

Strategy & Delivery Committee

15 September 2020, 09:00 to 12:00
Nant Fawr 1 & 2, Woodland House Via Skype

Agenda

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 Tuesday 14th July 2020**
 -  1.4_Draft July Minutes_SD0720.pdf (8 pages)
- 1.5. **Action Log of the Meeting held on Tuesday 14th July 2020**
 -  1.5_Action Log - SD0720 - Public.pdf (2 pages)
- 1.6. **Chair's Action taken following meeting held on Tuesday 14th July 2020**
2. **Items for Approval**
- 2.1. **Developing a Performance Framework Update** David Thomas
 -  2.1 Perf Management Framework DT1.pdf (18 pages)
3. **Items for Review and Assurance**
- 3.1. **Strategic Equality Plan** Martin Driscoll
 -  3.1 Strategic Equality Plan Caring about Inclusion 2020-2024 S and D 1 Septemeber.pdf (38 pages)
- 3.2. **Update on CAHMS Strategy** Steve Curry
 -  3.2 CAMHS Service Update on delivery.pdf (5 pages)
- 3.3. **Influenza Vaccination Update 2019/20 and plans for 2020/21** Fiona Kinghorn
 -  3.3 Seasonal Flu programme 2019-20 Summary of Performance and Planning for 2020-21.pdf (10 pages)
- 3.4. **Annual Update on Childhood Immunisation Uptake** Fiona Kinghorn
 -  3.4 Annual Update on Childhood Immunisation Uptake.pdf (7 pages)
- 3.5. **Move More, Eat Well Plan** Fiona Kinghorn

Verbal update
- 3.6. **Integrated Medium Term Plan (IMTP) (a) Avoiding waste, harm and variation (b) Outcomes that matter to people** Stuart Walker / Ruth Walker
 -  3.6 IMTP-QSE final.pdf (11 pages)

3.7. Board Assurance Framework (a) Sustainable Primary and Community Care

Nicola Foreman / Steve Curry

-  3.7 BAF Covering Report.pdf (3 pages)
-  3.7 Sustainable Primary and Community Care-BAF Risk v3.pdf (5 pages)

3.8. Other significant plans: (a) Infrastructure and estates

Abigail Harris

-  3.8 SD Committee Sept 2020 - Capital Programme Status Update.pdf (5 pages)
-  3.8 Appendix 1.pdf (43 pages)

3.9. Performance Reports: (a) Key Organisation Performance Indicators (b) Key Workforce Indicators

Steve Curry / Martin Driscoll

-  3.9 a) KEY ORGANISATIONAL PERFORMANCE INDICATORS.pdf (8 pages)
-  3.9 b) Workforce KPI Metrics.pdf (3 pages)
-  3.9 Appendix 1 Workforce KPI Dashboard September 2020.pdf (1 pages)

4. Items for Information

4.1. Committee Effectiveness Review

Nicola Foreman

-  4.1 Self Assessment of Committee Effectiveness.pdf (2 pages)
-  4.1 Appendix 1 Committee Effectiveness Results.pdf (9 pages)
-  4.1 Appendix 2 Committee Effectiveness Action Plan.pdf (1 pages)

4.2. Regional Partnership Board

Abigail Harris

-  4.2 A Regional Partnership Board Report Sep 2020 FOR INFORMATION.pdf (7 pages)
-  4.2 Ap1 Rev Investment Plan.pdf (18 pages)
-  4.2 Ap2 C&V Written Agreement June 2020.pdf (17 pages)
-  4.2 Ap3 ICF Capital Progress Report.pdf (2 pages)
-  4.2 Ap4 Transformation Q1 Dashboard 2020-21.pdf (3 pages)

4.3. Changes in Nursing and Midwifery Education

Ruth Walker

-  4.3 Nursing and Midwifery Education Paper FINAL.pdf (3 pages)

5. Review of the Meeting

Michael Imperato

6. Date & Time of Next Meeting:

Tuesday 10th November 2020 - Woodland House Via Skype

Michael Imperato

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Unconfirmed Minutes of the Strategy & Delivery Committee
Tuesday 14th July – 9:00am – 12:00pm
Nant Fawr 2 & 3, Woodland House / Via Skype

Chair:

Charles Janczewski CJ UHB Interim Chair & Committee Chair

Members:

Sara Moseley SM Committee Vice Chair & Independent Member – Third Sector
 Rhian Thomas RT Independent Member – Estates

In Attendance:

Caroline Bird CB Deputy Chief Operating Officer
 Marie Davies MD Deputy Director of Planning
 Lisa Dunsford LD Director of Operations – PCIC (*for part of the meeting*)
 Martin Driscoll MD Executive Director of Workforce & Organisational Development

 Nicola Foreman NF Director of Corporate Governance
 Jonathon Gray JG Director of Transformation & Informatics
 Fiona Kinghorn FK Executive Director of Public Health (*for part of the meeting*)

 Ian Langfield IL Corporate Planning Manager
 Victoria LeGrys VL Programme Director – Dragons Heart Hospital
 Nav Masani NM Consultant Cardiologist
 Stuart Walker SW Executive Medical Director

Secretariat:

Laura Tolley LT Corporate Governance Officer

Observers:

Anne Began AB Audit Wales

Apologies:

Steve Curry SC Chief Operating Officer
 Abigail Harris AH Executive Director of Strategic Planning
 Ruth Walker RW Executive Nurse Director

S&D 20/07/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the public meeting in Welsh & English and extended a special welcome to Anne Began from Audit Wales who was observing the meeting.	
	Quorum The CC confirmed the meeting was quorate.	
	Apologies for Absence Apologies for absence were noted.	

S&D 20/07/004	Declarations of Interest There were no interests declared.	
S&D 20/07/005	Minutes of the Committee Meeting held on 10th March 2020 The Committee reviewed the minutes of the meeting held on 10 th March 2020. Resolved – that: (a) the Committee approved the minutes of the meeting held on 10 th March 2020 as a true and accurate record.	
S&D 20/07/006	Action Log following the Meeting held on 10th March 2020 The Committee reviewed the action log and the following comment and update was made: The Executive Director of Public Health (EDPH) requested that an action be logged for ‘Are we improving the Health of the Population?’ to create a roadmap / ‘plan on a page’ between the strategy and indicators. Resolved – that: Subject to the above amendment; (a) the Committee reviewed the action log following meeting held on 10 th March 2020 and noted the updates provided.	
S&D 20/07/007	Chair’s Action taken following the meeting held on 10th March 2020 There had been no Chair’s actions taken following the meeting held on 10 th March 2020.	
S&D 20/07/008	Report outlining deferred agenda items due to COVID-19 pandemic The Director of Corporate Governance (DCG) introduced the report and confirmed it outlined items that had been deferred due to COVID-19. The DCG asked that report authors adhere to the agreed new dates included within the report. Resolved – that: (a) The Committee noted the report outlining deferred agenda items due to COVID-19 pandemic.	
S&D 20/07/009	Ensuring that service provision, quality, finance and workforce elements are aligned and integrated – Dragons Heart Hospital The Director of Transformation & Informatics (DTI) and Programme Director – Dragons Heart Hospital (PD-DHH) introduced the presentation and confirmed the following:	

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Mission was to bring 2500 beds into the Health System within 4 four weeks;
 Purpose was clear, partnership was exceptional, phasing worked well and Welsh Government Support was fantastic;
 Tent contained within the Bowl of the Principality Stadium was one of the largest in Europe;
 Contracted Mott Mcdonald as they were very familiar with the Stadium;
 Level 5 was the first level used for patients, it was a nice environment for patients however it presented challenges for nurses and communication teams;
 The team made the decision early not to develop Level 6 due to demand changes;
 Dragons Heart Hospital were very lucky to secure the two oxygen tanks at the site;
 CT Scanner and Lab was installed;
 At the peak of the build, there were 600 contractors and 1000 delivery lorries on site;
 At the early development stages the Minister visited, assurance was received in relation to the cost of the development during the build from open conversations with the Chief Executive Officer (CEO) and Welsh Government;
 Within 4 weeks, the team delivered 335 beds, two weeks later the surge hospital was officially opened by HRH Prince of Wales.

In relation to next steps, the team were discussing options with the CEO on how the UHB could have a rapid response function, creating a Dragons Heart Hospital Institute / Learning Academy – the development of Dragons Heart Hospital demonstrated the need for the UHB to have a project support office.

The Committee Vice Chair / Independent Member – Third Sector (CVC/IM-TS) asked if the learning academy / project support office would be for the second phase of COVID-19 or for the UHB going forward. In response, the DTI confirmed it would be a recognised value across the UHB.

The Independent Member – Capital & Estates (IM-CE) asked in relation to learning from other field hospitals, would there be any further plans for long term learning from each other in the future. In response, the PD-DHH confirmed the team were very closely aligned with NHS Wales & England and joined up learning is what the UHB were hoping to achieve.

The CC thanked the DTI and the whole team involved with Dragons Heart Hospital, the scale and speed of the operation was exceptional and everyone involved pulled together to serve the population. The CC commented that this was a fantastic example of integrated working.

Resolved – that:

- (a) the Committee noted the Dragons Heart Hospital presentation.

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S&D 20/07/010

Update on Home First – PCIC

The Deputy Director of Planning (DDP) introduced the report and it was

	<p>taken as read by the Committee. The DDP advised the Committee in relation to funding sustainability, the team were looking at slippage from the ICF programme to be rolled forward to fund capacity for next year in addition to looking at other exit strategies and were working with Local Authorities and Third Sector to discuss this further.</p> <p>The DDP advised that the UHB invested in screen and prevention within the Community and the benefits of this would be monitored.</p> <p>The CC confirmed that Home First was a very important piece of work and there was a significant amount of work being undertaken at RPB level to look at funding.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Update on Home First – PCIC.</p>	
<p>S&D 20/07/011</p>	<p>Service Delivery Plan 2020-21 - Quarter 2 Update</p> <p>The CC advised the Committee that the timescales set by Welsh Government had been difficult in terms of Executive and Board to submit admissions, the plan would be submitted to Welsh Government for final review and Board would look to approve this at the end of July 2020. The CC added the Committee needed to ensure progress was monitored.</p> <p>The DDP informed the Committee the UHB had an approved IMTP and monitoring was currently suspended due to COVID-19. Welsh Government had requested an interim plan on a quarterly basis. The plan included a strong focus on track, trace and protect which the EDPH was leading on.</p> <p>The IM-CE asked in relation to improvements in R&D Preparedness and Pharmacy Set Up times, how the UHB could sustain these and take them forward. The CC advised that Executive colleagues were looking at how the UHB captures the benefits and improvements made during COVID-19 and how they can be sustained, Board Development may be a good opportunity to discuss this further.</p> <p>The Executive Director of Workforce & Organisational Development (EDWOD) added the Health & Wellbeing Group addressed the immediate need during COVID-19 and were now looking at plans to support the workforce in the coming months, in addition to how the UHB could bring people back into work, currently the UHB had 1500 – 1600 employees at home shielding or isolating. The All Wales Group had looked at how the UHB could protect BAME colleagues during COVID-19 as much as possible as they would potentially be more affected. The EDWOD further advised the Committee that Management Executive would be discussing how the UHB could improve inclusion and diversity within the organisation.</p> <p>The IM-CE asked for an update on the status on UHW2. In response, the DDP advised the team would be working towards finishing the full business case to submit to Welsh Government by early 2021.</p>	

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	<p>Resolved – that:</p> <p>(a) the Committee noted the Service Delivery Plan 2020-21 - Quarter 2 Update</p>	
<p>S&D 20/07/012</p>	<p>Research & Development</p> <p>The EMD introduced the report and it was taken as read by the Committee. The EMD advised that the UHB were UK Level Leaders in Research during the COVID-19 Pandemic, there was an exceptional research based performance which was recognised at 10 Downing Street.</p> <p>The Research & Development team had strong connections between Medical Directors, Clinical Board Directors, Research & Development teams and Cardiff University, this good relationship enabled the success of Research & Development throughout COVID-19.</p> <p>The IM-TS explained it was exciting that the team could deliver this during real time which was a testament to the strong relationships built and queried if this could be captured and shape the future direction of research & development. In response, the EMD advised some positive changes had already been implemented i.e. 24/7 research staff available for emergencies. The EMD advised there had been a fantastic response from pharmacy in relation to turning around studies. The EMD informed the Committee that the governance framework was very different for COVID so this would need to be addressed when the UHB returned to normal business.</p> <p>The EMD advised the Committee that significant progress had been made with the Joint Research Office within Cardiff University and a date of October 2020 had been suggested for opening.</p> <p>The CC congratulated the EMD and colleagues, in particular Chris Fegan who had been instrumental in his contribution to research and development.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Research and Development Report.</p>	
<p>S&D 20/07/013</p> <p>Bricknell Helen 09/16/2020 08:24:15</p>	<p>Tertiary Services Update & Presentation</p> <p>The Consultant Cardiologist (CtC) and Corporate Planning Manager (CPM) introduced the presentation and confirmed the following:</p> <ul style="list-style-type: none"> • Tertiary Services was not included in Shaping our Future Wellbeing (SOFW) Strategy, therefore the team designed a strategy which aligned with SOFW; • The team carried out a baseline assessment to identify areas and services provided; • Risk assessment undertaken identified three domains, Quality & Patient Safety, Sustainability and Delivery & Performance; • Internal & External engagement had been undertaken; 	

	<ul style="list-style-type: none"> • SWOT analysis had been undertaken which identified two main themes: <p>“Create a Clear and cohesive identity for the Health Board as a provider of tertiary services for patients residing within each of its catchment areas”</p> <p>“To identify and address the tensions that currently exist between secondary and tertiary services at both a clinical, operational and strategic level”</p> <ul style="list-style-type: none"> • Vision statement was explained as ‘World Class Specialised Healthcare for Wales <p>The IM-TS congratulated the team on the phenomenal piece of work and commented that it was important to ensure that corporate support was received. The CtC advised that the CEO had been very supportive from the beginning of the process, however a project team would be required to ensure dedicated time to the process.</p> <p>The IM-CE requested that an update on Tertiary Services Progress be brought to a future meeting.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Tertiary Services Update.</p>	LT
S&D 20/07/014	<p>Primary Care Out of Hours Peer Review – Action Plan</p> <p>The Director of Operations - PCIC (DO-PCIC) introduced the report and confirmed the following:</p> <ul style="list-style-type: none"> • Timeframes included in the report were proposed by the National Peer Review team; • Key decision was how the UHB delivered an Out of Hours Service (OOH) at 3 bases with a recommendation to close the base at University Hospital of Wales (UHW); • Decision made to close the OOH at UHW; • Successful multidisciplinary work had been undertaken which included Mental Health and Mental Illness, this work was being continued; • Progress had been made on the action plan, despite COVID-19; • Regional Dental Service was due to be progressed during July 2020. <p>The CC commented on the major progress made with the CAV247 Out of Hours service which was a significant part of the UHB service to patients. The IM – CE queried if there would be a communications plan to support this which would ensure the message reaches those in most need. In response, the DO-PCIC confirmed conversations were being held with key stakeholders which included, but was not limited to, Local Authorities, Chairs and Chief Executive Officers. A formal communication had been launched. The CC explained he hoped the Minister would make</p>	

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	<p>an announcement in relation to CAV247 in the coming weeks which would be a very significant step forward for the UHB.</p> <p>The CC requested that going forward, target completion dates are included within the report.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Primary Care Out of Hours Peer Review – Action Plan</p>	
S&D 20/07/015	<p>Key Organisational Performance Indicators</p> <p>The Deputy Chief Operating Officer (DCOO) introduced the paper and confirmed that throughout COVID-19, work was clinically led, based on clinical prioritisation.</p> <p>The DCOO confirmed it was unknown when Welsh Government would expect the UHB to return to normal measures.</p> <p>The CC recognised the work undertaken and advised the Committee that the UHB was in a very good position heading into March, prior to COVID-19, and the UHB needed to ensure that it does its best to re-introduce services to patients.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Key Organisational Performance Indicators</p>	
S&D 20/07/016	<p>Board Assurance Framework Update – Workforce</p> <p>The DCG introduced the report and advised the Committee that the BAF needed to be broadened to include wellbeing and inequality, therefore it would be amended prior to submission to Board to reflect this.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Board Assurance Framework Update - Workforce</p>	
S&D 20/07/017	<p>Reserve Forces - Training and Mobilisation Policy for NHS Wales</p> <p>The Committee reviewed the Reserve Forces - Training and Mobilisation Policy for NHS Wales.</p> <p>Resolved – that:</p> <p>(a) The Committee adopted the Reserve Forces - Training and Mobilisation Policy for NHS Wales.</p>	

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<p>S&D 20/07/018</p>	<p>Any Other Business</p> <p>The CC informed the Committee that it would be the last time he would be Chairing due to being appointed as Chair of the UHB, Michael Imperato would be the Chair of Strategy & Delivery going forward.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Any Other Business raised.</p>	
<p>S&D 20/07/019</p>	<p>Items to bring to the attention of the Board</p> <p>Resolved – that:</p> <p>(a) There were no items to bring to the attention of the Board.</p>	
<p>S&D 20/07/020</p>	<p>Review of the Meeting</p> <p>The CC facilitated a review of the meeting and attendees confirmed it was a good meeting with an appropriate level of Independent Member challenge and scrutiny.</p>	
<p>S&D 20/07/021</p>	<p>Date & Time of next Meeting</p> <p>Tuesday 15th September 2020 9:00am – 12:30pm Via Skype</p>	

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Public Action Log

Following Strategy & Delivery Committee Held on 14th July 2020

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Completed Actions					
Actions In Progress					
S&D 20/01/016	Developing a Performance Framework Update	An update report be brought to the Committee meeting in May 2020	15/09/20	David Thomas	On agenda for September meeting.
S&D 20/03/011	Strategic Equality Plan	6 monthly update report be brought to the Committee	15/09/20	Martin Driscoll	On agenda for September meeting.
S&D 20/03/012	Update on CAHMS Strategy	An update report be brought to the Committee in six months' time.	15/09/20	Steve Curry	On agenda for September meeting.
UHB 20/03/014	Move More, Eat Well Plan	Item for discussions from previous Board meeting on how we provide this information to older persons who may not have digital access	15/09/20	F Kinghorn	On agenda for September meeting.
S&D 19/10/010	Amplify Outcomes	A paper be brought to the Committee which outlined how development would be monitored to ensure that Amplify outcomes were delivered	15/09/20	Martin Driscoll	On agenda for September

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S&D 20/01/009	Excel at Teaching across the UHB	A paper on nursing and midwifery teaching across the UHB be brought to a Committee meeting.	15/09/20	Ruth Walker	On agenda for September
S&D 20/01/020	Workforce Key Performance Indicators – Themes and Trends	A 6 monthly report be provided that specifically identified themes and trends.	15/09/20	Martin Driscoll	On agenda for September
S&D 20/07/013	Tertiary Services Update & Presentation	A request that an update on Tertiary Services Progress be brought to a future meeting	12.01.20	A Harris	
	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	

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**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

Report Title:	Developing a Performance Framework Update				
Meeting:	Strategy and Delivery Committee			Meeting Date:	15/09/20
Status:	For Discussion	x	For Assurance	For Approval	For Information
Lead Executive:	David Thomas, Director of Digital & Health Intelligence				
Report Author (Title):	David Thomas/Simon Rogers/Kerry Ashmore				

Background and current situation:

A performance management approach was presented to the Strategy & Delivery Committee in April 2019 with an update on further developments presented on 29 October 2019. The focus was previously on the measures and targets associated with NHS Wales performance and delivery targets mapped against each of the UHB Board’s Committees.

