

Bundle Strategy and Delivery Committee 14 January 2020

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- 10 Date & Time of Next Meeting:
- 10.1 Tuesday 10th March 2020 – Nant Fawr 1 & 2, Woodland House

Strategy & Delivery Committee
Tuesday 14th January 2020
9.00am – 12.30pm
Executive Meeting Room, Woodland House

1	Welcome & Introductions	Charles Janczewski
1.2	Apologies for Absence	Charles Janczewski
1.3	Declarations of Interest	Charles Janczewski
1.4	Minutes of the Strategy & Delivery Meeting held on 29th October 2019	Charles Janczewski
1.5	Action Log of the Strategy & Delivery Meeting held on 29th October 2019	Charles Janczewski
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2	Shaping our Future Wellbeing Strategy	
2.1	Primary Care – Peer Review	Steve Curry
2.2	Excel at Teaching, Research, Innovation & Improvement	Stuart Walker
3	National Strategies	
3.1	Healthy Travel Charter Update	Fiona Kinghorn
3.2	A Long Term Health and Social Care Plan – A Healthier Wales	Abigail Harris
4	Integrated Medium Term Plan (IMTP)	
4.1	Ensuring that service provision, quality, finance and workforce elements are aligned and integrated	Ruth Walker
4.2	Scrutiny of the Capital Plan	Abigail Harris
4.3	IMTP Quarterly Report	Abigail Harris
5	Other Significant Plans	
5.1	Equality Champions	Martin Driscoll
5.2	Developing a Performance Framework Update (Presentation)	David Thomas
5.3	Primary Care Milestones and Delivery against them (Presentation)	Steve Curry
5.4	Staff Survey Steering Group	Martin Driscoll
6	Performance Reports	
6.1	Key Organisational Performance Indicators including Winter Resilience update.	Steve Curry
6.2	Workforce Key Performance Indicators	Martin Driscoll
7.	Governance Arrangements	
7.1	Terms of Reference	Nicola Foreman
7.2	Work Plan 2020-21	Nicola Foreman
7.3	Board Assurance Framework – Update	Nicola Foreman
8	Items for Ratification	
8.1	Staff Flu Policy	Fiona Kinghorn
9	Any Other Business	Charles Janczewski
10	Date & Time of Next Meeting:	Charles Janczewski

	Tuesday 10 th March 2020 – Nant Fawr 1 & 2 Woodland House	
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Unconfirmed Minutes of the Strategy & Delivery Committee
Tuesday 29th October – 9:00am – 12:00pm
Nant Fawr 1 & 2, Woodland House

Chair:

Charles Janczewski CJ UHB Interim Chair & Committee Chair

Members:

Sara Moseley SM Committee Vice Chair & Independent Member – Third Sector

In Attendance:

Caroline Bird CB Deputy Chief Operating Officer
 Robert Chadwick RC Executive Director of Finance
 Marie Davies MD Deputy Director of Planning
 Martin Driscoll MD Executive Director of Workforce & Organisational Development

 Nicola Foreman NF Director of Corporate Governance
 Aaron Fowler AF Interim Head of Corporate Governance
 Andrew Gough AG Assistant Director of Finance
 Fiona Kinghorn FK Executive Director of Public Health
 Len Richards LR Chief Executive Officer
 Jason Roberts JR Deputy Nurse Director
 David Thomas DT Director of Digital & Health Intelligence
 Geoff Walsh GW Director of Capital, Estates & Facilities

Secretariat:

Laura Tolley LT Corporate Governance Officer

Apologies:

John Antoniazzi JA Independent Member
 Ruth Walker RW Executive Nurse Director

S&D 19/10/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the public meeting. The CC extended a special welcome to Len Richards - Chief Executive Officer (CEO), Aaron Fowler – Head of Corporate Governance (HCG), Caroline Bird, Deputy Chief Operating Officer, Geoff Walsh – Director of Capital and Estates (DCE), Marie Davies – Deputy Director of Planning (DDP) Andrew Gough, Assistant Director Finance (ADF), and Jason Roberts – Deputy Executive Nurse Director, who were all in attendance at the meeting.	
S&D 19/10/002	Quorum The CC confirmed the meeting was quorate.	
S&D 19/10/003	Apologies for Absence Apologies for absence were noted.	

S&D 19/10/004	<p>Declarations of Interest</p> <p>There were no interests declared.</p>	
S&D 19/10/005	<p>Minutes of the Committee Meeting held on 3rd September 2019</p> <p>The Committee reviewed the minutes of the meeting held on 3rd September 2019</p> <p>Resolved – that:</p> <p>(a) the Committee approved the minutes of the meeting held on 3rd September 2019 as a true and accurate record.</p>	
S&D 19/10/006	<p>Action Log following the Meeting held on 3rd September 2019</p> <p>The CC commented on the following:</p> <p>Action 19/06/008 – Action contained too much information and reminded Committee members that comments in the action log should only be a couple of sentences for clear and concise reading.</p> <p>Action 19/06/015 – it was noted that a meeting had been re scheduled for 19/11/2019.</p> <p>Action 19/06/018 – the CC requested that the Deputy Chief Operating Officer (DCOO) agree a deadline date for this action.</p> <p>Resolved – that:</p> <p>(a) the Committee reviewed the action log following meeting held on 3rd September 2019</p>	CB
S&D 19/10/007	<p>Chairs Action taken since last meeting</p> <p>There had been no Chairs actions taken since the last meeting.</p>	
S&D 19/10/008	<p>Wellbeing of Future Generations Act – WFG Flash Report</p> <p>The Executive Director of Public Health (EDPH) introduced the report and explained the following:</p> <ul style="list-style-type: none"> • Very detailed and positive feedback had been received from the recent self-assessment although there was a perception that the Wellbeing of Future Generations Act (“the Act”) was not being embedded and embraced by Health Boards across Wales, therefore, learning would be taken on board. • A recent audit had been undertaken by Wales Audit Office which was very positive, working with communities came out strongly and it was demonstrated that the wellbeing objectives were aligned to the strategic objectives of the Health Board. The EDPH advised the Committee that ongoing work was underway to embed the Act 	

	<p>across the UHB.</p> <p>The Independent Member – Third Sector (IM – TS) congratulated the team for aligning the wellbeing objectives to the UHB Strategy and asked how assurance was sought from the Future Generations Commissioner (FGC), what was expected externally from C&V UHB and were the team confident we were meeting external expectations? In response, the EDPH advised that a sustainable future, holistic report was being developed and the detailed report from the self-assessment could be shared with the IM-TS for further understanding.</p> <p>The CEO advised that the FGC required a separate section on the Act outlined in all areas across the UHB, however, C&V UHB aimed to show that the Act was embedded in the whole approach of the UHB. The CEO informed the Committee that the C&V UHB sustainable travel example was being promoted across Wales.</p> <p>The CC expressed appreciation for the Flash Report and advised that it provided the Board with assurance that the UHB were trying to embed the Act.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Wellbeing of Future Generations Act – WFG Flash Report.</p>	FK
S&D 19/10/009	<p>Ensuring that service provision, quality, finance and workforce elements are aligned and integrated</p> <p>The ADF introduced the presentation and confirmed that its purpose was to provide an example of how the quality, finance and workforce elements were aligned through the work of the Business Case Approval Group (BCAG). The ADF confirmed the following:</p> <ul style="list-style-type: none"> • BCAG provided assurance about the commitments the UHB entered into and ensured appropriate exit strategies were in place for short term funding arrangements. • Cases relating to Transformation funds and Integrated Care Fund (ICF) bids do not go through BCAG. <p>Membership of BCAG included:</p> <ul style="list-style-type: none"> • Director of Finance – Chair; • Director of Planning; • Director of Workforce & Organisational Development; • Deputy Director of Finance; • Chief Operating Officer; and • Public Health Consultant. <p>Clinical Board Directors were also invited as Multi-Disciplinary Teams to present business case proposals and share patient experiences and different approaches to value based healthcare.</p>	

	<p>The following outlined an integrated approach:</p> <ul style="list-style-type: none"> • Consideration of geographical factors; • Key Stakeholder involvement, including cross Clinical Board working and sign off; • Anticipated strategic, financial, operational, regulatory, political or reputation risk; • Population and community impact; • Health inequality impact; • Affordability and value for money; and • Clinical effectiveness and added value of service implementation. <p>The ADF advised that BCAG questioned whether the investment provided real value to patients and improved their quality of life or prospects for recovery by taking the following 4 value pillars into consideration:</p> <ol style="list-style-type: none"> 1. Personal Value; 2. Technical Value; 3. Allocative Value; and 4. Societal Value. <p>The IM – TS asked what the key enablers in practice were. In response, the ADF advised that work on cross clinical board learning was developing well and that fewer business cases were going through BCAG as Clinical Boards had increased ownership and analysed their own funding before submitting bids for consideration.</p> <p>In relation to cross clinical board working, the IM-TS asked if it was linked with Amplify and other organisational development initiatives. In response, the CEO advised that Amplify tried to tackle reducing barriers as well as the Spread and Scale programme. The CEO advised that there was a long way to go to improve cross clinical board working, however, a significant improvement had already been seen.</p> <p>The CC thanked the ADF for the presentation and encouraged all executive colleagues involved in this agenda item to continue using real life examples to demonstrate how service provision, quality, finance and workforce elements are aligned and integrated</p> <p>Resolved – that:</p> <p>(a) the Committee noted the presentation.</p>	
<p>S&D 19/10/010</p>	<p>Scrutiny of the Workforce Plan</p> <p>The Executive Director of Workforce & Organisational Development (EDWOD) introduced the report and confirmed that it was the annual review of the workforce plan. The EDWOD explained that there were 2 workshops being rolled out across the UHB:</p> <ol style="list-style-type: none"> 1. Improving right bed, first time; and 2. Amplify Showcase. 	

The EDWOD further explained that Welsh Government were assessing C&V Workforce to ensure there was sufficient workforce in place across the UHB. In relation to Equality Champions, a paper would be presented to the Committee in January, this included the significant changes required across the UHB to meet the Welsh Language Standards in the coming months.

In terms of data, there had been a significant improvement seen in statutory and mandatory training requirements and the EDWOD explained that the Chair of the Health & Safety Committee requested an action plan be brought to the Health & Safety Committee to monitor improvement around Fire.

Absence had started to increase slightly above the 5% target, however the EDWOD was assured that actions to monitor and manage absence were sufficient.

Regarding Brexit, it was suspected that a “No Deal” was off the table but hard work was being undertaken across the UHB to engage with EU staff to obtain their residential status. There had not been any indication of any EU staff members leaving the UHB to date.

The IM – TS asked how Amplify momentum and engagement was being kept up? In response, the EDWOD explained that during the first Amplify event, each Executive that attended ‘sponsored’ a table and those Executives were having individual and group discussions to see the impact that Amplify has made. The EDWOD further explained that the branding of Amplify was far more developed and advanced than he had first anticipated when it launched. The CEO added that Amplify was being adopted across the UHB and a number of training programmes had been developed and rolled out across the UHB since Amplify, such as, Acceler8.

The CC confirmed Acceler8 and other development sessions were part of a new leadership programme and he was keen to develop individuals correctly, therefore he requested that a paper be brought to the Committee which outlined how this would be monitored to ensure outcomes were delivered.

The CC questioned the workforce integration and noted an informal meeting with the Cardiff Council HR Director.

The CC commented on the continued low level of renewal of consultant job plans. This was a long standing issue with little progress seen, therefore the CC requested an indication of progress. In response, the Executive Medical Director (EMD) advised the Committee that he and the EDWOD were in agreement that a locally delivered approach that included an automated system, with centralised monitoring was required and that a paper was currently being developed for this, however, the team were waiting for internal audit outcomes before confirming final decisions.

MD

	<p>The CC explained he was very encouraged and assured with the direction of travel within Workforce & Organisational Development.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Scrutiny of the Workforce Plan.</p>	
S&D 19/10/011	<p>Scrutiny of the Capital Plan</p> <p>The DCE introduced the report and advised the Committee:</p> <ul style="list-style-type: none"> • Confirmation of further funding of £4.5 million had been received for imaging equipment. • £2.9 million ICF funding had been received for the Chapel Scheme in Cardiff Royal Infirmary. It was explained that the Chapel in Cardiff Royal Infirmary was being converted into an information and café area which will also provide a library service for the Roath area. It would also include an upstairs meeting room to be used by the UHB and community and also a computer suite for Local Authority and community use. • Neonatal facility was handed over to Estates. Building work was now completed and the team were in the process of installing two MRI Scanner Suites and completion was expected in 2020. <p>The IM – TS asked if there was anything causing concern within Estates currently? In response, the DCE confirmed that the team had experienced frustrations with schemes being delayed, which meant timescales given were not met.</p> <p>The CEO explained that the Committee could not under estimate the difficult facilities that people were working out of and this was recognised across the UHB. The CEO added that this was not the fault of the Capital Programme, but was due to the lack of investment over past years, therefore the team were prioritising major risks in identified areas but were looking to convince Welsh Government of the need for a new hospital.</p> <p>The CC confirmed that the Committee were provided with assurance that Capital, Estates & Facilities schemes were monitored closely.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Scrutiny of the Capital Plan.</p>	
S&D 19/10/012	<p>Draft IMTP</p> <p>The DDP introduced the paper and advised the Committee that the team were aiming to get the IMTP signed off by the Board in November. There had been very good engagement from Clinical Boards and Corporate Teams across the UHB and the team had a well-established process where a series of workshops were undertaken to ensure the IMTP was</p>	

	<p>appropriately refreshed and focussed.</p> <p>The DDP explained that the finances were a work in progress and the financial plan would be added in December. The Executive Director of Finance (EDF) reminded the Committee of the underlying financial deficit, and should the financial targets not be met, this would have a significant impact on the IMTP.</p> <p>The CC asked how the Cluster IMTP's were being managed? In response, The DDP explained that Clusters were developing and a lot of aspirations were being picked up through schemes from Amplify and the Regional Partnership Board Forum.</p> <p>The CC explained that it was critical for the UHB to get an IMTP that was deliverable and advised the Committee that better monitoring of the IMTP process was required to analyse performance and deliverables, therefore, it was agreed that quarterly monitoring reports would be brought to the Committee for information.</p> <p>Resolved – that:</p> <p>(a) The Committee discussed the Draft IMTP.</p>	MD
<p>S&D 19/10/013</p>	<p>Digital Healthcare Strategic Outline Case</p> <p>The Director of Digital & Health Intelligence (DDHI) introduced the presentation and confirmed the UHB were committed to delivering a Digital Strategic Outline Case by the end of the year which incorporated “Wyn” to ensure the patient voice was heard.</p> <p>The DDHI explained the following:</p> <ul style="list-style-type: none"> • An informatics plan was developed last year, and it was a 3 year plan. Improvements were being made and Lightfoot were analysing data that the UHB already captured, this improved systems across the UHB. • Data repository work was being undertaken to achieve real time data. • Work was underway to create useable systems to enable a digital population and workforce. • Office 365 was being rolled out across the UHB and this would transform the way the UHB works. • Patient Knows Best system was being developed <p>The DDHI advised the Committee that WiFi was a particular concern, therefore using the transformation funding, the team were looking at how WiFi could be less reliant on Health Charity Funding. The DDHI added that the UHB required a change in culture to enable a digital workforce.</p> <p>The CC asked how would support be given to Third Sectors that were not</p>	

	<p>digital? In response, the DDHI explained that the full answer was not known and discussions were required to address some issues.</p> <p>The EDF asked the DDHI to clarify with Welsh Government if the £25 million Capital was recurrent.</p> <p>The EMD asked how the DDHI would get clinical engagement to ensure that the systems developed and implemented would be functional for the frontline clinicians and nurses? In response, the DDHI confirmed that the team were going out to all Clinical Boards between October and January to gain feedback. The EMD advised the DDHI that service by service engagement was required. The EMD confirmed that a meeting would be arranged outside of the meeting to discuss this further.</p> <p>The CC reminded Committee Members that the Committee was only looking at strategic outline case and the Digital Health & Intelligence Committee would look at the detail and scrutinise as they felt appropriate.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Digital Healthcare Strategic Outline Case</p>	<p>DT</p> <p>SW / DT</p>
<p>S&D 19/10/014</p>	<p>Developing a Performance Framework</p> <p>The CC advised the Committee that Sharon Hopkins, previous Deputy Chief Executive Officer, began the process some time ago as the Committee needed to see performance databases and Executives needed to work out what areas required focus.</p> <p>The DDHI explained that clarity was required around what performance data the Committee wanted to be provided with, the report provided at the meeting reviewed framework measures and summarised these.</p> <p>The CC confirmed that a meeting would be booked outside of the Committee to discuss how to gather information and report correctly into the Committee, and subsequently, the Board.</p> <p>The desire to get a framework in place was shared amongst all members of the Committee and it was agreed that an update would be provided at the next Committee meeting.</p> <p>Resolved – that:</p> <p>(a) the Committee discussed the Performance Framework.</p>	<p>DT</p>
<p>S&D 19/10/015</p>	<p>Key Organisational Performance Indicators</p> <p>The DCOO introduced the paper and confirmed the following:</p> <ul style="list-style-type: none"> • Whilst IMTP targets had not been achieved, significant improvements had been seen, especially within RTT and Cancer. 	

- Tax Pensionable Issues were still proving difficult, however, work was being undertaken to address this.
- Higher admissions had been seen in Unscheduled Care, in September alone, 1000 more patients came through the front door, therefore work was being carried out which focused on improvement of patient flow in preparation for Winter.

The CC confirmed within the Mental Health Measures, Part 1a, an improvement to 58% had been seen, however, the target of 80% was still not being met, same with CAHMS performance. Therefore the CC asked what work was being undertaken to achieve this and what assurance could be offered that an improvement would be seen? In response, the DCOO explained that in October the team became compliant and this was expected to be sustained. In terms of CAHMS, an improved performance should be seen in November and compliance should be met in January 2020.

The IM – TS added that a similar discussion had taken place within the Mental Health & Capacity Legislation Committee, rapid improvement was expected and CAHMS data had been requested to be taken to the Committee in January 2020 where further assurance should be gained.

The CC explained that it was good to see the Cancer figures moving in the right direction and asked for the Committee to be assured that the performance would be sustained. The DCOO advised that the enablers to keep moving forward were:

1. Strengthened tracking performance; and
2. Addressing two HealthPathways, Urology and Gastroenterology

The DCOO confirmed that work was being undertaken to get demand and capacity in balance. Money had been received from Welsh Government to fund this and posts were currently being advertised to support the services.

The CC asked with the incredible increases in activity levels within the Emergency Unit, how the Staff were coping? In response, the DCOO explained the need to recognise the additional pressures but staff were managing very well, however, there was a need for the winter plans to be resilient to enable staff to cope with the additional winter pressures.

The Deputy Nurse Director (DND) informed the Committee that staff are coping and are aware that they can escalate concerns appropriately should they wish.

The CEO advised the Committee that across the wider system there were some concerning plans being made. As other organisations were struggling more than C&V UHB, in particular with ambulance waiting, plans were being developed to cohort patients outside of Emergency Departments, which meant patients would be assessed and treated by paramedics before accessing the Emergency Department. Whilst this

	<p>enables ambulances to be released back into the system, a risk for patients was identified. The CEO explained that should C&V UHB be asked to do this, it would be resisted due to the patient risks identified.</p> <p>The CEO also advised of a wider demand and capacity issue where, if other Health Boards Emergency Departments were too full, patients would be expected to be transferred to C&V UHB. The CEO explained that this would have a significant impact on C&V UHB as an organisation and would dislocate the system going forward, therefore, C&V were resisting this and reasons why this would not be good were being explained. The CEO confirmed that the position of C&V UHB was that all Health Boards need to improve patient flow within their hospitals. The CEO confirmed he would keep the Committee informed regarding this.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> The Committee noted the year to date performance for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board’s Integrated Medium Term Plan (IMTP) 	LR
S&D 19/10/016	<p>Any Other Business</p> <p>Resolved – that:</p> <p>(a) There was no other business to discuss.</p>	
S&D 19/10/017	<p>Items to bring to the attention of the Board</p> <p>Resolved – that:</p> <p>(a) There were no items to bring to the attention of the Board</p>	
S&D 19/10/018	<p>Date & Time of next Meeting</p> <p>Tuesday 14th January 2020, Executive Meeting Room, Woodland House</p>	

Action Log

Following Strategy & Delivery Committee Held on 29th October 2019

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
SD: 19/06/015	Feedback on Effectiveness Review	To arrange a meeting with the Chair, Executive Lead and Director of Corporate Governance to discuss improvement on the flow of committee	24/10/2019	Charles Janczewski, Abigail Harris, Nicola Foreman	Completed – Update to be provided in agenda item 7.1
Actions In Progress					
SD: 19/06/008	Maximising Prevention in the UHB	To provide a report on measures and trends in how actions are monitored and delivered.	14/01/2020	Fiona Kinghorn	Report on agenda for January meeting. (<i>Agenda item 2.5</i>)
S&D 19/09/005	Board Equality Champion	A report to be presented at a future meeting on Equality Champions	14/01/2020	Martin Driscoll	Report on agenda for January meeting (<i>Agenda item 5.1</i>)
S&D 19/09/018	Primary Care Out of Hours Service – Peer Review and Public Accounts Committee Report	The additional peer review report conducted in November be shared with the Committee	14/01/2019	Steve Curry	Report on agenda for January meeting (<i>Agenda item 2.1</i>)

S&D 19/10/008	Wellbeing of Future Generations Act – WFG Flash Report	The Self Assessment detailed report to be shared with Independent Member – Third Sector		Fiona Kinghorn	Awaiting update
S&D 19/10/010	Scrutiny of the Workforce Plan	A paper be brought to the Committee which outlined how development would be monitored to ensure that Amplify outcomes were delivered		Martin Driscoll	Date to be provided
S&D 19/10/012	Draft IMTP	Quarterly Reports be brought to the Committee for information	14/01/2020	Abigail Harris	Report on Agenda for January meeting (<i>Agenda item 4.3</i>)
S&D 19/10/013	Digital Healthcare Strategic Outline Case	Clarify with Welsh Government if the 25 million Capital was recurrent.		David Thomas	An update to be provided – date to be confirmed
S&D 19/10/013	Digital Healthcare Strategic Outline Case	A meeting be held to discuss Clinical Engagement		David Thomas / Stuart Walker	Awaiting update
S&D 19/10/014	Developing a Performance Framework	An update be provided at the next meeting	14/01/2020	David Thomas	Report on Agenda for January meeting (<i>Agenda item 5.2</i>)
S&D/19/10/15	Key Organisational Performance Indicators	Updates to be provided with progress made in respect of the Wales wide proposals regarding the transfer of patients.	14/01/2020	Len Richards/Steve Curry	Verbal update to be provided at January meeting.
Actions referred to committees of the Board					

Report Title:	Primary Care – Urgent Primary Care/Out of Hours Peer Review				
Meeting:	Strategy and Delivery Committee			Meeting Date:	14 Jan 2020
Status:	For Discussion	For Assurance	For Approval	For Information	√
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Director of Ops, PCIC				

Background and current situation:

A national peer review process was led by Dr CDV Jones with the following terms of reference:

- Recognise good practice and identify what can be scaled up at a regional or national level
- Provide constructive peer comment and support
- Provide clarity of direction /focus for solutions
- Assist in the development of a solution focused, sustainable model for Wales within which workforce planning will be a central component.

The OOH national peer review team visited the Health Board in September 2018 and met with a range of clinicians and managers, as well as Executive Board members. A further peer review was held in November 2019. A copy of the letter and proposed action plan is included at Annex 1.

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

There was very positive feedback on the day of the peer review (which is also reflected in the letter) in relation to the progress made since the previous peer review and the commitment and dedication of the team. However, there were a number of proposed actions which include:

- To progress the establishment of the triage hub in CRI and to make a decision on the number/location of OOH bases.
- To continue to recruit and retain clinical and operational staff in line with the workforce plan that has been developed.
- Active promotion of the urgent primary care agenda at Board level.
- To run an internal peer review process in 6 months.

There is also reference in the letter to implementation of the 111 service. To note work has recently commenced on this. A 111 Implementation Board has been established (in December) co-chaired by the Clinical Board Director and Director of Ops for PCIC. Whilst the original plan was for 111 to be implemented in Cardiff and the Vale in 2021, the plan is now to implement during Q2 2020/21.

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

The Urgent Primary Care/OOH service is one of the key services within the Health Board and receives around 120,000 calls per year. There is increasing scrutiny on the unscheduled care system and performance is reported on a weekly basis to Welsh Government. The

establishment of a national peer review team (which has visited all Health Boards twice in the last year) and the review undertaken by the Public Accounts Committee last year, highlights the expectations for this service.

There has been positive feedback following the peer reviews but there needs to be a continued focus on performance and also to deliver on the ambitious programme of transformation, including the implementation of the 111 service.

Recommendation:

The Strategy and Delivery Committee is asked to:

- Note the positive feedback from the recent national peer review.
- Note the proposed action plan and the monitoring of progress and performance of the service through the PCIC Clinical Board and Executive Performance Reviews.
- Note the establishment of the 111 Implementation Board and the proposed implementation date of Q2 2020/21.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Not Applicable



Cardiff and Vale University Health Board

Out of Hours Peer Review Action Plan: 6th November 2019

Present:		
Panel	Cardiff & Vale University Health Board	
Dr Chris Jones (Chair of Peer Review Panel) Dr Harry Hunt – CTM HB Richard Bowen – 111 Team Jane Brown – 111 Team Charlette Middlemiss – (HEIW) Roger Perks – Welsh Government Leigh Davies – Welsh Government Helen Rees – 111 Team	Sherard Lemaitre Helen Earland Danielle James Ailsa Pritchard Matthew Williams Lisa Dunsford Damian Crawley Kay Jeynes	Anna Kuczynska Steve Curry Nicola Evans Lynne Aston Alan Weather up

	Key Issues to Address	Actions:	Lead	Timeframe	Progress
	Executive Support	Present the Executive Team with the OOHs peer review presentation so they are aware of the current pressures on the service and wider opportunities for urgent /unscheduled care in the future. Linked to the above, a business plan needs to be produced highlighting the future direction of the service, with clear milestones for delivery and the wider support functions required to support this.	SC SC/LD	January 2020 April 2020	Link this with the C&V roll-out plans for 111. Linked to IMPT planning for the next 3 years.
	Sustainability of Service	A decision on the future provision of an OOH base at UHW, needs to be taken as a matter of urgency. Exact timescales for moving the OOHs triage HUB from Barry to CRI needs to be confirmed. The current working environment for clinical triage at	Executive Team LD/SC	Dec - Jan 2019 20 Dec 2020	Consolidation of clinical resources required Capital resources now confirmed linked with the wider 111 planning

	Key Issues to Address	Actions:	Lead	Timeframe	Progress
		<p>CRI is not appropriate and needs to be addressed as part of this upgrade.</p> <p>Expansion of hub (CRI) to include other services needs to be considered.</p>	Executive Team	Ongoing	
	Regional Working	Progress the SE Wales regional dental model as a potential blueprint for wider regional working and joint LHB approach for the future (linked to the new triage HUB at CRI).	Operational Manager/111 Project Lead	June 2020	<p>Meetings have taken place with CTM/ABHB regarding the model. A further meeting is taking place on 20th December 2019 to discuss the next steps.</p> <p>Action to appoint dental nurses on a permanent basis.</p>
	Multi-Disciplinary Workforce	<p>Building on the success of the minor illness role (at weekends) expand capacity further based on evaluation outcomes.</p> <p>Take learning from Hywel Dda to expand the drivers remit /responsibility to become Healthcare Support workers to support GPs with home visits etc.</p> <p>Develop (and evaluate) the Mental Health practitioner role for triage and F2F assessment.</p>	<p>Clinical Nurse Lead</p> <p>Clinical Nurse Lead/Operational Manager</p> <p>Clinical Nurse Lead</p>	<p>Ongoing</p> <p>Quarter 4 2019 /20</p> <p>January 2020</p>	<p>Role approved by the Mental Health Clinical Board (C&V) and funding approved as part of winter planning.</p> <p>Ensure results of the pilot are shared on an All Wales basis.</p>

	Key Issues to Address	Actions:	Lead	Timeframe	Progress
		Develop (and evaluate) the role of a Palliative Care practitioner within urgent primary care linked to the work being progressed by Marie Curie.	Clinical Director/Clinical Nurse Lead	January 2020	Ensure the results of the pilot are shared on an All Wales basis. The review is going to the end of life clinical board in December 19
	Workforce and Training	A workforce strategy linked to the Competency framework needs to be taken forward Training has been provided to all clinical and non-clinical staff on DATIX; however, overall reporting remain low.	Clinical Team Workforce leads Clinical and Operational Team	January 2020 January 2020	Implement the good practice guide on DATIX that has been shared with Health Boards.
	Wider Cultural change	Behavioural patterns of some GPs needs to change. The AMD /Clinical Director to consider establishing a Clinical Reference Group (similar to Aneurin Bevan) to openly share best practice and challenge.	Clinical and Operational OOHs Team	Quarter 4 2019 /20	Obtain Terms of Reference from AB.
	Best Practice /sharing	It is reassuring that the wider learning from urgent primary care in Canterbury, New Zealand is being considered, however good practices in Wales /UK equally needs to be assessed and shared.	Clinical and Operational Team	Ongoing	Linked to Peer Review outcomes there are many good examples and opportunities for learning and for Cardiff to capitalise upon.
	Adastra upgrade	Finalise the upgrading of server hardware and version upgrade of Adastra as per previous agreements. Do not move to hosted solution.	Operational IT Manager	Ongoing	Being progressed as part of 111 roll-out. Funding agreed and in place for all IT upgrades.

	Key Issues to Address	Actions:	Lead	Timeframe	Progress
		Concentrator connection between CAS as part of 111 roll-out.			
	Physical Environment and Operational Issues	<p>IT complications and (prescribing) printers continue to frustrate clinical staff. This needs to be addressed as a matter of urgency.</p> <p>Medication stock levels and basic equipment needs to be monitored and maintained. Suggest this could be a role of the driver/shift lead.</p>	<p>Clinical and Operational OOHs Team</p> <p>Clinical and Operational OOHs Team</p>	<p>ASAP</p> <p>December 2020</p>	Purchase of new IT equipment to be funded via the 111 monies
	Performer list issues	<p>Work with Welsh Government Leads to explore the issue of specialist interest (ED) clinicians working in OOHs.</p> <p>Review the Welsh Performers list issues.</p>	Clinical and Operational OOHs Team	January 2020	Arrange a meeting with key personnel in Welsh Government and include the AMD and Clinical Director.
	Internal Peer Review of Service	Follow-up exercise internally in 6 months time wider the wider team to inform the next iteration of the next IMTP. Involve the Director of Planning and Workforce as part of process.	SC/LD	May 2020	Agreed in principle



Len Richards
Chief Executive
University Hospital of Wales
Heath Park
CARDIFF
CF14 4XW

2nd December 2019

Dear Len

Peer Review follow up visit

On behalf of the Peer Review Team we would like to take this opportunity to thank the PCIC clinical board and the clinical and operational teams for their collective input and support on the 6th November 2019. As noted previously, the purpose of the visit was to act as a 'critical friend' and to provide some direct support and advice for staff going forward into this Winter and longer term.

The Peer Review Team were very pleased with the progress made against the actions identified from the last visit. Some challenges still remain however we were impressed by the ongoing dedication and commitment demonstrated by staff and their continued focus on delivering high quality care to patients within out-of-hours.

It was also extremely positive to see the wider corporate support that the team is receiving from executive colleagues and the Associate Medical Director, Director of Primary Care, Director of Nursing, Head of Finance and Head of Workforce and OD. This wider corporate support will be required to tackle some of the more significant challenges going forward over the next 12 months and the wider transformational agenda which you evidently want to progress within urgent primary care.

Similar to last year, we have identified some key issues and actions which may assist you in supporting this move and we have drafted a summary plan against which the Team can update accordingly. We have highlighted some of the key messages below.

Sustainability of service: the executive and senior clinical leadership team now need to make a timely decision on the future of UHW as an OOH base. Utilising the trauma clinic space is far from ideal and the current arrangement does little to attract clinicians to work from that site and differs significantly from the physical environment within the CRI which is fit for purpose. The evidence presented to us clearly indicates that your future model will increasingly be one that is delivered by a wider multi- disciplinary team within the CRI and Barry Hospital sites and you will require the physical infrastructure and estate to accommodate this functionality. Although there is unlikely to be one single factor that will ultimately determine this

decision, consolidation is required to ensure longer term sustainability. A comparison of weekend shift cover across all sites already evidences which bases can be consistently staffed and where the sometimes limited senior clinical GP resource can be concentrated and supported by a wider MDT.

Scale and Pace: the excellent presentation and subsequent discussions with the clinical and operational team highlighted to us the scale of ambition within the service and the multiple initiatives being planned for urgent primary care. The agenda is also one which increasingly spans both the in-hours and out-of-hours period and will create opportunities for Cardiff to lead initiatives on a regional and or national basis in the future and this is to be commended.

For example, there is an opportunity for Cardiff to take the lead on establishing a regional dental triage solution for urgent case - which can be anything up to 15% of OoH activity. Planning work is in place however you need to move at pace so that you can attract and importantly retain a number of good quality trainee dental nurses on a permanent basis for this future function.

This wider transformation agenda is equally significant and aligns perfectly with the wider benchmarking work that you are progressing with Canterbury, NZ and local delivery of 111 and the 24/7 agenda here in Wales. All these multiple initiatives do however need to be carefully co-ordinated and planned at pace whilst allowing for sufficient opportunity to actively communicate and engage with staff. Some of the changes are going to require a change in culture with a clear message from clinical and executive leaders about expectations going forward but we have no doubt that you have the team to deliver this for you.

Delivery against last years' Peer Review action plan was noted and we agreed that the Service now needed to move from piloting various initiatives to embedding long term sustainable change. A good example of this work is in Mental Health Crisis Response and the challenges often being experienced at weekends. You are now actively moving from last years' Winter Planning initiative /pilot to appointing dedicated Mental Health Practitioners to work alongside your OOH team to assist with this demand.

As part of the wider MDT offering, we would continue to encourage the Service to consider the opportunity of using the experience of pharmacists as they can divert an proportion of work away from GPs e.g. for repeat medications, management of UTI, ear and throat problems etc. This will however be picked up as part of the wider work being undertaking to implement 111 for Cardiff in 2020.

Increasing triage capacity: remain critical to the success of your current and future model and you need to increasingly attract (and retain) clinicians who are willing to

undertake this function. The next step in this process is to move the call handling and triage hub to the CRI and ensure the appropriate capital resource and IT /technical infrastructure is in place for clinical and non-clinical staff to operate effectively. Staff currently at CRI don't have the appropriate environment to triage effectively however we are aware that plans are being put in place to resolve the infrastructure before the end of the financial year.

Linking to the earlier points about regional and national initiatives, having a sufficiently large triage hub at the CRI would also ensure that the Service takes every opportunity to become a recognised centre of excellence for triage and could offer the environment to train future cohorts of junior trainees (both clinical and non-clinical) and equally could become a spoke facility for 111 as part of wider business continuity for the South East Region.

Pace is therefore key and the wider executive and corporate functions need to support the team for this planned phase of work over the next 6 to 9 months.

Workforce – As noted earlier, your clinical and operational staff are doing an exceptionally good job at delivering high quality care to patients and there were many examples cited where their innovative work should be formally recognised in some way e.g. through nominations for staff awards and /or wider NHS Wales awards.

