

## Agenda

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### 1. Standing Items

*Michael Imperato*

#### 1.1. Welcome & Introductions

#### 1.2. Apologies for Absence

#### 1.3. Declarations of Interest

#### 1.4. Minutes of the Meeting held on 10th November 2020

 1.4 Unconfirmed Minutes NOVEMBER SR.pdf (13 pages)

#### 1.5. Action Log of the Meeting held on 10th November 2020

 1.5 Public Action Log SR.pdf (2 pages)

#### 1.6. Chair's Action taken following meeting held on 10th November 2020.

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### 2. Items for Approval

#### 2.1. Employment Policies for Approval

*Keithley Wilkinson*

- (a) Equality, Inclusion and Human Rights Policy

 2.1 (a) Equality, Inclusion & Human Rights Policy.pdf (2 pages)

 2.1 (a) Appendix 1 Equality, Inclusion & Human Rights Policy.pdf (5 pages)

 2.1 (a) Appendix 2 - equality policy ehia 2.pdf (36 pages)

#### 2.2. Update of Healthy Eating Standards for Hospital Restaurant & Retail Outlets

*Fiona Kinghorn*

 2.2 Healthy Eating Standards.pdf (4 pages)

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### 3. Items for Review and Assurance

#### 3.1. Tertiary Services Planning Update

*Abigail Harris*

 3.1 Tertiary Services Planning Update v2 (Abigail Harris (Cardiff and Vale UHB - Exec Dir Planning)).pdf (3 pages)

#### 3.2. Strategy & Delivery Dashboard

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*David Thomas*

📄 3.2 S&D Dashboard.pdf (7 pages)

### **3.3. Capital Plan Update**

*Abigail Harris*

📄 3.3 Capital Plan Update.pdf (3 pages)

📄 3.3 Appendix 1.pdf (34 pages)

### **3.4. Performance Reports**

*Steve Curry / Martin Driscoll*

- (a) Organisation Key Performance Indicators
- (b) Workforce Key Performance Indicators

📄 3.4 (a) Performance Report - Operational Indicators.pdf (6 pages)

📄 3.4 (b) Workforce KPI Metrics.pdf (3 pages)

📄 3.4 (b) Appendix 1 WOD KPI Report Oct-20.pdf (1 pages)

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## **4. Items for Noting and Information**

### **4.1. Service Change Update**

*Abigail Harris*

📄 4.1 Service Change v2 (Abigail Harris (Cardiff and Vale UHB - Exec Dir Planning)).pdf (3 pages)

📄 4.1 Appendix 1 Service change log C&VUHB 11.11.20.pdf (1 pages)

### **4.2. Staff Well Being Plans**

*Rachel Gidman*

📄 4.2 Staff Well Being Plans.pdf (6 pages)

### **4.3. Update on Mass Vaccination Programme**

*Fiona Kinghorn*

Verbal Update

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## **5. Review of the Meeting**

*Michael Imperato*

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## **6. Date & Time of Next Meeting: Tuesday 9th March 2021 at 09:00am Via MS Teams**

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	<p>The Executive Director of Strategic Planning (EDSP) raised that item 15/09/009 required an extension on the title to incorporate Avoiding waste, harm and variation.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee approved the minutes of the meeting held on 15<sup>th</sup> September 2020 as a true and accurate record pending the update.</p>	
<b>S&amp;D 20/11/005</b>	<p><b>Action Log following the Meeting held on 15<sup>th</sup> September 2020</b></p> <p>The Committee reviewed the action log and the following comment and update was made:</p> <p>The CC advised that most items had been completed on page 1 of the log and that items on page 2 were on today's agenda or scheduled to be discussed at a future meeting.</p> <p>The Independent Member – Estates (IME) asked the Committee if an end of Q1 update could be added to the log for future discussion. The Director of Corporate Governance (DCG) advised that the Director of Digital Health Intelligence (DDHI) and the Executive Medical Director (EMD) had met to discuss this and an integrated performance report looking at key indicators would be brought to the next Board meeting.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee noted the Action Log.</p>	
<b>S&amp;D 20/11/006</b>	<p><b>Chair's Action taken following the meeting held on 15<sup>th</sup> September 2020</b></p> <p>There had been no Chair's Actions taken following the meeting held on 15<sup>th</sup> September 2020.</p>	
<b>S&amp;D 20/11/007</b>	<p><b>Performance Framework Dashboard Update</b></p> <p>The DDHI advised that a dashboard would be brought to January's meeting.</p> <p>The Committee were advised that incorporation of the strategic measures was one of the challenges. At present, it showed one measure with the Executive Director of Strategic Planning (EDSP) as the lead. As there were now 15 measures, it was about how these were included.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee noted the update.</p>	<b>DT</b>
<b>S&amp;D 20/11/008</b>	<p><b>CAMHS Update - Neurodevelopmental Situation</b></p>	

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The Director of Operations – Children & Women (DOCW) presented an update on Neurodevelopmental Assessment services for children.

The Committee were advised that the figures mainly represented children with ADHD and Autism spectrum disorder and that the service seeks to work with these patients with the target set at 80% of patients to be seen and assessed within 26 weeks of referral.

A local decision was made in May 2019 to stop seeing new patient referrals due to a backlog of high risk review patients and this had created growing waiting lists in both volume and the length of the wait.

In terms of referral demand, before March 2020, 83 referrals per month were being received as far back as January 2017, however since COVID-19 this had decreased to 19 referrals per month. There were currently 741 patients waiting to be seen.

Based on the figures, and taking an average of around 59 referrals per month, the waiting list volumes would increase by 30% by December 2021.

There had been a significant transformation across Wales, however this area had been slower than others and the team had reviewed waiting lists and analysed the data to enable them to stratify based on age and risk.

Lockdown had perpetuated the waiting list problem and the Committee was advised to challenge anyone who stated that they were back on track with waiting lists because a children's assessment involved an 18 hour assessment which had not been accomplished during COVID-19.

The Committee were informed that the teams had managed to review all cases on the current waiting list during lockdown and the DOCW demonstrated the benefit of moving away from a doctor only model.

The DOCW advised the Committee that he was not in a position to give assurance that neurodevelopment would be fixed because a piece of work lasting between 12 to 18 months was needed.

The DOCW advised that performance management at a Clinical Board level was required.

The Independent Member – Estates (IME) asked why referrals had reduced down to 19 a month and whether it was because schools tended to be at the front end of everything and had been closed. The DOCW responded that one reason was that schools had not been open and also that people had not been going to the GP.

IME asked if the team were ready to implement this. The DOCW provided assurance that the design was clinically led and that Catherine Norton (Neuropsychologist) delivered sessions with the team and Welsh Government (WG) about what neurodevelopment should look like across Wales.

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	<p>The CC asked when the Committee would revisit this to see what progress had been made. The DOCW responded that due to increased scrutiny, the Committee would need at least a monitoring report in 3 or 4 months' time.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee noted the report.  (b) The Committee endorsed the transformation and performance management arrangements outlined.</p>	<b>SM</b>
<b>S&amp;D 20/11/009</b>	<p><b>CAMHS Update - Early Intervention Position</b></p> <p>The DOCW advised the Committee that he was not able to provide an update at this time.</p>	

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<p><b>S&amp;D 20/11/010</b></p>	<p><b>CAMHS Update - Appointment of Clinical Posts</b></p> <p>The DOCW advised the Committee that the clinical posts had been recruited to.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted the update.</p>	
<p><b>S&amp;D 20/11/011</b></p>	<p><b>Strategy - Shaping Our Future Wellbeing</b></p> <p>a) Existing Strategy, commitments &amp; forward look</p> <p>The Executive Director of Strategic Planning (EDSP) presented to the Committee.</p> <p>In 2015 the Shaping our Future Wellbeing Ten Year Strategy Delivery Programme was published and the UHB was now at the midway point.</p> <p>Since 2015, a lot had happened and a midpoint review was performed in March 2020 which would be sent to Committee Members.</p> <p>The EDSP presented what had been learnt over the last 6 months whilst responding to COVID-19 and how to set about an accelerated programme.</p> <p>The Director of Transformation’s (DOT) team with the help of Q5 provided the project management at the Dragon’s Heart Hospital. The EDSP commented that the UHB was good at starting things but not quite so good at being explicit at what change was going to take place and Q5 had done a piece of work around this and the 8 stage principles.</p> <p>The EDSP presented to the Committee – Establishing ‘what 2025 means’.</p> <p>The EDSP noted that there was an extensive performance dashboard available but a series of bellwether measures for the 10 to 15 key indicators was absent.</p> <p>The EDSP advised that feedback around virtual consultations had been very positive.</p> <p>Canterbury District Health Board had been able to reduce their average bed days by doing more in the community.</p> <p>The EDSP advised the Committee that there could be some push back with some saying, “that’s a hospital measure” in relation to reducing average length of stay in hospitals.</p> <p>The EDSP provided the example of how the Mental Health service had increased resources in the community which in turn had reduced bed stays and posed the question of what the picture could look like if 50% of our resources were spent in the community.</p>	<p><b>AH</b></p>

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	<p>The EDSP outlined the strategic priority programmes that sat above the line and needed to be driven executively, and advised the Committee that this could not be done without significant partners, the two Local Authorities and the University.</p> <p>The EDSP also advised that there needed to be engagement of wider RPB partners such as care homes and the third sector and noted that the UHB could not deliver the strategy without these partnerships.</p> <p>It was highlighted that there had to be learning from COVID-19 and that the giving of responsibility and accountability to individuals was essential.</p> <p>The EDSP presented the projects that sat below the line which were equally important.</p> <p>The EDSP advised that the current task was to continue working with the DDHI, his team and use Q5 support to populate the baseline and enable the knowledge of how this could be used as a strategic measure.</p> <p>The Chief Operating Officer (COO) advised that over the last couple of years, the term “system shift” had been used quite a few times and the UHB had invested two million pounds in primary care. In addition, a sophisticated piece of work was being done on the outcomes framework to track back to what outcomes matter to people.</p> <p>The COO continued that the direction of travel was to empower frontline clinical teams to design and own these outcomes and design solutions. Project management support, transformation expertise and science around these was needed but the focus should be around the clinical team. There was also a strong voice for service user involvement.</p> <p>The CC queried the next step for the Committee. The COO responded that the next step would be a twin track approach and that the framework would be brought to the clinicians to build upon it and lead the work in a very practical sense.</p> <p>The EDSP commented that a high level progress summary of the programmes could be brought back every quarter.</p> <p>The CC commented that the discussion had been really useful and that it would be helpful to revisit the framework to see progress made.</p>	AH
S&D 20/11/012	<p><b>Strategy - Shaping Our Future Wellbeing</b></p> <p><b>b) Primary Care Development Strategy</b></p> <p>The Operational Planning Director (OPD) advised the Committee that many of the objectives set out emphasised a rebalancing of the system from hospital to community and primary care and that there had been a shift towards prevention and healthier populations.</p>	

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	<p>The OPD advised that in the context of the primary care strategy, knowing how to connect the immediate challenges to move forward on that broader strategic direction was needed.</p> <p>The OPD advised that the role of the MDT was to broaden which in turn brought sustainability within Primary Care so that they could devote more cause to other areas.</p> <p>The COO advised that to move it forward practically as a roadmap, consideration needed to be focused on the rebalancing out of hospital services.</p> <p>The COO presented how the plan could look and data that showed it would not start from a standstill.</p> <p>The COO advised that Clinical leads had been very forthcoming and that there had been no disagreement to the plans.</p> <p>Pathway leads needed to be identified, public engagement arranged and alignment with year to come plans and beyond.</p> <p>The COO advised that contract reform would need to be considered.</p> <p>The COO queried whether in regards to cluster structure, there was a need to rebalance and include local authority input.</p> <p>The COO commented that the organization wanted to move forward in a scale and pace way and thought was required as to how it could deliver this service yet keep everything joined up.</p> <p>The COO advised that these were the things that would be worked though over the coming months.</p>	
<p><b>S&amp;D 20/11/013</b></p>	<p><b>Planning</b></p> <p><b>a) Q3-4 Plan</b></p> <p>The EDSP advised that the Plan was going to the next Board meeting for formal ratification. The financial aspect of the Plan was in a positive position and feedback was good.</p> <p>The EDSP advised that the Plan has had no formal sign off by the WG in the new planning regime but a letter of endorsement had been received from WG.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted the ongoing work in relation to planning over the next six months.</p>	
<p><b>S&amp;D 20/11/014</b></p>	<p><b>Planning</b></p> <p><b>b) Winter Protection Plan</b></p>	

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	<p>The EDSP advised that the Plan was going to the next Board for formal ratification.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted the ongoing work in relation to planning over the next six months.</p>	
<p><b>S&amp;D 20/11/015</b></p>	<p><b>Board Assurance Framework (BAF)</b></p> <p>a) <b>Sustainable Culture change</b></p> <p>The DCG advised that the information had been updated for the next Board meeting at end of November.</p> <p>The EDWOD was invited to comment and advised the Committee that work was still progressing behind the scenes but due to COVID not as fast as he had wished.</p> <p>The DCG advised that the overall score was 8 which was still high on the BAF.</p> <p>The IME asked how aware the typical staff member would be of these activities. The EDWOD responded that this was difficult to answer but that in his experience, the UHB communicated clearly and consistently from a Board level however conversations were needed between ward managers and staff which was not happening at present.</p> <p>The CC commented that this was a very important issue and was pleased that it was on today's agenda.</p> <p><b>Resolved that:</b></p> <p>a) The Committee reviewed and noted the report.</p>	
<p><b>S&amp;D 20/11/016</b></p>	<p><b>Social Care and Well Being Act – Partnership with Local Authorities &amp; RPB Update</b></p> <p>The EDSP advised the Committee that WG were not expecting to return to a “pre-covid world” and recognized that there were challenges the UHB would have to face, especially the economic impact on the more deprived communities.</p> <p>The EDSP advised that this included how we treated the planet and take serious action to reduce our carbon footprint and become a carbon neutral organisation.</p> <p>The EDSP acknowledged that from a Strategic point of view, there was a lot to consider.</p> <p>The EDSP advised that there were too many uncertainties and that we were not yet clear if there would be continuation of the quarterly planning process or if it would be an annual plan. At present, the working function</p>	

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	<p>was an annual plan and that would be very difficult to develop without knowing the financial situation we were operating in.</p> <p>The EDSP advised the Committee that high level priorities were being developed with Clinical Boards.</p> <p>The Independent Member – University (IMU) queried the financial shortfall for the winter protection plan and when we would know that shortfall would be made good and whether it would be in time. The EDSP responded that we did not know the answer but advised that it was reassuring that we were not the only RPB that had submitted a winter protection plan that needed more funding, however at present, no formal feedback had been given on the content of the plan or the financial plan.</p> <p>The EDSP advised that we should press ahead with all of the items in the plan, however it would prove challenging in January/February and difficult decisions would have to be made if we did not secure the funding.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted the update.</p>	
<p><b>S&amp;D 20/11/017</b></p>	<p><b>Performance Reports: Key Organisation Performance Indicators</b></p> <p>The COO highlighted 2 areas of the report:</p> <ul style="list-style-type: none"> <li>• Mental Health Performance</li> </ul> <p>The COO advised that Mental Health performance had significantly deteriorated with 43% of assessments being undertaken within 28 days down from 84% previously.</p> <p>This was a product of 2 things:</p> <ol style="list-style-type: none"> <li>1) An increase in volume of referrals which was expected (to some extent) – There had been almost 1000 referrals this month.</li> <li>2) A redesign which took place during COVID as a needs must task. This provided counselling services through Primary Care and there was little distinction between the need of counselling services – two thirds of the referrals did not warrant a full counselling intervention.</li> </ol> <p>The COO advised that nobody was waiting for more than 30 days with patients gaining access within 48 hours.</p> <ul style="list-style-type: none"> <li>• Cancer Performance</li> </ul> <p>The COO advised that the UHB was moving to a single cancer measure pathway which would be formalized on 1<sup>st</sup> December.</p> <p>A rationale for the deterioration was provided, in that cancer breaching occurred at the point of treatment and the following actions had been taken:</p>	

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- 1) Through GP colleagues referrals were back to where they were before.
- 2) Treatment levels were back to pre-covid levels by August.

Over the next few months, varying performance would be seen as a result of treating the buildup over COVID and that it would take a few months for the headline performance to recover.

In comparison to other Health Boards across Wales, the UHB had remained relatively low in its cancer backlog. The extra activity being done was reducing the back line.

The COO advised that there was an issue with streaming patients into the system and the losses from IP&C - there were currently 40 beds closed because of IP&C.

IME asked how CAV247 influenced the figures. The COO responded that it did not and that the 4 hour transit time for the Emergency Department (ED) was not part of it.

The COO advised that up to a third of the ED had been transferred from an unplanned event to a planned event.

The IMU asked about the data for Diagnostics & Therapies (D&T) presented in appendix 1 that showed a rise and remained sustained without any decline or recovery. The COO clarified that the Diagnostics figures were patients that had waited more than 8 weeks and the Therapies figures, patients who had waited more than 14 weeks. The COO advised that during COVID there was a point in D&T where zero waits were being delivered and wanted to pay tribute to those teams.

The COO advised that there had been a marked impact in Therapies during September primarily due to virtual appointments.

The CC asked when the October figures would be available which would give a more up to date picture. The COO responded that as a public meeting, a validated reported position was taken to ensure what came to the Committee meeting was correct but advised that there was intelligence on what had been happening since the presented data such as the RTT position being closer to 35K patients in early November which was an increase on today's presented figures.

The COO advised that the October position for the second wave of covid was starting to become apparent. Until now we had managed to maintain essential and some other services and had not had to stop these yet but due to staffing issues that could change over the next few months.

**Resolved that:**

- a) The Committee noted and discussed the contents of the report.

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<p><b>S&amp;D 20/11/018</b></p>	<p><b>Performance Reports: Workforce Key Performance Indicators</b></p> <p>The EDWOD advised the Committee that 2020 told a story of COVID-19. In relation to staff absence a peak was seen then it started to reduce.</p> <p>Interestingly, the recruitment peaked and there were now around 550 more people working for the UHB in medical, nursing and general areas compared to last year.</p> <p>The work done around retaining people to the UHB was really now bearing fruit.</p> <p>There were still challenges to face around meeting winter and covid pressures, and a weekly taskforce was in place to discuss issues.</p> <p>An alternative solution for training was needed otherwise there would be a difficult situation in 12 months' time with compliance. The EDWOD advised that training could be done remotely.</p> <p>The Executive Director of Public Health (EDPH) asked that flu data be added back on and commented that the staff flu campaign was going really well. There was a slight delay in getting statistics out due to sheer demand and it was still a hard copy and so more time consuming.</p> <p>56.1% of frontline staff have had their flu vaccination, this time last year it was 15.7% and the aim was for 75% uptake. The intention was to conclude the flu vaccination before the mass covid vaccination plan starts.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted and discussed the contents of the report.</p>	
<p><b>S&amp;D 20/11/019</b></p>	<p><b>Leadership Engagement</b></p> <p>The EDWOD advised that an interactive review of the UHB had been scheduled following on from an Amplify event supported by the UHB in 2019 but that this had not been done due to COVID. A remote option was now being explored, however the finances were challenging.</p> <p>A training and leadership programme had been launched for staff which provided the potential to move onto greater opportunities in not just our health board but others.</p> <p>The Talent Management and Succession Planning work at Executive level supported the UHB in being able to provide HEIW with considered and timely nominations for 'Talentbury'. 18 people were identified who had the capability of fitting into that space. This was not something the NHS had broadly done before but by identifying talent it formally helped to see the gaps that needed filling.</p> <p>He added that this was a range of work that came together over time and allowed development of individuals in the UHB in the right way so for</p>	

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	<p>example, when a new senior manager was needed, the capability for that was in place.</p> <p>IMU asked what the philosophical approach to mentorship/coaching staff was, not just going into senior roles but all roles across the UHB. The EDWOD responded that it was not something that we insisted on and that staff had to be willing, there were formal coaching processes in place.</p> <p>IME advised that talent pools could work very well but advised challenges that could arise such as:</p> <ol style="list-style-type: none"> <li>1) Easy to build resentment. Were there clear guidelines for membership?</li> <li>2) Disillusionment if nobody in it advances onto the Executive team.</li> </ol> <p>The EDWOD acknowledged that these were fair points and that there was nothing without risk. The EDWOD advised that guidelines for membership would be stressed when nominating talent. There would be constant review and honest and important conversations with staff at annual reviews with clear feedback as to what was needed from them to achieve. As this was a new process it was hoped that there would not be any disillusionment. The EDWOD referred to the values based appraisal which enabled managers to hold a good discussion around staff development.</p> <p>The CC commented that the report asked for a number of points to be noted by Committee and that it would useful for Committee to receive an update in a few meetings' time. The EDWOD suggested that Rachel Gidman provide a more detailed insight for the Committee.</p> <p><b>Resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The Committee noted the report and agreed to continue to support and cascade the Talent Management and Succession Planning approach across the UHB.</li> <li>b) Encourage all staff attendance at the Values Based Appraisal training to support the UHW wide understanding of the new process.</li> <li>c) Support the development of an experiential leadership programme aimed at a small group of Senior Leaders across the UHB.</li> <li>d) Consider the exploration of an internal and external Mentoring Scheme to support CPD activity identified by staff at all levels.</li> <li>e) Support a young leader's network which will assist the design of a leadership career pathway for the next generation.</li> </ol>	<b>RG</b>
<p><b>S&amp;D 20/11/2020</b></p> <p><i>Khyati Raj 07/05/2021 14:17:13</i></p>	<p><b>Review of the Meeting</b></p> <p>The CC noted that apart from a couple of technical difficulties, the meeting had run smoothly and that a lot of content was covered.</p>	

<b>S&amp;D 20/11/021</b>	<b>Date &amp; Time of next Meeting</b>  Tuesday 12 <sup>th</sup> January 2021 9:00am via MS Teams	
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## Public Action Log

### Following Strategy & Delivery Committee Held on 10<sup>th</sup> November 2020

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
<b>Completed Actions</b>					
<b>S&amp;D 19/10/010</b>	Leadership Engagement (previously Amplify Outcomes)	A paper be brought to Committee outlining how development will be monitored to ensure Leadership Engagement outcomes are delivered	10/11/2020	Martin Driscoll	<b>COMPLETE</b> Discussed at November Committee Meeting
<b>S&amp;D 20/01/016</b>	Developing a Performance Framework Update	An update report be brought to the Committee meeting in May 2020	15/09/20	David Thomas	<b>COMPLETE</b> Update was brought to the September meeting
<b>S&amp;D 15/09/006</b>		An update on the work concerning performance dashboards  EMD, DCG & DDHI to meet regarding the performance indicators dashboard	10/11/2020	David Thomas  David Thomas / Stuart Walker / Nicola Foreman	Update was brought to the November meeting  Oral update was brought to the November meeting
<b>S&amp;D 15/09/008</b>	CAMHS Strategy Update	To bring a final CAMHS update to Committee in relation to: <ul style="list-style-type: none"> <li>• Neurodevelopmental situation</li> <li>• Early intervention position</li> <li>• Appointment of clinical posts</li> </ul>	10/11/2020	Scott Mclean / Steve Curry	<b>COMPLETE</b> Update was brought to the November meeting
	Integrated Medium Term Plan (IMTP)	An update to be brought on how to introduce milestones & how to deliver against these milestones	10/11/20	A Harris	<b>COMPLETE</b> Update was brought to the November meeting
<b>Actions In Progress</b>					
<b>S&amp;D 15/09/007</b>	Strategic Equality Plan – Action Plan	To bring an updated action plan with set target/criteria as well as a	09/03/2021	Keithley Wilkinson	Update to be brought in March 2021

		timeline with set time points to a future meeting			
<b>S&amp;D 20/07/013</b>	Tertiary Services Update & Presentation	A request that an update on Tertiary Services progress be brought to a future meeting	<b>12/01/2021</b>	A Harris	On agenda for January, item 3.1
<b>S&amp;D 20/11/007</b>	S&D Dashboard	Bring an S&D dashboard to January's meeting	<b>12/01/2021</b>	D Thomas	On agenda for January, item 3.2
<b>S&amp;D 20/11/008</b>	Neurodevelopmental Monitoring Report	Bring a monitoring report to the Committee meeting in March	09/03/2021	Scott Mclean	Update to be brought in March 2021
<b>S&amp;D 20/11/011</b>	Shaping our Future Wellbeing Ten Year Strategy Delivery Programme	Circulate midpoint review to Committee  Update on the Shaping our Future Wellbeing Ten Year Strategy Delivery Programme.	12/01/2021  09/03/2021	A Harris  A Harris	Update to be brought in March 2021
<b>S&amp;D 20/11/019</b>	Leadership Engagement	Update report to be provided.	09/03/2021	R Gidman	Update to be brought in March 2021
<b>Actions referred to committees of the Board</b>					
	Integrated performance report	Director of Digital Health Intelligence and Executive Medical Director to take integrated performance report to the next Board meeting	26/11/2020	David Thomas A Harris	

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**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



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

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

<b>Report Title:</b>	<b>Equality, Inclusion and Human Rights Policy Report</b>				
<b>Meeting:</b>	Strategy and Delivery Committee			<b>Meeting Date:</b>	12 Jan 2021
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	x	<b>For Information</b>
<b>Lead Executive:</b>	Executive Director of Workforce and OD				
<b>Report Author (Title):</b>	Workforce Governance Manager				

### Background and current situation:

This paper summarises for the Strategy and Delivery Committee details of the revised Equality, Inclusion and Human Rights Policy.

Within Cardiff and Vale University Health Board (the UHB), employment policies are developed and reviewed in partnership via the Employment Policies Sub Group (EPSG) and, where appropriate, through the Local Negotiating Committee (LNC). The development of such policies involves a comprehensive consultation process before final submission for approval by the Strategy and Delivery Committee. The authority to approve general employment procedures and guidelines has been delegated to the EPSG.

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

This revised Policy has been developed in partnership and was considered by the Employment Policy Sub Group on 30 September 2020. The Strategy and Delivery Committee is now asked to approve it.