The request made by the S&D Committee was for a Performance Management Framework document to be developed. The primary focus of the Performance Management Framework is to ensure the UHB has the support structure with which to make systematic, continuous improvements to performance enabling the achievement of its objectives. It should also enable the UHB to be publicly accountable for its performance.

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

This framework is organisation wide and part of the UHB’s wider governance structure. It will require a named Executive lead with overall UHB-wide responsibility for performance management.

Assessment and Risk Implications (Safety, Finance, Legal, Reputational etc;)

A Performance Management Framework will enable the UHB to gain assurance on performance against achievement of strategy and delivery of services in meeting agreed targets.

Recommendation:

The Strategy & Delivery Committee is asked to:

- Review and approve the proposed Performance Management Framework document.

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	<input checked="" type="checkbox"/>	Long term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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Equality and Health Impact Assessment Completed:

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

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PERFORMANCE MANAGEMENT FRAMEWORK

Reference No:	UHB	Version No:	2	Previous Trust / LHB Ref No:	UHB 207
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Documents to read alongside this Framework	n/a
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Classification of document: Corporate

Area for Circulation: UHB Wide

Author/Reviewee: AD – Performance Delivery/Head of Business Intelligence / Director of Digital & Health Intelligence

Executive Lead:

Group Consulted Via/ Committee: Management Executive ahead of being presented to Strategy & Delivery Committee on 15th September 2020.

Approved by:

Date of Approval:

Date of Review:

Date Published: Draft doc 28/08/20



OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON

Version Number	Date of Review Approved	Date Published	Summary of Amendments
2	September 2018		AVN
3	April 2020		SR
4	July 2020		SR/KA/DT
5	August 2020		Comments from COO/ Deputy COO. DT
6	Sept 2020		Feedback from Management Executive

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1. PURPOSE

A Healthier Wales: our Plan for Health and Social Care sets out a long term future vision of a 'whole system approach to health and social care', which is focussed on health and wellbeing, and on preventing illness.

The national vision is that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible.

Locally the mission of Cardiff and Vale University Health Board is "Caring for people, Keeping People well" and to achieve this, the UHB developed a 10 year strategy in 2015, "Shaping our future wellbeing".

The responsibilities of the UHB are to:

- Assess the needs of the local population – the health and wellbeing needs of our residents changes over time and needs to be considered jointly with public service partners;
- Design services – services need to be developed with those who use our services and those who provide services, including: voluntary sector partners, public service partners and regional healthcare providers, with the aim of improving health, economic, social, environmental and cultural wellbeing;
- Assess how services are best provided – the UHB must ensure that all the healthcare needs of Cardiff and the Vale of Glamorgan residents are met. However, it cannot directly provide all of these services, therefore the UHB has to decide where each service is provided and by whom;
- Provide services – having assessed which services the UHB, as a provider of local and regional services, will deliver, it must do so safely and effectively wherever they live and whoever they are; and
- Monitor, evaluate and improve – having designed services to meet the needs of the local and regional population, the UHB must monitor and evaluate whether or not need is being met. This then informs a continuous improvement cycle.

The Integrated Medium Term Plan (IMTP) and annual operating and financial plans set out how these will be delivered.

Performance management enables organisations to articulate their business strategy, align their business to that strategy, identify their key performance indicators (KPIs) and track progress (NHS Institute for Innovation and Improvement).

The purpose of this Performance Management Framework (PMF) is to document the arrangements that UHB has put in place to monitor the delivery of the plans and strategies, to ensure that the UHB achieves its mission and vision.

The PMF makes an important contribution to the UHB Board Assurance Framework (BAF). The BAF is an overarching framework that provides systematic assurance that all the UHB accountabilities are being discharged in all settings from Board to ward/team.

2. SCOPE

The scope of the PMF extends to all UHB activities undertaken by staff, both collectively as members of agreed groups or as individuals, in accordance with authority granted under the Scheme of Delegation in UHB Standing Orders, and includes:

- Discharging all statutory responsibilities, including implementation of recommendations made by regulatory bodies with statutory powers;
- Delivery of all requirements mandated by WG directly;
- Delivery and performance management of contracts entered into by the UHB with others to deliver healthcare services on their behalf, including contracts for teaching and research, and others such as primary care and care home services;
- All other commissioner, provider and public health responsibilities.

The following are the key frameworks setting the structure for performance of the UHB. The PMF monitors progress towards delivery of these frameworks.

UHB

- UHB Vision and Strategy in 'Shaping our Future Wellbeing 2015-2025'
- Integrated Medium Term Plan (IMTP) and Clinical Board / Corporate Directorate plans and strategies
- Operational Plans

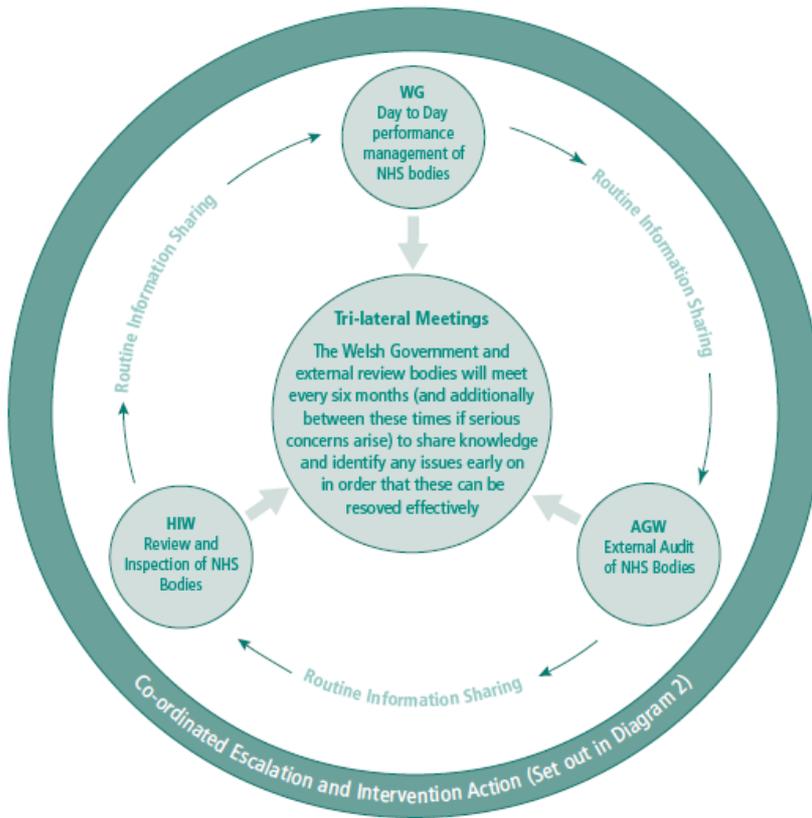
Welsh Government (WG)

- NHS Outcomes and Delivery Framework
- Delivery Plans such as Cancer, Stroke, Diabetes

Diagram 1 provides an overview of the NHS Wales' escalation and intervention arrangements with Welsh Government

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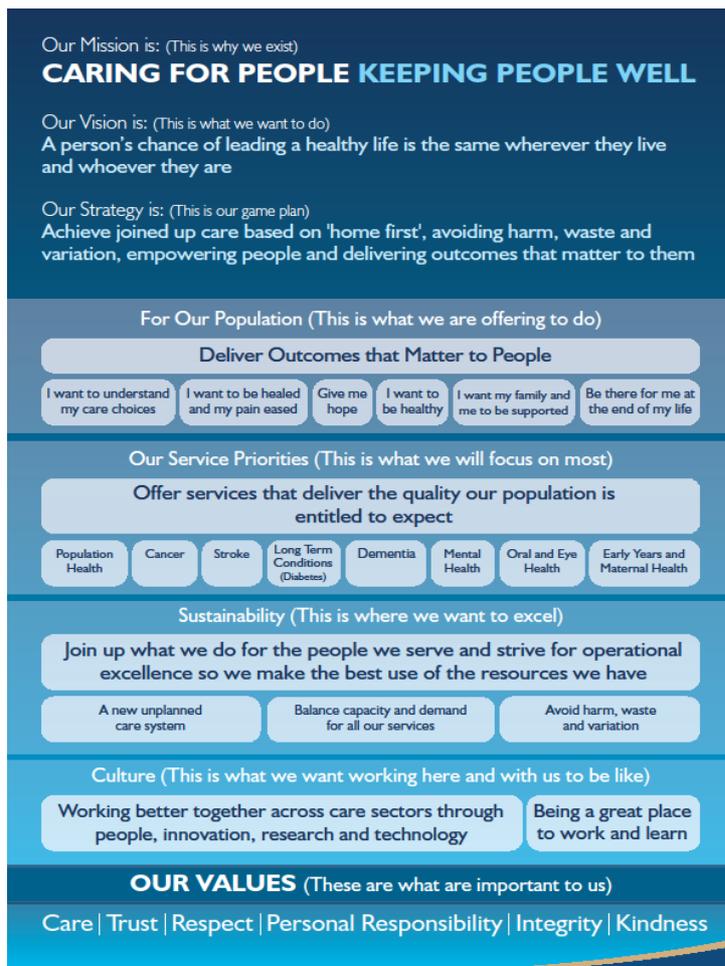
Diagram 1: NHS Wales Escalation and Intervention Arrangements – Overview



The PMF should also cover individual performance, though it is recognized that this is the responsibility of relevant line managers, using value based appraisals and PADR. The PMF should create a ‘golden thread’ of performance accountability from the Board through to the individual employee.

Diagram 2 outlines a summary of our mission, vision and strategy.

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3. PRINCIPLES

The following principles are central to the PMF:

- Every employee from Board to ward/team has a role to play in ensuring that the UHB is regarded as a high performing organisation. Creating a positive performance culture where staff feel engaged will deliver better outcomes;
- Ensuring transparency around measures to assess performance;
- Ensuring the right focus, which will be a mix of strategic and operational targets focused on quality and better outcomes;
- Proportionate and balanced measures so that interventions and actions are proportionate to the scale of any performance risks and the right balance between challenge and support;
- Clarity around accountability;
- Appropriate empowerment and delegation including earned autonomy;
- Encourages a culture of mutual support between Clinical Boards and Corporate Directorates, in order to optimise performance;
- Timely and accurate information is required to create an integrated assurance and governance framework i.e. right information; right time; right place.

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4. MEASURING SUCCESS

Internal Review

Performance will be measured through:

- a report on progress against all objectives in the IMTP and Annual Operating and Financial Plan to the Board;
- monthly performance review meetings with Clinical Boards;
- Strategic reviews for Clinical Boards arranged by the Director of Planning;
- Board and Board sub-committee reports on finance, quality and safety and patient experience.

Whilst the UHB is expected to deliver its statutory targets as set out in the Welsh Government's Delivery Framework, Clinical Boards and Corporate Directorates are also expected to achieve efficiency and productivity targets to enable them to deliver effective and efficient services.

Increasingly there will be a move towards performance measurement on the basis of lead rather than lag measures, in order to drive efficiency. A lag measure is an historical indicator whereas a lead measure is an enabling measure. As an example, when looking at RTT, a lag measure is the 26 week target, but a lead measure would be increase in number of theatre sessions or cases per session, since an increase in these would deliver the target.

External Review

Performance in relation to third parties (i.e. activities UHB is required to deliver for other organisations and those it delivers itself for others) will be set out in formal contracting and commissioning arrangements entered into with the above parties. These will cover issues such as:

- Service specifications
- Quality standards
- Monitoring arrangements
- Reporting requirements

The UHB is accountable to the Welsh Government for delivery against key targets. This accountability will be delivered via the monitoring arrangements set out by Welsh Government including regular performance submissions and performance meetings.

The UHB is subject to review from a variety of external organisations, in statutory bodies concerned with healthcare regulation. The UHB will nominate a lead Executive Director or Clinical Board Director to each of these organisations to ensure that there is appropriate performance monitoring in place to deliver compliance with requirements and that risk areas are communicated and effectively managed via either the performance review meetings or to Board sub-committees as appropriate.

Audit

The UHB also commissions audit programmes which support performance monitoring. These are:

- Annual internal audit, external audit and clinical audit plans
- Annual counter-fraud plans

These review key areas of planning and delivery over a 3 year period on a risk based basis. Audit reports are submitted to relevant Board committees, Clinical Boards, Corporate Directorates and performance meetings. All reports have an Executive lead who is responsible for scoping audits and receiving and delivering action plans and ensuring audit reports are taken to appropriate committees.

5. ROLES AND RESPONSIBILITIES

This section describes the way that the Board, its Committees, Clinical Boards and Corporate Directorates operate in relation to performance management, in particular the responsibilities and reporting arrangements of the key staff involved.

5.1 All Staff

It is the responsibility of every employee to promote a culture of delivering high performance in any way they can.

The discharge of professional responsibilities by clinically qualified staff will to a large extent be determined by their respective professional bodies. Key elements are:

- Agreement of job plans (consultants and SAS doctors)
- Appraisal
- Revalidation (medically/dentally qualified staff)

5.2 Board

The role of the Board is to

- Set the organisation's strategic direction (i.e. via approved plans)
- Establish and maintain the organisation's governance and accountability framework, including its values and standards of behavior
- Ensure delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across the organisation

5.3 Chief Executive Officer

The Chief Executive Officer (CEO) has ultimate responsibility for performance assurance in line with responsibilities set out in the Accountability Agreement entered into with WG. In particular s/he has responsibility for performance managing individual Executive Directors whose Executive responsibilities are as follows:

5.4 Management Executive

The Management Executive (ME), chaired by the Chief Executive, provides a forum for Executive Directors to discuss matters of key strategic or operational significance. It receives performance reports and resolves any Clinical Board/Corporate Directorate issues not resolved locally. Management Executive also decides, on the basis of Clinical Board performance reports, whether any deviation from required performance should be regarded as minor or material in relation to the UHB's escalation process.

5.5 Executive Directors

All Executive Directors have responsibility for a Corporate Department, who provide services centrally in order to provide economies of scale, efficiency and scarcity of expertise.

The following departments are purely HQ functions and performance will be monitored via Board routes

- Public Health
- Director of Therapies and Health Science
- Governance.

The remaining Corporate departments are subject to different performance management arrangements from Clinical Boards, due to their size and specific function. However, it is important that statutory responsibilities and quality and efficiency measures are also applied to the whole organisation, in order that the 'golden thread' from Board to the individual is maintained.

Public Health services are provided by the UHB itself, Public Health Wales and other public sector and third sector partners. There are performance monitoring arrangements in place around these led by the Director of Public Health.

All Directors have individual their individual statutory and operational responsibilities, to which they are accountable to the CEO. Detailed performance measures, which align to those responsibilities, need to be developed for all departments, and performance reviewed on a regular basis.

5.6 Clinical Boards

The Chief Operating Officer holds Clinical Boards to account in terms of discharging their respective roles and responsibilities.

Clinical Boards are charged with planning, commissioning and delivering services in accordance with their terms of reference as delegated by the Board. The Clinical Board role and structure can essentially be summarised as follows:

- Clinical Boards are accountable to the Chief Operating Officer via the Clinical Board Director to deliver services agreed in the IBP and individual Clinical Board plans.
- Clinical Boards are expected to maximise the autonomy that the Board is prepared to grant them, in terms of planning and delivering services in accordance with relevant targets set out in the IBP.
- The management team comprises:
 - A Clinical Board Director who is managerially accountable to the Chief Operating Officer, with devolved responsibility from the Board through the Chief Operating Officer and other Executive Directors for delivery of Clinical Board plans and delivery of relevant targets.
 - The Director leads the management team which usually comprises;
 - Director of Operations
 - Head of Workforce and OD
 - Head of Finance
 - Director of Nursing

The Director of Operations is accountable for ensuring effective operational management of all available resources, delivery of efficient services and provision of high quality, safe services and ensuring financial, quality and safety processes and practices are of the highest order.

The Heads of Finance and Workforce and OD, working in conjunction with corporate support teams or other devolved teams have responsibility for ensuring that information is provided on a timely basis and of appropriate quality to enable performance monitoring.

Clinical Boards are expected to have internal performance management arrangements with their Directorates in place. These will reflect individual Directorate operational and financial plans. Directorates will then have performance management arrangements in place with individual wards and teams, again linked to Directorate objectives.

This will enable the Board to have assurance that there is a culture and process for managing performance against operational and financial plans throughout the organisation. These will link into personal objectives for staff via the PADR process.

Each board is supported by an Executive Director who is expected to bring independent judgement on issues of performance and accountability to internal and external stakeholders and ensure that decisions are considered from an organisational-wide perspective that maximise the opportunities presented by an integrated health organisation.

5.11 Cross Clinical Board Working

The following structures will support cross Clinical Board working and resolution of any performance issues:

The Health System Management Board (HSMB) has delegated authority for decision making on matters that have cross Clinical Board implications.

- Directors of Clinical Boards and Heads of Delivery meet weekly on an informal basis to discuss and resolve clinical operational issues.
- Operational Delivery Forum (Heads of Delivery) will meet weekly to focus on monitoring operational performance and targets, agreement of remedial action and sharing of good practice.
- Clinical Board Nurse Forum will meet weekly to focus on driving and improving patient pathways of care and resolving blockages in the system.

6. PERFORMANCE MANAGEMENT ARRANGEMENTS FOR CLINICAL BOARDS & CORPORATE DEPARTMENTS

This section describes the processes that Clinical Boards and Corporate Departments follow to provide assurance that UHB is performing effectively.

The following principles apply:

- The expectation is that Clinical Boards and Corporate Departments deliver all targets including activity, performance, quality and safety and finance;
- Metrics will be agreed at the start of each year for performance review meetings with each Clinical Board;
- The metrics will form a balanced approach including a mix of statutory and delivery framework measures, but increasingly aim to move towards lead, rather than lag measures, in order to focus on the drivers to improve performance;
- Standard agendas will be used and actions recorded. Clinical Boards and Corporate Departments will report on progress prior to the following month's meeting;
- Clinical Boards should aim for the highest levels of performance, using suitable external comparators such as CHKS and NHS Benchmarking, using appropriate support from Corporate Departments.

6.1 Performance Review Meetings

Clinical Boards will be subject to monthly performance review.

Reporting arrangements will be through action notes that will be circulated to all Executives. The Chief Operating Officer will feedback any issues to the Management Executive, including a view on assurance levels, exceptions and variations to plan. This will also include an assessment about any Clinical Board that needs to be placed in escalation measures.

Finance and activity will be standing items at each review. Quality will be an item on a bi-monthly basis. If there is an exceptional issue that an Executive wishes to discuss, the relevant Executive will add the item to the agenda and attend the meeting.

Reviews will be attended by the Chief Operating Officer (Chair) and the Director of Finance. The Nurse Director will attend on a bi-monthly basis to discuss quality.

Clinical Board attendance will be the Clinical Board triumvirate and the Head of Finance.

Dashboards and KPIs will be used to monitor performance. These are agreed annually and will reflect the UHB's key priorities, and other priorities within each Clinical Board.