The Peer Review Team were impressed with the progress made over the last 12 months and the development of the thinking around new hybrid roles such as urgent care practitioners and health care support workers. Linked to the competency framework which colleagues are actively led and developed, we would simply suggest that you now have a clear workforce plan for the next 3 years which clearly articulates how these roles will be delivered and a wider governance framework to support it.

Governance and Risk

A considerable amount of work has been undertaken to promote the use of Datix within the OOHs service, however the use of the good practice model also needs to be considered as reporting of incident rates and near misses etc remains low. You could also do more to actively encourage patient feedback to get a wider qualitative assessment of how the service is developing.

It was encouraging to note that complaints, incidents and compliments are discussed at the Health Board's Quality and Safety forum and lessons learnt applied to a wider clinical environment however we would encourage the active promotion of the urgent

primary care agenda more formally at Board level so there is a wider understanding of the role the service plays in demand management and unscheduled care.

We would encourage you to run an internal 'peer review' process as a follow-up exercise in approximately 6 months' time to align with the next round of planning for the IMTP with direct input from the Director of Planning and Workforce.

There are exciting opportunities for the service going forward and we remain confident that with ongoing executive, wider corporate and clinical leadership support that the service is receiving, Cardiff can take a significant step forward in delivering and leading the urgent primary care agenda in Wales.

We would like to thank all those who actively participated in this process and for their open and constructive dialogue throughout. If there is any further input that we can provide to your team as a result of this process then please do not hesitate to contact us directly.

Kind regards

A handwritten signature in black ink, appearing to be 'CDV Jones'.

Dr CDV Jones
Chair of the OOH Peer Review Panel

cc Steve Curry
Lisa Dunsford
Sherard Lemaitre
Anna Kuczynska

Peer Review Team

Report Title:	Shaping our Future Wellbeing Strategy Excel at Teaching, Research, Innovation & Improvement				
Meeting:	Strategy and Delivery Committee			Meeting Date:	14/1/2020
Status:	For Discussion	For Assurance	For Approval	√	For Information
Lead Executive:	Dr Stuart Walker, Medical Director				
Report Author	Professor Christopher Fegan, CVUHB R&D Director, Dr S Walker MD				

Background and current situation:

Teaching

There is a recent history of a strong relationship between Cardiff University and the Health Board, in relation to undergraduate medical teaching, nursing education and other MDT teaching. There is likewise an excellent relationship between HEIW and the health board in relation to post-graduate medical, and other MDT, teaching.

Constructive feedback/contract sessions are held annually with each organisation, with the medical undergraduate teaching review held on 4th November 2019, and the medical postgraduate meeting due 14th Feb 2020. Feedback is taken from those meetings and used to improve the teaching environment for both undergraduate and postgraduate medical students/trainee doctors. It is usual for there to be identification of areas to develop, but overall the training experience for our undergraduate and postgraduates benchmarks very well.

The future direction of our teaching environment now needs to reflect the increasing MDT focus, with further use of digital educational solutions and simulation training.

Research

NHS R&D funding is provided by WG via Health Care Research Wales. Since 2015 HCRW have mandated each UHB has a 3 year rolling R&D strategy which is reviewed, if needs be updated, and approved annually by the UHB Executive Board.

In April 2019, CVUHB fully adopted the WG R&D Finance Policy which shifted the responsibility for R&D expenditure from each individual Clinical Directorate to the R&D Director. To assist the R&D Director with the management of this R&D funding, and also the CVUHBs overall R&D performance, a Research Management Delivery Board (RDMB) was set up, within R&D, chaired by the R&D Director with representation from all the CBs.

Although CVUHB had its best R&D performance in over 5 years in 2018/9 (number of patients recruited (including into cancer trials), Paediatric and interventional studies in Wales, highest commercial income, etc), the RDMB have now committed to a complete re-write of the R&D strategy, led by the R&D Manager (Dr Jane Jones) and R&D Director, with input from each CB. The attached strategy summarises the overall UHB view therefore with the individual CB summaries attached as an appendix.

Improvement and Innovation

A paper outlining a new strategic proposal for improvement and innovation is to be taken to the

Management Executive meeting, by the recently appointed Executive Director for Transformation and Informatics, Prof Jonathan Grey. Until that report has been finalised and presented at ME it would be premature to summarise a strategic plan in this paper at Strategy and Delivery Committee.

As such no further summary is given here in that regard.

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

Teaching

The key educational, strategic-timeframe, priorities to flag up to Committee are:

There is a clear need to further improve the link of our educational and training processes with patient outcomes and the educational team are actively improving the curricula in that regard.

For example, this will be enhanced with further development of MDT Simulation-based training. This will, though, add further benefits, for example the ability to link simulation training with learning outcomes from quality and safety governance processes per se.

Improve our on-line educational offer, with enhanced teaching and training materials available remotely. This will include enhancing our on-line organisational and local induction processes whilst improving learner experience.

Enhance our collaborative working with other key educational stakeholders – including but not limited to HEIW, and Cardiff University e.g. to further enhance our Academic Postgraduate Medical Training Programme.

Research

The RDMB re-writing of the CVUHB R&D Strategy has allowed us to re-affirm our previous objectives:

Closer working with Cardiff University (with a Joint Research Office, Biobank, agreement on clinical Academic role, etc),

Better reflect the alignment between CVUHB R&D strategy, WGs aims, CVUHB's IMTP and Shaping our Future Wellbeing strategy,

Alignment of our R&D portfolio, working alongside Innovation and Improvement colleagues, to directly influence patient outcomes.

Introduction of new and exciting initiatives such as the Advanced Therapy Treatment Centre.

In addition each CB will develop its own Implementation Plan which the RDMB, and the Medical Director, will overview at the 6 monthly CB performance meetings.

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

Teaching

The recent withdrawal (but current re-instatement) of trainees in Paediatric Surgery highlights the need to offer the highest possible standard of education to our trainees.

Our Educational team work very closely with our partner organisations to ensure that all areas of development in our educational offer are identified and actioned. Failure to do so would risk future withdrawal of trainees, but it is felt that with the very strong performance of our educational team, and the seriousness that the senior organisational leadership attach to this issue, that the risk of future trainee withdrawal is low.

Research

Research & Development within CVUHB is undergoing a transformational change, associated with the setting up of the RDMB with responsibility for R&D expenditure and performance. It was appropriate that this new era was reflected in a complete re-write of CVUHB's R&D strategy.

This has resulted in a much smaller but practically deliverable R&D strategy.

As such there are no new risks associated with the re-alignment of the R&D strategy, and indeed this new R&D strategy will better assist CVUHB in reducing the risk profile of its own initiatives and strategic aims. It will do this by gaining the well-recognised advantages of a thriving R&D culture within CVUHB, and by additional reputational enhancement.

Recommendation: We recommend that the Committee approves this strategic direction in Teaching and Research.

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	√	9. Reduce harm, waste and variation sustainably making best use of the	√

entitled to expect			resources available to us						
5.	Have an unplanned (emergency) care system that provides the right care, in the right place, first time	√	10.	Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	√				
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>									
Prevention	√	Long term	√	Integration	√	Collaboration	√	Involvement	√
Equality and Health Impact Assessment Completed:	Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								



IMPLEMENTING THE STRATEGY - MEDICAL AND DENTAL UNDERGRADUATE AND POSTGRADUATE TRAINING

Executive Lead : Medical Director

Author : Assistant Medical Director Postgraduate and Undergraduate Medical Education

Caring for People, Keeping People Well: Teaching and training is essential to our strategy and the development of our 'Culture' making the UHB a great place to work and learn.

Financial impact : Funding for teaching and training is significant from a number of different funding streams and is reported as part of the regular financial planning reviews and financial reports.

Quality, Safety, Patient Experience impact: Higher quality and properly supervised teaching and training results in better standards of care and better outcomes for patients. Educational surveys, including the GMC trainees survey provide important information with regard to patient care and patient safety.

Health and Care Standard Number 7.1 Workforce

CRAF Reference Number 7.1 The need to train and recruit a competent medical and dental workforce.

Equality Impact Assessment Completed: No

RECOMMENDATION

The Board is asked to:

- **NOTE** the Report and significant development of simulation training
- **AGREE** the priority areas for Undergraduate and Postgraduate Medical Education 2019/2020

SITUATION

The UHB is required to deliver both the undergraduate (UG) and postgraduate (PG) education and training as set out in the Service Level Agreement (SLA) with both Health Education and Improvement Wales (HEIW) and Cardiff University School of Medicine.

As part of the Annual Commissioning process by HEIW it was agreed with the Chief Executive that an annual report be presented to the Board to describe the current situation and in particular reassure the Board about actions being taken in areas of concern and report areas where we are performing well.

Teaching and training is essential to our strategy and the development of our 'Culture' making the UHB a great place to work and learn. This is important in both maintaining the trainees we have and attracting new staff to the UHB. High quality training is also directly linked to improved patient outcomes. Underpinning great teaching and training are our values and the way we treat each other.

There are significant changes for the overarching educational structures in Wales with the launch of HEIW, which became operational in October 2018.

BACKGROUND

Undergraduate Medical Education

It is the aim of the Department to work in partnership with Cardiff University School of Medicine and the Wales Deanery to ensure that the UHB is a leading provider of high quality undergraduate medical education and training. The UHB currently provides more than 4,400 medical student placement weeks annually, significantly more than any other Health Board in Wales.

Cardiff University School of Medicine embarked on a fundamental revision of the undergraduate medical curriculum, entitled C21, which started in September 2013. Health Board staff have made significant contributions to curriculum design and the delivery of Phase 1a of the C21 course. All phases of the C21 curriculum were successfully delivered during the 2017-2018 academic year. The Health Board was highly commended for this achievement and the quality of undergraduate training provided. This success has been further built upon during the current academic year.

The model of teaching delivery required in the C21 curriculum remains a major departure from traditional clinical placement teaching activity. There is a strong emphasis on facilitated teaching time and individualised teaching and mentoring. The uplift in time and resources required is substantial. This has required a more transparent allocation of the Welsh Government funding (Service Increment for Teaching – SIFT) throughout the UHB, which has been agreed with the Finance Director. The outstanding challenge remains to ensure time for teaching is clearly translated into job plans and further ensure those Clinical Boards using their resource for teaching receive the funding for this activity.

Postgraduate Medical Education

The Department aims to provide appropriate education and support for the 706 trainee doctors within the UHB currently in HEIW approved training posts (i.e. Foundation, Core, Specialty and GP Training). Annual funding is received by HEIW on a per capita basis for junior doctors in training and the Department also manages the study leave process for all Consultant and SAS Grade staff within the UHB. HEIW is currently reviewing the allocation and administration of study leave for trainees, so arrangements may change during the next twelve months.

Funding is received from HEIW for the management and administration of the Foundation, GP and Dental Training schemes, and funding is also received from HEIW to support the continuing professional development of SAS Grades within the UHB and provide appropriate administrative support to the SAS Faculty Lead. In partnership with Cardiff University School of Medicine

substantial access to high-fidelity simulation training facilities has been obtained for the delivery of PG simulation training with excellent feedback from trainees.

Dental Education and Training

The primary purpose of the activity undertaken at the University Dental Hospital and School is to educate the next generation of dental professionals, balanced with delivery of dental care across primary, community and specialist dental services. The Clinical Board for Dentistry and the School of Dentistry are delivering additional student activity due to the increase in student numbers enrolled since 2010 as requested by Welsh Government.

ASSESSMENT

Undergraduate Medical Education

The Department is actively encouraging faculty development (which forms part of the Education Strategy) and has part-funded 11 Clinical Teaching Fellows (CTFs) and 2 full-time Medical Education Fellows from placement SIFT to undertake further training in education delivery. The process for departments to apply for these 12 months posts has been formalised in order to improve quality control of the delivery of UG medical education. In addition, UHB trainees are recruited each August to a Faculty of Clinical Tutors to enable them to develop their own recognised medical education credentials and support the delivery of undergraduate clinical skills teaching; trainees are also supported with the application process for Membership of the Academy of Medical Educators (AoME) through their involvement as teaching faculty during the current academic year. The UHB has been highly commended by the School of Medicine for the level of involvement of trainees in teaching delivery and steps taken to develop the medical educators of the future.

The UHB is working towards the provision of performance reporting in the field of undergraduate education, which has raised awareness and demonstrated progress. This reporting process allows education to appear on the UHB “dashboard” of performance indicators highlighting areas of excellence and concern. Overall, there is continuing improvement in performance and this acts as a driver to further enhance delivery of undergraduate teaching within the UHB. Specific performance indicators include:

- Incorporation of UG teaching into departmental Educational Governance structures.
- Appropriate recognition of teaching responsibilities for departmental Training Leads within job plans.
- Student feedback relating to departmental teaching.

Simulation teaching continues to receive excellent feedback from medical students. The UHB works in partnership with the School of Medicine to deliver high quality simulation as part of the C21 curriculum.

A further development of a Medical Education Skills Suite within the A2/B2 link corridor on the University Hospital of Wales site was completed in 2015 to provide small group teaching rooms and low-fidelity self-directed learning facilities for both undergraduate students and postgraduate trainees. Partnership funding has been secured to further develop this area to include a 4 bed simulated ward which was completed in May 2018; this facility has expanded both UG and PG multidisciplinary simulation training relating directly to quality improvement activity within clinical teams. Several innovative simulation programmes have been delivered during the current academic year with excellent feedback; results are due to be presented nationally.

A Patient Partnership Programme for the delivery of UG bedside clinical skills teaching has been piloted this year and has shown improved results compared with traditional ward-based delivery. Redevelopment of the clinical skills area in the Routledge Academic Centre at UHL is currently underway and will enable this Programme to be implemented across both hospital sites during the next academic year.

A Medical Work Observation Programme (MWOP) is successfully provided within the UHB, co-ordinated by the Medical Education Department with excellent feedback.

Priorities for action regarding undergraduate teaching in 2019/2020 are shown in Appendix 1.

Postgraduate Medical Education

Data relating to quality of training is collated via the annual GMC Trainee and Trainer Survey results, face to face feedback with trainees and end of placement reports. During the 2018 HEIW Commissioning visit the UHB was highly commended for sustained improvement in the quality of training in several clinical departments.

There are however, several areas of particular risk relating to the quality of training and the potential threat of withdrawal of trainees highlighted via the Wales Deanery Quality Unit:

- Paediatric Surgery
- Obstetrics & Gynaecology
- Psychiatry
- General Medicine
- General Surgery
- Anaesthetics

Detailed comments on these areas and specific actions taken are shown in Appendix 2.

The content of the GMC Trainee Survey changed in 2016 to include domains relating specifically to educational culture within departments. This has broader implications for working relationships between trainees and other members of the multidisciplinary team meaning that whole system approaches are required to improve training quality.

The GMC published new standards relating to Medical Education (*Promoting Excellence*) in 2015 for implementation in 2016. The standards place responsibility on Local Education Providers (LEP) and Executive Boards to implement robust educational governance structures and processes, which should be linked to Quality and Safety processes. The Educational Governance Framework was launched in June 2017. The structure and processes embed responsibility for assessing and improving the quality of training within local departments with clear reporting mechanisms. Since January 2018 each department has submitted a comprehensive annual report on Educational Governance processes within their department with named educational leads and representation from senior nurses, trainees and directorate teams to ensure a rounded approach is adopted to improving quality of training within local Departmental Education Groups. This approach has been recognised as an example of best practice by HEIW and is being promoted in other Health Boards in Wales. The challenge remains to sustain the structure with increasing pressures on clinical teams; particularly to ensure that departmental training leads receive recognition within job plans to undertake the role.

As for UG training it is intended to include quality indicators for PG training within the Clinical Board performance indicators to encourage improvement. Performance metrics include:

- Named Education Leads linked to appropriate recognition within jobplans.
- Trainee feedback including the annual GMC training survey results.
- Effective Departmental Education Groups.
- Multidisciplinary quality improvement work with measurable patient-centred outcomes.

Medical Educational Performance Reviews are undertaken annually with the Clinical Boards to review progress with respect to these metrics. Work is also underway jointly with the Quality and Safety team in the UHB to enable clinical incidents and serious events to link directly with departmental multidisciplinary training. The A2B2 Medical Education Simulation area is proving particularly valuable as a resource to facilitate this. Constraints include access to consumables for the delivery of such training activity and sufficient trainers across the disciplines with capability in delivering simulation training. The Medical Education Department is currently developing an in-house Train the Simulation Trainers course to address this.

Educational Contracts were introduced by the Wales Deanery (now HEIW) for trainees in Surgery, Child Health and Obstetrics and Gynaecology in August 2016. The remaining specialties had educational contracts implemented in

August 2017. The contracts stipulate the level of experience and training opportunities that should be available for each trainee. The aim is to establish a balance between training opportunity and service provision. In some departments this will reduce the availability of trainees for service delivery and this will have an impact on Consultant job planning and particularly levels of ward-based trainees for the delivery of inpatient care across disciplines.

The Wales Foundation Programme has fewer foundation trainees rotating to posts in General Practice compared with other Deaneries within the UK. In order to help redress this balance the UHB has been asked to convert two existing foundation year 2 posts to community posts in August 2020. It is possible that further posts will be required to be converted in future years. Clinical Boards will need to develop alternative models of care delivery, particularly for inpatient ward areas to mitigate for this development.

Priorities for action regarding postgraduate training in 2019/2020 are shown in Appendix 3.

Dental Education and Training

The Clinical Board for Dentistry will work closely with the School of Dentistry to support the delivery of high quality education and provide the best possible experience for dental students at both undergraduate and postgraduate level. The School of Dentistry has continually achieved high satisfaction scores in the National Student Surveys (NSS).

This has ensured a high profile nationally for Cardiff and is aided by the fact that many of the specialist dental staff are responsible for the delivery of the Continuing Professional Development (CPD) for the complete dental healthcare professional team.

Department of Medical Education

The Department of Medical Education is responsible for the organisation, delivery and quality control of a substantial programme of both UG and PG curriculum-driven medical education, including hosting Cardiff University School of Medicine examinations. In addition, the department runs all UHB medical induction programmes, medical trainer development sessions and administrates study leave and the consultant sabbatical scheme. Since 2013 the department has made cost savings of £398,280 through combining UG and PG functions, reviewing skill mix options and efficiencies within the Medical Director's budget. These savings have occurred within a context of increasing training demands. As a result the departmental infrastructure has increasing demands and there is frequent review of function to be able to deliver core requirements of training.

Following the publication of the GMC standards for medical education *Promoting Excellence*, and the development of the C21 UG curriculum there is a strong emphasis on the use of simulation training for curriculum delivery for both UG and PG trainees. The department has worked with strategic

partners to substantially develop facilities to improve the capability of the UHB to deliver these aims. In addition, these facilities provide opportunity to undertake income generation through the provision of mandatory curriculum courses. Delivery requires faculty and departmental staff to effectively manage activity across three sites and courses require equipment and consumables to be able to run. Consequently, The Department is looking at all options including enhanced income generation from courses to deliver its functions and expand its role. Cardiff and Vale UHB provides the highest level of activity and most ambitious programme of training in Wales (see table one).

Table one

Health Board	Medical Education Staffing WTE	Total Number of Undergraduate Students 2018/19 (Years 1-5)	Total Number of Training Grade posts 2018/19
Cardiff & Vale	12.8	682	706
ABMU	21	262	703
Aneurin Bevan	19	346	455
Betsi Cadwaladr	14	222	528
Cwm Taf	14.5	345	312
Hywel Dda	15	123	292
Powys	1.5	8	7

Appendix 1

Priority Areas for Undergraduate Teaching 2019/20

- To ensure that all undergraduate medical students have access to appropriate high quality education and training
- To ensure that personal development of education and training is aligned to meet wider goals in undergraduate medical training within the UK as well as the local needs of the UHB and the NHS in Wales
- To continue working closely with Cardiff University to enable the C21 curriculum to be delivered within the UHB, with high quality education enabling greater student satisfaction and an enhanced student experience
- To further develop the Faculty of Clinical Tutors
- There is currently one 2 session Honorary Senior Lecturer for UG delivery. The increasing requirement for simulation training requires an adjustment of this resource. The posts will be reviewed during the next 12 months and consideration given to ongoing support for one 1 session post for Undergraduate Lead (Honorary Senior Lecturer level) and to convert one session to a new post for UG medical simulation delivery in 2020. This will be supported by clear assignment of time within job plans for departmental UG training leads for delivery.
- Appointment of further Clinical Teaching Fellows and an Educational Pharmacist to support C21 curriculum delivery
- Establish transparency with respect to placement SIFT allocation to support SPA time in consultant job plans for UG teaching. Including the recognition of Dental SIFT appropriately.
- To consolidate the introduction of UG training into the Departmental Educational Governance structure.
- To work with Clinical Boards to deliver improvement against performance metrics relating to UG medical training.

Appendix 2

Details of Postgraduate Training Areas at Risk

There are several areas of particular risk relating to the quality of training and the potential threat of withdrawal of trainees and are detailed in brief below:

1. Paediatric Surgery:

2 higher surgical trainees were removed from Cardiff in December 2015. This was the consequence of a complex sequence of events including insufficient access to training cases, departmental training culture, trainee factors, the neonatal ICU infections and paediatric theatre and clinic capacity. There have been recent improvements in trainee experience and new consultant appointments which are welcome. The Clinical Board has been working with the Medical Director's Office, HEIW and other external stakeholders and the re-establishment of paediatric surgical trainees during Autumn 2019 has been agreed with detailed monitoring arrangements proposed.

2. Obstetrics and Gynaecology:

The UHB has a very busy obstetrics and gynaecology service. Rota gaps for middle grade trainees have resulted in reduced levels of supervision for more junior trainees.

3. Psychiatry:

The Wales Deanery undertook a targeted review of Psychiatry training in the UHB in 2015. There remains a risk of trainees being withdrawn in the event of a further deterioration and the training quality continues to be closely monitored. There were several different factors resulting in a further deterioration in trainee feedback in the 2019 GMC survey; these issues are being actively addressed with the department via the Educational Governance structure.

4. General Medicine:

The workload out of hours within Medicine is substantial. The ability of the out of hours teams to cope is threatened by poor recruitment to medical core and middle grade positions and high numbers of rota gaps with increasing sickness rates. This represents a patient safety risk. A review of Hospital at Night is underway with consideration being given to an out of hours service model.

There are substantial changes to the Core Medical Training Curriculum due in August 2019; trainees will be required to attend regular

outpatient clinics and gain a greater proportion of acute medical experience. This is a particular challenge for the UHB as 50% of core medical trainees are in specialty posts which do not contribute to acute medicine. However, inpatient service provision for some of these clinical areas such as cardiology and haematology is dependent on core medical trainees and may become fragile. Clinical Boards will need to consider developing non-medical training grade models to maintain appropriate inpatient ward-based patient care.

5. General Surgery:

The GMC trainee survey results have improved in 2019. There has been considerable work undertaken to improve the training culture within the department which has been recognised by trainees. The out of hours rota remains fragile with frequent gaps which impact on other training opportunities. There will be a benefit for Health Board if Cardiff and Vale could become a Centre for run-through surgical training. This will help ensure trainees are allocated to Cardiff which will afford some protection against gaps in the rota. However, the rota will have to be modified to a 1:10 from 1:8 currently. Currently, Cardiff is the only major surgical centre in South Wales that does not provide this training opportunity.

6. Anaesthetics:

There has been a deterioration in the results of the 2019 GMC trainee feedback for Anaesthetics. A significant factor is in adequate bed capacity for patients requiring critical care support. This results in at times prolonged delays in transferring patients to ITU; during which airway support often has to be provided by an aesthetic trainees meaning they are unable to respond to other needs and access appropriate training opportunities.

Appendix 3

Priorities Areas for Postgraduate Training 2019/2020

- To meet requirements of the SLA as set by the Wales Deanery via the Annual Commissioning process.
- To ensure that all postgraduate students have access to appropriate high quality education and training
- To continue to provide continuous professional development to Educational Supervisors.
- To strengthen the medical education credentials of medical and dental staff.
- To meet requirements of various Royal College Curricula for junior doctors in training. In particular changes to core medical training.
- To further embed educational governance structures and processes with clear reporting mechanisms in place.
- To ensure compliance with, and address issues raised in, the GMC annual Trainee Survey and Trainer Survey.
- To work with departments to implement educational contracts and address service delivery challenges that emerge as a result.
- To develop opportunity for income generation via provision of 'commercial' educational sessions.
- To integrate simulation training with identified quality improvement outcomes and the development of multidisciplinary team working.
- To work with Clinical Boards to deliver progress against performance metrics relating to PG medical training.

CARDIFF & VALE UNIVERSITY HEALTH BOARD

DEPARTMENT OF MEDICAL EDUCATION UNDERGRADUATE REPORT 2018-2019

1: OVERVIEW OF CLINICAL PLACEMENT ACTIVITY

Cardiff & Vale UHB aims to be a flagship medical education provider in Wales, and to be a UK leader in the provision of medical and dental education. The UHB works in close partnership with Cardiff University School of Medicine to deliver undergraduate teaching in a hospital and community setting.

Executive responsibility for undergraduate education within the UHB lies within the Medical Director's Office. Professor Ben Hope-Gill, Assistant Medical Director (AMD) for Medical Education leads on the strategic and operational delivery of undergraduate teaching and postgraduate training within the UHB and is head of the Department of Medical Education (DME). There is an established supporting structure within the DME of Faculty Leads, Medical Education Managers and administrative staff with specific areas of responsibility across both University Hospital of Wales (UHW) and University Hospital Llandough (UHL) sites. Dr Dawn Lau is the Honorary Senior Lecturer (HSL) who oversees the local delivery of undergraduate teaching within the UHB.

Medical Education Facilities

There are designated medical education facilities on both UHW and UHL hospital sites, providing teaching space, common room and locker facilities and access to both UHB and Cardiff University networked IT systems as appropriate. The Education Centres are the central point of contact for students while on placement with staff readily available to help. Students also benefit from continued access to all Cardiff University Library facilities whilst on placement in the UHB.

On UHW site, the Medical Education Skills Suite (MESS) on A2/B2 link corridor provides specific teaching space for all year groups and a 4 bed simulated ward developed to enhance Year 2 bedside teaching. This area provides increased opportunities for delivery of all clinical simulation teaching for medical students while on placement in the UHB and demonstrates excellent collaborative initiatives between medical school and the UHB. In addition, student locker facilities within the area ensure a closer proximity to clinical placements and easy access to support from the Medical Education Clinical Teaching Fellow (CTF) and DME staff on a daily basis.

At UHL, the clinical skills and simulation facilities provide a base within the UHB for delivery of the Year 1 clinical skills curriculum, offer enhanced teaching opportunities for Year 2 students undertaking clinical skills/ bedside teaching and was home to the embedded weekly teaching for Year 3 students undertaking Chronic Disease (CD1) and Hospital Front Door (HFD) modules respectively. In addition, students on placement at UHL can also access self-directed clinical skills facilities that are co-ordinated by the Clinical Skills Technician.

Clinical Placements

A primary function of DME is to organise appropriate clinical placements for those undergraduate medical students allocated to the UHB. The 2018/19 academic year provided clinical placements for a total of 1,719 students across all year groups. A full break down of student numbers is listed in Appendix A.

Year 1:

The UHB delivered community placements for the appropriate cases with a variety of health care professionals. Students were based in a community setting alongside physiotherapists, community mental health teams and in memory teams. Classroom based sessions were delivered for addiction therapies, with volunteer patients in attendance who shared their own personal stories of dealing with addiction.

All clinical skills sessions were delivered from UHL, with input from the appropriate Specialty Lead for each specific system who co-ordinated a multidisciplinary faculty team that included, Incontinence Team, Practice Nurses and Cardiac Physiologists. Patient and actor support for clinical sessions was also arranged where appropriate.

Year 2:

The UHB delivered community placements for appropriate cases with a range of health care professionals including midwives, health visitors and community mental health teams. Clinical skills/bedside teaching sessions that focussed on detailed history taking and physical examination were delivered on both UHW and UHL hospital sites.

Funding for a 1.0WTE SIFT funded CTF for Medical Education was established for the 2018/19 academic year. This led to the re-organisation of bedside teaching sessions at UHW, making full use of the simulated Woods Ward and the introduction of a Patient Partner Scheme. Pre-reading material was sent electronically to students a week prior to placement and bedside teaching was delivered in small groups, with whole group introductory structured tutorials. Junior doctors were encouraged to deliver bedside teaching and become part of a local Faculty of Clinical Tutors to enhance their own postgraduate training. To support faculty development, and in partnership with medical school, an academic programme was developed to provide a series of lunchtime seminars and circulation of journal articles with a medical education theme.

Student feedback was positive regarding the involvement of junior doctors as faculty providing near-peer teaching, and the use of volunteer patients as partners in teaching has also greatly enhanced student feedback and overall experience, whilst enabling the UHB to continue to facilitate the large numbers of students simultaneously undertaking clinical placements in other year groups.

Bedside teaching delivered at UHL remained as ward based, but due to logistical difficulties in ensuring appropriate wards to accommodate students, patients to be examined and in recruiting local faculty to teach, the feedback for UHL was more variable. It is anticipated that the model of delivery will be the same on both sites for the 2019/20 academic year

Year 3

The UHB delivers three clinical placement modules for Year 3 students. Specialty areas have a Named Consultant as Undergraduate Specialty Lead who works closely with the DME Team to manage the detailed organisation and structure of placements at an operational level. Each student is allocated to a Named Undergraduate Supervisor at the start of their placement block. As part of the 8 week placement blocks for Hospital Front Door (HFD) and Chronic Disease (CD) there is a specific teaching week paired with the GP week in order to allow students 3 x 2 week placement blocks in sub-specialty areas. This timetabling model is as a direct response to student feedback in previous academic years.

The designated teaching weeks were delivered from UHL, and provided detailed sessions around the relevant cases, high fidelity simulation and practical skills teaching and the opportunity to access additional clinical exposure as appropriate. Student feedback has been very positive and fixed teaching sessions embedded into timetables continues to be further developed.

SSC project placements were further enhanced this year by the active involvement of DME to ensure access to appropriate UHB IT resources and systems was available to support projects if required.

Year 4

The UHB delivers three clinical placement modules for Year 4 students. Specialty areas have a Named Consultant as Undergraduate Specialty Lead and many of the sub-specialties (Ophthalmology, Neurosciences, Psychiatry, Paediatrics, O&G and Care of the Elderly) have a designated CTF(s) who all work closely with the DME Team to ensure the detailed organisation and structure of placements at an operational level. Each student is allocated to a Named Undergraduate Supervisor aligned to the specific placement module.

The Medical Education CTF was able to provide additional support to students with clinical skills competencies and facilitated 1:1 sessions where needed.

SSC project placements were further enhanced this year by the active involvement of DME to ensure access to appropriate UHB IT resources and systems was available to support projects if required.

Year 5:

Year 5 clinical placements are well embedded to ensure harmonisation between the final year of Medical School and Year 1 of the Foundation Programme. JSA students were allocated a Named Educational Supervisor and attached to a team in order to acquire the skills to identify and manage acute hospitalised patients. JSA has a well-structured mandatory teaching programme that also includes ILS Training and simulation sessions delivered in conjunction with Medical School. In addition, scenario based 'on-call' teaching was delivered by the Medical Education CTF and near peer clinical teaching faculty with excellent feedback from students.

SSA students who will be commencing as Foundation Year 1 trainees within the UHB are placed with the appropriate clinical team to shadow their first FY1 post. The focus of SSA is based on clinical work/shadowing, so mandatory classroom teaching was kept to a minimum. However, additional interactive teaching including high fidelity simulation

(ReMAP), Resilience, Surviving On-Call and a modified 'Asked to see a Patient' series of sessions was also offered on a voluntary sign up basis. All additional sessions received excellent feedback from students.

Summary

The C21 curriculum is now well embedded and delivered across all 5 years. Engagement of Faculty and delivery of local teaching is successful due to a co-ordinated approach and this is reflected in many positive comments from students and number of Recognition of Teaching letters to individuals within the UHB from NHS Liaison.

However, delivery of the undergraduate curriculum also poses many challenges within the UHB. It is extremely faculty intense, requires a high level of administration and co-ordination and faces escalating costs at LEP level.

Work within the UHB remains ongoing to ensure transparency regarding the allocation and expenditure of placement SIFT and to identify significant cost pressures in local curriculum delivery. The funding support for CTF posts shared between placement SIFT and at departmental level has significantly increased positive student feedback, and recognition of agreed SPA 'tariffs' (implemented within the UHB in 2015) continues to help NHS Consultants ensure they have the appropriate time formally recognised in job planning for their commitment to undergraduate teaching. Recognition of formal undergraduate teaching roles is further complemented by the Honorary Title applications through the NHS Liaison Unit.

2: STUDENT FEEDBACK EVALUATION 2018/19

Student Evaluation Reports for all year groups and placement modules are received from the NHS Liaison Unit and reviewed accordingly by the DME Team.

Local feedback is also obtained from students both formally at the end of each placement and informally on an ad hoc basis during placement. All feedback sources provide the basis of discussion with Named Specialty Leads or specific clinical areas in order to address any concerns raised and to develop appropriate action plans.

Regular feedback is also requested from the Specialty Leads and Named Undergraduate Supervisors regarding delivery of the curriculum, local organisation and student engagement. The DME Undergraduate Management Team meets regularly with Named Leads on a modular basis and in addition, organised the first Undergraduate Module Leads Forum in July 2018 with the aim of providing peer-support and relevant medical school and curricular updates. It is envisaged that this Forum will continue on an annual basis.

Any locally obtained feedback is escalated to Medical School as and when necessary.

Overall key themes and areas from student feedback:

- Overall student experience of clinical placements within the UHB is positive
- Teaching facilities available within the UHB are considered to be good
- Library and IT facilities are excellent (Cardiff University)

- Where Clinical Teaching Fellows (CTF) are in post student experience is consistently rated as good/excellent
- The enthusiasm of Consultants and junior doctors regarding undergraduate teaching is appreciated, including the value of Named Undergraduate Educational Supervisors
- Access to the UHB IT network and appropriate systems is available if required
- Students report that learning outcomes are generally achieved while on placement in the UHB
- Students report that they feel there are often too many students on placement and this can, at times have a negative impact on learning opportunities available. e.g. Neurology placements
- Transport and travel in and around Cardiff and the Vale remains a perennial and intermittent problem that is dependent on the views of specific student cohorts throughout the year

The table in Appendix B shows the summary of student feedback and relevant actions for 2018/19. This is taken from both local feedback and NHS Liaison Student Evaluation Reports.

3: EDUCATIONAL DEVELOPMENTS, INITIATIVES AND FUTURE CHALLENGES

The Faculty of Clinical Tutors (introduced in 2014) continues to expand and develop. Student feedback clearly shows that near-peer teaching is highly regarded and postgraduate trainees value opportunities to teach in a structured way. It is recognised that due to the large number of students on placement within the UHB, bedside teaching on busy wards is not always a viable option, therefore, 2018/19 saw the implementation and development of the Patient Partner Programme. This involved recruitment of patients with stable chronic conditions who participated in bed-side teaching sessions based on the simulated ward in the Medical Education Skills Suite on UHW site.

The role of Clinical Teaching Fellows (CTF) has a very positive impact on student experience, and their involvement is much needed to sustain delivery of C21. The support for a Medical Education CTF in 2018/19 helped enhance undergraduate education across Years 1, 2, 3 and 5 and this was clearly reflected in student feedback. There remain well established posts in Neurosciences, Ophthalmology, Care of the Elderly, O&G, Paediatrics and Psychiatry and for the 2018/19 academic year there were additional posts supported in T&O, and Cardiology. However, the recruitment process for CTF posts has been problematic resulting in vacancies in Neurosciences and Cardiology. DME has worked with local departments and medical workforce to ensure that a more robust and centrally managed system is put in place within the UHB from 2019.