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

This Policy replaces the previous Equality, Diversity and Human Rights Policy. The language has been updated throughout and it takes account of:

- the new Socio-Economic Duty
- the Welsh Language Standards
- the new Strategic Equality Plan- Caring About Inclusion 2020-2024

Having an Equality, Inclusion and Human Rights Policy shows that as an employer we are committed to providing meaningful equality of opportunity and inclusion for all employees, regardless of their protected characteristics (i.e. gender identity, marital status, race, ethnic origin, maternity status, nationality, national origin, sex, disability, sexual orientation, religion or age). Its remit goes beyond strict compliance with the law and acts as a reference point in the event of any subsequent disputes.

In light of recent events, such as the differential impacts of the pandemic on different population groups, the Black Lives Matter movement and case law decisions, the updated Policy has taken account of language change and a move from equality to inclusivity. The updated policy means that everyone is treated fairly throughout the recruitment and employment process; it is about addressing the balance so everyone feels equal and included within the workplace. It recognises

that all employees should be treated as individuals and no judgements should be made based on stereotypes. Instead, all employees should feel understood, appreciated and valued for their own set of skills. The Policy sets out what we will do to achieve this.

The revised Equality, Inclusion and Human Rights Policy is attached as **Appendix 1**.

**Recommendation:**

The Strategy and Delivery Committee is asked to:

- **APPROVE** the revised Equality, Inclusion and Human Rights Policy

**Shaping our Future Wellbeing Strategic Objectives**

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

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

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

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

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

***An EHIA has been completed and is attached as Appendix 2***



**Reference Number:** UHB 083  
**Version Number:** 3

**Date of Next Review:** *To be included when document approved*  
**Previous Trust/LHB Reference Number:**  
T/290

## EQUALITY, INCLUSION and HUMAN RIGHTS POLICY

### Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will oppose all forms of unjustifiable discrimination and recognise that some groups and individuals in society experience unfair discrimination in employment and in their contact with public services. Discrimination can take the form of treating people less favourably because of their 'protected characteristics' (race, sex, disability, age, gender identity or trans identity, marriage or civil partnership status, pregnancy or maternity issues, sexual orientation or religion) but also because of an individual's language, responsibility for dependants, facial disfigurement, social class, socio-economic status or political beliefs. It can also arise from failing to take account of differences between people and groups which can result in barriers to accessing services and opportunities.

The Welsh Language (Wales) Measures Act 2011 which introduces Welsh Language Standards; the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards); and the Human Rights Act (1998) also has an impact on the way we provide our services and are relevant to each characteristic. The new Welsh Language Standards place a duty on the organisational staff to provide certain internal services through the medium of Welsh, such as some training and staff tribunals and a certain level of Welsh language services for its patients and service users. Whilst the purpose of the Sensory Loss Standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing or working in our healthcare services, we must also consider whether anyone's human rights may potentially be affected by our policies and practices, and if so, whether the impact is legal and justifiable.

We also acknowledge that many forms of inequality may be institutionalised and be expressed as patterns of organisational behaviour that appear acceptable. We will therefore take any necessary steps to identify and address institutional exclusion, harassment, marginalisation and exploitation of groups and individuals.

The Health Board wants to build a reputation for demonstrating outstanding practice in the field of employment relations and service delivery and will work to ensure that equality, inclusion, diversity and human rights principles are owned, valued and demonstrated by everyone within the organisation - the Board, members of staff and those who provide services on behalf of the organisation.

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## Policy Commitment

Cardiff and Vale University Health Board (the UHB) is committed to encouraging equality, inclusion and human rights among all our workforce, volunteers and contractors and eliminating unlawful discrimination, harassment and victimisation. The aim is for our organisation to be inclusive and representative of all sections of society and our patients, and for each employee to feel respected, be themselves and able to give their best. The organisation - in providing goods and/or services and/or facilities - is also committed against unlawful discrimination, harassment and victimisation of patients or the public.

In order to achieve the aim of being an inclusive and representative organisation we will:

- Encourage equality and inclusion in the workplace as they are both good practice and make business sense.
- Create a working environment free of bullying, harassment, victimisation and unlawful discrimination, promoting dignity and respect for all, and where individual differences and the contributions of all staff are recognised and valued.
- Train managers and all other employees about their rights and responsibilities under this policy. Responsibilities include staff conducting themselves to help the organisation provide equal opportunities and inclusion in employment and prevent, bullying, harassment, victimisation and unlawful discrimination.
- Make opportunities for training, development and progress available to all staff, who will be helped and encouraged to develop their full potential, so their talents and resources can be fully utilised to maximise the efficiency of the organisation.
- Ensure all staff understand they, as well as their employer, can be held liable for acts of bullying, harassment, victimisation and unlawful discrimination in the course of their employment, against fellow employees, patients, suppliers and the public.
- Take seriously complaints of bullying, harassment, victimisation and unlawful discrimination by fellow employees, customers, suppliers, visitors, the public and any others in the course of the organisation's work activities.
- Deal with such acts as misconduct under the organisation's Dignity at Work, grievance and/or disciplinary procedures, and any appropriate action will be taken. Particularly serious complaints could amount to gross misconduct and may lead to dismissal without notice.
- Ensure employees understand that sexual harassment may amount to both an employment rights matter and a criminal matter as under the Protection from Harassment Act 1997.

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- Base decisions concerning staff on merit (apart from in any necessary and limited exemptions and exceptions allowed under the Equality Act 2010).
- Review employment practices and procedures, as appropriate, to ensure fairness, and also update them and the policy to take account of changes in the law.
- Monitor the make-up of the workforce information regarding the protected characteristics of age, sex, disability, race, gender identity or trans identity, marriage or civil partnership status, pregnancy or maternity issues, sexual orientation or religion in encouraging inclusion and in meeting the aims and commitments set out in this policy.
- Monitoring through the Equality and Health Impact Assessment, as to how this and all our other policies, plans, procedures and service changes are working in practice, reviewing them at regular intervals as well as considering and taking action to address any issues.
- Ensure colleagues are actively engaged and involved in the development and delivery of our Strategic Equality Plan - Caring about Inclusion 2020-2024 objectives which will be monitored annually.
- Ensure that the Strategic Equality Plan objectives and any supported action plans are aligned to our Safeguarding our Future Wellbeing Strategy and everyday practice.

### **Supporting Procedures and Written Control Documents**

This Policy and the supporting Procedures describe the following with regard to equality, inclusion and human rights:

- Aim and intention of the policy
- The legislative context
- Protected characteristics and other social identity considerations
- Policy framework for failure to comply
- Equality and Health Impact Assessment requirement
- Links with Strategic Equality Plan - Caring about Inclusion 2020-2024
- Supporting Trans Staff Procedure

### **Other supporting documents**

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Equality and inclusion are integral to the work of the UHB. All our policies are impacted by equality, inclusion and human rights but the key policies relevant to our work are:

- [Adaptable Workforce Policy and accompanying procedures](#)
- [Maternity, Adoption, Paternity and Shared Leave policy](#)
- [Management of Stress and Mental Health in the Workplace Procedure](#)
- [Learning Education and Development Policy](#)
- [Recruitment and Selection Policy](#)
- [Maternity Risk Assessment Procedure](#)
- [Combining Breast Feeding and Returning to Work Guidelines](#)
- [EHIA Toolkit](#)
- [Managing Attendance at Work Policy](#)
- [Flexible Working Procedure](#)
- [Dignity at Work Process](#)
- [Grievance Policy](#)
- Strategic Equality Plan - Caring about Inclusion 2020-2024
- [Supporting Trans Staff Procedure](#)
- [Equality & Human Rights Commission](#)

**Scope**

This policy applies to all those who come into contact with the UHB whether as patients, staff, volunteers, student, visitors, contractors or others in all our locations.

**Equality and Health Impact Assessment**

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact. Key actions have been identified and these can be found in the Strategic Equality Plan- Caring about Inclusion 2020-2024.

<b>Policy Approved by</b>	Strategy and Delivery Committee
<b>Group with authority to approve procedures written to explain how this policy will be implemented</b>	Employment Policy Sub Group
<b>Accountable Executive or Clinical Board Director</b>	Executive Director of Workforce and OD

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**Disclaimer**

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](#).

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
T1	N/A	N/K	New policy
T1	Dec 2006	N/K	Policy Rolled over. Ref no. changed from 198 to 290 due to duplication. Employment Equality (Age) Regulations added.
T2	Sep 2007	Nov 2007	Re-titled and revised to version 2
UHB 1	Sep 2009	01/11/11	Updated to reflect new legislation
UHB 2	Sep 2014	Oct 2014	Updated as part of a review
UHB 2a			No changes made – rolled forward to March 2020 to align Policy and Strategic Equality Plan review dates
3			This is a revised document that updates language and takes account of: i)changing the policy title to include Inclusion throughout ii) the new Socio-Economic Duty iii)the Welsh Language Standards iv) the new Strategic Equality Plan- Caring About Inclusion 2020-2024

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# Equality & Health Impact Assessment for

## EQUALITY, INCLUSION and HUMAN RIGHTS POLICY

**Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment**

**Please note:**

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

Please answer all questions:-

<b>1</b>	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Equality, Inclusion and Human Rights Policy
<b>2</b>	Name of Clinical Board / Corporate Directorate and title of lead member of staff,	Executive Director Workforce & Organisational Development Equality Manager

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

	including contact details	
3	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The policy goes beyond the public sector's legal duty of the Equality Act 2010 to consider people with protected characteristics, human rights, Welsh Language, Sensory loss and other equality related legislation as well as health inequalities and socio-economic circumstances.</p> <p>Cardiff and Vale University Health Board (the UHB) is committed to encouraging equality, inclusion and human rights among all our workforce, volunteers and contractors and eliminating unlawful discrimination, harassment and victimisation. The aim is for our organisation to be inclusive and representative of all sections of society and our patients, and for each employee to feel respected, be themselves and able to give their best. The organisation - in providing goods and/or services and/or facilities - is also committed against unlawful discrimination, harassment and victimisation of patients or the public.</p> <p>To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will oppose all forms of unjustifiable discrimination and recognise that some groups and individuals in society experience unfair discrimination in employment and in their contact with public services. Discrimination can take the form of treating people less favourably because of their 'protected characteristics' (race, sex, disability, age, gender identity or trans identity, marriage or civil partnership status, pregnancy or maternity issues, sexual orientation or religion) but also because of an individual's language, responsibility for dependents, facial disfigurement, social class, socio-economic status or political beliefs. It can also arise from failing to take account of differences between people and groups which can result in barriers to accessing services and opportunities.</p> <p>The Welsh Language (Wales) Measures Act 2011 which introduces Welsh Language Standards; the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards); and the Human Rights Act (1998) also has an impact on the way we provide our services and are relevant to each characteristic. The new Welsh Language Standards place a duty on the organisational staff to provide certain internal services through the medium of Welsh, such as some training and staff tribunals and a certain level of Welsh language services for its patients and service users. Whilst the purpose of the Sensory Loss Standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing or working in our healthcare services. We must also consider whether anyone's human rights may potentially be affected by our policies and practices, and if so, whether the impact is legal and justifiable.</p> <p>We also acknowledge that many forms of inequality may be institutionalised and be expressed as patterns of organisational behaviour that appear acceptable. We will therefore take any necessary steps to identify and address</p>

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	<p>institutional exclusion, harassment, marginalization and exploitation of groups and individuals.</p> <p>The Health Board wants to build a reputation for demonstrating outstanding practice in the field of employment relations and service delivery and will work to ensure that equality, inclusion, diversity and human rights principles are owned, valued and demonstrated by everyone within the organisation - the Board, members of staff and those who provide services on behalf of the organisation.</p>
<p>4 Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how</li> </ul>	<p>In line with recommendations from the Equality and Human Rights Commission (EHRC) and the Welsh Government, the policy represents an opportunity for the UHB as a public sector body in Wales to meet Equality and human rights legislation in regard to inclusion. The plan also provides the opportunity to recognise and collectively impact against the challenges set out in the <a href="#">'Is Wales Fairer report, 2018'</a>.</p> <p>This policy reflects the principles of the Well-being of Future Generations (Wales) Act 2015 and will directly contribute to the national well-being goal 'A More Equal Wales'. It also takes account of the forthcoming Socio Economic Duty that is coming to Wales. Equalities remains a key priority for The Welsh Government. On the 11th June, a statement from the Deputy Minister provided an update on the work that Welsh Government is doing to strengthen Equality and Human Rights in Wales. (Extract below)</p> <p><i>'To demonstrate and reaffirm our commitment to these principles, we're taking forward work to explore options to safeguard equality and human rights in Wales. This will begin with commencing the socio-economic duty in Wales, as well as working with the Equality and Human Rights Commission to review and strengthen the Welsh regulations for the public sector equality duty. We're also commissioning research to explore wider options, including how we might incorporate UN conventions, including the convention on the rights of disabled people into Welsh law'.</i></p> <p>To ensure accessibility documentation was made available through the medium of Welsh, easy read, BSL and child friendly versions. In addition, public participants were, reimbursed for travel, childcare, replacement care and any other relevant expenses as necessary.</p> <p><b>Summary of findings of Strategic Equality Plan Objectives</b></p> <p>In summary the objectives were agreed with on average by 68% of respondents with 5.88% stating they did not agree, 14.70% stating they partial agree and 12.41% stating they were not sure if they agreed with objectives. Responses from both the survey and consultation have been utilised to confirm, strengthen and informed the long-term outcomes; intended outcomes by 2024; outcome measures and steps that the partnership will take to meet the</p>

<p>stakeholders have engaged in the development stages</p> <ul style="list-style-type: none"> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>2</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>3</sup>.</p>	<p>intended outcomes of the shared strategic equality plan. A summary of key themes for each objective are set out below, with comments taken directly from either engagement events or survey to highlight themes.</p> <p>Some of the overarching sources of equality evidence that was referred to as part of our analysis for the Equality and Health Impact Assessment include:</p> <ul style="list-style-type: none"> <li>• <i>Is Wales Fairer?</i> (EHRC, 2018)</li> <li>• <i>Rapid Review of Gender Equality Phase One</i><sup>5</sup>, and Phase Two report and roadmap when published in the early Autumn (Chwarae Teg, 2018)</li> <li>• <i>Review of the Evidence of Inequality in Wales</i> (Welsh Government)</li> <li>• <i>Well-being of Wales 2017-18</i> (Welsh Government, 2018)</li> </ul> <p>The evidence available provides us with information on a wide range of issues affecting people who share protected characteristics that we need to consider when developing our SEP Caring about Inclusion 2020-2024 and therefore this policy. Please see below for some of the highlights:</p> <p><b>Sex</b> Women encounter inequality in many areas, which only intensifies if they are also part of another protected group. Women from BAME communities, LGBT, and elderly or disabled women often face multiple disadvantage which makes it more difficult to reach their full potential.</p> <p><b>Age (Older People)</b> We are an ageing society, with just over 800,000 people aged over 60 estimated to live in Wales in 2018, equating to just over 25% of the total population. This figure is expected to increase and the number of people over the age of 85 is expected to grow significantly in the years ahead. There are increasing levels of poverty amongst older people and the gap in healthy life expectancy at birth between the least and most deprived areas of Wales vary by as much as 18 years for women and men (applicable to the period 2015 to 2017).</p>
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<sup>2</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

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

**(Children and Young People)**

In 2019, the Children's Commissioner published *A Charter for Change: Protecting Welsh children from the impact of poverty*. It found that children and young people living in poverty in Wales miss out on their most basic human rights of having their food, shelter and health needs met. The costs of attending and participating in school leads to an inequality of opportunity for children and young people living in poverty. These children and young people also feel socially isolated because of a lack of opportunities available to them in their local communities.

**Disability**

Disabled people have been disproportionately affected by welfare reform and austerity. This was highlighted by the UN's examination of the UK's implementation of the Convention on the Rights of Disabled People (UNCRDP) in 2016/17 and the issues have been reinforced by the process of developing the Welsh Government's new framework: *Action on Disability, the Right to Independent Living*.

**Pregnancy and maternity**

The EHRC has undertaken research into pregnancy and maternity in the work place. It found the majority of employers felt it was in their interests to support pregnant women and those on maternity leave and they agreed that statutory rights relating to pregnancy and maternity are reasonable and easy to implement. In contrast, around one in nine mothers (11%), reported they were either dismissed or made compulsorily redundant in comparison to others in their workplace who were not treated in this way. It was reported some were treated so poorly they felt they had to leave their job. One in five mothers said they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and /or colleagues and 10% of mothers said their employer discouraged them from attending antenatal appointments.

**Race**

Recent spikes in hate crime have affected BAME people disproportionately, since 74% of hate crimes and incidents are motivated by racial or religious prejudice. Recent meetings of the Wales Race Forum and the Welsh Government's All Wales BAME Engagement Programme have starkly highlighted racism in our communities, including schools and workplaces, and the need for concerted action to promote racial equality.

**Refugees and Asylum Seekers**

In 2017, the National Assembly for Wales Equality, Local Government and Communities (ELGC) committee published its inquiry on refugees and asylum seekers during the world's largest refugee crisis since the Second World War. Refugees and asylum seekers often arrive in Wales following traumatic experiences in their countries of origin and on their journeys to the UK. We want to ensure that these individuals are supported to rebuild their lives

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and make a full contribution to Welsh society. In January 2019 the Welsh Government launched the Nation of Sanctuary Plan<sup>8</sup>, which captures a range of actions to address the recommendations of the ELGC committee and additional issues identified through consultation to improve the lives of people seeking sanctuary in Wales.

**Religion/ belief**

In 2016, the EHRC published *Religion or Belief: Is the Law Working?*<sup>14</sup> The research found the Equality Act and the Human Rights Act provide sufficient protection for individuals with and without a religion or belief, religion or belief organisations and other groups protected by the Equality Act. Nevertheless, there were opportunities identified for improvement. For example, to address concerns that employers, employees, service providers and service users are often unclear about their rights and obligations. They are unsure how to request or respond to a request related to an individual's religion or belief, or how to manage diverse workplaces or diverse service user groups.

**Sexual orientation/ gender reassignment (Lesbian, Gay, Bisexual, Trans – LGBT+)**

The Stonewall Cymru 2018 *Work Report* has revealed troubling discrimination in Wales's workplaces, with a third of LGBT respondents who were employed in Wales (34%) reporting that they hid or disguised that they are LGBT+ at work because they were afraid of discrimination.

Some of the comments from our consultation and engagement undertaken include:

*“People need to see themselves represented in the workforce and that the organisation is the kind of employer that meets employee's access and equality requirements. Promote positive experiences and case studies or role models.” (South East Wales engagement event)*

*“Onboarding discussions about diversity. Its benefits and organisation expectations.” (Survey)*

*“Review recruitment and selection policies and practices through the lens of equality.” (Survey and South East Wales engagement group)*

*“Go to schools and colleges as a partnership to promote the roles and careers available in partner organisations, especially those common to most or all (for example HR, finance) and set up cross-partnership (standardised) purposeful work experience initiatives.” (South East Wales engagement group)*

*“Undertake (legal) positive action to address under-representation. This should include targeted recruitment*

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*and additional support both to apply and in the job.” (survey and South East Wales engagement event)*

*“Attend or hold more recruitment fairs in communities to promote the wide range of careers in public sector organisations and promote opportunities to under-represented groups, for example university employment fairs.” (North Wales engagement event)*

*“Develop mentoring schemes, buddying and shadowing, for people from under-represented groups, both prior to applying for any job and for development of staff already in the organisation.” (South East Wales engagement event)*

*“Review recruitment processes through the lens of equality and amend them focusing on demonstrating capabilities, not merely experience and valuing experiences outside of work, including making them more inclusive of and appropriate for neuro-diverse people.” (survey)*

*“In terms of online job ads, the 'we are equality and diverse, inclusive' note should be at the top, not the bottom. And if a job is flexible, put that at the top along with logos, such as the BSL logo.” (North Wales and South East Wales engagement event)*

*“Ensure that only the skills and qualifications that are actually needed are included on person specifications. Allow alternative methods of demonstrating skills to the traditional routes. For example, good telephone skills, or using the phone, excludes Deaf people. Good communication skills would include Deaf people; requirements for degrees disadvantage some groups, including older people.” (North Wales and South East Wales engagement events)*

*“All documents, job adverts, websites etc. must be in BSL as well as Welsh and English.” (North Wales engagement group)*

*“Demonstrative leadership, not just policies and statistics, on equality. Managers need to champion the objectives.” (survey and South East Wales engagement event)*

*‘Develop an information-sharing culture’ (survey)*

*‘Be clear on what data is used for when collecting it’ (West Wales engagement event)*

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*Ensure data isn't cherry picked and is presented as a whole in a transparent way (West Wales engagement event)*

*'Gather good practice examples from other organisations in relation to progression through the levels of diverse people and review how they have achieved a more diverse senior workforce to learn from them' (South East Wales engagement event)*

*Set an action plan with clear commitment to reduce pay gaps. Justify where and why pay gaps exist. (survey)*

*Publish clear analysis of the way pay gaps are calculated, displaying the data in a range of formats to make it accessible and easily interpreted by all. (survey)*

*Comprehensive data collection and analysis in terms of staff numbers, grades, and pay for all protected characteristics and specific groups, including learning disabled people. (survey)*

- The proportion of the UK population aged 16 years and over identifying as heterosexual or straight decreased from 95.3% in 2014 to 94.6% in 2018.
- The proportion identifying as lesbian, gay or bisexual (LGB) increased from 1.6% in 2014 to 2.2% in 2018.
- In 2018, there were an estimated 1.2 million people aged 16 years and over identifying as LGB.
- Men (2.5%) were more likely to identify as LGB than women (2.0%) in 2018.
- Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2018 (4.4%).

People in their late teens and early twenties are more likely to identify as lesbian, gay or bisexual (LGB) than older age groups.

“Meanwhile, more than two-thirds of the LGB population are single (never married or entered into a civil partnership). This reflects the younger age structure of this population, the changing attitudes of the general population to marriage and the fact that legal unions have only recently been available for same-sex couples.” Sophie Sanders, Population Statistics Division, Office for National Statistics.

In 2018, an estimated 94.6% of the UK population aged 16 years and over (53.0 million people) identified as heterosexual or straight. This represents a continuation of the decrease seen since 2014, when 95.3% of the

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population identified themselves as heterosexual or straight (Table 1).

Table 1: Most people in the UK identify themselves as heterosexual or straight  
Sexual orientation, as a percentage, UK, 2014 to 2018

Sexual orientation	2014	2015	2016	2017	2018
<b>Heterosexual or straight</b>	95.3	95.2	95.0	95.0	94.6
<b>Gay or lesbian</b>	1.1	1.2	1.2	1.3	1.4
<b>Bisexual</b>	0.5	0.7	0.8	0.8	0.9
<b>Other</b>	0.3	0.4	0.5	0.6	0.6
<b>Do not know or refuse</b>	2.8	2.6	2.5	2.3	2.5

Source: Office for National Statistics – Annual Population Survey

### **A higher proportion of men than women identify as LGB**

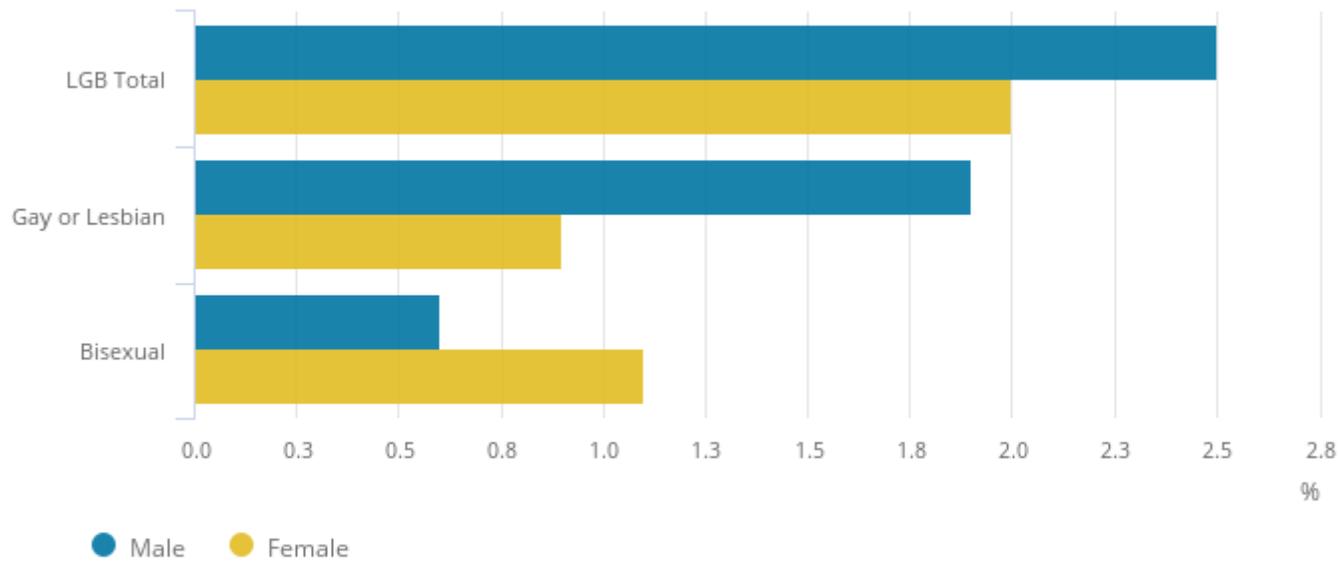
In 2018, 2.5% of men identified themselves as LGB, compared with 2.0% of women. More than twice the proportion of men (1.9%) compared with women (0.9%) identified as gay or lesbian (Figure 2). Conversely, a higher proportion of women than men identified as bisexual, at 1.1% and 0.6% respectively. This represents a continuation of a trend that has been observed back to 2014, where a higher proportion of men than women identify as gay or lesbian and a higher proportion of women than men identify as bisexual.

