<p><b>Supporting Data</b></p>	
	<div data-bbox="1121 1560 1285 1717"> </div> <div data-bbox="1299 1570 1979 1707"> <p>The number of emergency hospital readmissions into Cardiff and Vale UHB's hospitals within a year for a basket of 8 chronic conditions has reduced from 190 per 100,000 population to a 4 year low of 181 per 100,000 population.</p> </div> <div data-bbox="2190 1507 2715 1879">  </div>



<div>Sustainability - we will:</div> <ul style="list-style-type: none"><li>• have an unplanned (emergency) care system that provides the right care, in the right place, first time;</li><li>• have a planned care system where demand and capacity are in balance; and</li><li>• reduce harm, waste and variation sustainably making best use of the resources available to us.</li></ul>		<div>Progress</div> <div><div>Not Embedded</div><div></div><div>Fully Embedded</div></div>	
<div>Narrative</div> <div>Improving performance across our unplanned and planned care system is an area where we have made significant progress over the first years of the strategy. We are now moving from performance improvement to transformation and putting in place mechanisms to ensure the sustainability to service in the long term. Underpinning this service transformation are the principles of reducing waste, harm and variation, focussing on people and communities to derive the best value from our services and importantly maximise the skills of our staff. We are supporting Primary care sustainability as the foundation of our planned and unplanned system, for example through the roll out of cluster-based physio and community psychiatric nursing and the introduction of more multidisciplinary approach to primary care out of hours. Our falls and frailty work – including the alliancing approach, partnership with WAST (Welsh Ambulance Trust) on community falls response, training care home teams, educating children in falls prevention is a range of action we are taking to support service sustainability. We have launched HealthPathways introduced to drive out variation and Signals from Noise using data to better understand our system, sharing data across social care, ambulance and other services to improve planned care system.</div>			
<div>Exemplars</div> <div>The mortality rate following emergency Laparotomy surgery is 7.6% a reduction of 2.5% from the previous reported year</div> <div>New inpatient identification wristbands and printers have been rolled out across the Health Board in the Autumn of 2018. This has allowed us to declare compliance with PSN 026 –Positive Patient Identification and with NPSA 24 – Standardising wristbands improves patient safety. We are now 93% complaint with all current patient safety solutions and actively working towards compliance with all necessary requirements.</div>		<div><div><div>Cardiff and Vale COMMUNITY HEALTHPATHWAYS</div><div></div></div><div>HealthPathways</div><div>Designed by clinicians for clinicians, HealthPathways will help clinicians to save time by allowing them to access a one-stop shop for the myriad services offered by the health board. This site will reduce inefficiency and variation as it will ensure that all clinicians working in the community will have at their fingertips all the information necessary to make the best and most appropriate referrals to specialists in secondary care settings across Cardiff and the Vale of Glamorgan.</div><div>The state-of-the-art site is easily accessible for all clinicians and provides them with advice and guidance and all standard and non-standard referral routes for patients in the Health Board area.It can also advise when medical testing is necessary or not and provides a routine for follow-up testing of various conditions, thereby reducing the number of unnecessary appointments.</div></div>	
<div>Specific Actions</div>			
Continue to develop an agreed single point of access to health and social care services for users and professionals across Cardiff and the Vale of Glamorgan			Through the RPB and transformation funding we are trialling a single point of access through One Contact Vale in the Eastern Vale Cluster as well as developing the Cardiff single point of access
Work with other Health Boards in the design and future delivery of acute hospital care			We have proactive arrangements in place to work in service planning at a regional and national level In particular we have established new arrangements with Swansea Bay University Health Board to support tertiary services development. We are active participants in the South East Regional Planning forums. The development of the Major trauma network and major trauma centre demonstrate our ability to work on this basis.
Separate planned and unplanned care systems to optimise efficiency, working with primary care teams to shape and manage access to our planned care resources			Balancing planned and unplanned care across the system is not a simple process due to the interconnectivity of services. We are making progress, the development of the University Hospital Llandough as a specialist planned surgical site and the development of CAVOC is helping the organisation to balance its service and improve access for patients.
Build a flexible clinical workforce working across partner organisations			Workforce planning has become embedded in our planning process and is integral to achieving all aspects of delivery. A detailed workforce plan has been published and is available <a href="#">here</a> . We have developed multiple cross sector teams, such as Community Resource Teams, Primary Care Mental Health (working with 3 <sup>rd</sup> Sector) and Wellbeing4U officers working with United Welsh.
Ensure evidence based practice is routinely applied and robust systems are in place to reliably monitor outcomes in patients across all specialities			The UHB has improved systems for the dissemination and implementation of NICE Guidance. In addition, there has been a significant improvement in relation to the governance process in relation to the results of National Audit reports with increasing numbers being reported through UHB QSE structures and greater levels of assurance being put in place where there are areas for improvement.
Put robust governance processes in place that demonstrate learning from the depth and breadth of quality, safety and patient experience sources.			The UHB continues to develop and strengthen governance processes and systems to ensure learning from the breadth and depth of patient quality, safety and experience data. There is a well embedded and robust QSE Committee and group infrastructure although there is further work to strengthen this at directorate level across the organisation. Further work is planned as part of a research bid to analyse themes and trends in incident reporting as well as intention to work with Lightfoot to explore opportunities with regards to Signals from Noise and how this can support the QSE agenda
Train all staff in improvement methodology, which will become integrated in day to day activities			Developing our overarching approach to improvement, including Alliancing, making better use of data and developing compassionate leadership
Invest in an expert specialist patient safety team who can support and work alongside teams to respond rapidly when things go wrong, supporting patients, family and staff and to ensure that actions are taking to prevent harm again in the future.			There are robust systems in place for the management of serious incidents and issues. These are widely understood and implemented as required with the support of the Patient Safety team. The team which remains one of the smallest corporate Patient Safety Teams in Wales but despite this, other organisations are encouraged to visit the team to observe areas of good practice in relation to SI management and governance.
<div>Supporting Data</div>			
<div><div></div><div>Over 800 fewer patients are waiting over 8 weeks for a diagnostic test compared to the same period last year and the Health Board is approaching the elimination of waits greater than 8 weeks.</div></div>		<div><div></div><div>86% of Patients Waiting Less than 26 Weeks on an elective referral for treatment pathway</div></div>	<div><div>Referral to Treatment Time: No. of Open Pathways &gt; 36 Weeks</div><div></div></div>

<b>Culture - we will:</b> <ul style="list-style-type: none"><li>• be a great place to work and learn;</li><li>• work better together with partners to deliver care and support across care sectors, making best use of our people and technology; and</li><li>• excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.</li></ul>				<b>Progress</b> <div><div></div><div>Not Embedded</div><div></div><div></div><div>Fully Embedded</div></div>																																												
<b>Narrative</b> <p>We are making really positive progress in developing our organisational culture. The building blocks are in place through the values and behaviours framework, engagement toolkit, establishment of our clinical innovation partnership and continuing strengthening our partnership with Cardiff University. There are many methodologies for measuring culture, however it is difficult to distil these down to a single measure or output. What is clear is in meeting heads are raised, there is active and excited discussion about the future of the organisation, there are more smiles and our outcomes and performance is significantly improving. The organisation feels a better place to be than it did in 2015. There is still work to do, embedding tools, pushing further and faster in integrating services and truly maximising opportunities from the city region deal.</p>																																																
<b>Exemplar</b> <p>Margaret is a 91 year-old, housebound lady who lives alone. She tries hard to remain independent despite various chronic conditions. She suffers constant pain and has had several fractures which have resulted in various hospital admissions.</p> <div></div> <p>Margaret was referred to the Age Connects Third Sector Broker several times by Social Services, with a request for a befriending volunteer and for support with dog sitting at a crisis point; Margaret had been admitted to hospital as an emergency and her dog had been left unattended in her flat. The Broker made a referral to Dinas Powys Voluntary Concern (DPVC). Their Befriending Service Coordinator promptly got in contact with the Warden of Margaret’s sheltered accommodation and identified a volunteer to visit Margaret once a week. Margaret and the befriender go out to cafes, local parks in her community and surrounding areas. The befriending volunteer also takes Margaret’s dog for walks and has looked after it when she has been in hospital and on discharge home. Now Margaret can remain living in her own home independently, as she wishes.</p>				<b>Exemplar</b> <p>Collaboration between clinical services, Cardiff University BRAIN Unit and Renishaw saw the the first robotic assisted neurosurgery procedure for epilepsy take place. This procedure enabled a number of improvements to be made to patient care. Neurosurgical patients will now spend less time in the operating theatre, have a reduced risk of infection and benefit from improved surgical outcomes</p> <div></div> <p>The Renishaw robot is a significant step forward for epilepsy surgery in Wales, enabling clinicians to investigate and treat even the most complex cases, to achieve seizure freedom for our patients. In collaboration with the BRAIN Unit, it will also enable the team to perform leading research for measuring brain signals and delivering therapies directly into the brain, across many neurological diseases.</p>																																												
<b>Specific Actions</b>																																																
Agree the behaviours which represent our values and embed them throughout the organisation				We have completed work to revise the values and behaviours framework for the organisation and are working on embedding these across the organisation. <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/living-our-values">http://www.cardiffandvaleuhb.wales.nhs.uk/living-our-values</a> We have also agreed a Memorandum of Understanding signed with Canterbury (New Zealand) Learning Alliance																																												
Agree plans to drive forward the UHB Equality and Diversity objectives				We are Continuing to develop an agreed one year Strategic Equality Action Plan alongside working with other Health Boards in the design and development of an inclusive Four year Strategic Equality Plan beginning April 2020 and ending March 2024.																																												
Further understand staff engagement, as measured by the engagement index, through regular staff surveys				We have a programme of work underway focussed on ensuring an engaged workforce to unleash more capability, potential and commitment to our goals and values. An Employee Engagement Framework and Toolkit was launched in 2017 and we have a range of surveys (Medical Engagement, Staff Survey and Values Survey) in place. <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/employee-engagement-toolkit">http://www.cardiffandvaleuhb.wales.nhs.uk/employee-engagement-toolkit</a>																																												
Build an environment which attracts staff to train in Wales and the UHB				Ensuring the right people, in the right roles, in the right place, at the right times is a priority of our workforce strategy. We have done much to improve the cultural environment of our organisation, through our values framework, development of learning alliance and partnership with Cardiff University and the Deanery. Our built environment remains a challenge with an aging estate, particularly across Primary Care. Established Apprenticeship Academy, with aim of over 100 apprentices from next year <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/apprenticeship-academy">http://www.cardiffandvaleuhb.wales.nhs.uk/apprenticeship-academy</a>																																												
Agree and deliver an implementation plan to integrate priority service areas across health and social care for older people in the community, extending this work to other groups where it makes sense to do so				Through the Regional Partnership Board we have a strong mechanism for developing integrated services and have put in a range of integrate care programmes.																																												
Develop a Clinical Innovation Framework building on the success of the Quality Improvement Faculty and Clinical Innovation Partnership				We have put in place a clinical innovation framework focussed on Partnership in particular a joint strategy with the College of Biomedical and Life Science, Cardiff University and the Clinical Innovation Hub. Engagement with a range of multinational and local industry partners. Clear Process with an Innovation MDT at the core. A common front door for Innovation through the Cardiff Medicentre, home of the Clinical Innovation Partnership. As well as building resource and capability through the £33m Accelerate Programme secured in 2018. <a href="http://www.cardiffmedicentre.co.uk/">http://www.cardiffmedicentre.co.uk/</a>																																												
Develop an overarching approach to maximising the opportunity presented by the creation of the Cardiff Capital Region				Through our Clinical Services Strategy we are working through the clinical role of our estate. We will be developing a masterplan for UHW working closely with Cardiff University and in the context of the City Region Deal to ensure we are maximising opportunities for digital, diagnostic, genetic and economic innovation.																																												
<b>Supporting Data</b>																																																
<table><tr><th rowspan="2">Theme</th><th colspan="3">Cardiff and Vale University Local Health Board</th><th colspan="3">NHS Wales</th></tr><tr><th>2018</th><th>2016</th><th>2013</th><th>2018</th><th>2016</th><th>2013</th></tr><tr><td>Intrinsic psychological engagement</td><td>4.02</td><td>3.90</td><td>3.77</td><td>4.02</td><td>3.91</td><td>3.80</td></tr><tr><td>Ability to contribute towards improvements at work</td><td>3.65</td><td>3.31</td><td>3.16</td><td>3.65</td><td>3.35</td><td>3.14</td></tr><tr><td>Staff advocacy and recommendation</td><td>3.81</td><td>3.71</td><td>3.37</td><td>3.79</td><td>3.68</td><td>3.37</td></tr><tr><td>OVERALL ENGAGEMENT INDEX SCORE:</td><td>3.83</td><td>3.64</td><td>3.43</td><td>3.82</td><td>3.65</td><td>3.43</td></tr></table>				Theme	Cardiff and Vale University Local Health Board			NHS Wales			2018	2016	2013	2018	2016	2013	Intrinsic psychological engagement	4.02	3.90	3.77	4.02	3.91	3.80	Ability to contribute towards improvements at work	3.65	3.31	3.16	3.65	3.35	3.14	Staff advocacy and recommendation	3.81	3.71	3.37	3.79	3.68	3.37	OVERALL ENGAGEMENT INDEX SCORE:	3.83	3.64	3.43	3.82	3.65	3.43	<div></div> <p>The recruitment to non-commercial studies in 2017-18 increased by 13% and up 30% in Q2 of 2018/9</p>		<div></div>	
Theme	Cardiff and Vale University Local Health Board				NHS Wales																																											
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## ANNEX ONE

### Shaping Our Future Wellbeing- Service Standards

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

#### Progress Report

Cancer Outcomes by 2025	Progress
People are aware of and are supported in minimising their risk of cancer through healthy lifestyle choices	The UHB has a range of workstreams aligned to improving overall population health. This is detailed in the <a href="#">Local Public Health Plan</a> . Of particular relevance to the minimising risk of cancer are workstreams focussed on Smoking Cessation, maintaining a healthy weight and increasing physical activity which have direct links to reducing cancer risk. The <a href="#">Making Every Contact Count</a> programme also equips staff with relevant training to promote healthy lifestyles through an online e-learning module. The UHB have also submitted a bid to support the implementation of Prehabilitation and Enhanced Recovery Programme to support cancer patients to improve their health and improve outcomes of their treatment.
People receive fast, effective treatment and care so they have the best possible chance of cure	Tracking and expediting patients through the USC 62 and NUSC 31 day pathway remains an important element in helping to ensure efficient and timely access for all patients. Some exceptional demand increases in the last year have compounded a number of pre-existing process and capacity constraints. An evidenced based recovery plan has now been established. The exceptional challenges of the last year mean that the starting point for improvement will be more challenging than originally anticipated. The Health Board, however, remains committed to achieving 95% compliance in 2019-20 – in keeping with its IMTP commitment. Please see Appendix 1 (Graph 1) for performance against the key measures. The implementation of the Single Cancer Pathway guidance from June 2019 proposes improvement in earlier detection and treatment for patients on both the USC and N-USC pathway.
People who care for family members or friends, as well as clinical staff, are supported to maintain their health and wellbeing, with local services which are easy to understand and navigate	A range of support and information is available including workshops and support services. These can be accessed via the UHB <a href="#">webpages</a> . Of particular note – improvements that the health board has made to the support provided to carers at GP surgeries has seen it shortlisted in the 'Integration & Continuity of Care' and 'Support for Caregivers, Friends and Family' categories.
Cancer is detected quickly where it occurs or recurs	Site-specific improvement work is ongoing to address key areas where volumes of non-compliance with the USC/N-USC targets are higher. These include Urology, Breast and GI. These improvements include working closely with radiology and pathology services to balance demand and capacity and streamlining services to ensure patients are diagnosed in a more timely way. We have seen significant improvement in endoscopy in particular with a reduced waiting time from an average of 30 days (September 2019) to 14 (January 2019). Currently there is no formal reporting process for cancer recurrence, however this is under consideration for future phases of the Single Cancer Pathway implementation.
People are placed at the heart of cancer care with their individual needs identified and met so they feel well supported and informed, and able to manage the effects of cancer on their lives	Work is ongoing to roll out the Holistic Needs Assessment of all patients diagnosed with Cancer. This assessment includes a range of ‘needs’ not just limited to healthcare/physical needs but also requirements for social and psychological support. Currently this is undertaken during consultations with patients, however the UHB is considering options for providing an electronic version to allow patients to undertake the assessment in their own time, away from the pressures of the clinical environment. Patient Experience is also a significant area of focus for the UHB. Of recent success is the <a href="#">Neuroendocrine Cancer Service</a> , which is hosted by the health board, has been shortlisted for the ‘Turning it Around’ award. Dr Mohid Khan has led a transformation of the service that deals with Neuroendocrine Tumours (NET), which are uncommon but increasingly prevalent cancers that mainly affect the gastrointestinal tract. By listening to patients, changing models of care, using Patient Reported Outcome Measures (PROMS) and training Cancer Nurse Specialists, the service has increased low patient satisfaction rates to more than 95 per cent.
The end of a person’s life is dignified and care is directed at achieving their own goals and aspirations	A UK research project on the viability of family administration of medication at home for palliative patients is currently underway in Cardiff, linking with the Marie Curie Research Centre. This will provide patient and family focused information about preferences and opportunities to improve end of life care at home, enabling timely pain relief. End of life education provided to the Urgent Primary Care Out of Hours team (OOHs) by the palliative medicine consultants and the Macmillan GP, through collaboration with Macmillan, City Hospice and Marie Curie Hospice

Maternal Outcomes by 2025	Progress
Women are aware of and are supported to make healthy lifestyle choices to ensure the health of themselves and their babies during pregnancy	The safer pregnancy campaign and key messages (have injections, avoid alcohol, don’t take drugs, monitor baby’s movements, eat healthily, exercise) is refreshed every 3 months with plans to extend in accordance with NHS England Saving Babies Lives 2. There is a full time consultant midwife for vulnerable women and public health in post leading these agendas. We also have Specialist midwives in post for substance misuse, perinatal mental health, FGM, Asylum seekers, safeguarding. Community midwives trained in motivational interviewing and brief intervention.
Women receive safe, effective treatment and care so they have the best possible chance of a healthy pregnancy, baby and start to their baby’s life	Women are booked by 10 completed weeks by a named midwife. Consultant Obstetricians have lead roles and specialist interests to ensure women receive appropriate and timely care e.g. multiple pregnancy, cardiac, fetal medicine, perinatal mental health, medical disorders, diabetes. All women are risk assessed a booking to determine whether midwife led or obstetric led care is required
Parents at the end of pregnancy feel confident to care for their baby	This is monitored via 2 minutes of your time questionnaires. Antenatal education at C&V is being re-established with more courses on offer such as pregnancy exercise, yoga, hypnobirth etc, in line with recommendations from Your Birth We Care survey of women’s voices in Wales 2018. Free and paid classes are available for women. Babies don’t bounce project rolled out within postnatal areas to ensure safe handling of newborn babies. Information leaflets given as part of discharge packs e.g. safe sleeping, breastfeeding etc along with essential contact numbers.



Women who have had prior complications in pregnancy or who have medical conditions that confer a risk to a future pregnancy will be given sufficient information and support pre-conceptually to maximise the safety of future pregnancies	Women who are known to have medical disorders or co-morbidities or may have experienced previous loss are offered pre conceptual counselling. Rainbow baby clinic for next pregnancy after loss in place with specialist support from bereavement midwife and consultant obstetrician. Preconception advice is otherwise provided via primary care
Women are placed at the heart of their pregnancy care with their individual needs identified and met so they feel well supported and informed, able to manage any side effects of pregnancy	New strategic vision for maternity services due to be launched in Wales in May 2019. Themes developed around family centred care, C&V have been working with Welsh Government to develop the new vision. There is a commitment to continuity of carer in the ante and postnatal periods with an expectation that women see no more than 2 midwives during this time. Women are encouraged to make individual birth plans and are given contact numbers for the hospital, their named and buddy midwife.
Parents whose baby dies during pregnancy or in the postnatal period are treated with dignity and compassion, and are supported to understand the events that took place and to effectively plan for the future	De briefs are offered via Rainbow Baby Clinic. Where investigations are necessary, the family are involved from the beginning to ensure any questions they may have are answered as part of the review. A monthly stillbirth review forum (multi professional) is in place to discuss all lost >24 weeks in line with MBRRACE reporting. Neonatal morbidity and mortality meetings also monthly. PMRT reporting tool used to input data to MBRRACE. Full time bereavement midwife in post.. A second bereavement room within the obstetric unit was opened in 2019 from the recommendations of women who were too unwell to use the bereavement suite and who need extra monitoring of their clinical condition. A memory making / dignity room was also opened in 2019 as an area where parents do not wish to see their baby straight away can be hosted within a cold cot. The area also supports memory making for parents for hand / foot prints etc.