The CAV Undergraduate App was launched in time for the 2018/19 academic year and allows students to access useful information to support them on placement on both a generic and year/module specific basis. Information available on the App also includes notifications regarding teaching events, and useful links to additional resources.

The DME has also developed and updated the UHB intranet webpage for Undergraduate Education to include easy-to-access information for clinicians regarding the C21 curriculum as well as links to relevant contacts, guidance documents and e-resources to support their trainer role.

The UHB continues to deliver a very successful Medical Work Observation Programme (MWOP) on both UHW and UHL sites. The Programme is offered to sixth form students

looking for an insight into a career in medicine and applications have increased year on year. A total of 120 places were provided on the 2019 Programme. MWOP is considered to be important in encouraging the future intake of medical undergraduates and hopefully help to create a workforce that maintains an allegiance to the Welsh NHS in the future. Students on placement in the UHB have supported MWOP by delivering sessions on 'Life as a Medical Student', and we see many medical students on clinical placement who have previously attended MWOP themselves!

As reported in the 2017-18 Annual Undergraduate Report, there remains a constant challenge within the UHB regarding student numbers, and at key times during the academic year when all year groups are on placement this can have significant impact on the learning opportunities available to students. It must also be recognised that when placing medical students in community settings with allied healthcare professionals, fixed days when placements are required and priority given to students within their own profession can have a severe impact on the actual availability of placement opportunities for medical students within the defined case order of the C21 curriculum timetable.

**Total student numbers and overall student weeks per year group and module:
Academic Year 2018/19**

Year Group/Module	Total number of students undertaking clinical placement in C&V	Overall students weeks
Year 1		
GEM	28	5
Community Placements	119	48
Clinical Skills	119	142
Year 2		
Community Placements	121	85
Bedside Teaching	121	242
Year 3		
Hospital Front Door	89	623
Chronic Disease	69	483
Surgery/Oncology	84	672
SSC	108	648
Year 4		
Chronic Disease 2	83	664
Women, Children & Family: Paediatrics	84	336
O&G	57	342
PCNO: Ophthalmology	60	6
Neurology	242	726
Psychological Medicine	74	296
SSC	171	1026
Year 5		
JSA	30	240
SSA (Cardiff University)	54	432
SSA (Swansea University)	6	42
Total	1719	7058

Student Feedback Summary: Academic Year 2018/19

Year/ Module	Areas of Good Practice	Areas of Improvement	Action Points
Year 1: Community & Clinical Skills	<ul style="list-style-type: none"> • Overall students were very pleased with placements • Organisation, induction, quality of teaching and supervision were rated highly by students • Learning objectives were met • Students received an updated and clearly defined travel policy • Practical sessions, e.g. Catheterisation, IM Injection were delivered from a clinical skills room not a seminar room • Actors were included for the Respiratory History and Examination stations, this helped as students do not like examining each other • Presentations and learning materials from the sessions were uploaded to the Undergrad App 	<ul style="list-style-type: none"> • Travel issues including travelling to and from Hub is not straightforward at times • Some students commented on lack of handouts • Some students ask for more time for clinical examination skills • In GI clinical session, some students reluctant to examine each other 	<ul style="list-style-type: none"> • DME to continue to liaise closely with individual community placements • Different student groups have different travel needs to be reviewed on individual placement basis – public transport only is reimbursed by the UHB • Ensure adequate C&V Hub induction for students to inform re: logistics and manage expectations • To ensure actors are used as simulated patients in the systems examination sessions and extending to GI system.
Year 2: Community & Clinical Skills (Bedside Teaching)	<ul style="list-style-type: none"> • Local facilities, and overall quality of teaching were considered to be good • Bedside teaching was highly rated • Good administrative support when needed • Learning objectives were met • Overall students valued community placements in helping learning • CTF for Medical Education • Patient Partner Programme • Active recruitment of faculty including Foundation near peer teaching rotation • Use of the Simulated ward at UHW 	<ul style="list-style-type: none"> • Variable feedback at UHL site: difficulty recruiting tutors affecting level/quality of teaching • No consistent formal feedback from tutors • Travel time and distance between community and hospital based sessions • Perceived communication inadequate prior to sessions 	<ul style="list-style-type: none"> • Simulation ward and additional teaching space under development at UHL for 2019/20 academic year • Clear student induction to manage placement expectations • Hospital site for bedside teaching closest to GP or community placement where possible • Session times modified to allow travel time • Continued investment in Medical Education CTF's – 2019/20 will have 2.0WTE CTF to enhance teaching on both UHW/UHL sites

<p style="text-align: center;">Year 3: Hospital Front Door (HFD)</p>	<ul style="list-style-type: none"> • Overall students were pleased with placements • Students felt module was well structured and well organised • Informative C&V Hub induction • Good quality teaching • Teaching / Simulation week was overall rated as good/excellent • Value of Named Educational Supervisors • A number of clinicians singled out regarding their teaching • Learning objectives were met 	<ul style="list-style-type: none"> • Timely communication of any cancelled tutorials/teaching sessions • Students commented on overall student numbers in some clinical areas • MEAU@UHL variable feedback re: formal teaching, clinical exposure 	<ul style="list-style-type: none"> • Involvement of Med Ed CTF to deliver bedside teaching for MEAU/MAU students • Offering students in MEAU appropriate opportunities to attend specialty clinics e.g. Stroke, Renal
<p style="text-align: center;">Year 3: Chronic Disease (CD)</p>	<ul style="list-style-type: none"> • Overall students were pleased with placements • Students felt module was structured and well organised • Students reported a good mix of bedside teaching and timetabled clinics • Informative C&V Hub induction • Teaching/Simulation week was overall rated as good/excellent • Learning objectives were met • Value of Named Educational Supervisors • A number of clinicians singled out regarding their teaching 	<ul style="list-style-type: none"> • Some students felt the 2 week medicine block consisting of gastro/renal/endocrine was disjointed and difficult to navigate 	<ul style="list-style-type: none"> • Continued review of timetables: the move of GP week from HFD to CD1 in 2019/20 it will allow better exposure to renal and endocrine medicine, increasing to 1 week in each • Establish a weekly half day whole group teaching covering virtual cases, simulation and OSCE style clinical examination

<p>Year 3: Surgery/Oncology</p>	<ul style="list-style-type: none"> • Overall students were pleased with placements • Informative C&V Hub induction • Students commended the organisation and structure of module, as well as the variety of both clinical experience and teaching • Opportunities in palliative care were rated as excellent • Learning objectives were met • Value of Named Educational supervisors 	<ul style="list-style-type: none"> • More surgical tutorials to be delivered • Lung Oncology week received variable feedback including lack of formalised teaching and difficulty in getting SLE's signed off 	<ul style="list-style-type: none"> • Appointment of Surgery CTF from 2019/20 to support formal teaching sessions • Provide more regular structured tutorials/bedside teaching in lung oncology week
<p>Year 4: Chronic Disease (CD2)</p>	<ul style="list-style-type: none"> • Overall students were pleased with placement • Organisation and induction highly rated • Quality of supervision and support available was highly rated • Clinical Teaching Fellows were rated as excellent • Learning objectives were met • Geriatrics singled out as well supported block with comprehensive teaching every week as well as bedside teaching • Value of Named Educational supervisors 	<ul style="list-style-type: none"> • Large student groups • At times, a shortfall of appropriate-to-specialty Named Educational Supervisors • Travel between sites • Lots to get signed off • Students felt that case tutorials were duplicated 	<ul style="list-style-type: none"> • Continued review of timetables to minimise travel • Continued investment in CTF's in Geriatrics • Drive to recruit more ES's from CD2 specialties including from Dermatology
<p>Year 4: Women, Children & Family</p>	<ul style="list-style-type: none"> • Overall students were pleased with placement • Organisation of placement and local induction highly rated • Quality of teaching, clinical experience and support available was highly rated • Quality of supervision during placements highly rated • Clinical Teaching Fellows were rated as excellent • Value of Named Educational Supervisors • Learning objectives were met 	<ul style="list-style-type: none"> • Some teaching sessions were cancelled 	<ul style="list-style-type: none"> • Continued investment in CTF's in O&G and Paediatrics

<p style="text-align: center;">Year 4: PCN</p>	<ul style="list-style-type: none"> • Overall students rated the specialty placements as good/excellent • The variety of neurological clinics was valued • Value of Named Educational Supervisors in Psychiatry • Generally well organised • Clinical Teaching Fellow rated as excellent • A number of clinicians singled out regarding their teaching 	<ul style="list-style-type: none"> • Recurring theme: Too many students on Neuro placement to allow adequate clinical time • "little clinical opportunities and clinic time" in Neurology • Lack of Neurosciences CTF recruitment at the first half of the year showed itself in more variable student feedback re: formal teaching. • Too much travelling on Psychiatry placements 	<ul style="list-style-type: none"> • Continued investment in Psychiatry CTF • For 2019/20, 3 Neurology CTF's have been appointed • Continued negotiations with Medical School on student numbers for Neurosciences
<p style="text-align: center;">Year 5: JSA</p>	<ul style="list-style-type: none"> • Overall experience was highly rated • Organisation of placement and local C&V Hub induction highly rated. • Quality of teaching, supervision and support available generally highly rated • On-call simulation sessions led by Medical Education CTF were rated as excellent 	<ul style="list-style-type: none"> • Completion of MyProgress e-Portfolio onerous and lots to chase up for some students • Students perceived too many My Practice sessions for peer review 	<ul style="list-style-type: none"> • Continued investment in Medical Education CTF
<p style="text-align: center;">Year 5: SSA</p>	<ul style="list-style-type: none"> • Overall SSA placement was highly rated • Local induction, quality of teaching, supervision and support available highly rated • Students generally felt part of the Team and were able to work various shifts • Valued opportunity to work out of hours/on-call • Additional teaching sessions were rated as excellent e.g. ReMAP, simulation-based teaching, 'Asked to see a Patient', Resilience • Overall students felt prepared to take up their first foundation post 	<ul style="list-style-type: none"> • Students were critical if SSA was spent shadowing in a different specialty to where first FY1 job is commencing • Variable feedback on My Practice - including too many reflective pieces on peers' presented cases • Students comment on overall lack of Radiology teaching 	<ul style="list-style-type: none"> • Agreement with Medical School to allow SSA students to 'shadow' FY2 instead of FY1 in posts with no FY1, this will help students who are leaving Wales for FY1 to spend time in specialty area of first post • DME endeavours to ensure each SSA post contain an acute element to broaden clinical experience for better FY1 preparation • DME to consider organising dedicated Radiology teaching sessions (but mindful of the amount of mandatory teaching already expected)

Response to Evaluations of Clinical Modules in 2018-19

What has gone well?

- Overall student feedback has been positive across all year groups, despite at times large numbers of students especially at 'pinch points' of the academic calendar
- Year 2 clinical teaching programme enhanced by:
 - ✓ leadership and organisation of new Medical Education Clinical Teaching Fellow (CTF) working as part of DME Team
 - ✓ establishment of the Patient Partnership Programme
 - ✓ enhanced use of the Medical Education Skills Suite and Simulated Ward on UHW site
 - ✓ Development of the Faculty of Clinical Tutors
- Development of the C&V Undergraduate App to enhance communication with students on placement within the UHB
- Clinical Teaching Fellows greatly enhance the overall student experience within those specialties and with DME
- Named Educational Supervisors have received positive feedback, reflecting the commitment and interest of individual clinicians.
- Overall contribution of busy clinicians, from junior doctors to consultants, taking on all aspects of undergraduate medical education both with informal and formal roles – each has contributed to the overall success for student experience and learning

What has not gone so well?

- Some student dissatisfaction on travel issues particularly travelling from community placements to hospital and vice versa; and between hospital sites
- Failure to recruit CTF's from certain specialties e.g. Neurology (until later in the year), and Cardiology
- Students numbers, particularly in Neurosciences, with subsequent perceived lack of sufficient clinical exposure and teaching
- In CD1 – general medicine fortnight encompassing renal/endocrine/renal perceived to be disjointed at times with the 3 specialties 'meshed' together

Action plan to improve modules in preparation for academic year 2019/20

- 2019/20 recruitment of specialty-based CTF's has been successful in filling all vacant posts, including expansion of numbers including 0.2WTE SIFT funded CTF in Medical Education, as well as 0.5WTE SIFT funded in Cardiology and General Surgery

- Continued development of the Faculty of Clinical Tutors including improved links with AoME in offering practical support on the application process as well as a regular educational programme
- Planned completion of refurbishment of the first floor of the Routledge Academic Centre on UHL site to create a simulated ward area and additional teaching space. This will enhance Year 2 bedside teaching at UHL and be led by one of the Medical Education CTF's
- Planned Year 1 and Year 2 induction meetings prior to start of clinical programme to manage expectations and help optimise the students' preparations
- Re-organisation of CD1 to allow a full week of renal and endocrine medicine respectively
- Establish weekly whole group teaching for both HFD and CD1 to include a diversity of topics, case tutorials, simulation-training and clinical skills teaching
- Continue to develop local student feedback to inform continual improvement through timely responsiveness
- Recruitment of more named ES's in relevant specialties in both Year 3 and Year 4 to ensure adequate student-to-ES ratio in order to help optimise the quality of supervision
- Effective communication between DME, Specialty Module Leads and ES's including timely trouble-shooting and support for both students and educators
- Annual Undergraduate Specialty Leads Forum (meeting Spring 2020)

SIFT Expenditure Schedule 2018/19

Welsh Government SIFT Expenditure schedule 2018-19				
SIFT Expenditure 2018/19				
Category	Clinical Placement SIFT £'000	Facilities/ Infrastructure/ Central SIFT £'000	Total £'000	Definition / Type of Expenditure to be included
Premises (note 1) Residential accommodation		3,236	3,236	- Upgrading or maintenance of accommodation, particularly residential - Upgrading, maintenance and running costs of residential accommodation for students on placement.
Other				- Upgrading, maintenance and running costs of other areas such as student common room, teaching seminar rooms. - Expenditure on building development projects
Equipment (note 1)		4,155	4,155	Bleeps, white coats, pagers, clinical equipment, theatre consumables, badges, mobile phones. teaching equipment, clinical skills lab equipment and teaching aids.
Information Services (note 1)		39	39	Library - costs, staffing, books, periodicals; IT eq (PCs and Printers), multimedia stock, security systems; Medical Illustration: costs, staffing.
Undergraduate Administration Support	306		306	- Administrative staff costs including clerical support for SSC's; office equipment; office consumables; photocopying; shared costs with Postgraduate Office. - Additional sessional payments (Honoraria) to Honorary Senior Lecturers or Honorary Lecturers in recognition of additional organizational duties
Clinical Staff Costs	2,862	22,264	25,126	- Clinical Teacher time / sessions including other Health Professionals teaching students.
Other (Non Staff Costs)				- Teaching aids for Directorates
External contracts with Educational Institutions				Provision of residential accommodation, contribution to teaching and SSCs
Miscellaneous		468	468	Student transport, catering.
Capital Charges				
Total SIFT Expenditure	3,168	30,162	33,330	

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Cardiff and Vale University Health Board

Research and Development Strategy 2020-2023

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1.0 Executive Summary

This Strategy sets out clear aims on how Research and Development activities will be supported, promoted and implemented within C&V UHB. It provides strategic direction within the context of local and national developments including the organisation's IMTP and C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025. This Strategy closely reflects the aims of the Health and Care Research Wales (HCRW) Strategic Plan (2015-2020) which demonstrates Wales' commitment to creating a dynamic research environment for the health and wealth of the people of Wales. The five high level strategic aims will be underpinned at Clinical Board level by more detailed R&D Implementation plans.

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

2.0 Introduction

2.1 How the Strategy has been developed

The Strategy has been developed in full consultation with the Clinical Boards through the Clinical Board R&D Leads at the Research Delivery Management Board, involving senior finance, R&D Office, and research and delivery staff representation.

2.2 Strategy approval and review mechanism

The Strategy was approved by the Executive Management Board on xxxx. Welsh Government requires an annual review process to ensure the document remains fit for purpose. Each Clinical Board will review their individual strategic aims and objectives on an annual basis.

3.0 National Context

3.1 National Funding Structure

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

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

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

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The Welsh Government set a national objective to ensure the effective provision of an NHS research infrastructure, to develop research capacity through the appropriate use of R&D allocations, as well as investment of other R&D income that the NHS organisation generates. The key indicator set to achieve this national objective is for NHS organisations to have a current 'in use' finance policy.

HCRW has produced a NHS R&D Finance Policy Template which covers the details and mechanisms necessary for the management, accountability and distribution of NHS research funding and income.

3.2 HCRW strategy

HCRW' vision is for Wales to be internationally recognised for its excellent health and social care research that has a positive impact on the health, wellbeing and prosperity of the people in Wales.

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

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

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

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

4.0 Local Context

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

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

The R&D Division, Welsh Government therefore expects each NHS organisation to purposefully support research and, through the IMTP, demonstrate how the

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patients of Wales will be offered increased opportunities to participate in high quality research within their locality.

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

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

4.2 Core business with R&D embedded in strategic goals

C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025 outlines as part of its 'Vision of Care' statement that we will focus on working better together across the care sectors, valuing people and harnessing innovation, and research to make this a great place for patients and staff

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

C&V UHB has a management structure based around 7 Clinical Boards supported by corporate organisational functions. Each Clinical Board has endorsed the overall strategic aims and objectives of the C&V UHB R&D Strategy and have summarised their own individual high level strategic aims and objectives. Each Clinical Board is required to have an up to date R&D Implementation Plan which underpins how they will meet their strategic aims and objectives. The Clinical Board R&D Implementation Plans will inform discussions at biannual R&D review meetings with the Medical Director, R&D Director and R&D Performance Manager. R&D representation on each Clinical Board 'Board' meeting, with R&D as a standing agenda item, with the presentation of key R&D metrics, would also be considered as good practice.

5.0 C&V UHB R&D Strategic Aims

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

- Monitor and manage all key indicators set out in the Delivery Framework for Performance management of NHS R&D, promoting Clinical Board ownership of targets relating to increasing numbers of non-commercial and commercial studies and recruitment to them, and the elimination of non-recruiting studies, as well as recruiting to time and target
- Ensure a more refined risk-based approach to Capacity and Capability, and Sponsorship assessments with the aim of decreasing study set-up times
- Provide support to research teams to navigate the regulatory review processes to help reduce set up times

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- Encourage a balanced portfolio of study types to include observational and complex interventional studies

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

- The Executive Board will be provided with R&D reports through the Medical Director
- Clinical Boards will facilitate a joined up approach between Boards for R&D funding proposals to share costs and associated benefits from revenue
- Directorate and Clinical Board R&D leads together with the R&D office will performance manage ring fenced Directorate R&D budgets
- Clinical Boards will consider the full benefits of R&D studies including the potential for significant drug/device savings
- The UHB will hold an Annual R&D day to promote research and the message that it is at the core of clinical service delivery
- R&D will feature strongly in the UHB annual report
- R&D Communication through web pages, newsletters, social media and other means will be reviewed and strengthened to improve dissemination and engagement in R&D related issues
- Links between Continuous Service Improvement and the research community will be strengthened to facilitate research into practice initiatives and innovation opportunities, and to strengthen the culture of Research, Innovation and Improvement becoming a core function of daily practice.
- The Clinical Board R&D Lead role will be strengthened through membership of the Research Delivery Management Board

AIM 3 Build research infrastructure and capacity

- The Research Delivery Management Board will approve budgetary allocations to Clinical Boards/Directorates on an annual basis ensuring research infrastructure and capacity continues to be built in alignment with Clinical Board Strategic aims.
- Support services will be invested in appropriately, to align with Clinical Board strategic aims
- Funding will be identified to support the set-up of a Research Nursing Bank to increase the ability to cover research nurse maternity, sickness and study leave
- The Clinical Research Facility will be utilised to prioritise early phase studies and those that require a specialist environment, also carrying out later phase studies, to ensure it operates at maximum capacity with good utilisation of the endoscopy suite
- Establish research beds within the critical care footprint using the current PACU (which will become a larger purpose built enhanced care unit in late 2020) for patients at risk of serious toxicities and organ failures from new biologic agents

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such as CAR-T therapy, which would be unsuitable for the Clinical Research Facility. MHRA phase 1 accreditation will be sought providing a unique selling point, for not only Cardiff, but the UK.

- The physical build capacity of the Clinical Research Facility will be further developed to allow a safe and appropriate environment for the placement of a larger number of studies
- The Children and Young Adult Research Unit will be supported and fully utilised providing further opportunities for children across Wales to participate in clinical studies
- The UHB will support high quality applications for Centre or Unit bids, alone or in collaboration with local HEIs, to major funders
- The UHB will explore a range of possibilities to support investigator-led complex studies (both UHB Sponsored and where the UHB wishes to act as a National Co-ordinating centre) where a Clinical Trials Unit is required
- The UHB will support new investigators where the appointment has been made specifically to boost the UHB R&D agenda
- The UHB will support a balanced range of studies, including portfolio and pathway to portfolio that have real potential to be developed into future portfolio studies.
- The UHB will increase commercial income by ensuring it focuses resources on studies where recruitment targets are realistic, and the study is judged as likely to facilitate future service enhancement.
- The UHB will look to expand commercial activities via direct meetings with global pharmaceutical companies.
- The Primary Care 'Hub and Spoke' model will be supported through the pilot phase in the UHB to provide more research opportunities for participants in GP practices which are not traditionally research active.

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

- Providing equal access to structured, high quality training opportunities for all staff involved in research in the UHB. This includes staff working in core research delivery roles, staff supporting research activity in their department and staff carrying out their own research.
- Providing a needs based annual training programme responding to identified research governance trends, regular audit and evaluation of staff training requirements, and in line with the HCRW aims and objectives.
- Providing support and guidance for research staff with their development and career progression, in line with organisational and national standards.
- Providing educational learning opportunities for undergraduate nursing, midwifery and allied health professional students and medical trainees within the UHB that raise awareness of research and clinical trials in the NHS, and the roles research staff have within the wider disciplinary team.
- Providing research teams with a dedicated educational oversight, linked to the Learning, Education and Development Department, ensuing training

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standards meet local policy and procedure, as well as national and international regulatory requirements.

- Encourage and support non-medical staff to take on the role of Principal Investigator for suitable studies
- Having a point of contact and hub for information sharing for up to date, relevant research specific communication throughout the UHB
- Setting up a small education and training budget to be available for eligible Cardiff and Vale UHB research staff wanting to apply for funding to support short courses, study days and conferences.
- Providing Clinical Boards with access to £10k per annum to utilise for training events either at Board or individual level

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

- The agreement to establish a Joint Research Office between C&V UHB and Cardiff University (CU) will be realised to:
 - support the delivery of a shared research strategy, with clear priorities and outcomes;
 - maximise our joint potential in the delivery of research and impact for patients;
 - establish a unified service by bringing together people, processes and systems;
 - create a positive environment for all of our staff to collaborate;
 - encourage and support researchers to engage and inform patients and the public;
 - develop connections which will enable growth in research activity, income and output.
- C&V UHB will facilitate joint working with CU Biobank under the terms of the Collaborative Material Transfer Agreement
- C&V UHB will work closely with Welsh Government through HCRW Support Centre to help realise the One Wales initiative by fully engaging in working groups tasked at looking at the various aspects of this agenda
- C&V UHB will explore the possibility of acting as Sponsor/Joint Sponsor of multicentre European studies
- C&V UHB will be the clinical lead for Wales for the Advanced Therapy Treatment Centre (ATCC) working under the terms of the successful collaborative award from Innovate UK with Swansea, Birmingham and Nottingham, with the aim of enabling pioneering therapies for the people of Wales.
- C&V UHB will continue to develop its relationships with other Higher Education Institutes in Wales and beyond, and other NHS organisations to maximise potential for joint working and reciprocal beneficial relationships

6.0 Roles and Responsibilities

6.1 Chief Executive

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

6.2 Medical Director

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

6.3 Assistant Medical Director for Research and Development

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

6.4 Clinical Board Research and Development Leads

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

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

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

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

6.5 Research and Development Office

The R&D Office is headed by the R&D Manager reporting to the AMD for R&D, within the Medical Director's Office. The R&D Office provides the operational support and assurance to C&V UHB that all R&D operates within a framework of effective governance consistent with Wales and UK R&D specific legislation and guidance. The R&D Office is responsible for providing administrative support for drafting and reviewing the R&D Strategy.

6.6 Research Delivery Team

The Research Delivery team is headed by the Head of Research Delivery –South East Wales, reporting to the AMD (R&D) within the Medical Director's Office. The

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Research Delivery Team oversees performance in terms of delivering studies to time and target and is responsible for supporting the Medical Director and R&D Director at biannual performance meetings where the Clinical Board Implementation Plans together with overall performance at study level will be discussed.

7.0 C&VUHB's SMART Objectives

- 7.1 Increase the total number of open and recruiting commercial and non-commercial portfolio studies from 264 in 2018/19 by 10% by 2023
- 7.2 Improve recruitment to time and target metrics from the current 51% to 75% by 2023
- 7.3 Reduce time taken from receipt of Local Information Pack to recruitment of first patient from a median of 128 days for non-commercial and 90 days for commercial to 60 days by 2023
- 7.4 Increase commercial income from £1.7m in 2018/9 by 20% by 2023
- 7.5 Increase the number of UHB Sponsored studies from 18 in 2018/19 by 30% by 2023
- 7.6 A Joint Research Office to be physically established by September 2020 with continuing progress towards integration of all relevant functions by 2023
- 7.7 Clinical Board/Directorate R&D budgets to be appropriately managed in terms of income and expenditure from Welsh Government Activity Based Funding by April 2020, to include Commercial and non-commercial trial income and expenditure by April 2021 measurable by simplified population of quarterly spending plans, quarterly returns and annual reports to Welsh Government.

8.0 References

NHS R&D Finance Policy Template

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

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

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

C&V UHB Integrated Medium Term Plan (IMTP)

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

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

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

Clinical Board R&D Lead Job Description (JDR-RD-002) (link once available)

DRAFT

Report Title:	Update on Healthy Travel Charters					
Meeting:	Strategy and Delivery Committee				Meeting Date:	14 Jan 2020
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Public Health					
Report Author (Title):	Consultant in Public Health Medicine					

Background and current situation:

Following a paper and presentation to the Board in December 2018 on work to promote sustainable travel and improve air quality in Cardiff, a Cardiff Healthy Travel Charter was signed and launched at Cardiff Public Services Board (PSB) in April 2019. This includes 14 commitments the Health Board will implement over the next 3 years. A Vale of Glamorgan Charter was launched in October 2019, which the University Health Board (UHB) has also signed up to, with similar commitments.

The partnership agreement to these ambitious commitments and targets is a very positive development and demonstrates leadership by the organisations involved on the important overlapping issues of health, social and environmental sustainability.

For the Charters a small cross-partner implementation group has been set up in each area to monitor progress against the commitments, share good practice, and co-ordinate activities such as communications and staff surveys. The Charters are attached for reference, and include actions to support uptake of public transport, walking and cycling, and switching to low emission vehicles where private cars are unavoidable.

This paper provides a brief update on the status of the Charters, and work in the UHB to implement the commitments.

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

- Cardiff and Vale UHB has signed up to the Healthy Travel Charters in both Cardiff and the Vale
- In order to meet the commitments set out in the Charters, the UHB will need to continue to support and promote non-car travel for staff and visitors. This includes ongoing support for hospital Park and Rides and shuttle bus service; staff Nextbike membership; improving infrastructure to support walking and cycling to/from our sites; and consistent communications messages on these issues

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

Assessment

Within the UHB, specific action taken to date to implement the Charter commitments include:

- Extension of hours and increased frequency of University Hospital of Wales (UHW) Park and ride service from June 2019, associated with an ongoing increase in ridership (funded by Cardiff and Vale Health Charity)
- Introduction of Park and ride service to University Hospital Llandough (UHL) in July 2019 (funded by Cardiff and Vale Health Charity)
- Introduction of staff shuttle bus between UHW and UHL, to reduce private car use for travel between the sites
- Promotion of Cycle to Work scheme, enabling staff to obtain discounted bicycles
- Successful agreement of staff (corporate) membership of the Nextbike cycle hire scheme, in conjunction with Unison. Roll out of staff membership due to commence in November 2019 but delayed due to technical issues with the bicycles; now planned for January 2020
- Planned new bike storage shelter for Woodland House
- Regular consistent messaging to staff and public on sustainable transport issues, including using a common communications toolkit established for the Charter
- Senior staff including Executives regularly promoting and modelling walking, cycling and public transport use, e.g. to meetings and through social media channels
- Availability of electric vehicle (EV) charging at Woodland House

A repeat staff travel survey was carried out over summer and early autumn 2019 across signatory organisations, with initial results suggesting that people in Cardiff are self-reporting a net increase in walking (+11.6% of respondents), cycling (+7.2%) and public transport use (bus +5.0%, train +0.3%); and a decline in car use (-4.7%).

A business Charter has been drafted with colleagues in FOR Cardiff, Cardiff's Business Improvement District, and with leading City Centre firms, and will launch in January 2020; and a third sector Charter is being developed in conjunction with Cardiff Third Sector Council (C3SC) and Glamorgan Voluntary Services. Following an approach from Cardiff University, we are also looking at developing a Higher and Further Education Charter with these institutions, and working with neighbouring LHB areas to introduce Healthy Travel Charters. An implementation toolkit has been drafted, pending comments from key stakeholders, to enable a consistent and comprehensive approach to implementing the commitments to be taken between organisations.

The Charter approach has been highlighted as good practice by the Office of Future Generations Commissioner and in the Welsh Government (WG) Planning Framework for 2020-3.

In related developments, a Clean Air Plan has been developed by Cardiff Council and recently approved by Welsh Government, to address NO₂ in the City Centre. This will entail significant changes to travel arrangements in the City centre to be in place within the next 2 years, with work starting imminently. Nextbike has been contracted to provide cycle hire in the Vale of Glamorgan, starting in the Eastern Vale in 2020, with the scheme including electric bikes from the outset. E-bikes are also due to be introduced into the Cardiff fleet during the next 12 months. E-bikes hold the potential to increase ridership particularly for older people, in hilly areas, and for longer journeys.

Risk implications

- In terms of assurance, a detailed progress matrix is collated quarterly for both the Cardiff and Vale Charters, with an assessment of progress against the commitments at an organisational and group level. This will allow continuous assessment of whether Charter implementation is on track. A summary of progress will be reported through the two PSBs, and to relevant UHB committees
- The UHB has publicly signed the two Charters. There will be a reputational risk if it does not deliver in both the detail and spirit of the commitments over the 3 years
- Exposing staff and visitors to avoidable air pollution due to traffic congestion on our sites, along with the contribution of our wider workforce to congestion and pollution when commuting and travelling for work, adversely affects population health in our area
- Routinely supporting and encouraging sedentary behaviour among certain staff groups (e.g. desk-based staff) increases sickness absence rates and risk of cardiovascular disease and cancer. This can be mitigated by supporting walking, cycling and public transport use as the norm, reducing expectations of a 'right' to car parking; and flexible working where possible/appropriate

Recommendation:

The Committee is asked to:

- **NOTE** the introduction of a Healthy Travel Charter to the Vale of Glamorgan
- **SUPPORT** the need for ambitious initiatives within the UHB to increase rates of sustainable travel by staff and visitors, and reduce pollution from vehicles used for Health Board work, in order to meet the commitments set out in the Charters

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Kind and caring } *Respectful* } *Trust and integrity* } *Personal responsibility*
Caredig a gofalgar } *Dangos parch* } *Ymddiriedaeth ac uniondeb* } *Cyfrifoldeb personol*



	A Healthier Wales – 18 months on					
Meeting:	Strategy and Delivery Committee				Meeting Date:	14/01/2020
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Strategic Planning					
Report Author (Title):	As above					
Background and current situation:						
<p>A Healthier Wales, the Welsh Government’s ten year strategy for transforming health and social care services in Wales was published in June 2018. The strategy was very much aligned with the Health Board’s own strategy, Shaping Our Future Wellbeing, which was published in September 2015.</p> <p>A Healthier Wales sets out five areas in which the Welsh Government is expecting health and social care to change over the next decade:</p> <ul style="list-style-type: none"> • <i>In each part of Wales the health and social care system will work together 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> • <i>We want to shift services out of hospital to communities, 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</i> 						

independent in their homes and communities.

- *We will **get better at measuring what really matters** 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.*
- *We will **make Wales a great place to work in health and social care**, and we will do more to support carers and volunteers. We will invest in new **technology** 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 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.”*

A Healthier Wales is underpinned by the Quadruple Aim, a core set of values and ten design principles. The progress report presented to the Committee in April 2019 provided assurance on the close alignment of these with the Health Board’s strategic principles and objectives.

A Healthier Wales signals an increasing role for Regional Partnership Boards in providing system leadership to delivery closer integration between health and social care services, and better outcomes for citizens.

Appendix 1 provides a position statement against all of the actions detailed in A Healthier Wales.

Appendix 2 provides a summary of the progress being made by the RPB, as reported to the

Joint Executive Team meeting with Welsh Government which took place in November.

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

The Health Board's strategy is aligned to A Healthier Wales.

Whilst good progress is being made with implementing the strategy, we recognise the need to accelerate the pace of change. Welsh Government Transformation funding has enabled us to implement new models of care, in particular the developing model for cluster working and integrated services that keep people living well at home for as long as possible.

It is timely to review the RPB area plan in light of the publication of A Healthier Wales, and work on this will commence in early 2020. This will include embedding the outcomes framework that the RPB is developing to set out where we expect to see changes in our health and social care system, and how we will measure the impact of these changes.

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

A Healthier Wales signals the requirement for even closer integration between health and social care services in the community, and provided Transformation funding to enable new models of care to be implemented across Wales. The Transformation funding, of which Cardiff and Vale received £7m over two years, is non-recurrent funding and the continuation and role out of models that prove effective in delivering the objectives of A Healthier Wales is expected to be sustainable from within core budgets. Funding comes to an end in 2020 and robust evaluation has been commissioned to ensure there is clear evidence about what impact the Transformation fund investment has made in terms of achieving rebalancing of the health and care system and delivering better outcomes for citizens. The RPB, and statutory partners, will need to make decisions about the continuation of initiatives that can evidence positive impact during the second half of 2020.

Recommendation:

The Committee is asked to:

- Note the content of this report which is aimed to provide assurance that the Health Board, with RPB partners, is making good progress with implementing the aspirations set out in A Healthier Wales.