6.2 Escalation of Performance Review

UHB management arrangements are based on the principle that issues should be resolved at Clinical Board or Corporate Department level with escalation very much the exception.

To inform the assessment of a Clinical Board's performance, assurance level and decision whether escalation is required the triggers for escalation are based on four variables and a judgement should be taken based on a combination of all:

- Delivery of agreed actions / milestones from previous performance reviews;
- Current month's performance against finance and activity and alternative month's performance against quality measures;
- Trend of performance delivery, as assessed through assurance levels over the last three months;
- Judgement about the complexity of the challenge.

It is proposed that the lead Executive for each performance area makes a judgement on performance levels for their respective area and the Chief Operating Officer, as Chair, makes a judgement using the criteria above, with the overall level of assurance and recommendation to Management Executive.

An update will be provided at the following Management Executive meeting. This will outline the nature of the meeting, including assurance levels, exceptions and variations to plan. Escalation measures will remain in place until such time that the performance has been recovered to a level acceptable to the Chief Executive.

7. THE BOARD AND ITS COMMITTEES

Clinical Board operational performance is reported through to Committees initially and then through to the UHB Board.

Audit Committee advises and assures the Board, and the Accountable Officer, on whether effective arrangements are in place – through the design and operation of the UHB's assurance framework – to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Finance Committee advises and assures the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery.

Strategy and Delivery Committee advises and assures the Board on the development and implementation of the UHB's overarching strategy, "Shaping our Future Wellbeing", and key enabling plans. This includes all aspects of delivery of the strategy through the IMTP and any risks that may hinder achievement of the objectives set out in the strategy, including mitigating actions against these.

Mental Health and Capacity Legislation Committee advises the Board of any areas of concern relating to responsibilities under mental health legislation, and provides assurance that we are discharging our statutory duties under the relevant legislation.

Quality, Safety and Experience Committee provides evidence based and timely advice to the Board to assist it in discharging its quality, safety and experience functions and responsibilities and assures the Board in relation to UHB arrangements for safeguarding and improving the quality, safety and experience of patients, carers, citizens and all that come into contact with our services in accordance with UHB objectives and standards determined for the NHS in Wales.

Charitable Funds Committee provides advice to the Corporate Trustee in the discharge of its duties and responsibilities for charitable funds and discharges its delegated responsibilities from the Corporate Trustee for the control and management of Charitable Funds in accordance with governing documents and UHB Charitable Funds Governance Framework and in compliance with the Charities Act and Trustee Act.

Health and Safety Committee advises and assures the Board, and the Accountable Officer, on whether effective arrangements are in place to ensure organisational wide compliance with the UHB Health and Safety Policy, relevant Standards for Health Services in Wales and monitors delivery against the Health and Safety Priority Improvement Plan.

Digital Health and Intelligence Committee provides assurance to the Board that appropriate processes and systems are in place for data, information management and governance to allow the UHB to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.

Reporting to the Board

Bi-monthly board reports incorporating financial delivery, Quality & Safety, Population Health and service performance will cover progress against relevant scorecards and performance against Welsh Government targets.

The Board will also receive additional performance reports as appropriate, in line with the Board Assurance Framework, based on any specific areas of concern identified and focusing on recovery plans where necessary.

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Information

The Information function within the Digital and Health Intelligence directorate will take the lead in ensuring that information is available to Clinical Boards/Corporate Departments to support performance management. The UHB Business Intelligence system and associated Data Warehouse will in principle be the platform for delivering a “single version of the truth” to cover performance monitoring of UHB business activities.

The following information governance considerations are paramount in terms of the ability of Directors and staff to discharge their respective accountabilities in relation to performance:

- Quality
- Timeliness
- Accuracy
- Availability

The UHB recognises that ongoing work is required to further integrate data from multiple systems that sit outside of core systems such as PMS. Progress has already been made but more remains to be done in warehousing data. As a result, alternative sources of information will need to be accessed such as departmental systems and CHKS and Welsh Government for RAMI and peer comparison. In some instances the necessary scrutiny will need to be undertaken manually, in others checks by trusted NHS parties such as NWIS and Public Health Wales will be relied upon.

The Information function will maintain robust information governance structures to ensure data integrity and completeness. This scrutiny will cover both electronic and paper records. The use of standalone systems such as local spreadsheets will be discouraged to minimise the possibility of duplication and data quality errors.

8. ESCALATION AND ASSURANCE

UHB management arrangements are predicated on the principle that, wherever possible, issues should be resolved at Clinical Board or Corporate Department level with escalation very much the exception.

To inform the assessment of a Clinical Board’s performance, assurance level and decision whether escalation is required at Chief Executive level, the following provides guidance around the triggers for escalation. This is based on four variables and a judgement on escalation would be taken based on a combination of all, as follows:

- Delivery of agreed actions/ milestones from previous performance reviews
- Current month’s performance against finance and activity and alternative month’s performance against quality measures
- Trend of performance delivery – assessed through assurance levels over the last three months
- Judgement about the complexity of the challenge

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It is proposed that the lead Executive for each performance area makes a judgement on performance levels for their respective area and the Chief Operation Officer, as Chair, makes a judgement on progress against previously agreed actions / milestones, the complexity of the challenge and, using the above four variables, the overall level of assurance and recommendations to Management Executive.

An update will be provided at the following Management Executive meeting. This will outline the nature of the meeting, including assurance levels, exceptions and variations to plan. This escalation will remain in place until such time that the performance has been recovered to a level acceptable to the CEO.

The following diagram 3 sets out the escalation as per the following hierarchy. This should be used in conjunction with the Welsh Government escalation and intervention arrangements as shown in Diagram 1 earlier within this document.

Diagram 3:



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Report Title:	Draft Revised Strategic Equality Plan- Caring About Inclusion 2020-2024 Update							
Meeting:	Strategy and Delivery Committee					Meeting Date:	15 September 2020	
Status:	For Discussion	x	For Assurance		For Approval	X	For Information	x
Lead Executive:	Executive Director for Workforce and Organisational Development							
Report Author (Title):	Equality Manager							

Background and current situation:

Since the first draft of the Strategic Equality Plan (SEP) was presented to the Strategy and Delivery Committee on 10 March 2020 Cardiff and Vale University Health Board (UHB), like the rest of the NHS has faced unprecedented challenges and exceptional strain. Responding to the Coronavirus pandemic has meant making difficult decisions in a rapidly changing context.

The disproportionate impact of coronavirus on particular protected groups, both in terms of peoples’ health and their experiences of discrimination means that equality and human rights must continue to be central to decision making going forward. The current pandemic has further amplified and exacerbated existing inequalities in Wales, including for those with protected characteristics and socio-economically disadvantaged groups.

The coronavirus is having a disproportionate impact on our Black, Asian and minority ethnic (BAME) patients, friends and colleagues. This, along with the Black Lives Matter movement, has in turn has brought into stark and urgent focus the layered impacts of years of disadvantage and inequality. This is a fundamental reflection point for the NHS and for the Health Board as it looks forward with an inequalities lens.

Equality and human rights must be central to the thinking and planning of our organisation as a public body whilst we are in the midst of the pandemic, and critically for the recovery phase. This is vital to ensure existing inequalities don’t become further entrenched.

As a listed body we are expected to meet our legal obligations, and to apply the principles that sit within the Equality Act 2010 and the Public Sector Equality Duty (PSED) and the Socio-Economic Duty to all decision making.

This revised SEP concentrates on the Health Board’s Strategic Equality Plan – Caring about Inclusion 2020-2024 and does not make reference to the Wales’s Public Body Equality Partnership Strategic Equality Objectives 2020-2024 as the obligation on the organisation in this context is the Health Board as a separate entity. (Please see Appendix 1) Though the partnership with other public sector bodies is part of the organisation’s long-term aims.

The SEP has also provided the organisation to publish its Gender Pay Gap report for the period of 1st April 2019 to 1st April 2020.

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

The landscape within which the organisation was operating has shifted considerably since as a listed body we developed our Strategic Equality Plans (SEP) a few months ago. After the initial draft of the SEP was endorsed the Equality Rights Commission (the Commission) wrote to all listed bodies to advise that they had taken the decision to suspend their compliance check on the publication of SEPs until October. This decision was taken as a recognition of the incredibly difficult circumstances within which listed bodies, such as the Health Board, are operating. It is however important to ensure that the Health Board publishes the SEP by 1st October 2020.

In-light of the pandemic the Commission has advised the health board that it should review its strategic equality plans to identify the key inequalities exacerbated by the Coronavirus pandemic and create an action plan with equality outcomes to help build a more equal and fair Wales as we recover from the crisis. The Health Board has also taken the opportunity to reflect on the Black Lives Matter movement and incorporate some of the actions into this SEP.

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

As an organisation we will continue to look to meet and go beyond our legal obligations, and to apply the principles that sit within the Equality Act – the Socio-Economic Duty and the Public Sector Equality Duty (PSED) to all our thinking, planning and decision making. This includes the publication of our Strategic Equality Plan (SEP) by 1st October, which is being reviewed in light of recent events. Reducing Health Inequality is a strategic aim of the organisation as set out in our ‘Shaping Our Future Wellbeing’ Strategy¹.

The publication of the very recent BAME COVID-19 Socioeconomic Subgroup Report has given us an opportunity to reflect and learn. This paper has fed into the creation of this revised SEP.

On 13 July 2020, our Management Executive received a presentation from the Equality Manager and the Assistant Director of Organisational Development laying out some initial first steps in “Improvement for Inclusion”. We recognise and accepted that inequality cannot be tackled half-heartedly or by sporadic, one-off, disconnected initiatives: that our actions need to be well planned, strategic, sustainable and taken seriously. It has been decided that each Executive Director is taking responsibility for one protected characteristic as this work develops. To demonstrate his personal commitment to this work, the Chief Executive is taking the lead for sponsoring the protected characteristic of Race.

A further piece of work, will be led by the Assistant Director of Organisational Development, and will focus on developing and embedding conscious inclusion, wellbeing and educational improvement across the organisation, working collaboratively with the wider OD function and others from across the Health Board to support the delivery of this multi-faceted agenda.

Under the Welsh specific equality duties, the Health Board must assess the impact of our policies and decisions using a thorough analysis of equality evidence and engagement with

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

communities, individuals and experts. This helps us to understand how our policies might affect people with protected characteristics, and whether appropriate action is required to eliminate or minimise any negative impacts where possible.

Our Equality & Health Impact Assessment for the SEP Caring about Inclusion 2020-2024 includes the feedback from our consultation and engagement, as well as the valuable equality evidence available from recent research, inquiries and statistical releases. It concludes that there is an overall positive impact.

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:

Is Wales Fairer? (EHRC, 2018) - As an organisation we will continue to look to meet and go beyond our legal obligations, and to apply the principles that sit within the Equality Act and the Public Sector Equality Duty (PSED) to all our thinking, planning and decision making. This includes the publication of our Strategic Equality Plan (SEP) by 1st October, which is being reviewed in light of recent events. Reducing Health Inequality is a strategic aim of the organisation as set out in our 'Shaping Our Future Wellbeing' Strategy².

The publication of the very recent BAME COVID-19 Socioeconomic Subgroup Report has given us an opportunity to reflect and learn whilst the organisation's Strategy Equality Plan is in review. This paper will feed into the creation of clear actions, created jointly with partners, to build a more equal and fair Wales as we recover from the crisis.

Also taken into account were the:

- *Rapid Review of Gender Equality Phase One*⁵, and Phase Two report and roadmap when published in the early Autumn (Chwarae Teg, 2018)
- *Review of the Evidence of Inequality in Wales* (Welsh Government)
- *Well-being of Wales 2017-18* (Welsh Government, 2018)

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. Please see below for some of the highlights:

Sex

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. Please see Appendix 2 for our latest Gender Pay Report.

Age (Older People)

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).

(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 and make a full contribution to Welsh society. In January 2019 the Welsh Government launched the Nation of Sanctuary Plan⁸, 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?*¹⁴ 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.

It is intended that the Health Board's Strategic Equality Plan Caring about Inclusion 2020-2024 will have **three main elements**:

A. Partnership Long-term Aims. These will relate to equality in Wales as a whole and shared by other public sector organisations. These aims are likely to remain relevant beyond the period covered by the plan. These aims are offered as an agreed model which other organisations may wish to adopt, either wholly or in part, in order to support shared action to advance equality and human rights in Wales. (Please see Appendix 2).

B. For each of the long-term aims, a single, measureable, Health Board **Equality Objective for 2020-2024**. These objectives relate more closely than the long-term aims to this organisations. The focus will be on what the Health Board intends to achieve within the lifetime of the new plan.

C. Underpinning each of the Health Board's Equality Objectives, will be a number of **Actions** linked to the health domain within *Is Wales Fairer? 2018* and the views of our stakeholders.

The Health Board's Equality Objectives can be found below (Please see Appendix 1). Publication of the SEP objectives will need to take place before the 31 March 2020. Thereafter, a SEP 2020-2024 Delivery Plan Framework for each individual year will be produced.

In developing these aims, objectives and actions, the Health Board has and will continue to undertake careful consideration to ensure people with protected characteristics, as defined by the Equality Act 2010, will be supported. We will also develop an Our actions will be specific to protected groups where the evidence tells us that targeted action is required.

The Health Board acknowledges that many people have experience of intersecting or multiple protected characteristics. A person is rarely defined by a single characteristic. For example, if you are a disabled child; from the older LGBT+ community or a Muslim women, you can potentially be discriminated against on at least two aspects of your identity. We are therefore developing Equality Objectives that are "intersectional", i.e. ones that seek to eliminate discrimination and which promote equality of opportunity and foster good relations in the most inclusive ways possible. Similarly, the aims and objectives themselves are cross-cutting and

interdependent.

Recommendation:

The Strategy and Delivery Committee is asked to:

- **Note** and consider the content of this report
- **Endorse** the revised Strategic Equality Plan – Caring about Inclusion 2020-2024



Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Yes / No / Not Applicable



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09/16/2020 08:24:15



Strategic Equality Plan Caring about Inclusion 2020-24



Accessible Formats

If you would like information in another language or format (large print, Braille, audio, BSL), please ask us.



Foreword

The UHB always strives to put patients first. Caring for People, Keeping People Well is why we exist as a UHB, and fundamental to this is recognising that we operate in one of the most ethnically and culturally diverse areas in Wales. Stakeholders including the public, patients and members of staff expect the UHB to be proactive about equality, diversity and human rights as well as meeting its obligations under the equality and human rights legislation. The UHB is committed to acting on its social, moral and ethical obligation to promote equality of opportunity and outcome, foster good relations and eliminate discrimination, victimisation and harassment and to uphold human rights principles.

This is our third four year Strategic Equality Plan (SEP) and is closely aligned to our ten year strategy ‘Shaping Our Future Well-being’ and our Intermediate Medium Term Plan (IMTP [2019-2022](#)) as well as to the organisation’s values of: kind and caring, trust and integrity, respectful, and personal responsibility. Our ambition is that a person’s chance of leading a healthy life is the same wherever they live and whoever they are. This SEP sets out as plainly as we can the most important outcomes we want to achieve and some of the ways in which we will deliver improvements between April 2020 and March 2024.

Communication, respect, access, quality of care and equality of pay are at the heart of this plan.

The responsibility for implementing the plan falls to all employees, Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

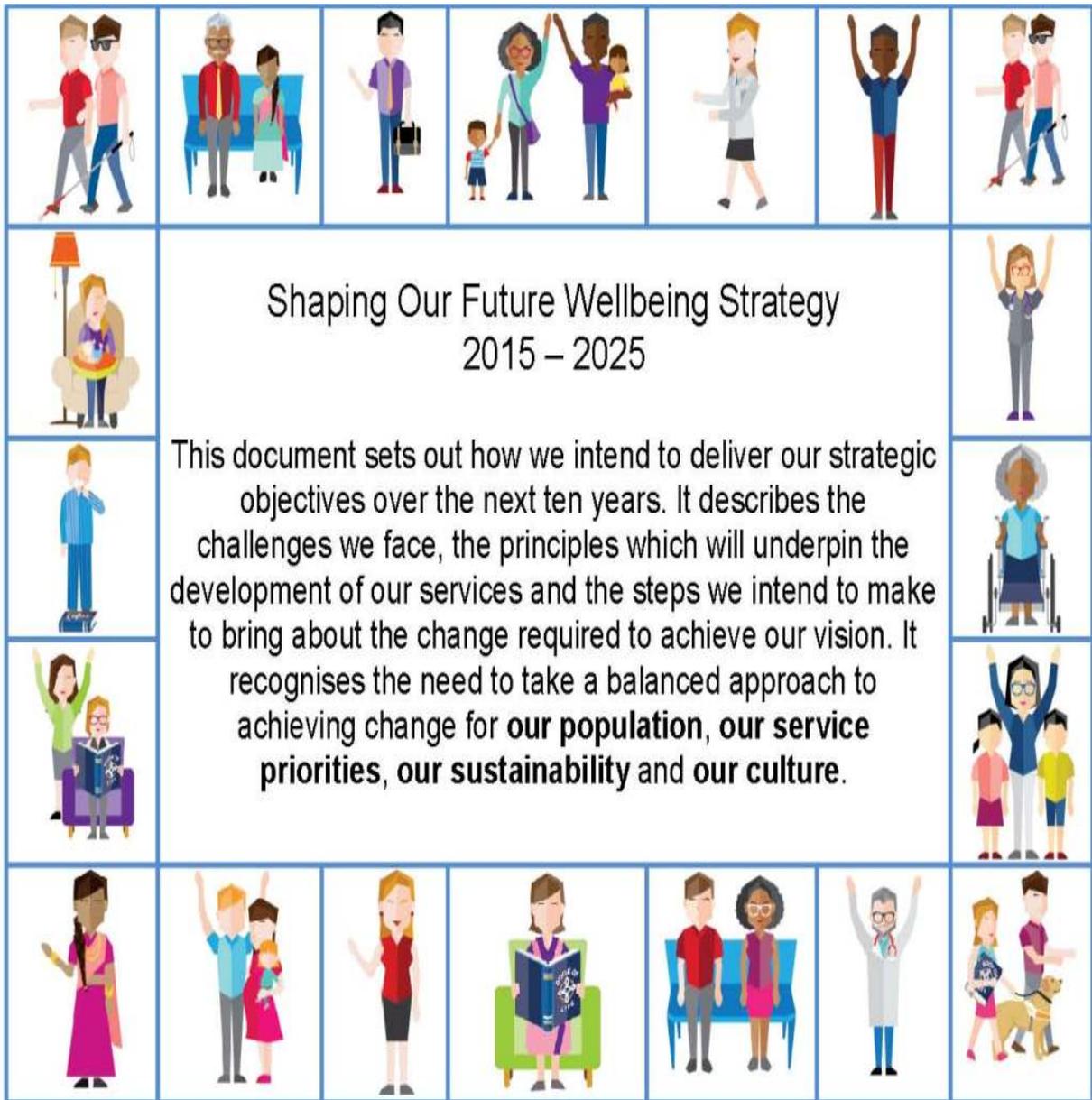
SEP actions will be linked to UHB strategic objectives, the [Health and Care Standards](#), the [Well-being of Future Generations Act 2015 goals](#) and progress will be monitored through regular reports to the appropriate Board Committees the newly established Equality Strategy and Welsh Language Standards Group (ESWLSG), chaired by the Executive Director of workforce and Organisational Development. Every year we will continue to produce an Annual Equality Report which will show how we are doing. Previous equality reports can be found [here](#): We will also hold workshop events throughout the time span of the plan so that we can continue to engage with relevant stakeholders, gain their feedback and receive their input into Health Board planning processes.