<b>Mental Health Outcomes by 2025</b>	<b>Progress</b>
People are aware of and are supported in minimising their risk of mental health issues through healthy lifestyle choices	<ul style="list-style-type: none"> <li>Primary Care Liaison – this recently funded service of mental health practitioners being in primary care practices across C&amp;V with a 3<sup>rd</sup> sector resource attached is being rolled out across cardiff and vale presently. All of the 3<sup>rd</sup> sector contracts have been appointed and the practitioners are covering 5 of the 9 clusters. The service will be completed by the end of the financial year. The team are hoping to divert 65000 GP contacts per year.</li> <li>BME – the MHCB has now registered for BME accreditation in two pilot sites of the Hamadryad CMHT and the acute intake ward at Hafan Y Coed. The service is currently assessing its baseline against the standards and hopes to improve the service to BME groups in the coming months and years.</li> <li>Smoking –the MHCB now has half of its inpatient areas smoke free</li> <li>Young Onset Dementia – St Barrucs unit in Barry Hospital continues to develop its service model for younger people with dementia through upgrading the environment and co-location the team on one site to improve care planning and service coordination</li> <li>Turnbull MHSOP Day services have now moved to an integrated health and local authority day opportunities service in Grand Avenue Ely</li> </ul>
People receive fast, effective treatment and care so they have the best possible chance of cure	<ul style="list-style-type: none"> <li>The Vale community services transformation pilot continues with the collocation of the vale cmhts at Barry hospital as part if its development towards a health and well being enhanced primary care hub. The team continues to work towards reducing repeat assessments, waiting list reductions and role development of practitioners.</li> <li>A partnership initiative with the police commenced in January 2019 with 2 mental health practitioners working in an expanded police public service call centre in Bridgend. The evaluation of this work in reducing improving the police service’s response to mental illness and mental distress is eagerly anticipated.</li> </ul>
People who care for family members or friends, as well as clinical staff, are supported to maintain their health and wellbeing, with local services which are easy to understand and navigate	<ul style="list-style-type: none"> <li>With the support of the service user engagement group (SUEG) the mental health partners are finalizing a protocol to remunerate SUs for their contribution to the development of local MH services. This is part of a longer term cultural transformation that will see SUs and carers more integrated into the day to day running of mental health partnership services.</li> <li>The MHCB in 2019 will start providing mental health support akin to low level psychological support for staff members off work due to anxiety and stress.</li> </ul>
Mental health issues are detected quickly where they occur or recur	<ul style="list-style-type: none"> <li>The first episode psychosis service(FEP) has been further invested in – in terms of health the local authority and 3<sup>rd</sup> sector partners. The team now has the capacity to meet the needs of younger people in the cardiff and vale area working across transitional pathways between camhs and adult services.</li> </ul>
People are placed at the heart of mental health care with their individual needs identified and met so they feel well supported and informed, and able to manage the effects of mental health issues on their lives	<ul style="list-style-type: none"> <li>The MHCB has been successful in securing funding to establish a Recovery college in Mental Health with its partners. The college will be established and run by people employed with a lived experience of mental ill health and provide a vitally needed educational component to service users care and treatment. The service will take approximately 12 months to establish</li> <li>Further investment in psychological therapies provision has been supported this year in MH with expansions seen to the psychological therapies hub, which provides evidence based interventions to people in primary and secondary care services and has targeted priority waiting lists such as veterans and PTSD</li> </ul>
The end of a person’s life is dignified and care is directed at achieving their own goals and aspirations	<ul style="list-style-type: none"> <li>There is a program of work in MHSOP in patient services in reducing the harmfully extended length of hospital admissions. A project lead is improving care and treatment pathways across all in patient areas there.</li> <li>The MHCB is pleased to feedback that their care home liaison service in MHSOP now provided medical and nursing cover to all the nursing and care homes in cardiff and vale areas. This has seen reductions in unnecessary admissions to EU and MHSOP inpatients as well as increasing the capacity of nursing and care home to managed a greater degree of dementia</li> </ul>

<b>Long Term Condition Outcomes by 2025</b>	<b>Progress</b>
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People are aware of and are supported in minimising their risk of long term conditions through healthy lifestyle choices	<ul style="list-style-type: none"> <li>• Making Every Contact Count (MECC) training has been developed in Cardiff and Vale since 2013. The MECC approach focusses on using the conversations our staff have with not only their patients/service users, but also their family and friends, as an opportunity to have appropriate supportive conversations about lifestyle. Specifically, the topics covered smoking, physical activity, eating well, drinking alcohol within limits, immunisation and mental wellbeing, all of which are relevant to the prevention and management of chronic conditions. A range of training is available depending on learner needs, as well as resources to support 'healthy conversations' within a service setting. Training has been offered across partner organisations and nearly 2000 people have been trained since 2014/15. We also contribute to the development of the national MECC programme and therefore embedding this preventative approach across Wales.</li> <li>• Public health communications are embedded into the UHBs communications plan, supported by a dedicated Public Health Communications Officer. This ensures that messages and stories around our key prevention topics are shared regularly throughout the year through all channels, targeting both patients and staff, as well as the wider population of Cardiff and the Vale of Glamorgan.</li> <li>• All patients on booking/admittance to hospital (including Outpatients, In-patients and A&amp;E) are asked if they smoke, and if consent, are referred to smoking cessation services. Cardiff and Vale University Health Board have agreed an Optimising Outcomes Policy (OOPs) which states that anyone referred for a second opinion, that smokes, is expected to have been offered, accepted and completed a smoking cessation programme prior to surgery. A targeted Smoking and Pregnancy programme exists which encourages all pregnant women who smoke to accept a referral to the Help Me Quit (HMQ) Call Centre to be offered appropriate smoking cessation. Over 48% of pregnant women accepted a referral (2017-2018). All existing community based smoking cessation groups are targeted in areas of high deprivation where smoking prevalence is highest - with all 25 of the Community Pharmacies offering a Level 3 Enhanced Service for Smoking Cessation located in these areas. Additionally, over 60% of all referrals to the HMQ Call Centre are via referrals from GP Practices. A national HMQ campaign has promoted smoking cessation services across Wales and highlighted access via the freephone telephone number, App and website.</li> <li>• Work to reduce alcohol harm and reduce the levels of consumption for the population of Cardiff and the Vale. Actions include: Alcohol Brief Intervention training for health professionals; and work to ensure licensees operate as responsibly as possible to minimise the harm caused by alcohol (the health board is a Responsible Authority)</li> <li>• Pre diabetes is well known to be associated with a high risk of progressing to diabetes but is also reversible with the right lifestyle changes. Every year 5-10% of people with pre-diabetes progress to type 2 diabetes. Some GP practices are working to identify patients at risk of developing T2 diabetes and to offer a brief intervention with the aim of reducing their risk/HbA1c level. The community dietetics service offers pre-diabetes sessions for people with HbA1C 42 to 47; patients are signposted to additional advice if required. Referrals are sent to dietetics in the usual way – either by e referral or paper referral or letter. Making sure patient agreed to referral first. Dietetics make contact with the patient and book them into the 2 hour education session</li> </ul>
People receive fast, effective treatment and care to minimise the impact that a long term condition may have on their general health and wellbeing	<p>There are process in place to provide services closer to home across a range of conditions. For example the Community diabetes model is running within each GP practice mentored by a Consultant in diabetes. E-advice and WPRS referrals in place. The overall aim of the community model is to ensure patients receive specialist care closer to home in a timely manner. As part of this work, two pilot projects have been implemented in two clusters in Cardiff to scope out the potential of a community diabetes specialist nurse role. In addition, an Invest to save project has employed community diabetes nurses to enable insulin switching which has resulted positive outcomes for patients as well as cost savings (c£350k). The community DSNs are able to provide education to patients, both in person and over the phone between appointments, to help them manage their diabetes better, which has resulted in lower mean blood glucose levels and fewer complications. Sustainable funding for the DSN role to continue across Cardiff and Vale has now been secured.</p> <p>DAFNE (structured education for Type 1 diabetes patients) courses are being delivered. For T2 diabetes, Xpert structured education and DAS courses are offered as an alternative one-off education session. Xpert insulin has now been introduced for people with T2 on insulin with excellent patient outcomes. Also DAS for people from BME communities that is culturally appropriate. Referral criteria for T2 has changed to support self management &amp; self referral.</p>
People who care for family members or friends, as well as clinical staff, are supported to maintain their health and wellbeing, with local services which are easy to understand and navigate	<p>We are making progress in how we support carers to enable them to maintain their own wellbeing. Progress is set out in our annual report <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/ANNUAL%20PROGRESS%20REPORT%202018%20FINAL%20FOR%20SUBMISSION.pdf">http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/ANNUAL%20PROGRESS%20REPORT%202018%20FINAL%20FOR%20SUBMISSION.pdf</a></p> <p>We have developed a detailed and comprehensive programme to support staff health and wellbeing, as evidenced in the Gold and Platinum Corporate Health Standard submissions.</p> <p>All smokers can access smoking cessation support in locations convenient to where they live and work. Over 20 Stop Smoking Wales groups run in the Cardiff and Vale UHB area in community settings such as GP Practices and Health Centres and 25 community pharmacies offer a Level 3 Enhanced Smoking Cessation Service. Hospital based services run from University Hospital Wales (UHW) and University Hospital Llandough (UHL). If a family member attends a smoking cessation programme, they are able to recommend this to friends and family members.</p>
Long term conditions are detected quickly where they occur or recur	If a health problem is disclosed during initial consultation with a member of HMQ or any concerns identified, clients are advised to seek further clinical advice.
People are placed at the heart of care for long term conditions with their individual needs identified and met so they feel well supported and informed, and able to manage the effects of long term conditions on their lives.	Working in ensuring holistic needs assessment is in place for those with long term conditions is in place, as highlighted in the cancer standards section above. The focus of the organisation is increasingly on using a patients time and need as the currency for defining service pathways.
The end of a person's life is dignified and care is directed at achieving their own goals and aspirations	<p>Our End of Life Care Plan identifies a broad range of actions we have delivered to support people to live well at the end of life.</p> <p><a href="http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/End%20of%20Life%20Delivery%20Plan%20%20Jan%202016.pdf">http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/End%20of%20Life%20Delivery%20Plan%20%20Jan%202016.pdf</a></p>

<b>Dementia Outcomes by 2025</b>	<b>Progress</b>
People are aware of and are supported in minimising their risk of dementia through healthy lifestyle choices	Making Every Contact Count (MECC) training includes the link with reducing the risk of dementia. Over 1,800 people have been trained in MECC since 2014/15.
Dementia is detected quickly where it does occur or recur, with people receiving timely, effective treatment and care so they have the best possible chance of maintaining cognitive ability	Waiting time for a new appointment is 77 days, and for a diagnosis in around 12 weeks. Utilising Welsh Government funding, a new dementia ‘team around the individual’ is currently being developed so that people with dementia and their carers have timely access to support via a link worker and a multi-professional team, for their needs. This is linked to the Cardiff and Vale Memory Team. Cognitive rehabilitation resources will be embedded within the dementia ‘team around the individual’.
People who care for family members or friends, as well as clinical staff, are supported to maintain their health and wellbeing, with local services which are easy to understand and navigate	The carers of people with dementia will be supported by the link workers as a part of the dementia ‘team around the individual’. They will signpost carers on to support groups as required and 1:1 support is also available through psychology and counselling services.
Dementia care and support is available across the organisation, with all staff trained to be confident and capable in identifying and responding appropriately to dementia related needs	Dementia care and support training is being provided across Cardiff and Vale UHB at the ‘informed’ level of the Good Work framework. A Welsh Government-funded project is now rolling out a dementia care training team for health, social care and carers. The project is starting with a training needs analysis to determine what training will be required at the ‘skilled’ level and beyond. It also includes a component of Dementia Care Mapping, which will assist in designing training appropriate for staff and patient needs.
People are placed at the heart of dementia care with their individual needs identified and met so they feel well supported and informed, and able to manage the effects of their own, or a loved one’s dementia	The ‘Read about Me’ person-centred toolkit for people with cognitive impairment/dementia was launched in October 2017 at the Nursing and Midwifery Conference, and has been rolled out in A&E and the inpatient setting, day centres and will be rolled out in primary care shortly. It has received very positive feedback.
The end of a person’s life is dignified and care is directed at achieving their own goals and aspirations	The dementia ‘team around the individual’ is linking up with the end of life team to ensure that the whole pathway from diagnosis to end of life is covered in the new arrangements. This will ensure that end of life care is dignified.

<b>Dental and Eye Health Outcomes by 2025</b>	<b>Progress</b>
People are aware of and are supported in minimising their risk of dental and eye conditions through healthy lifestyle choices	<p>The Designed to Smile Programme Oral Health programme is providing effective promotion of effective oral health to children. The programme is focussed in the highest need areas to support reduction in health inequality. We also have in place our Oral Health Improvement for People in residential care.</p> <p>Local Oral Health Plan in Place: <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/LOHP%202013-18%20%28FINAL%29.pdf">http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/LOHP%202013-18%20%28FINAL%29.pdf</a></p>
People receive fast, effective treatment and care so they have the best possible chance of maintaining their vision and oral health	<p>Joint working between PCIC and surgery clinical boards to develop Locality-based Optometry Diagnostic Treatment Centres to focus on glaucoma services, AMD (including injections), and eye casualty service.</p> <p>We have piloted single access minor oral surgery clinic which will be rolled out further in 2019/20. Implementation of the general dental referral system within the dental hospital is enabling teams to offer e-advice rather than accept for treatment where appropriate</p>
People who care for family members or friends, as well as clinical staff, are supported to maintain their health and wellbeing, with local services which are easy to understand and navigate	<p>We are making progress in how we support carers to enable them to maintain their own wellbeing. Progress is set out in our annual report <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/ANNUAL%20PROGRESS%20REPORT%202018%20FINAL%20FOR%20SUBMISSION.pdf">http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/ANNUAL%20PROGRESS%20REPORT%202018%20FINAL%20FOR%20SUBMISSION.pdf</a></p>
Dental and eye conditions are detected quickly where they occur or recur	Joint working between PCIC and surgery clinical boards to develop Locality-based Optometry Diagnostic Treatment Centres to focus on glaucoma services, AMD (including injections), and eye casualty service.
People are placed at the heart of dental and eye care with their individual needs identified and met so they feel well supported and informed, and able to manage the effects of dental and eye conditions on their lives	Effective referrals processes are in place to ensure access to the Low Vision Service Wales (LVSW) and third sector partners from the hospital eye services where the individual would benefit from an assessment by a rehabilitation officer and where appropriate a rehabilitation programme. Through Primary Care Clusters we are reviewing best use of the skills of optometrists to deliver sustainable eye care services.

	Our Dental Clinical Board have delivered programmes to support those with Sensory Loss work which has achieved Louder than words accreditation. We also achieved Action against words accreditation, we were the first NHS Organisation in Wales to receive this award in recognition for all the work that has been undertaken within the Dental Clinical Board.
The end of a person's life is dignified and care is directed at achieving their own goals and aspirations	Our End of Life Care Delivery Plan promotes the benefit of regular multidisciplinary team meetings to discuss patients on the Palliative Care register, this will include oral and eye health as part of effective care planning.

x	<b>DEVELOPING A PERFORMANCE FRAMEWORK</b>					
<b>Meeting:</b>	Strategy and Delivery Committee				<b>Meeting Date:</b>	April 2019
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	x <b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Transformation/Dep CEO</b>					
<b>Report Author (Title):</b>	<b>Dr Sharon Hopkins</b>					

## SITUATION

An performance framework approach presented to the committee at its last meeting (5<sup>th</sup> March 2019) was agreed and a further development of this is presented here for discussion and approval. The detail is given in the attached appendix.

## BACKGROUND

The Committee is seeking a framework to enable it to gain assurance on our performance against achievement of our strategy and our delivery of services meeting agreed targets.

There are a plethora of Welsh Government mandated delivery targets alongside a range of Wales outcome frameworks, including the Quality, Social Services and Public Health. Combined these which comprise well over one hundred indicators leading to a situation which is simply not manageable outwith a local agreed framework, encompassing the measures that matter to us. The UHB has a well developed strategy, *Shaping our Future Wellbeing*, and it is this that will form the framework against which the Board and its supporting committees seek assurance on achievements and delivery.

The UHB has agreed to monitor progress and achievement of its strategic objectives which are discussed within SOFW. These have been translated into meaningful measures which we continue to develop, not least as many of these are medium and long term outcomes which need to be supported by process measures .

Linked to our learning alliance with Canterbury District Health Board New Zealand we are working on a whole systems outcomes dashboard. This is likely to take at least a further six months to develop.

The Wales Performance and Delivery targets (63) are presented to the Board bimonthly and are shown mapped against our strategic objectives and our aims. They have now also been mapped against the each of the Board committee's terms of reference and 37 targets have been 'assigned' to the S&D committee. Within this group of 37 a further supporting 5 measures are included ,a total of 42 indicators. The appendix to this paper details how each of these are monitored and used within the organisation including frequency and the governance arrangements, this is a live document which continues to be refined. You will see that there is

still detail to be added as we work with the leads and the boards to understand how each indicator is being actively used.

The committee is aware that the UHB is not compliant with the majority of targets but has set improvement trajectories and it is these that are used in practice to monitor and assess our performance.

## ASSESSMENT

All measures are summarized bimonthly in the report to the Board with a small number of agreed targets being discussed in detail.

Firstly, of the 42 measures mapped to the S&D committee 32 are used routinely to directly assess performance and improvement. It is suggested that these are **not** routinely scrutinized by the committee but would only feature when performance falls away from the planned trajectory and mitigations are failing to retrieve performance. This would be advised by the relevant lead Executive.

Secondly, there is one measure that is not useful to assessment of our performance at this stage. This is “*uptake of ERAS across the whole Health Board – no 42*”. ERAS is the subject of a development proposal, and meaningful measures will be included in this work.

Thirdly, there are 8 measures which are not routinely used within the organisation but are potentially helpfully in supporting the direction of travel. Further work is happening with the relevant leads and Boards to establish how these could be used to inform our progress. It is suggested that the committee might consider these in more detail once the current work is completed.

No	Indicator
8	Rate of conceptions among females under 18
17	Reduce infant mortality for population
18	% live births with a birth weight of less than 2500g
19	Rate of hospital admissions with any mention of intentional self harm for children and young people per 1000 popn (New measure)
20	Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 100k popn
21	Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions
24	Primary care contractor professionals assurance status
25	% GP Practices open during daily core hours or within 1 hour of daily core hours

A new measure ‘overall measure for organisational climate / engagement’ has recently been introduced.

**ASSURANCE** is provided by:

Work will continue to develop the framework and a programme of planned areas for the Committee to scrutinize alongside any exception areas that arise

## RECOMMENDATION

The committee is asked to :

- Agree to only scrutinise routinely reported measure by exception as advised by the lead executive
- Consider scrutinizing those indicators which are currently not used to actively inform practice , following completion of work outlined above.
- Scrutinise areas not subject to routine indicator measures, by exception as advised by lead executive
- Be appraised of areas achieving or exceeding agreed trajectories and/or targets

### 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	<input checked="" type="checkbox"/>	6. Have a planned care system where demand and capacity are in balance	<input checked="" type="checkbox"/>
2. Deliver outcomes that matter to people	<input checked="" type="checkbox"/>	7. Be a great place to work and learn	<input checked="" type="checkbox"/>
3. All take responsibility for improving our health and wellbeing	<input checked="" type="checkbox"/>	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	<input checked="" type="checkbox"/>
4. Offer services that deliver the population health our citizens are entitled to expect	<input checked="" type="checkbox"/>	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	<input checked="" type="checkbox"/>
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	<input checked="" type="checkbox"/>	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	x	Collaboration	x	Involvement	x
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							

Kind and caring  
Caredig a gofalgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG**  
CYMRU  
**NHS**  
WALES

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

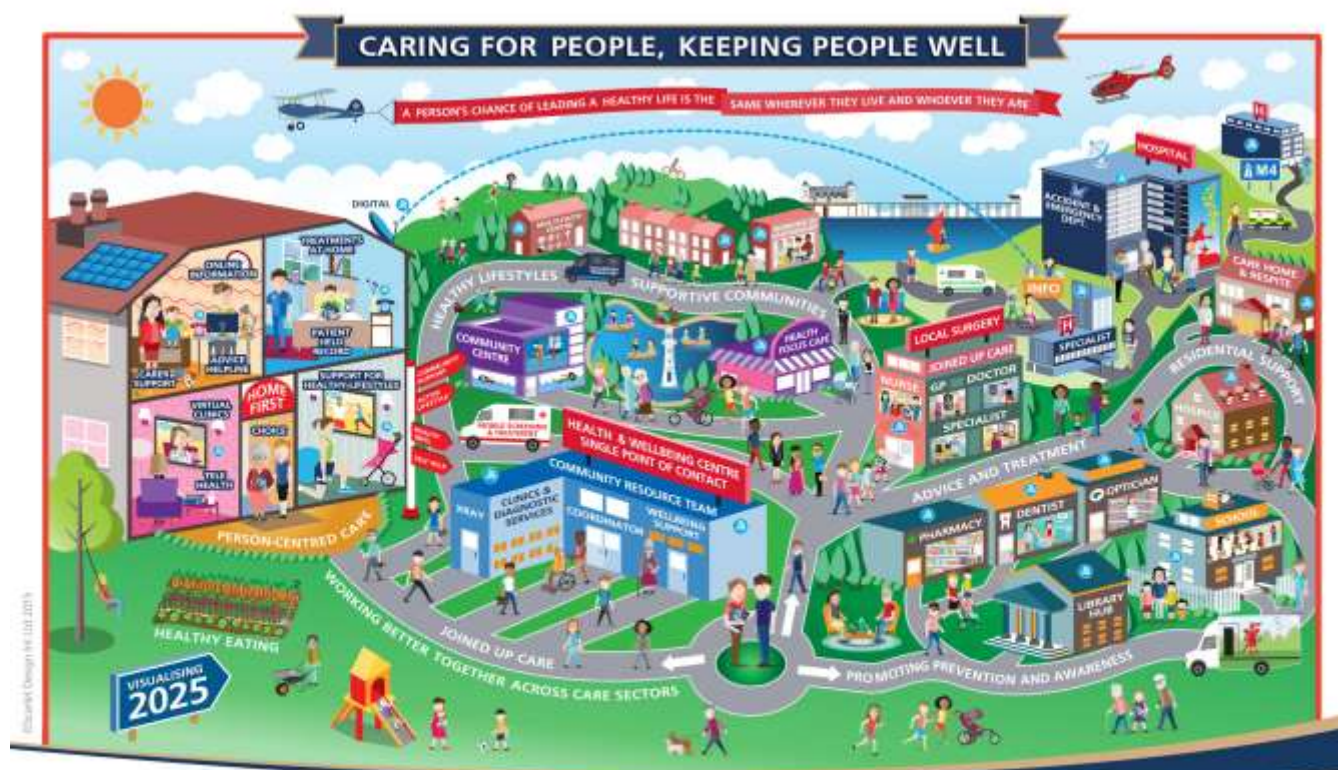


# *Performance Monitoring*

Strategy and delivery committee



# Shaping Our Future Wellbeing



Cardiff and Vale University Health Board  
**Shaping Our Future Wellbeing Strategy**  
2015 - 2025



GIG  
CYMRU  
NHS  
WALES

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



## Best Practice

1. alignment to a strategic objective
2. planned improvement trajectories
3. supporting action plans
4. RAG rated monitoring process.
5. deviation from expected range scrutinised within governance arrangements
6. mitigations put into play to recover
7. actively used within teams/structures to inform decisions

Many indicators will have supporting process indicators used at the operational day to day level where that is appropriate

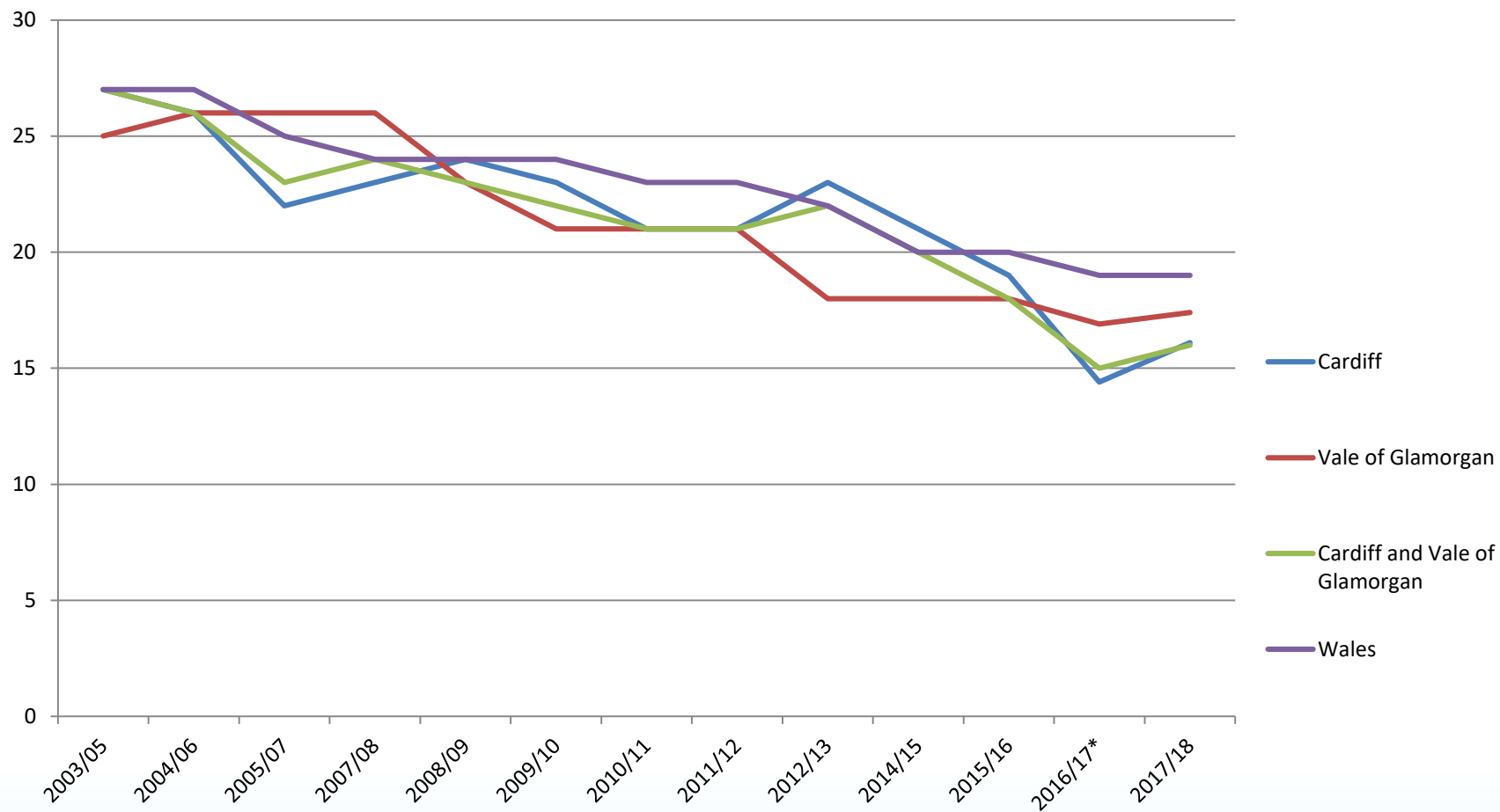
37 of 63 indicators mapped to S&D committee.....