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	
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	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

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

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

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

Appendix 1

Sub-heading	Action as set out in A Healthier Wales	UHB Position	UHB Lead	WG Target 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.	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. The RPB is likely to receive a small amount of funding to support our engagement and involvement work.	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.	The RPB outcomes framework has been drafted and the performance measures are being completed. This is being shared with WG.	N/A	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.	The RPB Area Plan will be refreshed in the first half of 2020 to reflect the priorities and ambitions set out in A Healthier Wales.	AH	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.	WG has provided additional funding in the 2020/2021 finance allocation for the continued development of cluster working and cluster integrated services models.		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. The South West Cardiff Cluster is implementing four elements as part of its integrated cluster model and early indication suggests that there is a reduction in emergency admissions from the cluster practice populations, and patient feedback is very positive.		By end of 2018 On track

Sub-heading	Action as set out in A Healthier Wales	UHB Position	UHB Lead	WG Target Date
		The preventative model of care aimed at preventing an avoidable admission to hospital or enabling a timely discharge home from hospital is beginning to demonstrate positive impact on hospital length of stay and reducing rates of emergency admissions in those in the 65 plus age group. However, the number of admissions (majors in particular) continue to rise, reflecting the ageing population and the chronic conditions linked to age and deprivation.		
	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 input from Health Boards. As yet there is nothing formal proposal in place for joint inspections.		By end of 2018
	The national primary care contracts will be reformed to enable the delivery of seamless local care and support.	The GMS contract negotiations for 2020/21 have been completed and the Director of Operations for PCIC has been involved. The new requirements support the need for strengthened cluster working and more timely access to primary care. There is some concern that a number of changes remove key actions currently undertaken by GPs in respect of the management of chronic conditions – for example, the requirement for practices to undertake spirometry to support the management of respiratory conditions has been removed from the contract.		By 2020
Transformation Programme	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.	The WG has a Transformation Board in place, and the Health Board CEO is a member.	AH/JG	June 2018
	Establish a targeted Transformation Fund to support the implementation of this Plan, particularly new models of seamless	The Transformation funding has been allocated, with the RPB receiving £7m over two years. This is significantly less than the regions		June 2018

Sub-heading	Action as set out in A Healthier Wales	UHB Position	UHB Lead	WG Target Date
	health and social care promoted by Regional Partnership Boards.	'population share' of the funding, and a second transformation bid seeking investment of £7m has been with the WG for consideration since the spring of 2019. There is a risk associated with being able to mainstream the models that have been developed as part of the transformation programme.		
	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.		By March 2019
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.	The Health Board has led on the proposals for establishing an RPB Innovation, Improvement and Research Hub. Funding of up to £250k for two years has been awarded. The work will be lead jointly by the Director of Transformation and the Director of Strategic Planning.	JG/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.	The Health Board has sought funding from WG to support our programme of translating data into intelligence using Signals from Noise.		From 2019
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.	The Digitally Enabled strategy is being refreshed. Whilst the RPB partners remain committed to	JG	From 2018

Sub-heading	Action as set out in A Healthier Wales	UHB Position		UHB Lead	WG Target Date
	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.	implementing WCCIS, there is agreement that this will not be done until WCCIS has been developed sufficiently to match the capability of the current systems in operation. The VoG has introduced WCCIS as its systems became obsolete and did not have the level of functionality available in the other systems currently in operation. The RPB partners have agreed to progress work on the interoperability between the systems currently in use.			From 2018
	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. WG has provided significant investment into the Digital Programme to support health boards with making progress in this area.			From 2018
	Significantly increase investment in digital infrastructure, technologies and workforce capacity, supported by stronger national digital leadership and delivery arrangements.				From 2019
	Establish a national data resource which allows large scale information to be shared securely and appropriately.				By 2020
Sustainable health and care funding	Commission analysis of future health and social care spending and the relationship between them, including new models of care and new funding arrangements.	Work on the social care levy is ongoing. Means tested social care remains a barrier to fully integrated health and social care services.			By end 2018
	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.	This is welcomed but it is unclear how this is being driven forward.			By end 2019
	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	Yes	Yes	High	By end 2019

Sub-heading	Action as set out in A Healthier Wales	UHB Position		UHB Lead	WG Target Date
	change.				
Continuous Engagement	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.			By end 2018
	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).	WG leading – nothing concrete out yet. We need to develop our approach to engagement with local communities on how we see our services changing over the next decade. We understand WG is going to provide funding to enable us to strengthen our engagement work with the RPB. Work is already underway to look at what we would need to do to complement our existing engagement activities.		AH	By end 2019
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.			From 2018
	Establish intensive learning academies focussed on the professional capability and system leadership which we will need in the future.				The UHB is doing a huge amount on this as part of

Sub-heading	Action as set out in A Healthier Wales	UHB Position		UHB Lead	WG Target Date
		Amplify 2025.			
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.	AH	From 2018
	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	From 2018
	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		RW/SW	By end 2019

Sub-heading	Action as set out in A Healthier Wales	UHB Position	UHB Lead	WG Target Date
		outcomes for patients and their experience.		
	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 and 2020/2021 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.	By end 2019	
	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.		By end 2019	
Integrated performance management and accountability	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.	By end 2018	
	Develop new population health and service user feedback mechanisms, and transparent reporting on outcomes, to support strong citizen engagement.		By end 2019	
	Implement a single national outcomes framework for health and social care aligned to the Quadruple Aim.		By end 2020	
	Introduce joint inspection, to include partnership working, pooled budgets and joint commissioning.		From 2020	
National Executive Function	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. There is still no detail on the full range of functions of the	By end 2018	
	Confirm governance relationships between Welsh Government, the		By end	

Sub-heading	Action as set out in A Healthier Wales	UHB Position	UHB Lead	WG Target Date
	NHS Wales Executive, the Transformation Programme, and other key stakeholders.	NHS Executive or how it will operate.		2018
	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.			By end 2019

Report Title:	Enhanced Supervision: new ways to promote safety and wellbeing in patients requiring one to one or cohort nursing				
	Ensuring that service provision, quality, finance and workforce elements are aligned and integrated				
Meeting:	Strategy & Delivery Committee			Meeting Date:	14/01/2020
Status:	For Discussion	For Assurance	X	For Approval	For Information
Lead Executive:	Ruth Walker Executive Nurse Director				
Report Author (Title):	Rebecca Aylward Nurse Director Medicine Clinical Board				

Background and current situation:

The number of older people with multiple co-morbidities and cognitive impairment being admitted to hospital is increasing, and behavioral disturbances, such as confusion, agitation and delirium are becoming commonplace. The need for nursing teams to manage these patients has led to a proliferation of 1 to 1 or close observation, commonly referred to as specialising. In April 2017, The Medicine Clinical Board identified that its system of “specialising” was sub-optimal and exceptionally costly. Taking a quality improvement approach the MCB senior nursing team, reviewed and challenged current practice, putting the patient at the heart of the process and outcomes.

The changes made that have resulted in an improvement.

- Developed and introduced an Enhanced Supervision Framework (ESF) and assessment tool
- Reviewed the process for authorisation, escalation and de-escalation of supervision
- Reviewed and updated nursing documentation to ensure decision making is clearly visible
- Focus on patient activities, with a focus on prevention of deconditioning.

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

1. Implementation of the Enhanced Supervision framework has transformed the culture and has become “ business as usual “ within Medicine wards.
2. Enhanced supervision demonstrates prudent healthcare through clear and vigilant use of precious resources ie. nursing workforce and financial.
3. Importantly, through robust assessment and planning, care is now more clearly focussed to the needs of the individual patient and has not compromised safety or risk of harm.
4. This approach to Enhanced Supervision has supported patients discharge to their preferred places of living.

5. The ESF can be adapted to any setting and has been adopted by neighbouring Health Boards and at National level recognised as best practice

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

Evidence suggests that improving quality and reducing cost are complementary; the primary driver was to enhance the quality of patient experience and it was anticipated that when there is a more efficient use of work force resources there would also be a cost benefit.

Our Initial findings and observations revealed that supervising nurses were very passive and didn't offer patients any kind of stimulation or activities to distract them, possibly exacerbating the deconditioning process. Temporary staffing had become the "norm" for any patients requiring closer observation and there didn't always appear to be sound assessment and rationale for this. Documentation did not evidence consistent decision making and the most important finding was patients regularly supervised had an increased length of stay and less chance of finding a suitable resourced care home.

Risks to implementation

There were patient safety and workforce perceived risks to implementation;

- expected increased to the number of patient falls
- Increase to challenging behaviour incidents.
- Staff were also fearful that they would be "blamed" if a patient fell.
- A risk that if staff viewed the ESF as a cost reduction exercise there would be a lack of engagement.

The implementation of the Enhanced supervision framework (ESF) was initially resource intensive and required senior support and challenge on a daily basis.

The model of Improvement enabled the ESF, to evolve and become more intuitive to the needs of the patients.

Results

The ESF early on demonstrated measurable and sustainable results;

Workforce

A patient case study assisted with engaging the nursing teams.

"Mary was receiving 24 hour one to one nursing care on most days because of her agitation, anxiety and confusion. During discharge planning, various care homes assessed her, but did not accept her due to her care needs and the requirement for additional staff. A 12 month retrospective review of the one to one supervision notes revealed that Mary slept for most of the night, with some agitation and waking for continence care. Using the ESF gave the nursing team's confidence to remove the one to one by night. A focus on activities and use of "Read about Me" enabled activities to engage Mary, her condition improved so much that she was accepted by a care home and discharged

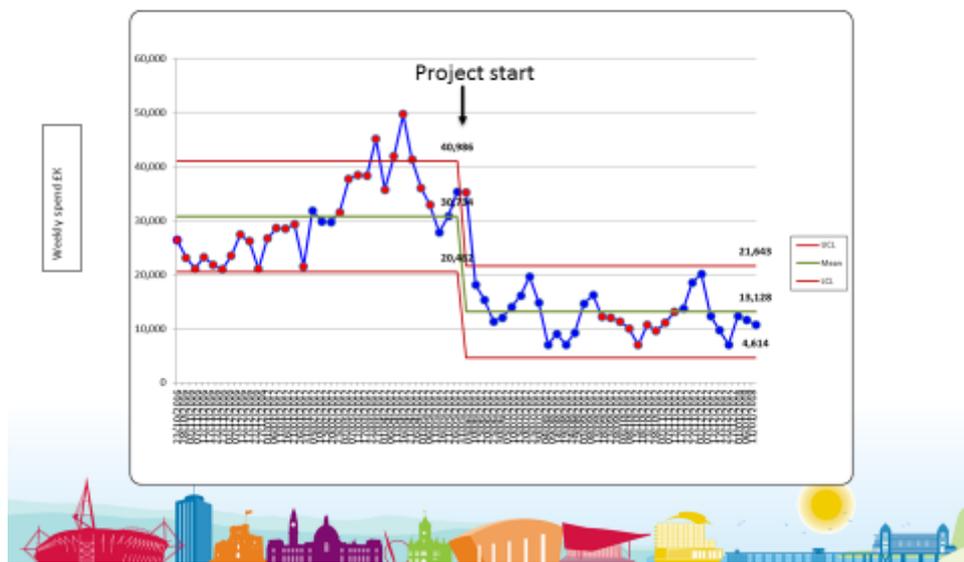
Patient safety incidents

There was a slight increase to the number of patient falls which resulted in low harm and this would be expected when you are encouraging patients to be more mobile and independent. There was no change to the number of falls which resulted in moderate or severe harm and no change to the number of reported incident relating to challenging behaviour.

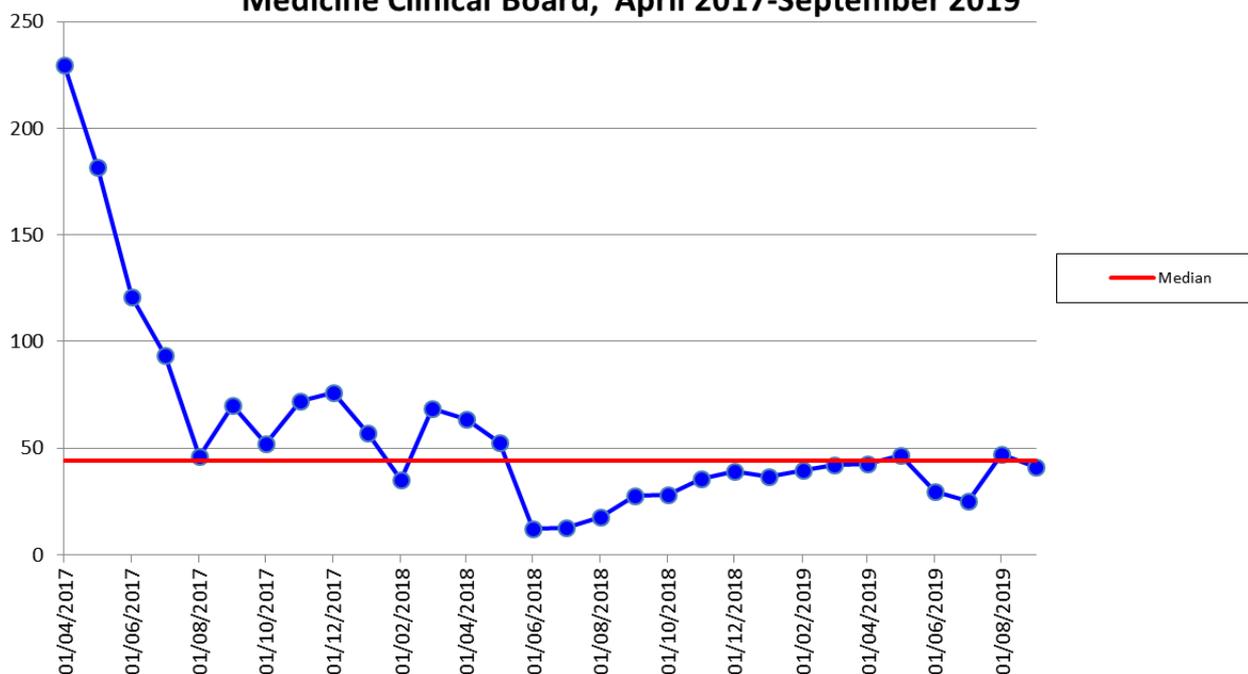
Financial

Temporary spending quickly and sustainably reduced most likely because the ESF provided a more robust assessment process and rationale behind decision making.

Temporary staffing cost (Oct 16 –Jan 18)



Temporary staffing cost (Enhanced Supervision) Medicine Clinical Board, April 2017-September 2019



The approach to supervision of patients has been transformed through implementation of the Enhanced Supervision framework and there has been a remarkable change in the culture of supervision on medicine wards. There has been clear benefits to patient experience without compromising their safety and makes better use of limited nursing workforce and financial resources. The framework could easily be adapted across settings such as surgery, critical care and mental health



Enhanced supervision patient



RCNI - Enhanced supervision article r

Recommendation:

To Note the quality, financial and workforce benefits provided by the Enhanced supervision framework.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



Report Title:	Capital Programme Progress					
Meeting:	Strategy & Delivery Committee				Meeting Date:	14.01.2020
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Director of Strategic Planning					
Report Author (Title):	Director of Capital, Estates and Facilities					

Background and current situation:

Situation

The purpose of this paper is to provide the committee with an update on the Health Boards Capital Programme. The paper together with the attached Capital Management Group (CMG) Report, appendix 1, provides details of the current status of all schemes that are being progressed by the Capital, Estates & Facilities Service Board, and the Strategic & Service Planning team

The attached report, appendix 1 is the December 2019 Capital report which was considered at the Capital Management Group (CMG) at their meeting on 16th December 2019 and includes a report on Medical Equipment and IM&T, which receive funding support from the Discretionary Capital funding allocation

Background

The UHB receive a Discretionary Capital funding allocation of £14.428m, which is then allocated to projects identified in the respective Clinical & Service Boards IMTP, Estate, IM&T & Medical Equipment backlog maintenance, and Statutory Compliance works.

The draft discretionary capital programme is agreed by the CMG and issued for approval to the UHB Management Executive and the Board at the beginning of each financial year.

In addition to the discretionary funding received from Welsh Government (WG), the UHB also receive all Wales capital funding for scheme that have or are progressing through the business cases process. The latest Capital Resource Limit (CRL) dated 2nd December 2019 includes an allocation of £38.583m of All Wales Capital for the projects detailed below.

NeoNatal - Phase 2 Addendum	5.734
Brokerage to facilitate the purchase of Woodland House	-0.539
The Reprovision of Specialist Neuro and Spinal Rehabilitation and Clinical Gerontology Services - University Hospital Llandough	18.768
MRI scanners (x2) & associated equipment	3.300
Pharmacy Equipment	0.448
Replacement Imaging Equipment	4.500
Digital Priorities Investment Fund	1.450
Cystic Fibrosis Services	0.773
Major Trauma Centre	3.717
Wellbeing Hub - Maelfa	0.908

Funding to support the capital programme can also be made available from the receipt realised from property disposals during the financial year. The UHB have to seek approval from WG to dispose of any estate and to retain any income over £500k.

The CMG report identifies all income that is anticipated from the disposal of assets and any further income sources.

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

The Health Board has a complex and challenging major capital and discretionary capital programme reflecting the risks presented by an ageing estate, as detailed in the 2018 Estates Strategy. There are good governance arrangements to oversee the programme through the Capital Management Group with the Director of Finance chairs, and the monthly Capital Review Meeting with Welsh Government which is attended by the Director Strategic Planning and the Director of Capital Estates and Facilities.

Recently, the CEO has made a number of changes to the portfolios of the Directors. The Director of Finance is now accountable for the Capital Estates and Facilities function, although the major capital programme remains the responsibility of the Director of Planning. In effect this means that there are now two directors with close oversight of the capital programme which considering the risks associated with our estate, and the need to regularly reprioritise work in light of new risks or priorities, this is helpful

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

The WG Capital Resource Limit (CRL) and the UHB Discretionary Capital Programme is included in the appendices. Table 1.3 Capital Programme Summary identifies all Major and Discretionary Capital schemes within the overall approved programme where the approved budgets have been adjusted as a result of variations during construction, tender returns exceeding Pre tender estimates or where funding from WG for business case development is lower than actual cost. In addition the table identifies schemes which have been added to the programme due to urgent estates issues being identified.

In respect of the All Wales (Major) Capital projects, within the CMG report attached Appendix 1, the Capital Development Matrix identifies all schemes currently in various stages of development, feasibility, Business Case or in construction. The matrix includes key dates, budget costs, progress and issues /risks affecting delivery.

The UHB currently has 8 approved schemes funded from the 'All Wales' Capital Programme, which are included in Group 2 on the CRL schedule.

In addition, there are a number of business cases that have been submitted to WG seeking approval to proceed to the subsequent phase of development including:

- Strategic Outline Case (SOC) for the CRI Sexual Health Referral Centre (SARC)
The UHB presented the case to the Welsh Government Infrastructure Investment Board on Wednesday 11th December 2019. To date no feedback has been received.

- Outline Business Case for the Penarth Wellbeing hub
Correspondence has been received from VoG highlighting a number of concerns with respect to the proposed land transaction. Following advice from SSP property surveyors the Director of Planning has responded to the letter and requested an urgent meeting as the scheme is now in delay.

The CMG report (Appendix 1) section 2.0, Major Capital Projects, highlights a number of key issues related to several of the schemes including:

- Neonatal Unit
- Rookwood relocation
- UHW Haematology Day Unit
- UHW Major Trauma & Vascular Hybrid Theatre
- Penarth Wellbeing Hub
- Maelfa Wellbeing Hub

With regards to the Rookwood scheme, currently in construction, the latest Project Managers report includes a position on the anticipated outturn cost of the scheme which indicates a potential overspend against approved funding of £420,000.00. This does not include any further client changes or risks identified on the project risk register if they were to be realized. The reason for this position early in the construction programme relates to requirement of the UHB to provide decant space for departments that had migrated into the old Midwifery led unit over the years that it was unoccupied. Additional construction costs associated with changes to steel work design has further impacted on the predicted overspend.

The CMG report, Appendix 1, section 3.0 provides an update on the status and progress including spend on surveys and remedial works for the UHB estate compliance programme. A number of contracts for the servicing and inspection of a number of engineering systems have been tendered and have either been awarded or awaiting procurement to complete the relevant authorization. There is one tender that having been tendered and awarded has not been completed as there was a challenge to the award which remains unresolved.

During the last reporting period the UHB have received approval of funding, as reported in the CMG report, Appendix 1 section 4.0

- Award of Capital Funding to Cardiff and Vale University Health Board in respect of Cystic Fibrosis Services at University Hospital Llandough
- Award of Capital Funding to Cardiff and Vale University Health Board in respect of Replacement Imaging Equipment 2019-20
- Award of Capital Funding to Cardiff and Vale University Health Board in respect of Phase 1 Major Trauma Centre works at the University Hospital of Wales

The monitoring of contractors engaged by Capital, Estates and Facilities continues and the number procedural breaches recorded is extremely low with no significant safety breaches reported. More data is available in the CMG report, Appendix 1 section 5.3.

Assurance is provided by:

The information contained within this paper and the CMG report Appendix 1 which was considered by the Capital Management Group at their meeting held on 16 December 2019.

Recommendation:

The Committee is asked to:

- **Note:** the content of the paper and supporting documentation and be
- **Assured** that the capital programme is being closely monitored to ensure the UHB meet their statutory and mandatory obligations referred to within the report

Shaping our Future Wellbeing Strategic Objectives

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

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

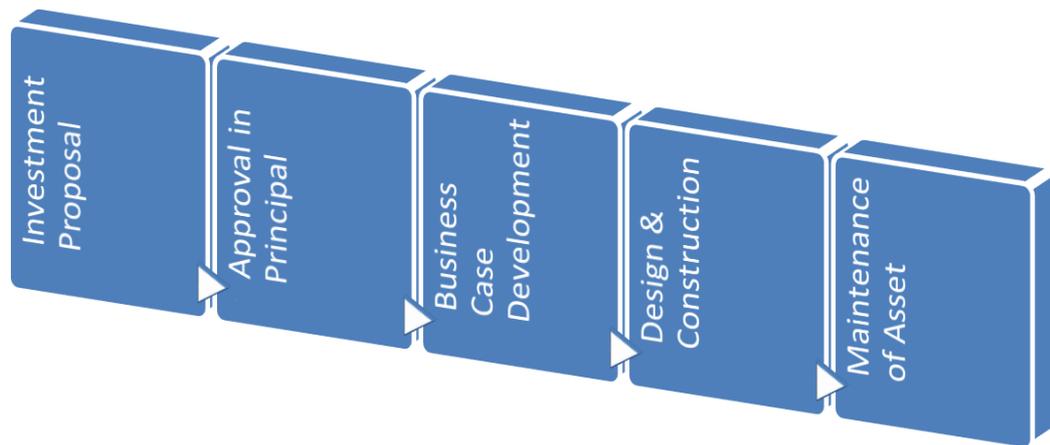
Five Ways of Working (Sustainable Development Principles) considered

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

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



Directorate of Planning Capital, Estates & Facilities Strategic & Service Planning



Capital Management Group Report 16th December 2019

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1.0 Executive Summary

The purpose of the report is to provide the Capital Management Group with an update on the Health Boards Capital Programme.

The report includes details on the current status of each of the key projects within the programme.

A detailed schedule of projects is included which identifies key dates, progress and issues/risk affecting delivery.

The report also highlights any issues which may require escalation to resolve, be it with the respective Clinical Boards or Management Executive.

The latest Capital Resource Limit (CRL) as issued by Welsh Government (WG) (Page3) dated 2 December 2019 is £53.011 which includes £14.428m Discretionary Allocation and £38.583m approved 'All Wales Capital Funding.' There is no funding in projects without approval.

The £38.583m funding includes the deduction of £0.539m which relates to the brokerage agreed with WG for the acquisition of Woodland House. This repayment will be funded from a disposal from the capital receipt received following the disposal of Lansdowne Hospital. The disposal is currently delayed as a result of ongoing discussion with the Lansdowne Surgery with regards to leasing a part of the site to support potential practice expansion.

The UHB has received letters of approval for the following schemes, Cystic Fibrosis, Maelfa, MTC Interim works. However the CRL does not indicate funding for the Maelfa scheme at present. The UHB are in discussion with Shared Services Partnership to agree the funding profile for 2019/20.

Further funding to support the capital programme will be generated through disposal of the following UHB assets and additional donations.

	£m
Iorwerth Jones	£0.911m
Amy Evans	£0.206m
Lansdowne Hospital	£2.200m
Carbon Credits	£0.166m
Total	£3.483m

The disposal of Amy Evans previously agreed has collapsed and as proposed by Shared Services Partnership property advisors it has been agreed to offer the site at auction.

Following the acquisition of the former recycling site on Wedal Road for future development the UHB have leased the site to a neighboring business whilst they undertake expansion of their premises. The original lease has come to an end and it has been agreed with the executive director of finance to offer a further 12 month lease with a break clause subject to 30 days' notice.

1.1 Project Initiation Enquiries

Seven Project Initiation Enquiries (PIE) have been received during the reporting month. The following is an extract of the summary (Item number 8.0)

PR0023	14/11/19	Medicine	Convert current CF ward to a fit for purpose outpatient clinic area.
PR0024	25/11/19	CD&T	Radio pharmacy store room
PR0025	22/11/19	CD&T	Medical Physics Dept; Complete refurbishment following substantial leak (Disc. Cap)
PR0026	25/11/19	Specialist Services	Creation of an ambulatory care facility for Haematology patients (Disc. Cap)
PR0027	10/12/19	CD&T	Health Records UHW – Refurbishment of staff room / kitchen – Charitable funds
PR0028	01/12/19	Medicine	Provide Hyper acute stroke unit (HASU) reconfiguration / provision. (Disc. Cap)
PR0029	29/11/19	Medicine	Endoscopy UHL – expansion of existing unit to meet increase demand (WG Capital)

1.3 CAPITAL PROGRAMME SUMMARY 2019-20

11/12/2019

Project	Exec Clinical Lead	Strategy	Matrix Ref	Status	Cost			Programme		Risk Status	Comments	Movement from Prior Month	
					Approved Budget	ADJ	Risk	Anticipated O'Turn	Original Prog.				Revised Prog.
					£k	£k		£k	Completion Date				
2019/20 Approved Capital Programme													
MAJOR CAPITAL													
Neo Natal Phase 2 works	A.Harris			On site	5,734	0	0	5,734	03.09.19	25.09.19		Low level contingency, MRI fit out costs	
Rookwood Relocation	A.Harris		1.7	On site	20,001	-471	0	19,530				Current forecast overspend for scheme	
Rookwood - Emergency Works	A.Harris			Complete	200	-39	0	161				Potential underspend £40k, awaiting final account	
Black & Grey Theatre	A.Tomkinson			Complete	672	-128	0	544				Potential underspend £160k, awaiting final account	
MRI Installation	M.Bourne		1.9		3,300	0	0	3,300					
Pharmacy Equipment	D.Baker				448	0	0	448					
Replacement Imaging Equipment	M.Bourne		1.3e		4,500			4,500				Procurement detail required	Funded on CRL Period 8
Digital Priorities Investment Fund	D.Thomas				1,450			1,450				Plan to be provided by IM&T	Funded on CRL Period 8
Major Trauma Centre (Interim Plan)													
EU Paeds Resus (Construction)	A.Harris		1.3c		586			586				Confirmation of equipment procurement required	Funded on CRL Period 8
EU Paeds Resus (Equipment)	A.Harris		1.3c		134			134					Funded on CRL Period 8
Polytrauma (Construction)	A.Harris		1.3a		1,200			1,200					Funded on CRL Period 8
Polytrauma (Equipment)	A.Harris		1.3a		383			383					Funded on CRL Period 8
Critical Care (Equipment)	A.Harris		1.3b		194			194					Funded on CRL Period 8
Theatres (Equipment)	A.Harris				1,220			1,220					Funded on CRL Period 8
Cystic Fibrosis	A.Harris	IMTP	1.8		1,205	0		1,205	Jul-19				Funded on CRL Period 8
MAJOR CAPITAL COMMITMENTS					41,227	-638		40,589					
OTHER MAJOR CAPITAL													
Wellbeing Hub Penarth	A.Harris	SOFW	3.1d	OBC	0	517	0	517	03.06.19			Planning and land issues	
Wellbeing Hub Maelfa	A.Harris	SOFW	3.1e	OBC	0	303	0	303	03.06.19			Proceeding at risk with FBC, 3 months	
MAJOR CAPITAL COMMITMENTS					0	820	0	820					
TOTAL MAJOR CAPITAL					41,227	182	0	41,409					
DISCRETIONARY CAPITAL & PROPERTY													
Schemes B/F:													
PHW Microbiology Labs	PHW				160	0		160					
Shire database	D.Thomas				24	0		24					
ICF Barry Hospital	A.Harris			Complete	42	0		42					
Annual Commitments:													
UHB Capitalisation of Salaries	A.Harris				440	0		440					
UHB Director of Planning Staff	A.Harris				165	0		165					
UHB Revenue to Capital	R.Chadwick				715	392		1,107					CHFV Ventilators £108k decrease from sale of original ventilators (revenue element from sale)
UHB Accommodation Strategy	A.Harris				200	0		200					
UHB Misc / Feasibility Fees	A.Harris				100	0		100					
Woodland House Refurbishment	A.Harris	IMTP		On site	1,000	448		1,448	23.10.19			Finalisation of Global Link moves	
Community Buildings	A.Kuczynska	IMTP			500	0		500				Agreed to progress CRI OOH	
Wellbeing Hub Park View	A.Harris		3.1c	OBC		0		0					
Haematology Day Unit - Interim	J.Castle		2.1	On Site	806	581		1,387	Nov-19			Increased fee £219k	
IM&T:													
Backlog IM&T	D.Thomas				500	0		500				Nigel Lewis to advise	
Medical Equipment													
Backlog Medical Equipment	F.Jenkins				1,000	513		1,513				Clive Morgan to advise	CHFV Ventilators £513k increased from sale of original ventilators

Statutory Compliance:											
Fire Risk Works	A.Harris	IMTP			200	0		200			
Asbestos	A.Harris	IMTP			400	0		400			
Gas infrastructure Upgrade	A.Harris	IMTP			300	0		300			
Legionella	A.Harris	IMTP			450	0		450			
Electrical Infrastructure Upgrade	A.Harris	IMTP			150	0		150			
Ventilation Upgrade	A.Harris	IMTP			500	0		500			
Electrical Backup Systems	A.Harris	IMTP			250	0		250			
Upgrade Patient Facilities	A.Harris	IMTP			350	0		350			
Dedicated Team	A.Harris	IMTP			200	0		200			
Other:											
Backlog Estates	A.Harris	IMTP			1,000	-218		782			Mortuary £250k / £150k not committed
Ward refurbishment programme	A.Harris	IMTP	2.5		1,100	346		1,446			C7 fire & B4H
Lift Upgrade (3 lifts)	A.Harris	IMTP	2.5d		300	-54		246	Mar-20	Apr-20	Delays due to contractor resource issues
Donated Buildings works	A.Harris				130	0		130			Medicentre
Radiopharmacy Hot Lab Works	A.Harris	IMTP			0	61		61			Completed
Emergency Contingency	A.Harris				500	-385		115			
Unallocated	A.Harris				48	-48		0			
DISCRETIONARY CAPITAL & PROPERTY SALES					11,530	1,636	0	13,166			
CRI Block 11 1st floor (Links)	A.Harris		Tender			603		603	Sep-19		Relocation of locality team remains outstanding
Western Service Link Building	L.Richards					95		95			Moves required to close Global Link
Radiopharmacy			1.13	Option Appraisal			500	500			Emergency works being undertaken, options for interim solution being considered
Barry Aroma	L.Richards		2.4	Design			300	300	Sep-19		Cost pressure, Charitable funding bid submitted
R&D Joint Proposal Lakeside	L.Richards		1.12			300		300			3 cost options £105k, £542k, £818k excluding fees, VAT, Non works
UHW redevelopment design work	L.Richards					19		19			No approved funding
OTHER WG SCHEME COMMITMENTS					0	1,017	800	1,817			
Sustainable Transport Hub	A.Harris		1.5	BJC	13	0		13	Jun-19	Sep-19	Redesign of bridge link required
CRI Chapel	A.Harris		3.1b	BJC		0		0		Sep-19	ICF approved, awaiting letter
CRI Block 11 2nd Floor (Fees)	A.Harris		1.11		42	200		242			WG Funding required, BJC in preparation
CAVOC	A.Tomkinson		1.6	BJC		0		0	Mar-20		Programme revised following decision to revert to original scheme
UHL Engineering Infrastructure	A.Harris		2.2	BJC	185	85		270	Jan-20		Developing BJC
Hybrid/MTC Theatres	A.Harris		1.1a	OBC	0	411		411	Sep-19	Nov-19	Late decision to omit CT scanner, resulting in redesign and abortive costs
Pelican Ward	S.McClean					0		0			Funding available but no decant strategy
CHFW Jungle Ward	S.McClean		2.6a			0		0			Funding from Noahs Ark available, resource required to progress
					240	696	0	936			
					52,997	3,531	800	57,328			

Funding Inc. Property Sales	<u>55,370</u>
Original Commitments	52,997
Additional Commitments	3,531
Risks Not Yet Committed	800
	<u>57,328</u>
OVER COMMITMENT	<u>1,958</u>
WG Funding Penarth Wellbeing Hub	517
WG Funding Maelfa Wellbeing Hub	303
WG CRI Links	338
Risks Not Yet Committed	800
	<u>1,958</u>
Potential Over Commitment	<u>0</u>

2.0 Major Capital Projects

The UHB currently has 8 approved schemes funded from the 'All Wales' Capital Programme, which are included in Group 2 on the CRL schedule.

In addition, there are a number of business cases that have been submitted to WG seeking approval to proceed to the subsequent phase of development including:

- Strategic Outline Case (SOC) for the CRI Sexual Health Referral Centre (SARC)
The UHB will be presenting the case to the Welsh Government Infrastructure Investment Board on Wednesday 11th December 2019.
- Strategic Outline Case for the UHW Academic Avenue development (theatres/Haematology Ward & Day Unit/Polytrauma Unit)
- Outline Business Case for the Penarth Wellbeing hub
Correspondence has been received from VoG highlighting a number of concerns with respect to the proposed land transaction. Following advice from SSP property surveyors the Director of Planning has responded to the letter and requested an urgent meeting as the scheme is now in delay.

2.1 Neonatal Unit (CAJ9) – MRI Rooms 1&2

2.1.1. Progress by Modus is reported to be good and largely in line with the programme with no major delays or disruptions anticipated (Modus report 22/11/2019)

2.2 Rookwood Relocation (CAC4)

2.2.1 The Project Managers report No.11 (November 2019) indicates that the CRI internal works remains on target to complete on 20 December 2019. Recently the contractor has indicated their intention to accelerate the external works to complete on 20th December 2019, one month ahead of the accepted programme. A handover meeting is being scheduled for the week commencing 16 December 2019.

2.2.2 As previously reported the most significant issue is that in relation to the fire partition walls. Whilst progress has been made with the specialist supplier Siniat, final sign off of the proposals remain outstanding.

2.2.3 In relation to the submission to WG for funding support to build the first floor shell above outpatients as part of the scheme, WG colleague have requested further information in respect of the service model and associated revenue costs. The Deputy Director of Strategic Planning has requested the necessary information from the Specialist Clinical Board. Any substantial delay in providing this information will impact on the overall programme.

2.2.4 The Specialist Clinical Board have raised concerns regarding the garden design proposed by Horatios Garden. A meeting was scheduled with the Directorate Manager, UHB Chair, representatives from Horatios Garden and the Director of CEF. Unfortunately the meeting was cancelled at the request of Horatios Garden whilst they consider a response to the concerns raised. The design of the garden would impact upon the external space allocated to the Neuro patients.

2.2.5 The latest cost report No.11 indicates that there will be a funding shortfall of £228,804k generally resulting from the unforeseen works to relocate staff from the templates, who had been occupying the area on a temporary basis. The team are continually looking to identify cost savings to mitigate the predicted overspend.

2.3 UHW Haematology Day Unit

2.3.1 The contractor is currently reporting 4 weeks delay with anticipated completion 13 January 2020. The Director of CEF met with the Director of R&M Williams and the contractor has committed to a completion date of 7 January 2020, one week ahead of their current programme. This revised date will support the UHB with the winter pressure situation releasing Heulwen Ward.

2.3.2 The latest cost report (No.5) indicates an anticipated final account of £200k above the original contract sum of £717.8k excl. VAT. The Project Director has requested a comprehensive review of the events that have impacted upon both cost and programme.