Chair – Charles Janczewski



Chief Executive Officer





Shaping Our Future Wellbeing Strategy 2015 – 2025

This document sets out how we intend to deliver our strategic objectives over the next ten years. It describes the challenges we face, the principles which will underpin the development of our services and the steps we intend to make to bring about the change required to achieve our vision. It recognises the need to take a balanced approach to achieving change for **our population, our service priorities, our sustainability and our culture.**



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Who we are

Cardiff and Vale University Health Board (UHB) is one of the largest NHS organisations in the UK and was established in 2009. As a Health Board we have a responsibility for the health of around 475,000 people living in Cardiff and the Vale of Glamorgan, including the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres and community health teams. We have the most ethnically and culturally diverse communities in Wales. We employ around 14,000 staff.

Detailed information about the services we provide and the facilities, from which they are run, can be found on the Health Board's website in the section Our Services: <http://www.cardiffandvaleuhb.wales.nhs.uk/our-services>

The UHB has signed a learning alliance with Canterbury Health Board (CHB) from New Zealand. CHB have made significant cultural and system improvements during the past ten years which have positively impacted on how patients move through their 'joined up' services, consequently improving outcomes. These changes have benefitted staff moral and improved the culture within CHB to a high trusting environment, with a person centered approach.

Working collaboratively with CHB, the health Board have designed a similar program of work to develop our own health system for the benefit of patients and staff. The recent 'Amplify2025' engagement event was the first step in this process. 'Amplify 2025' enabled eighty of the highly engaged leaders at the UHB to think differently about delivering healthcare, ensuring we put the person "Wyn" at the heart of all our decision making. Amplify 2025 was designed to complement the current ten year strategy and strategic clinical service plan.

The term "Amplify" is an umbrella term to encapsulate all of the work that is being delivered around the culture and leadership agenda, which includes value base recruitment / appraisals, talent and succession planning, leadership styles and the climate it creates, inclusion and health and wellbeing.

A person's chance of leading a healthy life should be the same, no matter who you are or where you live. With Amplify 2025, we are ensuring that we all work in the same direction to allow us to achieve our inclusive vision. It's all about 'caring for people, keeping people well' – and ensuring that we do that together, with a shared sense of momentum.

In Cardiff and Vale UHB and through our inclusive Apprenticeship Academy we want to create a culture where opportunities for people to develop their skills, experience, education and qualifications are explored. Our programmes of work comply with the principles of equality and diversity. We take an active approach to identifying and removing barriers to entry and progression and ensure equality of access for those with a learning disability.

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Why we have a Strategic Equality Plan

As a public sector body, Cardiff and Vale University Health Board takes pride in making sure that we continue to improve our services. This is so we can meet better the needs of the people we work with. We are guided by both the 2010 Equality Act (2010) and the Public Sector Equality Duty, which call on us to think ahead and put a Strategic Equality Plan in place. Other legislation that informs this plan include the Human Rights Act (1998), Welsh Language (Wales) Measure 2011, the Social Services and the Well-being (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015. In addition, the United Nations Convention on the Rights of the Child 1989 and the UN Convention on the Rights of Persons with Disabilities 2010 have also been considered.

What are Strategic Equality Objectives?

As part of our specific duties we are required every four years to develop and publish our strategic equality objectives. These objectives set out the strategic equality priorities of the organisation, focusing on how we can add to an inclusively fairer society and move ahead on equality and good relations. The objectives are specific and focus our attention on how we deliver services and employment opportunities in relation to 'protected characteristics' and the forthcoming Socio-Economic Duty 2020.

Developing our Equality Objectives

During 2019 and 2020 we consulted and engaged with patients, staff, partners, equality organisations and other stakeholders in partnership with the Wales's Public Body Equality Partnership. We asked them what they thought the equality priorities should be for the Health Board. We also identified what research and information was already available to help in the development of the objectives.

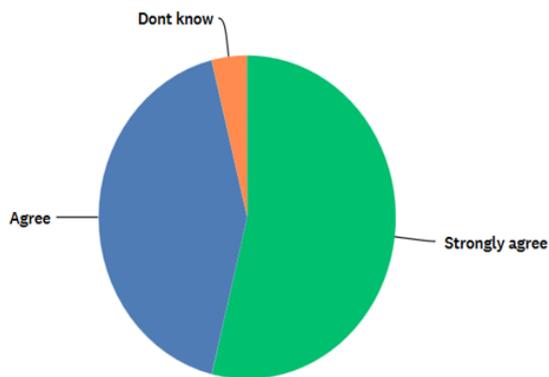
We also specifically surveyed patients, staff, partners, equality and third sector organisations and other people as to whether the Health Board's previously set objectives should be kept as they are, changed or whether we needed to add new ones. We again identified what research and information, such as the findings of our equality and health impact assessments³. The development of our Shaping Our Future Wellbeing Strategy, Is Wales Fairer 2018?⁴ As well as the Ethnicity and Health in Wales⁵, were already available to help in the development of the objectives. An analysis of concern letters, patient feedback forms and staff surveys were also considered.

During all of these consultation and engagement forums, a number of themes emerged. These have been translated into the following outcomes. In essence, if the UHB was being truly effective across the equality, diversity and human rights agenda we would see the following:

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/equality-diversity-and-human-rights>

⁴ <http://www.equalityhumanrights.com/publication/wales-fairer>

⁵ <http://www.wales.nhs.uk/sitesplus/922/news/37600>



- People are and feel respected; this includes patients, carers and family members as well as staff and volunteers.
- We communicate with people in ways that meet their requirements (whether this is through written communication, face to face, signage, Welsh or other community languages including British Sign Language)
- More people receive care and access services that meet their individual

requirements, including those from socio-economic communities

- Gender and any other protected characteristic pay gaps are eliminated

We aim to take these outcomes which were gathered from our engagement sessions and use them to form our Strategic Equality Objectives for the next 4 years which will also have an action plan to ensure successful delivery. The measures in year one highlighted in the plan below will enable us to establish a performance baseline. The delivery plan will take into account demographic and other information available to us.

Our Arrangements for Equality and Health Impact Assessments (EHIA)

An organisational priority is to strengthen and advance the equality and human rights infrastructure within this strategy. This means working better to further embed equality and human rights requirements, including equality and health impact assessment, within systems, plans, policies and processes to ensure equality and human rights considerations become routine practice.

We will continue to build organisational understanding and capacity around Equality and Health Impact Assessments as a robust, structured process that is designed to ensure, as far as possible, that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, then we do so in a fair, accountable and transparent way taking into account the needs and rights of those who might be affected.

Undertaking an Equality & Health Impact Assessment (EHIA) enables us to assess the likely impact on people sharing protected characteristics and also helps identify opportunities to advance equality and human rights. It drives improved inclusive decision-making that is both reflective and responsive to people’s diverse needs, leading to improved outcomes and experiences. We will work to ensure that equality and human rights are embedded and that equality impact assessment informs the improvement programmes delivering the Health Board’s long term strategy for the future ‘Shaping Our Future Wellbeing’ as we plan for and implement the Socio Economic Duty. Scrutiny has already been strengthened at committee level and a mechanism to strengthen the scrutiny of EHIA underpinning improvement activity will be explored.

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The four outcomes are intended to work together. The following table describes how our service will meet these outcomes. Each outcome includes a number of measurable actions. These are not listed in any priority order and there is some intersectionality or overlap across them. (Please see below).

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Strategic Equality Plan- Caring about Inclusion 2020-24

SEP Outcome	Objective	Actions Year 1- 4	Lead	Measures
<p><i>Alignment with</i> <u>10 year strategy- Shaping our Future Wellbeing (SOFW), UHB Integrated Medium Term Plan IMTP 2019-2022, Well-being of Future Generations Act 2015 goals</u></p>				
<p>1. People are and feel respected this includes patients, carers and family members as well as staff and volunteers</p>	<p>To promote and support the Health Board as a great place to work for all</p>	<p>Identify and shape opportunities to engage with staff to understand their experience and respond to feedback to ensure all staff feel valued and involved, and ensure equality of opportunity is UHB wide starting with race in the first year and the development of an anti-racist strategy. (Year 1-4)</p>	<p>Executive Director of Workforce and Organisational Development Equality</p>	<p>Engagement feedback from staff survey engagement index score reported by demographic</p>

		<p>Continued participation in Stonewall's Workplace Equality Index whilst linking the Index to other protected characteristics (Year 1-4)</p> <p>Continued support for the Rainbow LGBT+ FFlag Network (Year 1-4)</p>	<p>Manager/ Assistant Director of OD Heads of Workforce and Organisational Development/ Clinical Board Directors</p>	<p>groupings where possible</p> <p>Year on year improvement in Workplace Equality Index ranking</p>
		<p>Achievement of Disability Confident Leader Status Level 3, partnership working with Project Search, the signing of the Working Forward Pledge and continuation our successful adherence to current Mindful Employer charter. (Year 1-4)</p>	<p>Equality Manager/Assistant Director of OD</p>	<p>Moving from current level 2 to level 3 status.</p>

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		The establishment of a BAME staff network or similar (Year 1-4)	Executive Director of Workforce and Organisational Development	Engagement feedback from staff sessions and organisational 'roundtable' approach
		Annually update the Strategy and Delivery Committee on our compliance with the Welsh Language Standards (Year 1-4)	Equality Manager	Annual Report
	To undertake engagement activities to communicate with stakeholders and obtain views on service delivery for all.	Gain feedback from stakeholders (and disseminate) through involvement in and attendance at partnership equality or related events and activities, including: Annual Minority Ethnic Communities (MEC) Health Fair (Year 1-4) Annual Carers' Events (Year 1-4)	Assistant Director of Patient Experience/ Assistant Director of OD/ Assistant Director of Planning/	Number of equalities issues raised/resolved from each event or activity

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		Annual Volunteers Event (Year 1-4)	Equality Manager	
		Annual Pride event (Year 1-4) - Stakeholders Reference Group (Year 1-4) Annual third sector engagement (Year 1-4) Annual equality engagement event year to assess progress against the SEP (Years 1-4)	Assistant Director of Patient Experience/ Assistant Director of OD/ Assistant Director of Planning/ Equality Manager	Number of equalities issues raised/resolved from each event or activity

	To ensure that people are respected and free from abuse, harassment, bullying and violence	Disseminate race and other hate crime, abuse and harassment materials whilst making sure that reporting links are clear and well communicated (Year 1-2)	Director of Planning/ Head of Health and Safety/ Equality Manager/ Equality Champions	Number of issues reported/ resolved
		Raise awareness of race and hate crime, abuse and harassment in Violence and Aggression training (Year 1-4) Ensure safeguarding reporting mechanisms are present (Year 2-4)	Head of Health and Safety Executive Director Nursing	Number of training attendees Number of issues reported/ resolved
	To review all equality related training, support and development with a view to creating a more	Redesign, develop and roll out a programme of race related training Trans related training for all staff (Year 1-4) Continue Learning Disability Champion training (Year 1-4)	Assistant Director of OD/ Equality Manager/ Lead Nurse Surgery,	% staff who receive training

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	inclusive workplace and more inclusive services		Urology, Ophthalmology & ENT	
		Provide additional materials and reference guides for all managers and supervisors (Year 1-2)	Equality Manager	% who are satisfied with induction training % of staff compliant with equality module

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		Continue to support and develop the role of Equality and Welsh Language Champions within the organisation (Year 1-4)	Equality Manager/ Welsh Language Officer	Number of Equality Champions in the organisation
	To explore the use of positive action employment initiatives with regards to protected characteristics	Partnership development with Project Search providing internships for young people with learning disabilities to gain/increase job skills (Year 1) Working with Elite to increase workforce representation of people with learning disabilities and/or autism (Year 1-4) Apprenticeship opportunities are provided to 16+ year olds post education with no upper age limit or restriction on	Assistant Director of OD/Equality Manager Apprenticeship & Widening	Number of internships Number of apprenticeships

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		any other protected characteristic such as race (Year 1-4)	Access Coordinator	
		Increase workforce representation in relation to all protected characteristics at all levels of organisation, including BAME, Disability, LGBT+, Age, through education and awareness. Support pregnant women and new parents at work (Year 1-4)	Deputy Director of Workforce/ Heads of Workforce/ Shared Services /Senior Medical Workforce Manager/ Bank Manager/ All Appointing Managers/	Workforce demographic changes

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			Equality Manager	
	To promote person-centred services that respect people's human rights, and communication, spiritual and cultural needs	Support Clinical Boards to understand and implement Health and Care Standard 6.2 People's Rights (Year 1)	Assistant Director Patient Safety/ Equality Manager	Self-assessments completed (Health and Care Standards)
		Assess the Health Board's use and the effectiveness of the Wales Interpretation & Translation service (Year 1-4)	Executive Director of Nursing	% patient satisfaction

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		Identify targeted interventions to ensure patients' communication, cultural and spiritual needs are assessed (Year 1-2)	Assistant Director of Patient Safety	% whose communication needs are assessed % whose spiritual needs are assessed % whose cultural needs are assessed (Annual Health and Care Standards Audit)
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		Provide screening and educational sessions to meet the needs of patients with cultural, religious dietary requirements (Year 1-4)	Nutrition & Dietetics Manager	<p>% of patients who have undergone screening e.g. WASP</p> <p>% of patients who attend structured education sessions</p>
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<p>2. We communicate and engage with people in ways that meet their needs (whether this is through written communication, face to face, signage, Welsh or other community languages including British Sign Language)</p>	<p>To meet the All Wales standard for accessible communication and information for people with sensory e.g. large fonts, Plain English where BSL is first language</p>	<p>Develop and implement a Health Board wide action plan to meet the All Wales Standards for Accessible Information and Communication for People with Sensory Loss (Year 1-4)</p>	<p>Sensory Loss Task and Finish Group/ Clinical Boards/ Assistant Director of Patient Experience Assistant Director of Planning</p>	<p>% of frequently used information leaflets and letters which are in accessible format</p> <p>% of identified staff who require training</p> <p>Number of concerns raised about poor communication with persons with sensory loss</p> <p>% patients whose</p>
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				communication requirements are assessed Improvement reported in Community Health Council environmental audit
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	To comply with the Welsh Language Standards Framework	Implement the Welsh Language Standards Framework including through the establishment and work of the ESWLSG (Year 1-4) Employee two Welsh Language translators to assist compliance with the Welsh Language Standards (Year 1)	Executive Director for Workforce/Assistant Director of OD/ Welsh Language Officer	Annual Equality Report and Welsh Language Standards Report/More Than Just Words report
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	<p>To create environments accessible to people with sensory loss, stroke and dementia and which consider lighting, colour, contrast, signage, background noise etc</p>	<p>Building and Engineering Services Standards and Equality Impact Assessment checklist will help with comments around accessibility within different buildings is really important in terms of access to services. This includes accessible toilets, gender-neutral toilets, wide and automatic doors, large lifts, ramps that are both wide enough and not too steep etc. as well as comfort, signage, ease of navigation (Year 1-4)</p>	<p>Clinical Board Heads of Service/ Assistant Director of Planning/ Equality Manager</p>	<p>Number of issues reported/resolved</p> <p>Improved satisfaction rates from people with sensory loss, stroke and dementia accessing our services areas with appropriate communication aids</p>
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	To meet legislative engagement responsibilities	Review our UHB guide to engagement and supporting toolkit, to ensure it appropriately highlights equalities and in particular that the needs of people with protected characteristics are taken into account when designing engagement and consultation (Year 1)	Head of Partnerships/ Equality Manager	Review completed and revisions made
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<p>3. More people receive care and access services that meet their individual requirements, including those from socio-economic communities</p>	<p>To support the implementation of the Integrated Medium Term Plan 2019-2022 including support for people with learning disabilities, trans people, people with mental health issues, Gypsies, Roma and Travellers, prisoners, the homeless and for asylum seekers and refugees</p>	<p>Engage with service users to ensure they are involved in service redesign, for example, people from BAME communities, people with learning disabilities, trans people, people with mental health issues, Gypsies, Roma and Travellers prisoners, the homeless, and asylum seekers and refugees (Year 1-4)</p>	<p>Clinical Boards</p>	<p>Number and quality of Equality and Health Impact Assessments (EHIA)</p>
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	To ensure that we have the necessary mechanisms in place to capture and monitor the protected characteristics data	Enter into data sharing arrangements where possible, so as to ensure that those who are identified by other services as being disadvantaged receive the appropriate support (Year 2-4)	Information Management & Technology/ Clinical Boards/Head of Information Governance and Assurance/ Equality Manager	All relevant protected characteristics data available for use
		Regularly review and monitor the data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide. (Year 1-4)	Chief Operating Officer/ Executive Director of WOD	Executive Performance review reports/Annual Quality Report

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	To create a separate/combined Welsh Language and Equality & Health Impact Assessment (EHIA) process	Establish a combined/separate Welsh Language and Equality & Health Impact Assessment (EHIA) process (Year 1)	Equality Manager/ Head of Corporate Governance	New all-encompassing EHIAs completed and published
	To build equality considerations into the organisation's procurement and commissioning processes	Ensure that equality issues are addressed early on in the procurement process, which are relevant to the subject or performance of the contract. (Year 1-4)	Head of Purchasing E-Business & Capital Development	Number of tenders/ contracts complying with procurement equality guidance
4. Gender and any other protected characteristic pay Gaps are eliminated	To reduce any gender or other protected characteristic pay gap to promote equality and good practice	Meet the legislative requirements of the gender pay gap information regulations Through the development of an action plan(Year 1-4)	Deputy Workforce & OD Director / Equality Manager	Identify any trends and to formulate an action plan to address any unfair differentials that may emerge

Overview of how our objectives support each of the protected characteristics

Below is a summary of how each of our five objectives support each of the nine protected characteristics.

	Age	Disability	Gender Reassignment (Trans)	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion, belief or non-belief	Sex	Sexual Orientation
1.	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	✓	✓	✓	✓	✓	✓	✓	✓	✓

Monitoring and review

We will monitor our progress against the objectives and supporting actions on an ongoing basis, which will lead to the publication of an annual report. The report will summarise our progress and any changes to our future work. Our Board is accountable for the equality objectives, with our staff being responsible for the delivery of the actions.

Feedback

We value feedback about our work, including the objectives and actions set out in this document, on an ongoing basis. If you would like to share any feedback or would like to discuss any aspect of our work, please contact:

Cardiff and Vale University Health Board, Equality Team
 1st Floor Woodlands House, Maes Y Coed Road, Llanishen, Cardiff CF14 4TT
 Or
keithley.wilkinson@wales.nhs.uk

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Cardiff and Vale University Health Board

Gender Pay Gap Report 2020

Introduction

Cardiff and Vale University Health Board aims to ensure that people are treated fairly and equitably at work. Our focus ensures that staff have the same access and opportunities to reward, recognition, and career development.

Gender pay gap legislation (developed by the Government Equalities Office), whilst a statutory responsibility for all employers of 250 or more, provides a useful mechanism with which we can measure our progress toward gender pay equality.