# Strategic Goal : All take responsibility for improving our population health

	Indicator		Performance monitoring	Governance/owner
	Uptake of influenza vaccination among high risk groups	1	Monthly – PH/PCIC	Lead PH Operational lead - PCIC
	Percentage of children who have received 3 doses of the 5 in 1 vaccine by age 1 & who received 2 doses of the MMR vaccine by age 5	2	Monthly PH/PCIC /Women and Children CB Monthly exec performance review Board report NHS Exec (monthly)	Lead for strategic work and systems design (PH) Operational leads within CBs Immunisation steering group - with action plan
	Proportion of adults obese or overweight	3	Monthly PH	Lead – PH consultant Steering group – Health Weights strategy and plan
	% of adults consuming > 14 units of alcohol p. Wk (New measure)	4	Monthly PH	Lead PH Area Planning Board (Partnership – Bimonthly ) Alcohol strategy and action plan
	Proportion of adults meeting physical activity guidelines	5	Monthly PH	Lead PH Steering Group Public Services Boards (quarterly) Strategy as 3 above
	% of C&V resident smokers who make a quit attempt via smoking cessation services - target 5%	6	Monthly PH NHS exec (monthly) Board (dashboard) Proxy at exec monthly review (referrals to service)	Lead PH Lead in each clinical board Tobacco Action Plan
	% C&V residents who are CO validated as successfully quitting at 4 weeks - measured annually - target 40%	7	Monthly PH NHS Exec (Monthly)	As for 6
	Rate of conceptions among females under 18	8	Monthly PH	Lead PH Ops Lead W&C

## Smoking prevalence,by Percentage, Cardiff and Vale of Glamorgan 2005-2018

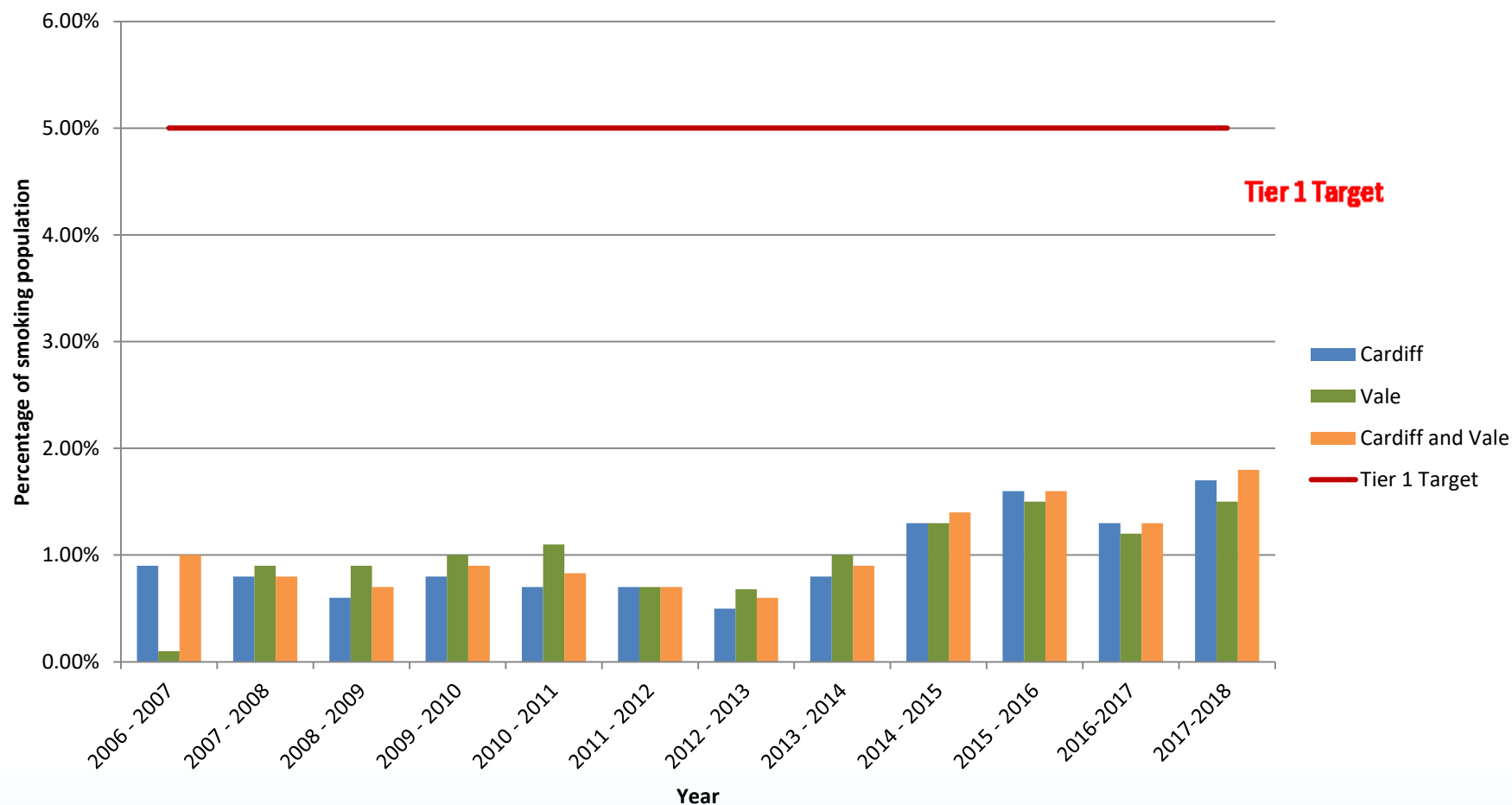


Sources: WHS 2003-2016, National Survey for Wales 2016-2018

\* National Survey for Wales from 2016-2017



## Percentage of the smoking population (aged 16+) that have become treated smokers and set a firm quit date, Cardiff and Vale UHB 2006-2018

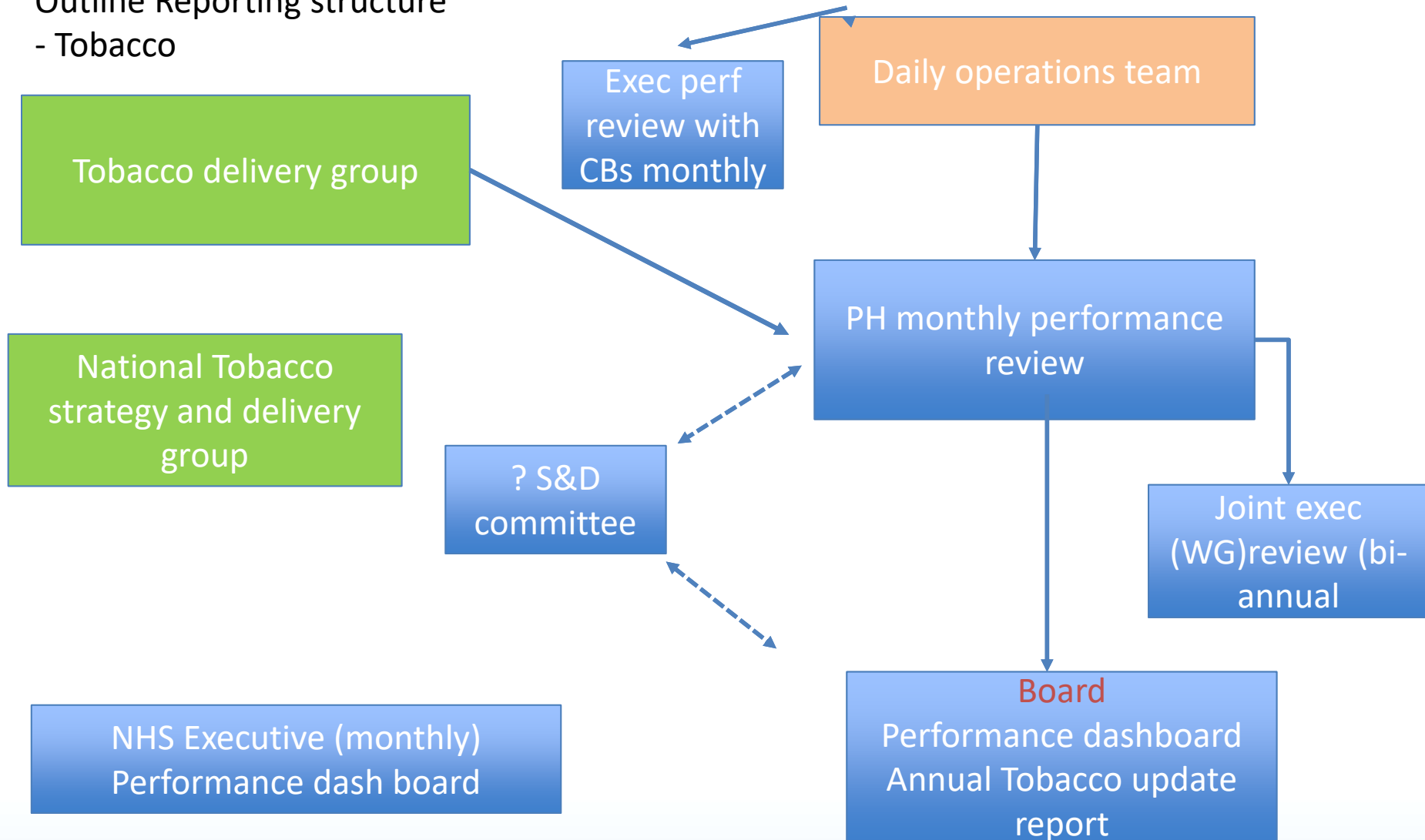


Source: Public Health Wales/Cardiff and Vale UHB/NWIS





## Outline Reporting structure - Tobacco



## Strategic Goal: Have an unplanned care system that provides the right care, in the right place in the right time

Indicator			Performance monitoring	Governance
Attainment of the primary care out of hours service standards	51		Monthly CB Monthly exec performance review Board NHS Exec	Lead Clinical Board with head of primary care
Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	52		Daily CBs Weekly - ops/exec Monthly exec perf review Board NHS exec monthly	WAST target supported by UHB Lead Med CB – CD A&E
95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	53		As above	Lead Med CB CD A&E supported by patient flow
Eradication of over 12 hour waits within all hospital emergency care facilities	54			





For our population	Indicator		Monitoring	Governance
Reduce health inequalities	Life expectancy at birth	16	Annual PHT	PH lead
	Reduce infant mortality for population	17		
	% live births with a birth weight of less than 2500g	18		
	Rate of hospital admissions with any mention of intentional self harm for children and young people per 1000 popn (New measure)	19		
	Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 100k popn	20	Board report	
	Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions	21	Board report	
	Emergency admission for hip fractures (age-standardised, 65+ per 100,000 people) (Revised Populations applied)	22	Board report	Surge CB



Our service priorities	Indicator		Monitoring	Governance
	Delivery of the 31 day (Non- USC) and 62 day (USC) cancer access standards	23	Weekly directorate/CB Execs weekly Monthly performance review Board report NHS exec (monthly) Board (dashboard)	Cancer lead – W&C Board
Offer services that deliver the population health our citizens are entitled to expect	Primary care contractor professionals assurance status	24		PCIC
	% GP Practices open during daily core hours or within 1 hour of daily core hours	25	Board report  NHS exec (monthly) Board (dashboard)	PCIC



Sustainability	Indicator		Performance	Governance
	Number of procedures undertaken that are on the UHB's "Interventions not normally undertaken" list for procedures of limited clinical effectiveness	39		
			Monthly 'run' to CBs PH	
Reduce harm, waste and variation sustainably making best use of the resources available to us.	Reducing outpatient did not attend rates for New and Follow Up appointments	40	Weekly directorate /CB	
	Increasing in-session theatre utilisation (adopting Newton measure)	41	Weekly Directorate	Surgical Clinical Board
	Uptake of ERAS across whole HB.	42		Dir Therapies
	Ensure that the data completeness standards are adhered to within 1 month of the episode end date	43	Monthly performance report Board report	Digital and intelligent information



	Indicator		Monitoring	Governance
Have a planned care system where demand and capacity are in balance	% hospital cancellations rebooked with 14 days	45	Directorate daily CB weekly Monthly performance review	Each CB
	95% of patients will be waiting less than 26 weeks for treatment with a maximum wait of 36 weeks	50	Directorate daily CB weekly Execs weekly Monthly performance review Board report	COO Each CB
	Attainment of the primary care out of hours service standards	51	CB monthly Board	PCIC
Have an unplanned (emergency) care system that provides the right care, in the right place, first time	Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	52	Directorate daily CB daily Execs weekly Monthly performance review Board report	COO Med CB
	95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	53	As above	COO Med CB
	Eradication of over 12 hour waits within all hospital emergency care facilities	54	As above	COO ALL CBs



		Indicator		Monitoring	Governance
Culture	Be a great place to work and learn	Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	55	CB Monthly Corporate dept monthly Monthly exce perf review Board report	Dir WOD
		Medical Staff – percentage of staff undertaking Performance Appraisal	56	Board report	MD CBDs
		% of staff completing staff survey in the organisation.	57		
		Overall measure for organisational climate / engagement	58		
		Achieve annual local sickness and absence workforce target	59		
		Retain platinum corporate health standard	60		
	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	Ambulance handover times: % within 15 and 60 minutes	61	Daily – directorate/CBs/ Execs Monthly performance review Board report	
		No. of Delayed transfers of care – mental health (all ages) and non mental health (75 years and over)	62	Board report RPB quarterly	RPB COO
		Progress in Delivering Strategic Programme	63	Bi annual	DoP







### Latest management performance against Key Delivery Areas

Indicator	Target	Month	Wales	ABM	AB	BCU	C&V	
% of patients waiting less than 26 weeks for treatment (RTT)	95%	Dec-18	86.9%	88.0%	90.4%	82.7%	85.5%	
Number of patients waiting more than 36 weeks for treatment (RTT)	0	Dec-18	12,982	3,030	249	7,064	948	
Number of patients waiting over 8 weeks for specified diagnostics	0	Dec-18	3,135	693	4	1,486	450	
Number of patients waiting over 14 weeks for specified therapies	0	Dec-18	305	0	0	3	12	
% new patients spending no longer than 4 hours in an Emergency Department	95%	Dec-18	77.8%	76.5%	74.8%	67.6%	83.8%	
Number of patients waiting more than 12 hours in an Emergency Department	0	Dec-18	3,900	759	470	1,552	39	
% of Red calls responded to within 8 minutes	65%	Jan-19 (Prov)	71.8%	72.7%	67.9%	72.3%	80.4%	
Number of patients waiting more than 1 hour for an ambulance handover	0	Jan-19	3,418	1,164	689	690	430	
% of patients referred as non-urgent suspected cancer seen within 31 days	98%	Dec-18	96.8%	95.7%	97.8%	98.1%	93.9%	
% of patients referred as urgent suspected cancer seen within 62 days	95%	Dec-18	87.9%	88.1%	91.3%	87.2%	85.7%	
Stroke <4 hours = Direct admission to Acute Stroke Unit	60.2% (Jul-18 to Sep-18 SSNAP)	Dec-18	48.7%	53.2%	39.7%	40.0%	64.6%	
Stroke <1 hour = CT Scan	54.3% (Jul-18 to Sep-18 SSNAP)	Dec-18	54.7%	48.7%	52.9%	35.6%	67.9%	
Stroke <24 hours = Assessed by a Stroke Consultant	84.2% (Jul-18 to Sep-18 SSNAP)	Dec-18	81.8%	85.9%	98.5%	72.2%	83.0%	
Stroke Thrombolysis = Door to needle within 45 minutes	Improvement (12 month trend)	Dec-18	25.0%	28.6%	28.6%	25.0%	16.7%	
% of assessments by the LPMHSS undertaken within 28 days from the date of receipt of referral	80%	Dec-18	78.1%	83.8%	84.0%	75.1%	68.7%	
% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	80%	Dec-18	84.1%	85.2%	80.4%	73.8%	73.3%	
% of LHB residents in receipt of secondary MH services (all ages) to have a valid CTP	90%	Dec-18	89.0%	91.3%	90.2%	89.7%	83.9%	
Number of HB non mental health delayed transfers of care (rolling 12 months)	A reduction of no less than 5% of total number of HB delays for the previous financial year	Dec-18	4,371	865	930	1,150	445	
Number of HB mental health delayed transfers of care (rolling 12 months)	A reduction of no less than 10% of total number of HB delays for the previous financial year	Dec-18	854	320	46	208	79	
Cumulative number of cases of C Difficile per 100,000 pop	26 (18 for CT, 25 for AB, 23 for C&V) per 100,000 pop for 2018/19 period	Apr-18 to Jan-19	27.8	36.6	26.6	25.5	22.5	
Cumulative number of cases of S Aureus bacteraemia per 100,000 pop	20 (19 for AB) per 100,000 pop for 2018/19 period	Apr-18 to Jan-19	79.9	96.7	71.8	82.9	69.1	
Cumulative number of cases of eColi bacteraemia per 100,000 pop	67 (61 for AB, 60 for C&V) per 100,000 pop for 2018/19 period	Apr-18 to Jan-19	79.9	96.7	71.8	82.9	69.1	
% smokers make a quit attempt	End year cumulative target of 5%	Q1-Q2 18/19	1.5%	1.3%	1.6%	1.8%	0.8%	
% CO validated quit rate at 4 weeks	End year cumulative target of 40%	Q1-Q2 18/19	44.6%	56.9%	44.3%	38.8%	54.7%	



REPORT TITLE:	Implementation of Well-being of Future Generations (Wales) Act in Cardiff and Vale UHB: Update										
MEETING:	Strategy and Delivery Committee							MEETING DATE:	30 Apr 2019		
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										
PURPOSE OF REPORT:											

#### SITUATION:

The Well-being of Future Generations (WFG) Act introduced a number of new statutory duties for the UHB. An internal Steering Group 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. The attached Flash Report will provide regular assurance in this regard.

#### REPORT:

#### 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.

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.

The attached Flash report summarises progress by the Steering Group against the action plan for 19/20. 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.

#### RECOMMENDATION:

The Committee is asked to:

- **NOTE** the actions the UHB is planning for 19/20 to further embed the WFG Act in the organisation
- **NOTE** the attached Flash Report will provide regular assurance in future 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 RELEVANT TO THIS REPORT:

*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	
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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							
Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click <a href="#">here</a> for more information										
Sustainable development principle: 5 ways of working	Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
<b>EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:</b>	Not Applicable									



Well-being of Future Generations Act: progress in implementing in the UHB	Date	8 April 2019	Overall assessment	Green										
<b>Background</b> <p>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 statutory Public Services Boards in Cardiff and the Vale, working in partnership to implement agreed Well-being Plans for each area.</p> <p>Key duties under the Act include the requirement to use the sustainable development principle in decision making, including the five sustainable ‘ways of working’ (prevention, long-term, integration, collaboration, involvement), and contributing to the seven national well-being goals; specific reporting requirements; and a requirement to agree and publish well-being objectives annually, and report against these.</p> <p>For the UHB, it has been agreed that the organisation’s well-being objectives are the objectives in our ten year strategy, Shaping Our Future Wellbeing.</p>														
<b>Governance arrangements</b> <p>A Cardiff and Vale UHB WFG Steering Group has been set up which is overseeing the implementation of the Act, and the work required to enable the culture change required by the Act, to embrace the ways of working. The group meets every 2-3 months and maintains an annual work programme action plan to assess progress. The group is chaired by the Executive Director of Public Health and membership includes the Board Champion for Future Generations, the Vice Chair. A schedule of reports on WFG (both statutory, and to raise awareness of the Act within the UHB) is maintained by the group.</p>														
<b>Key actions for 19/20</b> <p>The following objectives are taken from the WFG Steering Group action plan for 19/20.</p> <table><tr><th>Objective</th><th>Status</th></tr><tr><td><b>Objective 1:</b> 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</td><td>A</td></tr><tr><td><b>Objective 2:</b> 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</td><td>G</td></tr><tr><td><b>Objective 3:</b> Agree, implement and regularly review a communications plan</td><td>G</td></tr><tr><td><b>Objective 4:</b> Ensure robust governance processes in place to provide assurance and leadership on WFG within the UHB and externally as required</td><td>G</td></tr></table> <p>The full action plan is attached for information. As we are at the start of the financial year, progress on actions is within proposed timeframes.</p>					Objective	Status	<b>Objective 1:</b> 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	A	<b>Objective 2:</b> 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	<b>Objective 3:</b> Agree, implement and regularly review a communications plan	G	<b>Objective 4:</b> Ensure robust governance processes in place to provide assurance and leadership on WFG within the UHB and externally as required	G
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<b>Identified issues or risks</b> <table><tr><th>Issue or risk to delivery</th><th>Commentary incl. mitigation</th><th>Status</th></tr><tr><td>No issues or risks currently identified</td><td></td><td></td></tr></table>					Issue or risk to delivery	Commentary incl. mitigation	Status	No issues or risks currently identified						
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No issues or risks currently identified														
Author		Dr Tom Porter, Consultant in Public Health Medicine												

**Cardiff and Vale UHB Well-being of Future Generations (WFG) Steering Group**  
 Action plan 2019/20 This version: 8 April 19 following feedback at March steering group



NHS  
WALES  
GIG  
CYMRU

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



**Purpose**

The aim of this action plan is to ensure the objectives of the WFG Steering Group, as set out in the Terms of Reference, are met.