### **Figure 2: Men were more likely to identify as gay or lesbian, while women were more likely to identify as bisexual**

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Figure 2: Men were more likely to identify as gay or lesbian, while women were more likely to identify as bisexual

Lesbian, gay or bisexual population by sex, UK, 2018



Source: Office for National Statistics - Annual Population Survey

## Sexual orientation by UK countries and English regions

In 2018, the percentage of people who identified as lesbian, gay or bisexual (LGB) was similar for England (2.3%),

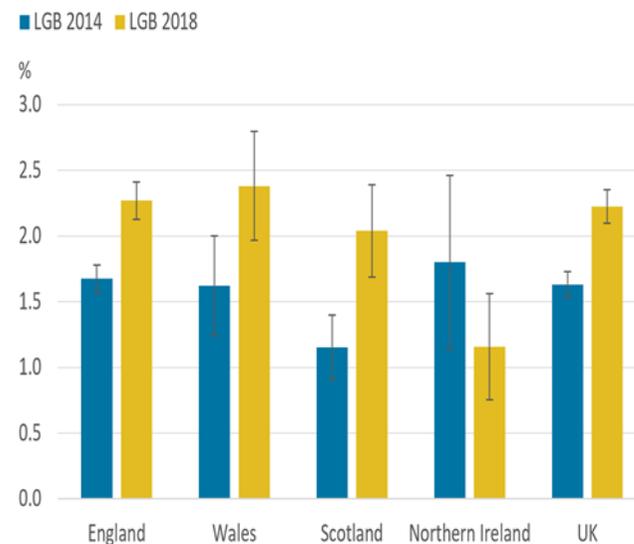
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Wales (2.4%) and Scotland (2.0%).

For Northern Ireland, the percentage of people identifying themselves as LGB in 2018 was 1.2%. The UK average in 2018 was 2.2%, which has increased from 1.6% in 2014 (Figure 4).

**Figure 4: In 2018, a smaller proportion of people in Northern Ireland identified themselves as lesbian, gay or bisexual than in other UK countries**

**UK constituent countries by lesbian, gay or bisexual population, 2014 and 2018**



## Sexual orientation by marital status

Among those identifying as lesbian, gay or bisexual (LGB) in 2018, more than two-thirds (68.7%) were single, meaning that they had never married or entered into a civil partnership. This is double the proportion of those who identified as heterosexual or straight and were single (34.2%). A possible reason for this difference is the younger age structure of the LGB population combined with the increase in the [average age of marriage](#).

Furthermore, legal unions for same-sex couples have only become available recently; civil partnerships were

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introduced for same-sex couples in the UK in December 2005, and same-sex marriage has been available in England, Wales and Scotland since 2014 and in Northern Ireland from 2020.

More couples are choosing to live together before or instead of marriage. Those with a legal marital status of single may live with a partner of the same or opposite sex. Same-sex cohabiting couples are the most common type of same-sex couple family, [accounting for just over half of same-sex families in 2019](#).

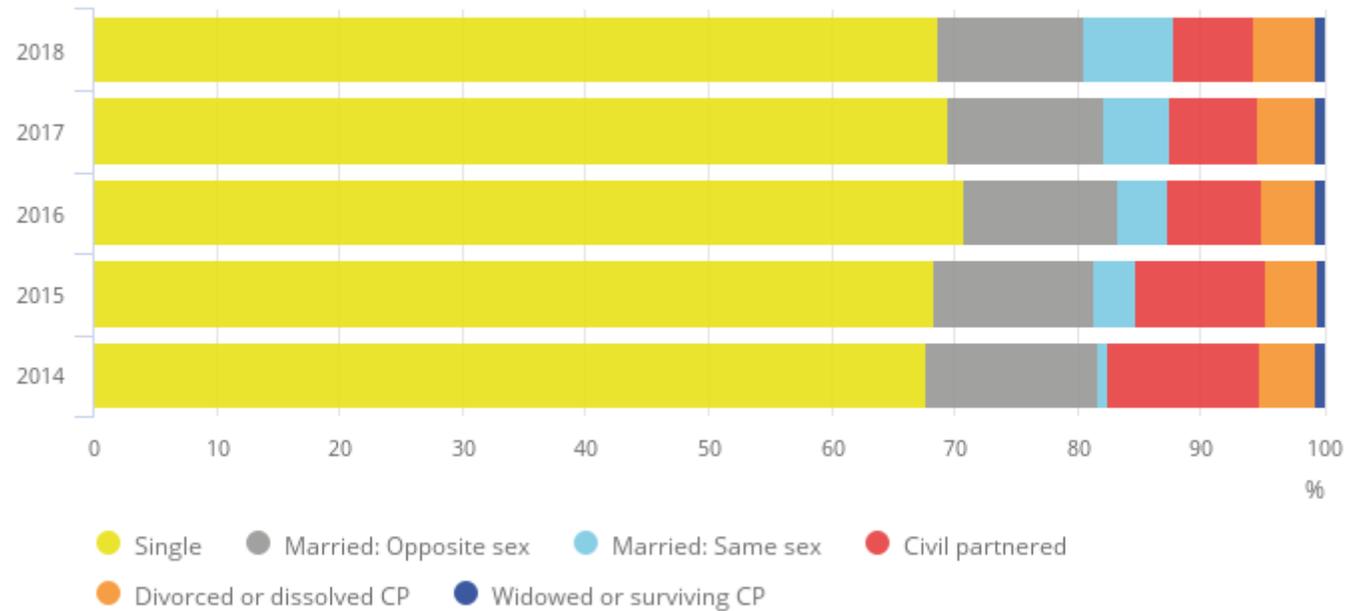
From 2014 to 2018, the proportion of people identifying as LGB who were in same-sex marriages increased from 0.8% to 7.3%, while those in civil partnerships decreased from 12.3% to 6.5% (Figure 6). This suggests that since its introduction in 2014, an increasing number of people who identify as LGB are choosing to enter a same-sex marriage rather than a civil partnership or to convert their civil partnership to a same-sex marriage.

**Figure 6: People identifying as lesbian, gay or bisexual are most likely to have a marital status of single (never married or civil partnered)**

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Figure 6: People identifying as lesbian, gay or bisexual are most likely to have a marital status of single (never married or civil partnered)

Lesbian, gay or bisexual population by legal marital status, UK, 2014 to 2018



Source: Office for National Statistics - Annual Population Survey

According to the NHS Long Term Plan some groups, including people with a learning disability, people with severe mental health illnesses, Gypsies, Roma and Travellers, homeless people, migrants, refugees and asylum seekers

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and Transgender people continue to experience some of the most significant barriers to accessing health care and poor health outcomes.

<https://www.bing.com/search?q=Equality+Impact+assessment+Equality+Policy+health&form=PRGBEN&httpsmsn=1&msnews=1&refig=7373a495650b42869a9a44d795fc6b7a&sp=&pg=equality+impact+assessment+equality+policy+health&sc=0-49&qs=n&sk=&cvid=7373a495650b42869a9a44d795fc6b7a>

#### Legislation

Table 1: Prohibited conduct under the Equality Act 2010 9

Type of conduct that is prohibited

Section

- Direct discrimination s.13
- Discrimination arising from disability s.15
- Gender reassignment discrimination involving absence from work s.16
- Pregnancy and maternity discrimination in both work and non-work situations s.17/18
- Indirect discrimination s.19
- Failure to make reasonable adjustments for disabled persons s.21
- Harassment s.26
- Victimisation s.27
- Enquiries about disability and health before the offer of a job is made s.60
- Breach of non-discrimination rule s.61
- Breach of an equality clause s.66
- Breach of an equality rule s.67
- Breach of maternity equality clause s.73
- Breach of maternity equality rule s.75
- Discrimination and harassment in relation to relationships which have ended s.108
- Unlawful acts by agents or employees s.110
- Instructing, causing or inducing discrimination s.111
- Aiding contraventions. s.112

The general equality duty as it relates to the protected characteristic of age does not apply to the exercise of the following functions:

- (a) the provision of education to pupils in schools;
- (b) the provision of benefits, facilities or services to pupils in schools;
- (c) the provision of accommodation, benefits, facilities or services in community homes pursuant to section 53(1) of the Children Act 1989;

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	<p>(d) the provision of accommodation, benefits, facilities or services pursuant to arrangements under section 82(5) of that Act (arrangements by the Secretary of State relating to the accommodation of children).</p> <p>Duty as to reducing inequalities (s.1C).  In exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service.”</p> <p>Duty as to reducing inequalities s. 13G: The [NHS England] Board must, in the exercise of its functions, have regard to the need to:</p> <ul style="list-style-type: none"> <li>(a) reduce inequalities between patients with respect to their ability to access health services, and</li> <li>(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services</li> </ul> <p>Duty as to promoting integration s.13N (1).The Board must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would—</p> <ul style="list-style-type: none"> <li>(a) improve the quality of those services (including the outcomes that are achieved from their provision),</li> <li>(b) reduce inequalities between persons with respect to their ability to access those services, or</li> </ul> <p>c) reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services</p> <p>Duties as to reducing inequalities (s. 14T)  Each clinical commissioning group must, in the exercise of its functions, have regard to the need to—</p> <ul style="list-style-type: none"> <li>(a) reduce inequalities between patients with respect to their ability to access health services, and</li> <li>(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services</li> </ul>
<p><b>5</b> Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>Potentially all our patients, carers, families and staff who have a protected characteristic but also the homeless, prisoners, refugees and asylum seekers and carers.</p>

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

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

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.1 Age</b>                      For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul> <p><i>Khan Raji 01/05/2021 14:17:13</i></p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b></p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p> <p><i>Khan Raji 01/05/2021 14:17:13</i></p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p> <p><i>Khan Raji 01/05/2021 14:17:13</i></p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.4 People who are married or who have a civil partner.</b></p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p> <p><small>Khan Raj 01/05/2021 14:17:13</small></p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>
<b>6.7 People with a religion or belief or with no religion or belief.</b>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
The term 'religion' includes a religious or philosophical belief	treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.	of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.	
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> </ul>	There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected	The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated	Promote the policy on the WOD intranet/internet pages.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<ul style="list-style-type: none"> <li>the same sex (lesbian or gay);</li> <li>both sexes (bisexual)</li> </ul>	<p>characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>as progress is made on the SEP Action Plan.</p>	
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements such as the Welsh Language Standards. Although Welsh Language speakers are not covered under the Equality Act 2010 this group will be</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>		
<p><b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill health</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers, contractors and communities.</p>		
<p><b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p> <p><i>Khan Raji 01/05/2021 14:17:13</i></p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group, which includes</p> <ul style="list-style-type: none"> <li>• People living in deprived areas.</li> <li>• People living in remote and rural locations</li> </ul> <p>will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.		
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group, which includes:</p> <ul style="list-style-type: none"> <li>• Homeless people or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&amp;Bs.</li> <li>• Those who have dependants</li> <li>• Those involved in the criminal justice system: offenders in prison/on probation, ex-offenders.</li> <li>• People with addictions and</li> </ul>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>substance misuse problems.</p> <ul style="list-style-type: none"> <li>• People who have low incomes.</li> <li>• People who have poor literacy.</li> <li>• People living in deprived areas.</li> <li>• People living in remote, rural and island locations.</li> <li>• Refugees and asylum seekers</li> <li>• People in other groups who face health inequalities; will be treated inclusively and equally and in accordance with best practice procedures/guidelines.</li> </ul> <p>We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of anyone from any of our communities.</p>		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p> <p><i>Khan Raji 01/05/2021 14:17:13</i></p>	<p>Health inequalities can cut across a range of social and demographic indicators including socio economic status, occupation, geographical location and protected characteristics. There is clear evidence that reducing health inequalities improves life expectancy and reduces disability across the social gradient. Tackling health inequalities is therefore core to improving access to services, health outcomes and improving the quality of services and the experiences of people. Reducing health inequalities is also core to the NHS Constitution and the values and purpose of the NHS. Unlike the nine protected characteristics in the Equality Act</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	2010, there is no list of groups enshrined in the National Health Service Act 2006 in relation to the duties on reducing health inequalities. However, research has identified that a range of groups and communities are at greater risk of poorer access to health care and poorer health outcomes		
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier</p>	There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group would be able to access the services we promote to improve or maintain a healthy lifestyle.	The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.	Promote the policy on the WOD intranet/internet pages.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Wales			
<p><b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers, contractors and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>
<p><b>7.4 People in terms of their use of the physical environment:</b></p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers, contractors and communities.</p>	<p>of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity;</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers, contractors and communities.</p>		
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>The policy does not appear to directly impact.</p>	<p>There are no recommendations necessary at this time.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

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

<p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p>	<p>The policy demonstrates the Health Board’s commitment to ensuring that:</p> <ul style="list-style-type: none"> <li>• the services we provide meet the needs of our service users</li> <li>• service users and employees are treated with dignity and respect</li> <li>• discrimination, harassment and victimisation are not tolerated</li> <li>• equality and inclusion becomes a part of all we do.</li> </ul>
--	---

**Action Plan for Mitigation / Improvement and Implementation**

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.2 What are the key actions identified as a result of completing the EHIA?</b></p>	<p>The key action is to raise awareness of the policy throughout the organisation.</p>	<p>Equality Manager</p>	<p>On approval of policy</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

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	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>There is no need to undertake a more comprehensive EHIA as the policy was reviewed as part of the consultation and engagement work on the Strategic Equality Plan – Caring about Inclusion 2020-2024</p>	<p>Equality Manager</p>	<p>31 March 2023</p>	<p>To promote the new policy once approved.</p>

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>The policy will continue unchanged as there are no significant negative impacts identified at this time.</p> <p>The policy will be presented to the Employment and Policy Sub-Group during September 2020</p> <p>The policy will be published, along with this Impact assessment once approved</p> <p>The policy, along with the EHIA, will be monitored and reviewed annually. It will be reviewed in 2023 or earlier due to legal requirements or other significant/appropriate times.</p>	Equality Manager	Annually until 2023	To promote the new policy once approved.

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<b>Title:</b>	<b>Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets</b>				
<b>Meeting:</b>	Strategy & Delivery Committee			<b>Meeting Date:</b>	12 <sup>th</sup> January 2021
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	x <b>For Information</b>
<b>Lead Executive:</b>	Executive Director of Public Health				
<b>Report Author (Title):</b>	Principal Health Promotion Specialist Head of Commercial Services				

## SITUATION

Cardiff and Vale University Health Board (UHB) formally adopted the Healthy Eating Standards for Restaurant and Retail Outlets in December 2015. The Standards have been implemented across all UHB-run restaurant and retail food outlets, and are regularly audited to monitor and ensure compliance with the Standards. We were the first Health Board in Wales to adopt this approach, whereby a minimum of 75% of the food and drink on offer in our restaurants and retail outlets are classed as healthier options, and this has been noted as best practice by the Healthy Weight Healthy Wales Implementation Board.

In March, due to COVID-19, the decision was taken to suspend the audit schedule for the Restaurant Standards for the foreseeable future. The Working Group recently met to discuss how to proceed but recognise the challenges to remobilisation of the restaurant standards, which include the redeployment of key Catering and Public Health Staff along with a revised food service offer and the temporary closure / reuse of some of the catering outlets.

The redevelopment of the Concourse at UHW has also been suspended since March. Prior to this, a questionnaire was sent to all prospective external / commercial providers, which asked them to identify the impact of the Standards on their profit margin. As a direct result of COVID-19, the Expression of Interests (EOI) process was unable to be completed.

## BACKGROUND

In Cardiff and Vale of Glamorgan, less than a third (31%) of adults report eating the recommended 5 portions of fruit and vegetables a day and over half of the adult population (56%) are overweight or obese. We know that being overweight or obese puts us at greater risk of developing chronic health conditions such as type 2 diabetes and coronary heart disease, and COVID-19. For those living in more disadvantaged areas in Cardiff and the Vale, access to healthy, affordable food is often difficult.

Cardiff and Vale UHB is committed to caring for people and keeping people well. A substantial amount of work with colleagues from Catering, Procurement and Public Health Dietetics has been

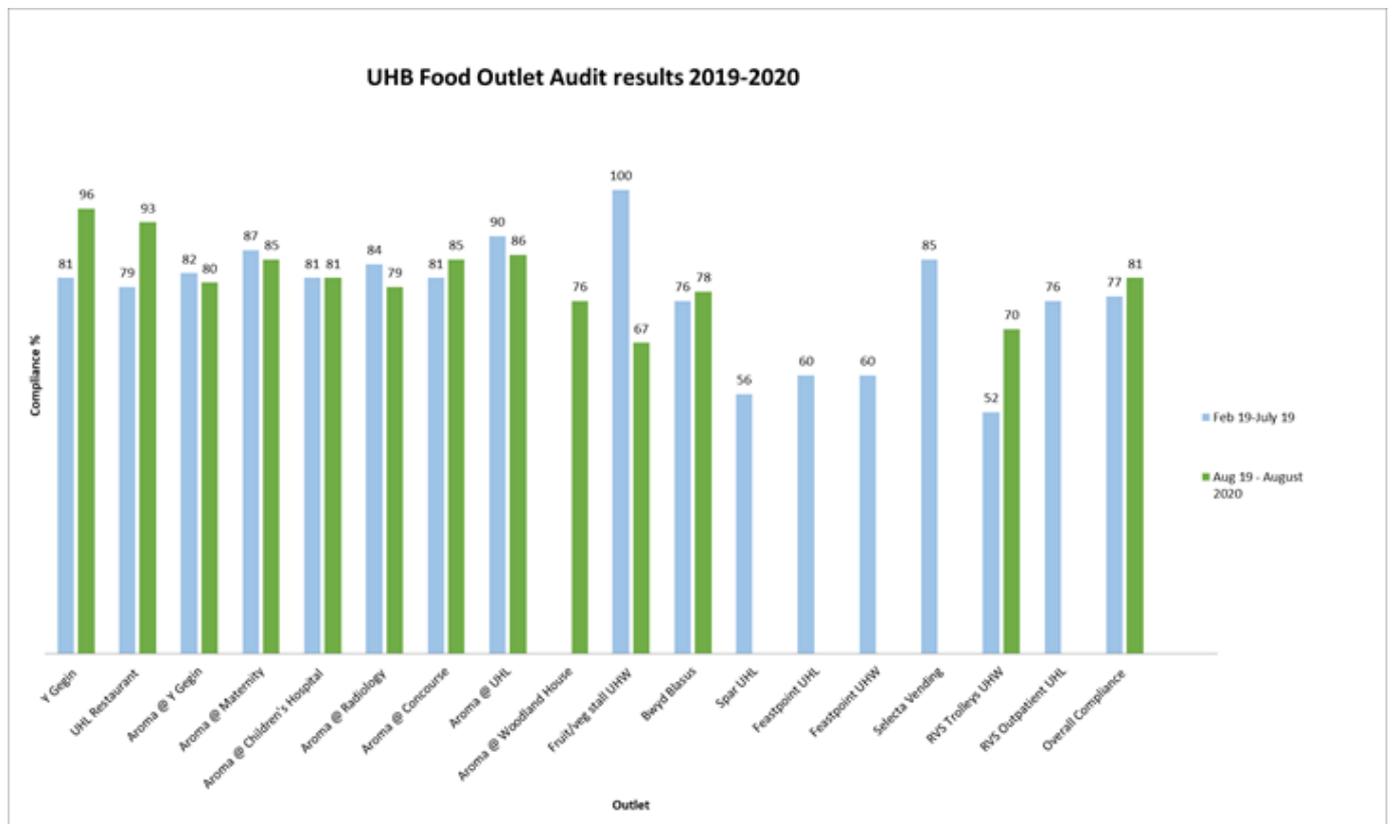
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delivered to provide a retail food offer to our staff, visitors and patients that is healthier in terms of low fat, low sugar options. The consumer and retail experience has been greatly improved. Our main aim is to ensure that the healthy food choice is the easy choice on offer across all of our outlets. However, we cannot underestimate the impact that COVID-19 has had on the food service we are able to offer currently.

## ASSESSMENT

### Restaurant and Retail Standards

Since the introduction of the Restaurant and Retail Standards, compliance with the 75-25% split in favour of healthy options has increased and at the last audit, we achieved a 77% compliance across all of our food retail outlets – this includes both restaurants, Y Gegin and at UHL - and the Aroma outlets.



We also audit the Spar convenience store at UHL and the Royal Voluntary Service Trolleys at UHW and UHL. Vending is included in the criteria, based on guidance from Welsh Government for healthy vending. The Standards were refreshed recently, and take into account the Welsh Government Allergens Alert, ensuring our compliance with the requirements.

In order to evaluate our position, we have begun a 'light touch' audit process, the results of which will influence our action plan. Not all of the current food products on offer comply with the Standards due to the need to provide more convenience-type foods, such as sandwiches, pies

and pasties for example so we will need time to adjust the food offer accordingly and agreement on the timescale within which this should happen. The Working Group is mindful of the current pressures faced by Catering Staff as they deliver a 24/7 catering service across all our sites, and key Public Health Staff have been redeployed to Contact Tracing roles until the end of September. We will also need to assess the market information and responses from any potential providers for the Concourse in order to determine if there is any impact on the Policy requirements and the extent to which it should apply to this arena, alongside the application to our own UHB-run outlets, as per current arrangements.

### **UHW Concourse redevelopment Covid-19 Commercial Impact**

The Retail sector is now undergoing a significant turbulent period and under that basis it is suggested that any interest to date ***submitted via Expression of Interests (EOI) and also the draft HODs pre COVID-19 may now not be current and relevant*** and on that basis it may be appropriate to reconsider our planning for the immediate / short / mid and long term.

A period of re-adjustment, realization and impact assessment of the current Retail market positioning and that of the UHB retail tenants is suggested at this time in order to allow an accurate positioning to fully inform our planning process going forward and to mitigate and identified risks.

#### **Recommendation:**

- ***That new UHB retail space EOI process and procedure is re-commenced in January 2021*** directly due to current levels of uncertainty in the retail sector, to fully inform a realisation and impact assessment of UHB Retail market positioning, in order to to accurately inform our Strategic Plan going forward and to mitigate identified risks.
- In order to ensure consistency and reinforcement of our public health messages, the criteria, which requires a 75%, split in favour of healthier options should continue only for all our own outlets at this time, until the data from potential providers has been assessed.

**ASSURANCE** is provided by:

These UHB Healthy Eating Standards for Hospital Restaurant and Retail Outlets have changed the balance of healthier food provision on our sites.

#### **RECOMMENDATION**

The Committee is asked to:

- SUPPORT the reintroduction of the audit schedule, applicable to in-house catering outlets at this time
- SUPPORT continued development of this work to include an assessment of the market and potential impact of the standards on external providers
- ***SUPPORT that new UHB retail space EOI process and procedure is re-commenced in January 2021*** directly due to current levels of uncertainty in the retail sector, to fully inform

a realisation and impact assessment of UHB Retail market positioning, in order to accurately inform our Strategic Plan going forward and to mitigate identified risks.

### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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



<b>Report Title:</b>	<b>Tertiary Services Planning Update</b>				
<b>Meeting:</b>	Strategy and Delivery Committee			<b>Meeting Date:</b>	12/01/21
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	x	<b>For Approval</b>
<b>Lead Executive:</b>	<b>Executive Director of Strategic Planning</b>				
<b>Report Author (Title):</b>	<b>EDSP and Associate Programme Director for Tertiary Service Plan</b>				

#### **Background and current situation:**

As part of the development of our clinical services plan, we have developed a tertiary services plan, which is being taken forward in collaboration with Swansea Bay UHB and WHSSC.

The Tertiary Services Plan is being developed in response to Shaping Our Future Wellbeing and the need to ensure our services are safe and sustainable, and reflect the principles of value based health care.

Clinical and planning leads were established to develop the Tertiary Services Plan, and a formal partnership arrangement with Swansea Bay is ensuring the planning of tertiary services is done collaboratively, rather than competitively, across the two organisations.

This paper provides a brief progress report to the Committee.

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

Despite a delay with some elements of work because of the need to respond to the COVID pandemic, the work has continued and in some areas has accelerated because of the urgency to ensure services are sustainable going forward.

#### **Tertiary Services Plan – Initial phase of project completed, this includes:**

- Baseline assessment of all tertiary services, with a risk assessment of service sustainability, patient quality and safety, and delivery and performance
- SWOT analysis of UHB as a provider of tertiary services
- Vision statement
- Service action plan templates
- Evaluation methodology
- Draft interim report

The next phase of the project will be to engage on the draft interim report with all stakeholders, and to progress the development of service action plans. Following this, the project will move into the implementation phase. Work is ongoing to integrate the project into a broader programme which includes the development of the strategic case for UHW2 and Shaping our Future Clinical Services.

#### **Regional and Specialised Services Provider Planning Partnership (RSSPPP) – The**

partnership was established in Summer 2018, and over the last two and half years it has developed a comprehensive programme of work. The partnership agreed a Memorandum of Understanding in November 2020, which is scheduled for consideration and approval at the next meeting of the Management Executive. The current work programme includes:

- **Oesophageal and Gastric Cancer Surgery** – Following the development of a service specification for OG cancer surgery in 2019, a task and finish group was established to make recommendations on the service model for South and West Wales. The group was due to conclude in early 2021, following a public engagement exercise. In early to mid-December, Swansea Bay UHB requested support from the Cardiff and Vale service, as their consultant was not available for work. A temporary arrangement has been put in place, with a surgical team from Cardiff attending the weekly Swansea MDT and outpatients clinic. A number of patients have been prioritised to receive surgery in Cardiff. This arrangement will be formally reviewed at the end of January. It is not anticipated that this arrangement will impact on the delivery of the service for South East Wales. South Glamorgan and Swansea CHCs have been formally notified of the urgent service change, and the Board of CHCs has also been briefed. The timeline for the service model project is under review, recognising the challenges of progressing the engagement exercise during this phase of the pandemic.
- **Spinal Surgery** – Following a series of meetings with the spinal surgeons in Cardiff and Swansea over the last twelve months, high level consensus has been achieved on appropriate service model for South and West Wales. A project has been established to take this work forward, with RSSPPP acting as the Project Board. Two regional working groups have been established (South East and South West Wales) to identify and address issues with current spinal surgery pathways. This phase is scheduled to complete at the end of January. Following this phase, a supraregional working group will be set up to look at the supraregional pathways, and the interfaces between the two regions. The project is scheduled to complete at the end of March.
- **Hepato-Pancreato-Biliary Surgery** – support has been secured from the Wales Cancer Network to develop a service specification for HPB surgery. A Task and Finish Group has been established to develop a draft service specification. The document was issued for consultation with key stakeholders on the 10<sup>th</sup> December, and this is scheduled to conclude on the 31<sup>st</sup> January. The service specification is planned to be finalised and submitted to the WHSSC Joint Committee and NHS Wales Collaborative Executive Group for approval in March 2021.