2.4 UHW Major Trauma & Vascular Hybrid Theatre

2.4.1 Following the decision to include MTVH Theatre as part of the Academic Avenue Development (AAD) (Phase 1) the SCP has been progressing site investigation works but awaits details from the UHB regarding the inclusion or otherwise of the CT scanner.

2.4.2 A workshop has been scheduled for 19 December 2019 where Specialist diagnostic suppliers have been invited to present options and capabilities of their hybrid and CT equipment for installation in the above theatres. The invitation to the workshop has been extended to all clinical staff who may have an interest in the use of these theatres.

2.4.3 As yet the SCP has not been formally instructed to proceed with the development of an OBC for the new location.

2.5 Maelfa Wellbeing Hub

2.5.1 The UHB has received formal approval for the scheme and to progress to FBC. The approval also includes additional funding as part of the Carbon Reduction Programme.

2.5.2 Discussions have been ongoing with colleagues in shared services with regards to the fees expended to date and funding required until the end of 2019/20 financial year. This will ensure that costs incurred to date are included in the CRL as these are currently allocated to the Discretionary Capital Programme.

2.6 Penarth Wellbeing Hub

2.6.1 The SCP team continue to progress the design as far as practicable without outline planning permission. During the reporting period the air quality test requested late in the planning process has been completed and the report is being compiled.

2.6.2 The VoG council written to the Director of Strategic Planning raising several concerns in relation to the draft heads of terms submitted for consideration, which are broadly based on those agreed with Cardiff County Council in respect of the Maelfa project. The main issues raised by VoG center around the financial offer, the number of car parking spaces, and the need to consider the separation of the buildings in the future. Following advice taken from property surveyors at shared services partnership, a reply to each of the points raised in the letter has been issued. The failure to agree the land transaction deal and obtain outline planning permission has impacted considerably on the delivery programme and is preventing approval of the OBC by WG.

2.7 Capital Development Matrix

The following schedule (3.0) includes all schemes that are at various stages of development that Capital, Estates & Facilities and Strategic Service Planning are managing. The schedule identifies the status, budget, progress and any issues affecting their delivery.

2.7.1 Interim Major Trauma Centre (MTC) Works – Formal approval of the funding has been received from WG. The tender for the interim Polytrauma Unit is due to be received on 17 December 2019 with works commencing 13 January 2020 for completion by the end of March 2020. The tender for the provision of an additional resuscitation bay and associated works is due for issue week commencing 9 December 2019 with works commencing at the end of January 2020 on a phased basis with completion May 2020.

2.7.2 Radiopharmacy – The tender documents for the SCP are due to be issued week commencing 9 December 2019. Interviews for SCP, Cost Advisor and Project Managers are scheduled for January 2020.

2.7.3 Park View Wellbeing Hub – A launch meeting was held 27 November 2019 with the project team in attendance. This was poorly attended from a number of clinical board, although well supported by the GP's and the cluster lead. A further workshop will be held in January with a larger number of invites being issued to a broader audience.

2.7.4 Cardiff Royal Infirmary – A launch meeting was held 26 November 2019 with the project team in attendance. A workshop with a broader audience will be organised for late January 2020 to test the assumptions and work done to date.

2.7.5 Genomics Wales – The project manager and cost advisor interviews took place week commencing 2 December 2019 with Turner and Townsend and Gleeds appointed respectively. The SCP interviews are scheduled for 11 December 2019. It is anticipated that a formal start up meeting will be held early in January 2020.

2.7.6 CRI Block 11 & 4, 2nd Floor – A BJC is nearing completion and is due for submission to WG week commencing 16 December 2019. This BJC includes the refurbishment of space within the existing CRI building together with the provision of a modular building to relocate DATT services from the Links building.

3.0 CAPITAL DEVELOPMENT MATRIX							09/12/2019	
Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.1	CP076	Academic Avenue Development (AAD) Provision of; *No.8 Operating Theatres (2 decant) *Haematology Ward & Day Unit *Polytrauma Ward and Space for Advanced Cell Therapy	SOC	SOC £93m Cost plan developed by Cost Advisor	Revised SOC submission to WG Dec 2019		Requirement to amend SOC	
a		PHASE 1 UHW Vascular Hybrid Theatre & MTC Theatres Development of a Vascular Hybrid Theatre to support the Vascular Network Clinical Model. In addition the development of a Theatre to support the MTC Service.	OBC Development	£25m	OBC Submission to WG March 2020 (Dec2019) Target cos (G&S) and approval to proceed July 2020 Advanced works Start on Site May 2020 Early order for specialist equipment July 2020 Early order for Modular procurement Sept 2020 FBC Submission to WG Oct 2020 Completion June 2021		Review of options indicates new location for theatres which will reduce timescales. Early order of modular building required to meet revised timescales ME need to agree to developing the preferred option at risk to avoid any further delay	Agreed to progress on the basis of CT inclusion. The preferred option being constructed on a steel frame as part of the Academic Avenue Development which will link into the existing main theatre suite on the 3rd floor. This option needs to be agreed with ME and the Perioperative care directorate.
b	CP021	PHASE 2 Haematology Ward & Day Unit To include Blood & Marrow Transplant Facilities Advanced Cell Therapy Provision of Advanced Cell Therapy is included in the Haematology Facility Development Polytrauma Ward Accommodation for the provision of a polytrauma ward for the new Major Trauma Centre development	SOC					
1.2	CP045	UHW Theatre Refurbishment and Decant Following the completion of Theatres in item 1, remaining theatres to be refurbished (2 at a time)	Preparation of SOC Dec 2020	£10-£15m Estimated	SOC Submission to WG June 2021 (May 2021) OBC Submission to WG April 2022 FBC Submission to WG March 2023		Any delay to CP076 (Item 1) would impact on programme	No Progress to date

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.3	Interim Major Trauma Centre (MTC) Works Interim Major Trauma Centre works to include; Reconfiguration of A3 Link to provide Polytrauma Ward (to Level 1 beds) and Provision of Paediatric Resus in A&E to free up Adult space in existing Resus Area.							
a		Polytrauma Ward Reconfigure ward A4	Tender	650k +VAT	Anticipated Start on Site 13/01/2019 Construction Completion End of May 2020			Funding Agreed
b		Expansion of Critical Care Reconfiguring existing facilities to provide a small amount of to Critical Care beds	Part of Critical Care Network	To be determined by equipment only	Completion by March 2020			Procurement Update Required
c	CP072	Emergency Resus Reconfiguration Free up additional beds for adult resus	Tender	£400k	Tender to be issued Dec 2019 Construction Phase Jan 2020-May 2020		Winter Bed Pressures	Phased works to commence January 2020 Funding confirmed
d		CT Scanner		£1.5m	End March 2020		Awaiting ministerial sign off to proceed to procurement	Turn key package to be developed by CB/ Procurement
1.4		Genomics (GPW) Development of a Genomic & Public Health Wales facility.	PBC - WG BJC - C&V UHB	£8m	Appointment of SCP Dec 2019 BJC Submission to WG Sept 2020 Anticipated Construction to commence Jan 2021		Delay in appointment of SCP Agreement to lease'	PM/CA/SCP appointed Dec 2019
1.5	CP049	Sustainable Transport Hub Including; Bus Hub, Cycle Hub and repair centre, Aroma outlet and seating area. Pedestrian safety access from the 1st floor of the multistorey car park. Green wall.	BJC - Adcuris	£3.6m	BJC Submission to WG April 2020 (Feb 2020)		Revised tender documents due to changes with the bridge link	Re-design of the bridge link due to issues with the Sports and Social Club
1.6	CP041	Provision of 2 New Theatres in CAVOC & 22 Bed decant Reconfiguration of CAVOC and Bethan Ward	BJC	£11m	SOC Submission to WG Feb 2020 OBC Submission to WG Jan 2021 FBC Submission to WG Feb 2022		Budget cost exceed BJC level agreed to submit a SOC to provide funding for the development of OBC	Reverted back to the original scheme, abortive time associated with the development of the alternative proposal.

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.7	CP053	Reprovision of Specialist Neuro & Spinal Rehabilitation and Clinical Gerontology Services Project Team Rookwood relocation to UHL, CRI & St Davids	Construction Phase	£31m	Construction Period Jan 2019 - Dec 2020 CRI Handover 20/12/2019		Delays in costs from PFI provider Limited contingency available Previously reported 5 week delay with associated costs. SCP has since confirmed no delay or associated costs	The PFI provider @ St Davids has taken a difficult stance on agreeing works
a		Rookwood Scheme; Development of first Floor above Outpatients Facility to support proposed Network Clinical Model	Preparing cost, options and planning	Cost advisor preparing budget for building shell	Programme being developed in line with Rookwood work		Submitted request to WG for £1.4m funding.	WG have requested further service & revenue cost information
1.8	CP025	Upgrading of Cystic Fibrosis Facilities Including additional capacity to accommodate growth in demand, as well as environmental improvements	Construction	£3.5m	Start on Site Jan 2020			Letter of approval received from WG 13/11/19, signed and returned to WG 02/12/19
1.9		MRI Fit out Rooms 1&2 Part of Neonatal scheme	Construction Fit out	£1.2m				On programme with fit out of rooms 1&2.
1.10		MRI Fit out Room 3 Part of Neonatal scheme						
1.11		CRI Block 11 & 4; 2nd Floor Part of the programme to vacate Global Link by end of Requirement to relocate mental health services to	BJC	£4m	BJC submission to WG week commencing 16/12/19 Construction commencement Jan Construction completion August		Requirement to retain Global Link until project complete	
1.12		R&D Facility at UHW Joint Research and Development Facility UHB & Cardiff University 2nd Floor Lakeside Offices	Design	£500k				
1.13	DC18044	Radiopharmacy MHRA inspection undertaken 25-26 July 2019. Interim plans are being discussed to satisfy MHRA findings. Formal inspection report expected mid August. Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes	BJC commenced		SCP/CA/PM appointed Sept 2019 BJC submission to WG Sept 2020		Clinical model has not been approved by ME, there is no funding identified to develop the BJC	Hot labs completed; additional work requested for store room, cost plan in progress

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
2.1	CP074	Haematology Day Unit - Interim To provide improved day patient facilities including segregation rooms and improved waiting/treatment areas. Supporting JACIE requirements	Contract awarded	£1.028m	Start on site 12/08/2019 Contractor Completion Dec 2019 Handover 11/01/2019			Operational Commissioning agreed with directorate
2.2		UHL Engineering Infrastructure Upgrading of Sub Station	BJC	£4m	Design completion 30/8/2019 Tender return 25/10/19 Submission of BJC Jan 2020			Option to relocate rear to the UHL Childrens Centre, awaiting programme and budget costs
2.3	CP068 DC18037	Refurbishment of Mortuary BJC is now on hold awaiting a decision from the South Wales Coroner in respect of the configuration of the service in the longer term, which may impact on the development of the current proposals.	Project on hold as agreed in CMG Oct 2018	£1.6m-£2m			Review of coroners service being undertaken which will affect UHB facilities option	Meeting held with coroners office 4th July 2019 to discuss options being considered. No agreed outcome.
2.4		Barry Hospital - Development of Aroma Coffee Outlet	Design	£300k	Design completion 27/09/19 (3/9/19) Tender return 15/10/19 (10/10/19) Commence on site Completion of works Opening of unit Feb		Programme on hold	Awaiting for approval to proceed
2.5	Ward Refurbishment Programme							
a		A1 North Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer following request from Rebecca Aylward	Design & Tender Complete	£225k	Start on site 06/09/2019 Construction completion 16/12/2019 (01/11/2019)			On programme to complete Water safety testing scheduled prior to completion
b		A1 South Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer following request from Rebecca Aylward	Design & Tender Complete	£225k	Start on Site 13/09/2019 Constuction completion 16/12/2019 (15/11/2019)			On programme to complete Water safety testing scheduled prior to completion
c		Poisons Ward UHL Medicine Clinical Board requirement to change clinical model for poisons	Awaiting details from Medicine Clinical Board	Cost estimate to be determined	To Be Arranged	ON HOLD	*Options developed by Discretionary Capital team with Directorate	Awaiting further direction from Clinical Board

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
d		Lift Upgrades Part of the ongoing UHW Lift Refurbishment programme	Onsite	£300k	Complete lift No4 - 02/12/2019 Handover to UHB (Oct) Complete lift No7 - Feb 2020 (Oct) Commence Lift No17 following completion of No 7		Poor performance by installation team	installation team removed by mutual agreement. Contractor has provided alternative labour to progress project.
2.6 OTHER SCHEMES								
a		Jungle Ward	Feasibility	£1m	Charity require fund raising material end Nov 2019 Complete Jan 2021		Awaiting client brief to provide outline costs	CB directly assigned architect for artistic drawings for fund raiser
b		Rainbow Ward Desk top budget exercise £600k	Early design stage	Funded by Kidney Research Wales	Client brief anticipated 08/11/19		Approval required from new LATCH Board members	Awaiting to receive confirmation from Latch
c		UHW Dementia / Integrated Care Facility B1/C1 Corridor	Design Stage	ICF funding received £100k	Tender return January 2020 Start on Site Feb 2020 Completion March 2020			
d		Tertiary Tower 5 Bathroom IP&C issues remedial works being progressed on a phased basis.	Construction	£10k	Complete by end of March 2020		Quotations being reviewed	
e		Theatre Air Plant (main recovery UHW)	Design			On Hold	Awaiting Framework Contractor	Re-balance has improved air conditioning. New design is on hold
f		Theatre 0 sterile store	Design		Design 20/12/2019 On site 17/02/2020 - 08/05/2020			Recent validation of air plant indicates under performance
g		Whitchurch Water	On site		Completion 10/01/2020		Works by Welsh Water - Ongoing	Awaiting Welsh Water

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
h		Maternity Air Plants	Design	£450k	Design 13/04/2020 On site 02/06/2020-10/08/2020			Recent validation of air plant indicates under performance
i		UHL Academic Centre Emergency Lighting	Tender		Tender issue 04/11/2019 Tender Return 04/12/19 Start on site 30/12/2019 End of project 18/05/2020		All emergency lighting failed	works to commence on site Jan 2020, subject to funding
j		UHL External Lighting	On site		Start on Site 05/11/2019 End of project 16/12/2019			Repairs to existing lighting Anticipated 2 week extension to programme
k		Lift electrical supply upgrade scheme	Phased approach					
l		Western Services	Construction	£82k	On site 27/11/2019-23/12/2019			
m		UHL Mortuary Roof	Design		Design 17/02/2020 On Site 28/04/2020-01/09/2020			On programme
n		Riverside Roof	Design and Tender		Design 17/02/2020 On site 02/03/2020-06/07/2020		Asbestos Inspections	
o		Concourse Lift Additional lift from concourse to UGF	Design		Design 16/03/2020 On Site 11/06/2020-30/09/2020			
p		Out of Hours callcentre - CRI	Design					

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
3.1	SHAPING OUR FUTURE WELLBEING (SOFW) Health and Wellbeing Centres							
a	CP056	CRI SARC Redevelopment	SOC	£10-12M	SOC Submission to WG Oct.2018 OBC Submission to WG July 2020 FBC Submission to WG Oct 2021	Awaiting SOC Approval	SOC remains with WG for approval	A subsequent paper is being developed for submission to WG to advise the changes to the service model within the SOC IIB - 11/12/2019
b	CP046	CRI Chapel Redevelopment In collaboration with Cardiff City Council to provide an information centre for patients and public with Aroma café outlet facilities	BJC	£3.5-£4m	BJC Submission to WG DT TO CONFIRM TIMELINE		Letter of 'in principle' requesting further information from UHB	Confirmation of cost and cashflow submitted.
c	CP060	Wellbeing Hub @ Park View	OBC	£16-£20m	OBC Submission to WG Aug 2020			Launch meeting held 27th November 2019. Light touch review of service scope and schedule of accommodation underway
d	CP058	Wellbeing Hub @ Penarth	OBC	£11.553m (£6m)	OBC Submitted 3 June 2019 FBC Submission to WG Aug 2020 Construction Phase Dec 2020 - Dec 2021		Delay to planning and agreement by VoG on HOT's	Draft reponse in development of letter of expressed concern from VoG relating to the land transer.
e	CP032	Wellbeing Hub @ Maelfa	OBC	£12.748m plus £133k decarbonisation (£8m)	OBC Submitted 3 June 2019 FBC Submission to July 2020 (Jan 2020) Construction Phase Nov 2020 - Dec 2021 (Apr 2020 - Apr 2021)			
3.2		CRI Redevelopment Scheme	OBC	£93m	OBC Submission to WG Sept 2020			Project Launch meeting held 26th November 2019. Light touch review of service scope and schedule of accommodation to be undertaken
3.3	In Our Community Programme LDP growth and opportunity to develop Wellbeing Centres within; Cardiff West (Plasdwr) North Cardiff (Whitchurch) Vale (Barry)							
a		Wellbeing Hub @ Plasdwr Discussions ongoing			Timeline to be confirmed			Included in 2nd Tranche of SOFW:IOC PBC

Project /Service Name	Clinical Board	Cap PIE/ Business Case	Rev PID/ Business Case	KEY DRIVERS & EVALUATION CRITERIA									
				Priority* Service Enabler	Stat/Accred Compliance Requirement	H&S/ IP&C Requirement	Critical Service Sustainability	Tier 1 Target Enabler	Cost Reduction Enabler	Strategic Imperative Enabler	Revenue Generation Enabler	Efficiency Improvement Enabler	Service Modernisation
UHL Endoscopy Expansion	Med/CD&T	N	Y -PID	P	P	P	P	P		P		P	P
Surgical Pre Op Assessment Clinic	Surg	N	Y - PID							P		P	P
UHL Vascular Rehab Beds	Surg/Med/CD&T	N	Y - PID	P			P	P		P		P	P
HASU	Med	N	Y - PID	P				P		P		P	P
Paeds Respite Centre	C&W	PIE	Draft early BC	P				P		P		P	
200 Fairwater Road	PCIC	N	N	P		P				P		P	P
UHW Concourse Redevelopment	Estates	?	?								P		
UHW - Paeds Waiting Area and Paeds ED repurposing	C&W/Med	Part of MTC	Part of MTC	P		P	P			P			P
Polytrauma Ward - phase 2	Sp	N	Part of MTC	P									
NACHfW - Short Stay Unit	C&W	N	N	P				P		P			
Critical Care Expansion - (phase 1) A3 Link	Sp	N	N	P		P	P	P		P		P	P
Critical Care Expansion - (Phase 2) Redevelopment of 3rd Floor	Sp												
NIV - 2 bed expansion B7	Med	N	PID	P								P	P
Park Road/Solace	MH	N	N	P		P	P						P
Haematology Ambulatory Unit	Sp	N	N			P	P					P	P
Rheumatology Day Unit	Med												
Community Dental Decontamination	PCIC												
Dental; replacing risers and distribution boards	Dental												
EU Expansion of clinical area													
2nd Ophthalmology Theatre													
Health & Wellbeing Centre @ Barry	PCIC												
North Cardiff (Whitchurch) Health and Wellbeing Centre	PCIC												
Other Key Capital Enabler Schemes Identified But Not Prioritised for 2020/21													
Immunology Infusion Facilities	Sp/Med	N	N	P	P	P						P	P
Refurbishment of Obstetrics Theatres	C&W	N	N	P		P		P		P	P	P	P
Cardiac Catheter Lab A - replacement	Sp/CD&T	N	N		P	P							P
PACU - UHL	Surg/Med/Sp	N	N				P	P		P		P	P
Surgical SS and DC Unit - UHL	Surg/C&W	N	N					P		P		P	P
NACHfW - Theatre 5	C&W	N	N				P	P		P	P		P
AMLU - expansion	C&W	N	N	P			P			P	P		
Day Of Surgery Assessment Unit	Surg	N	N					P		P		P	P
UHW - L3/Critical Care Redevelopment	Sp/Surg	N	N	P		P	P	P		P			P
UHW - Ward reconfiguration enablers	Med/Surg/CD&T	N	N			P	P	P		P			P
UHW ED - footprint re-purposing	Med/Surg/CD&T	N	N	P				P		P		P	
UHL Theatres Expansion	Surg/C&W/CD&T	N	N				P	P		P		P	
Decontamination capacity - UHL	Surg	N	N		P	P	P	P				P	
UHL Ward Reconfiguration	Med/Surg/CD&T	N	N			P	P	P		P		P	P
Regional LTV Unit - UHL	Sp/Med/Surg	Y - PIE	N	P			P			P			P
* i.e. Welsh Gov or Commissioner Prerequisite													

4.0 Letters of Approval

Three letters of approval were received within the reporting month;

- Award of Capital Funding to Cardiff and Vale University Health Board in respect of Cystic Fibrosis Services at University Hospital Llandough
- Award of Capital Funding to Cardiff and Vale University Health Board in respect of Replacement Imaging Equipment 2019-20
- Award of Capital Funding to Cardiff and Vale University Health Board in respect of Phase 1 Major Trauma Centre works at the University Hospital of Wales

Extracts of the letters are as follows;

Cystic Fibrosis Services

Robert Hay
Dirprwy Gyfarwyddwr, Cyfalaf, Ystadau a Cyfleusterau/
Deputy Director, Capital, Estates & Facilities
Cyfarwyddiaeth Cyllid/Finance Directorate
Y Grwp Iechyd a Gwasanaethau Cymdeithasol/Health &
Social Services Group
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru
Welsh Government

Mr Len Richards
Chief Executive
Cardiff & Vale University Health Board
Headquarters Building
University Hospital of Wales
Heath Park
Cardiff
CF14 4XW

Our Ref: MA-PVG/3305/19
14th November 2019

Dear Len,

Award of Capital Funding to Cardiff and Vale University Health Board in respect of Cystic Fibrosis Services at University Hospital Llandough (UHL)

1. Award of Funding

- (a) We are pleased to inform you that funding of up to **£4.659 million** (*Four Million, & Six Hundred and Fifty Nine Thousand Pounds*) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).
- (b) The Funding relates to the period 1 April 2019 to 31 March 2021 and must be claimed in full by 31 March 2021 otherwise any unclaimed part of the Funding will cease to be available to you.
- (c) If you have any queries in relation to this award of Funding or the Conditions please contact the Welsh Government Official who will be happy to assist you.

2. Statutory Authority and State Aid

- (a) This award of Funding is made on and subject to the Conditions and under the authority of the Minister for Health, and Social Services, one of the Welsh Ministers, acting pursuant to sections 1

SCHEDULE 1
The Purposes

The Minister for Health and Social Services has agreed to make available up to **£4.659m** of Capital Funding to Cardiff & Vale University Health Board in respect of Cystic Fibrosis Services at University Hospital Llandough (UHL) in the 2019-20 and 2020-21 financial years.

The funding will support the development of a 16 bedded Cystic Fibrosis unit, along with an additional 4 dedicated en-suite rooms situated in Ward West 1 & 6 and will address standards of care requirements within the existing Cystic Fibrosis unit, resulting in an increase of beds and improved facilities for patients, including new gymnasium rooms, treatment rooms and enhanced mechanical and electrical services.

The agreed capital funding and progress will be discussed at the Capital Review meetings

Evaluation requirements associated with the provision of this funding are identified within schedule 3.

For further information, please refer to the current NHS Infrastructure Capital Guidance.

Replacement Imaging Equipment 2019-20

Robert Hay
Dirprwy Gyfarwyddwr, Cyfalaf, Ystadau a Cyfleusterau/
Deputy Director, Capital, Estates & Facilities
Cyfarwyddiaeth Cyllid/Finance Directorate
Y Grŵp Iechyd a Gwasanaethau Cymdeithasol/Health &
Social Services Group
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru
Welsh Government

Mr Len Richards
Chief Executive
Cardiff & Vale University Health Board
Headquarters Building
University Hospital of Wales
Heath Park
Cardiff
CF14 4XW

Our Ref: MA-P/VG/3434/19
11th October 2019

Dear Len,

Award of Capital Funding to Cardiff and Vale University Health Board in respect of Replacement Imaging Equipment 2019-20

1. Award of Funding

- (a) We are pleased to inform you that funding of up to **£4.500 million** (*Four Million, & Five Hundred Thousand Pounds*) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).
- (b) The Funding relates to the period 1 April 2019 to 31 March 2020 and must be claimed in full by 31 March 2020 otherwise any unclaimed part of the Funding will cease to be available to you.
- (c) If you have any queries in relation to this award of Funding or the Conditions please contact the Welsh Government Official who will be happy to assist you.

2. Statutory Authority and State Aid

- (a) This award of Funding is made on and subject to the Conditions and under the authority of the Minister for Health, and Social Services, one of the Welsh Ministers, acting pursuant to sections 1 and 2 of the NHS Wales Act (2006), and functions transferred under section 58a of the Government of Wales Act 2006.

**SCHEDULE 1
The Purposes**

The Minister for Health and Social Services has agreed to make available **£4.500m** of Capital Funding to Cardiff & Vale University Health Board in respect of Replacement Imaging Equipment in the 2019-2020 financial year as scheduled below:

Cardiff & Vale UHB	Funding £m
Replacement CT Scanner – UHW	2.400
3 rd MRI Scanner – UHW	2.100
TOTAL	4.500

Please note, the £2.4 million includes £0.600m contingency, access to which will need to be agreed with NHS SSP upon the provision of evidence of need.

With regards to the 3rd MRI Scanner there will be no additional revenue will be provided to the Health Board for this.

This funding will be earmarked for the procurement of the equipment and associated works.

The agreed capital funding and progress will be discussed at the Capital Review meetings

Evaluation requirements associated with the provision of this funding are identified within schedule 3.

For further information, please refer to the current NHS Infrastructure Capital Guidance.

Phase 1 Major Trauma Centre works at UHW

Robert Hay
Dirprwy Gyfarwyddwr, Cyfalaf, Ystadau a Cyfleusterau/
Deputy Director, Capital, Estates & Facilities
Cyfarwyddiaeth Cyllid/Finance Directorate
Y Grwp Iechyd a Gwasanaethau Cymdeithasol/Health &
Social Services Group
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru
Welsh Government

Mr Len Richards
Chief Executive
Cardiff & Vale University Health Board
Headquarters Building
University Hospital of Wales
Heath Park
Cardiff
CF14 4XW

Our Ref: MA/VG/5457/19
14th November 2019

Dear Len,

Award of Capital Funding to Cardiff and Vale University Health Board in respect of Phase 1 Major Trauma Centre works at the University Hospital of Wales.

1. Award of Funding

- (a) We are pleased to inform you that funding of up to **£3.717 million** (*Three Million, Seven Hundred and Seventeen Thousand Pounds*) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).
- (b) The Funding relates to the period 1 April 2019 to 31 March 2020 and must be claimed in full by 31 March 2020 otherwise any unclaimed part of the Funding will cease to be available to you.
- (c) If you have any queries in relation to this award of Funding or the Conditions please contact the Welsh Government Official who will be happy to assist you.

2. Statutory Authority and State Aid

- (a) This award of Funding is made on and subject to the Conditions and under the authority of the Minister for Health, and Social Services, one of the Welsh Ministers, acting pursuant to sections 1

SCHEDULE 1 The Purposes

The Minister for Health and Social Services has agreed to make available up to **£3.717m** of Capital Funding to Cardiff & Vale University Health Board in respect of Phase 1 Major Trauma Centre works at the University Hospital of Wales in 2019-20 financial year.

The funding will enable the Health Board to undertake the necessary initial phase of capital works required to enable the service to go live from April 2020. The breakdown is as follows:

Scheme	Construction £m	Equipment £m	Total (incl VAT) £m
Resus	0.586	0.134	0.720
Polytrauma Unit	1.200	0.383	1.583
Critical Care	-	0.194	0.194
Theatres	-	1.220	1.220
Total	1.786	1.931	3.717

The agreed capital funding and progress will be discussed at the Capital Review meetings

Evaluation requirements associated with the provision of this funding are identified within schedule 3.

For further information, please refer to the current NHS Infrastructure Capital Guidance.

5.0 Disc Capital and Estate Compliance

This report provides an overview of the current status of the UHB's Discretionary Capital and Compliance Programme including progress, project issues and financial position for this financial year summary.

5.1 Discretionary Capital Financial Statement

The Discretionary Capital Programme is reporting a breakeven position, funds have been reallocated to emergency works at CRI for the Links building £260k (the service board is anticipating funding from Welsh Government).

Discretionary Capital Statutory Compliance Analysis 2019/20

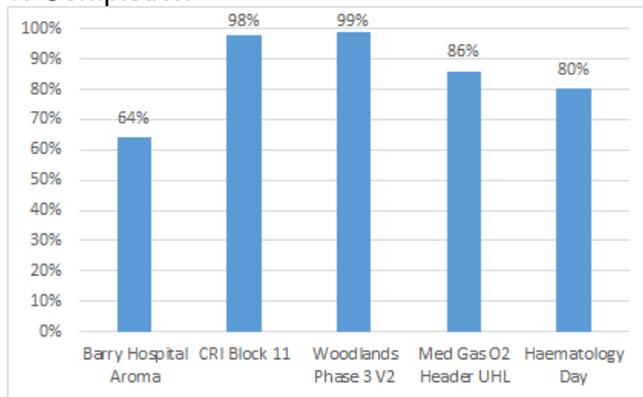
Item	Original Out-turn £m	Adjustments Out-turn £m	Latest Out-turn £m	Orders Raised £m	Orders Received £m
Scheme B/F	0.226	0.000	0.226	0.244	0.000
Annual Commitments	1.620	0.000	1.620	0.691	0.621
IMTP	2.546	2.727	5.273	4.067	2.131
IM&T	0.500	0.000	0.500	0.027	0.027
Medical Equipment	1.000	0.000	1.000	0.533	0.311
Statutory Compliance	2.800	0.000	2.800	1.609	0.959
Other	2.400	0.074	2.474	2.111	1.576
Contingency	0.105	-0.274	-0.169	0.000	0.000
Black & Grey	0.672	-0.129	0.543	0.536	0.537
Rookwood Emergency Work	0.200	-0.039	0.161	0.105	0.102
	12.069	2.359	14.428	9.923	6.264

Discretionary Capital Statutory Compliance Analysis 2019/20

Description	Scheme Lead	Cost			Orders		
		Original	Adj	O'Turn	Raised	Rec	Paid
Fire Risk Works	T Ward	0.200	0.000	0.200	0.138	0.119	0.119
Asbestos	T Ward	0.400	0.000	0.400	0.203	0.255	0.255
Gas infrastructure Upgrade	T Ward	0.300	0.000	0.300	0.171	0.070	0.070
Legionella	T Ward	0.450	0.000	0.450	0.154	0.112	0.110
Electrical Infrastructure Upgrade	T Ward	0.150	0.000	0.150	0.057	0.029	0.025
Ventilation Upgrade	T Ward	0.500	0.000	0.500	0.735	0.280	0.249
Electrical Backup Systems	T Ward	0.250	0.000	0.250	0.064	0.064	0.061
Upgrade Patient Facilities	T Ward	0.350	0.000	0.350	0.087	0.030	0.030
Dedicated Team	N Mason	0.200	0.000	0.200	0.000	0.000	0.000
		2.800	0.000	2.800	1.609	0.959	0.920

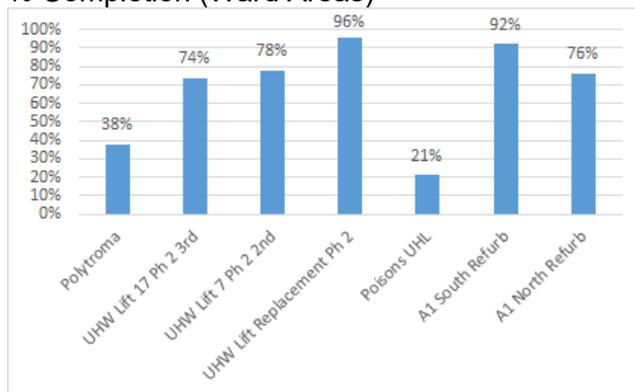
Discretionary Capital (Significant Schemes)

% Completion



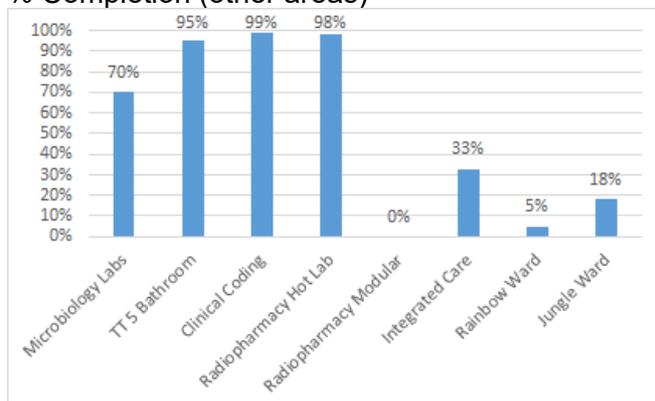
1. Barry Aroma ON HOLD awaiting sign off.
2. CRI Block 11 complete except half landing.
3. Haematology Day:- Delays to site works. Contractors programme now showing 10th January completion.

% Completion (Ward Areas)



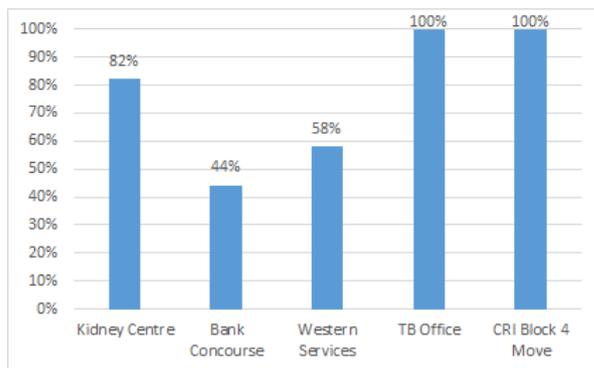
1. Poison project on hold.
2. A1 North & South completion programmed for 16th December 2019.
3. Lift 7 completion March 2020.

% Completion (other areas)



Radio pharmacy modular build on hold

% Completion (other areas Cont)



5.2 Estate Compliance

The purpose of the report is to provide the Capital Management Group with a summary on the current status of the Estate Compliance Programme. In addition the report will identify key issues for which approval will be Required.