Action	Steering Group Lead	Start	Finish	Progress / outcomes	RAG
<b>Objective 1:</b> 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					A
1.1 Arrange a discussion with relevant stakeholders, coinciding with a 5 year review of the SOFW strategy, to review: (a) the UHB's well-being objectives, their suitability, and current actions being taken to meet them, taking into account relevant legislation, policy, UHB strategy and the IMTP; and (b) the UHB's contributions to meeting the well-being objectives of the partnerships (Cardiff PSB and Vale of Glamorgan PSB), taking into account actions across different fora and mechanisms	CD-M	Apr 2019	Sep 2019	Review of SOFW underway	A
<b>Objective 2:</b> 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
2.1 Maintain demonstrator project list, and follow progress of existing projects • seek out learning or any issues which require unblocking or escalation within the organisation or externally (e.g. policy barriers) for projects to succeed, and use this to inform other work • include smaller number of notable demonstrators in comms plan (below) • arrange video vignettes of successful demonstrators for use in reporting	TP, AW, SJ	Apr 2019	Mar 2020	Ongoing	G
2.2 Identify potential new projects, such as: • existing or planned exemplars within the organisation, for example identifying through the IMTP POD process, CB celebration events, bids for Health Charity funding	TP (other CBs, PH), SJ (MH, PCIC, Med, Capital/Estates, Charity), CD-M (IMTP PODs)	Apr 2019	Mar 2020		NS

<ul style="list-style-type: none"> <li>those with potential to be exemplars if given support to further develop</li> <li>examples of best practice from elsewhere which could be applied within the UHB</li> <li>opportunities for joint working with other public bodies and partner organisations</li> <li>areas where existing evidence demonstrating progress against the well-being goals is weaker</li> </ul>					
2.3 Maintain a list of completed projects on the intranet, recording learning and experience	BK	Apr 2019	Mar 2020		NS
2.4 Integrate WFG into transformation work, scoping integration into HealthPathways, Alliancing, KornFerry leadership training	tbc	May 2019	Mar 2020		NS
2.5 Scope inclusion of WFG in PADR, e.g. ways of working, goals	TP	Jun 2019	Oct 2019	To discuss w/ Sian Griffiths to link with employment cycle work with WOD	NS
<b>Objective 3:</b> Agree, implement and regularly review a communications plan					G
3.1 Implement the communications plan	JB, BK	Apr 2019	Mar 2020	Implementation ongoing. To include promoting some exemplars in more detail	G
3.2 Review the comms plan at least annually	JB, BK	Sep 2019	Oct 2019	Reviewed Jan 2019	NS
<b>Objective 4:</b> Ensure robust governance processes in place to provide assurance and leadership on WFG within the UHB and externally as required					G
4.1 Review and update annually the WFG Steering Group Terms of Reference and Board Champion role description	FK, CJ	Apr 2019	Jun 2019		NS
4.2 Receive and respond to external audits and recommendations as required	NF	Apr 2019	Mar 2020	Engaging with WAO Apr 2019, for review early this year	A
4.3 Provide update reports on progress as per reporting schedule	TP, AW, JB	Apr 2019	Mar 2020	Reporting on track	G

**Key** AW=Anne Wei; BK=Bryn Kentish; CD-M=Chris Dawson-Morris; CJ=Charles (Jan) Janczewski; FK=Fiona Kinghorn; JB=Jo Brandon; NF=Nicola Foreman; SJ=Simone Joslyn, NS = not started

<b>Report Title:</b>	<b>KEY ORGANISTAIONAL PERFORMANCE INDICATORS</b>					
<b>Meeting:</b>	Strategy & Delivery Comittee				<b>Meeting Date:</b>	30/04/19
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	✓	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Chief Operating Officer					
<b>Report Author (Title):</b>	Deputy Chief Operating Officer					

## SITUATION

Cardiff and Vale University Health Board is required to meet a range of performance targets set by the Welsh Government. There are a number of core operational targets which are tracked as key performance indicators across a range of services including planned and unplanned care. This report will provide a summary of progress against key operational performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP) as at the end of the financial year 2018/19.

## BACKGROUND

A full Performance Report is presented to the Board on the Health Board's performance against the NHS Wales Delivery Framework and other priority measures, including actions being taken to improve performance. This report for the Strategy and Delivery Committee provides a high level summary of 2018-19 performance against key operational performance targets and IMTP delivery profiles.

## ASSESSMENT

The tables and graphs in Appendices 1-2 provide the year to date performance for 2018/19. The tables show actual performance against both Welsh Government targets and the delivery profiles as set out in the Health Board's IMTP. The graphs show the performance trend and comparison to previous months and years.

### Planned Care (Appendix 1a and 1b)

The Health Board has continued to make significant progress in eliminating greater than 36 week waits for **referral to treatment times**. We achieved our IMTP commitment ( $\leq 350$ ) with the reported position 327 greater than 36 week breaches. There were 456 fewer patients waiting this year-end compared to last, a 58% reduction. The outstanding breaches are mostly orthopaedics. The 350 target agreed with Welsh Government recognised the tertiary nature of some of the UHB's orthopaedic work, in particular complex spinal surgery. The aim for 2019/20 is to clear all >36 week breaches. In doing so, a number of capacity issues will need to be resolved, not least access to specialist operating theatres.

In terms of **diagnostics**, the Health Board committed to an IMTP target of zero patients waiting more than 8 weeks for a diagnostic at the end of 2018/19. The All Wales diagnostic breach position has been recognised as a South East Wales issue, with Cardiff having the highest

number of diagnostic breaches for a number of years – peaking at 6,737 in August 2015. At the end of 2018/19 the Health Board reported 40 > 8 week breaches. Whilst we did not achieve our IMTP target, the reported position represents a 95% improvement with 843 fewer patients waiting this March compared to last. This is also in the context of the introduction of a number of new ‘reportable’ diagnostic tests for cardiology in 2018/19. The Health Board is no longer reporting the highest volume of breaches across Wales. The aim for 2019/20 is to achieve and then maintain zero breaches by the end of the first quarter.

In terms of **therapies**, the Health Board achieved its IMTP commitment of a zero breach position as at 31 March 2019. This is the best reported position for the Health Board in nine years. There were 126 fewer patients waiting this March compared to last. The plan for 2019/20 is to maintain a zero greater than 14 week wait position.

As reported to Board members at the Board meeting in March 2019, current performance levels against the **62 day urgent suspect cancer** target, whilst showing some improvement in the last few months, are not at the required level. Some exceptional demand increases in the last year have compounded a number of pre-existing process and capacity constraints. An evidenced based recovery plan has now been established. The exceptional challenges of the last year mean that the starting point for improvement will be more challenging than originally anticipated. The Health Board, however, remains committed to achieving 95% compliance in 2019-20 – in keeping with its IMTP commitment.

The Health Board achieved the Welsh Government’s **follow-up outpatients** target of a ‘12 month reduction trend’ for follow-up outpatients delayed past their clinically agreed target date. The position at the end of March 2019 was a 22% reduction (28,840 patients) on the previous year. However, we remain a significant outlier in comparison to the rest of Wales. The single biggest constraint for the Health Board has been the recording of and accuracy of its data. Welsh Government are reviewing targets for 2019-20, with the likelihood that these will broaden to improvement for not just patients who are delayed but also those with no target date and the overall waiting list size. The Health Board’s aim for 2019-20 is continuous improvement in line with the Outpatient Follow-Up Improvement strategy i.e. systematic approach to clinical risk; further improving the quality of our data; and transforming outpatients.

The Health Board achieved target compliance for **Part 1a of the Mental Health Measure** nine out of 12 months of the year. Performance in the last four months of the year has been more challenging as a result of a significant increase in referrals, a trend witnessed nationally. Despite this, cumulative performance for 2018/19 was 80.3%, 8.9% above last year. The Health Board approach to improving performance is threefold – Increasing Primary Care first point of contact Mental Health provision; Right sizing its capacity – to balance assessment and intervention; and Developing CAMHS to work alongside the newly repatriated CAMHS specialist services.

### **Unscheduled Care (Appendix 2a and 2b)**

In terms of the key performance indicators for unscheduled care, the Health Board has made year on year progress in its performance, but, like the rest of Wales and across the UK, A&E targets were not met.

Cardiff and Vale’s **4 hour Emergency Department (ED) transit time** cumulative performance for 2019/19 was 86.3%, 2.6% above last year in the context of a 3.8% increase in attendances. The position for March was an improvement of 4.1%, with reported performance 84.3% against



80.3% in March last year. This position was the best in Wales. At a number of points throughout the year, Cardiff and Vale's ED transit time was ranked within the top 10 across comparable site emergency units in the UK. In particular, performance in the crucial winter months has stayed well ahead of the previous year's performance, with 4 hours performance 3% above last year (83.98% versus 80.71%). This is against the trend in Wales and across the UK.

**12 hour performance** has also shown an improvement on last year with 689 12 hour breaches, 377 fewer than the previous year. The winter on winter reduction is more marked with 430 fewer breaches (52% reduction) - 395 12 hour breaches from November to March versus 825 12 hour breaches the previous year. Cardiff and Vale has the lowest 12 hour breach volume in Wales, with reported 2018/19 volumes for the other Health Boards ranging from 3,347 to 19,429.

**Ambulance handover waits** were also lower in 2018/19, with the Health Board's (unvalidated) position being 2753 patients waiting greater than one hour compared to 3105 last year, an 11% reduction. As with 4 and 12 hour performance, the reduction in waits was more marked during the winter period with 376 fewer patients waiting over one hour, a 21% reduction, from November to March.

There was an overall improvement trend for **Delayed Transfers of Care** with reported performance lower for nine out of the twelve months this year compared to last. The March reported position was 37. The Health Board achieved the Welsh Government reduction targets at the end of March 2019.

UHW was one of five sites across Wales to be given a level B rating in the latest Sentinel **Stroke** National Audit Programme (SSNAP) data, with the other seven sites level C or D. In terms of performance against the Stroke Quality Improvement measures, the challenge for the Health Board remains to achieve consistency in delivery. It should be noted that Welsh Government have changed two of four headline measures that will be monitored in 2019/20. The CT scan and thrombolysed door to needle measures are replaced by compliance with patients receiving the required minutes for occupational therapy, physiotherapy, psychology and speech and language therapy; and six month follow-up assessment.

**ASSURANCE** is provided by:

- An overall improvement trend against key operational performance targets and IMTP delivery profiles as at the end of the 2018/19 financial year.
- The Board receives a full Performance Report outlining the UHBs current level of performance against 67 performance measures and detail on actions being taken to improve performance in areas of concern

## RECOMMENDATION

The Committee is asked to **CONSIDER**:

- Year to date performance for 2018-19 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

## Shaping our Future Wellbeing Strategic Objectives

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

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

## Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term	√	Integration	√	Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		No							



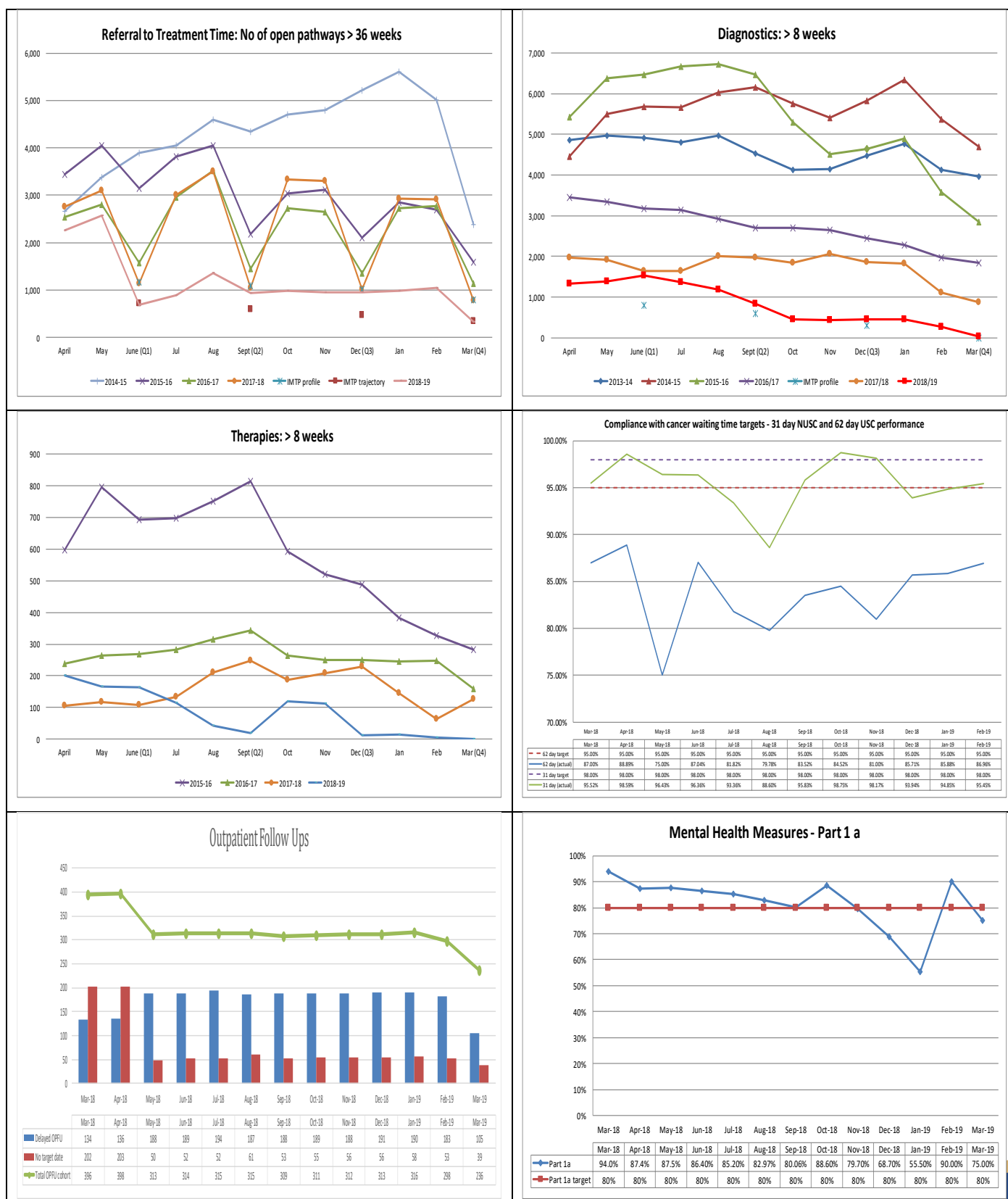
## Appendix 1a

## Performance against key operational performance targets 2018/19: Planned Care

2018/19		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Planned Care</b>														
RTT - 36 weeks (Target = 0)	IMTP 18/19 profile	-	725			600			475			350		
	18/19 Actual	783	2,266	2,569	686	890	1,366	944	984	954	948	984	1,046	327
RTT - 26 weeks (Target = 95%)	IMTP 18/19 profile	-	87.5%			88.0%			88.5%			89.0%		
	18/19 Actual	86.5%	85.7%	85.7%	88.7%	89.3%	87.4%	86.7%	87.3%	87.0%	85.5%	86.3%	87.6%	87.9%
Diagnostics > 8 weeks (Target = 0)	IMTP 18/19 profile (revised)	-	800			600			300			0		
	18/19 Actual	883	1,336	1,379	1,527	1,371	1,186	846	448	431	450	448	270	40
Therapies > 14 weeks (Target = 0)	18/19 Actual	126	200	165	163	115	42	20	120	112	12	14	5	0
31 day NUSC cancer (Target = 98%)	IMTP 18/19 profile	-	98.0%			98.0%			98.0%			98.0%		
	18/19 Actual	95.52%	98.6%	96.4%	96.4%	94.40%	88.60%	95.83%	98.75%	98.17%	93.90%	94.85%	95.45%	Avail 30/04
62 day USC cancer (Target = 95%)	IMTP 18/19 profile	-	92.0%			92.0%			92.0%			93.0%		
62 day USC cancer (Target = 95%) - Monthly	18/19 Actual	87.00%	88.9%	75.0%	87.0%	81.80%	79.78%	83.52%	84.52%	81.00%	85.70%	85.88%	86.96%	Avail 30/04
62 day USC cancer (Target = IMTP) - Quarterly cumulative	18/19 Actual	-	83.58%			81.72%			83.6%					
OPFU - Delayed past agreed target date (Target = reduction 12 month trend)	IMTP 18/19 profile	-	92,000	92,000	92,000	92,000	92,000	92,000	92,000	92,000	92,000	92,000	92,000	92,000
	18/19 Actual	134,111	135,810	187,729	188,793	193,984	186,632	188,025	188,872	187,909	191,428	190,046	182,776	105,271
OPFU - No Target date	18/19 Actual	202,013	203,131	49,586	52,108	52,400	60,791	53,420	54,912	55,679	55,503	57,672	53,186	39,469
OPFU - Within target	18/19 Actual	59,520	59,231	75,345	73,378	68,437	67,491	67,147	66,754	68,412	65,804	67,893	61,817	91,366
<b>Mental Health measures</b>														
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	IMTP 18/19 profile	-	> 80%			> 80%			> 80%			> 80%		
	18/19 Actual	94%	87%	88%	86%	85%	83%	80%	89%	80%	69%	56%	90%	75%
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	IMTP 18/19 profile	-	> 90%			> 90%			> 90%			> 90%		
	18/19 Actual	67%	78%	84%	82%	86%	74%	93%	93%	84%	86%	90%	85%	94%
Part 2: % of UHB residents in receipt of secondary mental health services (all ages) who have a valid CTP (Target = 90%)	IMTP 18/19 profile	-	90%			90%			90%			90%		
	18/19 Actual	91%	81%	80%	81%	81%	82%	81%	81%	84%	84%	84%	84%	85%
Part 3: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken	IMTP 18/19 profile	-	100%			100%			100%			100%		
	18/19 Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Part 4 - % of hospitals within a health board which have arrangements in place to ensure advocacy is available for all qualifying patients (Target = 100%) - 6 monthly assessment	IMTP 18/19 profile	-	100%						100%					
	18/19 Actual	100%	100%											