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

Assurance is provided by:

- The partnership agreement with Swansea Bay UHB to oversee this work which is formalised in a Memorandum of Understanding;
- Regular engagement with WHSSC as commissioners of many of the services included within the Tertiary Services Plan;
- The engagement of key stakeholders including the CHCs.

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**Recommendation:**

The Committee is asked to:

- **NOTE** the update provided.

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

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

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

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

Individual EHIAs will be undertaken where relevant.



# Cardiff and Vale UHB

## Strategy & Delivery Committee Performance Indicators Dashboard

Draft – January 2021

Business Intelligence Service –  
Digital & Health Intelligence Directorate

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IBM Cognos Analytics

Unearth hidden insights with  
personalized analytics driven by AI

## Summary

Key Performance Indicators Summary

## Delivery Framework Dashboards

Improve Health & Wellbeing

Reduce Health Inequalities

Population Health

Reduce Harm and Variation

Planned Care

Unplanned Care

Place to Work

Work with Partners

## External Links

[NHS Wales Informatics Service \(NWIS\)](#)

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Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis

69.80%

70.00%

Ambulance Hand Over times within 15 minutes

20.19% ↓

60.00%

Ambulance Hand Over times within 60 minutes

82.20% ↓

100.00%

95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge

59.86% ↓

95.00%

Eradication of over 12 hour waits within all hospital emergency care facilities

92.16% ↓

100.00%

Increasing in-session theatre utilisation (adopting Newton measure)

66.00% ↓

85.00%

Reducing outpatient DNA rates for New appointments

10.00%

Reducing outpatient DNA rates for Follow Up appointments

13.00%

Hospital cancellations re-booked within 14 days

Patients waiting less than 26 weeks for treatment with a maximum wait of 36 weeks

% C&V residents who are CO validated as successfully quitting at 4 weeks

74.00% ↑

40.00%

% of C&V resident smokers who make a quit attempt via smoking cessation services

Clinical Coding completed within 30 days of episode end

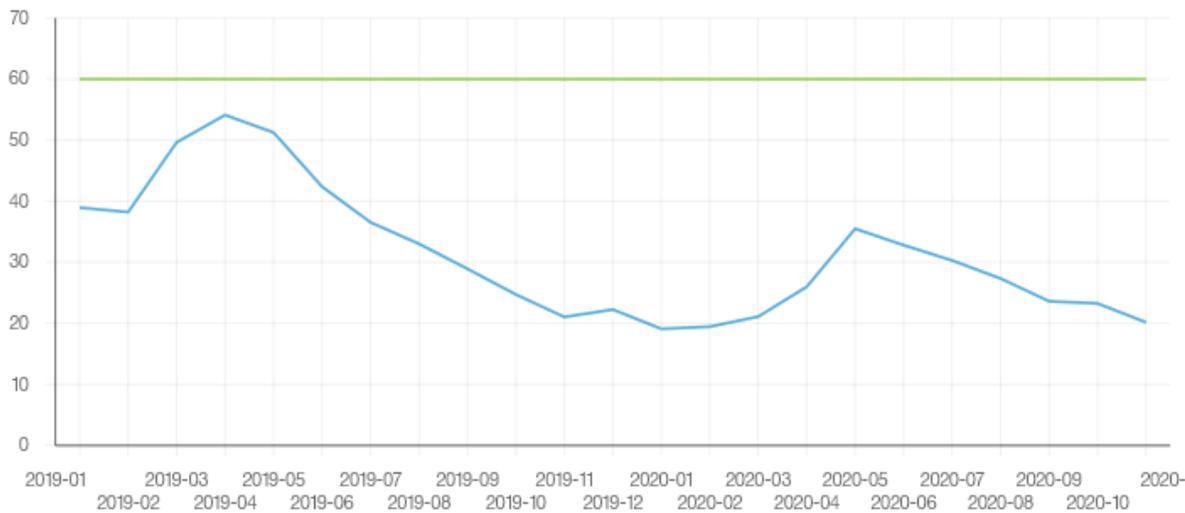
88.00% ↓

95.00%

Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 100k popn

Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions

### Ambulance handover 15 min compliance

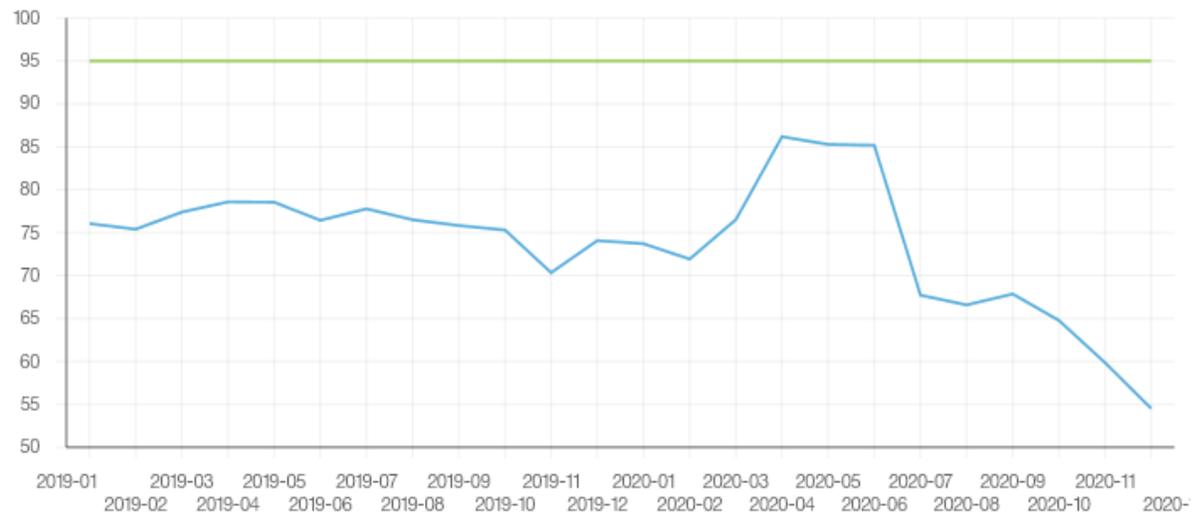


#### Measures

● C 15 Min Compliance ● C 15 Min Target



### EU percentage of patients seen within 4 hours

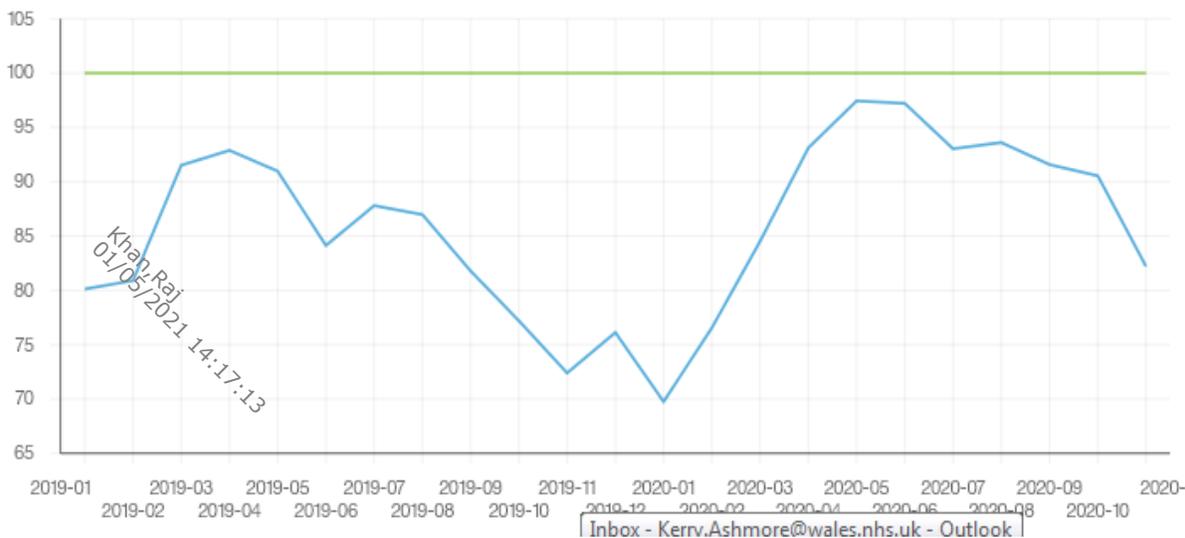


#### Measures

● Compliance 4 Hr ● Target 4 Hr



### Ambulance handover 60 min compliance

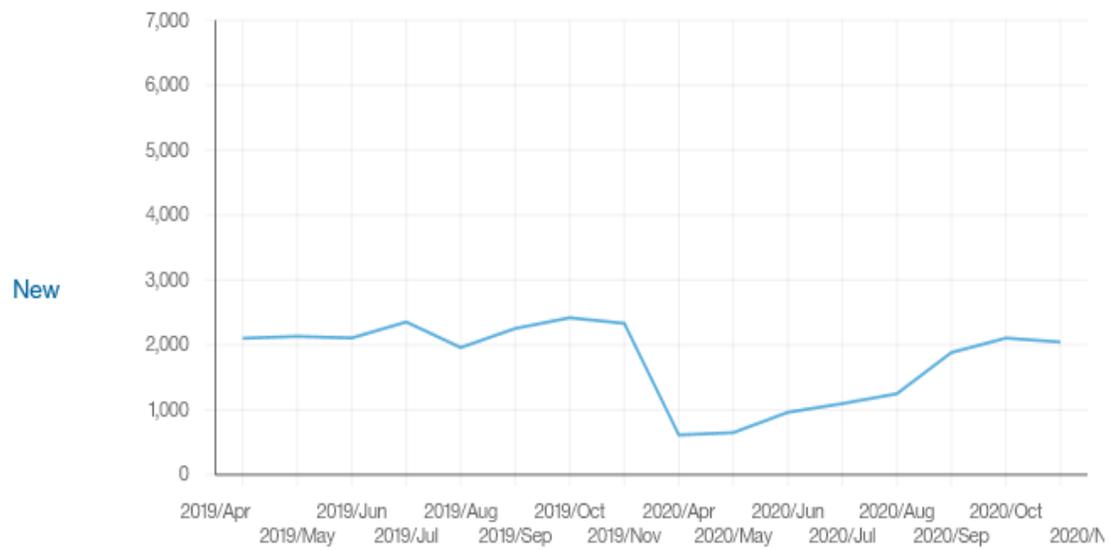


Inbox - Kerrv.Ashmore@wales.nhs.uk - Outlook

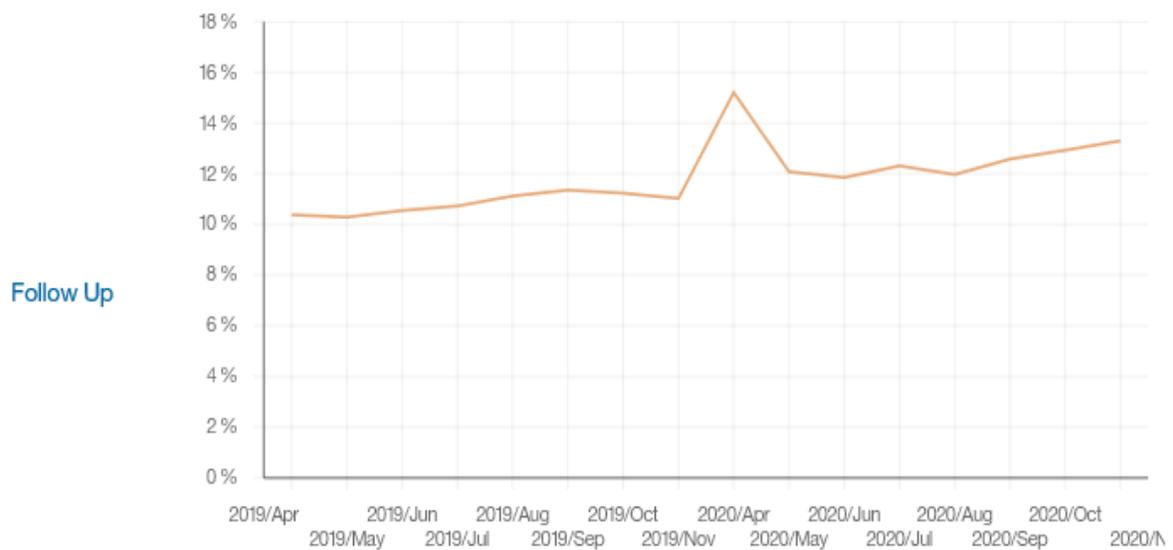
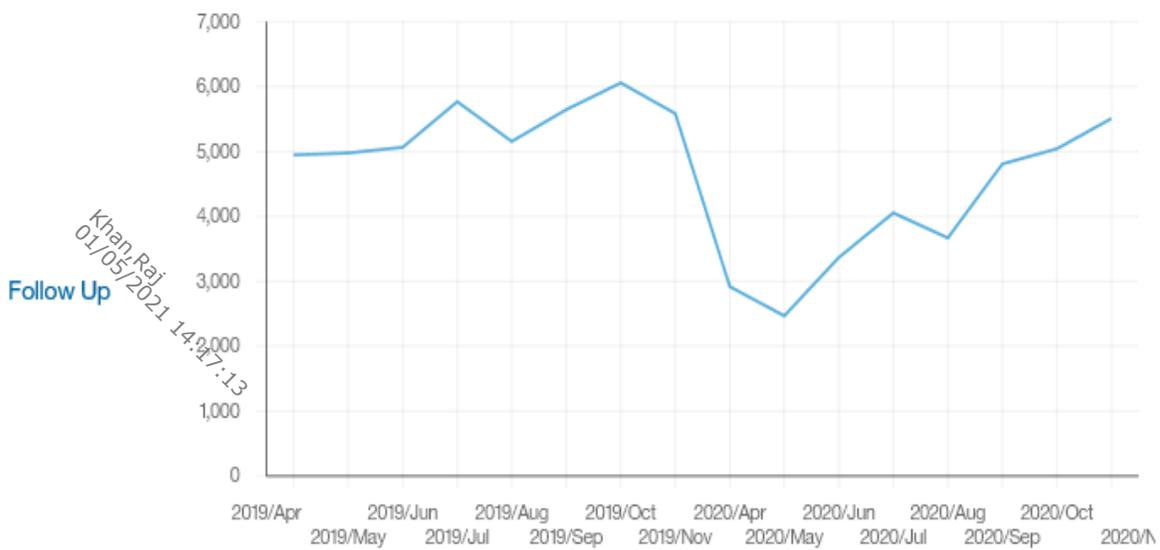
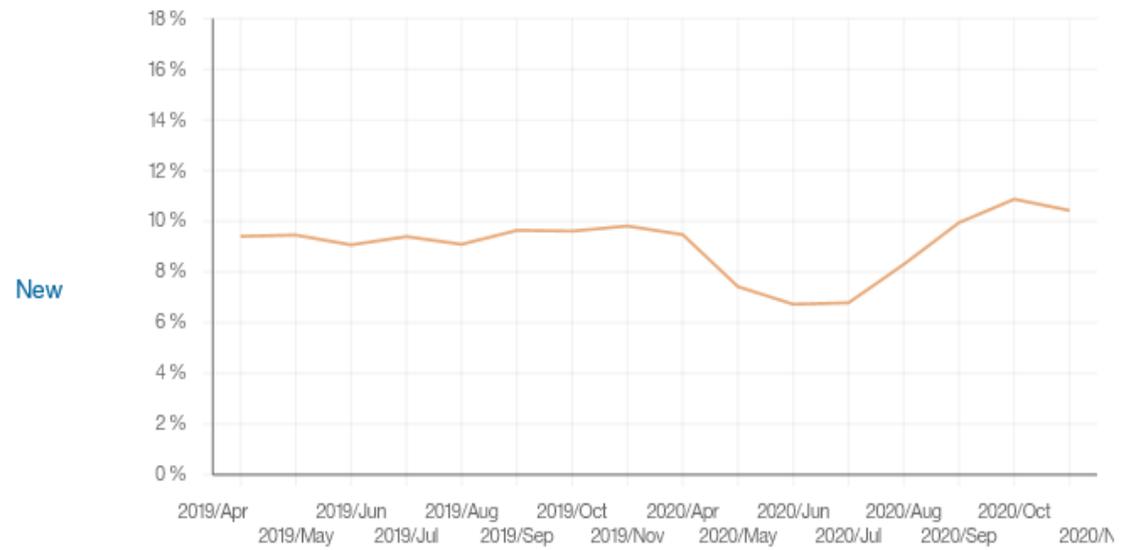
### EU percentage of patients seen within 12 hours



**OP DNA actual split by new / follow up**



**OP DNA rate split by new / follow up**



Select a chronic condition from the list below to apply a filter

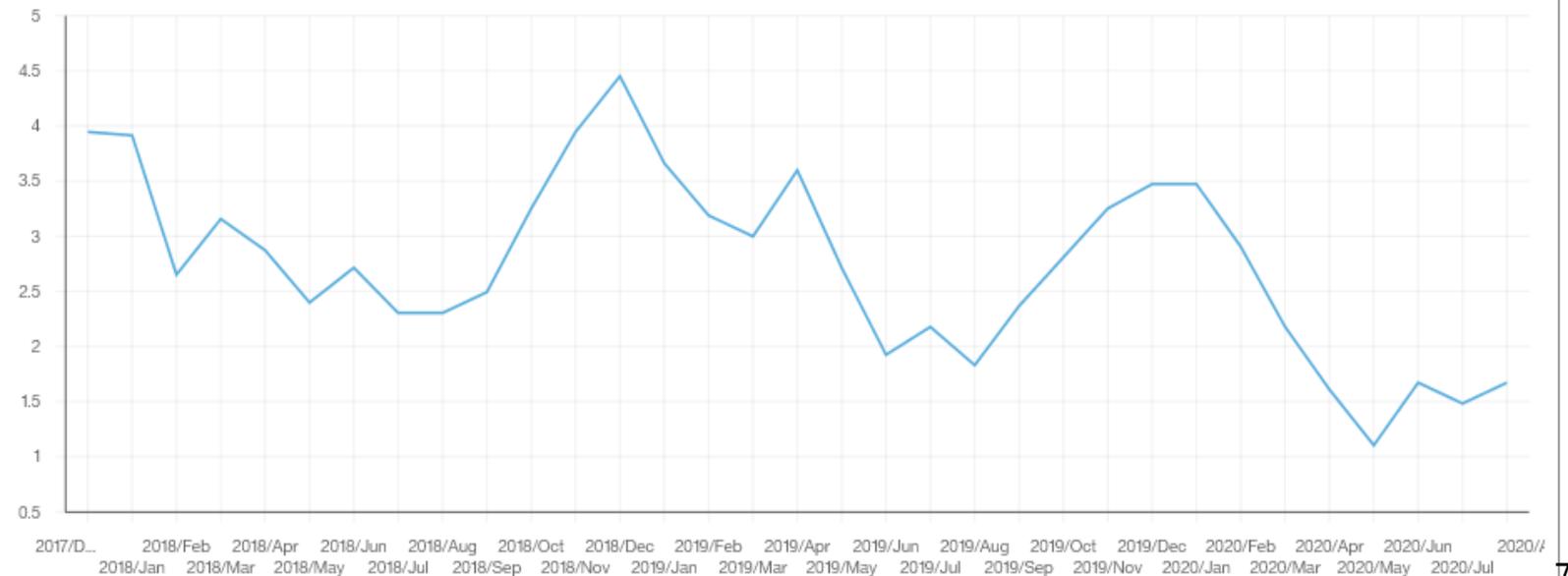
- Alzheimers
- Atrial Fibrillation
- CVA
- Cardiovascular
- Diabetes
- Musculoskeletal
- Neurological
- Other Symptoms
- Respiratory**

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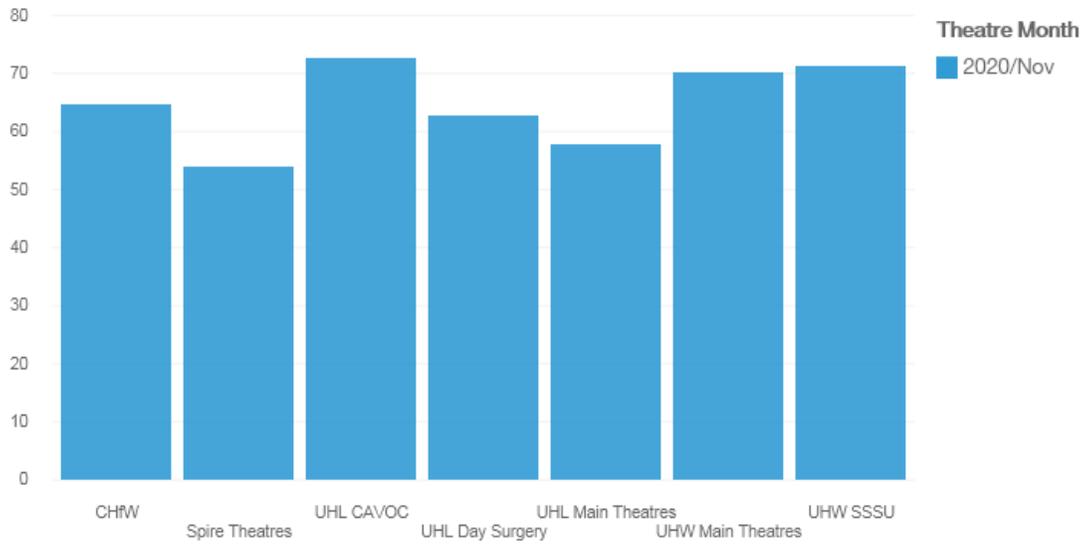
### Chronic conditions emergency readmissions



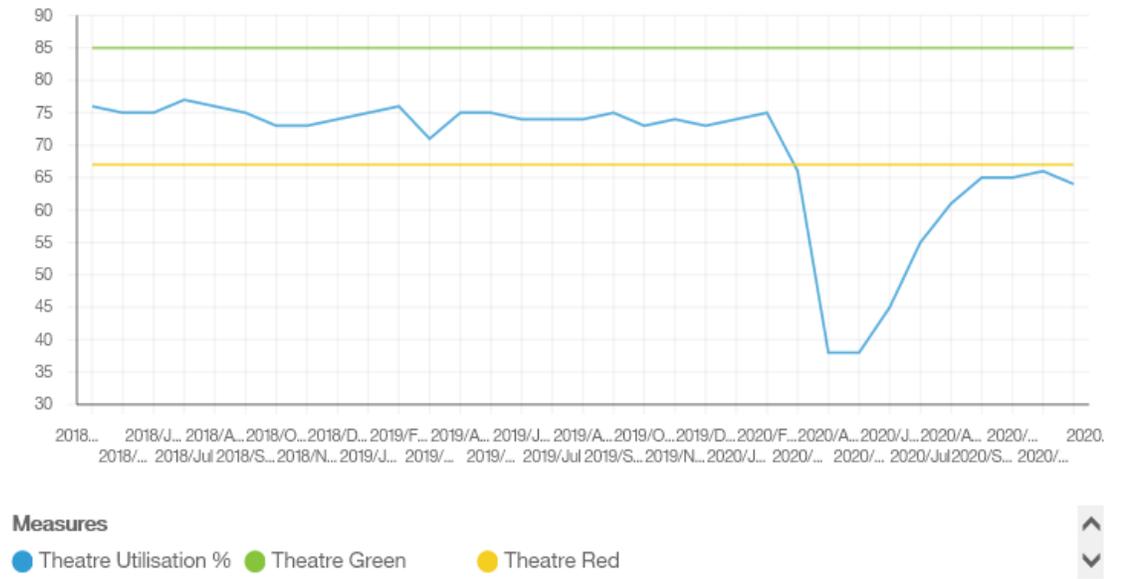
### Chronic conditions emergency admissions rate per 100k population



### Theatre suite utilisation current month



### Theatre Utilisation



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<b>Report Title:</b>	<b>Capital Programme Status Update</b>					
<b>Meeting:</b>	Strategy and Delivery Committee				<b>Meeting Date:</b>	12/01/21
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	x	<b>For Approval</b>	
<b>Lead Executive:</b>	<b>Executive Director of Strategic Planning</b>					
<b>Report Author (Title):</b>	<b>Executive Director of Strategic Planning</b>					

### Background and current situation:

The purpose of this paper is to provide the Committee with an update on the Health Board's 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 and Service Planning team.

The attached report, appendix 1 is the December 2020 Capital report which was to be considered at the Capital Management Group (CMG) at their meeting on 21<sup>st</sup> December 2020 and includes the financial position in relation to 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 £14.548m, 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 impact of the COVID-19 pandemic has required significant investment in enabling changes to the UHB estate, including development of areas for additional bed capacity, ITU spaces, creation of green and red zones and development of a 400-bed facility (Lakeside Wing).

The draft discretionary capital programme was discussed by the CMG prior to the commencement of the new financial year but the impact of the pandemic and the requirement to constantly change priorities resulted in the programme being reviewed on an almost daily basis to meet the demands of the service.

As the schemes were identified and developed, funding support was sought from Welsh Government, but works were often instructed to ensure that the challenging programmes to increase capacity were commenced at risk, funding has now been provided for Green & Amber zones.

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 15th December 2020 includes an allocation of £83.192m.

To date, the WG have provided £51.976m to fund 16 COVID related schemes, with a further £0.805m awaiting approval. However, WG have indicated that the availability of capital to support the All Wales Capital Programme is unsustainable and that Health Boards may need to manage additional schemes within their discretionary capital funding. The result of this is that a number of business case developments will have to be delayed and reductions to key areas of the discretionary capital programme will have to manage with a reduced budget.

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

Phase one of the Lakeside Wing was formally handed over on the 25<sup>th</sup> November 2020 as per the contract programme. A number of snagging items were identified which have either been addressed or will be completed by 18<sup>th</sup> December 2020 allowing occupation of the facility thereafter.