Category	2019-20				Total £m
	Surveys	Revenue	Remedial Works	Other £m	
Mechanical Surveys	0.756				
Electrical Surveys	0.314				
Building Surveys	0.206				
Mechanical Estates Revenue		0.087			
Electrical Estates Revenue		0.295			
Building Estates Revenue		0.205			
Mechanical Approved Works			0.281		
Electrical Approved Works			0.280		
Building Approved Works			0.053		
Dedicated Team				0.200	
Asbestos Works (400k)				0.415	
Fees					
Other					3.641
Fire (200k = 147k Surv, 53k Rem)					
Total Funding	1.070	0.841	0.780	0.950	3.641
Spend	1.276	0.587	0.594	0.615	3.072
Total Budget Available	-0.206	0.254	0.186	0.335	0.569

Progress of 44 Elements of Statutory Compliance

Compliant	29
Contract in place Compliance achieved on Yearly cycle	5
Non-Compliant	10
Long Term Contracts (4 year plus for all sites)	26

COMPLIANT				NON - COMPLIANT			
No.	Description	Rating	Long term	No.	Description	Rating	Completion
		Tender Type	Contract		Contract in place COMPLIANCE achieved on yearly cycle	Tender Type	Date
1	Legionella (RO Plant)	O/EU	Yes	1	Emergency Lighting	O/EU	Feb-20
2	Medical Gas	O/EU	Yes	2	Legionella risk assessments	O/EU	Mar-20
3	Fire Doors compliance check			3	Lifts	O/EU	Jun-19
4	Annual asbestos survey and re-inspections			4	Ventilation/AHU (Smoke Dampers)	O/EU	Mar-20
5	Periodic Inspections		Yes	5	Ventilation/AHU (Fire Dampers)	O/EU	Mar-20
6	Dry Risers & Hydrants			6			
7	High Voltage		Yes	7			
8	Generators		Yes	8			
9	Fire Hoses			9			
10	Fire Alarms	O/EU	Yes	10			
11	Ventilation/AHU (annual)	O/EU	Yes				
12	Gas Safety (inc. proving)		Yes				
13	Fire Extinguishers						
14	Air conditioning units/chillers	O/EU	Yes				
15	Commercial Kitchen		Yes				
16	Kitchen Canopy & Ductwork: Main		Yes				
17	Kitchen Canopy & Ductwork: Ward		Yes				
18	BMS Controls	O/EU	Yes				
19	Emergency Backup (UPS)		Yes				
20	Patient Hoist		Yes				
21	Lighting Conductors						
22	Pools						
23	PAT Testing		Yes				
24	Sprinklers		Yes				
25	Fire Suppression		Yes				
26	IPS		Yes				
27	Sterile Services	O/EU	Yes				
28	Legionella (annual)	O/EU	Yes				
29	Ventilation/AHU Verification	O/EU	Yes				

Compliant Short term programme to verify Assets Long term programme to verify Assets Non Compliant

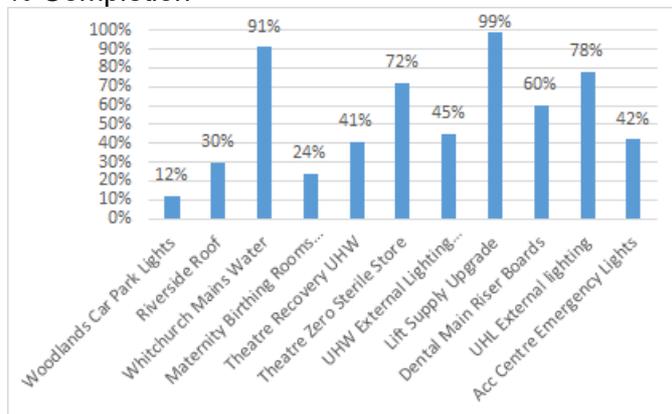
Summary of events since last report:-

BMS, Selected awaiting procurement sign off.
Steam Presentations December
Pools tender returns due December.

Building Framework awaiting C&V sign off
Electrical Framework awaiting WG sign off.
Mechanical Framework awaiting WG sign off.
Asbestos Removal Framework awaiting WG sign off.

Schemes from Inspections

% Completion

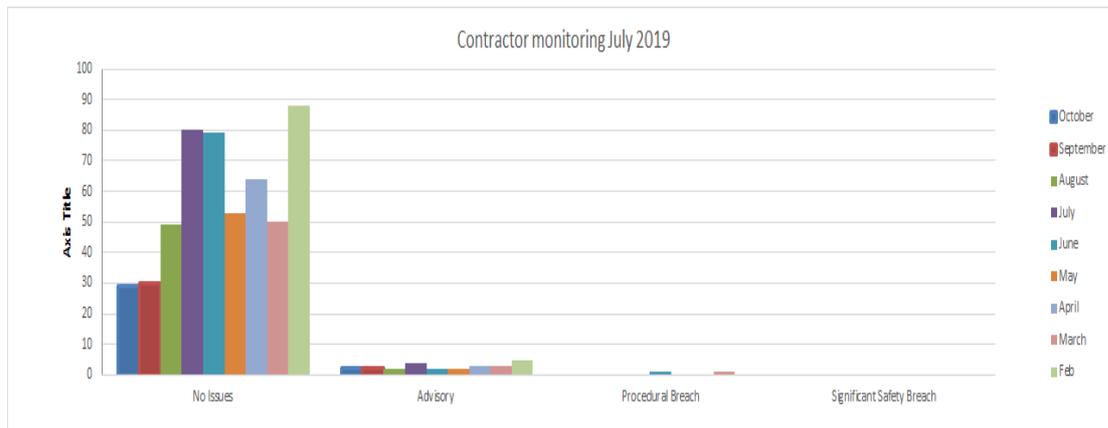


1. Whitchurch:- to remove main hospital off systems to adjacent occupied buildings.
2. Maternity Birthing Pools:- Ventilation plant beyond useful life.
3. Theatre Recovery:- Poor ventilation air change rates.
4. Theatre Zero Store:- Poor ventilation air change rates.
5. UHL external lights:- Decay of lighting columns.
6. Acc Centre Emergency Lights:- Failed inspection test.
7. Riverside Roof:- beyond useful life

5.3 Health & Safety

Contractor Control

The monitoring of contractors on site continued throughout October. As of the 04/11/2019 there were 47 approaches made for the month compared to 31 the previous month. There have been no procedural breaches and 2 advisories issued



6.0 Medical Equipment

Medical Equipment Report
Executive Lead: Executive Director of Therapies and Health Science.
Author : Deputy Director of Therapies and Health Science
Caring for People, Keeping People Well: Medical Equipment is used in nearly every care pathway across all Cardiff and Vale UHB health systems and underpins the delivery of the majority of the UHB's service priorities. The effective life cycle management of Medical Equipment also supports the priorities outlined in 'Shaping Our Future Wellbeing'. It will enable clinical services to deliver outcomes that matter to people; it will improve service efficiency and sustainability, and the optimal use of the appropriate medical device supports prudent healthcare outcomes.
Financial impact: Effective system level Medical Equipment life cycle management processes are costly. The UHB does not have sufficient predictable capital or revenue funds to consistently deliver medical equipment management processes to the required standard. It is heavily reliant on adhoc funding for medical equipment replacement.
Quality, Safety, Patient Experience impact: Having fit for purpose medical equipment available to deliver effective care when needed is a fundamental tenet of good healthcare.
Health and Care Standard Number: 2.9 Medical Devices, Equipment and Diagnostic Systems CRAF Reference Numbers: 5.1, 5.1.6, 6.6, 8.1, 8.1.4 & 8.2
Equality Impact Assessment Completed: Not Applicable

RECOMMENDATION

The Capital Management Group is asked to:

- APPROVE the provision of £88K to replace malfunctioning Optical Coherence Tomography device used by Ophthalmology. This funding I requested on a 'bridging loan' basis as this is already included in a WG BJC
- NOTE the progress against the recent Welsh Government audit of community dental practices and capital funding impact. A verbal update will be provided on the day.

SITUATION

The UHB has allocated £1m of discretionary capital to the urgent medical equipment replacement budget to cover 2019/20. This is against a known high priority £4-5m list of medical equipment replacement requirements.

BACKGROUND

The UHB is currently exposed to a degree of regulatory, safety, performance and financial risks associated with its current stock of equipment which is obsolete, beyond economical repair, inefficient or is a single point of failure with no robust business continuity plans available.

ASSESSMENT AND ASSURANCE

The following request has been received in the last calendar month:
The UHB has recently been subject to a Welsh Government audit of decontamination processes and facilities in community dental practices. There were a number of issues raised relating to reusable dental surgical equipment, autoclaves and the fleet of three mobile vans. It is anticipated that capital funding will be required to address these issues and service is currently developing a comprehensive remedial action plan. A verbal update of the capital resources required to address the recovery plan will be provided to the CMG.

A request has been sent to all Clinical Boards asking for a prioritised list of capital equipment in readiness for any WG end of year capital slippage funding. This list will be further prioritised to address UHB risks by the Clinical Board Medical Device Safety Officers. This process is now in train.

7.0 IM&T Report

REPORT TITLE:	IT CAPITAL REPORT DECEMBER 2019			
MEETING:	CAPITAL MANAGEMENT GROUP			MEETING DATE: 16th December 2019
STATUS:	For Discussion	For Assurance	For Approval	For Information
LEAD EXECUTIVE:	Director of Digital and Health Intelligence			
REPORT AUTHOR (TITLE):	Assistant Director of IT/ Deputy Director			

PURPOSE OF REPORT:

NOTE The Capital Management Group is asked to note the now confirmed plans for Welsh Government Digital investment (Funding approval letters received and accepted 19/11/19).

SITUATION:

National Informatics Investment

As has previously been reported to Capital Management Group, the National Informatics Management Board (NIMB) supported the recommendations on the allocation of the increased investment in Digital, to support the digital priorities as outlined in the *National Informatics Plan 2019-22*.

	2019/20	2020/21	2021/22
WG Digital Capital	£25m	£25m	£ -
WG Digital Revenue	£25m	£25m	£25m

BACKGROUND:

The Welsh Government Digital funding proposals emphasise that there is an ongoing expectation that organisations provide appropriate funding through their own revenue and discretionary capital programmes to maintain infrastructure at a safe and sustainable level. Any additional Welsh Government investment is intended to be targeted at transformation and modernisation.

Many projects are being nationally managed and funded, however, Welsh NHS Organisations were asked to submit applications for Digital Funding in the following areas:

- Cyber Security
- Modernisation of Devices
- WiFi
- Networking – increased bandwidth
- Data Centre infrastructure

ASSESSMENT:

In line with the agreed national funding programme for 2019/20 and after all Wales negotiation with other organisations the allocation for CAV in relation to Cyber Security and Infrastructure is outlined as follows (confirmed in funding letters received 19/11/19):

	Capital	Revenue	Total
Cyber Security	£0.250m	£0.186m	£0.436m
Infrastructure: <ul style="list-style-type: none">• Modern Mobile Devices• Mobile Infrastructure (Wifi)• Connectivity / Networking - increased bandwidth• Data Centre Infrastructure	£1.2m	£1.15m	£2.35m
Total	£1.45m	£1.336m	£2.786m

Funding letters were received 19th November 2019 and have been signed and accepted. In advance much work has been ongoing in preparing Finance plans, Recruitment Plans and procurement plans.

The UHB is facing enormous pressures in the following areas:

- Windows 10 migration
- Wifi deployment
- Office 365 implementation
- Cyber security investment and implementation

RECOMMENDATION:

The Capital Management Group is asked to note the agreed plans for Welsh Government Digital investment.

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	√	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	

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	Long term	Integration	Collaboration	Involvement
	Not Applicable				
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:					



8.0 Discretionary Capital Project Initiation Enquiries Summary Sheet

13/11/2019

Project No.	Date Received	Clinical Board / Department	Description	Decision	Action
PR0001	11/05/18	PCIC	Install TDSI on main door @ Llantwit Major Health Centre	Rejected at CMG 21/5/18	Requester informed of decision
PR0002	09/05/18	Medicine	Relocating existing poisons unit to E4 UHL		
PR0003	22/05/18	Medical & Dental	Renovation of Education Centre UHL: Funding has been granted by Wales Deanery for the renovation, GW requested confirmation letter of funding approval prior to progression	Finance investigated funding. Approval given to proceed	Identifying resource to assign to project
PR0004	06/06/18	Pharmacy	The team confirmed the 'invest to save' scheme required an area within the retail units. Plans of the area had been given to the team. Internal design/project officer have not been assigned to the works	Approved at CMG 16/07/18	Progressed with commercial services team
PR0005	19/07/18	Mental Health	TDSI control on Elm Ward and break glass unit in EAS – both HYC. Deputy Directorate Manager has confirmed the Clinical Board will fund the installation and also cover all breakdown and maintenance costs.	Approved at CMG 20/8/18	GW instructed the appropriate team to continue.
PR0006	26/07/18	Medicine	Gastro dept UHL. Convert MDT room into clinical infusion and education centre for IBD patients. The project is anticipated to be financed by charitable funds. Requester desires an assigned architect to confirm if the design is feasible.	Provide funding stream information to finance for investigation	Email Correspondence sent to RH

			Peter Welsh confirmed via email that the area had been allocated. GW informed the team that design/architectural team would need to be out sourced and requested confirmation that adequate funding was available to cover the fees.		
PR0007	24/08/18	Medicine	To develop a new model of nursing care on East 8 in UHL: ICF capital bit has been submitted for the Cognitive impairment project, an estimate of the estates work is required to secure to bid/funding.	Waiting confirmation of ICF funding	Contacted requester for information
PR0008	06/09/18	Women & Children	M&E work required at CHfW to change store room into an office and fit an additional sink in the milk room which was formally a pharmacy. Charitable funding.	Approved, funding information had been provided	TW contacted to progress
PR0009	06/09/18	Women & Children	Neonatal offices and Seminar Room upgrade @ CHfW. Quote provided by a Capital Planning officer £7363.40. Charitable funding	Approved, funding information had been provided	TW contacted to progress
PR0010	06/09/18	Women & Children	Upgrade and renovations to the Renal Outpatients dept with decoration and minor alterations to 8 rooms in the current department.	Approved, funding information had been provided	TW contacted to progress
PR0011	12/09/18		Unit 2 PMC Treforest – Reinstate former entrance to create a wheelchair accessible fire route. Approx £11k, anticipated funding by Clinical Board	Approved, supported by Clinical Board	Capital Planning Property manager contacted
PR0012	27/09/18	PCIC	Llantwit Major Clinic – Resource to provide quotation to refurbish old dental suite into sexual health treatment room.		Identifying resource to progress
PR0013	09/11/18	Specialist Services	Haem. UHW – Refit a discussed room to deliver a sustainable DVT Service for patients. 2 clinic rooms	Further information	Progressed

			required with sinks, office space for lead nurse, bench work space and flooring	required re: location	
PR0014	19/09/18	Women & Children	Jungle Ward – Improvement of ward for neurorehabilitation, also improving current parent accommodation	For noting	TW contacted to progress
PR0015	19/09/18	Women & Children	Reconfiguration of coordinators room to assist with increased capacity of staff.	For noting	TW contacted to progress
PR0016	20/11/18	Gastro - UHL	Request for a quote to develop MDT room from a meeting room to an IBD clinical infusion and education centre	To proceed	Progressed
PR0017	06/12/18	Med Physics	Request to fit automatic mag locks to 3 sets of double corridor doors	For noting	Passed to estates
PR0018	20/12/18	Dental	Additional office area at Unit 2 Treforest to accommodate additional 8 staff with Cwm Taf / CAV transfer for Designed to Smile Programme and Dental Service (D2S)	To contact requester re: Cwm Taf transfer	Email issued
PR0019	05/09/19	Adult Mental Health	Installation of CCTV; Emergency Assessment Suite HYC	Approval to proceed	Passed to security services
PR0020	30/08/19	ALAS	Conversion of existing toilet to Changing Places standard disabled toilet.	Approved at CMG 16/9/19	
PR0021	11/09/19	Specialist Services	Move existing day room / staff room, to create a quiet room and office (C4 Breaking bad room) Charitable funding approved	Approved at CMG 16/9/19	Progressed
PR0022	12/11/19	Women & Children	Children's Respite house at the current Children's Centre at UHL. ICF support for capital planning approved in principle	Feasibility approved at CMG 18/11/2019	Meeting scheduled with GW
PR0023	14/11/19	Medicine	Convert current CF ward to a fit for purpose outpatient clinic area.		
PR0024	25/11/19	CD&T	Radiopharmacy store room		
PR0025	22/11/19	CD&T	Medical Physics Dept; Complete refurbishment following substantial leak (Disc. Cap)		

PR0026	25/11/19	Specialist Services	Creation of an ambulatory care facility for haematology patients (Disc. Cap)		
PR0027	10/12/19	CD&T	Health Records UHW – Refurbishment of staff room / kitchen – Charitable funds		
PR0028	01/12/19	Medicine	Provide Hyperacute stroke unit (HASU) , reconfiguration / provision. (Disc. Cap)		
PR0029	29/11/19	Medicine	Endoscopy UHL – expansion of existing unit to meet increase demand (WG Capital)		

APPENDIX 1

CAPITAL REVIEW MEETING Cardiff and Vale University Health Board (C&VUHB)

12 November 2019 – 09.00am
Abertawe Room, CP2, Cathays Park, Cardiff

NOTES

1. Introductions/Apologies

Present

Ian Gunney (IG)	Robert Hay (RHu)
Nicola Powell (NP)	Mike Eklund (ME)
Marie Davies (MD)	Geoff Walsh (GW)
Richard Hurton (RHu)	Nigel Davies (ND)
Stuart Douglas (SD)	

Apologies

Abi Harris

2. Primary Care

Maelfa

NP said that she was looking to finalise certain details for the Ministerial Advice and was looking for Chris Lewis (NWSSP) to finalise the decarbonisation figures. ND stated that data from Scotland had indicated that there was overheating of buildings due to increasing insulation and this matter would have to be looked at again in the FBC stage. GW suggested a meeting between NWSSP and C&VUHB's M&E team and NP and ND agreed with this.

- ***AP1 – C&VUHB/NWSSP to arrange decarbonisation meeting in respect of the Maelfa scheme***

NP then enquired about timescales for the Multi Use Games Area (MUGA) and GW said that this would be about two months. GW added that he has now provided advice on fees and ND said that he was content with this. GW confirmed that there would be no additional funding needed for the design team for Maelfa this year. NP pointed that CEF would need clear information on what fees funding was needed and GW agreed to provide this.

- ***AP2 – CEF to arrange for fees funding to be added to C&VUHB's CRL.***

Cogan

NP asked for an update on the air survey. GW said that issues had arisen with Vale of Glamorgan CC regarding leases and the land at Cogan and VoGCC will write to C&VUHB in due course about this. NP said that she would take this matter up with Richard Baker (WG – Property) and a meeting with Clive Ball (NWSSP – Property) was scheduled for next week. The meeting noted that this situation will have an adverse effect on timescales.

Pentrych

NP enquired about this scheme and GW advised that Lisa Dunsford (C&VUHB) was dealing with this.

Whitchurch Road

NP asked about progress and GW advised that C&VUHB were reviewing the land options with the local authority again and would let the planning permission lapse as it is likely to be a revised scheme. GW added that Lisa Dunsford was dealing with this also.

Parkview

GW said that the SCP had been appointed with meetings with the team scheduled. He added that he should be able to provide a fees schedule in due course.

Improvement Grants

MD advised that C&VUHB had issues with Whitchurch Practice about the siting of portacabins on or near the site and these would have funding implications. MD added that NP should again contact Lisa Dunsford for an update on this.

- 3. Notes of previous meeting held on 05 September 2019** – agreed with one small amendment.

4. Matters Arising / Action Points

AP2 – Bobath – GW advised that C&VUHB are still looking at purchasing this property in line with the disposal of Radyr Health centre and their plans for Whitchurch. He added that there will need to be further discussions on the whole Park Road site. IG advised that the Ministerial Advice on Bobath had been approved and that discussions with the charity were around the Health Board purchasing the building before the end of the calendar year.

AP4 – MRI – MD said that C&VUHB are taking this forward and RHu agreed to chase up the return of the signed copy of the Imaging funding letter.

- ***AP3 – RHu to check progress of Imaging Equipment funding letter***

AP5 – Eyecare – IG stated that this had been sorted and he would arrange for the funding to be added to the CRL

- ***AP4 – IG to add Eyecare funding to CRL***

AP6 – Long Term Ventilation (LTV) – the meeting noted that there is an ongoing discussion regarding plans for this going forward. GW said that C&VUHB were looking for a decision on this this year and he would confirm funding requirements in due course. IG added that there would need to be further discussions and details on this project.

AP7- MRI Mobile – MD said that Mike Bourne did have information on those UHBs who will need the mobiles in the future but IG reiterated the need for a robust business case to be produced setting out the management and governance arrangements. SD agreed to discuss this further with Andrew Ward (NWSSP).

AP8 – PET Scanner – the meeting noted that further conversations had been held with Professor Chris Marshall from Cardiff University around this but further work on the business case was needed.

AP9 & 10 – Cystic Fibrosis – IG said that Ministerial Advice had been sent down to the Bay and a decision made in due course. GW said that he would check what funding was needed for 2019-20.

AP11 – Whitchurch Hospital – the meeting noted that the meeting was still to be arranged.

AP12 – Endoscopy – MD said that she had checked the JAG accreditation and C&VUHB had a number of issues that need to be addressed. She added that this included an extension of the endoscopy facilities at UHL. MD added that there were also issues with the revenue support for the endoscopy service but it was clear that a capital plan was needed going forward. The meeting noted the importance of C&VUHB being JAG accredited and MD said that both C&VUHB and WG need to scope out what is required going forward.

The other action points were either completed or were covered later in the meeting.

5. Welsh Government Issues

2019-20 CRL

IG advised that the CRLs had been fixed last month with a small amount of funding being returned which has now been reallocated. IG added that at present no additional funding had been made available to the Capital Programme.

With regard to Digital, IG stated the funding had been allocated though RHu said that C&VUHB had not received any allocation letters. RHu added that C&VUHB were still proceeding with the programme.

The meeting went through the 2019-20 CRL.

Discretionary £14.428m

RHu stated that this will be fully spent.

Neonatal – Phase 2 Addendum £5.734m

RHu said that C&VUHB need to finalise the gainshare component and it was agreed to revisit this at the next CRM.

Brokerage for Woodland House purchase £2.2m

RHu advised that this was OK.

Rookwood reprovision at UHL £18.768m

RHu said that spending was on profile with £10m spent – no concern was raised in respect of spend against the funding allocation.

MRI scanners (x2) and associated equipment £3.3m

RHu said that the funding will be spent and GW added that the scheme will be completed.

Pharmacy Equipment £0.448m

C&VUHB said that there were no issues with this.

With regard to the 2020-21 CRL, RHu said that he was content with the figures.

6. Review of Capital Programmes

CRI including the Links building and the SARC

GW said that the emergency works were progressing though DATT remained in the Links building with fortnightly inspections to ensure safety. GW added that as Willmott Dixon were already on site and are on the SCAPE framework, they could be used to take forward the whole programme – using the existing design teams. GW concluded that he hoped to submit the BJC by the end of the month though there were still concerns from the clinical teams.

IG said that hopefully with assistance from NWSSP this programme could progress and enquired as to the quantum. GW said that further discussions on this were needed in particular the cost of the modular build.

MD enquired about the SARC project and CEF agreed to check its progress.

➤ **AP5 – CEF to check on SARC status**

Major Trauma

IG said that the Ministerial Advice had been sent down and hopefully CEF would get a decision in due course.

Academic Avenue

MD said that C&VUHB were reviewing the options and she presented a paper on these – copy attached



Academic Avenue -
proposed revised SC

The meeting discussed the options

- a) Absolute Do Minimum – MD said that this would harm the transplant footprint and C&VUHB would not be able to deliver other schemes.
- b) Absolute Do Min+ - SD queried the backlog figure and GW said that there were logistical problems with this. SD said that this option has to be quantified. MD advised that this plan would not address what C&VUHB need for polytrauma.
- c) Preferred option – MD said that this would address all of the capacity needs.

MD stated that following discussions on this, C&VUHB will revise the SOC and will also look at an OBC for the hybrid and the major trauma theatre at the same time.

7. Land and Property

Lansdowne Update

RHu said that the site will be sold this year though there were still some issues to be resolved.

8. Any Other Business

Project Bank Accounts

RHu enquired about this. RHa said that a letter on this has been sent out to all UHBs and IG added that a seminar was planned on December 9th with all parties being invited.

IFRS16

RHu said that C&VUHB have done an assessment re Genomics and a figure of £8m will be included in their next return.

Invest to Save - Energy

GW said that C&VUHB were putting bids together with a company but he was concerned about other government funding for this. The meeting noted this.

9. Next Meeting.

The next meeting is scheduled December 3rd 2019

Report Title:	Integrated Medium Term Plan 2019/22 Quarter Two Progress					
Meeting:	Strategy and Delivery Committee				Meeting Date:	15/01/20
Status:	For Discussion	X	For Assurance	For Approval	For Information	X
Lead Executive:	Abigail Harris Executive Director Strategy and Planning					
Report Author (Title):	Chris Dawson-Morris Corporate Strategic Planning Lead					

Background and current situation:

In January 2019 we submitted our Integrated Medium Term Plan for 2019-22 to Welsh Government which was subsequently approved. This report provides an update on progress at the mid point of year one of the plan.

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

Attached at Appendix 1 is the IMTP 2019/22 Quarter 2 Performance report. The purpose of the report is to visually demonstrate key performance areas and highlight key areas of progress. It is also an opportunity to showcase areas of best practice.

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

Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. We also meet monthly with Welsh Government planning team alongside bianual Joint Executive Team meetings where the IMTP is reviewed.

Recommendation:

Strategy & Delivery Committee is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:	Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								

Kind and caring  Respectful  Trust and integrity  Personal responsibility 
Caredig a gofalgar  Dangos parch  Ymddiriedaeth ac uniondeb  Cyfrifoldeb personol

Cardiff and Vale University Health Board

IMTP Quarterly Reporting

Key Achievements in Quarter

- 0 patients waiting greater than 36 weeks for neurosurgery at the end of September
- Over 3400 slots with a first contact physiotherapist were made available between 1st April 2019 and 31st August 2019, and over 2800 patients booked appointments with the service, the majority of whom would previously have required appointments with a GP
- Funding secured for Prison Service Mental Health Investment which will see significant improvement in the service available to offenders
- First elective ENT Surgery list undertaken at UHL

Accountability Letter Conditions	
<p>RTT and unscheduled care must be delivered in line with the performance profiles agreed with Welsh Government, and accelerated to deliver sustained performance improvements throughout 2019/20</p>	<p>Performance against IMTP profiles is set out in the tables below. RTT - Whilst the Health Board did not achieve its monthly IMTP commitments in the second quarter, the greater than 36 week breaches position improved at the end of September. The UHB remains committed to clearing all 36 week breaches by the end of March 2020. There are some specialty specific challenges but the main risk remains the adverse impact on capacity as a result of staff not willing to undertake additional sessions due to NHS pension taxation charges. Unscheduled Care - The UHB continues to experience challenges in unscheduled care with higher than normal activity levels and admission. This continued pressure has impacted on performance. Improving flow and enhancing our resilience for the winter period will allow us to achieve the best possible position to improve unscheduled care performance.</p>
<p>Financial Control, including the delivery of savings plans and addressing underlying deficit,</p>	<p>At month 6 good progress has been made against delivery of the savings target for which the UHB has a fully established plan for delivery. The UHB is however reporting an overspend of £2.525m due to operational pressures. The UHB intends to recover this year to date deficit and deliver a break even position by the year end. The UHB has a plan to achieve this which includes the delivery of remedial actions and the careful management and control of budgets and expenditure. This will take concerted management attention and is not without risk of delivery which is assessed to be up to £4m. The opening position is an underlying deficit of £36.3m and if the plan is successfully delivered this would reduce to £4.0m by the year end. The UHB's 2019/20-2021/22 Integrated Medium Term Plan (IMTP) which has gained Welsh Government approval contains measures to recurrently address this underlying position.</p>
<p>Capital Investment is a key enabler for elements of your plan and there must therefore be milestones for investment to ensure delivery, supported by strong business cases</p>	<p>The Major Capital Plan is in place and clear milestones are set out for each of the projects within this. A number of Outline Business Cases have been submitted the Health Board presented the Wellbeing Hubs at Maelfa and Penarth to the Infrastructure Investment Board. We have responded to scrutiny comments on the Cystic Fibrosis business case.</p>
<p>Clarity on planning commitments and milestones to deliver priority areas:</p> <ul style="list-style-type: none"> - Major Trauma - Critical Care - Cystic Fibrosis - Gender Identity - Primary Care Plan 	<p>Major Trauma The business case for the Major Trauma Centre has been completed and the team are participating in the scrutiny process. Significant recruitment activity to enable go live is underway. Critical Care 6 additional Critical Care beds open and staffed. We are developing 3-5 year capacity plan for expansion of Critical Care infrastructure with Planning & Estates. 3 additional Critical Care beds for Major Trauma identified as part of the business case Cystic Fibrosis The capital business case has been submitted to Welsh Government and we are working through the scrutiny process. The Revenue business case has been approved by WHSSC. Gender Identity The service is now live and work is underway to develop the business case for phase 2. Primary Care Plan We have made significant progress in implementing our Primary Community and Integrated Care plan</p> <ul style="list-style-type: none"> - Primary and Community Care Estates Plan finalised - Cluster IMTPs completed in September - All GP practices offered QI training

	<ul style="list-style-type: none"> - 3400 Physio MSK Appointments and 6500 Mental Health Liaison Appointments we available to the end of August, appointments which otherwise would have seen a GP.
<p>Regional Planning commitments and milestones must be transparent and delivered</p>	<p>Paediatrics, Obstetrics and Neonatal (Planning Lead Cardiff and Vale UHB)</p> <p>In Q2 2019, regional CEOs' concerns regarding the stability and sustainability of Obstetrics services in Nevill Hall Hospital in Aneurin Bevan UHB and a high level of midwifery vacancies across the region's maternity units, particularly in Prince Charles Hospital and UHW, prompted further work within the regional Obstetrics planning group to identify contingency solutions to address or mitigate the risks.</p> <p>As a result, all midwifery vacancies were filled through a combined recruitment campaign over the summer and C&V UHB over-recruited by 18 midwives to support indicative additional flows that were under discussion through the regional obstetrics planning group. Subsequently, further discussions have taken place between individual UHBs and at the regional obstetrics group to establish the timescale and formal decision-making governance process for confirming the nature and scale of any further future flows changes.</p> <p>Current Actions – Regional Obstetrics Group:</p> <ol style="list-style-type: none"> 1. Collective UHB commissioning intentions for obstetrics in this context have been clarified as: <ul style="list-style-type: none"> • The potential AB resident flow of 200 from NHH to PCH would be non-recurrent and would revert to Grange University Hospital (GUH) in March 2021; • The potential Powys resident flow of 160 - 180 to PCH relates to the Grange timescales - these are all women who currently use NNH which will be unavailable to them when the pathways change on the Grange opening. There are c.220 women using NHH from Powys in total, c. 160-180 would flow to PCH and c. 40 – 60 to Hereford. The planning assumption is that this would be recurrent (subject to any changes in the commissioning landscape over the next 18 months); • These flow changes would be mirrored from CTM to C&V (ie 380 prior to GUH, 180 post opening of GUH); • CTM and Swansea Bay UHBs, on a bipartite basis, are continuing to review the requirement for any further changes to the commissioning arrangements for SB residents accessing services at POWH. 2. AB UHB are undertaking a 'readiness assessment' to confirm the timescale and approach they intend to adopt in the provision of Obs, Gynae and Neonatal services at NHH until the opening of the GUH in April 2021. A decision on the action proposed as a result of the readiness assessment is anticipated at the AB UHB November Board meeting. AB and CTM CEOs have confirmed that agreement on the proposed flow changes is an essential prerequisite for implementing any further regional flow changes. 3. Powys Teaching Health Board is reviewing commissioning options with its Board and local community stakeholders including the CHC given the sensitivities regarding provider choice and access for South Powys women. CTM and AB UHB leads confirmed that provider service quality data was being shared. 4. Operational Leads at CTM and C&V UHBs have advised that the implementation timescale for changing patients' flows from PCH to UHW and POWH are 3 weeks. AB leads confirmed that the lead time for changing flows from NHH to PCH would be 12 weeks. AB UHB leads also noted that if the service change from NHH to PCH is not implemented by March 2019 then the Board's view is that, given there will be only 12 months until the opening of the GUH, the execution of a non-recurrent change in service flows would be disproportionately disruptive and would not be pursued. 5. C&V UHB have appointed additional midwifery and obstetrics staff and commissioned the new 8 bedded birthing unit at UHW from 3rd October. <p>Vascular</p> <p>The formal governance structures have been strengthened to support this next phase of significant and complex change planning. A clinically led Project Team and Steering Group is meeting fortnightly to drive the project forward. Four work streams have been created to deliver the:</p> <ul style="list-style-type: none"> • Clinical Model and pathways • Workforce requirements • UHW Implementation • Commissioning and finance arrangements <p>An area of critical outstanding clinical planning work remains the spoke service model and location at the spoke sites. This is a critical component of the networked service model as it impacts on how patients are managed both prior to and following a vascular intervention and/or surgical intervention.</p> <p>The Regional Community Health Council Service Change Committee received an update at their meeting on 27th September, where they set out clear expectations for public engagement. It has been agreed with the CHCs, that we will return to the CHCs, once a more detailed clinical model is available and is supported by the demand and capacity data.</p> <p>The business case is being refreshed to reconfirm the service objectives and to clarify the risks, benefits and costs for each organisation in moving to a networked model. It is envisaged that an outline draft will be produced by the end of November which will need to progress through regional planning</p>

	<p>scrutiny before submission to UHB Boards once the business case is agreed to be fit for purpose by commissioning health board executive leads. Clinical leadership to support the next stages of the planning process is essential to support the delivery of the business case and implementation plans.</p> <p>In summary the critical next steps and current target dates are:</p> <ul style="list-style-type: none"> • Finalise the clinical pathway for all vascular patients – this includes the clinical model for rehabilitation at the spoke hospitals. A workshop for vascular surgeons and interventional radiologists is planned for 6th Nov to confirm high level pathways with a further workshop planned at the end of November/early December to include wider clinical stakeholder reps (e.g. WAST, nurse specialists, therapists, COTE and Diabetes clinicians) to clarify the wider service model requirements – particularly the conveyancing requirements, repatriation principles and spoke service model(s) • Develop the SOPs to support the clinical pathway for key conditions - ongoing • Complete the demand and capacity modelling based on the final agreed clinical model – for hub, spoke and conveyancing capacity requirements – November 2019 • Confirm and agree the implementation requirements – workforce, equipment and facilities - for all key services i.e. hub beds, spoke beds, theatres, IR, therapies and clinical conveyancing – November 2019 • Undertake public engagement and consultation – TBC with regional CHC service change committee • Update and submit business case to through regional planning governance and then to UHB Boards - TBC dependant on public engagement <p>Diagnostics Demand Capacity plans completed and mitigating plans in place.</p> <p>RFA Plans have been approved by WHSSC implementation is underway and the service will begin in Quarter 4.</p>
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Positive Case Studies		
<p>Digital Technology Transforming Community Care Multidisciplinary teams in the south west primary care cluster in Cardiff have undertaken an information sharing pilot to give all members of the team access to crucial information relating to support for patients following hospital admissions. This has ensured that all relevant members of staff have the information they need to care for people adequately in the community, as close to their homes as possible, meaning that people can be discharged from hospital more quickly and return to an environment in which they're more comfortable and able to recover more efficiently.</p> <p>One of the central tenets of our transformation programme is for staff to recognise the value of their patients' time and endeavour, wherever possible, to give them as much of their time back as they can. Enabling our staff to work seamlessly across digital systems with a comprehensive electronic patient record is, therefore, paramount.</p> <p>One major source of e-record now becoming more widely available is the regional PARIS facility. PARIS has shown itself to be exemplary in the transition to electronic record keeping with 34 external organisations having visited the health board to learn from its successful implementation. Key details from the care record on PARIS are now securely accessible to GPs via their desktops in the south west Cardiff cluster, with access across the Cardiff and Vale region planned following this pilot.</p>	<p>ENT Surgery Successfully Moved to Llandough</p> <p>As part of the development of Llandough as a planned centre of surgical excellence elective ear, nose and throat (ENT) procedures such as tonsillectomies, septoplasties and mastoid surgery, have begun to be moved to UHL.</p> <p>As many of the patients undergoing these procedures are treated as elective day cases, across our estate UHL represents the best place to treat them. As a hospital, UHL does not experience the same level of emergency pressures as the University Hospital of Wales.</p> <p>Therefore, by treating surgical patients in this environment, we're aiming to reduce both waiting times and instances of cancelled procedures. Our ambition is to make cancellations a Never Event. Monday 14th October saw the first ENT list at UHL run smoothly and five patients were successfully treated. If they were treated at UHW, the procedures would have potentially been cancelled due to the high levels of emergency pressures that day. The success of this transfer of services lays a strong foundation for further developing a surgical centre in Llandough with additional theatres and wards in the future.</p>	<p>Reducing Plastic Waste</p> <p>Across the UHB, the wipes used during patient washes tend to contain around 85% plastic, which means they are not bio-degradable. According to their figures, the critical care team used nearly 8,000 packs of these plastic-based wipes over a 12 month period, which they calculated to be around 1.3 tonnes of plastic waste going to landfill and 8 tonnes of wet waste entering the waste stream.</p> <p>It was clear to the team that this practice was unsustainable so they set out to make changes. It may seem like a simple change to begin to use bio-degradable wipes but in a clinical environment, especially one like critical care, there are many different factors to consider. The team had to source a plastic-free wipe which didn't compromise hygiene and make sure that it was available at no extra cost. The process to introduce the new type of wipe was comprehensive and all staff were informed about the changes ahead of time. The team sourced new wipes which are plastic-free, made in the UK from recycled newspaper, and able to be macerated. This has led to a reduction in the UHB's wet waste and plastic waste output, a reduction in macerator blockages at UHW and reduced our carbon footprint regarding transport costs</p>

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Unscheduled Care														
EU waits - 4 hours (95% target)	IMTP 19/20 profile	-	90.0%	90.0%	90.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	90.0%	90.0%	90.0%
	19/20 Actual - Monthly	84.3%	85.2%	85.2%	82.6%	83.8%	83.7%	82.1%						
EU waits - > 12 hours (0 target)	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
	19/20 Actual - Monthly	34	51	65	84	56	61	139						
Ambulance handover > 1 hour (number)	IMTP 19/20 profile	-	180	100	50	50	100	100	150	150	150	150	150	150
	19/20 Actual	189	136	200	330	244	222	357						
Ambulance - 8 mins red call (65% target)	19/20 Actual	77.6%	78.2%	76.7%	79.0%	74.6%	75.1%	72.2%						
Delayed Transfers of Care	IMTP 19/20 profile	-	48	48	40	40	40	35	35	35	40	40	40	35
	19/20 Actual	37	42	49	46	45	38	46						

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Planned Care														
RTT - 36 weeks (Target = 0)	IMTP 19/20 profile	-	350	350	275	650	650	550	450	400	300	200	125	0
	19/20 Actual	327	690	657	604	638	996	683						
RTT - 26 weeks (Target = 95%)	IMTP 19/20 profile	-	89.0%	89.0%	89.5%	89.5%	89.5%	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	92.0%
	19/20 Actual	87.9%	87.2%	86.2%	86.6%	87.0%	85.4%	85.2%						
Diagnostics > 8 weeks (Target = 0)	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
	19/20 Actual	41	158	110	21	30	56	51						
Therapies > 14 weeks (Target =0)	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
	19/20 Actual	0	1	5	0	0	5	38						
Cancer														
31 day NUSC cancer (Target = 98%)	IMTP 19/20 profile	-	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
	19/20 Actual	97.4%	95.1%	98.6%	97.2%	98.5%	98.6%	99.0%						
62 day USC cancer (Target = 95%)	IMTP 19/20 profile	-	93.0%	93.0%	93.5%	93.5%	93.5%	94.0%	94.0%	94.0%	94.5%	94.5%	94.5%	95.0%
	19/20 Actual	84.9%	85.2%	80.6%	74.2%	80.0%	88.0%	96.5%						

Report Title:	Board Equality Champion Role				
Meeting:	Strategy & Delivery Committee			Meeting Date:	14th January 2020
Status:	For Discussion	x	For Assurance	For Approval	For Information
Lead Executive:	Executive Director for Workforce and Organisational Development				
Report Author (Title):	Equality Manager				

Background and current situation:

It was agreed at the Strategy & Delivery Committee meeting on 3rd September 2019 that a paper should be presented to the Committee on the role of a Board Equality Champion.