As at 31st March 2020, we employed 14,596 staff as defined by the gender pay reporting guidelines⁶, of which 75.9% were female and 24.1% male. These staff are engaged in a wide variety of activities, and cover a number of different grades and pay scales. Female employees make up the majority of staff on grades 1 to 9.

Grade	Female	Male
Band 1	78	51
Band 2	2147	810
Band 3	1257	396
Band 4	957	211
Band 5	2439	417
Band 6	2470	458
Band 7	1238	289
Band 8a	343	113
Band 8b	119	54
Band 8c	68	30
Band 8d	26	20
Band 9	12	14
Medical & Dental	753	822
Other	11	11

What is the gender pay gap?

The Gender pay gap shows the difference in the average pay between men and women in the workforce.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6th April 2017, which requires employers in England with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees.

We have decided to publish our numbers in line with the gender pay gap reporting guidelines. Although this is not a legal requirement in Wales, this is an important aspect of our commitment to transparency about pay. We are serious about, and committed to, identifying the causes of the pay gap and work to find solutions to address this.

What is our pay gap?

The pay gap in Cardiff and Vale University Health Board is shown in this table.

Gender	Avg. Pay	Median Pay
Male	13,877.01	9,872.68
Female	8,849.80	6,581.64
Difference	5,027.21	3,291.04

⁶ Staff who are considered "full pay relevant employee" are included. These had a contract of employment, or were workers, and were paid their usual full basic pay as at 31st March 2020. Where individuals had more than one job they have been counted as one person.

Pay Gap %	36.23	33.33
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Yearly Comparison of our Mean Pay Gap

We first started reporting our Gender Pay Gap in 2017 and saw a reduction in 2018. In 2019 there was a small increase. However in the year to 2020 we have seen a more significant increase. It is something that we will be investigating in the coming year.

Year	Mean Pay Gap
2017	22.16 %
2018	21.34%
2019	22.60%
2020	36.23%

What is the difference between the mean pay gap and the median pay gap?

The mean pay gap is the difference between the average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women.

Understanding the pay gap

We recognise that gender pay gap is disappointing and needs to be addressed.

In Cardiff and Vale University Health Board, the gender pay gap exists as a result of the makeup of our workforce; although there are more women than men in senior roles, there is also a higher proportion of women relative to men in the lower grades.

The proportion of men and women in each quartile of our pay structure is shown in this table:

Number of employees | Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	2775.00	868.00	76.17	23.83
2	2929.00	718.00	80.31	19.69
3	2899.00	732.00	79.84	20.16
4	2468.00	1197.00	67.34	32.66

Understanding the bonus pay gap

Bonus pay is defined as remuneration relating to profit sharing, productivity, performance, incentive or commission for the period 01 April 2018 to 31 March 2019.

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All analysis taken with regards to bonus payments only includes Consultants in receipt of Clinical Excellence Awards of Commitment Awards. The figures given in table (e) show recipients of these awards as a percentage of the whole UHB workforce. In reality only approximately 331 staff are eligible to receive these bonuses, and the gender split is 24% female and 76% male. Further work is needed to understand the implications of this.

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	97.00	12719.00	0.76
Male	234.00	4244.00	5.51

Working to close the gender pay gap in Cardiff and Vale University Health Board

Cardiff and Vale University Health Board is committed to addressing workplace barriers to equality, supporting diversity and creating an open and inclusive community. This is underpinned by our values of being kind, caring and respectful whilst demonstrating trust, integrity and personal responsibility.

Some of the work we have undertaken included the following:

- Began discussions about agile working within the organisation
- Monitored job adverts for inclusive language through sampling
- Promoted our work in schools, avoiding the use of stereotypes
- Held a public consultation on and refreshed our Strategic Equality Plan

The impact of these actions will not be seen immediately and are unlikely to show a positive impact until we publish future Gender Pay Gap figures in another year or so.

As our journey continues, we have identified the following actions:

- Executive sponsor for the gender 'protected characteristic' to work with the Equality Manager to plan further actions around the gender pay implications.
- To promote and encourage agile/flexible working
- Monitor the number of male and female applicants for jobs, including part time workers
- Continue to raise awareness through speakers, factsheets and staff training
- Include an objective within our Strategic Equality Plan and monitor the results

Declaration

This data has been calculated according to the requirements of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

REPORT TITLE:	CAMHS Service: Update on delivery				
MEETING:	Strategy and Delivery Committee			MEETING DATE:	15/09/2020
STATUS:	For Discussion	✓	For Assurance	For Approval	For Information ✓
LEAD EXECUTIVE:	Steve Curry, Chief Operating Officer				
REPORT AUTHOR (TITLE):	Scott McLean – Director of Operations; Rose Whittle – General Manager; Katie Simpson – Service Manager (Children & Women’s Clinical Board)				
PURPOSE OF REPORT:					

SITUATION:

The Specialist CAMHS service was repatriated into Cardiff and Vale University Health Board, from the 1st April 2019. Work has since been ongoing to improve performance and to support overall system change.

Covid 19 has had an impact on service delivery and progress towards the development of new models, but has also facilitated new methods of supporting children, young people and families through telephone contact (TC) and video conferencing (VC). Throughout the pandemic CAMHS services have been maintained.

In terms of delivery against the Part 1 Welsh Government Target, significant work was undertaken prior to lockdown to deal with a backlog of cases and deliver performance improvements. **The service has met the 80% Part 1 Target consistently since May 2020**, against a backdrop of 0% compliance 12-months previously.

REPORT:

BACKGROUND:

Previous papers have set out the plans for the transformation of Emotional Wellbeing and Mental Health services (EW&MH) which include:

- Improvements in performance and delivery of targets
- Improvements in recruitment and retention of the workforce to increase capacity
- Development of a single point of access, consultation and advice with digital options for support
- A school/locality-based model
- Clear links to Local Authority early support services
- Support for parents and siblings

This paper provides an update on the impact of Covid 19 on services, in addition to updating on progress against the above actions.

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ASSESSMENT:

Impact of Covid-19 on Service Delivery

- There was an initial impact on service delivery through significant staff absence and changing mode of delivery. There was a requirement to support staff to develop the skills and confidence to deliver meaningful therapy through VC/TC. Similarly the engagement from patients in having appointments via these means was initially low, however this has significantly improved and EW&MH services are now one of the UHB's most prolific users of VC.
- During April and May referrals into EW&MH were considerably reduced, they have since increased and stabilised at pre-Covid levels in Primary Mental Health, and at approximately 80% of pre-Covid levels in Specialist CAMHS.
- The flow of patients through the Specialist CAMHS service has slowed through the Covid period with care plans being extended as a result of staff absence, poor patient engagement, adapting therapy types appropriately to non-clinic based approaches, and new presentations in existing clients as a result of the pandemic.

Delivery against performance targets:

Primary Mental Health

- The service successfully cleared the backlog in Part 1 referrals through a mixture of increased capacity and utilisation of the commissioned Digital Platform. The Part 1 Assessment Target was reached in May 2020 and has since remained at over 80% of children and young people receiving an assessment within 28 days. After an initial dip in referrals in April which helped facilitate the service catching up the level of referrals has consistently increased and is now back to pre-Covid levels.
- Significant improvements have been made in the delivery of Part 1 interventions, there has been month on month improvement and there are no longer and children or young people waiting for long periods for follow up.

Specialist CAMHS

- The service remains non-compliant against the referral to assessment target of 28 days. This is despite increased activity during Q3/Q4 2019-20 and there remains a waiting list for assessment.
- On transfer into C&VUHB the waiting list was approximately 180 patients with a ≥ 12 week wait. This was reduced to 85 with an ≥ 8 week wait in March 20, however the Covid-related need to flex capacity to increase treatment activity in Q1/Q2 has meant the waiting list for assessment currently stands at 130 with a ≥ 12 week wait.
- Referrals received by the service reduced by 12% in 2019-20 from the previous year, however the acceptance rate only reduced by 2%. This assures us that the Single Point of Access and multi-disciplinary approach to referral triage is positive – the right children are reaching the right service for their needs.
- The service is currently running with a waiting list for treatment: this stands at 74 patients waiting for ≥ 24 weeks.

- There has been a marked improvement in compliance against Part 2 of the Mental Health Measure. This is in part due to rectifying a data collection issue and in part as a result of a re-focus by the team on ensuring those young people that require a CTP receive this in a timelier manner.
- There has been a Covid-related decline in performance during the first quarter, largely as a result of poor engagement from patients in the CTP process and a high number of new patients requiring one. The team are working hard to ensure that the CTP process can be completed in a meaningful manner through a range of options including face to face, telephone and VC where appropriate. Improvement in compliance remains a priority for the service.

Recruitment and Increased Capacity

- At the point of Specialist CAMHS service transfer, the service had 10.5 WTE (21%) vacancies. The service has successfully recruited 9.5 WTE of these, with 1 WTE Speciality Doctor Post remaining a challenge to recruit.
- The service was successful in receiving additional funding through the WG Mental Health transformation funds in 2019 for an additional:
 - 4.7 WTE posts for the delivery of Eating Disorders and Psychological Therapies,
 - 3.0 WTE posts to manage the single point of access, and
 - 3.0 WTE posts to enhance school based services.
- Short term funding available in 2019-2020 was used for temporary agency workers to address waiting lists. Significant activity was undertaken in both Q3 and Q4, with the level of assessments being undertaken increasing by 50-75%.
- Noticeably the Specialist CAMHS service are receiving more complex and co-morbid presentations – requiring more MDT working, which will require the service to review how they plan their capacity.
- Referrals to the service for eating disorders are sharply increasing and in the absence of a specific MDT eating disorder team the impact is being felt on the generic team capacity as a result of the care and treatment requirements for these patients.
- There are further opportunities to access recurrent funding through Welsh Government MH transformation funds to increase capacity in the team, with particular emphasis remaining on Eating Disorders, Crisis and Psychological Therapies.

Development of a Single point of access, consultation, advice with digital options for support

- There is an administrative single point of access in operation supported by regular multidisciplinary discussion. There have been delays to the recruitment of the dedicated clinical posts to manage the triage and consultation elements but these will now be progressed.
- During Covid 19, Primary Mental Health have trialed the delivery of a consultation model which has proved effective in terms of ensuring referrals are dealt with appropriately and this model will be built on.
- There are digital options to provide support in place and the development of a website to improve communication is in progress.

Development of a School/Locality based model.

- There has been progress in terms of agreeing the delivery model and closer links have been made with the school nursing team and the transformation project.
- During Covid support has been provided through consultation to the school hubs however the school closures have meant that the model is not yet embedded and delivering as expected.

Clear Links to Council Early Support services

- 3.0 WTE Mental Health workers have been recruited to be part of the Cardiff and Vale of Glamorgan Early Help services. The model has been agreed jointly between the services and Primary Mental Health and will see close links between Early Help and the Health Board’s single point of access. This service will be operational from September 1st.

Support for Parents and Siblings

- There has been a delay in banding for the parent support post, but this has just been finalised and recruitment will commence in September.
- The service have commissioned support for parents and siblings from a third sector partner and a group called Platform are already working with parents and establishing peer support and sibling support groups.

Next Period Actions

- Improve performance and waiting times for Specialist CAMHS services
- Fully operational SPOA with clinical posts in place
- Finalise School/Locality Offer and agree with partners

RECOMMENDATION:

The Committee is asked to:

- **NOTE** the status of the CAMHS service inherited by the UHB and the impact of Covid 19
- **NOTE** the improved performance for Part 1 services and continued challenges to delivery of Specialist CAMHS services
- **NOTE** the progress made to develop new service models and recruit to vacancies

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

1.Reduce health inequalities		6.Have a planned care system where demand and capacity are in balance	✓
2.Deliver outcomes that matter to people	✓	7.Be a great place to work and learn	
3.All take responsibility for improving our health and wellbeing		8.Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4.Offer services that deliver the population health our citizens are entitled to expect		9.Reduce harm, waste and variation sustainably making best use of the resources available to us	✓

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click here for more information			
Sustainable development principle: 5 ways of working	Prevention	✓ Long term	✓ Integration
			Collaboration
			Involvement
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Completed as part of the repatriation project – August 2018		



Bricknell Helen
09/16/2020 08:24:15

Report Title:	Seasonal Flu programme 2019/20 Summary of Performance and Planning for 2020/21				
Meeting:	Strategy and Delivery Committee			Meeting Date:	15/9/2020
Status:	For Discussion	For Assurance	✓	For Approval	For Information ✓
Lead Executive:	Executive Director of Public Health				
Report Author (Title):	Consultant in Public Health				

Background and current situation:

Flu vaccination is the best protection we have against an unpredictable virus that can cause severe illness and death each year. The aim of the annual flu programme is to help to protect vulnerable people against flu and help to reduce winter pressures on public services.

[Welsh Health Circular \(2019\) 015](#) set out the eligible groups for the flu vaccination programme in 2019/20 as well as vaccine uptake targets and flu vaccine recommendations. Priority areas during 2019/20 included:

- Vaccinating children early in the season
- Increasing uptake in clinical risk groups aged under 65 years
- Increasing uptake in frontline health and social care staff.

Influenza Vaccine Online Reporting (IVOR) data for 2019/20 shows that flu vaccination amongst over 65s and amongst UHB frontline staff has maintained excellent levels of uptake. UHB frontline staff uptake has consistently exceeded the national target for the last four years, with 63.5% uptake during 2019/20. Clinical Board Flu Champions are pivotal to the staff flu vaccination programme. Uptake amongst people aged 65 years and over was one of the highest in Wales, with 71.2% uptake. This group is predominantly vaccinated in General Practice (some in Community Pharmacy). 2019/20 was the highest level of uptake ever seen for this age group in Cardiff and Vale UHB.

Uptake amongst primary school-aged children has increased year on year since 2017, with a 5% increase (66.3%) in 2019/20 compared with the previous year. The Child Health team have worked with schools and the local authorities to ensure the schools flu immunisation programme is efficient, equitable and acceptable.

Uptake in clinical risk groups aged under 65 years, is a complex programme given variation between risk groups and Primary Care Clusters. People eligible for flu vaccine in this group obtain their vaccination from General Practice or Community Pharmacy. Some will receive it through their employer. Despite concerted efforts to identify and address the causes of low uptake (such as lack of awareness amongst some risk groups e.g. people with asthma), uptake is less than 50% in 8 out of 9 Primary Care Clusters, with a range in uptake of 54.9% in Western Vale to 39.6% in Central Vale. Overall, uptake across the Health Board was 43.8% (see Appendix 2 for Health Board-level data across Wales).

For 2 & 3 year olds, who obtain their nasal spray vaccination in Primary Care, uptake was

46.2%. Again there is a large amount of variability across Primary Care Clusters, with a range of 62.5% in Cardiff West to 18.4% in City and Cardiff South.

Delivery of the national influenza programme for 2020/21 will be strategically important in the context of COVID-19. Given the current situation, it has been important to ensure that plans are already in place to deliver the local flu programme in 2020/21. Protecting those who are at-risk of co-infection with flu and COVID-19 is a key priority in Cardiff and Vale of Glamorgan. A multi-agency action plan for flu covering each element of the programme in line with [Welsh Health Circular 2020 \(009\)](#) has already been developed.

Key priorities for the 2020/21 flu programme include:

- Increasing uptake amongst all risk groups, particularly those aged 65 or over with cardiovascular, respiratory, kidney or liver disease, diabetes and adults who are morbidly obese
- Significantly increasing flu vaccine uptake in 2 and 3 year olds, and older children aged 11 to 17 years in clinical risk groups (delivered through Primary Care)
- Maximise uptake in primary school children
- Maximise uptake in health care staff with direct patient contact
- Significantly increase uptake in care home staff and staff providing domiciliary care

A table top exercise to inform preparations for the planning and delivery of a COVID-19 vaccination will take place on 28th August 2020. This will explore opportunities for flu and COVID-19 vaccination programmes, planning and communication to be brought together and closely aligned. It will involve partners from a range of professional groups across the UHB (Public Health, Primary Care, Pharmacy, Workforce, Communications, Emergency Planning) as well as partners from both Local Authorities, the Voluntary Sector, Military Liaison, Welsh Government, Public Health Wales and South Wales Police.

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

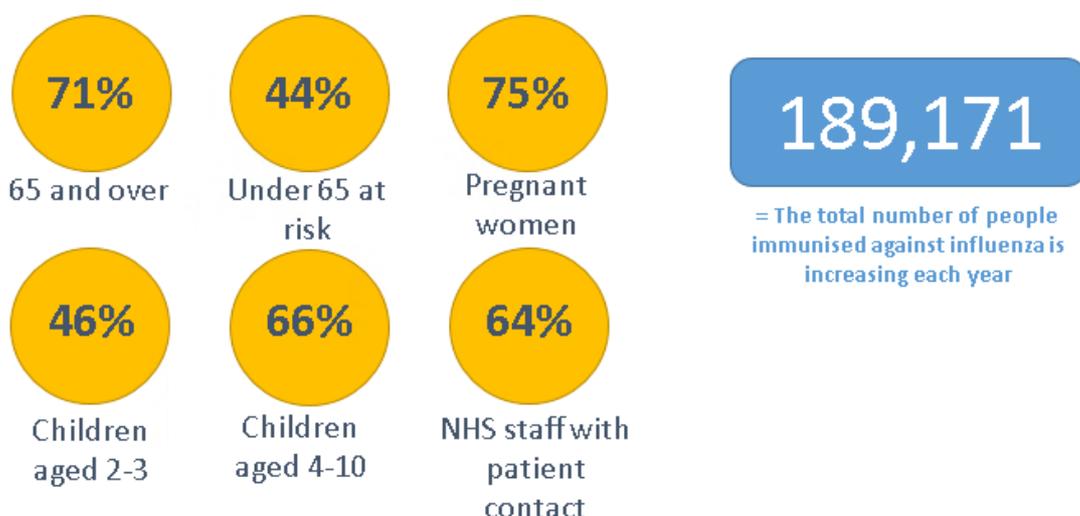
Uptake of flu vaccination in 2019/20

Key performance indicators for flu vaccination in 2019/20 are provided in the appendices. It should be noted that there has been a delay in the publication of the national annual flu report for 2019/20 which includes quality-assured vaccination uptake data for Wales. The figures presented in this paper are therefore provisional, and subject to minor change.

Overall % uptake for the key eligible groups is shown in Figure 1.

Bricknell Helen
09/16/2020 08:24:13

Figure 1: Influenza Vaccine Uptake 2019/20 in Cardiff and Vale UHB (based on provisional figures)



Comparison figures for each Health Board for each of the eligible groups is included in Appendix 2.

The following is of particular note:

- 64% uptake of flu vaccination amongst UHB frontline staff. Higher than the Welsh average and second highest uptake amongst Welsh Health Boards
- Highest ever uptake amongst people aged over 65 during 2019/20, and higher than the Welsh average, but less than the national target of 75%.
- Persistently low uptake amongst people aged 65 and under in clinical risk groups – below the 50% national target and in decline since 2017. This mirrors the challenge for this cohort across Wales and the rest of the UK.
- An increase in uptake amongst pregnant women in 2019/20 (75.3%) compared with 2018/19 (71.9%); exceeding the national target although below the Welsh average.
- Persisting low uptake of flu vaccine amongst two and three year olds (delivered through primary care). Note however that we continue to look for solutions to improve – for example, a successful pilot to increase uptake in this group was implemented in Barry, Vale of Glamorgan in November 2019. This was a collaboration between the local public health team, Flying Start and the Practice of Health in Barry. This pilot project was awarded a national Beat Flu Equality Award in 2019/20. Uptake in the pilot project was over 70%.
- Uptake amongst primary school-aged children (Reception class to Year 6) slightly lower than the Welsh average, although increased by 5% compared to the previous year.