The UHB has benefited from a significant investment from WG to support its response to COVID19 in the sum of £51.976m.

The funding removed for backlog estates, medical equipment and IM&T has been reinstated following Green & Amber Zone funding from WG.

The Genomics OBC was submitted to WG 4<sup>th</sup> December 2020 following Board approval 26<sup>th</sup> November 2020. In order to meet March 2021 submission approval by WG an alternative option for reaching target cost would be required otherwise submission would not be until June 21.

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

The Committee is reminded that the UHB have a statutory obligation to remain within their capital resource limit.

Consideration has been given to the overall capital programme including committed spend to date, an appropriate point at which to stop some of the schemes progressing and risks associated with delaying the development of a number of Business Cases.

**Radiopharmacy** - There is no funding identified within the capital programme to enable the development of the FBC whilst the OBC is in scrutiny.

**Wellbeing Hub Park View** - There is no funding identified within the capital programme to enable the full development of the OBC.

**CRI Redevelopment Scheme (Overall Site)** – ME agreed to progress OBC to point of submission to WG in January 2021.

**CRI Safeguarding Works** – ME agreed to progress FBC to point of submission to WG in February 2021.

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**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	

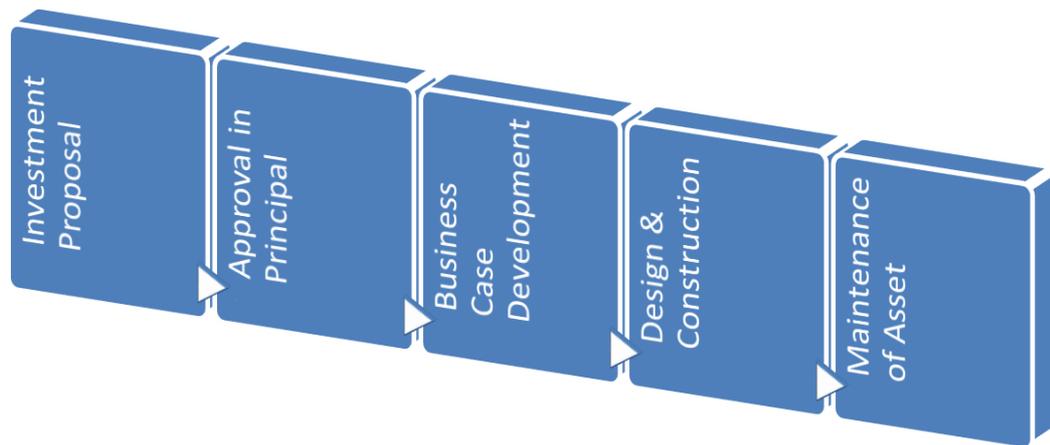
**Five Ways of Working (Sustainable Development Principles) considered**

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

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



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



## Capital Management Group Report 21<sup>st</sup> December 2020

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## Appendix 1 Notes of WG Capital Review Meeting

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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) (Page 6) dated 15<sup>th</sup> December 2020 is £83,192m which includes £14,548m Discretionary Allocation, £68,644m approved 'All Wales Capital Funding'. There were no capital projects without approved funding.

Phase one of the Lakeside Wing was formally handed over on the 25<sup>th</sup> November 2020 as per the contract programme. A number of snagging items were identified which have either been addressed or will be completed by 18<sup>th</sup> December 2020 allowing occupation of the facility thereafter.

The Genomics OBC was submitted to WG 4th December 2020 following Board approval 26th November 2020.

In order to meet March 2021 submission approval by WG an alternative option for reaching target cost would be required otherwise submission would not be until June 21.

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## 1.1 Project Initiation Enquiries (PIE's)

Desktop budget exercises have been undertaken on a number of PIE's and returned to the Clinical Boards for approval to proceed as funding has been identified from their operational budget or charitable funding.

### 1.1.1 Requests for Urgent Capital Funding (RUC)

The Director of Capital Estates and Facilities met with the Chief Operating Officer and the Operational Planning Director to review and discuss the following RUCs that had recently been submitted for consideration.

Number	Requester	Brief Description	Budget	Programme
RUC011	P.Williams	TDSI Installation Main entrance HYC	£7.2k – £8.4k	4 weeks
RUC012	P.Williams	TDSI Pine Ward HYC	£4.8-£6k	4 weeks
RUC013	H.Hancock	Canopy Paeds drive through – Diabetic Testing		
RUC014	A.Wright	B2 Offices		
RUC015	A.Wright	B3 Offices		

During the review undertaken on 16<sup>th</sup> December 2020 it was agreed that the requests above progress to the next stage.

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Requests for Urgent Capital Funding - LOG															
Part 1 - Request						Part 2 - Approval to Proceed			Part 3 - Budget				Part 4 - CMG (Sub Group) Approval		
Number	Requester	Date Received	Brief Description	Signed by DoO	Date signed by DoO	Approved / Rejected	Date	Comment	Budget	Programme	Signed by DoCEF	Date signed by DoCEF	Date of Meeting	Approved / Rejected	Comments
RUC001	C. Rowntree	24/08/2020	Paeds Intensive Care Unit UHW	√	24/08/2020	Approved	17/08/20	CMG	£80k - £95k	10-14 wks	√	28/08/2020	07/10/2020	Approved	07/10/20 Sub Group
RUC002	G.Johnston	25/08/2020	Paeds EU - UHW	√	25/08/2020	Approved	17/08/20	CMG	£12k - £18k	3-6 wks	√	28/08/2020	10/09/2020	Approved	
RUC003	T.Meredith	04/09/2020	Mass Vaccination - Star Leisure Centre	√	04/09/2020	Approved	02/09/20	Rev to Cap transfer - CL/BC	£65k - £80k	5-8wks	√	04/09/2020	10/09/2020	Approved	
RUC004	T.Meredith	04/09/2020	CTU - Whitchurch Mass Vaccination Woodland House	√	04/09/2020	Approved	02/09/20	Rev to Cap transfer - CL/BC	£100k - £130k	11-14 wks	√	04/09/2020	10/09/2020	Approved	
RUC005	A.Wright	25/09/2020	GZ Red/Amber Theatre 15	√	25/09/2020	Approved	25/09/20		£24k	8 weeks	√	25/09/2020	07/10/2020	Approved	GZ funding
RUC006	A.Wright	25/09/2020	GZ 4 bed to NIV (A3 Link)	√	25/09/2020	Approved	25/09/20		£29k	3 weeks	√	25/09/2020	07/10/2020	Rejected	Further info required
RUC007	M.Allen	02/10/2020	Works to several dental clinics across the UHB	√	02/10/2020	Approved	02/10/20	Email confirmation							
RUC008	V.Wilson	28/10/2020	TDSI installation Green Zone UHL West 4 & Maternity	√	28/10/2020	Approved	03/11/20	LD/SC	£13-16K	4-6 weeks	√	04/11/2020	04/11/2020	Approved	CMG Sub Group
RUC009	N.Gidman	28/10/2020	West 6 Green Zone UHL	√	28/10/2020	Approved	04/11/20	Impact on handover	£6.5k	2 weeks	√	05/11/2020	04/11/2020	Approved	GW/LD/SC
RUC010	P.Bracegirdle	12/11/2020	Dental Canopy	√	17/11/2020	Approved									
RUC011	P.Williams	03/12/2020	TDSI Installation Main entrance HYC	√		Approved	16/12/20	CB Funding	£7.2k - £8.4k	4 weeks					
RUC012	P.Williams	03/12/2020	TDSI Pine Ward HYC	√		Approved	16/12/20	CB Funding	£4.8k-£6k	4 weeks					
RUC013	H.Hancock	02/12/2020	Paeds drive through	√		Approved	16/12/20	Charitable funds							
RUC014	A.Wright		B2 offices	√		Approved	16/12/20								
RUC015	A.Wright		B3 offices	√		Approved	16/12/20								

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## 1.3 CAPITAL FINANCIAL SUMMARY

Capital Summary 2020/21	
<b>Overall Programme</b>	<b>£m</b>
<b>Funding 2020/21</b>	
Approved CRL 15th December 2020	(83.192)
Unapproved CRL 15th December 2020	(0.812)
Outstanding Funding (low risk)	£m
Cardiff CC CRI Chapel	(0.300)
Refit Energy Programme	(1.840)
<b>Total Outstanding Funding (Low Risk)</b>	<b>(2.140)</b>
<b>Total Funding</b>	<b>(86.144)</b>
<b>Expenditure 2020/21</b>	
Actual Expenditure YTD	61.755
Forecast Expenditure	23.197
<b>Planned Expenditure 2020/21</b>	<b>84.952</b>
<b>Breakeven Position (if all funding is approved)</b>	<b>(1.192)</b>
<b>Schemes Awaiting Approval Via WG</b>	<b>£m</b>
Covid 19 Green Zone UHL	(0.290)
Covid 19 Green Zone UHW	(0.522)
<b>Total</b>	<b>(0.812)</b>
<b>Movement from prior month</b>	<b>£m</b>
<b>Expenditure</b>	
NWSSP Monitors	1.173
NWSSP Ventilators	0.134
<b>Funding</b>	
Green & Amber Zones UHW	(0.349)
Green & Amber Zones UHW	(0.311)
NWSSP Monitors	(1.173)
NWSSP Ventilators	(0.134)
<b>Contingency</b>	<b>(0.500)</b>
<b>Underspends</b>	
Cystic Fibrosis Unit	(0.230)
CRI Chapel Redevelopment	(0.261)
Wellbeing Hub Penarth	(0.128)
HCID	(0.400)
Morgannwg Ward Barry Hospital	(0.036)
Glan Ely Ward St David's Hospital	(0.024)
Physio UHW 35 beds	(0.088)
UHL Between Wards 4 & 6	(0.025)

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1.3.1 CAPITAL FINANCIAL REPORT 2020/21														Dec-20	
Project	Exec Clinical Lead	Strategy	Matrix Ref	Status	Funding					Programme	Spend		Comments	Movement from Prior Month	
					Approved CRL	Approved Disc Capital CRL	Unapproved	Outstanding (Low Risk)	Total Funding	Planned Spend 20/21	Financial Risk Status	Actual			Forecast
					£k	£k	£k	£k	£k	£k	£k	£k			£k
<b>2020/21 Approved Capital Programme</b>															
<b>MAJOR CAPITAL</b>															
Rookwood Relocation	A.Harris		1.7	Construction	3,512	2,400	0	0	5,912	5,912	0	3,492	2,420	Current forecast overspend £755k will not be realised until 2021/22	St David's ward refurbishment £1.030m moved to 21/22
Cystic Fibrosis Unit	A.Harris		1.8	Construction	3,734	-381	0	0	3,353	3,123	-230	2,362	761	WG funding received	No Movement
CRI Block 11 2nd Floor	A.Harris		1.11	Construction	4,805	109	0	0	4,914	4,914	0	2,967	1,947	Forecast breakeven position	No Movement
Emergency Resus Reconfiguration (MTC Interim Plan)	A.Harris		1.3c	Construction	605	0	0	0	605	605	0	269	336	WG funding received	No Movement
MRI Slippage	A.Harris			Construction	250	0	0	0	250	250	0	250	0	Completed	No Movement
CT scanner - Emergency Unit	A.Harris		1.3e	Construction	427	0	0	0	427	427	0	255	172	WG funding received	No Movement
CT scanner - Emergency Unit	A.Harris		1.3e	Construction	233	0	0	0	233	233	0	0	233	WG funding received	No Movement
														Energy saving Programme	CRL £0.137m unapproved / ahead of programme £0.386m
Refit Energy Programme	A.Harris			Construction	0	-241		1,840	1,599	1,599	0	873	726	Awaiting funding letter	No Movement
<b>MAJOR CAPITAL COMMITMENTS</b>					<b>13,566</b>	<b>1,887</b>	<b>0</b>	<b>1,840</b>	<b>17,293</b>	<b>17,063</b>	<b>-230</b>	<b>10,468</b>	<b>6,595</b>		
<b>OTHER MAJOR CAPITAL</b>															
CRI SARC Redevelopment	A.Harris	SOFW	3.1a	OBC	0	0	0	0	0	0	0	0	0	On Hold	No Movement
CRI Chapel Redevelopment	A.Harris	SOFW	3.1b	Construction	2,633	-561		300	2,372	2,111	-261	1,601	510	Estimated completion Jan 21	No Movement
Wellbeing Hub Park View	A.Harris	SOFW	3.1c	OBC	0	189		0	189	189	0	172	17	On Hold	No Movement
Wellbeing Hub Penarth	A.Harris	SOFW	3.1d	FBC	224	0	0	0	224	96	-128	34	62	The FBC cost has increased significantly from OBC stage. A review and comparison is being undertaken to establish the causes.	No Movement
Wellbeing Hub Maelfa	A.Harris	SOFW	3.1e	FBC	245	35	0	0	280	280	0	269	11	Good progress made during the month with GPs re-engaged	No Movement
CRI Redevelopment Scheme (HWC)	A.Harris	SOFW	3.2	OBC	0	336		0	336	336	0	305	31	On Hold	No Movement
CRI Safeguarding Scheme	A.Harris	SOFW	3.2	OBC	0	0	0	0	0	0	0	0	0	Awaiting Funding	No Movement
<b>MAJOR CAPITAL COMMITMENTS</b>					<b>3,102</b>	<b>-1</b>	<b>0</b>	<b>300</b>	<b>3,401</b>	<b>3,012</b>	<b>-389</b>	<b>2,381</b>	<b>631</b>		
<b>TOTAL MAJOR CAPITAL</b>					<b>16,668</b>	<b>1,886</b>	<b>0</b>	<b>2,140</b>	<b>20,694</b>	<b>20,075</b>	<b>-619</b>	<b>12,849</b>	<b>7,226</b>		
<b>DISCRETIONARY CAPITAL &amp; PROPERTY</b>															
<b>Schemes B/F:</b>															
Western Services	A.Harris	IMTP	2.3k	Construction	0	71	0	0	71	71	0	71	0	Completed	No Movement
Riverside Roof	A.Harris	IMTP	2.3m	Construction	0	433	0	0	433	433	0	433	0	Completed	No Movement
Unit 4 Roof	A.Harris	IMTP	2.3x	Construction	0	106	0	0	106	106	0	106	0	Completed	No Movement
<b>Annual Commitments:</b>															
UHB Capitalisation of Salaries	A.Harris	IMTP		Annual Commitment	0	440	0	0	440	440	0	0	440	Capitalise staff Jan 21	No Movement
UHB Director of Planning Staff	A.Harris	IMTP		Annual Commitment	0	165	0	0	165	165	0	0	165	Capitalise staff Jan 21	No Movement
UHB Revenue to Capital	A.Harris	IMTP		Annual Commitment	0	1,215	0	0	1,215	1,215	0	718	497	WG funding received	No Movement
UHB Accommodation Strategy	A.Harris	IMTP		Annual Commitment	0	200	0	0	200	200	0	53	147	WG funding received	No Movement
UHB Misc / Feasibility Fees	A.Harris	IMTP		Annual Commitment	0	100	0	0	100	100	0	57	43	WG funding received	No Movement
<b>IM&amp;T:</b>															
Backlog IM&T	D.Thomas	IMTP		Annual Commitment	0	500	0	0	500	500	0	107	393	WG funding received	Recovery Plan adjusted (£0.250m)
Proxime IT Project	D.Thomas	IMTP		Annual Commitment	0	100	0	0	100	100	0	11	89	WG funding received	Recovery Plan adjusted (£0.250m)
<b>Medical Equipment</b>															
Backlog Medical Equipment	F.Jenkins	IMTP		Annual Commitment	0	1,000	0	0	1,000	1,000	0	461	539	WG funding received	Recovery Plan adjusted (£0.500m)

Statutory Compliance:															
Fire Risk Works	A.Harris	IMTP		Annual Commitment	0	200	0	0	200	200	0	0	200	WG funding received	No movement
Asbestos	A.Harris	IMTP		Annual Commitment	0	400	0	0	400	400	0	43	357	WG funding received	No movement
Gas infrastructure Upgrade	A.Harris	IMTP		Annual Commitment	0	300	0	0	300	300	0	26	274	WG funding received	No movement
Legionella	A.Harris	IMTP		Annual Commitment	0	450	0	0	450	450	0	78	372	WG funding received	No movement
Electrical Infrastructure Upgrade	A.Harris	IMTP		Annual Commitment	0	150	0	0	150	150	0	18	132	WG funding received	No movement
Ventilation Upgrade	A.Harris	IMTP		Annual Commitment	0	500	0	0	500	500	0	317	183	WG funding received	No movement
Electrical Backup Systems	A.Harris	IMTP		Annual Commitment	0	250	0	0	250	250	0	122	128	WG funding received	No movement
Upgrade Patient Facilities	A.Harris	IMTP		Annual Commitment	0	350	0	0	350	350	0	40	310	WG funding received	No movement
Dedicated Team	A.Harris	IMTP		Annual Commitment	0	200	0	0	200	200	0	0	200	WG funding received	No movement
Other:															
Backlog Estates	A.Harris	IMTP		Annual Commitment	0	981	0	0	981	981	0	188	793	WG funding received	No Movement
Linen Room	A.Harris	IMTP		Tender	0	61	0	0	61	61	0	61	0	Completed	No Movement
C4 Day room	A.Harris	IMTP		Construction	0	12	0	0	12	12	0	12	0	Funded via service	No Movement
Bed Storage	A.Harris	IMTP	2.3ee	Construction	0	235	0	0	235	235	0	227	8	Completed	No Movement
UHW Sw itchboard	A.Harris		2.3cc	Design	0	60	0	0	60	60	0	0	60	WG funding received	No Movement
CEF Training Facility	A.Harris		2.3dd	Design	0	0	0	0	0	0	0	0	0	On Hold	No Movement
Maternity Air Plants	A.Harris	IMTP	2.3h	Construction	0	240	0	0	240	240	0	184	56	On Site	No Movement
Ward refurbishment programme	A.Harris	IMTP	2.4	Design	0	0	0	0	0	0	0	0	0	On Hold	No Movement
UHW Dementia / Integrated Care Facility/ Ambulatory Care /	A.Harris	IMTP	2.3c	Construction	0	544	0	0	544	544	0	315	229	Completed	No Movement
Theatre 0 sterile store	A.Harris	IMTP	2.3f	Design	0	0	0	0	0	0	0	0	0		No Movement
R&D Joint Proposal Lakeside (C&V contribution)	A.Harris	IMTP	1.12	Design	0	257	0	0	257	257	0	0	257	3 cost options £105k, £542k, £818k excluding fees, VAT, Non works	No Movement
Lift Upgrade (3 lifts)	A.Harris	IMTP	2.4b	Construction	0	151	0	0	151	151	0	56	95	On Hold	No Movement
Lift electrical supply upgrade scheme	A.Harris	IMTP	2.3j	Construction	0	70	0	0	70	70	0	0	70	On Site	No Movement
Mortuary Roof UHL	A.Harris	IMTP	2.3i	Construction	0	75	0	0	75	75	0	0	75	On Site	No Movement
Carmarthen House	A.Harris	IMTP	2.3v	Construction	0	103	0	0	103	103	0	103	0	Completed	No Movement
Pembroke House	A.Harris	IMTP	2.3w	Design	0	0	0	0	0	0	0	0	0	On Hold	No Movement
RUC 001PICU (CHFW)	A.Harris	RUC	2.3x	Tender	0	95	0	0	95	95	0	95	0	Estimated cost	RUC approved CMG Sub Group 7/10/20
RUC 005 Theatres 15 Segregation (UHW)	A.Harris	RUC		Tender	0	24	0	0	24	24	0	24	0	Estimated cost	RUC approved CMG Sub Group 7/10/20
RUC 006 4 bed to NIV (A3 link)	A.Harris	RUC		Rejected	0	0	0	0	0	0	0	0	0		
RUC 007 Dental Clinics across UHB	A.Harris	RUC		CMG sub group	0				0	0	0	0	0		
RUC 008 TDSI G&A Zones UHL	A.Harris	RUC		Tender	0	16	0	0	16	16	0	16	0		
RUC 009 West 6 G& Zones UHL	A.Harris	RUC		Tender	0	7	0	0	7	7	0	7	0		
Emergency Contingency	CMG	IMTP			0	500	0	0	500	500	0	0	500		Recovery Plan adjusted (£0.500m)
Unallocated	CMG	IMTP			0		0	0	0	0	0	0	0		Recovery Plan adjusted (£0.176m)

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COVID SCHEMES					0	10,561	0	0	10,561	10,561	0	3,949	6,612		
HCID	A.Harris	Covid-19		Construction	6,250	0	0	6,250	5,850	-400	5,764	86	Funded via WG	Project underspend returned to WG £500k contingency and £500k unapproved allocation	
Oxygen Infrastructure Works @ UHW	A.Harris	Covid-19		Completed	350	20	0	370	370	0	370	0	Funded via WG	No Movement	
Morgannwg Ward Barry Hospital	A.Harris	Covid-19		Completed	239	0	0	239	203	-36	203	0	Funded via WG	Project underspend returned to WG £258k	
Glan Ely Ward St David's Hospital	A.Harris	Covid-19		Completed	136	0	0	136	112	-24	110	2	Funded via WG	Project underspend returned to WG £102k	
Mobile CT Scanner	A.Harris	Covid-19		Completed	600	0	0	600	600	0	600	0	Funded via WG	No Movement	
COVID 19 - digital / inpatient / critical care beds	A.Harris	Covid-19		Completed	1,071	0	0	1,071	1,071	0	1,030	41	Funded via WG	No Movement	
Pharmacy Equipment	F.Jenkins	Covid-19		Tender	28	2	0	30	30	0	30	0	WG funding received	No Movement	
Digital Devices	A.Harris	Covid-19		Completed	589	0	0	589	589	0	341	248	Funded via WG	No Movement	
COVID 19 monitors and mobile X-ray	A.Harris	Covid-19		Completed	742	0	0	742	742	0	703	39	Funded via WG	No Movement	
Show er Blocks	A.Harris	Covid-19		Completed	0	41	0	41	41	0	41	0	Funded via WG	Funding received	
<b>Covid 19 Tranche 1</b>															
Testing Stations	A.Harris	Covid-19		Completed	8	0	0	8	8	0	8	0	Funded via WG	No Movement	
Covid Ward clean air system	A.Harris	Covid-19		Completed	191	0	0	191	191	0	191	0	Funded via WG	No Movement	
Medical gas UHW BOC	A.Harris	Covid-19		Completed	117	0	0	117	117	0	117	0	Funded via WG	No Movement	
Meraki boxes	A.Harris	Covid-19		Completed	50	0	0	50	50	0	50	0	Funded via WG	No Movement	
Medical Equipment	F.Jenkins	Covid-19		Completed	561	0	0	561	561	0	221	340	Funded via WG	No Movement	
NWSSP All Wales Procurement	A.Harris	Covid-19		Completed	100	0	0	100	100	0	100	0	Funded via WG	No Movement	
<b>Covid 19 Tranche 2</b>															
Physio UHW 35 beds	A.Harris	Covid-19		Completed	775	0	0	775	687	-88	687	0	Funded via WG	No Movement	
UHL Between Wards 4 & 6	A.Harris	Covid-19		Completed	937	0	0	937	912	-25	914	-2	Funded via WG	No Movement	
DHH Capital Costs	A.Harris	Covid-19		Completed	2,792	0	0	2,792	2,792	0	2,532	260	Funded via WG	No Movement	
Covid 19 Green Zone UHL	A.Harris	Covid-19		Construction	810	0	290	1,100	1,100	0	861	239	Awaiting funding from WG	No Movement	
Covid 19 Green Zone UHW	A.Harris	Covid-19		Construction	893	0	522	1,415	1,415	0	1,076	339	Awaiting funding from WG	No Movement	
Covid 19 UHW C3	A.Harris	Covid-19		Construction	0	199	0	199	199	0	73	126	Funding to be requested WG	No Movement	
Covid 19 Heart & Lung bypass machine	F.Jenkins	Covid-19		Tender	200	0	0	200	200	0	0	200	Funding to be requested WG	No Movement	
Lakeside Wing UHW	A.Harris	Covid-19		Construction	33,230	0	0	33,230	33,230	0	26,958	6,272	Funded via WG	Funding received	
Covid 19 Tranche 5 NWSSP Equipment	A.Harris	Covid-19		Construction	1,307	0	0	1,307	1,307	0	1,307	0	Equipment Purchased on All Wales basis	Funding received	
<b>SCHEMES IN DEVELOPMENT</b>					<b>51,976</b>	<b>262</b>	<b>812</b>	<b>0</b>	<b>53,050</b>	<b>52,477</b>	<b>-573</b>	<b>44,287</b>	<b>8,190</b>		
Radiopharmacy	A.Harris	IMTP	1.13	Option Appraisal	0	349	0	349	349	0	133	216	Surveys progressed, site investigation works. End users reviewing room data sheets for finalisation	No Movement	
Hybrid/MTC Theatres	A.Harris	IMTP	1.1a	OBC	0	224	0	224	224	0	221	3	Scrutiny meeting held with WG in March 2020 - awaiting feedback from Val Whiting	Expenditure reduced to match cash flow 20/21	
Genomics (GPW)	L.Richards	IMTP	1.4	OBC	0	1,032	0	1,032	1,032	0	247	785	Funding to match expenditure	No Movement	
Sustainable Transport Hub	A.Harris	IMTP	1.5	BJC	0	0	0	0	0	0	0	0	On Hold	No Movement	
CAVOC	A.Tomkinson	IMTP	1.6	SOC	0	0	0	0	0	0	0	0	SOC submitted in March 2020 to WG for	Recovery Plan adjusted (£0.200m)	
UHL Engineering Infrastructure	A.Harris	IMTP	2.1	BJC	0	75	0	75	75	0	60	15	Developing BJC	No Movement	
Refurbishment of Mortuary UHW	A.Harris	IMTP	2.2	BJC	0	150	0	150	150	0	0	150	Developing BJC	Recovery Plan adjusted (£0.150m)	
Jungle Ward	S.McClean	IMTP	2.3a	Design	0	0	0	0	0	0	0	0	Charity Funded	No Movement	
Rainbow Ward (funded via Kidney Research Wales)	S.McClean	IMTP	2.3b	Design	0	9	0	9	9	0	9	0	Charity Funded	New year issue	
					<b>0</b>	<b>1,839</b>	<b>0</b>	<b>0</b>	<b>1,839</b>	<b>1,839</b>	<b>0</b>	<b>670</b>	<b>1,169</b>		
					<b>68,644</b>	<b>14,548</b>	<b>812</b>	<b>2,140</b>	<b>86,144</b>	<b>84,952</b>	<b>-1,192</b>	<b>61,755</b>	<b>23,197</b>		

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## 2.0 Major Capital Projects

The UHB currently has 26 approved schemes funded from the 'All Wales' Capital Programme, all of which are in Group 2, which are projects with approved funding. There are currently no schemes identified in Group 3, however WG have indicated that an updated CRL will be received imminently.