The current Welsh Language Standards Group (WLSG) has the aim of mainstreaming the Welsh language across the organisation. The main responsibilities of the Steering Group are:

- To proactively engage and assist in the implementation of the Welsh Language Scheme and its action plan, providing steering and support for the organisation to mainstream the Welsh language
- Co-operating with internal staff and external stakeholders to help drive the organisation to provide a Welsh language healthcare service for patients, service users and the public.
- The group will be responsible for advancing the language within the organisation:
 - by ensuring that areas consider the language when providing quality healthcare.
 - promoting the Welsh language within the workplace and developing the bilingual skills of the staff.
 - sharing good practice across the organisation

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

. This paper discusses the benefits of such Board Equality Champion role as well as the potential for reinvigoration and review of the Welsh Language Standards Group.

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

ASSESSMENT

The Health Board has done some excellent work to ensure that the organisation makes real progress in moving beyond legal compliance and the requirements of the Equality Act 2010, the Well-being Future Generations Act 2015 and has already begun work on meeting the Welsh Language Standards placed on the organisation in 2019.

As the Health Board has the desire to want to build on this progress, it has become increasingly necessary to undertake three actions. Firstly, formally establish the role of a Board Equality Sponsor (Champion), who would have a specific role. The role of the Board Equality Executive sponsor (Champion) would be to take lead responsibility for equality, inclusion and Welsh language on behalf of the Executive Director for Workforce and Organisational Development.

The second action required is the establishment of a reformed and refreshed WLSG sub group of the Strategy and Delivery Committee called the Equality Strategy and Welsh Language Standards Group (ESWLSG). This group requires senior managers to become members who have the scope to not only make decisions but also to implement change. They would act as the Board's main contact regarding equality, inclusion and Welsh language whilst working with the Equality Manager and team to help develop strategy and policy. (Please see Appendix 1). The ESWLSG would be responsible for setting the strategic direction for the embedding of Equality, inclusion and Welsh Language across the UHB in service delivery, employment practice, patient and public involvement, commissioning services and partnership arrangements. The Executive Board Equality Sponsor would provide leadership on the development, implementation and monitoring of the equality, inclusion and Welsh language policies and strategies. To ensure that both the equalities and Welsh language standards are fully discussed, the ESWLSG, would utilize an approach where meetings would alternate discussions.

The third action is the development of (at an operational level) local champions drawn from each Clinical Board; Corporate services, staff representation and employee equality networks, who would be responsible for promoting and advancing the equality and Welsh language agenda.

Embedding Welsh language, equality and diversity practice in all we do is not only a core part of being a good, supportive employer, but also provides a strong foundation from which to continue our progress. The Health Board values the contribution of its employees in the delivery of health services to our local communities. As an employer, the Health Board is committed to equality and Welsh language, treating all staff with dignity and respect, supporting them to reach their full potential at work. The Health Board also recognises that a diverse organisation with a range of abilities, experience and skills is more likely to be sensitive to the needs of the diverse community which we serve.

Having such a group as the ESWLSG is recognised as playing a central role in encouraging the promotion of Welsh Language, equalities and inclusion within organisations and should be formally represented on the Strategy and Delivery Committee. It would be a positive and active demonstration that the organisation is one where the culture is to embrace core values such as respect, positive attitudes, behaviours, good communications and accessibility. Also, it would be a very visible declaration of the organisation's commitment to equality and the legislative Welsh language standards.

ASSURANCE would be provided by the following actions:

- Reforming the Welsh Language Standards Group to progress the Equality and Welsh Language agenda
- Scrutiny and leadership on a Board level through the Director for Workforce and Organisational Development chairing the group.

Recommendation:

The Committee is asked to:

- note the content of this report
- support the three actions contained within this report

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

BOARD SPONSOR FOR EQUALITY ROLE DESCRIPTION

1. The Principal responsibility of the Board Sponsor for Equality

1.1 In addition to their responsibilities as a Board member the Board Champion will take a lead in equality and Welsh language, working with the Equality Manager and team to help develop strategy and policy.

2. Representing the Board

2.1 To take a lead responsibility for equality and Welsh language champions who act as the Board's main contact regarding equality issues.

2.2 To be consulted on the development of equality strategy and policy prior to consideration by the Board.

2.3 To Chair the Equality Strategy and Welsh Language Standards Group and offer a Board members perspective as and when required, and to share information and communicate progress/issues back to the Board.

2.4 To be an advocate for the implementation of best practice regarding equality at Board level.

2.5 To promote and help raise the profile of equality with partners.

3. Working with Staff

3.1 To support the Equality Manager in the preparation of strategies/action plans

3.2 To offer an advanced level of scrutiny on proposals prior to consideration by the

3.3 To support joint working between Board members and staff.

3.4 To ensure that Board members roles and responsibilities do not cross in to the operational duties of the senior members of the ESWLSG.

Report Title:	Staff Survey Employee Stakeholder Group				
Meeting:	Strategy and Delivery Committee			Meeting Date:	14 Jan 2020
Status:	For Discussion	x	For Assurance	For Approval	For Information
Lead Executive:	Executive Director of Workforce and OD				
Report Author (Title):	Workforce Governance Manager				

Background and current situation:

Situation: In January and April 2019 the Strategy and Delivery Committee received reports on the NHS Wales Staff Survey, its key findings and the creation of an Employee Stakeholder Group. Following three successful workshops and the collation of the main ideas suggested by the volunteers, a Staff Survey Steering Group was established and a more formal action plan (with owners, timescales and outcomes) developed.

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

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

This report summarises for the Committee the progress made against the action plan and plans for the next steps.

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

The Committee was previously advised that a wide range of communication tools were used to seek volunteers from across the UHB to be part of a working Group chaired by the Executive Director of Workforce and OD. Around fifty members of staff expressed an interest in being involved, and were invited to attend a series of three workshops during which the main issues were identified and suggestions of how we could address them were put forward.

The discussion focused on four main themes:

- Engagement
- Leadership
- Culture and Values
- Involvement

Following the workshops, a Staff Survey Steering Group was established to oversee progress against the actions and ensure that engagement with employees continued. This is also Chaired by the Executive Director of Workforce and OD and the other members include 'owners'

of the agreed actions, the Chair of Staff Representatives, the Assistant Director of Organisational Development, the Assistant Director of Patient Experience.

The informal 'action plan' developed at the workshops has been further developed and formalised to include leads, timescales and deliverables, and progress has been tracked and monitored by the Group on a regular basis. Good progress has been made against the plan, with most actions either complete or on track, and plans are in place for the delivery of the two overdue items for early 2020. This updated version of the action plan is attached as Appendix 1. A newsletter has also been developed to inform the wider UHB of progress made, and this will be published early in the New Year. A draft version of the newsletter is attached as Appendix 2.

No decision has been reached at present regarding whether or not there will be another National Staff Survey in 2020. It is likely that if this does not occur the UHB will undertake a local assessment of staff engagement. In the meantime the Staff Survey Steering Group will continue to meet regularly to drive and monitor improvements, influence the next survey (local or national) and encourage participation

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

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term		Integration		Collaboration		Involvement	x
Equality and Health Impact Assessment Completed:	Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>								

Appendix 1 - #CAVYourSay: Staff Survey Steering Group Action Plan

	Description	Action	Owner	Timescale	status	Outcome
Theme 1	ENGAGEMENT (Enhanced communication and engagement - accessibility and quality)	Communication to organisation to keep them up to date and ask for further volunteers/ participation	Martin Driscoll	Rolling programme	On track	Letter sent to volunteers involved in workshops update on themes to UHB via CAVYouHead, ESR Portal, internet, social media Specific actions/responses publicised using #CAVYourSay hashtag (e.g. streamlined policies, workplace flexibilities) Plans in place to promote benefits of taking part in survey (outcomes) for early 2020 to encourage greater participation in next survey (including newsletter for staff) #CAVYourSay hashtag used to align other engagement activities with this work (e.g. inclusion, pulse surveys)
		Improve departmental communication by encouraging more team Facebook/WhatsApp groups	Carl Rogers	September 2019	Overdue	Guidelines under development by Communications team – needs to include Welsh Language elements. Comms team are keeping a list of all enquiries for Twitter account etc and record of all official & known unofficial social accounts/groups maintained. Comms team act as admin for all official social media groups List also developed of internal/department team meetings, newsletters etc to enable key messages to be promoted more widely
		Option for staff to receive CAVYouHeard newsletter sent to their personal email addresses	Carl Rogers	August 2019	Complete	Option now available (especially for staff who do not have work email addresses) Publicised on payslips August 2019 – but no requests. Will be promoted again December 2019 through Facebook groups etc.
		Improved access to e-communication e.g. email addresses for band 5 nurses	Martin Driscoll	2020	On track	Discussions have taken place with David Thomas and the Executive Team. Currently with David Thomas to take forward but no timescale is available at present
		Publicise ESR App and its benefits	Rachel Pressley	July 2019	Complete	MyESR App, 'how to' guides and ESR Hub publicised using #CAVYourSay hashtag on internet, social media, ESR portal and newsletter
		Support/develop the right people to lead engagement –	Rachel Gidman	Rolling programme	On track	A range of leadership, cultural and transformational activities are taking place across the Health Board including: <ul style="list-style-type: none"> • Learning Alliance with Canterbury • Amplify 2025 • Leadership styles & the climate it creates (Kornferry) • 'Right Bed, First Time' • Showcase (2020) • Spread and Scale Academy

2	LEADERSHIP	Support development of new managers	Ceri Butler	Rolling programme	On track	<p>A new suite of Leadership & Management development opportunities (including compassionate leadership) have been developed for all levels of UHB staff:</p> <ul style="list-style-type: none"> • First Steps To Management - To help new and existing supervisors develop key supervisory and management skills • Essential Management Skills – for aspiring and existing managers to develop the essential skills required by all managers • OPER8 – a development programme for new and experienced Clinical Board Operational Managers • ACCELER8 – introduces leaders to the business of caring within the whole health and care system • INTEGR8 – introduces staff to the concept of leadership and service improvement within the health and social care system • COLLABOR8 – a one day programme that assists participants in building positive working relationships with people • Leading Through Inclusion – a leadership programme that focuses on the diversity of our organisation and challenges staff to lead with an inclusive culture • Values Based Appraisal Training – sessions for managers on using the new process to measure values and behaviours alongside performance objectives, developing a person centered approach around appraisal, talent management and succession planning in the organisation. Information sessions for staff are also available • Values Based Recruitment Training - to provide all recruiting managers with the skills and tools to conduct values based recruitment (VBR).
		Launch of online toolkit to signpost new managers to tools and resources they need	Rachel Pressley	September 2019	Overdue	e-booklet currently under development and due for testing with volunteers from the original workshops in January 2020. Anticipated launch date March 2020
		Day in the Life.... programme (Execs to spend time on the front line)	Carol Falcon / Rachel Pressley	October 2019	On track	<p>Launched – good response from wide variety of Directorates (14)</p> <p>Visits to commence early 2020</p>
3	CULTURE & BEHAVIOURS (work related stress, bullying, harassment)	Engage with staff representatives to encourage staff to use the Freedom to Speak Up Helpline	Angela Hughes	June 2019	Complete	<p>Attended staff side meeting to engage / inform trade union representatives</p> <p>F2SU drop in sessions in UHB information centres to commence early 2020 (volunteers identified to run them)</p>

		Review F2SU webpages	Rachel Pressley	July 2019	Complete	<p>Pages reviewed and redesigned by Assistant HR Officer to improve accessibility</p> <p>Average monthly hits for 6 months preceding review was 135. Average monthly hits for 4 months since review is 440</p> <p>New report with trend field set up within Datix to enable patterns to be reviewed. In coming weeks a new Dashboard will be set up which can report on all F2SU activity in various formats</p> <p>Looking into option of developing an app for raising concerns</p>
		Invest in Employee Wellbeing	Rachel Gidman	December 2019	Complete	<p>Successful bid submitted to Health Charity to provide additional resources for Employee Health and Wellbeing - recruitment process currently underway for 2 Band 6 Counsellors. 2 Band 4 Asst Psychology Wellbeing Practitioners due to commence on 9 December 2019. They will provide low intensity interventions (a new development for the service) and will deliver practice and preventative wellbeing initiatives.</p> <p>Other staff wellbeing initiatives include development of a new Employee Health and Wellbeing Policy, CAV a Coffee, Menopause Cafe, mindfulness sessions, health and wellbeing days, and wellbeing workshops.</p>
		Train/develop our managers and leaders to deal with stress	Rachel Gidman	October 2019	On track	<p>New Stress Management Toolkit launched October 2019. Workshops for managers to be rolled out during first part of 2020</p>
		Increase employee voice	Nicola Marvelley	Rolling programme	On track	<p>Number of Pulse Surveys undertaken in Clinical Boards (including Emergency Unit, St David's Hospital Cardiac Physiology, Phlebotomy, Radiology, Med Physics, Clinical Engineering, Prescribing, Primary Care, District Nursing, Assessment Unit UHW, MEAU UHL, Rheumatology)</p> <p>Engagement Groups (PCIC, Surgery, under development in CD&T)</p> <p>Engagement Workshops with ward staff (Medicine)</p> <p>Clinical Board Local Partnership Forums with staff representatives</p> <p>Newsletters / social media groups / team meetings with senior staff</p>

4	INVOLVEMENT (improving responses to next survey)	Influence All-Wales Group (clear questions, anonymity, length, incentives)	Ceri Butler	2020	Not due yet	No decision reached yet about whether or not there will be a National (Wales) survey in 2020. If not, it is likely that the UHB will conduct a local survey.
		Create plans for responding to next survey in advance (including timescales, promotion etc)	Martin Driscoll	2020	Not due yet	Change of emphasis from December 2019 for staff survey steering group – focus will now be placed on preparation for and responsiveness to the next staff survey (due 2020)
		Attend staff side meetings to promote involvement and get their support for the next survey	Rachel Gidman	2020	Not due yet	Will also promote TU participation through LPF and Workforce Partnership Group
		Create Staff Survey Champion Programme	Ceri Butler	2020	Not due yet	
		Develop comprehensive communication plan to raise awareness and encourage participation	Carl Rogers	2020	Not due yet	To include reminders of positive outcomes following 2018 survey
		Apply for funding for Health Charity for tablets to encourage survey responses at pop-up stands	Ceri Butler	2020	Not due yet	

#CAVYourSay

In 2018 NHS Wales had a Staff Survey. In Cardiff and Vale UHB we had a response rate of just 23% but we were able to identify some key themes. You told us about some areas you thought weren't good enough – we've listened and these are some of the things we've done to make a difference.



More than 50 people volunteered to participate in a stakeholder group to use the survey results to make a difference for our staff and patients. We have had three workshops and created objectives and actions around the following themes:

- Engagement
- Leadership
- Culture & Behaviour
- Involvement

We'd like to say a very big THANK YOU! to everyone who showed their enthusiasm with this.

Freedom to Speak Up

You told us that:

- 18% of you had experienced harassment, bullying or abuse at work from managers or colleagues in the preceding 12 months
- 94% of you knew how to report harassment, bullying or abuse at work
- 48% of you believed the UHB takes effective action if staff are harassed, bullied or abused by other members of staff



We understand it is not easy to raise a concern and can be difficult to know what to do if someone does speak out to you. The Freedom to Speak Up helpline is there for you to contact on F2SUCAV@wales.nhs.uk or 02921 846000 – please get in touch we want to listen!

This year we improved the F2SU webpages – we now have an average of 440 hits per month (up from 135 hits per month)

We have now made a commitment to investigate and respond to all concerns within 30 days

'Thank you for looking into this so quickly, much appreciated'
'Thank you for your email and for keeping me updated with this. It is reassuring that employees' concerns are taken into account!'

A Day in the Life...

Only 35% of you believe that senior managers understand what it is like to work on the front line. We are looking for areas to invite an Executive Director to work a shift with them. This is your chance to tell them what it's like in your area and give you and the Execs the chance to exchange open, honest and meaningful feedback, build relationships and make tangible improvements to our patients' care and experience.

Making things simpler

You raised concerns about some of our Employment (HR) Policies – we've taken this on board and have made some changes.

WHAT HAVE WE DONE?

We have reduced the number of our local UHB employment Policies to 6. These set out our organisational commitments and what we are aiming to achieve. Each of them is supported by a number of Procedures which describe the processes to follow, roles & responsibilities, and any entitlements or obligations. This will mean less duplication, more transparency and information which is easier to understand.



The new policies and the supporting procedures are:

- Recruitment & Selection Policy** – Recruitment, DBS, Relocation Expenses, Professional Registration & Fixed Term Contract Procedures
- Adaptable Workforce Policy** – Retirement, Working Times, Flexible Working, Redeployment, Annual Leave & Loyalty Award Procedures. We also hope to have Ad-Hoc Home/Mobile Working Guidelines very soon
- Learning, Education & Development (LED) Policy** – Mandatory Training, Study Leave, PADR & Academic Malpractice Procedures
- Equality, Diversity and Human Rights Policy** with the Supporting Trans Staff Procedure
- Employee Health and Wellbeing Policy** – Management of Stress, Management of Alcohol/Substance Abuse, Domestic Abuse and Industrial Injuries Procedures
- Maternity, Adoption, Paternity & Shared Parental Leave Policy** with Procedures for each of these elements plus Maternity Risk Assessment and Combining Breastfeeding and Returning to work

There are also a small number of stand alone documents covering issues like death in service, payroll over/underpayment, new and changed jobs and professional abuse

These new Policies have been approved and can be found on the WOD Policies page on CAVWEB. There will be a short transition period when some of the old topic specific policies will still be in place while we review all the Procedures so bear with us while we finish this piece of work.

The ALL-WALES POLICES remain unchanged and continue to apply to us and all other Health Boards in Wales

ESR



You told us you didn't like ESR – you said that it was difficult to use, hard to access as the computer isn't always available and that there isn't always someone available to talk to when you had issues.

Did you know...?



The MyESR App gives you access to Employee Self Service, your Total Reward Status and much more from your mobile phone or tablet – download the My ESR App via the App Store



There are a series of 'how to guides' which walk you step by step through everything you need to do on Employee and Manager Self Service
<https://www.esr-education.online/how-to-guides>



The ESR Hub is a one stop shop for Employee Self Service – you can email, phone or instant chat during office hours.
<http://www.cardiffandvaleuhb.wales.nhs.uk/esr-hub>

For more information please visit the ESR section of our website at:
<http://www.cardiffandvaleuhb.wales.nhs.uk/esr-guides>

Did you know that it is possible to receive the UHB's weekly newsletter 'CAV You Heard' even if you don't have a UHB email or would like the newsletter sent to another email address? Please email news@wales.nhs.uk with your details and we will ensure you receive future editions.



A **Line Manager's Induction Toolkit** is being developed – this will help recently appointed managers during the first few weeks and months in their new role, but will also support established line managers by signposting them to many of the resources they need in the management of their staff.

You told us that there was no consistent message around using social media within teams. Guidance is being drawn up and will be issued soon



Recently the UHB have engaged with Neyber who support the **financial wellbeing of staff**. Financial benefits will include:

- Financial Education - Tools, guides and tips to help you manage your money better
- Affordable Loads - 4 simple fixed rates with repayments deducted from your salary
- Savings and Investments - A range of accounts that make investing easy



You told us that while you felt supported and valued in some areas this was not true across the whole UHB. You said that we needed to work in a more flexible way.

We have lots of different flexible working options and other benefits which can help you with your work life balance. They aren't all suitable for all areas or roles, but if you want to know more talk to your manager, HR or your Trade Union Representative



You may be able to take 1 or 2 weeks **Additional Annual Leave** without taking the big dip in salary that you get when you take unpaid leave by spreading the cost over the year. You will be asked to confirm the dates in advance so your manager can make plans to ensure that it doesn't compromise our patient care or cost the UHB more money. If they can't ensure this then your request won't be supported.

Staff with children can take up to 4 weeks unpaid **Parental Leave** per year to help them look after their child's welfare. This might include helping them settle into a new school/childcare arrangements, visit grandparents or simply spend more time together. Parental leave is usually taken in blocks of whole blocks.

A **Voluntary Reduction in Hours** enables staff apply to temporarily reduce their hours by 5 to 50% for a period of between 3 months and a year. Managers are encouraged to accommodate this whenever possible. Your original contractual hours will be protected so you can return to them at the end of the agreed period

The **Flexible Working Procedure** contains more traditional flexible working practices such as part time working, compressed hours, flexitime etc. All staff with more than 26 weeks service have a right to apply for flexible working and your manager must seriously consider the request. If they can't accommodate it they must write to you explaining why.

The **Voluntary Early Release Scheme** is still open to staff who have been employed by the UHB for at least one year. If you are interested you should discuss this with your manager as it is not an automatic right and the department will not be able to replace you.

New Occasional Home/Mobile Working Guidelines have been introduced to support staff who sometimes wish to work away from their usual base.

- Stress -

Stress and feeling under pressure were recurring themes in the survey. Levels of work-related stress have significantly worsened: 34% of staff said that had been injured or felt unwell as a result of work-related stress during the previous 12 months.



The Health Charity has agreed to support additional resources within Employee Health and Wellbeing. Two more Counsellors and two Assistant Psychology Wellbeing Practitioners are being recruited. The Assistant Psychology Wellbeing Practitioners will provide low intensity interventions and preventative wellbeing initiatives.

The UHB's Stress Risk assessment has been revamped to make it more user friendly for both staff and managers. A new Stress Risk Assessment Aid has also been developed to give some example questions to consider and possible solutions. To support the new format, a number of workshops are being held across the UHB to provide managers with information on stress and guidance on how to use the stress risk assessment.



Embedding Our Values

88% of you know and share the UHBs values

Values Based Appraisal (VBA) is being rolled out across the UHB. It is a focussed conversation around your development, the value you bring, and the position(s) that best suit your skills now and in the future. Training is available for managers and covers the new process to measure values and behaviours alongside performance objectives, developing a person centered approach around appraisal, talent management and succession planning in the organisation. Information sessions for staff are also available.

Values Based Recruitment (VBR) is an approach which attracts and recruits people on the basis that their values and behaviours align with those of the Organisation. VBR training aims to provide all recruiting managers with the skills and tools they need.



Culture and leadership

The UHB has developed a learning alliance with Canterbury Health Board (CHB) from New Zealand to learn about the significant cultural and system improvements they have achieved over the last 10 years. They have benefitted from improved staff morale and culture with a high trusting environment and a person centred approach.

We have designed a similar programme of work to develop our own health system for the benefit of patients and staff. The 'Amplify 2025' engagement event was the first step in this process.



It enabled 80 leaders to think differently about delivering healthcare, ensuring we put the person 'Wyn' at the heart of all our decision making.



The UHB is in the process of establishing a 'showcase' experience at which up to 5000 members of our community will experience a 2 hour walk through of our current and future models of care

The showcase is designed to amplify the awareness and pace of our strategy 'Shaping our Future Wellbeing', ensuring its delivery by 2025.

Leadership and Management Programmes

A new suite of Leadership & Management development opportunities have been developed for all levels of UHB staff



FIRST STEPS TO MANAGEMENT - To help new and existing supervisors develop key supervisory and management skills

ESSENTIAL MANAGEMENT SKILLS – for aspiring and existing managers to develop the essential skills required by all managers

OPER8 – a development programme for new and experienced Clinical Board Operational Managers

ACCELER8 – introduces leaders to the business of caring within the whole health and care system

INTEGR8 – introduces staff to the concept of leadership and service improvement within the health and social care system

COLLABOR8 – a one day programme that assists participants in building positive working relationships with people

LEADING THROUGH INCLUSION – a leadership programme that focuses on the diversity of our organisation and challenges staff to lead with an inclusive culture



#CAVYourSay!

Not everyone who filled in the survey believed that we would do anything with the results...

Issues are often raised ...and although she listens to what is being said nothing ever changes

My manager does not listen to my concerns about my work



There are too many people trying to manage ... too little listening to those of us on the ground.

I feel this survey is a waste of time as it never feels like we are listened to

We do want to hear your views! Since the Staff Survey we have conducted a number of events or initiatives to give you the opportunity to speak out:

Pulse surveys in specific areas or about specific issues

Follow up workshops to discuss the issues raised more detail

Engagement groups and Local Partnership Forums

Informal walkabouts, coffee sessions

Health and Wellbeing promotional activities

Tailored management training

Specific team development activities

Celebratory and Recognition events

So what next ?

We are waiting to find out if there will be another National Staff Survey next year – if not it is likely that we will do something locally so we can see what has changed, what has stayed the same and what we need to improve on.

In the meantime we will keep working hard to ensure that that issues you raised with us are addressed and answered.

Thank you to everyone who got involved last time round – please continue to have your say through pulse surveys and the other avenues for speaking out.

Thank you!



Report Title:	Key Organisational Performance Indicators					
Meeting:	Strategy & Delivery Committee				Meeting Date:	14/01/20
Status:	For Discussion		For Assurance	√	For Approval	For Information
Lead Executive:	Chief Operating Officer					
Report Author (Title):	Assistant Director of Operations (Performance)					

Background and current 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).

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 provides a high level summary of the IMTP delivery profiles for key operational performance targets for 2019/20 and year to date performance.

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

- Consultant capacity, adversely affected from national Pension/Tax issues, continues to affect Planned Care (RTT & Diagnostic) performance. This is a UK-wide pressure.
- Unscheduled Care performance continues to be challenging in the context of continued demand increases. The available performance data from across NHS Wales suggests that the UHB is managing these pressures comparatively well.
- The UHB has implemented its Integrated Winter Plan, bringing forward some schemes to respond to prevailing pressures.
- 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.

Assessment and Risk Implications

The tables in Appendices 1 and 2 provide the year to date performance for 2019/20 against the Health Board's IMTP delivery profiles.

Planned Care overview (Appendix 1)

The Health Board did not achieve its monthly IMTP **referral to treatment times** commitment in October and November. The reported position for November was 1,222 breaches greater than 36 weeks, an in-month deterioration of 300.

As reported at the last Committee, in common with the rest of the NHS across the UK, the UHB is experiencing a major adverse impact on its capacity as a result of Pension and Tax issues in relation to Consultant Medical Staff. We estimate that this is reducing our monthly elective planned care capacity by approximately 280 cases per month.

In terms of **diagnostics**, the reported greater than 8 week position in November is 106 up from 88 in October. As with RTT, diagnostic capacity has been adversely affected as a result of the pensions and tax issue. The Health Board's aim remains to achieve and then maintain zero breaches.

In terms of **therapies**, there were 13 patients at the end of November who had waited over 14 weeks, down from 44 in October

97.8% of our patients met the **31 day target for Non Urgent Suspected Cancer** at the end of October against the IMTP target of 98%. 91% of our patients met the **62 day target for Urgent Suspected Cancer** at the end of October against the IMTP target of 94%. Our shadow reporting against the **Single Cancer Pathway** Target is 81.4% at the end of October.

Welsh Government targets for **follow-up outpatients** require Health Boards across Wales to reduce their total follow up waiting list volumes and the numbers delayed by over 100% of their target date both by 15% by March 2020. This is in addition to ensuring 95% of patients are assigned a target date by March 2020. We remain on course to deliver against these targets by the end of March 2020.

Mental Health – Following a period of exceptional demand in both Children's and Adult Mental Health in recent months, we are continuing to prioritise actions to manage these pressures. We did not achieve Part 1a compliance in October and November. Whilst adult compliance is well in excess of target (at 97% and 98% respectively), the increased capacity brought in to deal with the backlog in CAMHs brought overall compliance back to 79% and 74% respectively.

Unscheduled Care overview (Appendix 2)

The UHB, in common with the rest of the UK, continues to experience challenges in unscheduled care with higher than normal activity levels and admission. 600 and 727 more patients attended our Emergency Departments this October and November respectively compared to the same periods last year.

The continued pressure is impacting on unscheduled care performance. **4 hour Emergency Department (ED) transit time** performance for October and November was 81.84% and 77.20% respectively. **12 hour performance** this year is also being adversely affected and has risen significantly since August with 173 in October and 194 in November. Whilst performance against these two measures is below our IMTP profile, it remains amongst the best in Wales.

Ambulance handover waits over 1 hour were 470 in October and 529 in November, the highest level since February 2018.

Winter Resilience Update

The Health Board is required to have an Integrated Winter Plan in place working closely with system partners including WAST, Local Authorities and third sector organisations. C&V UHB led the development of this plan which was submitted to Welsh Government in accordance with their requirements. The plan was approved by our Board and was subsequently published on the Health Board's website.

At the time of writing, the plan is in the early stages of deployment. However, it is already known that the unscheduled care position over summer 2019 has been significantly more challenging than that of the previous year. As a result, a number of the winter schemes identified have needed to be brought forward for early deployment. The Tier 1 USC performance figures in this report show that the Health Board approaches this winter in a less resilient position. However, the performance reported remains a best in Wales position and above the average for England.

Early deployment of the winter plan has centered on 3 key areas. These include enhancing senior clinical decision maker capacity – particularly at our 'front door' services; strengthening primary care resilience and intermediate care capacity and commissioning 50 additional hospital beds to cope with a surge in demand for admissions.

As at 31 December 2019, these plans have remained on track (albeit some schemes require deployment ahead of plan). The pre-Christmas discharge profile showed a typical increase in discharge activity in the run up to Christmas Day. In the post-Christmas period activity and bed demand had risen significantly. Primary care OOH services have been particularly stretched and, at times, this has translated into additional pressure on secondary care services.

The Chief Operating Officer has initiated weekly meetings with LA Directors of Social Services to ensure a system response to pressures and to monitor deployment of plans agreed through the PSB - which received direct funding for winter pressures. Whilst the position in the week after Christmas is extremely challenging, at the point of writing, the Health Board was coping with pressures and continued to achieve a higher level of Tier 1 target compliance – relative to other Welsh organisations.

Given this is a position as at 31 December, most of the winter is yet to come. Despite coping until now, there have been periods where the system has been under significant pressure, resulting in an increased system risk and a potentially adverse impact on patient experience and outcome. Despite this, our clinical and operational teams have been remarkable in their efforts to continue to meet the needs of urgent and emergency care patients during this challenging period.

As with previous years, a full debrief on winter plans effectiveness will be provided to the committee and to the Board in the Spring.