Factors which have been identified as contributing to low uptake of flu vaccinations amongst some eligible groups in Cardiff and Vale:

- The Cardiff population is unlike the rest of Wales, in that it is highly mobile with a higher Black, Asian, minority and ethnic (BAME) (and non-English/non-Welsh speaking) population. Movements in and out of the region can be slower to register on Primary care systems.
- Two and three year olds need to attend their GP for vaccination which can be inconvenient for some families. Children should be individually invited by their General Practice, but this is not consistently implemented across Cardiff and Vale of Glamorgan

- Vaccine refusal / hesitancy amongst some groups, in particular amongst the children's programme, as Fluenz™ is a live nasal spray vaccine containing ingredients (i.e. porcine gelatine) that are not compatible with some religious / cultural beliefs. This affects some of our Primary Care Clusters more than others.
- Awareness of eligibility for flu vaccination amongst some groups is low (e.g. carers, care home staff). Accessibility to vaccination can also be a barrier for some.
- Low uptake amongst some at-risk groups which consider themselves otherwise well (e.g. people with asthma aged under 65).

Planning for the flu programme 2020/2021:

The flu programme in Cardiff and Vale is arranged around the key areas / eligible groups (Table 1). Cardiff and Vale Local Public Health team, led by the Consultant in Public Health with support from the UHB Immunisation Coordinator, leads the planning and delivery of the annual influenza programme working in collaboration with a variety of national and local partners.

Table 1: Key elements of the influenza programme in Cardiff and Vale UHB 2019/20

Key element	Delivered by:
UHB Staff programme	<ul style="list-style-type: none"> • Clinical Board Flu Leads and Champions • Occupational Health
Primary Care programme: <ul style="list-style-type: none"> • Adults aged 65 years and over • Under 65s in clinical risk groups • 2 & 3 year olds 	<ul style="list-style-type: none"> • General Practice/Community Pharmacy • General Practice/Community Pharmacy • General Practice (& pilots in Flying Start areas)
School Programme (Reception class to Year 6)	School Nursing Service
Pregnant women	General Practice
Care Homes, social care staff and domiciliary carers	<ul style="list-style-type: none"> • Staff – Community Pharmacy • Residents – GPs, District Nurses, Nursing Home staff

Since the publication of [Welsh Health Circular 2020 \(009\)](#), the Welsh Government has announced [24 July 2020], an expansion of the national influenza vaccination programme due to the potential of co-circulation of COVID-19. Subject to confirmation by the UK government that additional vaccine supply will be available, those who will also be included in this year's flu programme include:

- Households living in the shielded group
- People aged over 50 years - who will be vaccinated in a phased approach

Additional supplies of the nasal spray flu vaccine offered to children will also be used to maximize uptake in the vaccination programme offered to two and three year olds, and to all children in primary schools.

It is expected that the expanded programme will be funded by Welsh Government, including vaccine costs, pharmacy costs and enhanced services for General Practice.

We will be working at pace with GPs, Primary, Community and Intermediate Care (PCIC)

colleagues, Community Pharmacies and the school health nursing team over the coming weeks to ensure we are able to maximize uptake wherever possible in line with this announcement.

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

Cardiff and Vale Immunisation Steering Group drives forward, updates and monitors implementation of the annual flu vaccination action plan. Action plan priorities for 2020/21 to increase uptake have been agreed by the Immunisation Steering Group and include:

Primary Care:

- Identification of Clusters and practices with low uptake and support to implement evidence-based practice to improve uptake
- Dissemination of flu vaccine profiles to Primary care practices and clusters, to identify trends and compare with C&V and national averages, together with follow-up discussions with localities, clusters and Community Directors to focus action for improvement.
- Working with Clusters, to identify mass vaccination sites – to possibly coincide with COVID-19 vaccination when this becomes available
- Proactive invitations for 2 and 3 year olds flu vaccinations
- Use of community venues for flu vaccinations where possible to maintain social distancing
- Ordering additional supplies of flu vaccine to meet expected increase in demand

Two and three year olds:

- Implementation of further work with Flying Start Childcare settings to improve uptake amongst 2 and 3 year olds

Communications:

- An updated local flu communications plan in line with the national PHW communications plan

UHB Staff Programme:

- Further expansion of the UHB staff Flu Champion Peer Vaccinator model, to ensure coverage of Flu Champions to include wider professional groups (such as Allied Health Professionals)
- Monitoring of uptake at departmental level
- Employment of temporary flu vaccinators to focus on low uptake clinical areas amongst staff within the UHB
- Ordering additional supplies of flu vaccine to meet expected increase in demand
- Pilot of e-consent mechanisms

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Recommendation:

The Strategy and Delivery Committee is asked to:

- **NOTE** the UHB’s uptake of flu vaccination during 2019/20 (last season); the expansion of eligible groups for the 2020/21 flu programme
- **SUPPORT** the implementation of actions to improve uptake in flu vaccination rates, in order to meet the expected increase in demand for flu vaccinations during to COVID-19

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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

*Stricknell, Helen
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APPENDIX 1: Uptake of flu vaccination across eligible groups from 2016/17 to 2019/20 in Cardiff and Vale UHB

		Period / population			Latest reporting period	
		C&V	C&V	C&V	C&V	Wales
Indicator	Target	Mar-17	Mar-18	Mar-19	Mar-20	Mar-20
Seasonal flu vaccination						
Over 65s	75%	69.0%	71.0%	69.9%	71.2%	69.4%
Under 65s at risk	75%	48.3%	49.0%	44.0%	43.8%	44.1%
Pregnant women	75%	87.2%	77.2%	71.9%	75.3%	78.5%
Frontline healthcare staff	50%	52.9%	64.7%	62.5%	63.5%	58.7%
Two to three year olds	-	45.6%	49.2%	46.6%	46.2%	50.7%
4 to 10 year olds in Primary Schools	-	56.8%*	60.6%**	61.0%	66.3%	68.7%

***4-7 year olds only**

**** 4-8 year olds only**

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Appendix 2: Uptake of flu vaccination amongst eligible groups across Health Boards in Wales during 2019/20

(Data extracted from Influenza Vaccine Online Reporting on 13 Aug 2020. This is provisional data and subject to minor changes following publication of the annual flu report by PHW)

Table 1: Uptake of influenza immunisation in **patients aged 65y and older and in those aged 6m to 64y at clinical risk**, data correct as at 29/3/2020.

Health Board	Patients aged 65y and older			Patients aged 6m to 64y at risk		
	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	87,352	123,307	70.8	41,467	89,262	46.5
Betsi Cadwaladr UHB	115,647	162,057	71.4	44,964	95,796	46.9
Cardiff and Vale UHB	58,770	82,521	71.2	29,387	67,018	43.8
Cwm Taf Morgannwg UHB	64,621	93,826	68.9	28,441	70,530	40.3
Hywel Dda UHB	62,529	96,431	64.8	21,180	52,659	40.2
Powys Teaching HB	25,222	37,587	67.1	7,867	17,764	44.3
Swansea Bay UHB	54,626	80,190	68.1	24,175	54,989	44.0
Wales	468,767	675,919	69.4	197,481	448,018	44.1

Data source: General Practice data collected through Audit+ Data Quality System

Table 2: Uptake of influenza immunisation in **children aged 2 & 3 years**, by Health Board, as at 29/3/20

Health Board	Children aged 2 & 3 years		
	Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	7344	13622	53.9
Betsi Cadwaladr UHB	7533	14452	52.1
Cardiff and Vale UHB	5345	11580	46.2
Cwm Taf Morgannwg UHB	5242	10381	50.5
Hywel Dda UHB	3647	7523	48.5
Powys Teaching HB	1329	2511	52.9
Swansea Bay UHB	4064	7953	51.1
Wales	34504	68022	50.7

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Table 3: Uptake of influenza in primary school children aged 4-10y in school immunisation sessions (data provided by Health Boards up to 21/2/2020)

Health Board	Schools visited (n)	Children aged 4-10 (Reception to Year 6 classes)		
		Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	205	33392	49093	68.0%
Betsi Cadwaladr	389	36515	54266	67.3%
Cardiff and Vale UHB	150	23302	35143	66.3%
Cwm Taf Morgannwg UHB	177	23413	31738	73.8%
Hywel Dda UHB	183	18388	28441	64.7%
Powys Teaching HB	86	6471	9478	68.3%
Swansea Bay UHB	141	21387	28886	74.0%
Wales	1331	162868	237045	68.7%

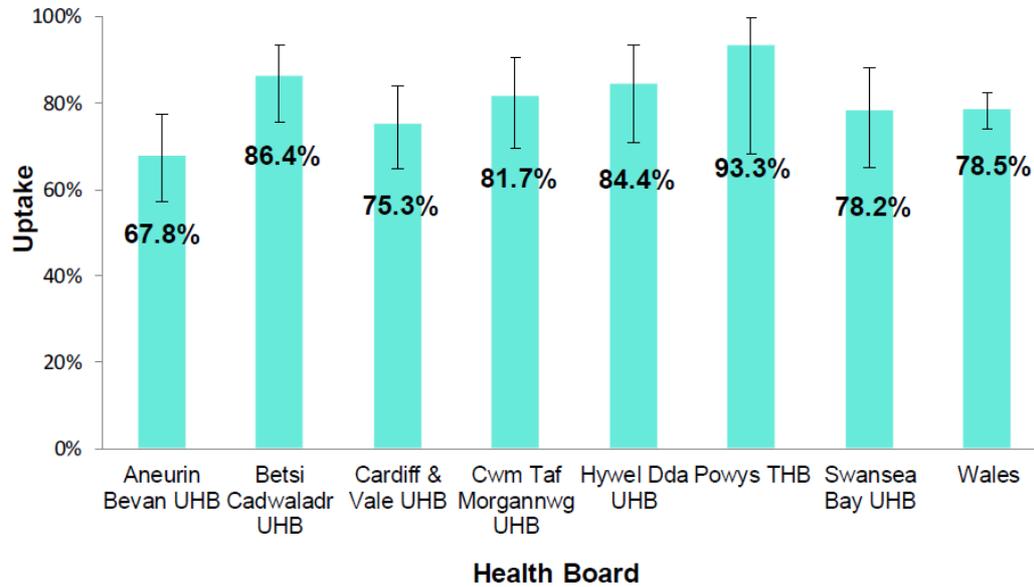
Table 4: Uptake of influenza immunisation in Welsh Health Board and NHS Trust staff until end of Feb 2020

Health Board	Total Staff			Staff with direct patient contact ¹		
	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	8068	13382	60.3	5646	9133	61.8
Betsi Cadwaladr UHB	10062	18036	55.8	7270	12700	57.2
Cardiff and Vale UHB	8575	15098	56.8	6748	10829	62.3
Cwm Taf Morgannwg UHB	6767	11742	57.6	4926	7800	63.2
Hywel Dda UHB	4702	9881	47.6	3394	6895	49.2
Powys Teaching HB	1290	2239	57.6	883	1374	64.3
Swansea Bay UHB	7260	12962	56.0	5238	8942	58.6
Velindre NHS Trust	912	1495	61.0	492	747	65.9
Welsh Ambulance Service NHS Trust	1520	3606	42.2	925	2241	41.3
Public Health Wales NHS Trust	1296	2018	64.2	498	734	67.8
Wales	50452	90459	55.8	36020	61395	58.7

¹ Combined figures for: Additional Prof Scientific and Technical, Additional Clinical Services, Allied Health Professionals, Medical and Dental, Nursing & Midwifery Registered staff groups.

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Figure 1: Uptake of influenza vaccination in pregnant women; by Health Board, 2019/20 (n=413)



¹Proportions for Powys THB are based on a small sample of women (n=15).

²Bars indicate 95% confidence intervals.

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09/10/2020 08:24:15

Kind and caring
Caredig a gofud

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	Childhood Immunisation: annual update on performance and impact of COVID-19 on immunisation uptake			
Meeting:	Strategy & Delivery Committee		Meeting Date:	15/09/2020
Status:	For Discussion	For Assurance	<input checked="" type="checkbox"/> For Approval	For Information
Lead Executive:	Executive Director of Public Health			
Report Author (Title):	Consultant in Public Health			

SITUATION

Immunisation is a safe and effective intervention to protect children and adults from illness, disability and death due to a range of diseases. Performance measures relating to childhood immunisation are national targets for Health Boards. In addition to these targets, there are clinical thresholds which should be reached for ensuring maximum clinical and cost-effectiveness of the immunisation programmes, and protection of the population.

The Cardiff and Vale Immunisation Action Plan aims to drive forward uptake of childhood vaccination rates through the implementation of evidence-based interventions. This work is overseen by the Cardiff and Vale Immunisation Steering Group which comprises multi-disciplinary professionals across Primary Care, Child Health, Pharmacy and Public Health.

Coverage of Vaccination Evaluated Rapidly (COVER) data shows that uptake of most childhood vaccinations in Cardiff and the Vale of Glamorgan have increased in recent years. In particular, vaccinations given to pre-school children (including MMR) and teenagers have increased since 2018. This is due to a range of interventions that have been implemented to drive up uptake including better methods of communication to parents, joint working across sectors and data cleansing. However, vaccination given in the first year of life (including the first dose of MMR) have either plateaued or experienced a slight decline over the past two years, despite a range of efforts to identify and address the causes of declining uptake. The reasons for lower uptake for some vaccinations are multifactorial, with no single solution.

Early indications are that the COVID-19 pandemic has impacted on the timeliness of vaccination uptake, particularly on vaccinations given to toddlers at 12/13 months of age and pre-school children. The public health team, Immunisation Coordinator and UHB Communications team are working with Primary Care colleagues and the Child Health department to mitigate these effects as much as possible.

There are no anticipated changes to the national childhood immunisation schedule during 2020/21. The need to implement a mass vaccination programme against COVID-19 for priority groups, may impact on capacity to implement some aspects of the local action plan to increase childhood immunisations during 2020/21.

Vaccination and immunisation is a large and complex programme of work. Co-ordination has proved to be key in achieving sustained uptake effects across a range of vaccines. We will see a change in staffing as our current Immunisation Coordinator will retire and return from August

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09/16/2020 08:24:15

2020. We have recently recruited an experienced 0.6wte Immunisation Coordinator / Senior Nurse position for a 12 month fixed term period. The new post will sit within the Primary, Intermediate and Community Care (PCIC) Clinical Board and will commence in November 2020. The existing post is funded by Children and Women's Clinical Board and will change to 0.5wte from August 2020. Sustaining such investment is key.

REPORT

BACKGROUND

Key performance indicators for childhood immunisation are provided in the appendices. Of particular note are:

- An increase in uptake of two doses of MMR by age 5 from 86.3% in 2018 (quarter 3) to 92.8% in 2020 (quarter 1) (partly as a result of data cleansing work). Although this is slightly below the 95% target for the Health Board as a whole, the Vale of Glamorgan achieved 95% uptake for the first time in 2020 (q1) since 2014.
- A 6% increase in the number of children aged 4 years of age who are up-to-date with their vaccinations since 2017 (81.7% in 2017 (q3) v. 87.3% in 2020 (q1). The quarterly pre-school booster uptake has increased by 3% over past 2 years.
- Steady increase in uptake of the '3 in 1' teenage booster from 73.7% in 2018 (q3), to 78.8% in 2020 (q1).
- Plateau in uptake of Primary Immunisations by 1 year of age across Cardiff and Vale UHB, which has been below 95% target for past 2 years – most notably in Cardiff Local Authority area. However, there is an upward trend in uptake for Primary Immunisations (including 6 in 1, PCV, Men B) across Cardiff and Vale since Sept 2019.
- During 2019/20, Cardiff and Vale had the lowest uptake of 6 in 1 amongst children reaching their first birthday in Wales (94.2%). The highest uptake was seen in Cwm Taf Morgannwg Health Board with 97.2%.

Analysis of factors which have been identified as contributing to low uptake of childhood immunisation seen in Cardiff and Vale:

- The **Cardiff population** is unlike the rest of Wales, in that it is highly mobile with a higher black and minority ethnic (BAME) (and non-English/non-Welsh speaking) population. Movements in and out of the UK can be slow to register on the Children and Young Persons Integrated System (CYPrIS), distorting the uptake reported through COVER.
 - Previous work in Cardiff and Vale has identified a significantly lower uptake among the black ethnic population, and among children who have moved into Cardiff since birth.
- The **Child Health Information System:**
 - The Child Health 2000 system was replaced by CYPrIS in Autumn 2018. It is still not possible to automatically reconcile data on CYPrIS with that held by Primary care practice computers – although GPs do now have read-only access to CYPrIS so they are able to check the accuracy of children's immunisation status on the child health system. Currently, information on each vaccine administered has to be separately written down, posted, and re-entered by Child Health, rather than using

the information already captured on Primary care systems.

- Historical improvements and stability in uptake seen at age 1 have been chiefly achieved by regular data cleansing of information held by Child Health, compared with that held by Primary care practices. This is an ongoing process and one which we have committed to undertake at least annually with practices.

Impact of COVID-19 on Childhood Immunisation Uptake

It is too early to fully assess the impact of the COVID-19 pandemic on the uptake of childhood immunisation using routine COVER reports. However, the Vaccine Preventable Disease Programme Team is producing a monthly enhanced immunisation report to monitor the early impact on uptake of routine childhood immunisations across Wales. Early indications suggest uptake rates have remained stable for Wales as a whole, although data for Cardiff and Vale UHB June 2020 shows that:

- Uptake of 6 in 1 (3rd dose) vaccination declined in May 2020, most notably in Cardiff (all Clusters except Cardiff North). One Cluster (Eastern Vale) has improved their timeliness of 6 in 1 (3rd dose) vaccination compared to the pre-COVID period.
- For MMR (1st dose at 13 months), uptake rates are beginning to stabilise to pre-COVID uptake levels. All Cardiff GP Clusters except Cardiff North have improved uptake from April 2020 to May 2020. Eastern Vale has declined most significantly since pre-COVID period.
- For 4 in 1 (pre-school booster) and 3 years and 4 months, uptake rates are also beginning to stabilise and in May 2020 the timeliness of the 4 in 1 vaccine was comparable to pre-COVID uptake levels reaching pre-COVID uptake levels.

ASSESSMENT

The Cardiff and Vale Immunisation Steering Group maintains, updates and monitors implementation of the immunisation action plan, covering strategic immunisation issues. Action plan priorities for 2020/21 in relation to childhood immunisations have been agreed by the Immunisation Steering Group in light of the COVID-19 pandemic and are pending approval by the Children and Women and PCIC Clinical Boards. These are:

- An annual data cleansing and performance cycle for childhood immunisations (particularly at age 1, pre-school, and teenage). This will include an annual data cleansing process to ensure accuracy of data held on the Child Health Information System.
- Improvements in the IT systems used by Primary Care and Child Health for documenting immunisations to improve efficiency and accuracy of data.
- A regular cycle of escalation which identifies and supports Primary Care with low immunisation uptake to put in place evidence-based interventions.
- Dissemination of quarterly Primary Care and cluster uptake profiles, which identifies trends and compares with C&V and national averages, together with follow-up discussions with localities, clusters and Community Directors to focus action.
- Implementation of the Measles Elimination Action Plan for Wales to increase uptake of MMR across age groups.