Of the 26 approved schemes, 16 of which are COVID related and amount to £51.976m.

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

- Outline Business Case for the Penarth Wellbeing hub  
*The outstanding information required by WG prior to approval of the BC remains the agreement of the HoTs for the land transaction and the receipt of the Outline Planning approval.*
- SOC for Additional Orthopaedic Theatres in CAVOC UHL. *WG have recently requested some additional information to support the Business Case submission.*
- Full Business Case for Maelfa Wellbeing Centre. *Following discussions with the GP's all relevant information previously reported as outstanding has been submitted to WG.*

### 2.1 Matrix Exception Reporting

The following information relates to the schemes included within the programme that have a high risk rating.

#### 2.1.1 UHW Major Trauma & Vascular Hybrid Theatre

2.1.1a Redesign and cost of revised options had been developed. A meeting was due to be held on 18th December 2020 to review the options with the intention of completing the Business Case for consideration by the UHB Board in their January 2021 meeting.

#### 2.1.2 Haematology Ward and Day Unit

2.1.2a The feasibility study identified in the previous report is progressing but has now broadened to include two ophthalmology theatres and an assessment of the number of beds that could be provided if we were to reconfigure to meet the relevant HBN/HTM Standards.

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### **2.1.3 Genomics Partnership Wales**

2.1.3a The Outline Business Case was submitted to WG 4<sup>th</sup> December 2020 following UHB Board approval 26<sup>th</sup> November 2020.

2.1.3b In order to meet March 2021 submission approval by WG an alternative option for reaching target cost would be required otherwise submission would not be until June 21.

2.1.3c GE have given access to the area for filming which is preventing intrusive surveys being undertaken to inform the Business Case

### **2.1.4 Provision of 2 new theatres in CAVOC UHL**

2.1.4a The scrutiny process is ongoing. The SOC cost forms have been returned to WG and Shared Services as requested. The RPA form is being finalised for return to WG.

### **2.1.5 Rookwood Relocation (CAC4)**

2.1.5a The project manager has indicated in their report, dated November 2020 that the projected funding shortfall has reduced by £164,996 resulting in an overspend of £792,856.

The costs are generally due to the unforeseen works to relocate staff from the templates and the change in design of the partitioned wall head fixing, as a result of the outcome of the Grenfell Fire Investigation with £170k related to the changes to working practices and delays associated with COVID19.

### **Horatio's Garden Charity**

2.1.5b Following a meeting with the Charity it was agreed to omit the instruction recently issued for the enabling works and to progress only with the construction of a footpath around the building to provide emergency evacuation. The UHB have agreed to progress the installation of the fence around the perimeter of the proposed garden area but no further works would be undertaken as part of the Rookwood contract as this caused a significant risk to the operational commissioning programme and occupation by patients from Rookwood.

### **St Davids Hospital**

2.1.5c The UHB have received advice from its Legal advisors in relation to the contract and in particular the proposed amended works instruction. It would appear that the health board are being asked to own some key risks. An example of such a risk would be if the building was damaged by fire as a result of the works undertaken by the contractors employed by Imagile, the UHB would not receive compensation over and above the works value.

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For example, if the value of the works order was £400k and as a result of an electrical fault a substantial part of the building was lost which could run in to several million pounds worth of damage the contractor would only pay the SPV (who own the asset) £400k and the difference would be the liability of the UHB.

### **2.1.6 Radiopharmacy**

2.1.6a The OBC was approved at UHB Board 26<sup>th</sup> November 2020 and submitted to WG for scrutiny.

2.1.6b There is no funding identified within the capital programme to enable the development of the FBC whilst the OBC is in scrutiny.

### **2.1.7 Endoscopy Expansion**

2.1.7a The project team are meeting on a weekly basis to develop the BJC for the provision of two additional endoscopy theatres and associated support facilities. It has been agreed that the design should meet the JACIE standards. It is anticipated that the BJC will be completed in March 2021.

### **2.1.8 UHL New Substation and Med Gases Upgrade**

2.1.8a The BJC is being prepared by the Service Planning lead to be presented at UHB Board in January 2021 followed by submission to WG January 2021. The single point of failure continues to be a high risk to the UHL site.

### **2.1.9 Theatre 0 Sterile Store UHW**

2.1.9a Discussions are being arranged with the Director of Operations to identify an estimated timeframe to commence with the works.

2.1.9b The existing ventilation installation is non compliant as the plant serves both the theatre 0 and the adjacent sterile store. During the last validation exercise this was identified as a risk as the air flow rates could be affected. A design has been completed and is ready to be issued for tender. However, the scheme has been put on hold as it would require works within the Green Zones.

2.1.9c The estimated budget for the scheme is circa £250k plus VAT and there is no identified finding to support the project.

### **2.1.10 Maternity Air Plant**

2.1.10a The validation report has indicated that the plant is at the end of its useful life and the service board have indicated that this is a priority as the plant can no longer be adjusted to improve air flows within the theatres.

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2.1.10b A tender had been issued previously with a return value of £407,522 inclusive of VAT. This tender may now be invalid due to the time lapse. There is not identified funding to progress the scheme.

### **2.1.11 Concourse Stairs UHW**

2.1.11a Design of the stairwell and main thoroughfare up to the ground floor radiology department is being developed with tenders scheduled to be issued in January 2021

2.1.11b Works will be undertaken during out of hours to ensure minimum disruption to patients, visitors and services.

### **2.1.12 Lift 3 refurbishment UHW**

2.1.12a The revised completion of the service lift is scheduled January 2021. The lift has been out of operation for several months as part of the refurbishment programme.

### **2.1.13 Holm View (Mass Immunisation Programme)**

2.1.13a Lease agreement remains outstanding.

2.1.13b The estimated cost of construction works is £150k. This excludes IT and any revenue costs.

2.1.13c It is anticipated that work will commence on site 4<sup>th</sup> January 2021 and complete 12<sup>th</sup> February 2021.

### **2.1.14 Pentwyn Vaccination Centre (Mass Immunisation Programme)**

2.1.14a The programme is dependent upon completion of the lease agreement and approval of the budget.

2.1.14b It is anticipated that works will commence on site 4<sup>th</sup> January 2021 on a 4 week programme.

### **2.1.15 Wellbeing Hub at Penarth**

2.1.15a The options developed by the design team will be presented at a meeting to be held on 18<sup>th</sup> December 2020.

### **2.1.16 Wellbeing Hub at Maelfa**

2.1.16a Following a discussion with the senior partners of the Llan Medical Practice the issues relating to the service charges and the design of the waiting area have been resolved and a copy of the Heads of Terms and a letter of support have been submitted to WG. These items were the final details required. We await formal approval of the FBC to enable the UHB to instruct the SCP to commence construction.

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3.0 CAPITAL DEVELOPMENT SCHEDULE							14/12/2020	
Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.1		<b>UHW Vascular Hybrid Theatre &amp; MTC Theatres</b> 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	Circa. £34m inc. equipment	Revised OBC Submission to WG January 2021	R	Redesign and cost of revised options are being considered	Meeting 18th December to review the options
1.2	CP021	<b>Haematology Ward &amp; Day Unit</b> To include Blood & Marrow Transplant Facilities <b>Advanced Cell Therapy</b> Provision of Advanced Cell Therapy is included in the Haematology Facility Development	Feasibility		End of December 2020	R		Undertake a review of the SoA to assess how it could be accommodated in the Lakeside Wing
1.3		<b>Polytrauma Ward A4</b> This scheme is related to MTC	On Hold				The scheme is currently on hold due to COVID	
1.4	CP045	<b>UHW Theatre Refurbishment and Decant</b> 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	<b>SOC Submission to WG June 2021 (May 2021)</b> OBC Submission to WG April 2022 FBC Submission to WG March 2023	G		
1.5	<b>Interim Major Trauma Centre (MTC) Works</b> 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	CP072	<b>Emergency Resus Reconfiguration</b> Free up additional beds for adult resus	Final Account £40k under	£462k				COMPLETED
b		<b>CT Scanner</b>	Construction		<b>Modus works completed</b> GE Commissioning due to complete w/c 14/01/21	G		

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.6		<b>Genomics (GPW)</b>  Development of a Genomic & Public Health Wales facility.	FBC Development	£15.323m	<b>OBC submitted to WG 04/12/2020</b>  FBC submission to WG March 2021	R	In order to meet March submission approval by WG an alternative option for reaching target cost would be required otherwise submission would not be until June 21.  GE have given access to the area for filming which is preventing intrusive surveys being undertaken to inform the Business Case	OBC submitted to WG 04/12/2020
1.7	CP049	<b>Sustainable Transport Hub</b>  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	<b>BJC Submission to WG Sept 2020 (April 2020)</b>	ON HOLD		On hold due to site being taken for surge facility
1.8	CP041	<b>Provision of 2 New Theatres in CAVOC &amp; 22 Bed decant</b>  Reconfiguration of CAVOC and Bethan Ward	SOC	£11m	<b>OBC Submission to WG TBA</b>  FBC Submission to WG TBA	R		RPA form to be submitted, cost forms have been resent to shared services as requested.
1.9	CP053	<b>Reprovision of Specialist Neuro &amp; Spinal Rehabilitation and Clinical Gerontology Services Project Team</b>  Rookwood relocation to UHL, CRI & St Davids	Construction Phase	£31m	<b>Current contract completion date 15th March 2021 (including CRI Bld 11 &amp;4)</b>  <b>Rookwood at UHL completion scheduled 15th February 2021</b>	R	The order to be placed by Horatios Garden with the contractor to undertake the enabling works has not been issued to WDC (Willmott Dixon Construction). This could impact on our ability to open the unit to patients in May 2021.	Difficulties remain HG charity  Proposal to undertake enabling works by the UHB with HG undertaking their works after contract completion
1.9a		<b>Horatio's Garden Charity</b>  Development of a neuro and spinal rehabilitation garden at UHL				R	Ongoing meetings with Charity to agree the works to be undertaken.	At the meeting scheduled December 2020 it was agreed to omit the instruction for the enabling work package
1.9b		<b>St Davids Hospital</b>				R	Ongoing discussions with legal advisors in relation to the proposed and amended works instruction	Advice has been received from the legal advisor, the UHB have been asked to own key risks.
1.9c		<b>CRI Block 11 &amp; 4; 2nd Floor (Inc. DATT)</b> Part of the programme to vacate Global Link by end of September 2019. Requirement to relocate mental health services to CRI, supporting the closure of Global Link	Construction	£5.132m	<b>Construction completion March 2021 (DATT December 2020)</b>	G	Predicting works to be under budget	The project is progressing well

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.10	CP025	<b>Upgrading of Cystic Fibrosis Facilities</b> Including additional capacity to accommodate growth in demand, as well as environmental improvements	Construction	£3.5m	Revised Construction completion 24/12/2020	G	Works are progressing in line with the revised programme and currently the project is within budget.	Equipment for the scheme is being funded via the departments charity.
1.11		<b>MRI Fit out Room 3</b> Part of Neonatal scheme	Construction	£4.5m	Handover scheduled October 2020			COMPLETED
1.13		<b>R&amp;D Facility at UHW</b> Joint Research and Development Facility UHB & Cardiff University 2nd Floor Lakeside Offices	Construction	£700k (£350 jointly funded)	Construction commencement January 2021	A	Solution on vacating 2nd floor of lakeside yet to be resolved, which could delay start on site	Cardiff University have indicated that they would like the facility to be open in March 2021
1.14	DC18044	<b>Radiopharmacy</b> 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	OBC	£12.756m	OBC submitted to WG Nov 2020	R		The OBC was presented at UHB Board 26th November 2020 and submitted to WG.
1.15		<b>Lakeside Wing</b> To provide a 400 bed surge capacity facility on the UHW site by October 2020	Construction	£33.5m	Phase 1 completion 25/11/20 Phase 2 completion 28/01/21	G		Handover of Phase 1 was achieved 25/11/2020 as per programme.  Phase 2 was progressing well.
1.16		<b>Refurbishment of Mortuary</b> Options to be developed for refurbishment of the existing mortuary or develop a new build in line with the Human Tissue Authority (HTA) recommendations following the latest inspection report.	Feasibility	£1.6m-£2m	Feasibility for completion Dec 2020	A		
1.17		<b>Endoscopy Expansion</b> Develop a BJC for the provision of two additional endoscopy theatres and associated support facilities to meet JACIE standards	BJC	£5m	Design End of January 2021 Tender End of February 2021 BJC Submission to WG March 2021	R		The project team are meeting on a weekly basis

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
2.1		UHL Engineering Infrastructure Upgrading of Sub Station	BJC	£5.5m	BJC Submission January 2021	R	Single source of failure, electrical supply.	BJC being prepared by service planning lead.
<b>2.2 OTHER SCHEMES</b>								
a		Green Zone UHW	Final Account	£1.5m	Phase 3 planned completion 25/11/2020	G	Costs for additional work being collated Phase 3 slipped: (1) M&E costs over budget (2) Contractors programme; Air Handling Unit lead	<b>COMPLETE</b> FINAL ACCOUNT ONGOING
b		Green Zone UHL	Final Account	£1m	Phases 2,3,4&5 completed.	G	Additional works instructed for West 6.	<b>COMPLETE</b> FINAL ACCOUNT ONGOING
c		Rainbow Ward Desk top budget exercise £600k	Tender	Funded by Kidney Research Wales (£600k)	Construction commencement anticipated May 2021	R	Tender return £1.2m which is over KRW funding availability	Continue to await approval from Clinical Board
d		UHW Dementia / Integrated Care Facility/	Final Account	ICF funding received £100k (Scheme will be more due to Amb care)	Phased handover: Ambulatory Care W/C 07/09/2020 Dementia/Integrated Care W/C 14/09/2020	G	Fire defect works being undertaken to change the roller shutter to ensure fire rated. Approx 2 week	Works complete, Final Account being agreed week commencing 2/11/20
e		Theatre 0 sterile store	Design	Est £250k (in year spend)	To be advised	R	Will be unable to undertake the work in this area whilst the green zone remains.	The design will be completed ready to issue to tender but will be placed on hold until we have further detail on green zone
f		Maternity Air Plant	Tender	£407,522k inc VAT	Awaiting funding	R	This plant is considered a priority for CEF as it does not meet current validation standards and cannot be adjusted to improve the airflow	The validation report confirms the plant is at the end of its useful life.
g		RO Plant on T5 added to project	Construction	£200,684k inc VAT	Construction Commencement 17/08/2020 Phase 1 Delivery date of RO plant scheduled mid-September 2020 Completion January 2021	G		Final account ongoing

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
<b>h</b>		Lift electrical supply upgrade scheme 8 lifts scheduled in the upgrade scheme. 2 units completed to date.	Phased Construction	£214k	Anticipated completion August 2020	<b>G</b>		<b>COMPLETE</b>
<b>l</b>		UHL Mortuary Roof	Construction	£75k	Construction commencement January 2021 4 week programme	<b>G</b>	Additional mortuary capacity required in the event of second wave of COVID19	Availability of materials may affect programme
<b>m</b>		Pembroke House Refurbishment	Design	£280k	Tender issue 14/12/20 Return 25/01/21	<b>G</b>	No funding identified	Risk rating reduced to Green as the scheme will be taken forward into the next financial year
<b>n</b>		Dental Riser - Electrical Works	BJC	£1-£1.5m	Design ongoing	<b>A</b>	Resource requirement, external resource being identified	UHB to discuss with WG availability of capital to support this project.
<b>o</b>		Ward 6 Refurbishment	On Hold			<b>G</b>		Moved to 2021/22 programme
<b>p</b>		UHW Switch Board Refurbishment of Area	Tender	£100k	Tender issue December 2020 Tender return 11 January 2021	<b>A</b>		
<b>q</b>		UHW Training Rooms for Facilities Centre of Excellence - Roof Replacement	Tender	£100k	Tender issue November 2020 Tender return 22 January 2021	<b>G</b>		Revised tender date due to resource availability
<b>r</b>		HCID unit	Construction	£7.5m	Completed	<b>G</b>		<b>COMPLETE</b>
<b>s</b>		Concourse Stairs	Design	£26k	Design December 2020 Mini comp tender Jan 21 Construction commence March 2021	<b>R</b>		The vinyl floor on the stairs is starting to detach and the ceramic tiles on the main thoroughfare are breaking in several areas. Health and Safety issue
<b>t</b>		Lift 3 Refurbishment	Construction	£151k	Completion January 2021	<b>R</b>	Further delay due to COVID19 and the contractos self isolating	
<b>u</b>		Linden House	Construction	£75k	Construction commencement 10/12/2020 Construction completion End of Jan 21	<b>G</b>	Delay due to resource	

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
<b>2.3 REQUESTS FOR URGENT CAPITAL FUNDING</b>								
a		Splott Vaccination Centre	On Site	£68k (Estimated costs)	Completion w/c 2nd November	G	Additional power required to Vaccination stations.	
b		Holm View Vaccination Centre	Design	£150k	Design completion 9th Nov  Start on site 4th January 2021 Completion on site 12th February 2021	R	Programme dependent upon completion of the lease agreement	Cost provided are for the construction costs only. (Exclude IT or any revenue associated costs)
c		Pentwyn Vaccination Centre	Design	£109k (Estimated Costs)	Design Completion 9th Nov Start on site 4th January 2021 Completion on site 25th Jan 2021	R	Programme dependent upon completion of the lease agreement  Awaiting approval of budget. Decant space required	Tenders returned and evaluated. Cost provided are for the construction costs only. (Exclude IT or any revenue associated costs)
d		Call Handling Centre Splott	Design	£125k (High level Estimated cost based around Holm)	Based on Holm View End of design 9th Nov Start on site 20th Nov Completion on site 25th Jan	R	Challenging programme as end user is requesting that the facility is available from Mid December . Currently working on revised programme with a view to phased handover The capital costs are based on estimates only.	<b>COMPLETE</b>

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
<b>3.1</b>	<b>SHAPING OUR FUTURE WELLBEING (SOFW) Health and Wellbeing Centres</b>							
<b>a</b>	CP056	CRI SARC Redevelopment	OBC	£10-12M	Appointment of SCP 12th & 18th November 2020	<b>A</b>		
<b>b</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	Construction	£3.5m	Start on site 16 March 2020 Planned Completion 07/01/2021	<b>G</b>		
<b>c</b>	CP060	Wellbeing Hub @ Park View	OBC	£16-£20m		<b>ON HOLD</b>	Management Executive have agreed to suspend the development of the OBC as of the end of August 2020 and the SCP will be stood down.	
<b>d</b>	CP058	Wellbeing Hub @ Penarth	FBC	£11.553m (£1.8m over (£6m)	Anticipated FBC Submission to WG December 2020 Construction Phase Apr 2021 - March 2022	<b>R</b>	Design proposals were ongoing.	The options developed by the design team will be presented at a meeting to be held on 18th December 2020.
<b>e</b>	CP032	Wellbeing Hub @ Maelfa	FBC	£12.748m plus £133k decarbonisation  (£8m)	FBC Submission to WG July 2020 Construction Phase Nov 2020 - March 2022 Construction Completion of Car park and Play Area July 2022	<b>R</b>	Following a discussion with the senior partners of the Llan Medical Practice the issues relating to the service charges and the design of the waiting area have been resolved	Heads of Terms and a letter of support have been submitted to WG. These items were the final details required
<b>3.2</b>		CRI Redevelopment Scheme - Overall Site				<b>ON HOLD</b>	ME have agreed to progress OBC to point of submission to WG in January 2021, based on the current financial projections. No work beyond this will be undertaken	All work has been suspended as agreed with ME
<b>a</b>		CRI Safeguarding works				<b>ON HOLD</b>	ME have agreed to progress FBC to point of submission to WG in February 2021, based on the current financial projections. No work beyond this will be undertaken until WG approval	All work has been suspended as agreed with ME
<b>3.3</b>	<b>In Our Community Programme</b> LDP growth and opportunity to develop Wellbeing Centres within; Cardiff West (Plasdwr) North Cardiff (Whitchurch) Vale (Barry)							
<b>a</b>		Wellbeing Hub @ Plasdwr Discussions ongoing			Timeline to be confirmed			Included in 2nd Tranche of SOFW:IOC PBC

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
<b>4.1 IMTP SCHEMES</b>								
<b>a</b>		<b>UHL Endoscopy Expansion</b> Interim solution fast tracked to respond to COVID						
<b>b</b>		<b>HASU</b> Use of existing Ward A6 is considered an option by the clinical board which could be managed within the Disc. Cap. Programme. The option to create an additional facility would require identification of a suitable clinical space with options limited. If a new facility was required it is likely to require All Wales Capital Funding Support for which a BJC would need to be developed.						
<b>c</b>		<b>Paeds EU Interim Clinical Space Improvements</b> Agreed with Clinical Board to expand the existing facility to provide a waiting area and possible triage in a modular building immediately outside the current facility and then remodel the internal space to provide additional clinical / treatment areas						
<b>d</b>		<b>CHfW Short Stay Unit</b> In discussion with the Clinical Board this development would support the interim solution for Paediatric EU services and requires minimal capital investment						
<b>e</b>		<b>PACU UHW (A3 Link)</b> The proposal included in the submission suggests the repurposing of A3 Link to provide a 14 bed PACU. A3 link is being considered as part of the ongoing feasibility study related to increasing overall ICU beds which is due to conclude in March 2020.						
<b>f</b>		<b>Rheumatology Day Unit</b> Previously prioritised scheme based on internal H&S recommendations						

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
<b>g</b>		Immunology Infusion Facilities						
<b>h</b>		<b>Polytrauma Unit A4</b> Remodelling of ward A4 to provide Polytrauma Unit to support MTC						
<b>4.2 COVID</b>								
<b>a</b>		<b>Alternative surge capacity to DHH</b> To replace the Dragon's Heart Field Hospital Facility with an alternative medium-term 400 bed surge facility - from 31/10/20						
<b>b</b>		<b>Additional Bodystore capacity -</b> Urgent modular/flexible capacity for 75 additional spaces						
<b>c</b>		<b>Further Green IP capacity @ UHW - Phase 2</b> Level 4 - A Block & ? Surgical SAU						
<b>d</b>		<b>Further Green IP capacity @ UHL - Phase 2</b> Reprovide breast surgery capacity and Orthopaedic clinics.						
<b>e</b>		<b>Twin modular sustainable theatre - Ophthalmology</b> Capacity to provide green surgical capacity to deliver cataract surgery						
<b>f</b>		<b>Special Infections Unit clinic capacity (Cystic Fibrosis)</b> Clinic capacity to assess and treat vulnerable CF outpatients						

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
<b>g</b>		Alternative OP & treatment clinic capacity e.g. Ortho UHL, Medical Retina Clinic capacity to assess and treat vulnerable patients						
<b>h</b>		Capacity impact of supporting ongoing regional collaborative support Vascular surgery, IR, Upper GI, OMF, Cochlear implants						
<b>4.3 Post COVID</b>								
<b>a</b>		Reprovision of Fracture clinic @ UHW Reversible service priority post COVID (dependant on SPOE scheme below)						
<b>b</b>		Single Point of Entry (SPOE) for emergency paediatric assessments and admissions co-located with ED IMTP and service priority prior and post COVID						

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## 4.0 Letters of Approval

Two letters of approval have been received within the reporting month

- **Award of Funding, £788k to Cardiff and Vale University Health Board in respect of the COVID – 19 Funding requirements for 2020-21 – (Tranche 4)**
- **Award of Funding, £1,307m to Cardiff and Vale University Health Board in respect of the COVID – 19 Funding requirements for 2020-21 – (Tranche 5)**

Extracts of the letters are as follows:

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- **Award of Funding to Cardiff and Vale University Health Board in respect of the COVID – 19 Funding requirements for 2020-21 – (Tranche 4)**

Ian Gunney  
 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



Mr Len Richards  
 Chief Executive  
 Cardiff and Vale University Health Board  
 Woodland House  
 Maes y Coed Road  
 Cardiff  
 CF14 4HH

Our Ref: IG/JC COVID 19 (2020-21)  
 Date: 16th November 2020

Dear Len,

**Award of Funding to Cardiff and Vale University Health Board in respect of the COVID – 19 Funding requirements for 2020-21 – (Tranche 4)**

**1. Award of Funding**

- (a) We are pleased to inform you that funding of up to **£788,000** (Seven Hundred and Eighty Eight 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 2020 to 31 March 2021 and must be claimed in the 2020-21 Financial Year 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.
- (b) You must comply with the European Commission's State Aid Rules.

**SCHEDULE 1  
 The Purposes**

The Purpose of the Funding is to enable you to procure and purchase what is required as part of the Health Board's response to COVID-1.

Scheme	£m
DRH Equipment	0.588
Cardiothoracic - Heart & Lung machine	0.200
<b>Total</b>	<b>0.788</b>



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- **Award of Funding to Cardiff and Vale University Health Board in respect of the COVID – 19 Funding requirements for 2020-21 – (Tranche 5)**

Ian Gunney  
 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



Mr Len Richards  
 Chief Executive  
 Cardiff and Vale University Health Board  
 Woodland House  
 Maes y Coed Road  
 Cardiff  
 CF14 4HH

Our Ref: IG/JC COVID 19 (2020-21)  
 Date: 30th November 2020

Dear Len,

**Award of Funding to Cardiff and Vale University Health Board in respect of the COVID – 19 Funding requirements for 2020-21 – (Tranche 5)**

**1. Award of Funding**

- (a) We are pleased to inform you that funding of up to **£1,307,000** (One Million, Three Hundred and Seven 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 2020 to 31 March 2021 and must be claimed in the 2020-21 Financial Year 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.
- (b) You must comply with the European Commission's State Aid Rules.