Recommendation:

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

- Year to date performance for 2019-20 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:	Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>					



Performance against key operational performance targets 2019/20: Planned Care

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov
Planned Care										
RTT - 36 weeks (Target = 0)	IMTP 19/20 profile	-	350	350	275	650	650	550	450	400
	19/20 Actual	327	690	657	604	638	996	683	922	1,222
RTT - 26 weeks (Target = 95%)	IMTP 19/20 profile	-	89.0%	89.0%	89.5%	89.5%	89.5%	90.0%	90.0%	90.0%
	19/20 Actual	87.9%	87.2%	86.2%	86.6%	87.0%	85.4%	85.2%	85.3%	85.4%
Diagnostics > 8 weeks (Target = 0)	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0
	19/20 Actual	41	158	110	21	30	56	51	88	106
Therapies > 14 weeks (Target = 0)	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0
	19/20 Actual	0	1	5	0	0	5	38	44	13
Cancer										
31 day NUSC cancer (Target = 98%)	IMTP 19/20 profile	-	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
	19/20 Actual	97.4%	95.1%	98.6%	97.2%	98.5%	98.6%	99.0%	97.8%	Avail 01/01
62 day USC cancer (Target = 95%)	IMTP 19/20 profile	-	93.0%	93.0%	93.5%	93.5%	93.5%	94.0%	94.0%	94.0%
	19/20 Actual	84.9%	85.2%	80.6%	74.2%	80.0%	88.0%	96.5%	91.0%	Avail 01/01
SCP - with suspensions (NB: Shadow Reporting Data)	19/20 Actual				75.0%	72.0%	85.0%	81.0%	81.4%	Avail 06/01
Outpatient Follow Up										
OPFU - > 100% delayed (Target 15% reduction by 31/3/20)	19/20 Actual	78,516	86,371	77,921	78,195	79,381	79,599	79,112	76,652	79,641
OPFU - No Target date (Target 95% compliance by 31/12/19)	19/20 Actual	83%	83%	84%	83%	83%	83%	83%	82%	84%
Total OPFU waiting list (Target 15% reduction by 31/3/20)	19/20 Actual	236,106	247,987	232,153	233,642	235,331	236,351	236,502	234,439	233,853
Eye Care										
% R1 ophthalmology patients waiting within target date or within 25% beyond target date for OP appointment	19/20 Actual	-	51.4%	57.6%	58.0%	57.0%	58.6%	59.4%	59.3%	57.2%
98% of patients to have an allocated HRF	19/20 Actual	-	95.9%	93.6%	95.5%	95.9%	95.0%	96.7%	95.7%	95.2%
Mental Health										
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	19/20 Actual	75%	56%	50%	49%	42%	58%	80%	79%	74%
Part 1a: CAMHs only	19/20 Actual		19%	11%	9%	10%	4%	0%	11%	14%
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	19/20 Actual	71%	70%	56%	55%	62%	81%	80%	80%	84%

Performance against key operational performance targets 2019/20: Unscheduled Care

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov
Unscheduled Care										
EU waits - 4 hours (95% target)	IMTP 19/20 profile	-	90.0%	90.0%	90.0%	92.0%	92.0%	92.0%	92.0%	92.0%
	19/20 Actual - Monthly	84.3%	85.2%	85.2%	82.6%	83.8%	83.7%	82.1%	81.8%	77.2%
EU waits - > 12 hours (0 target)	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0
	19/20 Actual - Monthly	34	51	65	84	56	61	139	173	194
Ambulance handover > 1 hour (number)	IMTP 19/20 profile	-	180	100	50	50	100	100	150	150
	19/20 Actual	189	162	200	330	244	265	357	472	529
Ambulance - 8 mins red call (65% target)	19/20 Actual	77.6%	78.2%	76.7%	79.0%	74.6%	75.1%	72.2%	71.7%	66.7%
Delayed Transfers of Care	IMTP 19/20 profile	-	48	48	40	40	40	35	35	35
	19/20 Actual	37	42	49	46	45	38	46	65	61
Stroke										
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	19/20 Actual	53.5%	40.9%	43.3%	51.0%	50.0%	56.6%	45.0%	37.9%	23.3%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	19/20 Actual	73.1%	74.5%	76.6%	78.8%	66.7%	79.2%	95.1%	80.0%	71.7%
Patients receiving required mins for SALT (Target - Improvement trend)	19/20 Actual	57.1%	70.0%	61.6%	50.6%	61.1%	54.0%	61.6%	65.7%	63.9%

Report Title:	People Dashboard					
Meeting:	Strategy & Delivery Committee				Meeting Date:	14/01/2019
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Workforce & OD					
Report Author (Title):	Deputy Director of Workforce & OD/Workforce Information Systems Manager					

Background and current situation:

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

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

Attached at Appendix 1 is the Workforce & OD Key Performance indicators dashboard. The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce indicators.

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

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

Recommendation:

Strategy & Delivery Committee is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

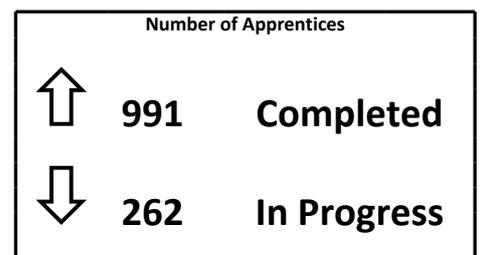
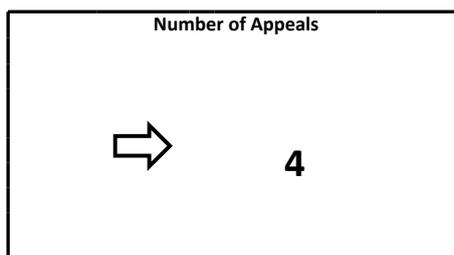
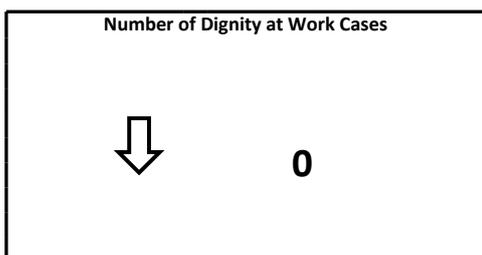
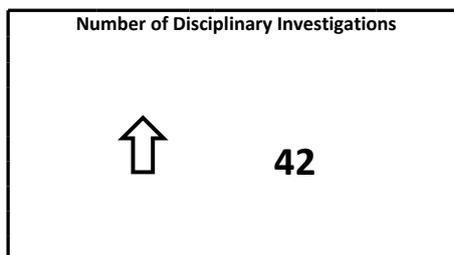
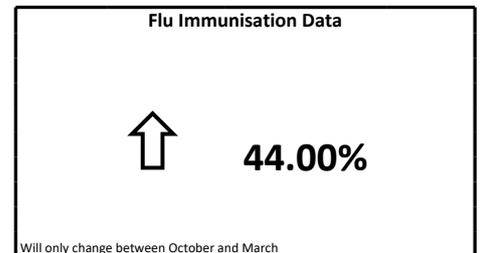
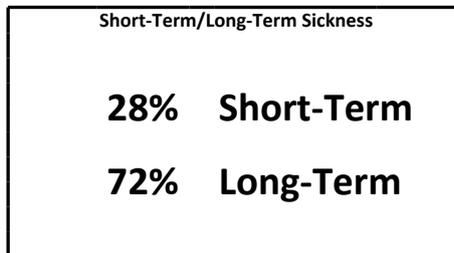
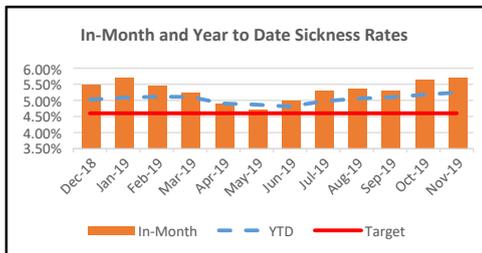
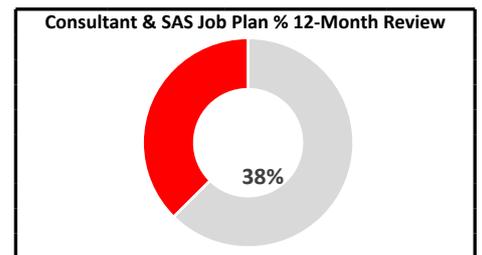
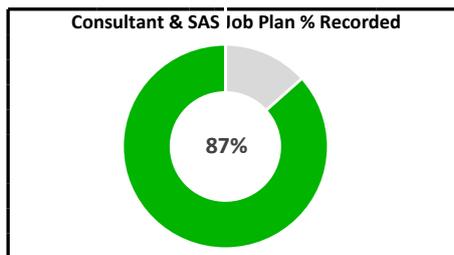
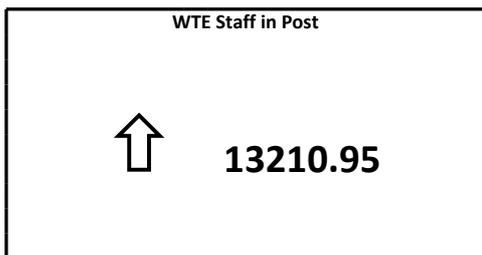
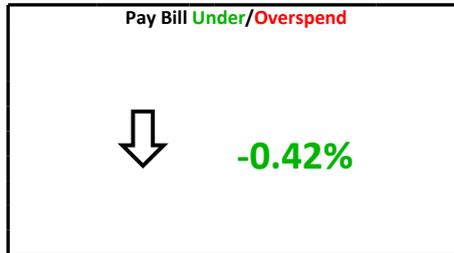
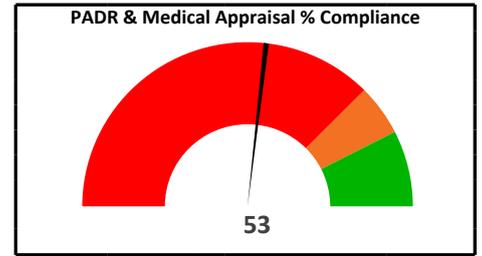
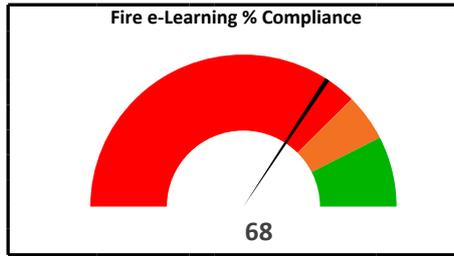
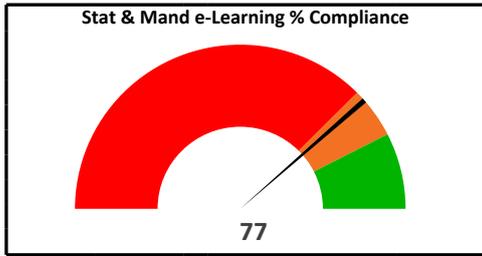
Five Ways of Working (Sustainable Development Principles) considered

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

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



Workforce Key Performance Indicators November 2019



Report Title:	Strategy and Delivery Committee – Terms of Reference					
Meeting:	Strategy and Delivery Committee				Meeting Date:	14th January 2020
Status:	For Discussion	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Approval	<input checked="" type="checkbox"/> For Information
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Background and current situation:

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

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

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

The Terms of Reference for the Strategy and Delivery Committee were last reviewed in February 2019 and approved by the Board in March 2019 therefore, only a few changes have been recommended.

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

The Terms of Reference for the Strategy and Delivery Committee have been reviewed by the Director of Corporate Governance. There are a limited number of changes to the document, these have been tracked and left in the draft so Committee Members can identify the changes that have been made since approval by the Board in March 2019.

Recommendation:

The Strategy and Delivery Committee is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



Strategy and Delivery Committee

Terms of Reference

Reviewed by Strategy and Delivery Committee: 14th January 2020

Approved by Board : 26th March 2020

1. PURPOSE

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

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

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

2 RESPONSIBILITIES OF THE COMMITTEE

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

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

Part A

Strategy and/or Strategic Intent

- 2.1 Shaping Our Future Wellbeing (SOFW).** Provide assurance to the Board that the overarching strategy (SOFW) of the UHB is being:
- a. Reviewed and progressed as intended, within the appropriate timescales to achieve desired outcomes.
 - b. Provide assurance that key milestones identified in SOFW are being delivered.
 - c. Provide assurance that SOFW is actively embedded and continually refreshed within the organisation
 - d. Provide assurances that significant risks associated with the delivery of the SOFW are being mitigated
- 2.2 National Strategies.** Provide assurance to the Board that the organisation is strategically aligned with Welsh Government's health and social care strategy which includes:
- a. The Wellbeing of Future Generations Act
 - b. The Social Care and Wellbeing Act
 - c. The Long Term Plan (Wales) arising in response to the Parliamentary Review (January 2018)

Part B

Development and Delivery of Plans that support Strategies

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

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

Part C

Performance

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

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

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

Part D

Other Responsibilities

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

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

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

3 GOVERNANCE

3.1 Delegated Powers of Authority

As described above.

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

3.2 Authority

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

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

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

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

3.4 Membership

Chair: Independent member of the Board

Members: A minimum of 3 other Independent member of the Board,
The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

3.5 Attendees

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

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

Trade Union representation from the Local Partnership Forum

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

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

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

3.6 Secretariat

Secretary: As determined by the Director of Corporate Governance

3.7 Member Appointments

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

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

3.8 Support to Committee Members

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

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

3.9 COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Withdrawal of individuals in attendance

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

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

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

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

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

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

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

4.1 REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

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

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

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

4.2 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (set within individual Terms of Reference)

4.3 REVIEW

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

DRAFT

Report Title:	Strategy and Delivery Committee – Annual Workplan 2020-21					
Meeting:	Strategy and Delivery Committee				Meeting Date:	14.01.2020
Status:	For Discussion	For Assurance	For Approval	x	For Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Background and current situation:

The purpose of the report is to provide Members of the Strategy and Delivery Committee with the opportunity to review the Strategy and Delivery Committee Work Plan 2020/21 prior to presentation to the Board for approval.

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

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

The work plan for the Strategy and Delivery Committee has been developed based upon the requirements set out in its Terms of Reference (also on the agenda). It ensures that the Committee will receive reports from Executive on the delivery of the IMTP, significant plans, supporting strategies and national strategies. The Strategy and Delivery Committee has a wide remit so it is important to ensure that there is no duplication between this Committee and other Committees of the Board.

Recommendation:

The Strategy and Delivery Committee is asked to:

REVIEW the Work Plan 2020/21;
APPROVE the Work Plan 2020/21;
RECOMMEND approval to the Board of Directors.

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



Strategy and Delivery Committee Work Plan 2018 - 2019 Approval - A Discussion - D Information - I	Lead Executive	12-05-20	14.07.20	15.09.20	10.11.20	12.01.20	09.03.20
PART A & B - Shaping Our Future Wellbeing Strategy (SOFW)							
Performance Against Delivery of IMTP							
1. IMTP - Annual review prior to approval by Board	AH				D		
2. IMTP - Review to provide assurance to the Board providing update upon: - Home First - Avoiding Waste, Harm and variation - Outcomes that matter to people - Empower the person	AH, SC, MD, FK, SW	D	D	D	D	D	D
3. Ensure that service provision, quality, finance and workforce elements are aligned and integrated	RW, RC,MD	D	D	D	D	D	D
4. Workforce Plan - annual review to scrutinise and provide assurance to the Board	MD				D		
5. Capital Plan - to provide assurance to the Board that major capital investments are aligned to SOFW	BC					D	
6. Risk to the Delivery of Shaping our Future Wellbeing (BAF risks associated with Strategy and Delivery Committee) - Workforce - Sustainable Primary and Community Care - Sustainable Culture Change - Capital Assets	NF	D	D	D	D	D	D
National Strategies:							
Ensure that the organisation is strategically aligned with the Welsh Governments health and social care strategy including:							
1. Wellbeing of Future Generations Act	FK		D				
2. Social Care and Wellbeing Act	SC				D		
3. The Long Term Health and Social Care Plan - A Healthier Wales	SC						D
Other Significant Plans:							
Scrutinise other significant plans associated with the delivery of SOFW to ensure they are implemented as intended including:							
1. Research and Development	SW	D					
3. Commercial developments	AH		D				
4. Infrastructure / Estates	BC			D			
5. Key service change proposals (As and when required)	AH						
6. Major consultations or engagements that support the delivery of SOFW (As and when required)	AH						

PART C - PERFORMANCE REPORTS							
Ensure that key performance indicators are on track and that actions are taken to correct unintended variations including:							
1. performance indicators (relevant to the Strategy and Delivery Committee) including workforce KPIs	SC, MD	D	D	D	D	D	D
2. Undertake closer scrutiny "deep dives" when considered appropriate	ALL	D	D	D	D	D	D
PART D - OTHER RESPONSIBILITIES							
1. Strategic Equality Plan - annual reivew with six month update (to include equality, diversity, human rights and welsh language)	MD	D					
2. Staff Wellbeing Plans are aligned to Shaping our Future Wellbeing	MD					D	
GOVERNANCE ARRANGEMENTS							
Minutes	NF	A	A	A	A	A	A
Action Log	NF	D	D	D	D	D	D
Approval of Policies (as and when required)	NF	A	A	A	A	A	A
Review Terms of Reference	NF	A	A	A	A	A	A
Committee Self Assessment	NF						A
Committee Annual Report	NF						A

Report Title:	Board Assurance Framework - Workforce				
Meeting:	Strategy and Delivery Committee			Meeting Date:	14th January 2020
Status:	For Discussion	For Assurance	X	For Approval	For Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Background and current situation:

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

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

The Board Assurance Framework has now been presented to the Board since November 2018 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 and Risk Implications (Safety, Financial, Legal, Reputational etc:)

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 January Meeting is **Workforce**.

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

Recommendation:

The Strategy and Delivery Committee is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



BOARD ASSURANCE FRAMEWORK 2019/20 – November 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	<p>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.</p>	Chief Operating Officer	Strategy and Delivery Committee
4. Safety and Regulatory Compliance	16	12	4	<p>Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board.</p> <p>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.</p>	Executive Nurse Director	Quality, Safety and Experience
5. Sustainable Culture Change	16	8	4	<p>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.</p>	Executive Director of Workforce and OD	Strategy and Delivery Committee
6. Capital Assets (Estates, IT Infrastructure, Medical Devices)	25	20	10	<p>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.</p>	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. Workforce

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.

Risk Date added: 12.11.2018	There is a risk that the organisation will not be able to recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale		
Cause	<p>Increased vacancies in substantive clinical workforce</p> <p>Requirements of the Nurse Staffing Act and BAPM Standards</p> <p>Ageing workforce</p> <p>Insufficient supply of Nurses at UK national level</p> <p>High nurse turnover in Medicine and Surgery Clinical Boards</p> <p>Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery)</p> <p>Changes to Junior Doctor Training Rotations (Deanery)</p> <p>Brexit</p>		
Impact	<p>Increase in agency and locum usage</p> <p>Increase in costs of using agency and locum</p> <p>Impact on quality of care provided to the population</p> <p>Rates above Welsh Government Cap (Medical staff)</p> <p>Low Staff moral and sickness</p> <p>Poor attendance at statutory and mandatory Training</p> <p>Potentially inadequate levels of staffing</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>Project 95% Nurse Recruitment and Retention Programme</p> <p>Medical international recruitment strategies (including MTI)</p> <p>Recruitment campaign through social media with strong branding</p> <p>Job of the week</p> <p>Staff engagement with recruitment drive</p> <p>Programme of talent management and succession planning</p> <p>Values based recruitment</p> <p>Medical Training Initiative (MTI) 2 year placement scheme</p> <p>Comprehensive Retention Plan introduced from October 2018</p> <p>Nurse Adaptation Programme commenced October 2018</p> <p>Plan in place for recruitment of overseas nurses</p> <p>Social Media Campaign and Open Days</p>		
Current Assurances	<p>Workforce metrics reported to Strategy and Delivery Committee</p> <p>High conversion rates from media campaign and Open Day</p> <p>Highest percentage of students in Wales applied to Cardiff and Vale UHB (23.2%)</p> <p>Nurse monitoring at Nurse Productivity Group (NPG)</p> <p>Medical monitoring at Medical Workforce Advisory Group (MWAG)</p> <p>Trajectory showing next vacancies in nursing</p> <p>Paediatric Surgery now fully established</p> <p>A & E fully established by February 2019</p> <p>Extra capacity put in place to deal with winter pressure – winter ward</p> <p>Student streamlining produced the biggest intake in Wales due to the way C&V recruit students and engagement.</p> <p>End of year establishment was at 96% with some outliers in Medicine and Surgery CBs</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls			
Gap in Assurances			

Actions	Lead	By when	Update since 26.09.2019
1. Internal Nurse Transfer Scheme	RW	31/08/2019	This is due to start in September 2019 – scheme has commenced
2. New social media campaign being developed for working on the bank	MD/JB	31/07/2019	Media Campaign due to be launched shortly – action complete
3. Nurse recovery plan for Medicine and Surgery as part of financial recovery plan and business case for international recruitment	SC	30/06/2019	Plan in place with 2 nd part of International Nurse Recruitment approved. This will continue until January 2020. Financial Savings still being monitored – action ongoing
4. To consider how resources are used going forward in nursing	SC	31/03/2020	Resources being considered alongside bed occupancy plans – action ongoing
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)

Key:

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

Report Title:	Staff influenza (flu) vaccination policy (update)				
Meeting:	Strategy and Delivery Committee			Meeting Date:	14/01/2020
Status:	For Discussion	For Assurance	For Approval	✓	For Information
Lead Executive:	Executive Director of Public Health				
Report Author (Title):	Consultant in Public Health				

Background and current situation:

Seasonal influenza (flu) is a common but potentially serious illness, which causes significant morbidity and mortality each year in Wales. UK studies have shown that the seasonal influenza vaccination lowers the risk of influenza infection in young adults and, when healthcare workers are vaccinated, lower rates of influenza-like illness, hospitalisation, and mortality in vulnerable patients in long-term healthcare settings are observed.¹ It has therefore been a UK-wide NHS recommendation for many years that staff with patient contact should be vaccinated against influenza each year, with a current Welsh Government target of 60% uptake.

The Chief Medical Officer (CMO) for Wales each year recommends annual vaccination of all staff with patient contact against influenza. With the exception of 2018/19, uptake has improved each year in Cardiff and Vale for the previous 5 years, with a significant increase during 2017/18 to take the UHB over the 60% uptake target for the first time (Figure 1, Appendix). Clinical Board uptake and improvement over this period has also varied significantly (Figure 2, Appendix). Uptake was 60.7% among frontline staff in 2018/19 (slightly lower than 2017/18). Uptake varied across Clinical Boards from 44.8% to 70.6%. Uptake in other Health Boards during 2018/19 ranged from 45.1% (Hywel Dda) to 62.4% (Aneurin Bevan). Cardiff and Vale UHB was ranked 2nd in 2018/19. In England, Seasonal influenza vaccine uptake (from all Trusts) aggregated by local NHS England team ranged from 64.0% to 82.2%

Introducing a policy on staff flu vaccination in 2015 was one measure in a wider rolling annual seasonal flu action plan to improve uptake among staff. Other key measures introduced at that time (which has continued into the current season) included the training and re-certification of 'Flu Champion' peer vaccinators, and regular feedback to Clinical Boards during the season on uptake among their staff.

Whilst some individuals do actively choose not to obtain vaccination even in light of the CMO recommendations, anecdotally there remain staff who are unaware of the recommendations or experience difficulties accessing vaccination. This policy aims to address these barriers, firstly to ensure all staff are aware of the recommendations around vaccination, and secondly eligible staff are able to access it in a convenient and safe manner.

The updated staff flu vaccination policy will ensure that all eligible staff are aware of the recommendations around vaccination, and are given the opportunity to access and receive the vaccine should they wish. It does not make vaccination mandatory.

¹ PHE (2019) [Seasonal influenza vaccine uptake in healthcare workers \(HCWs\) in England: winter season 2018 to 2019](#)

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

- Cardiff and Vale UHB has exceeded the national target for staff flu vaccination for the past two years; however uptake fell slightly in 2018/19 compared to 2017/18.
- In order to increase uptake beyond 65%, the UHB will need to continue to actively support and promote flu vaccination amongst staff groups. This includes active promotion of the staff flu policy, a proactive communication strategy, ongoing support for Clinical Board Flu Leads and improving the availability, accessibility and acceptability of flu vaccination amongst all staff groups, particularly those working in a frontline role.

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

Assessment

As 4½ years has now passed since the initial approval of the staff flu policy by the UHB People, Planning & Performance (PPP) Committee in 2015, it is time to update the policy according to current policy and advice.

Feedback has been gathered on the updated policy from the Employment Policy Sub-Group (25 Sept 2019). In addition, feedback on updates has been sought and incorporated from the C&V UHB Executive Director of Public Health, Immunisation Coordinator and the UHB Management Executive (23 Dec 2019).

Implementation of the revised policy will commence during the 2019/20 flu season, and be monitored through regular feedback of key performance indicators to CB leadership teams and the Chief Operating Officer during the flu season. This will comprise a detailed breakdown of uptake of flu vaccine by CB and staff group (which is already circulated each season), along with the percentage of staff who have confirmed they have received information and have been offered flu vaccine during the season. Performance against these measures will be included in CB Executive performance reviews during the seasonal flu season.

The primary source for dissemination of this policy within the UHB will be by email to senior management for cascade to all staff across the UHB at the start of each flu season, with a copy of the policy available on the intranet under both 'Policies and Procedures' and the Immunisation intranet pages. It will also be made available to the wider community and our partners via the UHB internet site.

Risk implications

- The national target for uptake of flu vaccination amongst frontline staff is 60%. If the UHB does not achieve 60% uptake, the risk of flu transmission between staff and between staff and patients/visitors is greater.
- Exposing staff and visitors to avoidable flu transmission, adversely affects population health in our area
- Unvaccinated staff increases sickness absence rates
- An uptake data profile is published regularly (usually fortnightly) throughout the flu season (Sept to March each year) which provides detail of uptake by Clinical Board and by staff group against the national target of 60% and compares to previous seasons. This allows continuous monitoring of whether staff flu vaccination uptake is on track. Overall UHB uptake amongst frontline staff is reported in March/April each year.

Recommendation:

The Board is asked to:

- **APPROVE** the updated staff influenza (flu) vaccination policy
- **APPROVE** the full publication of the staff influenza (flu) vaccination policy in accordance with the UHB Publication Scheme

APPENDIX

Figure 1. Uptake of staff flu vaccine in Cardiff and Vale UHB, 2011/12-2018/19

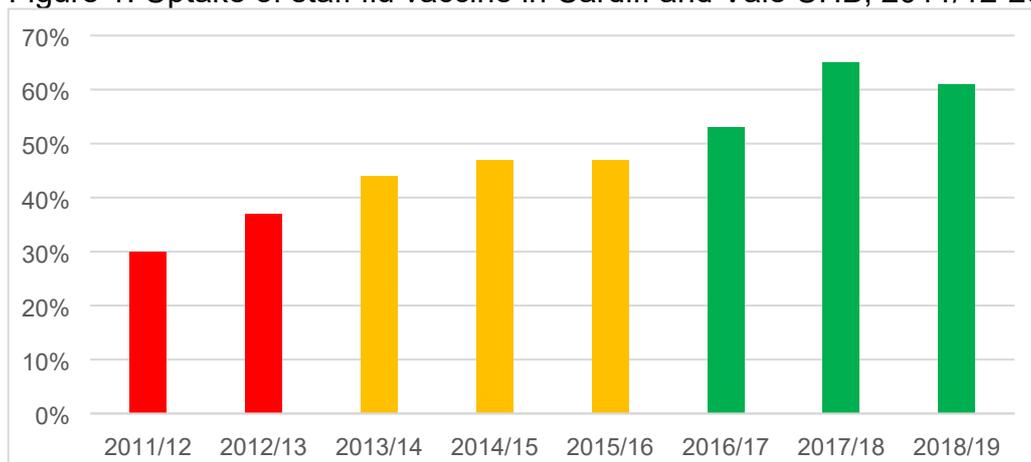
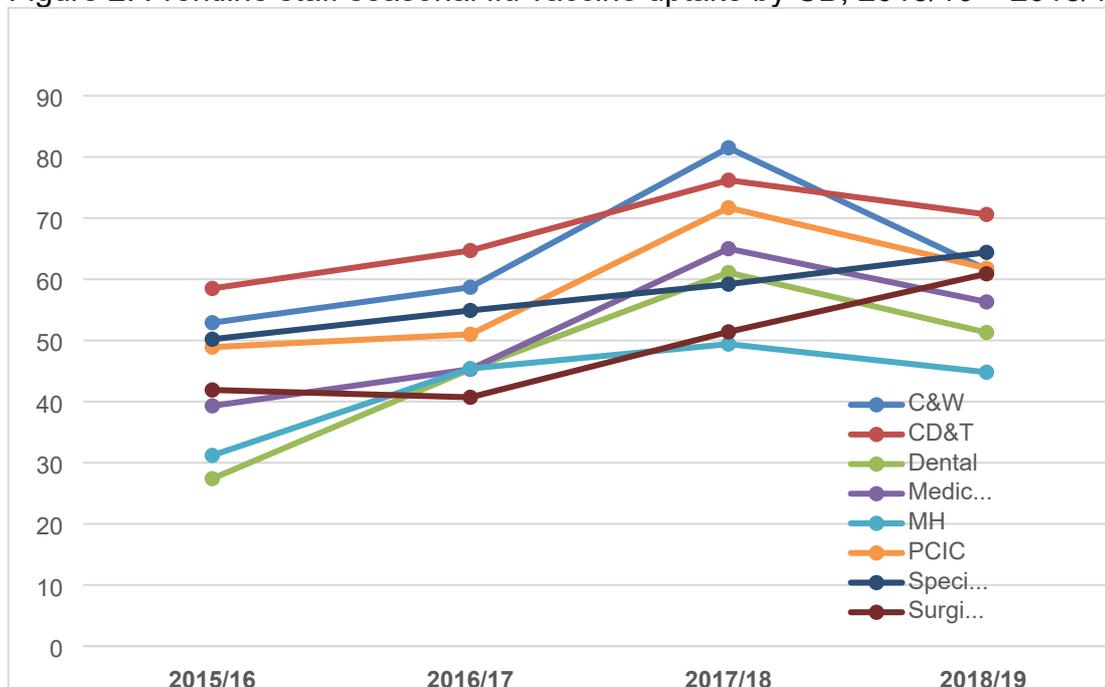


Figure 2: Frontline staff seasonal flu vaccine uptake by CB, 2015/16 – 2018/19



Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



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

Reference Number: TBA
Version Number: 1.11
Date of Next Review: July 2021
Previous Trust/LHB
Reference Number: N/A

Staff influenza (flu) vaccination policy

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure all staff are proactively offered seasonal influenza (flu) vaccination each year to protect at-risk patients, other staff and themselves from influenza-related morbidity and mortality.

Policy Commitment

- All staff (clinical and non-clinical) will be offered seasonal influenza vaccine free of charge during the period September to March each year. This applies to all staff employed by the UHB, including those with honorary contracts and volunteers.
- In exceptional circumstances (for example, where vaccine supply is limited or phased) it may be necessary to prioritise vaccination for high-risk clinical areas and/or frontline workers only.
- Clinical Boards and corporate departments in which eligible staff members work, are responsible for ensuring staff have been offered and are able to access vaccination
- Occupational Health will provide daily (Mon-Fri) drop-in vaccination sessions throughout the season, and sessions in high footfall areas, and on request at staff team meetings. Vaccination sessions will be offered at all main UHB sites.
- Clinical Boards will support staff working across different clinical areas to train and (or maintain their training through annual updates,) as 'Flu Champion' peer vaccinators, and Flu Supporters and to enable them to offer vaccination during the season to their eligible colleagues in the workplace
- Staff will be allowed time by their line manager during their working day / shift to receive the vaccination. Where managers find it difficult to release staff from their workplace for vaccination, managers should ensure arrangements are in place for Flu Champions to offer vaccination in the workplace.
- Line managers are responsible for ensuring all their eligible staff have confirmed they have received information on the evidence and rationale for the vaccination and an offer of vaccination. This should be evidenced by staff confirming they have returned to Occupational Health (on paper or electronically) the vaccination consent form, indicating that they have received this information and (a) give consent to receive vaccination; or (b) do not wish to receive the vaccination; or (c) have received a vaccination elsewhere (e.g. from their GP).
- The decision to be vaccinated or not is confidential to the member of staff and Occupational Health. Staff are therefore not required to share their consent form or its contents with their manager. Managers may request to know whether the form has yet been completed and returned by a member of staff.

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Version Number: 1.11		Date of Publication:

- When undertaking a Return to Work Interview as part of the NHS Wales Managing Attendance at Work Policy, staff can/will be asked if they have received their Flu Vaccination.
- The consent form will be available in paper and electronic forms and should be submitted to Occupational Health via the intranet, email or internal post when complete.
- Annual seasonal flu vaccination is strongly recommended for all staff with patient contact. All staff should have a recorded offer of vaccination.

Other supporting documents are:

Current Welsh Health Circular:

[Welsh Health Circular \(2019\) 015 The National Influenza Immunisation programme 2019-2020](#) (16 April 2019)

Influenza Policy letters for current and previous seasons:

<http://nww.immunisation.wales.nhs.uk/policy-letters-a-to-i>

Department of Health Green Book (2019). Influenza. Latest version:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf

Public Health England. Healthcare worker vaccination: clinical evidence (updated August 2014):

http://www.nhsemployers.org/~media/Employers/Documents/Campaigns/Flu%20fighter/Digital%20resources/Clinical%20evidence%2021%20August_1.pdf

General Medical Council. (2018) Guidance on supporting information for appraisal and revalidation:

https://www.gmc-uk.org/-/media/documents/rt---supporting-information-for-appraisal-and-revalidation---dc5485_pdf-55024594.pdf

http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp

(includes advice to include evidence of immunisation in supporting information as part of general information)

Royal College of Nursing 'Beat the Flu' webpages:

<https://www.rcn.org/beat-the-flu>

Scope

This policy applies to all staff (clinical and non-clinical), including those with honorary contracts and volunteers, in all University Health Board locations.

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed for this policy and found:

- Negative impacts
 - None
- Positive impacts

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	<ul style="list-style-type: none"> ○ All eligible staff (reduced incidence of influenza) ○ Patients / individuals coming into contact with vaccinated UHB staff, especially those patients in at-risk groups for influenza ○ Older people (staff and patients) ○ Children ○ Individuals with caring responsibilities ○ Individuals with a disability in contact with vaccinated health professionals ○ Individuals who are pregnant
Policy Approved by	People, Planning and Performance Committee on 15 September 2015
Group with authority to approve procedures written to explain how this policy will be implemented	N/A
Accountable Executive or Clinical Board Director	Executive Director of Public Health
<p><u>Disclaimer</u></p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
Draft v1		19 May 15	First draft
Draft v1.1		19 Jun 15	Second draft after feedback from Unison and initial feedback from Occ Health
Draft v1.2		6 Jul 15	Additional feedback from CBs – manager responsibility to ensure staff fill in documentation
Draft v1.3		9 Jul 15	Additional feedback from CBs – clarification that those with hon contracts and volunteers are included, updated with findings of EqIA and HIA
Draft v1.4		9 Jul 15	Confirmed will be submitted to PPP committee for approval
Draft v1.5		17 Aug 15	Suggested changes to wording after LPF discussion 11.8.15, highlighted in yellow on p1
Final draft v1.6	Submitted for approval	1 Sep 2015	Finalised for submission to PPP

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	by PPP committee		
1.7	Approved by PPP committee	18 Sep 2015	Removed 'draft' watermark, added review date of July 2016
1.8	Policy reviewed and updated	11 Sept 2019	<p>Policy reviewed and updated as follows:</p> <ul style="list-style-type: none"> • Updated vaccination period to Sept to Mar (previously Oct-Feb) • Addition of reference to Clinical Board Peer Supporter role • Change to Occupational Health role i.e. they do not visit workplaces to vaccinate (this is now undertaken by Clinical Board Flu Champions) • Addition of reference to Return to Work Interview as part of the NHS Wales Managing Attendance at Work Policy, when staff can/ will be asked if they have received their Flu Vaccination. • Updated supporting references • Merger of Equality Impact Assessment and Health Impact Assessment into Equality and Health Impact Assessment (as per revised policy template)
1.9		3 Oct 2019	<p>Changes following Employment Policy Sub-group discussion on 25.9.19;</p> <ul style="list-style-type: none"> • Addition of need to target high-risk clinical areas / frontline workers, where deemed necessary according to vaccine supply/phased delivery
1.10		31 Dec 2019	Suggested changes to wording after Management Executive discussion 23.12.19, highlighted in yellow including clarification that policy relates to all staff.
1.11		8 Jan 2020	Finalised for submission to Strategy and Delivery Committee.