## Appendix 1b

### Performance against key operational performance targets 2018/19: Planned Care



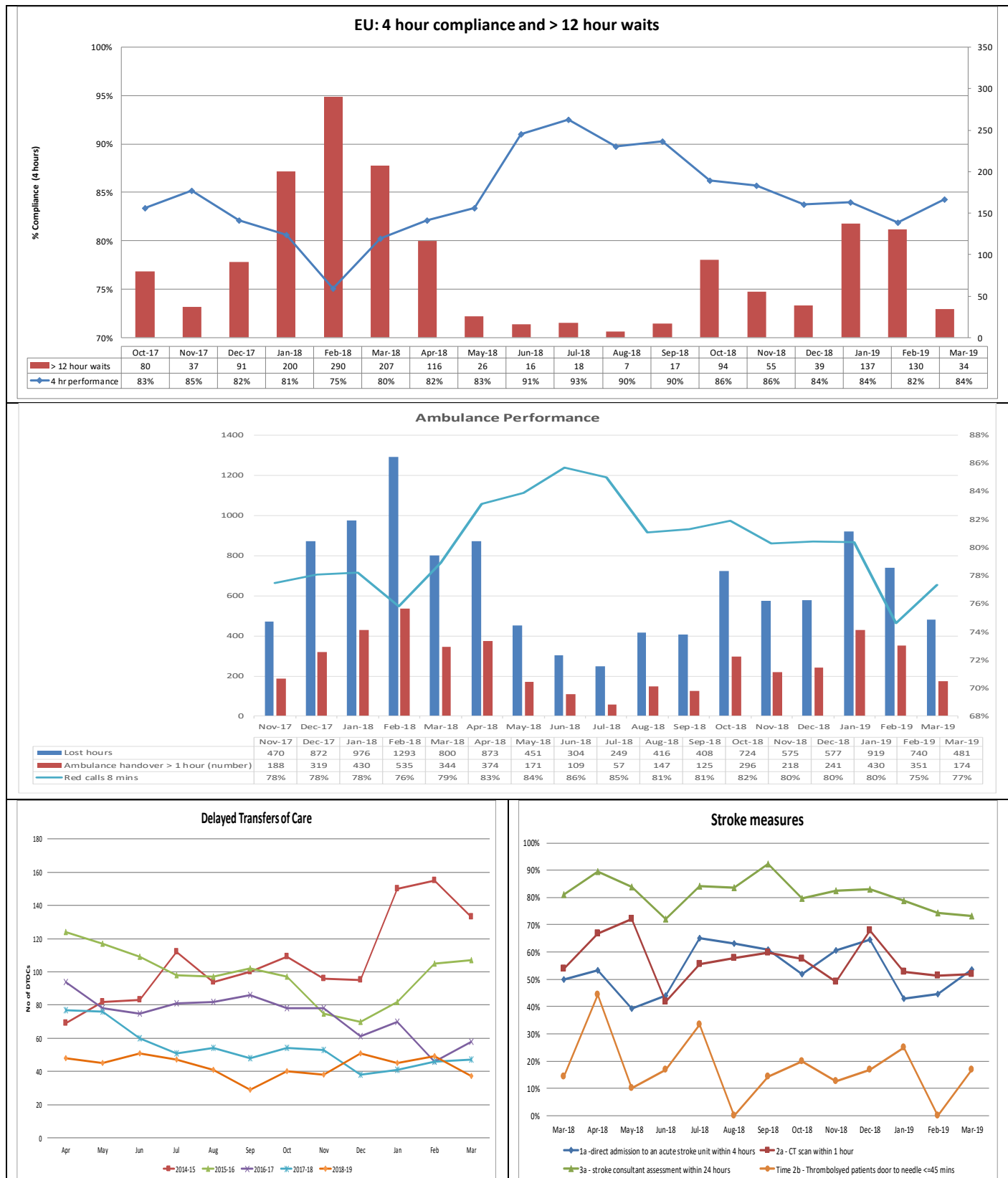
## Appendix 2a

## Performance against key operational performance targets 2018/19: Unscheduled Care

2018/19		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Unscheduled Care</b>														
EU waits - 4 hours (95% target)	IMTP 18/19 profile	-	87.0%			87.0%			87.0%			87.0%		
	18/19 Actual - Monthly	80%	82.1%	83.4%	91.0%	92.5%	89.7%	90.3%	86.2%	85.7%	83.8%	84.0%	81.9%	84.3%
	18/19 Actual - Qtly	-	85.6%			90.9%			85.3%			83.5%		
EU waits - > 12 hours (0 target)	IMTP 18/19 profile	-	100			0			0			0		
	18/19 Actual - Monthly	207	116	26	16	18	7	17	94	55	39	137	130	34
	18/19 Actual - Qtly	-	158			42			188			301		
Ambulance handover > 1 hour (number)	IMTP 18/19 profile	-	370			300			730			900		
	18/19 Actual	344	374	171	109	57	161	145	296	244	241	430	351	174 *
Ambulance - 8 mins red call (65% target)	IMTP 18/19 profile		65.0%			65.0%			65.0%			65.0%		
	18/19 Actual	78.9%	83.1%	83.9%	85.7%	85.0%	81.1%	81.3%	82.0%	80.3%	80.4%	80.4%	74.6%	77.6%
Delayed Transfers of Care	18/19 Actual	47	48	45	51	47	41	29	40	38	51	45	49	37
<b>Stroke</b>														
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 59.7%)	IMTP 18/19 profile	-	60.0%			65.0%			65.0%			70.0%		
	18/19 Actual	48.6%	53.2%	39.4%	44.1%	65.1%	63.0%	60.8%	51.9%	58.6%	64.6%	42.0%	45.0%	53.3%
2 - % of patients who receive a CT scan within 12 hours (Target = 94.5%)	IMTP 18/19 profile		97.0%			98.0%			99.0%			100.0%		
	18/19 Actual	97.4%	100.0%	97.1%	97.2%	100.0%	92.9%	98.1%	94.4%	100.0%	98.1%	92.5%	93.0%	96.2%
2a - % of patients who receive a CT scan within 1 hours (Target = 54.4%)	IMTP 18/19 profile		N/A			N/A			N/A			N/A		
	18/19 Actual	53.8%	66.7%	72.1%	41.7%	55.6%	57.9%	59.6%	57.4%	49.2%	67.9%	52.8%	51.2%	51.9%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	IMTP 18/19 profile		80.0%			80.0%			80.0%			80.0%		
	18/19 Actual	78.9%	89.6%	83.8%	72.2%	84.1%	83.6%	92.3%	79.6%	81.4%	83.0%	77.4%	74.4%	73.1%
Time 2b - Thrombolyzed patients door to needle <=45 mins (Target = reduction - 12 month trend)	IMTP 18/19 profile		25.0%			30.0%			35.0%			40.0%		
	18/19 Actual	14.3%	44.4%	10.0%	16.7%	33.3%	0.0%	14.3%	20.0%	12.5%	16.7%	25.0%	0.0%	16.7%
* - Unvalidated														

## Appendix 2b

### Performance against key operational performance targets 2018/19: Unscheduled Care



# Workforce and Organisational Development

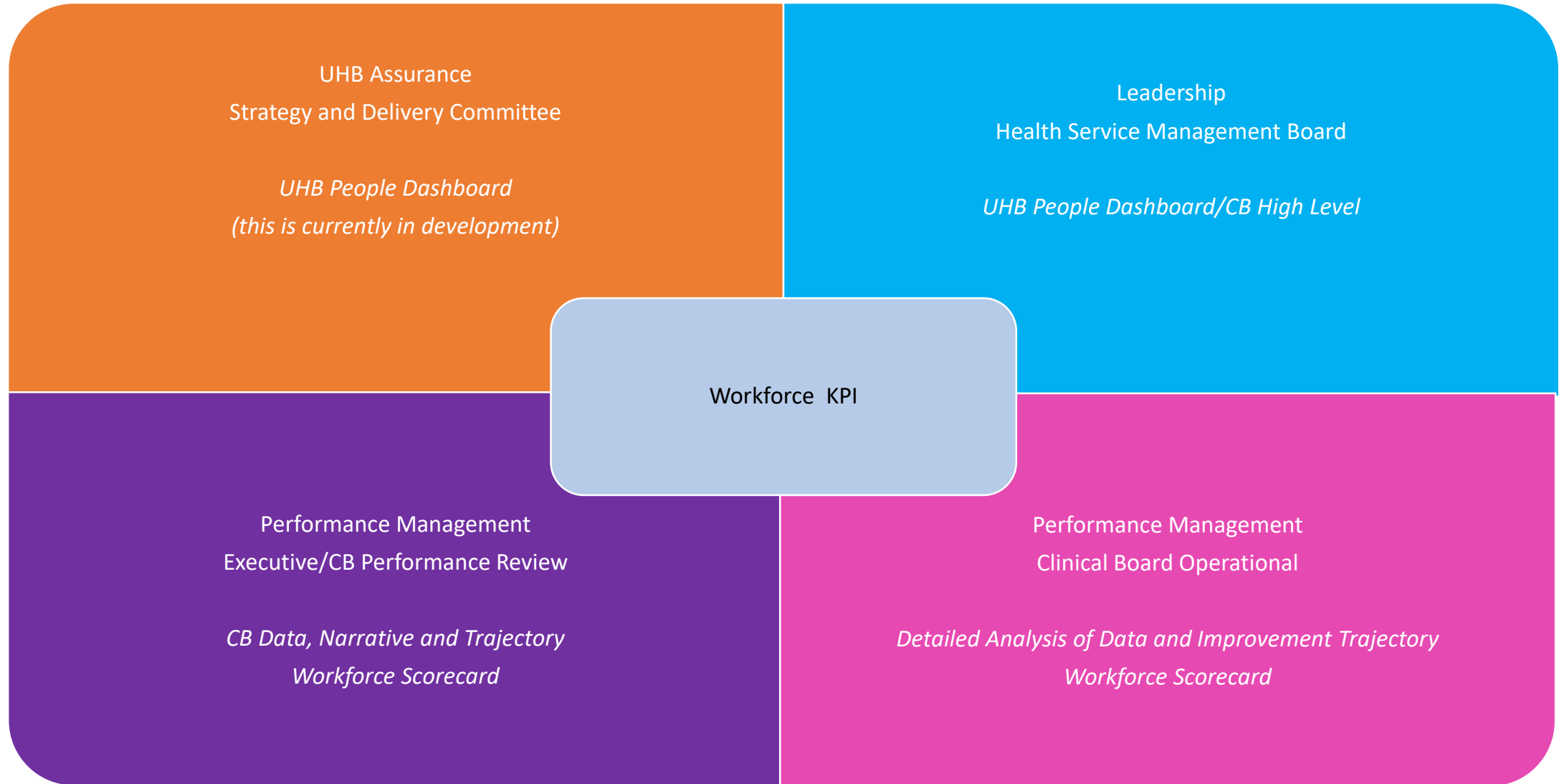
## People Dashboard

# Current:

## Workforce Metrics – 31 March 2019

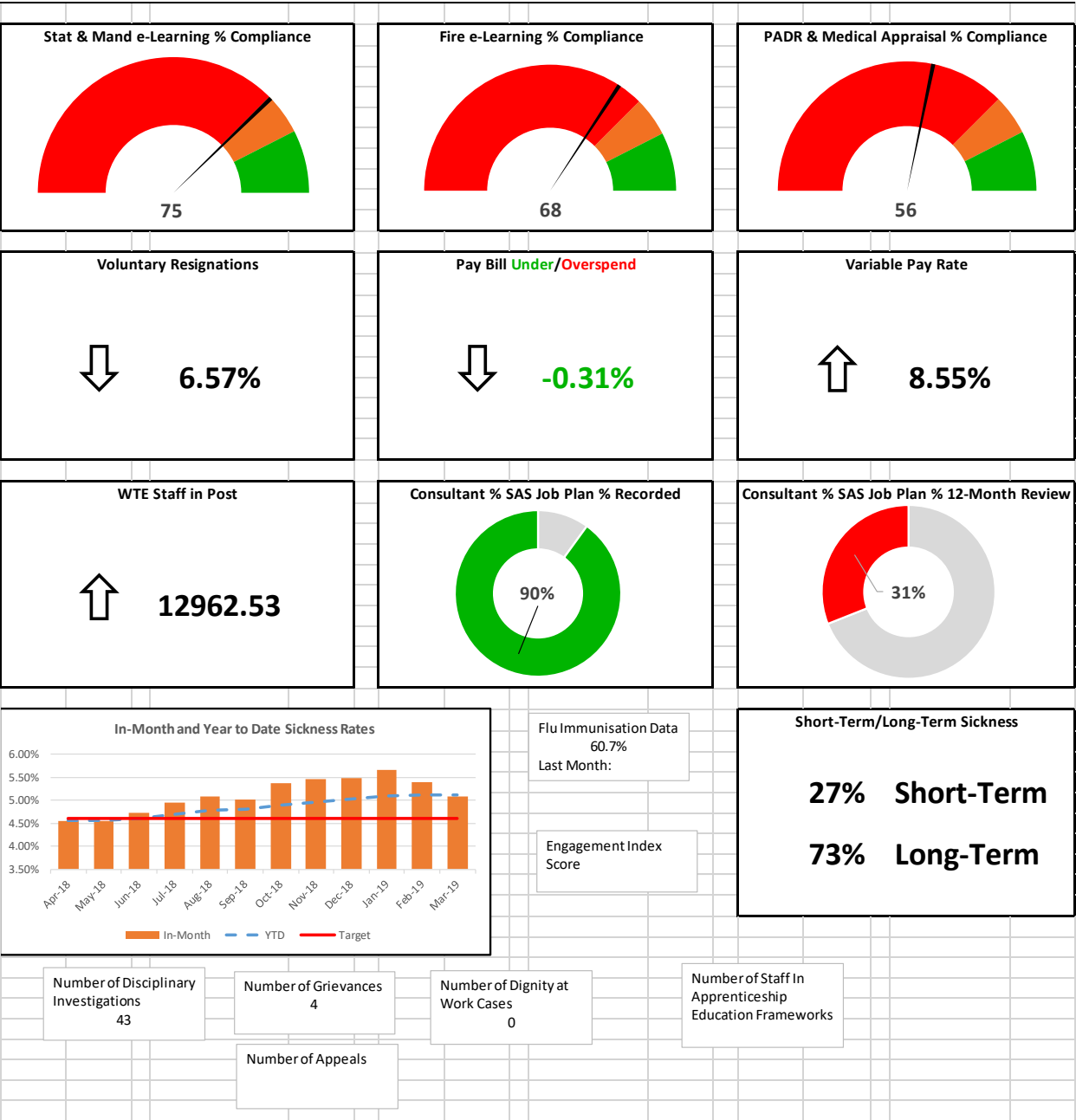
Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual	2018-19 Target
1. Sickness Absence Rate (YTD from Apr-18)	5.07%	5.11%	5.07%	4.60%
2. Job Plan Compliance	50.80%	31.44%	31.44%	85.00%
3. Voluntary Resignation Turnover Rate (WTE)	6.34%	6.57%	6.57%	6.34%
4. Pay Bill Over/Underspend	-0.43%	-0.31%	1.39%	Underspend
5. Variable Pay Rate	8.06%	8.55%	13.18%	Improve
6. Actual (Contracted) WTE	12,738.43	12,962.53	12,962.53	Underspend
7. Fire Safety Mandatory Training Rate	65.32%	67.97%	67.97%	85.00%
8. PADR Rate	57.19%	56.37%	56.37%	85.00%

# Proposed: Developing a New Overarching Workforce Information/KPI Framework



Work in progress:

New People  
Dashboard





REPORT TITLE:	Staff Survey Employee Stakeholder Group									
MEETING:	Strategy and Delivery Committee							MEETING DATE:	30 April 2019	
STATUS:	For Discussion	x	For Assurance		For Approval		For Information			
LEAD EXECUTIVE:	Executive Director of Workforce and OD									
REPORT AUTHOR (TITLE):	Workforce Governance Manager / Assistant HR Officer Intern									
PURPOSE OF REPORT:										

## SITUATION:

In November 2018 the Strategy and Delivery Committee received a report on the NHS Wales Staff Survey and its key findings. The Forum supported the creation of employee stakeholder group, chaired by the Executive Director of Workforce and Organisational Development, to consider the report and determine an action plan for Cardiff and Vale UHB. In January 2019 the Committee received a summary of the work undertaken by the Group to date and plans for the next steps. The final meeting has now taken place and an action plan created.

This report summarises for the Committee the actions agreed and plans for the next steps.

## REPORT:

### BACKGROUND:

An All-Wales Staff Survey was undertaken in June 2018. The UHB results show positive improvements in most areas since the survey previous survey (conducted in 2016), and the Board is above the overall NHS Wales scores on many questions. However, there are some scores which have declined and some which are below the average for NHS Wales. Important areas which require attention include stress at work and harassment, bullying and abuse.

### ASSESSMENT:

A wide range of communication tools were used to seek volunteers from across the UHB to be part of the working Group. Around fifty members of staff expressed an interest in being involved and were invited to attend a series of three workshops looking at:

- Expectations
- Key themes / issues
- Actions

The Group has met three times. The main issues have been identified, suggestions of how we can address these have been put forward and an action plan has been developed. This has also been considered and supported by the Local Partnership Forum.

Key themes	Suggested improvements
Engagement	<ul style="list-style-type: none"> <li>• Improved communication at every level <ul style="list-style-type: none"> <li>○ Email addresses for Band 5 nurses</li> <li>○ Computer rooms</li> <li>○ Protected time</li> <li>○ Encouraging appropriate use of social media</li> </ul> </li> </ul>
Leadership	<ul style="list-style-type: none"> <li>• Improved Exec visibility through: <ul style="list-style-type: none"> <li>○ Attendance at Corporate Induction</li> <li>○ Departmental Visits</li> <li>○ 'A day in the life...' where Execs experience front line roles</li> </ul> </li> </ul>
Culture and Values	<ul style="list-style-type: none"> <li>• Gain a greater understanding of the causes of work related stress (by influencing future surveys)</li> <li>• Empower managers</li> <li>• Promote Freedom to Speak Up / Raising Concerns</li> <li>• Review Employee Wellbeing Service resources</li> </ul>
Improving the Survey	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Shorten the length</li> <li>• Provide anonymity</li> <li>• Incentivise</li> </ul>

A copy of the action plan is attached as Appendix 1.

It is not anticipated that the working group will meet again now that this initial piece of work has been completed. The next step is to establish a Staff Survey Steering Group to oversee progress against the actions which will be Chaired by the Executive Director of Workforce and OD. Other members will include 'owners' of the agreed actions, Chair of Staff Representatives, the Assistant Director of Organisational Development, the Assistant Director of Patient Experience, and volunteers from the working group/wider organisation.

The first meeting of the Steering Group will be held in May 2019. The Steering Group will report back to the Strategy and Delivery Committee on a regular basis.

#### **RECOMMENDATION:**

The Strategy and Delivery Committee is asked to **CONSIDER** the contents of this report, the attached action plan and the role of the Staff Survey Steering Group.

**SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:**

<i>This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report</i>											
1. Reduce health inequalities			6. Have a planned care system where demand and capacity are in balance								
2. Deliver outcomes that matter to people			7. Be a great place to work and learn				x				
3. All take responsibility for improving our health and wellbeing			8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology								
4. Offer services that deliver the population health our citizens are entitled to expect			9. Reduce harm, waste and variation sustainably making best use of the resources available to us								
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time			10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives								
Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click <a href="#">here</a> for more information											
Sustainable development principle: 5 ways of working	Prevention		Long term		Integration		Collaboration		Involvement		x
<b>EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:</b>	Not Applicable										

## Appendix 1 - Staff Survey Action Plan

	Description	Key Tasks	Outcome (what do we want to see?)	Success- how will we measure it?
<b>Theme 1</b>	ENGAGEMENT  (Enhanced communication and engagement - accessibility and quality)	<p>EASIER</p> <ul style="list-style-type: none"> <li>• More team facebook and WhatsApp groups (n.b guidance for staff needed e.g. no patient info)</li> <li>• Using our smart phones – encourage twitter, promote ESR App etc</li> <li>• CEO podcast or video – accessible from outside UHB PCs</li> <li>• Group champion role</li> </ul> <p>MORE DIFFICULT</p> <ul style="list-style-type: none"> <li>• IT access/email addresses/agile working - e.g. Band 5 nurses</li> <li>• Improved strategy for staff communication</li> <li>• Engagement rather than just information – getting our messages right</li> <li>• Supporting/developing the right people to lead engagement (Clinical Board role - Execs can't do it all)</li> </ul>	<ul style="list-style-type: none"> <li>• Guidance on social media and contacting patients by text</li> <li>• Option of having CEO Connects and CAV You Heard sent to personal emails (bring this up in induction?)</li> <li>• Publicise ESR App and its benefits</li> </ul> <ul style="list-style-type: none"> <li>• Investments in tablets, as computer used for patient results and can't always be accessed (?? Charitable funds/lottery)</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of written guidance on whatsapp and social media</li> </ul> <ul style="list-style-type: none"> <li>• Successful bid for funding</li> </ul>
<b>Theme 2</b>	LEADERSHIP  (Exec and other leaders profile / credibility)	<p>EASIER</p> <ul style="list-style-type: none"> <li>• Attend Corporate Induction</li> <li>• Continue with Exec Live programme etc – needs to gain momentum. Submitting questions beforehand? Is it filmed for people to watch afterwards if they can't get there?</li> <li>• Publicise walkabouts so people know it happens anyway</li> <li>• Communicate outcomes from this group and work going on behind the scenes so staff believe the Execs are listening</li> </ul> <p>MORE DIFFICULT</p> <ul style="list-style-type: none"> <li>• 'Day in the life...' Execs / CB leaders to spend a day (individually) in a department experiencing how they work and getting to know staff and the day to day issues first hand</li> </ul>	<ul style="list-style-type: none"> <li>• "Induction toolkit"/ "Managers Guide" for new managers (checklist)</li> <li>• Increased engagement, awareness, etc.</li> <li>• Podcasts</li> <li>• Personal profiles – 'Exec of the Month'</li> <li>• Roll out to clinical board and directorate level for other senior leaders.</li> <li>• Implement 'Day in the Life' concept</li> <li>• Structured shadowing and mentoring scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Launch of toolkit and number of 'hits'</li> </ul> <ul style="list-style-type: none"> <li>• Next staff survey results</li> </ul>
<b>Theme 3</b>	CULTURE & BEHAVIOURS  (Work related stress/bullying/harassment)	<p>EASIER</p> <ul style="list-style-type: none"> <li>• Promote freedom to speak up helpline – why are there no posters anywhere??</li> <li>• Expand zero tolerance campaign to include staff behaviour</li> <li>• Influence next survey to separate WRS and bullying/harassment and get better understanding of the causes and complexities</li> <li>• Training e.g. dignity at work</li> </ul> <p>MORE DIFFICULT</p> <ul style="list-style-type: none"> <li>• Embed values and behaviours – what are the consequences if we don't live by them?</li> <li>• Increase employee voice – how??</li> <li>• Employee wellbeing investment (but this will deal with the effects, not the causes)</li> <li>• Training/developing our leaders/managers appropriately to deal with the stresses they will face</li> </ul>	<ul style="list-style-type: none"> <li>• Greater involvement and partnership working with Trade Unions (Freedom to Speak Up)</li> <li>• Influencing questions for the next survey</li> <li>• Implement values based recruitment</li> <li>• Raise awareness of Freedom to Speak Up (improve web pages)</li> <li>• Telling stories to demonstrate why living the values work e.g patient benefits, engagement, etc.</li> <li>• Encouraging spirituality for wellbeing</li> <li>• Recruit organisational psychologist</li> <li>• Pulse Surveys</li> <li>• Vox Pop</li> <li>• Skills to supervise</li> </ul>	<ul style="list-style-type: none"> <li>• ER and Mediation case numbers</li> <li>• Reporting concerns raised formally</li> <li>• Staff survey results</li> <li>• EWS referrals</li> <li>• Pulse survey results</li> <li>• Exit questionnaires</li> </ul>

Theme 4	INVOLVEMENT  (Improving responses to the next survey)	<p>EASIER</p> <ul style="list-style-type: none"><li>• Anonymous (no staff number)</li><li>• Too long</li><li>• Incentives (like flu)</li><li>• Let people know that we are responding to what we have been told</li></ul> <p>MORE DIFFICULT</p> <ul style="list-style-type: none"><li>• Staff with two roles only had one opportunity to answer but sometimes had very different responses for the 2 areas</li><li>• triangulation with other information e.g. exit questionnaires</li><li>• Review qualitative data for improvement ideas (they say we won't listen – if we don't read it, are they right?)</li></ul>	<ul style="list-style-type: none"><li>• Clear and unambiguous questions</li><li>• Anonymous (optional)</li><li>• Transparency around follow up with clear timescales</li><li>• Prompts – posters, build up</li><li>• Increased Trade Union collaboration to send the message</li><li>• Protected time to fill out survey e.g. Friday afternoon survey time</li><li>• Share results locally</li><li>• Creative/ innovative/ fun ways to promote</li><li>• Personal incentive eg. Draw for vouchers</li><li>• Pulse surveys for drilling down on certain questions</li><li>• Survey Champions</li><li>• Promote through local newsletters and team meetings (participation and results)</li></ul>	<ul style="list-style-type: none"><li>• Response rate</li><li>• Improved positive results</li></ul>
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# Strategy and Delivery Committee