**SCHEDULE 1  
 The Purposes**

The Purpose of the Funding is to enable you to procure and purchase what is required as part of the Health Board's response to COVID-19.

Scheme	£m
NWSSP COVID Equipment	1.307
<b>Total</b>	<b>1.307</b>



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## 5.0 Estate Compliance

### 5.1 Estate Compliance Report

#### 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.

2020-21						
Category	Surveys	Revenue	Remedial Works	Other £m	Total £m	
Mechanical Surveys Spend to date	1,010,691					
Electrical Surveys Spend to date	303,249					
Building Surveys Spend to date	28,383					
Mechanical Estates Revenue		472,659				
Electrical Estates Revenue		344,606				
Building Estates Revenue		61,760				
Mechanical Approved Works			287,958			
Electrical Approved Works			223,145			
Building Approved Works			4,471			
Dedicated Team				200,000		
Asbestos Works (200k)				547,739		
Yearly Inspection Commitment	1,884,319	841,000				
Other					3,641,000	
<b>Total Funding</b>	<b>1,884,319</b>	<b>841,000</b>	<b>415,681</b>	<b>500,000</b>	<b>3,641,000</b>	
<b>Spend</b>	<b>1,342,323</b>	<b>879,025</b>	<b>515,574</b>	<b>747,739</b>	<b>3,484,661</b>	
<b>Total Budget Available</b>	<b>541,996</b>	<b>-38,025</b>	<b>-99,893</b>	<b>-247,739</b>	<b>156,339</b>	

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## Statutory Compliance Progress

Cardiff & Vale Health Board Statutory Inspections						
Asset Group	All Assets Known (Current)	Contracts In Place	All Assets on one Long Term Contract	Assets up-loaded Into MiCAD	Test/Validation/Reports Uploaded for each asset	Continual Monitor & Reporting
1 Air Conditioning	Yellow					
2 BMS	Green					
3 Chimney	Yellow					
4 Commercial Kitchens	Yellow					
5 Gas Servicing	Yellow				Yellow	
6 Kitchen Canopy	Yellow					
7 Legionella Inspection	Green					
8 Legionella Audit	Green					
9 Legionella Risk Assessment	Yellow					
10 Legionella RO Plant	Green				Yellow	
11 Local Extraction	Yellow					
12 Medical Gas	Green					
13 Patient Hoists	Green					
14 Pools	Green					
15 Steam	Green					
16 Sterile Services	Green					
17 Ventilation AHU	Green					
18 Vent Smoke/Fire Dampers	Yellow					
19 Vent Critical System Validation	Yellow					
20 Automatic Doors	Yellow					
21 Emergency Back-up (UPS)	Green					
22 Emergency Lighting	Green					
23 Fire Alarms	Green					
24 Fixed Wire Testing	Yellow					
25 Generators	Green					
26 High Voltage	Green					
27 IPS	Yellow					
28 Lifts	Green					
29 Lightening Conductors	Yellow	Yellow				
30 Nurse Call	Yellow					
31 Portable Appliance Testing	Green					
32 Dry Riser & Hydrants	Green					
33 Fire Compartmentation	Yellow					
34 Fire Doors	Yellow					
35 Fire Extinguisher	Green					
36 Fire Hose Reels	Green					
37 Fire Suppression Systems	Green					
38 Helipad Fire Protection	Yellow					
39 Sprinklers	Green					
40 Fire Risk Assessments	Green				Yellow	
41 Fall Arrest/Man Safe	Yellow					
42 Insurance	Yellow					
	Complete		Partially Complete / Being installed			

Summary of events since last report:-

Sprinkler contract renewal out to tender.

Fire extinguisher, Hydrant etc contract renewal out to tender.

Gas Servicing & Commercial Kitchen new tender being developed.

Sterile Services new tender being developed.

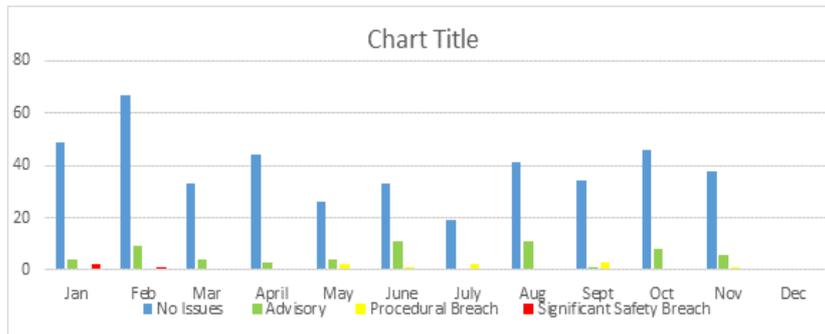
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## 5.2 Health & Safety

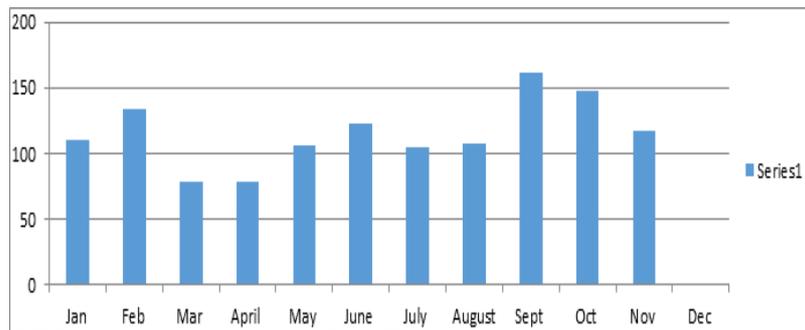
### Contractor Control

The monitoring of contractors on site continued throughout November. There were 45 approaches made in November with 1 non-compliances and 6 advisories. The one non-compliance was around redundant cable reels blocking fire exit and was dealt with that day

All issues were addressed by H&S staff on the day.



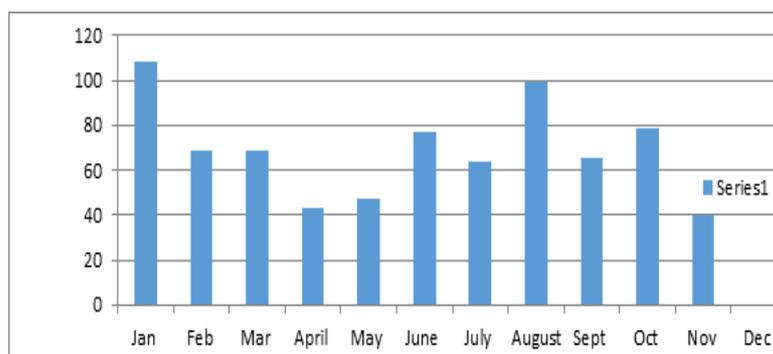
### Contractors Currently On Site



There are 117 Contractors currently on the CAV Estates data base as of 28/11/2020.

### Number of Inductions carried out in 2020

There have been 40 inductions carried out in November, all inductions have now reverted back to remote delivery due to increase threat of Covid. The total for 2020 currently stands at 760.



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## APPENDIX 1

### CAPITAL REVIEW MEETING

#### Cardiff and Vale University Health Board (C&VUHB)

4 November 9.00 – 10.30

Via Microsoft Teams.

#### 1. Introductions/Apologies

Attendees:

Ian Gunney (IG)	Nicola Powell (NP)
Mike Eklund (ME)	Nigel Davies (ND)
Abi Harris (AH)	Geoff Walsh (GW)
Helen Lawrence (HL)	

Apologies – Marie Davies

#### 2. Notes of previous meeting – 7 October 2020 – agreed.

#### 3. Actions / Matters arising

AP1 – CT Scanner at Dragon’s Heart (DHH) – the meeting noted that further discussions on how this will be utilised were required and it should not be ‘stuck in a corner’ CEF will also discuss this with Andrew Ward (NWSSP)

AP2 – Equipment at DHH – AH said that C&V were still working through what they will do with the spare equipment.

AP3 – Penarth Primary Care Meeting – AH said that this was o/s adding that the latest position is that C&VUHB are undertaking more work on the design and are having positive conversations with Vale of Glamorgan Council. AH continued that GW wanted to sort out the main issues before the meeting and that Clive Ball was working with C&VUHB on the potential land purchase.

AP4 – Academic Avenue – actioned

AP5 – CAVOC Theatre update – ME agreed to provide this in due course.

#### 4. Current COVID-19 Situation

##### Dragon’s Heart Hospital (DHH)

AH advised that decommissioning meetings were ongoing with C&VUHB formally confirming their intention to vacate DHH on 10 November. GW said that all arrangements were in place. He added that 400 beds will be going to the UHW Surge facility with the majority of equipment going to St Athan for storage and the non-hospital grade beds being passed to the community care. The meeting noted that NWSSP will be managing the storage facility and C&VUHB will look to utilise the equipment into C&VUHB sites as required, probably in the spring of 2021. NP asked would there be an asset audit and GW said yes.

##### Surge Capacity Plans

GW said that this was progressing well with the first phase complete by 25 November and both schemes were on target with no concerns. IG enquired about the use of the contingency funding and GW said that this was ok though he would check.

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**AP1 – GW to confirm the position around the contingency for the Surge Capacity scheme in advance of the December CRM.**

Critical Review

IG said that he had circulated the report for further comments by close of play tomorrow.

**5. Welsh Government Issues**

2020-21

IG informed the meeting that the monthly returns had come in and there was a small amount of funding that CEF was prioritising towards health and safety issues e.g. Fire Prevention.

AH said that C&VUHB had a couple of OBCs pending so C&VUHB would be seeking support for the development of the FBCs. IG said that there were a number of business cases expected and CEF need to prioritise them.

The meeting went through the CRL:-

*Discretionary - £14.548m* – GW said that this will be spent.

*Rookwood - £4.662m* – GW said that there were a couple of slippage issues. At St David's there was an issue with the PFI provider needing a new variation order which meant increased risk and liability for C&VUHB – ongoing discussion with lawyers - £1m slippage expected.

GW continued that there also was slippage on the main scheme at UHL. He said that C&VUHB would like to use this to develop the other business cases – in particular, genomics and radiopharmacy. GW said that the Radiopharmacy case will be submitted in due course but there was a need to progress both though that would be at risk. He agreed to email CEF on this.

**AP2 – GW to email CEF regarding slippage options**

*Slippage - £0.250m* – HL said that it was all gone.

*Cystic Fibrosis - £3.734m* – GW said that this was all good and would complete this year.

*Wellbeing Hub – Maelfa - £0.245m* - GW said that this was all ok.

*Wellbeing Hub – Penarth - £0.224m* – GW again said that this was ok.

*CT Scanner – Emergency Unit - £0.427m & £0.233m* –GW said that this was ok.

*CRI Chapel - £2.633m* – GW said that there may be some slippage on this and AH said that C&VUHB will manage this through other ICF funded schemes. AH agreed to provide details of this although IG raised the issue of which organisations balance sheet it would sit on needed to be considered.

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### **AP3 – AH/C&VUHB to provide details of ICF slippage**

*Major Trauma Centre - £0.605m* – GW advised that this funding had been fully used.

*CRI Links - £4.805m* – GW said that there was a slight overspend that C&VUHB were managing and it should be completed this year.

With regard to the *COVID-19* allocations, IG said that C&VUHB needed to keep CEF informed on the progress/spend with this. GW stated that with regard to the other COVID funding it was either spent or committed. He added that the green zones should complete by the end of November and the invoices will be submitted in the next couple of weeks.

#### 2021-22

IG said that he will circulate the draft CRLs in due course. GW asked that he be copied into any CRL change emails in future.

## **6. Review of Capital Programmes**

### Primary Care

#### *Maelfa*

NP said that CEF were awaiting the response to the scrutiny grid and GW said that it was 99% but they were waiting full signoff from the GPs and a meeting had been arranged to resolve this. NP said that the GPs' consent was paramount to the scheme.

#### *Penarth*

GW advised that the report from the design was due with other options as the current site plan has an issue with access – looking at variations to the plans to address this. The meeting noted this approach

#### *Other Primary Care*

NP advised two lease applications had been received and these will be included in a return that CEF and Revenue are compiling in due course.

NP advised that she would be writing out to all UHBs formally about the outcomes and actions from the Primary Care Review report, especially benefits, that required in the next three months.

NP continued that CEF will be engaging with health care planners – procured by NWSSP – to look at future primary care strategies. She added that there will be a series of meetings with primary care leads to capture every UHB's direction. AH said that they also need to engage with planners as well to reflect the Shaping our Future Well-being policies going forward taking in the bigger picture. ND said that the consultation will seek UHB advice on who should be involved.

NP then stated that the exercise will hopefully create a future strategy which could lead to a second pipeline with the strategic document being able to generate plans going forward.

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### SARC

GW advised that cost advisors / project managers etc. would be coming on board on due course. He continued that there are some issues to resolve regarding accreditation and C&VUHB need to be seen doing some interim works going forward and there ongoing discussions on this. IG asked was the £0.360m still required and GW confirmed it was.

**AP4 – GW / MD to confirm the position with the SARC funding for 2020-21 as soon as practicable.**

### Academic Avenue

IG said that he will respond to GW's email on this scheme in due course.

**AP5 – IG to email GW regarding Academic Avenue scheme**

### MRI Mobile

The meeting noted that the first MRI has now moved to Neath Port Talbot Hospital and AH agreed that this was a great opportunity to test the service model.

### PET Scanner

AH said that a meeting on this is scheduled in the next few weeks and hopefully she will be able to attend and report back.

### Genomics

GW said that he was finalising the OBC and should be with CEF next week.

### Radiopharmacy

GW said that the case should be submitted this week.

### CAVOC Theatres at UHL

ME said that he would email C&VUHB with an update on this.

**AP6 – ME to email C&VUHB regarding the CAVOC scheme**

**7. Land & Property – no issues**

**8. Any Other Business - no issues**

**9. Date of Next Review**

The date of the next meeting is 2 December 2020 via Microsoft Teams – 9.00

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<b>Report Title:</b>	<b>KEY OPERATIONAL PERFORMANCE INDICATORS</b>					
<b>Meeting:</b>	Strategy & Delivery Committee				<b>Meeting Date:</b>	12/1/21
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	√	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Chief Operating Officer</b>					
<b>Report Authors (Title):</b>	<b>Assistant Director of Operations (Performance)</b>					

### Background and current situation:

The Health Board continues to focus upon managing COVID-19 and maintaining essential services, in line with national guidance. As reported at the last Committee meeting, comprehensive quarterly plans have been developed and received by the Board.

Whilst national performance and waiting list information has been re-instated since mid-November, Welsh Government have confirmed that this published information is being used for management information and to provide assurance against the delivery of the Health Board's quarterly plan.

The components of the Health Board's operating model continue to guide operations in the second wave of the pandemic. The impact of COVID-19, however, continues to be seen across the range of key operational performance indicators detailed in this report.

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

- Whilst the Health Board continues to monitor the position for key operational performance indicators, prioritisation of need and service delivery continues to be based on clinical stratification rather than time-based targets.
- Urgent and emergency essential services have been maintained in all areas.
- There has been a significant increase in pressure across the unscheduled care pathway, driven by covid admissions, bed capacity losses due to nosocomial infections and non-covid unscheduled care demand.
- Pressure on Mental Health services has continued to grow, with an increase in demand compounded by an increase in staff absence. This has impacted on compliance with the Mental Health measures.

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## Assessment and Risk Implications

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

### Planned Care overview (Appendix 1)

Demand and activity for planned care fell significantly in March but have subsequently recovered albeit to a lower level. Referrals from Primary Care are currently 75% of prior year levels, and have remained above 70% since mid-August. Outpatient activity, around a third of which is undertaken virtually, is now at 78% of prior year levels for new outpatients. Elective Inpatient & Daycase treatments are running at 64% of prior year levels.

The overall **Referral to Treatment (RTT)** waiting list reduced for the second successive month in November to 91,224, but is still 4% higher in total than at the end of March. Waiting times continue to deteriorate with 39,555 patients waiting **over 36 weeks**. 61% of these are at new outpatient stage.

Patients waiting greater than 8 weeks for a **diagnostic** test reduced to 8,611 in November for the third successive month and are now at the lowest level since April 2020. 14 week **Therapy** breaches were 350 in November.

Referrals for patients with suspected **Cancer** have now returned to pre-covid levels. 179 patients started first definitive treatment in October. 68.7% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

The overall volume of patients waiting for a **follow-up outpatient** appointment was 170,306. 97.8% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow up patients waiting 100% over their target date was 50,475 at the end of November, which is a small increase on the previous month, but this remains lower than the end of year target set for the Health Board by Welsh Government.

96% of patients waiting for **eye care** had an allocated health risk factor in November. 57% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) have continued to rise and were exceptionally high again in October with 1200 referrals, which represents a 21% increase from the previous month. Part 1a: The percentage of Mental Health assessments undertaken within 28 days is 50% overall and 93% for CAMHs in October 2020. Part 1b: 93% of therapeutic started within 28 days following assessment at the end of October.

### Unscheduled Care overview (Appendix 2)

Following a significant decrease in unscheduled care activity during March, attendances at our Emergency Unit department have increased but remain lower than previous years.

**4 hour** performance in our Emergency Unit was 76.6% in November 2020 from 80.3% in October. This compares with November 2019 – 77.2%.

There were 176 x **12 hour delays** in EU in November, the highest level since January 2020 but

lower compared to previous years (Nov 2019 – 194).

Over 1 hour **Ambulance Handover** delays increased in November to 302, but remain lower compared to previous years (Nov 2019 – 529).

**Recommendation:**

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

- The year to date position against key organisational performance indicators for 2020-21 but in the context of current operating framework principles.

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## Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

Kind and caring  
Caredig a gojauwr

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

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

2020/21		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
<b>Planned Care</b>										
RTT - 36 weeks (Target = 0)	20/21 Actual	3,515	7,330	11,814	16,622	22,129	27,508	30,919	35,978	39,555
RTT - 26 weeks (Target = 95%)	20/21 Actual	81.7%	74.1%	66.3%	60.9%	54.4%	46.5%	44.2%	48.4%	51.7%
Total Waiting list	20/21 Actual	87,579	85,287	85,611	85,269	86,806	89,553	92,295	91,379	91,224
Diagnostics > 8 weeks (Target = 0)	20/21 Actual	782	6,105	10,476	9,653	9,557	9,804	9,268	9,023	8,611
Therapies > 14 weeks (Target =0)	20/21 Actual	106	379	1,628	2,352	1,893	1,260	347	363	350
<b>Cancer</b>										
31 day NUSC cancer (Target = 98%)	20/21 Actual	97.5%	96.7%	100.0%	97.1%	93.3%	89.7%	85.6%	89.2%	n/a
62 day USC cancer (Target = 95%)	20/21 Actual	81.1%	75.3%	81.8%	71.2%	74.7%	67.5%	64.9%	66.7%	n/a
SCP - with suspensions (NB: Shadow Reporting Data)	20/21 Actual	79.0%	76.8%	79.0%	74.8%	81.2%	71.6%	68.1%	68.7%	n/a
<b>Outpatient Follow Up</b>										
OPFU - > 100% delayed (Target 53,391 by 31/3/21)	20/21 Actual	44,519	47,422	49,636	50,227	51,255	51,796	51,015	49,966	50,475
OPFU - Target date (Target 95% compliance by 31/12/19)	20/21 Actual	98.2%	98.1%	98.0%	98.2%	98.1%	98.0%	98.0%	98.0%	97.8%
Total OPFU waiting list (Target 150,317 by 31/3/21)	20/21 Actual	183,412	178,235	175,161	173,566	172,700	171,649	170,686	169,718	170,306
<b>Eye Care</b>										
% R1 ophthalmology patients waiting within target date or within 25% beyond target date for OP appointment	20/21 Actual	65.6%	58.9%	53.6%	52.9%	52.2%	50.4%	54.0%	54.4%	57.0%
98% of patients to have an allocated HRF	20/21 Actual	98.0%	98.0%	98.0%	98.0%	97.0%	97.0%	96.3%	96.2%	96.2%
<b>Mental Health</b>										
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	20/21 Actual	63%	66%	95%	96%	94%	84%	43%	50%	n/a
Part 1a: CAMHs only	20/21 Actual	77%	73%	89%	92%	81%	85%	84%	93%	n/a
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	20/21 Actual	84%	77%	79%	81%	86%	99%	98%	93%	n/a

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01/05/2021

Appendix 2

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

2020/21		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
<b>Unscheduled Care</b>										
EU waits - 4 hours (95% target)	20/21 Actual - Monthly	84.8%	91.3%	91.4%	91.2%	80.6%	79.9%	82.1%	80.3%	76.6%
EU waits - > 12 hours (0 target)	20/21 Actual - Monthly	70	13	14	7	9	31	33	74	176
Ambulance handover > 1 hour (number)	20/21 Actual	255	97	45	51	131	116	147	176	302
Ambulance - 8 mins red call (65% target)	20/21 Actual	67%	75%	81%	79%	75%	75%	73%	76%	70%
<b>Stroke</b>										
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	20/21 Actual	62.1%	45.2%	51.1%	48.4%	40.4%	25.0%	29.6%	31.5%	18.0%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	20/21 Actual	90.0%	67.6%	75.0%	85.1%	82.0%	76.0%	75.4%	77.2%	67.3%

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<b>Report Title:</b>	<b>People Dashboard</b>					
<b>Meeting:</b>	Strategy & Delivery Committee				<b>Meeting Date:</b>	12 January 2021
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b> x
<b>Lead Executive:</b>	Executive Director of Workforce & OD					
<b>Report Author (Title):</b>	<b>Deputy Director of Workforce &amp; OD/Workforce Information Manager</b>					

### 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.

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

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

A brief UHB overview summary is provided as follows:

#### Whole Time Equivalent Headcount and Pay bill

- A trend increase on permanent and fixed term staff which is in line with expectation as we have recruited more fixed term Student Doctors and Nurses through COVID-19. We are now seeing this taper off. It is good to see permanent recruitment being maintained despite COVID-19.
- Overall the Nurse Bank peaked in May but is now reducing again to around pre-covid usage
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 55 WTE per month
- Total pay-bill increased as expected during March and April, creating a significant overspend but is now reducing again
- Variable pay trend is upward but overall still remains within a tolerance of 9-9.5% UHB wide.

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### Other key performance indicators:

- Voluntary resignation trend is rising.
- In month Sickness peaked significantly in April to 8.41% as expected but is now following normal season fluctuations. Sickness was 5.41% in month for October, and 5.75% in November (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff shielding).
- ER caseload trend remains within reasonable tolerance levels.
- Statutory and Mandatory training compliance is falling slightly; now 11% below the overall target.
- Compliance with Fire training has now fallen to 58%.
- M&D Job plan 12 month review compliance, as recorded in ESR, remains low as has been previously reported.
- PADR (now Values Based Appraisal) continues to fall and is significantly off target (36.91% in November)

### In summary, what actions are we taking?

- Performance reviews with CB's are being undertaken to put in control measures for pay-bill and capture increase associated with COVID (UHB was previously underspent prior to COVID).
- Sickness reviews are resumed and now being undertaken as normal. Staff are returning to work (at home or location) who were previously Shielding.
- Extensive range of Employee Well-being strategies and support in place.
- A focussed communications strategy being put in place to raise awareness of the importance of continuing to undertake Fire E-learning.
- Allocate E-Job Planning system is currently being implemented.
- Values Based Appraisal Training is still being delivered and take up is excellent.