- Delivery of a communications package to raise awareness and provide evidence-based information.

In light of the current COVID-19 pandemic, we are also looking to:

- Develop a communications campaign to encourage parents to attend primary care for scheduled vaccinations
- Explore Primary Care Cluster Vaccination Hubs / use of community venues to mitigate the effects of the pandemic on immunisation rates and ensure parents feel safe to attend scheduled appointments.
- Plan and deliver mass vaccination against COVID-19 as soon as the vaccines become available (currently anticipated to be from Autumn 2020). A separate paper will be brought to Management Executive in this regard.

With these actions we aim to drive forward positive improvements in childhood vaccination rates by the end of 2020/21. Changes in COVER performance during the next 12 months will relate to actions which have been taken over the year to date.

ASSURANCE is provided by:

- A clear and focused programme of work aimed at driving forward improvements in childhood vaccination rates in our Cardiff and Vale of Glamorgan population.

RECOMMENDATION

The Strategy and Delivery Committee is asked to:

- **NOTE** the UHB's current uptake of childhood immunisations and forthcoming changes to the immunisation programme
- **SUPPORT** focused action on implementation of actions to deliver changes to the programme to improve uptake in childhood vaccination rates.

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are	✓	9. Reduce harm, waste and variation sustainably making best use of the	✓

entitled to expect			resources available to us		
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time			10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives		
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>					
Prevention	✓	Long term		Integration	
				Collaboration	✓
				Involvement	
Equality and Health Impact Assessment Completed:		No If "yes" please provide copy of the assessment. This will be linked to the report when published.			

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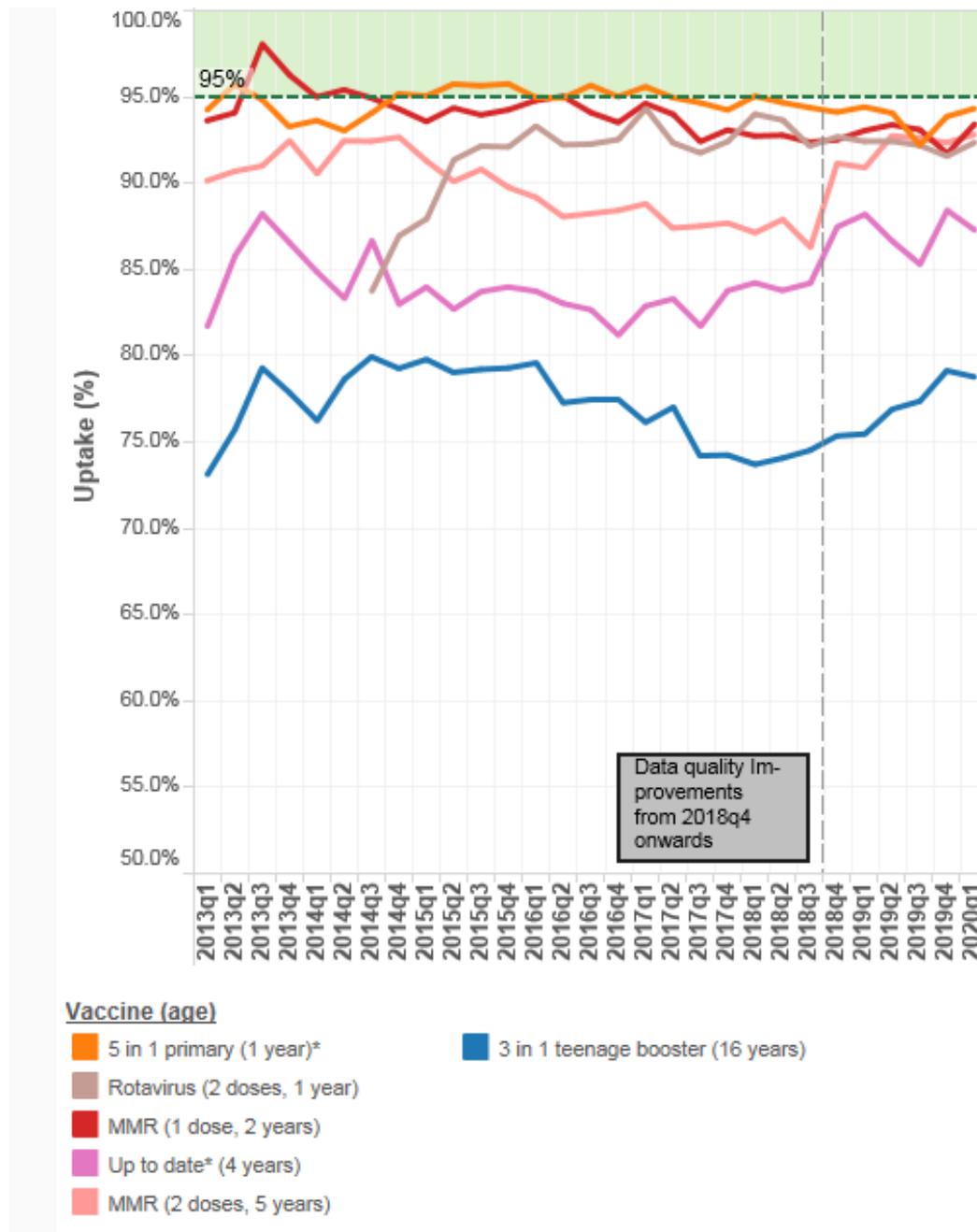
APPENDIX 1: Quarterly vaccination uptake data for Cardiff and Vale UHB (from 2019q2 to 2020q1)

Vaccine	Age Given	Age Measured	Target	Previous Quarterly Data			Latest Quarterly data	
				C&V Apr – Jun 19	C&V Jul – Sep 19	C&V Oct – Dec 19	C&V Jan – Mar 20	Wales Jan – Mar 20
6 in 1	2/3/4m	1y	95%	94.0	92.2	93.9	94.3	96.0
Rotavirus	2/3m	1y	95%	92.4	92.2	91.6	92.4	94.4
MMR1	12/13m	2y	95%	93.4	93.1	91.7	93.4	95.0
4 in 1	3y4m	5y	95%	92.5	93.3	92.7	93.1	92.8
MMR2	3y4m	5y	95%	92.7	92.6	92.4	92.8	92.4
MMR2	3y4m	16y	95%	87.3	89.5	87.9	88.5	91.3
3 in 1	13-14y	16y	95%	76.9	77.4	79.1	78.8	85.8

Indicator	Target	Period / population			Latest reporting period	
		C&V Apr – Jun 19	C&V Jul – Sep 19	C&V Oct – Dec 19	C&V Jan – Mar 20	Wales Jan – Mar 20
Vaccines up-to-date age 4	95%	86.6	85.3	88.4	87.3	89.2

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APPENDIX 2: Cardiff and Vale UHB Quarterly COVER Trends (2013q1 to 2020q1)



Bricknell Helen
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Report Title:	Quality Safety and Experience update – IMTP					
Meeting:	Strategy and Delivery Committee				Meeting Date:	15 Sep 2020
Status:	For Discussion		For Assurance	x	For Approval	
Lead Executive:	Executive Nurse Director Executive Medical Director					
Report Author (Title):	Assistant Director of Patient Safety and Quality Assistant Director of Patient Experience					

Background and current situation:

As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. The Quality, Safety and Improvement Framework 2017-2020 and the Patient Experience Framework 2017-2020 are now due for review. A Quality, Safety and Experience workshop is taking place on September 17th 2020, in order to engage with senior clinicians and managers across the organisation, in order to agree our QSE priorities for the next five years.

This paper provides an update on progress against the actions set out in the Integrated Medium Term Plan (IMTP) for 2020-2021.

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

Some actions have been modified because of the COVID pandemic but most have remained in line with the IMTP actions.

A plan is in place to improve the compliance with the time scale for closure forms to conclude Serious incident reporting

Progress has been made with compliance with Patient Safety Solutions

Performance to 30 working day response times for concerns has been sustained

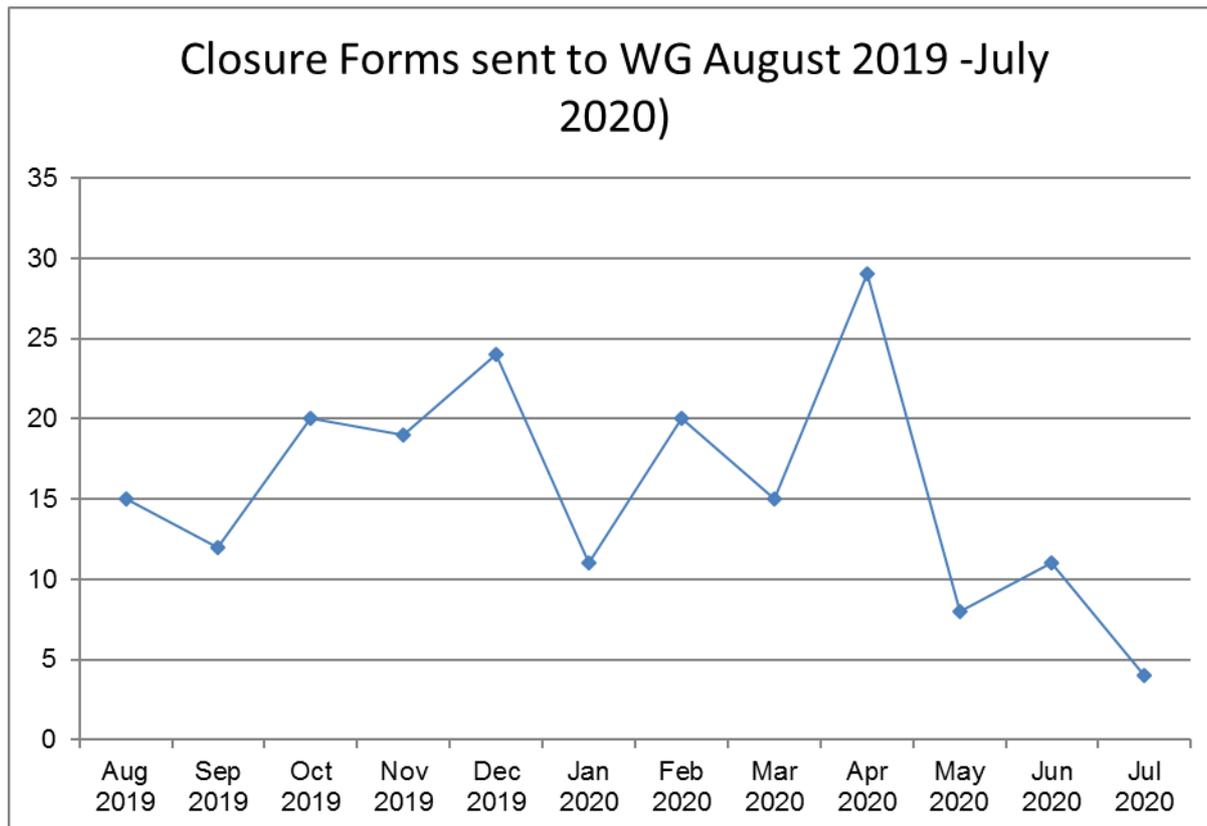
An update on key actions is attached at Appendix 1. Actions which are not fully complete or achieved in line with the plan include:

LIPS – due to the pandemic the April 2020 co-hort of LIPS was postponed and it has not been possible to safely organise the September 2020 co-hort of LIPS. The team is currently exploring alternative ways of delivering the programme in 2021, should the current social distancing rules and restrictions on the gathering of large groups of people continue.

Serious incident reporting – the requirement for the reporting of Serious Incidents was restricted during the early part of the pandemic although with the exception of significant injurious falls and significant healthcare acquired pressure damage, the UHB largely maintained

serious incident reporting in line with normal requirements.

Currently the number of Serious Incident closure forms being submitted on a monthly basis is well below usual closure rates although every effort has been made to conclude Serious Incidents where investigations have been concluded. The Patient Safety team is working with the Clinical Boards to improve the rate of closures while ensuring that a reasonable and proportionate investigation has taken place. Due to the lack of available resource to fully conclude investigations, 75% of open SIs are currently breaching WG timescales for investigation.



IP&C

CAVUHB continue to achieve reductions in HCAI. The 2019/20 Welsh Government Healthcare Associated Infection Reduction Goal was achieved for *Klebsiella species* bacteraemia only.

However, though the goal was not achieved a reduction was achieved in all areas apart from *E. coli* bacteraemia where an increase of 8% was noted on the previous year.

Compared to the acute Health Boards in Wales CAVUHB achieved the highest reduction in both *C. difficile* and *Klebsiella spp.* And an excellent reduction of 68 cases/37.8% was achieved in 2019/20 for SAUR Baceraemia.

For the 5 months from April to August 2020 a reduction has been achieved in 4 of the 5 goal organisms.

CAVUHB progress August 2019 – July 2020

The IP+C team have been involved at all levels in response to response to SARS-CoV-2

In line with national IP+C guidance education has been provided to staff, patients and visitors to reduce the risk of transmission of SARS-CoV-2, how to keep themselves and their families safe, and how to work in ways that allow service continuity to be maintained. Advice has also been provided regarding fit testing, PPE use, and testing strategies to maintain patient flow through the organisation. The UHB supported Care Homes by working with partner agencies and participated in training Webinars facilitated by Cardiff Council.

The IP&C team have been and continue to be involved in multiple meetings, feeding into local, regional and national groups such as the Operational group, Protected Elective Surgery Unit group, Incident Management Teams for COVID outbreaks, and the Infection Prevention and Control group. They have also been involved in regional meetings such as the Test, Track, and Protect group, and national meetings on PPE and staff/patient testing for COVID 19 and a National COVID Cleaning Strategy group.

Throughout the pandemic the non-COVID incidents/outbreaks of infection have been managed well with little impact on service provision.

IP+C policies/procedures have been reviewed and updated as required in line with and as national guidance was updated by Welsh Government and Public Health England.

Patient Safety Solutions – Progress has been made in achieving compliance with a number of

	C. difficile	S. aureus bacteraemia	E.coli bacteraemia	Klebsiella spp bacteraemia	P. aeruginosa bacteraemia
Aug 19 - Jul 20	101	120	330	73	40
Number of cases from reduction goal	(+7)	(+21)	(-2)	(-8)	(+9)
Aug 18 - Jul 19	102	173	339	90	43
Percentage change from previous FY	↓0.98%	↓30.64%	↓0.59%	↓18.89%	↓6.98
Reduction goal achieved	No	No	Yes	Yes	No

historic and current patient safety solutions. Since January 2019, the UHB has achieved compliance with:

- PSN049 – Supporting the introduction of the Tracheostomy Guidelines for Wales
- PSN053 – Risk of harm to babies and children from coin/button batteries in hearing aids and other devices
- PSA010 – Interruption of high flow nasal oxygen during transfer
- PSA011 – Blood control safety cannula & needle thoracostomy for tension pneumothorax

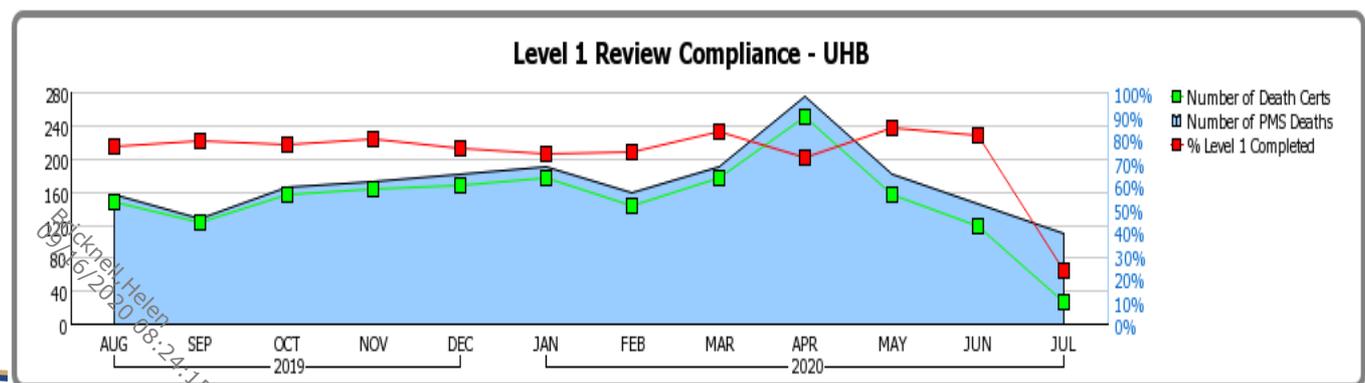
Overall compliance with safety solutions due for response is currently 97%, which is a continued improvement (April 2019 – 93%).

Work is ongoing to achieve compliance with historic PSA008 – ‘Nasogastric tube misplacement’. An update is awaited from Welsh Government regarding PSN030 – ‘Safe storage of medicines: cupboards’. The majority of NHS organisations in Wales have been unable to achieve compliance with PSN030 because a number of the actions, as currently worded, would require significant costs and building work across UHB sites.

National Clinical Audit – Welsh Government along with Healthcare Quality Improvement Partnership (HQIP) and with NHS England suspended all audit data collection at the outset of the pandemic. Within the UHB all of the National Audits maintained by the Corporate team have continued and we are currently assessing the level of activity that has been maintained across the Clinical Boards. Resource for the national paediatric asthma audit and paediatric epilepsy audit introduced in 2019 are currently not being facilitated despite being part of the national mandated programme. No resource has been identified within the Acute Child Health Directorate to support these audits and there is no further capacity within the Clinical Audit team.

Mortality reviews - a UHB Mortality Group has been established and has multi-disciplinary representation and excellent medical engagement. At present the UHB does not have full oversight of stage 2 mortality reviews. We cannot provide robust assurance that these are being undertaken or that lessons are being learnt. The Patient Safety Team has insufficient resource to support this adequately at present. The two key issues impacting on stage 2 reviews are that there is yet to be agreement on the final stage 2 review form and there is no repository for stage 2 findings.

The new Once For Wales Datix mortality module will be rolled out across Wales in due course and this will be the repository for stage 1 and 2 reviews. Two organisations are testing the new system for stage 1 reviews and a number of organisations have been provided with training in order to use the system. There are technical problems that need to be resolved by NWIS due to lack of integration with the Electronic Master Patient Index. This may delay the implementation of the Once For Wales Datix solution. The % stage 1 mortality reviews has remained fairly constant at 80-90 % with the exception of April 2020 when there was a spike in deaths due to COVID 19.



Once for Wales Concerns Management System (OWCMS) – the UHB is fully participating in the OWCMS project. Timescales for implementation are very ambitious and the All Wales Directors of Nursing have expressed their concerns to Welsh Government with regards to NHS Wales ability to achieve the necessary milestones in particular with relation to incident reporting. It is anticipated that concerns ie Complaints module will be live from April 2021.