## 30 April 2019

### **GREAT PLACE TO WORK & LEARN**

WORKFORCE & ORGANISATIONAL DEVELOPMENT  
DELIVERY PLAN 2019-20

#### **Maximising Attendance Plan**



GIG  
CYMRU  
NHS  
WALES

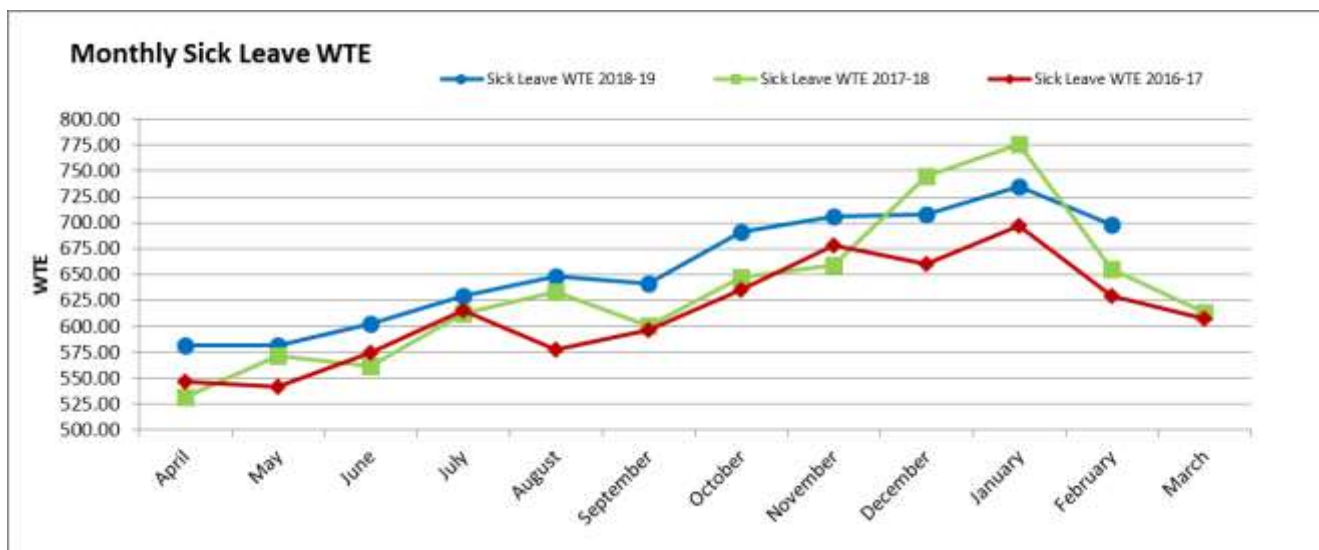
Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# Agenda

- **Strategic Vision, culture and leadership**
  - ❖ ensure the leadership team and other stakeholders have a shared vision of the overall approach to our staff health and well-being agenda
  - ❖ Outcome link to the Senior Leadership Programme
- **Build capability of line managers**
  - ❖ through effective training, coaching, mentoring, etc.
- **Improve Staff Engagement**
- **Workforce data** — what is it telling us?
- **Good Practice** — focusing on areas of concern (hot spots)
- **Promote Health and Wellbeing**
- **Efficient and supportive Occupational Health Services**

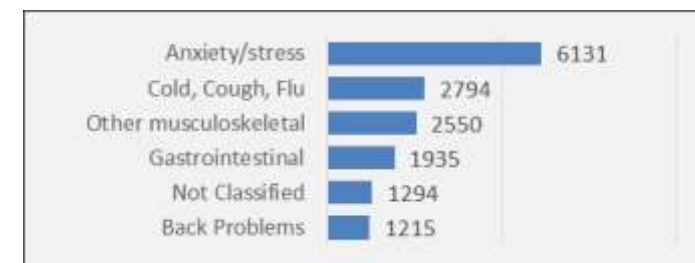


# Sickness Absence Data - what's it telling us?



Sickness Rate (12- Month Cumulative)								
Clinical Board	WTE	Mar-18	Mar-19 Target	Mar-19	Comparison between Mar-18 and Mar-19	Variance Against Target	CB Performance Against uHB Target	Av. Days Lost per WTE
Corporate	691.52	2.71%	2.59%	3.38%	0.67%	0.78%	-1.23%	12.33
CDT	2121.36	3.96%	3.68%	3.50%	-0.47%	-0.18%	-1.11%	12.77
Dental	401.11	3.54%	3.39%	3.89%	0.36%	0.50%	-0.71%	14.22
Children & Women	1735.64	4.74%	4.30%	4.65%	-0.09%	0.35%	0.05%	16.99
Specialist Services	1703.55	4.52%	4.12%	4.87%	0.35%	0.75%	0.27%	17.79
Surgical Services	1739.89	4.90%	4.42%	4.96%	0.07%	0.54%	0.36%	18.13
PCIC	687.29	5.19%	4.67%	6.04%	0.85%	1.37%	1.44%	22.05
Mental Health	1234.98	6.81%	6.09%	6.19%	-0.62%	0.10%	1.59%	22.60
Medicine	1591.71	5.75%	5.16%	6.35%	0.60%	1.19%	1.75%	23.19
Capital, Estates & Facilities	1055.47	7.88%	7.05%	7.48%	-0.40%	0.43%	2.88%	27.31
<b>uHB</b>	<b>12962.53</b>	<b>5.07%</b>	<b>4.60%</b>	<b>5.11%</b>	<b>0.04%</b>	<b>0.51%</b>		<b>18.66</b>

## January Top 6 Reasons for absence



GIG  
CYMRU  
NHS  
WALES

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

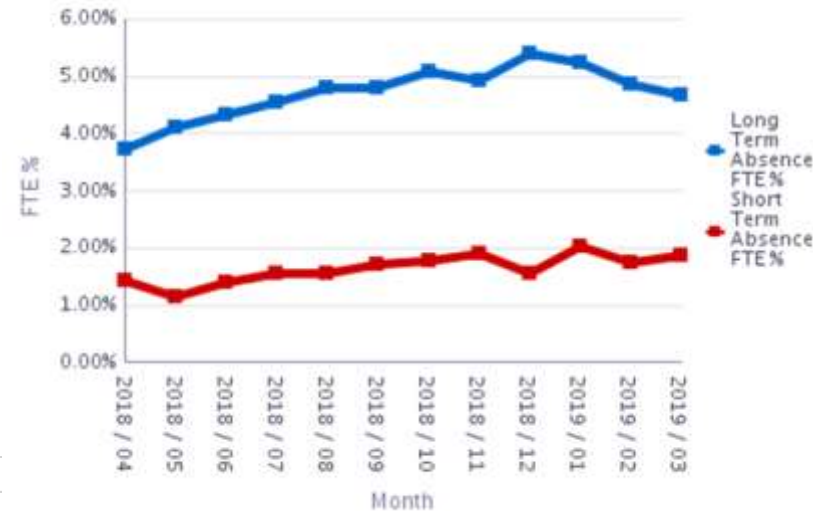


# Clinical Board Hotspots

## Medicine

Directorate	WTE	Mar-19
Acute Medicine	118.38	5.16%
Clinical Gerontology	425.27	8.64%
Dermatology and Rheumatolo	74.27	6.98%
Emergency Medicine	233.45	5.21%
Gastroenterology	189.56	6.36%
Internal Medicine	522.13	5.24%
Clinical Board Management	28.65	1.93%
<b>Medicine</b>	<b>1591.71</b>	<b>6.35%</b>

Medicine Top 10 Absence Reasons by FTE Days Lost				
Absence Reason	Headcount	Abs Occurren	FTE Days Lost	%
S10 Anxiety/stress/depression/other p	199	231	9,855.92	26.9
S12 Other musculoskeletal problems	119	133	4,138.59	11.3
S98 Other known causes - not elsewhe	149	176	3,560.48	9.7
S28 Injury, fracture	59	64	2,352.00	6.4
S25 Gastrointestinal problems	318	368	2,220.15	6.1
S13 Cold, Cough, Flu - Influenza	344	398	2,093.14	5.7
S11 Back Problems	89	99	1,977.79	5.4
S99 Unknown causes / Not specified	200	248	1,808.33	4.9
S17 Benign and malignant tumours, ca	11	12	1,777.56	4.9
S26 Genitourinary & gynaecological dis	55	68	1,359.82	3.7



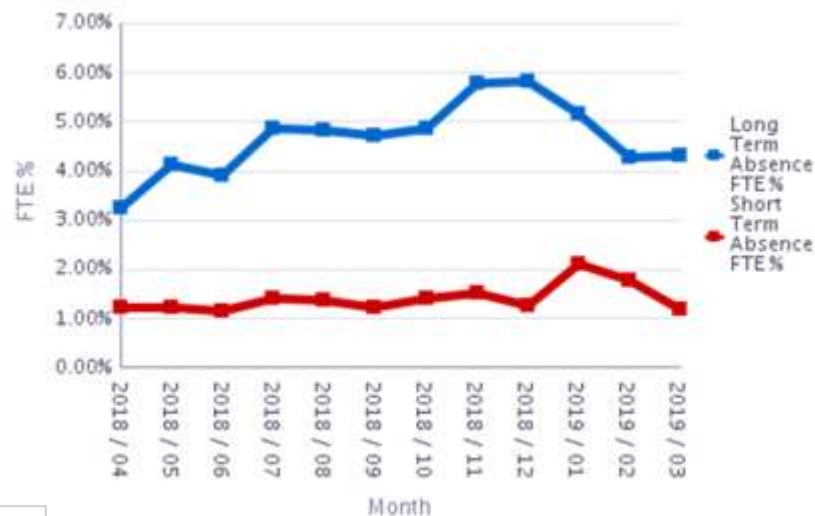
What are we doing about it?  
Action being taken:

- Sickness management action plan – fortnightly HR surgeries with Mgrs.
- Sickness Panels, driving performance mgmt. incl Leadership responsibilities.
- Engagement/Comms process – posters and individual expectations.
- Training on revised sickness policy.
- Focus on LT sick 143 in December, reduced by 34 over 6 weeks.



# PCIC

Business Support Unit	0.67	46.12%
Localities Cardiff North West	210.08	6.12%
Localities Cardiff South East	180.76	5.91%
Localities Vale	178.44	7.26%
PCIC Clinical Board Manager	62.54	2.69%
Primary Care Management	54.80	5.45%
<b>PCIC</b>	<b>687.29</b>	<b>6.04%</b>



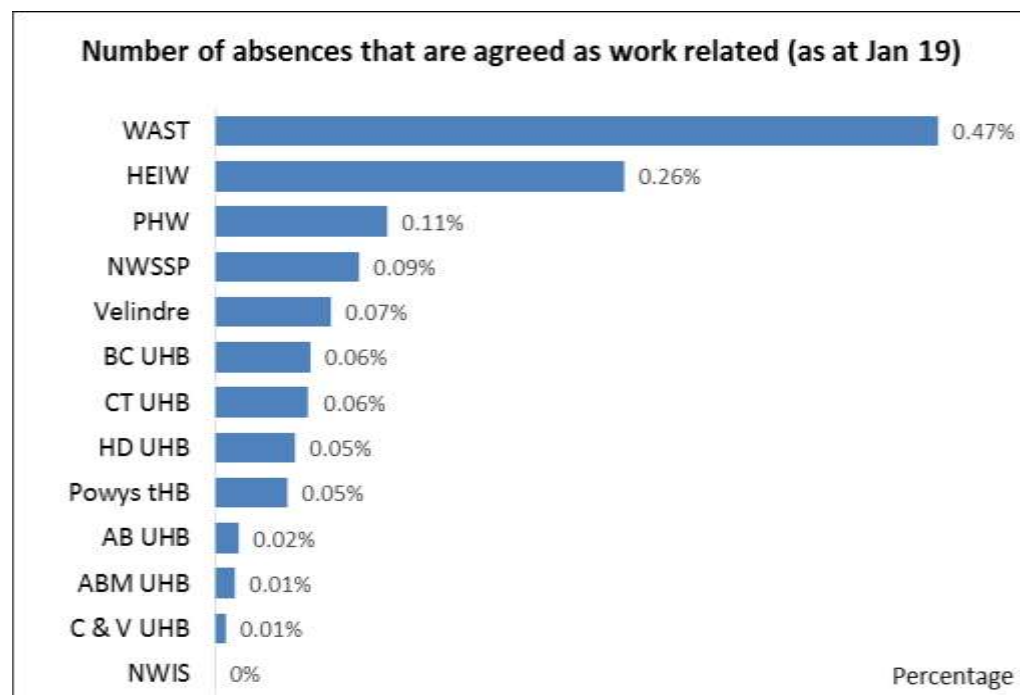
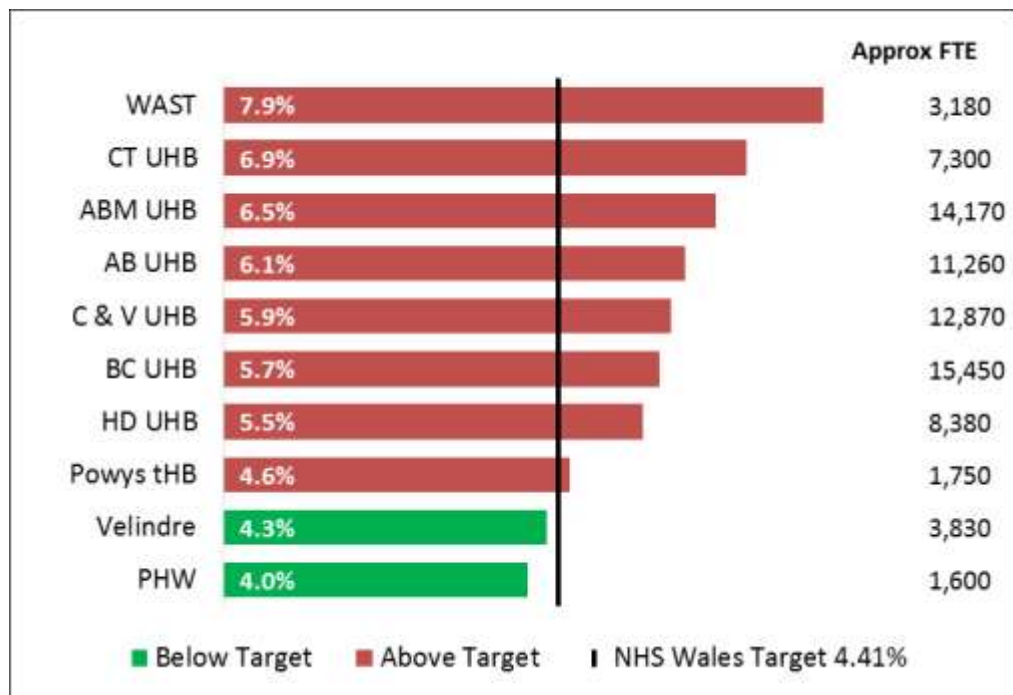
Good practice and actions being taken:

- Sickness hotspots identified, detailed data by dept and action plans to address, incl – How to manage sickness for managers.
- Over 20 Managers have attended revised sickness policy training.
- Improved working with Occ Health to expedite staff returns.

PCIC Top 10 Absence Reasons by FTE Days Lost				
Absence Reason	Headcount	Abs Occurren	FTE Days Lost	%
S10 Anxiety/stress/depression/other p	79	94	3,511.77	23.7
S12 Other musculoskeletal problems	38	40	1,648.16	11.1
S17 Benign and malignant tumours, ca	11	13	1,644.80	11.1
S13 Cold, Cough, Flu - Influenza	153	178	1,164.30	7.9
S98 Other known causes - not elsewhe	54	64	883.68	6.0
S11 Back Problems	39	48	848.01	5.7
S99 Unknown causes / Not specified	40	50	781.06	5.3
S26 Genitourinary & gynaecological dis	31	33	654.70	4.4
S25 Gastrointestinal problems	152	169	650.50	4.4
S15 Chest & respiratory problems	51	55	567.29	3.8



## Benchmarking comparison



GIG  
CYMRU  
NHS  
WALES

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

Objective	Action	Lead	Timescales	Progress Update	Status
<b>Build capability of line managers through effective training, coaching, mentoring, etc</b>					
<b>Ensure managers are trained &amp; feel able to manage absence using the new Attendance at Work Policy</b>	Deliver training sessions for line managers on the new Managing Attendance at Work (MAAW) Policy , jointly with Trade Union Representatives. Training to be offered for new managers (Foundation) and refresher training for more experienced managers (Core training)	HR Operations	Ongoing	Approx. 76 new managers have attended the Foundation Training. Approx. 77 managers have attended the Core training between 1 Jan -31 Mar	
<b>Give line managers the skills to enable them to manage absence effectively</b>	Develop a people management training programme to provide managers with the right skills and behaviours to have conversations and support staff with sickness absence., e.g. enhanced communication skills, coaching for performance, having difficult conversations, conflict management, etc	LED	6/30/2019	Some of these training courses are already being delivered but not as part of a people management programme	
	Bespoke managing absence training offered to Clinical Boards and departments to build the skills of managers	HR Operations	Ongoing	Approx. 6 training sessions have been delivered at Clinical Board level between 1 Jan - 31 Mar.	
<b>Ensure line managers understand the reasons and importance of managing absence, and how it fits in with the wider strategy</b>	Train managers to connect with the UHB objectives and how managing absence fits into the wider strategy and how it ultimately affects patient care. This encourages managers to take ownership for managing absence instead of seeing this as a HR/OH role.	HR Operations	Ongoing		
<b>Support managers with the management of long and shorter term sickness absence</b>	Hold regular HR Surgeries whereby managers can discuss short and long term cases, as well as other matters, e.g. ER, KPI compliance, staff engagement, recruitment, etc. HR Practitioners have adopted a coaching style, with a view to develop the capability of line managers.	HR Operations	Ongoing	HR Surgeries are up and running in some of the Clinical Boards but not all. The scope of the surgeries needs to be widened to ensure the bigger picture is looked at and not just absence in isolation	
	General queries from managers are directed to the HR Operations Team via Action Point. The HR Practitioner then coaches the manager through the query, e.g. prompts, non-compliance, support, etc.	HR Operations	Ongoing		
<b>Raise awareness of managers in regards to how to access useful resources both internal and external</b>	Signpost line managers to useful resources, e.g. management absence, staff engagement, health & wellbeing, etc. Internal toolkits and external resources, e.g. NHS employers	HR Operations	Ongoing		
<b>Ensure managers know how to access the WOD website</b>	Promote awareness of the WOD Internet page, which has toolkits for managing absence, an Employee Wellbeing page, Staff Engagement Toolkit, etc	HR Operations	Ongoing		
<b>Strategic Vision</b>					
<b>Be clear about where sickness absence fits into the wider staff wellbeing agenda</b>	Ensure that the leadership team and all other stakeholders have a shared view of where sickness absence fits into the strategic vision of the UHB. Ensure that this vision is clear to both leaders and staff, and understandable for all.	Executive Directors	Ongoing		
<b>Ensure there is a strategic vision for health &amp; wellbeing</b>	Re-establish the strategic health & wellbeing committee. Develop and agree a UHB wide Health & Wellbeing Strategy, focused on prevention and supporting staff to remain in work when possible.	Assistant Director of OD	6/30/2019		
<b>Embed health and wellbeing Policy</b>	Raise awareness of the newly approved health and wellbeing policy and supporting procedures, e.g. stress, domestic violence, etc.	HR Operations	Ongoing		

<b>Maximising Attendance Group to direct work for sickness absence and health &amp; wellbeing</b>	Re-establish regular meetings, review membership and terms of reference. The Group will drive the programme forward, use evidence based strategies, build key relationships with the Board, Trade Unions, etc. Also co-ordinate the overall wellbeing programme, work closely together to demonstrate how sickness absence fits into the broader wellbeing agenda.	Head of HR Operations/Head of Health & Wellbeing	5/30/2019		

#### Staff Engagement

<b>Act on results of the NHS Wales Staff Survey Results</b>	UHB Action plan to be agreed and implemented	WOD Director/Assistant Director OD	4/30/2019		
	Clinical Boards to agree and implement local action plans	Clinical Boards	Ongoing		
<b>Celebrate our staff (Reward &amp; Recognition)</b>	UHB Staff Recognition Event, Local Celebration events & Staff recognition Events	All	Ongoing		
<b>Raise awareness of the importance of staff engagement</b>	Workshops to be held for line managers looking at the importance of engaging with staff	HR Operations/LED	6/30/2019		
<b>Emed values &amp; behaviours</b>	Continue to promote and raise awareness of the UHB values and behaviours, so that they are embedded into everything we do.	All	Ongoing		
<b>Improve communication with staff</b>	Continue to improve how we communicate with staff, e.g. CAV U Heard, Chief Exec Connects, FB page, Twitter, Clinical Board FB Pages,	Communications Team	Ongoing		
<b>Improve visibility of Executive Directors</b>	A number of strategies have been adopted and opportunities continue to be explored to improve the visibility of Executive Directors.	Executive Directors/Communications Team	Ongoing		
<b>Improve Partnership Working</b>	The UHB will continue to invest in partnership working with the trade unions and professional organisations. This should be based on culture of openness, honesty, early engagement and a real involvement in decision making.	All	Ongoing		
<b>Embed Values Based Recruitment</b>	Continue to train recruiting managers in values based recruitment to ensure we are bringing the right people into the UHB	LED	Ongoing		

#### Workforce Data

<b>Improve accuracy of recording &amp; reporting</b>	Ensure managers know how to report and record absence accurately: ensure the codes for absence are understood and easy to apply: streamline processes for recording sickness absence across the UHB: be clear on how staff should report sickness absence:	Workforce Information	Ongoing		
<b>Workforce data should be accessible to all line managers via ESR</b>	Being able to monitor, report on and forecast absence is a critical tool that every manager & HR dept should have at their disposal. Managers to receive further training in ESR and in particular business intelligence.	Workforce Information	Ongoing		
<b>Review the data and look for patterns and hot spots</b>	Identifying areas of concern through using the data will: enable us to take a targeted approach: implement interventions to prevent further absences: involve support services such as OH. HR Practitioners to support managers to analyse and understand the data.	Line Managers supported by HR Operations Team	Ongoing		
	As interim measure HR Practitioners to ensure that managers have access to workforce data on a monthly basis, e.g. sickness absence, turnover, vacancies, etc.	HR Operations	Ongoing		

#### Good Practice

<b>Clear &amp; Visible Absence Policy</b>	Make staff aware that the policy, toolkits and supporting information is accessible on the WOD Internet site. Agree a communications plan to ensure that the policy is regularly and clearly communicated to continually capture new starters: develop managers guides: FAQs: Sickness absence resources	HR Operations	Ongoing		
<b>Further scrutiny for areas that have been identified as 'hotspots'</b>	Hot spot areas have been identified using workforce data, HR Practitioners work alongside the manager to identify ways in which attendance can be improved. Some interventions may include:	HR Operations	Ongoing	Medicine Clinical Board have created a temporary role to focus on managing absence. This needs to be evaluated and lesson learnt shared with the wider Health Board.	
	Further scrutiny of workforce data (turnover, vacancies, staff engagement index, absence) to provide greater intelligence	HR Operations	Ongoing		
	Regular absence audits to ensure compliance and the outcome shared with Clinical Board and lead Trade Union Representative, with actions to improve practice.	HR Operations	Ongoing		