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**Recommendation:**

The Committee is asked to:

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

**Shaping our Future Wellbeing Strategic Objectives**

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

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

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

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

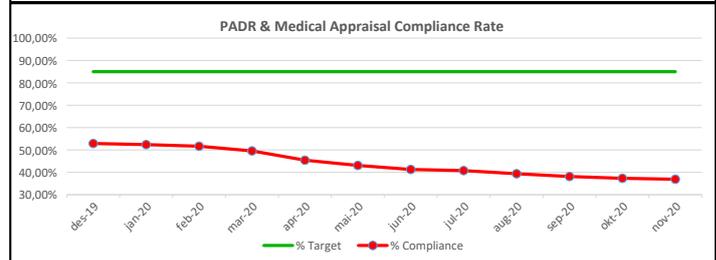
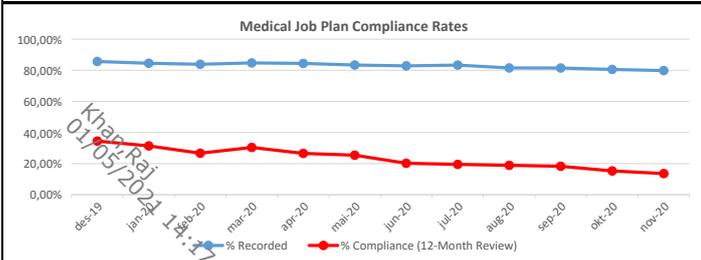
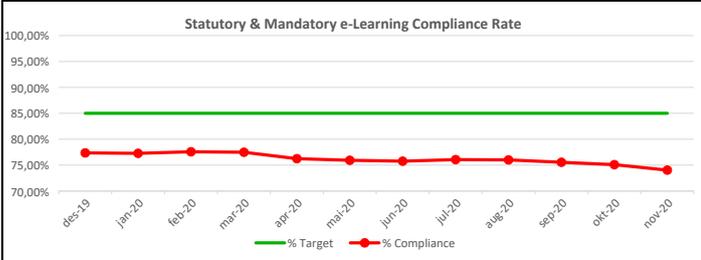
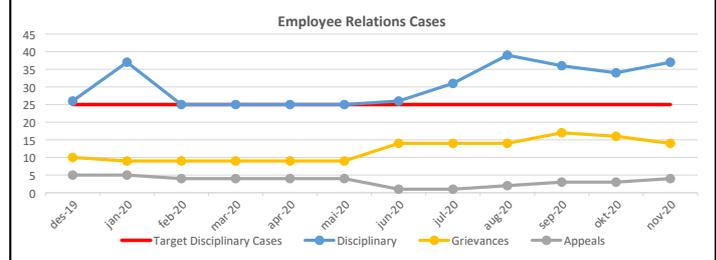
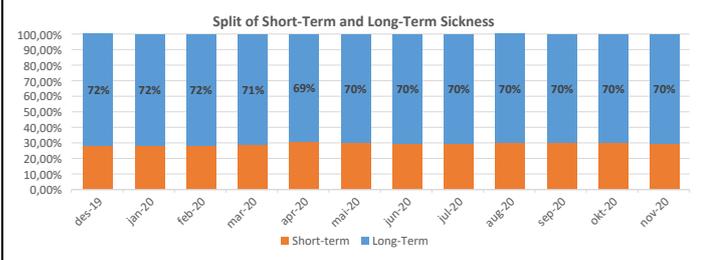
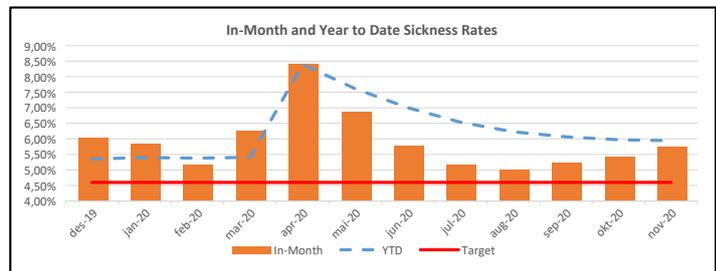
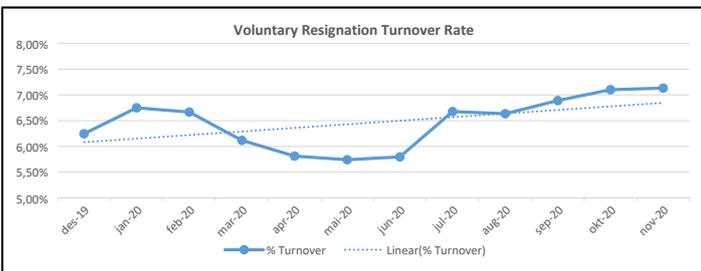
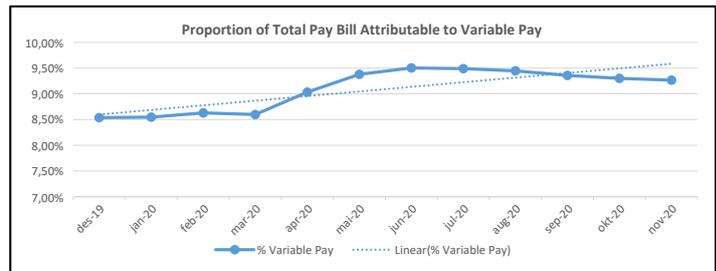
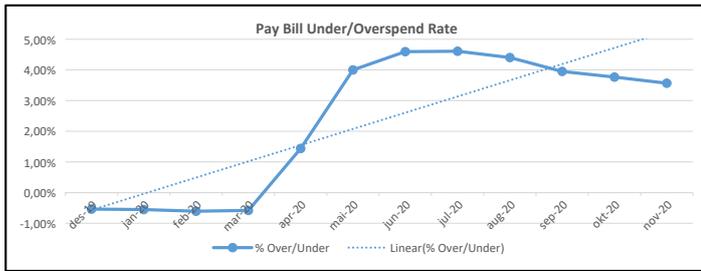
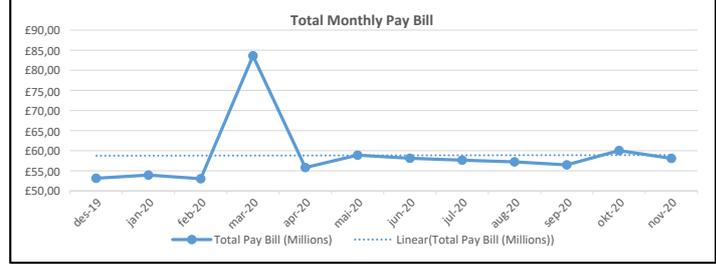
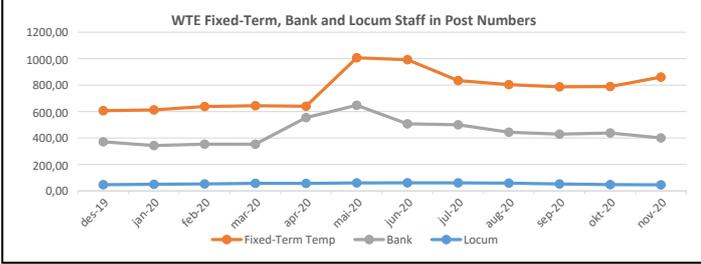
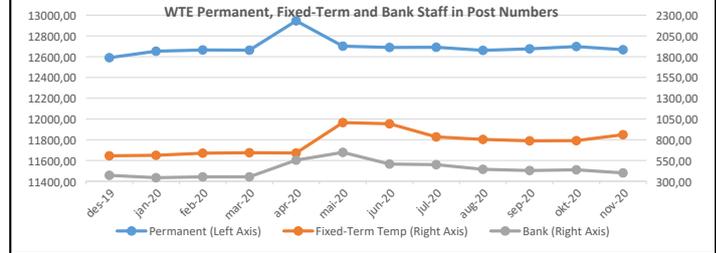
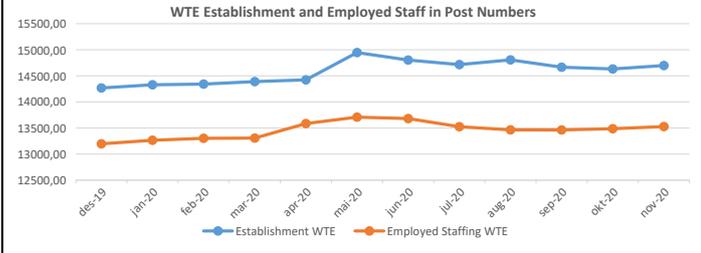
Prevention		Long term		Integration		Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

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



## Workforce Key Performance Indicators Trends November 2020



Khair Raji  
 01/05/2024 14:17:13

<b>Report Title:</b>	<b>Service Change Update</b>					
<b>Meeting:</b>	Strategy and Delivery Committee				<b>Meeting Date:</b>	12/01/21
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b> x	<b>For Information</b> x
<b>Lead Executive:</b>	<b>Executive Director of Strategic Planning</b>					
<b>Report Author (Title):</b>	<b>Executive Director of Strategic Planning</b>					

### Background and current situation:

In line with our strategy, Shaping Our Future Wellbeing, and our emerging clinical services plan, and in response to changing situations (including changes in demand and new treatment/technology opportunities), it is necessary to make changes to the way we deliver services to ensure that they remain safe and sustainable. This may be in response to an emergency situation (such as COVID or loss of key workforce) or as a planned service change.

Currently a number of service changes have been made in response to COVID-19 and it is likely that we will want to retain some of these changes post COVID as we believe they provide service users with a better service.

This paper provides an update on service changes made during COVID with an outline of plans to make permanent a number of these changes, subject to the completion of the appropriate engagement and consultation process.

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

South Glamorgan CHC has been very supportive of the UHB since the outbreak of the pandemic, recognising from the outset that service changes would be required as part of the emergency response to COVID-19 and that given the challenges being faced, it would not always be possible for the UHB to provide information prior to the changes being implemented. In taking this position there was agreement that the CHC needed to be kept informed of such service changes on an ongoing basis and that these should be considered temporary or urgent changes. It was fully acknowledged that formal discussion with the CHC would be required at an appropriate point about any such urgent changes in services and/or ways of working which the UHB identified it wanted to make permanent going forward.

In addition to this, a number of other service changes are progressing in line with our collaborative working in the South East Region, and across South Wales, working with Swansea Bay UHB.

The UHB has maintained regular engagement with the CHC throughout the pandemic including meetings at chief executive and chair level, meetings to discuss specific issues including the Service Delivery Plan, and sharing of a log of operational service changes implemented as part of the emergency response to COVID-19 initially on a weekly basis and more latterly on an exception basis.

The CHC Service Planning Committee has met on several occasions since the start of the

pandemic and has provided an opportunity to discuss and provide an update on temporary and urgent service changes made during the COVID-19 period.

### Current Position

While we continue to operate in the midst of a pandemic, we now have a robust operating model and gearing approach which ensures that the UHB is able to continue to provide a flexible approach to developing and balancing our capacity to provide essential services. We have therefore reached a point where we have identified some indicative future intentions in relation to services which were changed during the pandemic or where different ways of working were adopted. These are set out in the attached Log for discussion with the CHC; the development of CAV 24/7 is subject to a separate process.

As a UHB, we want to take the opportunity now to gain an understanding of the impact of these changes on patients, carers and our staff, collecting both quantitative and qualitative evidence and feedback to allow the identification of appropriate actions to mitigate any negative impacts and to inform future decisions about potential retention of the service changes where these benefit patients. While we are operating in somewhat uncharted territory, the legal requirements around engagement and consultation on changes to health services continue to apply.

We are therefore seeking to agree an approach with the CHC which enables the necessary steps to be taken and evidence to be gathered to ensure decisions on the potential retention of services is informed by a robust process that has the support of the CHC. We are keen to take action now to avoid unnecessary disruption to patients and the delivery of services further down the line; the aim is to complete the process in the first quarter of 2021.

### Next Steps

The teams leading on the service areas identified in the Log will be working over the next few months to collect evidence and service user feedback to understand the impact of the service changes. As an integral part of this approach, we would like to work with the CHC to help shape the way this is undertaken to ensure it provides the necessary information to inform the rationale for decisions on the way forward for each service.

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

Regular updates on emergency service changes made in response to COVID-19 have been provided to the CHC.

We have presented this set of service changes to the CHC Service Planning Committee with a view to agreeing with the CHC the most appropriate process for engaging on a range of service changes. Feedback from the CHC will be taken into consideration when finalising proposals for service change and confirming the engagement process. This will include the completion of Equality and Health Impact Assessments for significant service changes.

Welsh Guidance on engagement and consultation is being followed, although the guidance is subject to differing interpretations as to what constitutes substantial service change. Advice has also been sought from the Consultation Institute.

**Recommendation:**

The Committee is asked to **NOTE** and **AGREE** the service change proposals being progressed.

**Shaping our Future Wellbeing Strategic Objectives**

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

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

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

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

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

Individual EHIA's will be completed for service changes as part of the process.



## Remaining Significant Service changes resulting from COVID-19 period

Site	Service	Specialty	Details of Service Change	Indicative Intentions Post-Covid
All	All	All	Reduction in routine activities due to capacity constraints and IP&C restrictions	Return to pre-Covid levels
City Centre	Alcohol treatment centre	Emergency Medicine	Closed	Re-open
UHL	MHSOP	Mental Health	East 10 closed and reinvested into hospital avoidance community services	Retain
Whitchurch	Park Lodge	Mental Health	Day service ceased and replaced with bespoke packages of care	Retain
Spire	Spire	Multiple	Use of Spire to support essential activity	Reduce, but utilisation of private sector may be required over medium-term to address backlogs
UHL	Fracture clinic	T&O	Fracture clinic moved to CAVOC (UHL)	Return to UHW (may require a new facility to allow development of Paediatric Single Point of Entry)
UHL	Poisons beds (Gwenwyn ward)	Specialist Medicine	Closed. Poisons patients now managed at UHW - A1 (non-COVID)	Retain at UHW
UHL	Long Term Ventilation	Critical care	LTV patients moved to UHW	Return to UHL (and intention is to expand the service in line with already approved WG investment through the Critical Care Task & Finish group)
UHW	Frail Trauma and Ambulant trauma	T&O	Trauma admissions now sent from UHW to UHL	Retain at UHL
UHL	Cardiac Surgery and Thoracic Surgery	Cardiothoracics	Cardiac and Thoracic surgery moved to UHL	Service will return to UHW when Covid prevalence has reduced sufficiently.

UHW and Morriston Hospital	Upper GI Cancer	Surgery	Single handed consultant at Morriston Hospital is unable to work. Upper GI team from C&V supporting Morriston and visiting to undertake surgery, and some cases transferred to UHW.	As below.
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### Other Service Changes

Location affected	Service	Lead Clinical Board	Proposal	Current status
UHW/UHL	Vascular Surgery	Surgery	There is agreement, subject to engagement and if necessary consultation to centralise vascular surgery at UHW for the SE Wales Region. To proposals are for a hub and spoke model where the surgery is undertaken at UHW with OP and rehabilitation taking place in local spokes. For us it is likely that the rehabilitation of the hospital stay would take place at UHL.	Programme Board established chaired by Chair of ABUHB, with CEO representation. Engagement will commence shortly and consultation, if needed will follow. C&V UHB is the lead organisation.
UHW	Upper GI Cancer	Surgery	There is agreement with the All-Wales Cancer Network, Swansea Bay and Cardiff and Vale UHBs that the current model delivering Upper GI Cancer surgery across South Wales is unsustainable. A process is in place working with all key stakeholders to finalised a preferred service delivery model that is sustainable and to engage on that model to confirm the final arrangements for implementation as soon as possible.	There is a project board in place led by the two medical directors supported by the Associate Programme Director for Tertiary Services. The relevant CHCs have been engaged and a process of engagement will take place.

<b>Report Title:</b>	Health and Wellbeing				
<b>Meeting:</b>	Strategy & Delivery Committee			<b>Meeting Date:</b>	12.01.2021
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	Director of Workforce and OD				
<b>Report Author (Title):</b>	Head of Employee Health and Wellbeing Services				

### Background and current situation:

As Cardiff and Vale UHB continues to deal with Covid19, consideration and planning must be given as to how we proactively support the long term wellbeing of employees working across the whole of the UHB including those based in the community setting and also home workers.

During the initial active phase of Covid19 the Employee Health and Wellbeing Service worked collaboratively with the Consultant Clinical Psychologist for ITU and other Clinical Psychology colleagues to provide a variety of resources including rapid access to an expanded wellbeing service, infographs /posters, videos and management consultations to support Line Managers to look after both their own wellbeing and the wellbeing of their staff.

The expanded wellbeing service was available from 13<sup>th</sup> April 2020 until 29<sup>th</sup> May 2020 at which point the Psychological support ended in order to return to core service delivery. The number of Covid19 self-referrals during this 6 week period was 56 which did not reach the levels anticipated and the majority of self-referrals were dealt with by the Employee wellbeing Service. Management consultations are continuing to be offered by the Head of Employee Health and Wellbeing services and Employee Wellbeing Service Lead Counsellor.

In addition to the resources above, the Health Charity provided staff Havens across a number of sites in the UHB. These provided a separate space for staff away from clinical areas where they could rest and recuperate and access a variety of resources including food.

From mid-May until end of June additional low level psychological support was introduced in the Havens via trainee Psychologists. An evaluation of this has been undertaken and the findings highlighted that over the 6 week period only 8 staff members accessed this support.

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

- The impact on mental health for healthcare employees is likely to be long lasting and will not simply disappear as lockdown ends.
- PTSD is also recognised as a potential risk following a pandemic and can persist for up to 1-2 years post outbreak
- Society of Occupational Medicine, Royal College of Psychiatrists together with CIPD (June 2020) advocate a three-stage approach to support wellbeing:
  - to prevent mental ill health – primary interventions
  - to detect mental ill health – secondary interventions
  - to treat mental ill health – tertiary interventions

Khari Raj  
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- It is essential that Tertiary interventions e.g. counselling, should not be considered as the first stage of supporting staff wellbeing.
- Evidence indicates that ensuring that primary and secondary interventions which enable Line managers and staff to proactively support wellbeing in the workplace are in place, the requirement to treat staff reactively will be reduced.
- Two year funding to support primary and secondary wellbeing interventions has been provided by Cardiff and Vale UHB Health charity
- Staff Havens are being developed on all sites and resources are being developed to enable ward staff to have access to suitable break rooms locally.

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

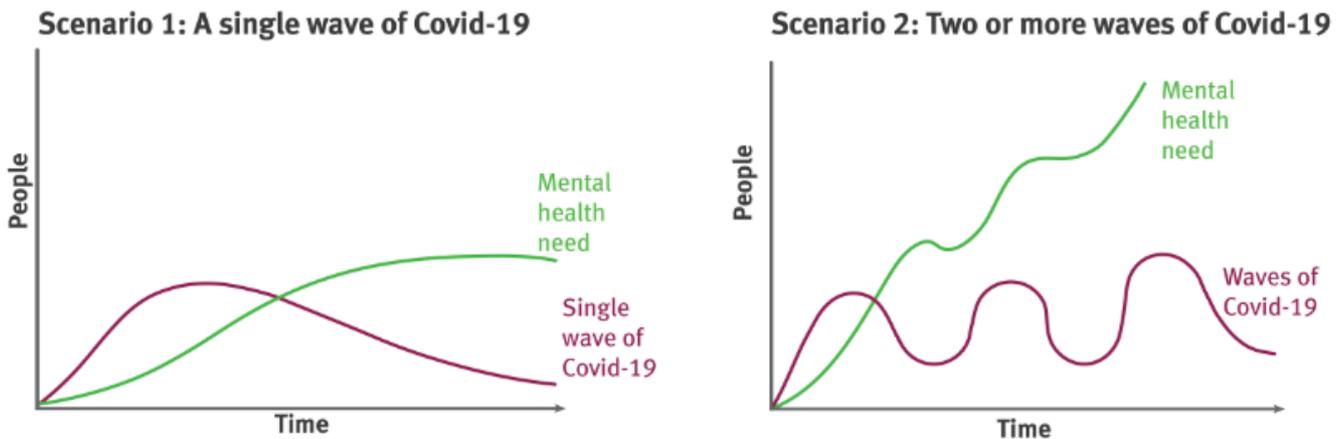
The Centre for Mental Health (May 2020) maintains that, based on research from previous pandemics, Healthcare workers are at greater risk of developing mental health problems as a result of Covid19. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

Pre Covid19, it was widely reported that one in four individuals would experience a mental health issue each year. Research has however indicated that in some situations prevalence of significant distress is 50% higher in those who worked with SARS-CoV patients.

It is also acknowledged that the impact on mental health is likely to be long lasting and will not simply disappear as lockdown ends. The graphs below highlights the potential impact of Covid19 on Mental Health in the event of one or multiple waves of Covid19. It is essential that steps are taken now to learn lessons from the first wave and ensure resources are in place to support staff longer term.

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## Scenarios of mental health need relating to Covid-19 and how they could compare with the trajectory of the virus itself



© Centre for Mental Health 2020

In June 2020 the number of self-referrals to Employee Wellbeing has increased to 65 which is higher than pre covid19 monthly referral rates. This is being monitored to establish if this is an ongoing trajectory or a temporary increase. The main reasons for self-referral were anxiety, stress and low mood. 45% of staff indicated that work had impacted on their wellbeing and while Covid19 had affected some individuals, in the majority of cases it was not the main factor, but had however exacerbated underlying health issues.

PTSD is also recognised as a potential risk following a pandemic. Cardiff and Vale UHB has an established trauma pathway for employees which currently equates to 0.1 wte clinical time. At present the number of referrals to this service has not increased however due to a back log of cases during Covid19, the trauma service is treating a higher number of CAV employees.

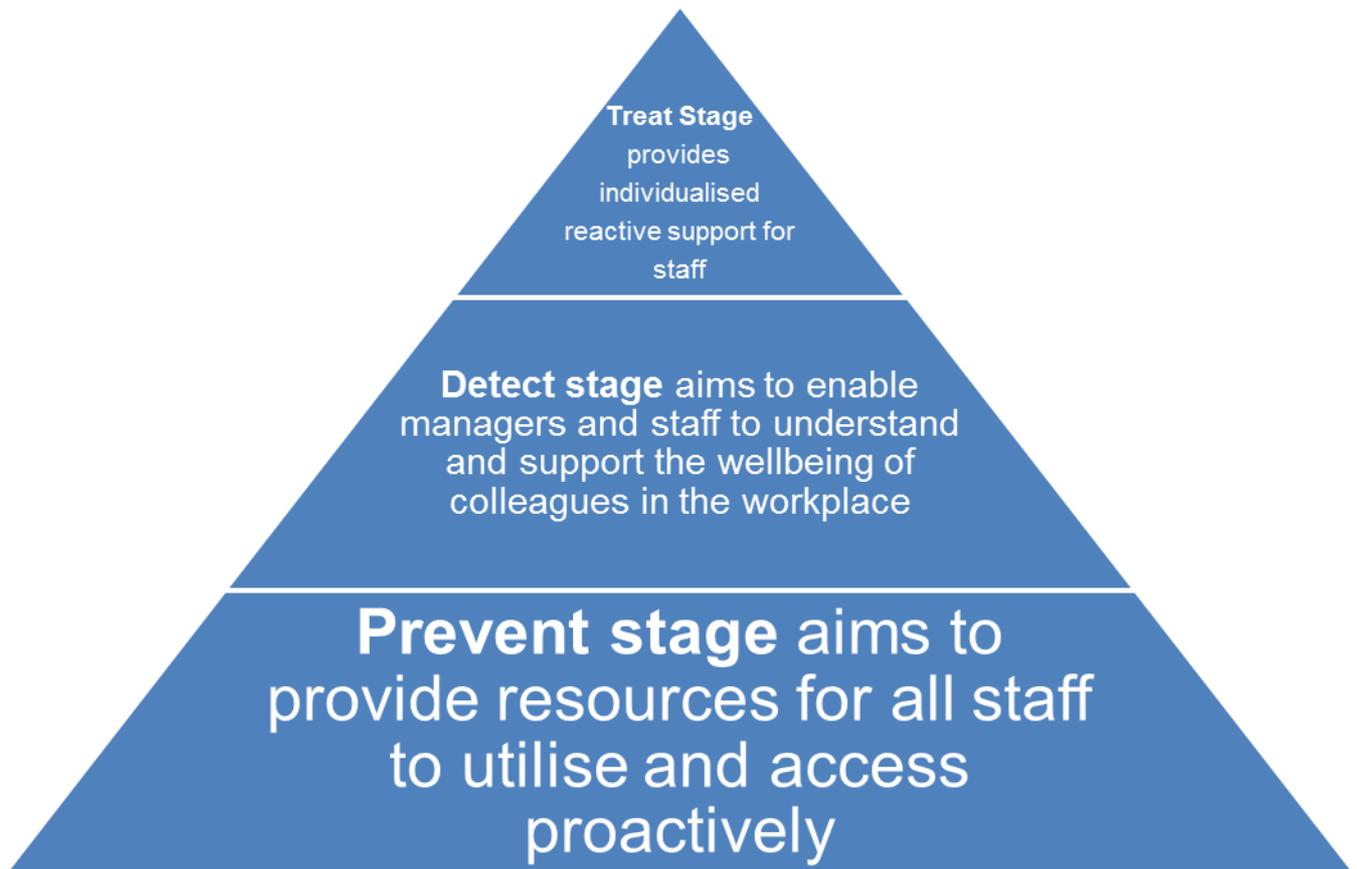
Evidence indicates that the risk of PTSD can persist for up to 1-2 years post outbreak therefore demand on this service may increase over the next few months.

### Recommendation:

The Society of Occupational Medicine, Royal College of Psychiatrists together with CIPD (June 2020) advocate a three-stage structured and systematic approach as one of the best ways to ensure the elimination/mitigation of stressors that contribute to mental ill health at work. These stages aim:

- to prevent mental ill health – primary interventions

- to detect mental ill health – secondary interventions
- to treat mental ill health – tertiary interventions



According to Prof. Neil Greenberg (July 2020) the most effective ways to sustain wellbeing is to follow the PIES Principles:

Proximity	Offer support in the workplace rather than send someone home if they become upset
Immediacy	Adopt a nip in the bud approach. Have early conversations about wellbeing. Don't avoid the conversations
Expectancy	Reaction to circumstances may be entirely normal and not require psychological intervention
Simplicity	Focus on the basic wellbeing needs: Sleep/talking/healthy eating/exercise

It is essential that Tertiary interventions e.g. counselling, should not be considered as the first stage of supporting staff wellbeing. Evidence indicates that by following the PIES principles and ensuring that primary and secondary interventions which enable Line managers and staff to proactively support wellbeing in the workplace are in place, the requirement to treat staff reactively will be reduced.

The recommendations below are based on the above approaches.

**Prevent – Primary Interventions**

- Embed wellbeing into the recruitment and induction process\*
- Incorporate wellbeing training into existing training and development programmes for both individuals and Line managers\*
- Explore opportunities to provide reflection at Clinical Board, teams and individual level
  - Schwartz rounds
  - Reflective practice for teams and individuals
  - Grand rounds
- Develop permanent Staff Havens as a place for staff to rest and recuperate on site and access wellbeing resources
- Explore opportunities for further collaborative work with Mental Health Colleagues and Cardiff Council
- Embed staff arts programme focusing on wellbeing into the Health Board

**Detect – Secondary Interventions**

- Develop ability and skills of Line Managers and supervisors to hold wellbeing conversations
  - Re-introduce Time to change champion training\*
  - Provide access to psychological first aid training
- Introduction of a sustainable Peer Support model
- Embed use of the Manager’s Wellbeing checklist – see Appendix 1

**Treat – Tertiary Interventions**

- Ongoing monitoring on the impact of Charity funding on enhanced EWS\*
- Raise awareness of external support e.g. Health for Healthcare Professionals\*
- Explore options for further collaborative work with Mental Health Colleagues
- Monitor demand on Trauma Pathway and consider need for increased investment

Some of the interventions listed above can potentially be implemented quickly within current resources (\*) however the majority will require additional resources/funding as well as ownership from a variety of stakeholders e.g. Clinical Boards, Arts and Health Charity, LED, Employee Health and Wellbeing Services.

Funding from the Cardiff and Vale UHB Health Charity has provided two year investment in proactive wellbeing resources to support primary and secondary wellbeing initiatives.

The Committee is requested to **NOTE** the recommendations above and to actively support wellbeing wherever possible.

**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	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
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**Five Ways of Working (Sustainable Development Principles) considered**

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

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