	OD Intervention: Use pulse surveys on a regular basis in these areas to ascertain information about the culture, e.g. leadership, team working, values and behaviours, etc.	HR Operations	Ongoing	Capital Estates & Facilities have sent a pulse survey to all their staff who are off work as a result of work related stress. Findings to be shared with the wider Health Board	
<b>Ensure staff suffering with stress receive the appropriate support</b>	Targeted intervention for stress cases, ensuring that stress risk assessments are completed and reviewed; and that occupational health support is sought and in place. Implement and embed the new Stress at Work procedure.	Line Manager/ HR Operations/Occupational Health	Ongoing		
<b>Focus on long-term absence</b>	Bespoke action plans to be developed and implemented in these areas. Managers to support staff to return on a phased basis, reasonable adjustments, alternative roles, etc.	Line Manager/HR Operations/Occupational Health	Ongoing		
<b>Performance Management</b>	Clinical Boards to continue to hold performance meetings, regular 1to1 meetings with their managers to ensure that staff are being supported and cases are being progressed appropriately.	Senior Managers	Ongoing	This is not happening in all areas.	
<b>Short Term Absence</b>	Ongoing coaching and advice for management on complex STS cases.	HR Operations	Ongoing		
	All final stage absence is reviewed by an AHWOD to ensure the policy has been applied appropriately	HR Operations	Ongoing		
	Final stage meetings will now be conducted in a formal way, e.g. all information provided to all parties before the meeting.	HR Operations	Ongoing		
<b>Reduce the number of formal ER cases</b>	The HR Operations team have been working with Managers to reduce the number of formal ER cases. Work is also underway with Investigating Officer and Disciplinary Officers to reduce the time investigations are taken. Both these actions will have a positive impact on the health & wellbeing of the staff involved	HR Operations	Ongoing	Formal ER investigations/disciplinary hearing have reduced to approx. 32 cases as at 1 April 2019.	
<b>Manage conflict effectively</b>	Mediation service launched in Feb 19	HR Operations	Ongoing		
	Deliver dignity at work training for staff and managers	HR Operations	Ongoing		
<b>Health and Wellbeing</b>					
<b>Health &amp; Wellbeing Strategy/programme</b>	Promote and raise awareness of the range of health & wellbeing support that is available to staff in and outside of the workplace. Ensuring that staff are aware of the resources on the Health & Wellbeing website.	Employee Wellbeing/HR Operations	Ongoing		
<b>Support staff through the development of wellbeing champions</b>	Establish a wellbeing champion network and train champions to support staff, e.g. understand the support available, promote early intervention, promote and support national campaigns.	H&WB/Maximising Attendance Group	6/30/2019		
<b>National Campaign - Time to Change Wales</b>	UHB refreshed their TTCW pledge in 2018. Since then the TTC sub group have initiated the CAV a Coffee campaign which encourages staff to take time out and talk about mental health. The first CAV a Coffee Café was held in February and a plan has been agreed to hold pop up cafes across the UHB throughout the year. Both the UHB CEO and Chair have given their support to the campaign. The next Café is being held in UHL on 11th April	H&WB/Maximising Attendance Group	Ongoing		
<b>Work Related Stress &amp; Mental Health</b>	The updated Stress and mental health procedure was accepted by the UHB in March 2019 and the stress risk assessment documentation is currently being reviewed by EH&WS. Regular workshops are run on stress awareness by EWS and staff are also signposted to free courses which are available in the community. Continue to improve the way in which stress and mental health are managed in the workplace.	H&WB/Maximising Attendance Group	Ongoing		
<b>Managing Mental Health in the Workplace</b>	Equip managers to have the confidence to manage staff who suffer with a mental health condition, understanding what mental health is and what factors can affect wellbeing. Teach managers practical skills to spot the signs of mental illness and give them the confidence to step in and support a person who needs assistance.	H&WB/Maximising Attendance Group	Ongoing	Awaiting the new Head of LED to explore training opportunities	
	The UHB participates in the national mental health awareness raising days and incorporate these into the CAV a Coffee campaign. EWS offer a range of wellbeing workshops and the EWS internet site have a wide range of resources available to support both employees and managers	H&WB/Maximising Attendance Group	Ongoing		
<b>Health promotion</b>	Encourage staff to take personal responsibility for their wellbeing. The UHB links in with national campaigns in keeping with the Public Health agenda	H&WB/Maximising Attendance Group	Ongoing		
<b>Supporting staff suffering with a terminal illness</b>	The UHB are extremely supportive of staff who have a terminal illness. Line managers have been trained to support staff who have a terminal illness and additional support is offered by HR, and Occupational Health. The UHB will sign up to the charter within the next few weeks and will be notifying all staff of the commitment.	Head of HR Operations	5/30/2019		

<b>Menopause</b>	The UHB adopted the all wales Menopause policy in March 2019. Plans are being made to launch bi-monthly menopause cafes in UHW/UHL in May 2019. The UHB Chair and TU leads are in support of this	H&WB/Maximising Attendance Group	Ongoing		
<b>Occupational Health</b>					
<b>Increase capacity for management referrals</b>	OH performance KPI data is monitored on a monthly basis and action is taken as necessary.	Head of Occupational Health & EWB	Ongoing		
<b>Continue flu vaccine programme</b>	The UHB has achieved the Tier 1 target of 60% uptake in frontline healthcare workers. Continue to focus on the flu campaign, with an aim to improve on last years uptake	H&WB/Maximising Attendance Group	Ongoing		
<b>Rapid Access</b>	Within UHB there is rapid access pathways for: Physiotherapy, Counselling, Trauma services, Podiatry, Dermatology and Staff weight management. On a national perspective work is ongoing to explore wider aspects of rapid access e.g. expediting referrals for specialist treatment and investigations	Head of Occupational Health & EWB	Ongoing		
<b>Reduce waiting times for counselling</b>	The UHB currently offer an initial meeting with a counsellor within a few weeks of the referral being received. If face-to-face counselling is required staff are then placed on a waiting list. Even though the waiting list is below the national target the Health Board has committed to reduce the waiting time. A business case has been submitted for approval to increase the number of counsellors.	Head of Occupational Health & EWB	9/30/2019		

REPORT TITLE:	Strategic Equality Objectives - Delivery Plan Framework 2018-19									
MEETING:	Strategy & Delivery Committee						MEETING DATE:	30 April 2019		
STATUS:	For Discussion	x	For Assurance	x	For Approval	x	For Information	x		
LEAD EXECUTIVE:	Executive Director of Workforce and OD									
REPORT AUTHOR (TITLE):	Equality Manager									
PURPOSE OF REPORT:										

#### **SITUATION:**

The four year Strategic Equality Plan Fair Care 2016-20 (SEP) is now in its last year. This paper identifies the priority interventions of the delivery plan based on an analysis both of the UHB's equality related performance and of trends in the work of the Clinical Boards. For example, this plan places a special emphasis on improving attention to a more inclusive approach, the continuation of some pieces of work and identifies other new pieces of work. (Please see Appendix 1)

#### **REPORT:**

#### **BACKGROUND:**

The Strategic Equality Delivery Plan Framework was approved at the June 2016 meeting of the Equality, Diversity and Human Rights Sub Committee (EDHRSC). As the EDHRSC was stood down in June 2017 the Strategy and Delivery Committee now has the responsibility for monitoring its progress as identified in the EDHRSC legacy document.

#### **ASSESSMENT:**

During the third year there had been steady progress on the plan, with nearly all of the 17 key actions being seeing progress or being completed. The completion of these and other tasks means that the UHB now has an understanding of what needs to be done and the actions that need to continue and of new ones that need to begin if there is to be sustainability of the equality agenda. For example, meeting fully the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards) as identified in the SEP provides many challenges and so the work needs to continue. As for meeting the Welsh Language Standards, they arrived in November 2018 and work has begun to ensure we meet the deadlines for May 2019 and November 2019. It is clear that just like the Sensory Loss Standards there will be challenges to overcome.

This forthcoming year will be about sustainability and enhancement with its continuation of some actions as well as the identification of new actions as we move to a more inclusive approach for our next SEP beginning in April 2020 and ending in March 2024.



Although the embedding of equality with due regard through use of the Equality and Health Impact Assessment (EHIA) is happening, some lack a level of consistency. The plan identifies some actions, such as developing monitoring mechanisms that will assist the UHB in meeting its public sector equality duties around assessment.

While the UHB has made some progress in mainstreaming equality during the past few years, there is still much to do if we are to become a more inclusive organisation.

**ASSURANCE** is provided by:

- The actions stated within the delivery plan helps the UHB meet its obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20(SEP).

## RECOMMENDATION

The Strategy and Delivery Committee is asked to:

- **NOTE** the contents of this paper
- **APPROVE** the fourth year SEP delivery Plan

## SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

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

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click [here](#) for more information

Sustainable development principle: 5 ways of working	Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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<b>EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:</b>	Not applicable at this time									
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Fair Care - Cardiff and Vale Health Board SEP Delivery Plan 2019-2020: Living our Values

Outcome 1 People are and feel respected

Objective 1.1		To support and promote the Health Board as a great place to work for all							
Performance Measures		Data Source	Frequency of data						
Ranking in Stonewall Employers' Index		Stonewall	Annual						
Number of staff who identify as coming from frc		Staff records	Annual						
Number of staff who identify as disabled		Staff records	Annual						
number of staff who identify as LGBT		Staff records	Annual						
Action		Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating	
Continued participation in Stonewall's WEI- whilst linking the Index to other protected characteristics		Equality Manager	Equality Manager; Rainbow LGBT+ FFlag Network	Sep-19	1.Complete WEI submission 2 .Attend Pride March 3. Raise awareness of Trans related issues 4. Establish a Equal Ability staff network.	1.Submission produced. 2. Staff attend stall 3. Trans Terminology sessions delivered. 4. Equal Ability Network to be launched. 5. Work on becoming a more inclusive organisation to begin in April 2019.	The UHB is the second top Health and Social Care organisation in Wales and 127th in the UK. Annual submission will take place in September 2019 with results known in January 2020. Work on planning for the submission has already begun. The UHB will is hosting the All Wales Gender Variance Pathway Clinic. Trans awareness sessions have taken place during 2018/19 and more will take place during 2019/20. Work on the establishment of a equal ability staff network has begun with a possible launch date of May 2019.		
		Equality Manager; Rainbow LGBT FFlag Network	Equality Manager; Rainbow LGBT FFlag Network	Sep-19	1. Develop and Implement a Stonewall action plan. 2. Make bid to charitable funds	1. Action plan implemented 2. Successful bid to Charitable Funds	Action plan has been implemented. Bid to Charitable Funds is made.		
Continued support for the Rainbow LGBT FFlag Network				Nov-19	1. Map and identify gaps between 2nd and 3rd level 2. Establish a Task and Finish Group 3. Develop timetable for completion of application.	Accreditation achieved for Disability Confident Leader status. Task group and timetable established.	Successful Disability Confident- Leader staus achieved ahead of time. Work has already begun through work with Project Enable and Learning Disability Wales.		
To move from Level 2 and achieve Disability Confident Leader Level 3 status		Assistant Director of OD	Senior HR officers & Equality M:						
Identify and shape opportunities to engage with staff to understand their experience and respond to feedback to ensure all staff feel valued and involved, and ensure equality of opportunity is UHB wide.		Executive Director of Workforce and OD	LED Manager;Workforce Governance Manager; Head of Communications; Equality Manager;	Apr-20	1. Develop Staff Survey Stakeholder Meetings 2. Develop and identify themes to focus on. 3. Develop a Staff Survey Steering Group	1.Staff Survey Stakeholder Meetings held. 2. Themes identified to focus future work. 3. Staff Survey Steering Group established.	Three Staff Survey Stakeholder Meetings have identified four clear themes to focus on- 1. Engagement (Enhanced Communication and engagement, 2.Leadership (Executive and other leader profiles) 3. Culture and behaviours (Focus on work related stress/bullying/harassment) 4. InvolvementImproving responses to the next survey). A staff Survey Steering Group is being created which will oversee progress against key objectives and actions.		
Objective 1.2		To undertake engagement activities to communicate with stakeholders and obtain views on service delivery for all							
Performance Measures		Data Source	Frequency of data						
Number of equality issues raised and resolved		Concerns Team	Annually						
Number of stakeholders attending events or activity									
Action		Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	Rag Rating	
Gain feedback from stakeholders (and disseminate) through involvement in and attendance at partnership equality or related events and activities, ; Annual Carers' Events; Annual Pride; Stakeholders Reference Group; Annual third sector engagement; and a number of equality engagement events per year to assess progress against the SEP		Assistant Director of Patient Experience/Assistant Director of OD/Assistant Director of Planning/Equality Manager	Equality Manager	Mar-20	1. Arrange at least 2 stakeholder events during 19/20 2. Responding to issues raised 3. Equality related Champion allocated in each Clinical Board to support contributions to the stakeholder events	1.Refreshed SEP Delivery Plan, taking account of feedback 2. Issues raised are responded to. 3. Equality related Champions identified and contribute to stakeholder events	Work with Engagement Lead for Perfect Locality continues in regard to events and support provided through development of an EHIA . Stakeholder planning revised as part of the SEP delivery. Equality Manager works closely with Concerns and the Patient Experience Teams.		
Objective 1.3		To ensure that people are respected and free from abuse, harassment, bullying and violence							
Performance Measures		Data Source	Frequency of data						
Number of hate crime issues reported and resolved		Head of Health and Safety	Annually						
Number of staff attending Violence and Aggression training		Head of Health and Safety	Annually						
Action		Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating	

Disseminate hate crime, abuse and harassment materials whilst making sure that reporting links are clear and well communicated	Head of Health and Safety	Head of Health and Safety/Equality Manager/	Mar-20	1. Review the current Violence and Aggression (V&A) training package 2. Achievement of 85% staff receiving V&A training 3. Produce relevant and up to date briefings which are accessible/communicated across the UHB	1. V& A training which includes information on hate crime, abuse and harassment 2. Achievement of 85% across the UHB 3. Relevant, up to date information is accessible/communicated across the UHB	V&A awareness includes information on hate crime, abuse and harassment. Target of 85% not yet achieved. Awareness raising is communicated via briefings/newsletters/intranet.	
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Objective 1.4	To review all equality related training,support and development with a view to creating a more inclusive workplace and more inclusive services						
Performance Measures	Data Source	Frequency of data					
% of staff who receive training publicised in Annual Equality Report	LED Manager	Annually					
Number of Equality Champions in the organisation	Equality Manager						

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Redesign, develop and roll out a programme of equality training for all staff	HoWOD lead for HR Ops team / Equality Manager	Equality Manager & HoWOD lead	Mar-20	1. Use feedback from equality training to monitor requirements 2. Write up a rationale and a plan for the organisation which is inclusive all staff groups	1. Refreshed equality and dignity training programme taking account of feedback/evaluation is delivered	Future facilitated, Unconscious Bias/ Skills to Change and Leadership & Management sessionssessions are planned for 2019/20 by the Equality Manager	
Provide additional materials and reference guides for all managers and supervisors	Equality Manager	Equality Manager	May-19	1.Gather and produce guides on all Protected Characteristics	Comprehensive coverage of equality issues in guides	Work on guides on religion, disability and LGBT issues has been completed. Work on remaining protected characteristics is near completion.	

Objective 1.5	To explore the use of positive action employment initiatives with regards to protected characteristics						
Performance Measures	Data Source	Frequency of data					
Number of placements			Mar-20				
Completion of review			Mar-20				
Action	Action owner	Action delivery by	Target date	Tasks		Progress	RAG rating
Explore possibility of developing learning disabilities work with Elite Supported Employment Agency.	Equality Manager	HR Ops team in partnership with CBs, corporate depts and Apprenticeship & Widening Access Co-ordinator	Mar-20	1. Meet with appropriate external organisations 2. Meet with CB/Corporate leads 3. Develop new placements withing CB's & Corporate	Rise in number of placements achieved	Meeting with external organisations have begun place. Discussions with internal staff has also begun as regard to placements/employment opportunities.	

Objective 1.6	To promote person-centred services that respect people's human rights and communication, spiritual and cultural needs						
Performance Measures	Data Source	Frequency of data					
Number assessed by Red, Amber and Green rating (Health and Care Standards)							

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	
Support Clinical Boards to understand and implement Health and Care Standard 6.2 People's Rights	Equality Manager	Equality Manager	Jun-20	1. Refine the self-assessment process to capture impact not just compliance 2. Clinical Boards to know what happens with the process (communication & feedback)	1.Self-assessment process refined	This work has begun in conjunction with appropriate staff.	

**Outcome 2: People are communicated with in ways that meet their needs**

Performance Measures	Data Source	Frequency of data	Progress
Improvement reported in Community Health Council environmental audit and by Third sector	Sensory Loss Standards Working Group	Annually	

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Implement a Health Board wide action plan to meet the All Wales Standards for Accessible Information and Communication for People with Sensory Loss	Sensory Loss Standards Working Group chaired by Chief Operating Officer	Sensory Loss Standards Working Group and Champions	Mar-20	1.Continue to implement action plan 2. Good practice is shared across the UHB 3. Organisation's delivery of standard goes beyond the Sensory Loss Standards Working Group	1. Action plan has begun to be implemented 2. All Wales Standard is achieved 3. CB's through their action plans and Sensory Loss Leads/Champions are aware of baseline situation in their areas.	Work on action action plan has been begun. Clinical Boards report back to the Sensory Loss Standards Working Group and are working towards achieving the Standards.	

Performance Measures Data Source	Frequency of data	Progress
% of frequently used information both leaflets and letters which are available in Welsh	Clinical Board Directors of Operations Annually	
% of identified staff who receive training	LED Manager Annually	

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Implement the Welsh Language Standards Framework throughout the UHB including through the continued work of the Welsh Language Steering Group	Assistant Director of OD	Welsh Language Officer/ Welsh Language Standards Group/ Clinical Board/Corporate	Mar-20	1. Respond to the Standards. 2. Good practice is shared across the UHB 3. Action plans to meet compliance deadline are developed	1. Action plan has begun to implemented 2.Welsh Language Standards have begun to be achieved though it is recognised that more work needs to be , including challenging some of the Standards	The Welsh Language Standards for the UHB ARRIVED IN November 2018. The Board have been actively involved in the consultation. Work has begun on the various and up to 2 year deadline of the Standards.	

Performance Measures Data Source	Frequency of data	Progress
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Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
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Through engagement and in partnership with the RNIB, Action on Hearing Loss and other third sector organisations CB's create a more accessible environment

Clinical Boards Heads of Delivery/Assistant Director of Planning/Equality Manager

Clinical Boards Heads of Delivery/Assistant Director of Planning/Equality Manager/ Welsh Language Officer

Mar-20 1 Wayfinding Review to take place.

1 Wayfinding Review document to be produced

Clinical Boards have identified their Sensory Loss Champions and began work to meet the tasks/standards. The UHB became the first Hospital in the UK to be awarded the RNIB's Visibility Better Accreditaion in the Radiology department. The Dental Clinical Board at Cardiff and Vale University Health Board has gained the Action on Hearing Loss Louder than Words Accreditation Charter Mark. The University Dental Hospital is the only NHS Hospital in the UK to have this accreditation. Their is now Third Sector representation on the Sensory Loss Standards Working Group. Equality Manager represents the UHB at the All Wales Standards for Accessible Communication and Information for People with Sensory Loss Senior Officers Group.



Fair Care - Cardiff and Vale Health Board SEP Delivery Plan 2018-2019: Living our Values

Outcome 3 More people receive care and access services that meet their needs (including those from disadvantaged communities)

<b>Objective 3.1</b>	To support the implementation of Addressing Health Inequalities and Access IMTP 2016/17-2018/19 including support for people with learning disabilities and for asylum seekers and refugees			
<b>Performance Measures</b>	<b>Data Source</b>	<b>Frequency of data</b>		<b>Progress</b>
Number and quality of Equality and Health Impact Assessments (EHIA)				

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Engage with service users to ensure they are involved in service redesign, for example, adults with learning disabilities and asylum seekers and refugees	Clinical Boards	CB Directors of Operations	Mar-19	1. To develop engagement plan for service redesign that includes a diversity of methods 2. To implement plan in conjunction with communities identified 3. To develop a communication plan - internally and externally- for diverse communities including roadshows and community letters. 4. To implement the communication plan	1. Engagement Plan developed. 2. Engagement Plan implemented with community support 3. Communication Plan developed. 4. Communication Plan implemented	The deliverables are evident throughout the 2015/16-2017/18 IMTP.	

<b>Objective 3.2</b>	To ensure that we have the necessary mechanisms in place to capture and monitor the protected characteristics data			
<b>Performance Measures</b>	<b>Data Source</b>	<b>Frequency of data</b>		<b>Progress</b>

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Regularly review and monitor the data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide.	Chief Operating Officer/ Executive Director of WOD	Director of WOD/Equality Manager	Mar-20	1. To review and monitor any equality data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide	1.To produce regular updates to the appropriate Board Committee.	This work has begun. Information on the patient experience is sent to the Equality Manager. It is also tied in with what we already know from events such as Pride where data is collected.	



<b>Objective 3.3</b>	<b>To create combined Equality and Health Impact Assessment (EHIA) process</b>					
<b>Performance Measures</b>	<b>Data Source</b>	<b>Frequency of data</b>				<b>Progress</b>
Number of EHIA's completed and published						

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Monitor the quality of Equality & Health Impact Assessments.	Equality Manager/ Governance Manager/Senior Health Promotion Specialist	Senior Health Promotion Specialist/Equality Manager	Oct-19	1. Review the monitoring mechanism to assess the quality of EHIA's and linking in to the IMTP. 2. Review the EHIA training package	1. Monitoring mechanism for EHIA is developed, communicated and available for use across the UHB.	Work on training, monitoring and review has begun, including exploring the possibility of providing a Board development session.	

<b>Objective 3.4</b>	<b>To explore the Health literacy needs of patients so as to reduce health inequalities</b>					
<b>Performance Measures</b>	<b>Data Source</b>	<b>Frequency of data</b>				<b>Progress</b>
Number of participants with protected characteristics						

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Explore how to build upon the work of the pilot Ophelia Approach that supports the identification of community health literacy needs	Clinical, Diagnostic and Therapies Clinical Board/ Equality Manager	Associate Lecturer & Physio/ Equality Manager	Jun-19	1. Review Evaluation Report of the pilot	1. Decide whether work can be taken forward	Beginning to embed health literacy needs in transformation work of the UHB. For example in falls prevention, primary and community care. the MSK pathway, promoting independence. Awaiting decision as to continued work.	


**Fair Care - Cardiff and Vale Health Board SEP Delivery Plan 2018-2019: Living our Values**

**Outcome 4 Gender and any other protected characteristic pay gap is reduced**

<b>Objective 4.1</b>			<b>To reduce any other protected characteristic pay gap to promote equality and good practice</b>		
<b>Performance Measures</b>	<b>Data Source</b>		<b>Frequency of data</b>		
Meet the legislative requirements of the gender pay gap information regulations	ESR				

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Identify any trends and to formulate an action plan to address any unfair differentials that may emerge	Assistant Director for Organisational Development (ADOD)	Workforce Governance Manager/Equality Manager	Sep-19	1. Data set established to identify and organise fields of search 2. Action Plan formulated to address an gaps or issues that arise	1. Established data set 2. Implemented action plan	Gender pay report to be published in June Annual Equality Statement and Report 2018/19.	

<b>Report Title:</b>	<b>Board Assurance Framework – Sustainable Primary and Community Care</b>				
<b>Meeting:</b>	<b>Strategy and Delivery Committee</b>			<b>Meeting Date:</b>	<b>30.04.2019</b>
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>				
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>				

## SITUATION

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

## BACKGROUND

The Board Assurance Framework has now been presented to three Board Meetings after discussion with the relevant Executive Director and the Executive Directors Meeting. 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.

## ASSESSMENT

There are currently six key risks set out in the Board Assurance Framework and the risks which link to the Strategy and Delivery Committee are:

1. **Workforce**
2. **Sustainable Primary and Community Care**
3. **Sustainable Culture Change**
4. **Capital Assets**

It has previously been agreed by the Committee that one of the four risks will be reviewed at each meeting and the risk attached for review at the April Meeting is **Sustainable Primary and Community Care**.

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

## RECOMMENDATION

The Strategy and Delivery Committee is asked to:

- Review the attached risk in relation to 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

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

### Five Ways of Working (Sustainable Development Principles) considered

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



## BOARD ASSURANCE FRAMEWORK 2018/19 – April 2019

It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing.

### Strategic Objectives

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

### Principle Risks

Risk	Gross Risk	Net Risk	Target Risk	Context	Executive Lead	Committee
1. Workforce	25	15	10	Across Wales there have been increasing challenges in recruiting 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 has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of Workforce and OD	Strategy and Delivery Committee
2. Financial Sustainability	25	20	5	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.	Executive Director of Finance	Finance Committee

3. Sustainable Primary and Community Care	20	15	10	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.	Chief Operating Officer	Strategy and Delivery Committee
4. Safety and Regulatory Compliance	16	12	4	Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director	Quality, Safety and Experience
5. Sustainable Culture Change	16	8	4	In line with UHB’s Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of Workforce and OD	Strategy and Delivery Committee
6. Capital Assets (Estates, IT Infrastructure, Medical Devices)	25	20	10	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Strategy and Delivery Committee, IG & T Committee, Quality, Safety and Experience Committee

## 1. Sustainable Primary and Community Care

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.

<b>Risk</b> <b>Date added:</b> 12.11.2018	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.		
<b>Cause</b>	<p>Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 years 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>		
<b>Impact</b>	<p>Long waiting times for patients to access a GP</p> <p>Referrals to hospital because there are no other options</p> <p>Patients turning up in ED because they cannot get the care they need in Primary or Community care.</p> <p>Poor morale of Primary and Community staff leading to poor uptake of innovative solutions</p> <p>Stand offs between Clinical Board and Primary care about what can be safely done in the community</p> <p>Impact reinforces cause by effecting ability to recruit</p>		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	<b>20 (red)</b>
<b>Current Controls</b>	<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>		
<b>Current Assurances</b>	<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</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	<b>15 (red)</b>
<b>Gap in Controls</b>	<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>		
<b>Gap in Assurances</b>	No gaps currently identified.		

Actions		Lead	By when	Update provided to March 2019 Board Meeting
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.		SH	31/03/2019	<b>On track</b> – this has started
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's		SC	Start by 31/01/2019	<b>Commenced</b> - see No 4 update
3. Roll out digital solutions for smart working (join up system – Vision 360 degree)		SH	31/03/2020	<b>Commenced</b> - Discussion planed for Management Executives
4. Development of recruitment strategies for GP and non GP service solutions		MD	Ongoing	GP Support Unit helps with recruitment and finding GP alternatives action also lined to No 2 above.
5. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs		SH	30/09/2019	<b>Not due</b>
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		<b>10 (high)</b>

**Key:**

<b>1 -3</b>	<b>Low Risk</b>
<b>4-6</b>	<b>Moderate Risk</b>
<b>8-12</b>	<b>High Risk</b>
<b>15 – 25</b>	<b>Extreme Risk</b>



<b>Report Title:</b>	<b>Memorandum of Understanding between Cardiff and Vale University Health Board and the Third Sector in Cardiff and the Vale of Glamorgan</b>					
<b>Meeting:</b>	<b>Strategy and Delivery Committee</b>			<b>Meeting Date:</b>	<b>30 April 2019</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	<b>X For Information</b>
<b>Lead Executive:</b>	<b>Executive Director of Public Health</b>					
<b>Report Author (Title):</b>	<b>Strategic Partnership and Planning Manager</b>					

## SITUATION

The UHB has been working with the County Voluntary Councils (CVCs) to develop a Memorandum of Understanding (MoU) between the UHB and the local Third Sector. This is the result of discussions with key stakeholders about the role and contribution of the UHB Framework for Working with the Third Sector and the Third Sector Strategic Alliance Steering Group in the context of the range of other strategic partnership arrangements now in place. The MoU has been designed to reflect the 'new' partnership arena established via key pieces of legislation and Welsh Government policy, providing a written statement of our joint commitments and intentions, to replace the existing UHB Framework for Working with the Third Sector.

This paper introduces the MoU for approval by the Committee. It also provides a year-end overview of delivery against the 2018/19 Action Plan which was brought to the Strategy and Delivery Committee (SDC) in June 2018 and a description of the mechanisms for ongoing delivery and governance of key areas of work.

## BACKGROUND

In 2012, the UHB Board approved the first Strategic Framework for Working with the Third Sector. The Framework and associated Action Plan were developed in partnership with local authority, County Voluntary Council and third sector colleagues; an annual Action Plan supported delivery.

In 2015, the Strategic Framework was reviewed with the aim of re-appraising the relationship to ensure it was fit for purpose to support delivery of the UHB strategy 'Shaping Our Future Wellbeing'. This review resulted in the publication of the UHB's Framework for Working with the Third Sector 'Working Together for Our Future Wellbeing', setting out the organisation's ambitions for working collaboratively with the third sector to enhance the lives of individuals, communities and the population of Cardiff and the Vale of Glamorgan. An action plan has been developed annually by a multi-agency Steering Group chaired by the Director of Public Health, which has provided oversight of the UHB Framework and its implementation. Regular updates have been provided to the SDC and its predecessor committees; most recently the 2018/19 Action Plan was brought to the SDC in June 2018.

## ASSESSMENT

The current UHB Framework for Working with the Third Sector and the supporting arrangements of an annual Action Plan and Steering Group have played a key role in establishing a strong relationship between the UHB and local third sector. They have supported a shared approach to the delivery of Shaping Our Future Wellbeing and have embedded a collaborative partnership

approach into the way we work together strategically and operationally. They have also helped us build and strengthen our approach to commissioning with the third sector.

The mechanisms for ensuring that those strong relationships continue going forward, however, need to change to reflect the 'new' partnership arena established via key pieces of legislation and Welsh Government policy, in particular the roles of the Regional Partnership Board and the Public Services Boards, and the opportunities offered by the shared commitment to the wider transformation and locality agenda.

The UHB has talked to a range of stakeholders including the Chief Executive Officers of Cardiff Third Sector Council (C3SC) and Glamorgan Voluntary Services (GVS), the UHB Independent Member from the Third Sector and the Community Health Council to explore what is needed going forward. It has been reassuring to learn that partners are all on the same page in acknowledging that we are now in a very different place in terms of partnership working and the strategic partnership context in which we work.

These reflections have resulted in the collaborative development of the MoU attached as Appendix 1. The MoU forms the basis of a shared understanding and a relationship between the Third Sector in Cardiff and the Vale of Glamorgan and the UHB. The Third Sector is represented in this context by C3SC and GVS as the local County Voluntary Councils, who coordinated a consultation period with the local third sector on the draft MoU, via members of their Health and Social Care Networks.

The MoU will be reviewed annually via a meeting to involve the UHB Directors of Public Health and Planning, the UHB Independent Member from the Third Sector and the Chief Officers of the CVCs. This will replace the Steering Group.

Another key consideration in determining that the Steering Group is no longer the best way to oversee the relationship, was recognition that the Action Plan had become a collation of actions being delivered through other mechanisms, which the Steering Group was simply receiving for information. The table in Appendix 2 demonstrates the mechanisms through which the key areas for action identified in the 2018/19 Action Plan are currently being delivered and will continue to be delivered going forward.

Appendix 3 provides an overview of year-end delivery of the 2018/19 Action Plan, for information.

**ASSURANCE** is provided by:

Joint agreement of the proposed way forward by key stakeholders following discussions led by the Director of Public Health, and collaborative development of the Memorandum of Understanding with the CVCs as the local third sector infrastructure bodies.

## **RECOMMENDATION**

The Committee is asked to:

- **APPROVE** the Memorandum of Understanding between Cardiff and Vale University Health Board and the Third Sector in Cardiff and the Vale of Glamorgan
- **NOTE** the mechanisms for ongoing delivery and governance key areas of work and the end of year progress in delivering the Action Plan for 2018/19

## Shaping our Future Wellbeing Strategic Objectives

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

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
<b>Equality and Health Impact Assessment Completed:</b>		Not Applicable							

Kind and caring  
Caredig a gofalgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

# **Memorandum of Understanding**

**Between Cardiff and Vale University Health  
Board**

**and**

**The Third Sector in Cardiff and the Vale of  
Glamorgan**

**April 2019**

## **1. Purpose and Scope**

- 1.1 This Memorandum of Understanding (MoU) forms the basis of a shared understanding and a relationship between the Third Sector in Cardiff and the Vale of Glamorgan and Cardiff and Vale University Health Board (UHB). The Third Sector is represented in this context by Cardiff Third Sector Council (C3SC) and Glamorgan Voluntary Services (GVS) as the local County Voluntary Councils (CVCs).
- 1.2 The MoU is intended to demonstrate the parties' commitment to working together to deliver the UHB's '[Shaping Our Future Wellbeing](#)' strategy and key strategic partnership plans, recognising that improvements in population health will only be achievable if we work differently and work more collaboratively with communities and partners.
- 1.3 The MoU supports but is independent of any other agreements or contracts signed by or between the organisations concerned.
- 1.4 The approach reflects shared ambitions for building relationships between the UHB and the Third Sector, working strongly with local authorities and other partners, and is based on a joint agreement of strategic objectives and outcomes and shared ownership of priority areas for co-delivery.
- 1.5 Key legislation and policy which provide the context for this MoU include 'A Healthier Wales: our Plan for Health and Social Care', the Wellbeing of Future Generations (Wales) Act, and the Social Services and Wellbeing (Wales) Act.
- 1.6 In signing this MoU, each party undertakes to build on the strength of existing relationships and the strong foundations already established through implementation of the UHB's Framework for Working with the Third Sector 'Working Together for Our Future Wellbeing'.

## **2. Status of the MoU**

- 2.1 The partners acknowledge that it is not their intention for this MoU to have a binding legal effect. Rather it is a statement of their shared intention to work together in the spirit of partnership and cooperation for the benefits of the residents of Cardiff and the Vale of Glamorgan.
- 2.2 This MoU is designed to complement and support other key working relationships which operate at a strategic partnership level within the area of Cardiff and the Vale of Glamorgan, including the Regional Partnership Board and the Public Services Boards.

2.3 This MoU will help to optimise the CVC's role in providing third sector support and development at local level, nurturing local group development, hosting Volunteer Centres, and engaging with statutory sector partners to improve local community health and wellbeing outcomes.

### **3. Objectives**

To work effectively together to improve services and health outcomes for the people of Cardiff and the Vale of Glamorgan.

3.1 To develop a co-productive approach working collaboratively as equal partners in helping the health and care system make decisions and develop a shared understanding of the ways in which the Third Sector can contribute to improvements and the sustainability of health, care and wellbeing services.

3.2 To promote and use the talent, reach and social value of Third Sector organisations to support prevention and improvement and advocate for people who are otherwise 'seldom heard'.

3.3 To share best practice models between the Third Sector and the UHB, and build evidence of sustainable, scalable solutions to prevent and mitigate inequalities that impact on the health and wellbeing of communities.

3.4 To enable members of the Third Sector to contribute to the development of new models of care, as appropriate, and encourage co-production in the creation of person-centred, community-based health and care which promotes equality for all.

3.5 Through CVC networks, to better understand and involve people and communities in the transformation of health, care and wellbeing services, enabling the voice of people with lived experience and those experiencing health inequalities to inform and shape policy and the delivery of services.

3.6 To involve the third sector in estate management strategies, recognising the added value the sector can bring by offering premises and venues within communities or taking on public buildings through asset transfer.

3.7 To support the H&SC Networks to be the "first point of call" for engagement with the third sector to facilitate the work outlined above, to offer a point of informal policy discussion to key statutory sector partners and to facilitate third sector representatives chosen by their peers to represent them at strategic boards and working groups.

## 4. Strategic Principles and Outcomes

4.1 The MoU provides an overview of how the UHB and Third Sector will work together to deliver the strategic principles and outcome ambitions set out in Shaping Our Future Wellbeing and strategic partnership plans:

4.2 **Empower the Person:** The Third Sector plays a crucial role in supporting health and wellbeing and its relationship with the most vulnerable in our communities means it can play a key role in building community resilience:

- We will make the most of third sector relationships and knowledge of communities to influence behaviours and support people in choosing healthy behaviours
- We will optimise opportunities to develop the role of the third sector in the prevention of ill health and the creation of healthy environments and ensure that engagement with the third sector is inclusive, engaging with organisations interested in the life course and whole person as effectively as those working to improve the treatment of individual conditions
- We will work together to unlock the value of volunteering in the community and develop champion roles which support health and wellbeing

4.3 **Home First:** Enabling people to maintain or recover their health in or as close to home as possible means we need greater plurality of provision as part of more integrated community delivery models:

- We will work together to deliver third sector services as part of integrated health and social care provision in the community
- We will adopt asset based community development approaches to understand and facilitate connections between people, groups and communities within localities and primary care clusters
- We will optimise opportunities for relevant third sector organisations to become embedded into Whole Care Pathways.

4.4 **Outcomes that Matter to People:** To deliver outcomes that matter to people, we need co-production with citizens to design and transform our services to achieve our vision for seamless care:

- We will draw on third sector expertise to plan and design services with health and social care partners, which are centred around the person
- We will work together to support the involvement of service users and carers in planning health, care and wellbeing services, finding ways to improve engagement with those who are otherwise 'seldom heard'
- We will optimise collaborative opportunities to establish a social referral model to support access to a wide network of wellbeing services

**4.5 Avoid Harm, Waste and Variation:** The serious health challenges that face our population can only be tackled by taking a long term approach and finding new ways of working with the Third Sector as a key partner in developing solutions that are responsive to local need:

- We will fully use local Third Sector networks and the Health & Social Care Facilitators to create new alliances, build capacity and develop innovative solutions based on rebalancing the existing health and social care system towards prevention, community resilience and self-help
- We will strengthen operational links between Third Sector and front line NHS staff to explore potential collaborations to improve outcomes for people
- We will support adoption of best practice in commissioning and procurement of services, working with CVCs to develop and strengthen underpinning mechanisms and processes, and on implementing social value and social innovation
- We will share learning, resources and skills across the sectors

## **5. Ways of Working**

5.1 The Wellbeing of Future Generations (Wales) Act puts in place a sustainable development principle that describes how public service organisations must meet their duties under the Act. The following five ways of working, which define this principle, will underpin the way the UHB and Third Sector work together: long term; prevention; integration; collaboration; and involvement.

5.2 The relationship will be based on mutual respect and trust.

5.3 The relationship will be based on open, timely and transparent communications.

5.4 There will be a shared commitment to making the best use of resources.

5.5 The CVCs will work together to develop shared approaches across the area of Cardiff and the Vale of Glamorgan, wherever appropriate.

5.6 The CVCs will ensure a continuing relationship with key third sector partners, including Cavamh, the infrastructure agency with responsibility for working with third sector groups with an interest in mental health.

## **6. Disagreement Resolution**

6.1 Any disagreement will normally be resolved at working level between the relevant officers. If this is not possible, it may be referred for discussion



between the Chair and Chief Executive of the UHB and the Chairs and Chief Officers of the CVCs.

## **7. Duration of the MoU**

7.1 All parties accept the dynamic environment in which this MoU operates and that priorities will be subject to change. This is particularly relevant in the context of the evolving integration agenda. In recognition of this, the MoU will be reviewed and amended annually by mutual agreement. The date for the review of the MoU is April 2020.

7.2 An annual review meeting will be convened by the UHB and will involve:

- UHB Director of Public Health
- UHB Director of Strategic Planning
- UHB Independent Member (Third Sector)
- C3SC Chief Executive Officer
- GVS Chief Executive Officer

## **Signatories**

The MoU is agreed by the following

<b>Organisation</b>	<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date</b>
Cardiff and Vale UHB	Abigail Harris	Director of Strategic Planning		
Cardiff and Vale UHB	Fiona Kinghorn	Director of Public Health		
Cardiff Third Sector Council	Sheila Hendrickson-Brown	Chief Executive Officer		
Glamorgan Voluntary Services	Rachel Connor	Chief Executive Officer		

### Mechanisms for ongoing delivery and governance of key areas of action

Areas of Action	Mechanism for delivery and governance
Rollout of Making Every Contact Counts	<ul style="list-style-type: none"> <li>Managed by the Public Health Team, with established links with the Third Sector via Health and Social Care Facilitators (HSCFs) and its own mechanism for governance</li> </ul>
Promoting public health messages	<ul style="list-style-type: none"> <li>Established links between Public Health Team, the HSCFs and Cardiff and Vale Action for Mental Health (cavamh)</li> </ul>
Volunteering	<ul style="list-style-type: none"> <li>UHB team has established links with the Volunteering Services run by the County Voluntary Councils (CVCs) and cavamh</li> </ul>
Third Sector services delivered as part of integrated health and social care provision in the community	<ul style="list-style-type: none"> <li>Involvement of the CVCs, HSCFs and third sector reps is embedded in the strategic partnership arrangements that support the health and social care integration agenda and delivery of Me, My Home, My Community. Governance of collaborative approach via statutory Regional Partnership Board</li> <li>Involvement of third sector embedded in arrangements established to support delivery of Shaping Our Future Wellbeing: In Our Community programme</li> </ul>
Involvement of service users and carers in service planning	<ul style="list-style-type: none"> <li>Established links between UHB Planning and Third Sector Networks utilised regularly to encourage and support engagement in local and regional planning of proposed service change</li> <li>Established links between UHB Patient Experience Team and HSCFs, and between cavamh and Mental Health Clinical Board to support user feedback</li> </ul>
Third Sector Infrastructure organisations building capacity and developing innovative solutions	<ul style="list-style-type: none"> <li>UHB 3 year contracts with CVCs as infrastructure organisations (including role of HSCFs) are being renewed April 2019</li> <li>HSCF Action Plan agreed annually with UHB to support delivery of shared objectives aligned to delivery of Shaping Our Future Wellbeing and key strategic partnership plans; progress reports reviewed with UHB planning team</li> <li>Mental Health Clinical Board contracts with cavamh to deliver infrastructure support</li> </ul>
Operational links between third sector and front line NHS staff	<ul style="list-style-type: none"> <li>Key area of delivery within HSCF Action Plan</li> </ul>
Commissioning and Procurement	<ul style="list-style-type: none"> <li>UHB Commissioning Framework published; Clinical Boards commission from Third Sector in line with Framework</li> <li>Embedded links between HSCFs and UHB Commissioning Team</li> </ul>

## **Year-end update on implementation of the 2018/19 Action Plan**

Key actions progressed during 2018/19 include:

### **Empower the Person**

- Continued rollout of Making Every Contact Count (MECC) through the third sector and volunteers via face to face training and e-learning; Health and Social Care Facilitators (HSCFs) are both MECC trained and deliver targeted training
- Third sector involvement in recruitment and induction of youth and mental health volunteering officers
- 'Rebuild' project as successor to Pave the Way project, supporting volunteer opportunities for people with mental health needs
- Volunteers, including the community payback scheme, are central to the progress at Our Orchard site
- Work undertaken with RVS to deliver healthy food choices on ward trolley service

### **Home First**

- Wellbeing 4U contract extended for 2 years
- HSCFs facilitated connections between key UHB front line teams and relevant local third sector organisations e.g. community dieticians, community alcohol nurses
- Third sector are key partners in development and delivery of ICF and Transformation projects
- Direct links developed between GP clusters and local third sector; third sector involvement in GP CPET sessions
- Third sector involvement central to development of Wellbeing Hub proposals as part of SOFW; In Our Community; HSCFs on project groups
- Community Child Health worked with Ty Hafan Children's Hospice to develop joint nursing posts and staff rotational programme

### **Outcomes that Matter to People**

- Proposals for C&V Carers Service developed in collaboration with Third Sector
- Third Sector involvement key to shaping the approach to social prescribing
- Cavamh worked via Sefyll and Nexus to gather feedback in relation to CMHTs and inpatient services, co-produced and delivered by people using MH services in relation to adult MH
- UHB Chair met with range of third sector organisations as part of ongoing programme of engagement, including: Age Connects, Action for Elders, With Music in Mind, BME Forum, Learning Disability Partnership Group
- Third Sector involvement in work to develop prostate cancer pathway
- Third sector workshop facilitated locally to inform national Cell and Gene Therapy work

### **Avoid Harm, Waste and Variation**

- Third sector involvement in development of UHB Commissioning Framework and recommissioning of substance misuse services

- HSCFs supported recruitment of increased third sector membership on UHB Stakeholder Reference Group to broaden range of perspectives available to the UHB to shape early thinking and planning
- HSCFs produced range of briefings for health and social care staff, and mapping of third sector services, to inform specific developments e.g. falls prevention, carer services
- Health Charity funding £30k to pump prime third sector community healthcare improvement projects; key priorities are the arts and wellbeing and social prescribing. GVS administering grant on behalf of the Charity