Patient Experience

Covid has meant that many aspects of feedback have changed, for infection control reasons the touch screen machines were removed from all areas. However we have continued to collate feedback through on line surveys, telephone surveys, virtual focus groups, surveys via our managed tablets which can be deployed to all 400 devices and managed centrally. We have also been able to support our Medical and Nursing students to undertake ward based feedback activities.

Patient experience has supported more Covid related activity whilst still in line with the IMTP objectives

PPE surveys with staff and patients

Changes

This study involved currently admitted patients completing an online survey of their experiences of staff wearing PPE and their stay. Staff involved in the study, used departmental iPads to administer the survey. In total, **102** patients were surveyed, with a completion rate of **82%**

- **PPE discharged inpatient survey.** This study involved recently discharged inpatients (discharged between 25/03/2020 – 18/05/2020 inclusive) completing an online survey of their experiences of staff wearing PPE and their stay. To facilitate this, a message/survey link was texted to those for whom we had a mobile phone number. we had **562** responses, with a completion rate of **87%**.

Changes

This study involved currently admitted patients completing an online survey of their experiences of staff wearing PPE and their stay. Staff involved in the study, used departmental iPads to administer the survey. In total, **102** patients were surveyed, with a completion rate of **82%** (*some surveys weren't fully completed, hence the completion rate*).

- **PPE discharged inpatient survey.** This study involved recently discharged inpatients (discharged between 25/03/2020 – 18/05/2020 inclusive) completing an online survey of their experiences of staff wearing PPE and their stay. To facilitate this, a message/survey link was texted to those for whom we had a mobile phone number. To date, of the **2742** texts delivered, we've had **562** responses, with a completion rate of **87%**.
- **Prehab booklet feedback survey.** This is a study that into the wellbeing of patients currently on the waiting list, which due to COVID19, may/will have had their procedure delayed. The concept is to promote preparation rather than waiting lists and promoting

well-being and health optimisation.

We have introduced text messages which link to surveys and this has been demonstrating a compliance rate of over 80%

The patient experience team has diversified in function to meet the needs of patients in the current pandemic

Due to the restrictions on visiting Welsh Government provided 280 tablets to be used for virtual visiting, in addition a further 100 were purchased via the Health Charity. The IT ensured that the tablets were safe for patients to use and comply with data protection guidelines. Each tablet has been set up with Zoom for virtual visiting, Radio Glamorgan, free magazines from Wi-Fi spark and a feedback survey. IT have added a range of game and activity apps to help alleviate boredom on the wards.

Feedback from the virtual visiting has been very positive from both staff and patients, some of whom had not seen family/friends in weeks.

Medical and Nursing Students

In partnership with Cardiff University and LED 17 Medical and Nursing students were placed with the team to support patients and families by contacting next of kin and providing updates, facilitating virtual visiting, ensuring patients had the essential during their stay and providing activities, where needed, to alleviate boredom. The students undertook a robust induction and were placed on wards in the most need of their support.

To date the students have provided over 2000 hours of patient experience support to wards. Staff have expressed how invaluable this service has been to them and students have commented on how much experience they have gained since commencing the role.

Message from a loved one

In April, before we were able to implement a safe virtual visiting service, we launched the message from a loved one initiative. We were keen to ensure that patients and families had a way to communicate during these difficult times so offered families the opportunity to email us messages, and a pictures if they wished, to send to their loved one in hospital. The message was then printed and any photos laminated and sent to the patient on the ward.

Families have fed back that knowing their loved one was receiving messages and pictures was uplifting to both the sender and the recipient.

Chatter line

Understanding that many people in the community were shielding and not able to socialize as they used to, we launched a volunteer led Chatter Line. From the 31st March those who were feeling isolated and lonely, through the pandemic, could contact us and request a call from one of our volunteers as a one off or as a regular call. Volunteers were provided with information on services to support in the community should they identify that the person they are calling has further needs to just a 'chat'.

To community have also used this service, and had multiple calls from the volunteers.

Bereavement, Spiritual & Support Care

In response to the Covid-19 pandemic the Senior Bereavement Nurse and Chaplaincy Manager developed comprehensive guidance for staff supporting patients at end of life or who are significantly unwell as a result of Covid-19 or other possibly life-limiting illnesses. An overview of activities is below.

Bereavement Line

In April a bereavement helpline was implemented, members of the Patient Experience team contacted all people who had suffered a bereavement. The aim was to provide someone to listen, signpost to other organisations and initiatives, such as our Chatter line, and address any queries where possible.

To date the team have supported over 400 bereaved families.

Carers

Covid has meant that activities in relation to Carers have had to diversify

The Health Board has consulted with our Local Authority partners in Cardiff and in the Vale. We will continue to work with Carers Trust South East Wales and the projects are outlined below

Carer Friendly 2020-2021

During the next round of funding the Carer Friendly Officer (CFO) continue to work with health and social care settings throughout C&V University Health Board, third sector and Local Authorities to implement the Carer Friendly Accreditation. The CFO continue to work with services remotely during the covid-19 social distancing restrictions and continue to seek opportunities to engage with new and existing participants.

The CFO encourage and support participants to progress to Silver or Gold accreditation and increase the uptake of the accreditation across the region.

The CFO I continues to facilitate quarterly Carer Friendly Review panels, to review the portfolios submitted by service areas.

The CFO will actively promote the successful services and continue to raise awareness of Carer Friendly through a variety of media.

Young Carers in Schools Programme (YCiSP)

Young Carers Manager (YCM) and Schools Development Worker (SDW) continue to engage with schools to assist progression through the Young Carers in Schools Programme (YCiSP), the schools that have already passed 'the basics' will be encouraged and supported to progress to the next level 'beyond the basics' and ultimately 'best practice'. The SDW will also seek new relationships with those who wish to participate in implementing the Programme.

During Covid-19 we are adapting the evidence required to support schools in meeting the criteria. Virtual staff training has been offered to new and existing schools on "Young carers who

we are and how to identify support". We are sharing training resources and opportunities via email.

The team remain committed to ensure an additional two schools pass the basics and five schools to pass beyond the basics of the YCiSP.

Peer Review Panel

The Peer Review Panel continue to assess the schools portfolio's virtually, the panel is well represented by 6 young carers from 3 Local Authorities within South East Wales.

Presentation of Carers Trust South East Wales' award for achievement in the YCiSP is organised at regular intervals throughout the year when safe to do so.

In addition the Health Board will continue to support a pilot of a Carers Lead supporting discharge with the development of a carers centre. University Hospital Llandough will be the pilot Hospital for this work which has been somewhat delayed by Covid.

We will continue with the GP accreditation scheme for practices demonstrating that they are identifying carers and supporting them in their health and well-being as well as their caring role.

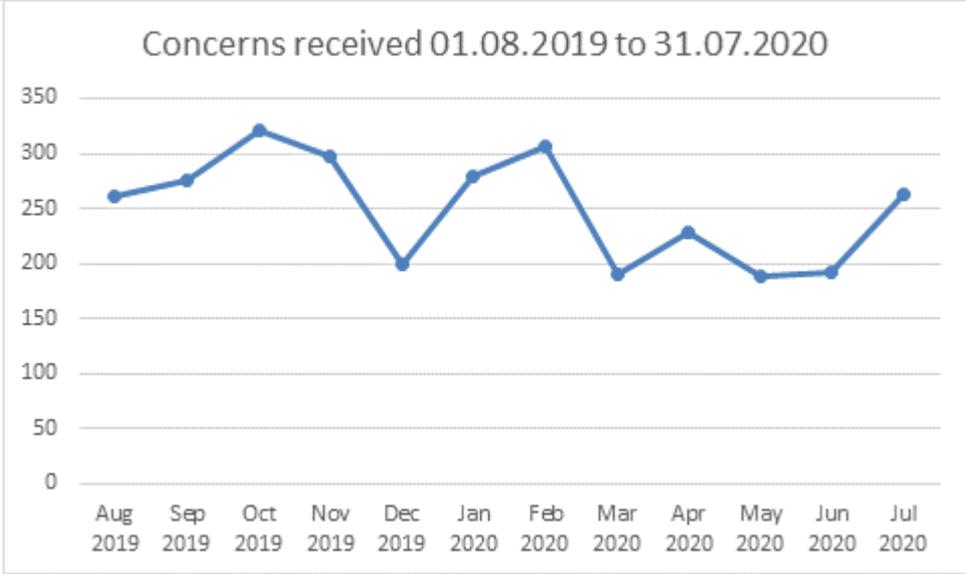
We will also continue to identify our growing number of staff carers and consider how we can best support their needs. All of these activities will be shared in our annual report.

As a Health Board we had previously commissioned Carers Trust South East Wales to provide a Carers Gateway Service the model was based upon feedback from Carers engagement activities. This service provides carers with practical and emotional support, as well as helping carers to navigate the services available to them. The service launched on the 24th March, just as lockdown began and has had to adapt to the Welsh Government guidelines, but has continued to support carers through the pandemic via phone and virtual sessions. The feedback has been extremely positive that care was being provided at such a difficult time for our Carers.

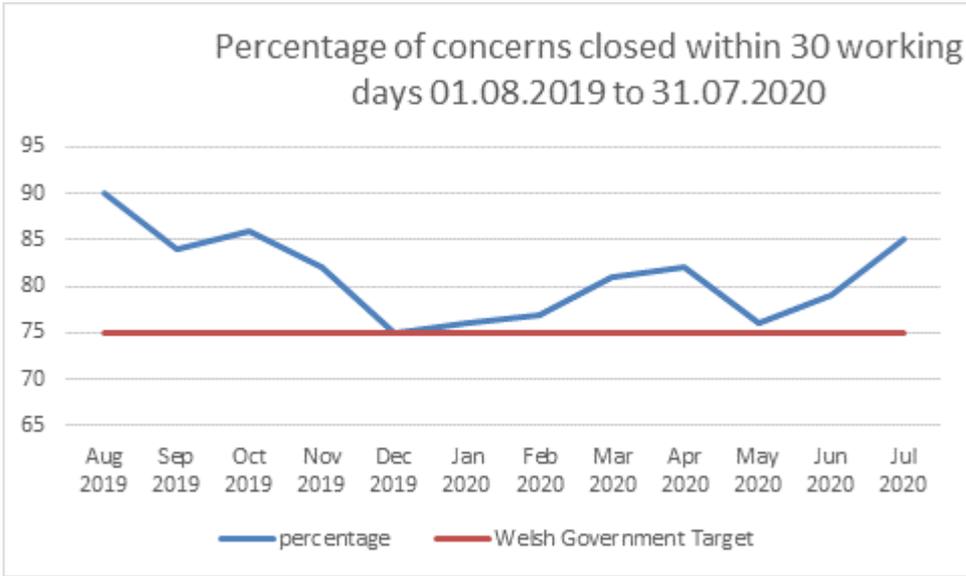
Due to the social distancing and lock down guidelines all of the Health Boards Information and Support Centres had to close to the public, however we have continued to provide support where we can through a telephone advice service.

Concerns

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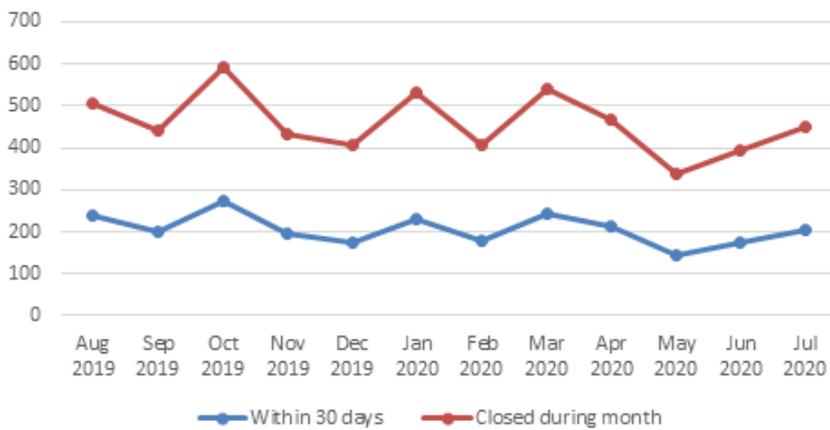
Whilst the number of concerns decreased a little over the COVID period we still continued to see activity and the Patient Experience Team introduced a 7 day service from March 2020. This has been very popular with both the public and UHB staff. However maintaining this service is a cost pressure.



We have maintained the 30 working day response time throughout this period and it is above the WG target of 75%

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Concerns closed 01.08.2019 to 31.07.2020



During the Covid period the central concerns team worked closely with the clinical boards to complete investigations and support review of all active cases and therefore maintained the closure rate.

Recommendation:

The Strategy and Delivery Committee is asked to **NOTE** the contents of the report and progress made against the actions outlined in the UHB IMTP

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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

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09/16/2020 08:24:15

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

Report Title:	Board Assurance Framework – Sustainable Primary and Community Care			
Meeting:	Strategy and Delivery Committee			Meeting Date: 15 th Sept 2020
Status:	For Discussion	For Assurance	X For Approval	For Information
Lead Executive:	Director of Corporate Governance			
Report Author (Title):	Director of Corporate Governance			

Background and current situation:

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

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

The Board Assurance Framework has now been presented to the Board since November 2018 after discussion with the relevant Executive Director and the Executive Directors Meeting. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.

The attached Sustainable Primary and Community Care risk is a key risk to the achievement of the organisation's Strategic Objectives.

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

There are currently nine key risks agreed by Executives which are impacting upon strategic objectives which will be developed into a Board Assurance Framework for review at the September Board and the risks which link to the Strategy and Delivery Committee are:

1. Workforce including potential capacity issues
2. Sustainable Primary and Community Care
3. Sustainable Culture
4. Capital assets
5. Risk of Delivery of IMTP
6. Ability to switch planned work back on safely

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

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

the Chief Operating Officer

To aid the process I have reviewed what has been presented to the Strategy and Delivery Committee in relation to Primary and Community Care over the last 12 months and to provide triangulation and further assurance for the Board:

- **Having an unplanned care system that provides the right care, in the right place first time**
- **Primary Care Out of Hours Service – Peer Review & Public Accounts Committee Report**
- **Primary Care – Peer Review**
- **Primary Care Milestones and Delivery against them**

A summary of the detail discussed on each of the above reports is provided in the Annual Report to the Board for 2019/20.

Recommendation:

The Strategy and Delivery Committee is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

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

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Kind and caring
Caredig a gofudol

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



Sustainable Primary and Community Care

The strategy of “Care closer to home” is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.

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

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Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (red)	
Current Controls	<p>Me, My Home , My Community</p> <p>Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care.</p> <p>Development of Primary Care Support Team</p> <p>Contractual negotiations allowing GP Practices to close to new patients Care Pathways</p> <p>Roll out of MSK and MH First Point of Contact Services by Cluster</p> <p>Implement new urgent care Phone First helpline at Primary Care Level (CAV24/7)</p> <p>Implement nationally supported digital supported enablers (Consultant Connect and Attend Anywhere)</p>			
Current Assurances	<p>Improved access and response to GP out of hours service</p> <p>Sustainability and assurance summary developed to RAG rate practices and inform action</p> <p>Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented.</p> <p>Second peer review of PCOOH Services undertaken with commendations and exemplars referred to in WG reports</p>			
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)	
Gap in Controls	<p>Actively scale up multidisciplinary teams to ensure capacity</p> <p>Achieving scale in developing joint Primary/Secondary Care patient pathways</p> <p>Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions</p>			
Gap in Assurances	No gaps currently identified.			
Actions	Lead	By when	Update since 30.01.20	
Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.	SG SW/JG	31/03/2021	Health pathways launched on 14/02/2019. As at	

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			<p>07/05/2019 32 pathways were live.</p> <p>Pathways will continue to be developed until the end of the financial year.</p> <p>65 pathways are now active. Chief Operating Officer has met with partners in New Zealand who are rolling it out. This continues to be rolled out.</p>
<p>2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's</p>	<p>SC</p>	<p>28 August 2020</p>	<p>GMS Sustainability Implementation Board continues to see roll out of First Contact MDTs within all 9 clusters being covered for MSK and 7 out of 9 clusters being covered for MH services. However, all 9 clusters have access to an MH service as cross cover arrangements are in place</p> <p>CAV24/7 services implemented as at 5 August 2020</p> <p>Attend Anywhere digital enabler in 56 of 61 practices as at July 2020</p> <p>Consultant Connect available to all practices as at July 2020</p>

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3. Roll out digital solutions for smart working	DT	31/03/2021	Platform procured-phased roll out plan to be implemented with completion due by end of the financial year
4. Other digital platforms being considered e.g. Primary Care CAHMS Assessment platform being deployed	SC	31/03/2021	<p>Digital Platform now been agreed for CAHMS. Contract has now been agreed and is currently being rolled out.</p> <p>Digital platform deployed and CAHMS assessment against Part 1 to be reached in Feb/Mar 2020</p> <p>NB Digital platform successful in contributing to CAMHS access targets. Currently under review in terms of the FM</p> <p>New platforms being considered – Attend Anywhere and Consultant Connect</p>
5. Development of recruitment strategies for GP and non GP service solutions	MD	Ongoing	GP Support Unit helps with recruitment and finding GP alternatives action also lined to No 2 above. As an indicator of in hour's resilience GP fill rates for PC out of hour's

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			service have improved leading to a lower escalation status. The focus on a multi-disciplinary solution continues.
6. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs	SC AH	Ongoing	These are being developed through the Public Service Board and Transformation work and progressing well
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

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Report Title:	Capital Programme Status Update				
Meeting:	Strategy & Delivery Committee			Meeting Date:	15.09.2020
Status:	For Discussion		For Assurance	<input checked="" type="checkbox"/>	For Approval
Lead Executive:	Director of Strategic Planning				
Report Author (Title):	Director of Capital, Estates and Facilities				

Background and current situation:

Situation

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

The attached report, appendix 1 is the August 2020 Capital report which was considered at the Capital Management Group (CMG) at their meeting on 17th August 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 COVID19 pandemic has required significant investment in enabling changes to the UHB estate, including development of areas for additional bed capacity, ITU spaces, and most recently the creation of green and red zones in order to facilitate reintroduction of services which were stopped at the commencement of the pandemic.

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.

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 10th August 2020 includes an allocation of £45.282m.

To date, the WG have provided £14.948m to fund COVID related schemes, with a further £2.5m 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.

The table below identifies the committed schemes with no funding support identified.

Committed Schemes with no funding support	£(m)
Green Zones UHL	1.1
Green Zones UHW	1.4
CRI Development	0.563 (up to OBC)
Park View Wellbeing Hub	0.450 (up to OBC)
Proximie	0.100
Radiopharmacy	0.400 (up to OBC)
C3 Ward	0.199
Subtotal	4.212

The CMG at their meeting on 20th July 2020 requested that the Director of Capital Estates and Facilities to review the discretionary capital programme and identify a recovery plan to bring the anticipated spend to within the allocated £14.548m

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

- The UHB has benefited from a significant investment from WG to support its response to COVID19 in the sum of £14.548m.
- The UHB have a statutory obligation to remain within their capital resource limit at the end of the financial year. Without considerable WG funding support the discretionary capital programme would be significantly over committed.
- Should the UHB receive funding support for the Green Schemes etc. this would enable consideration to review the programme and agree funding allocations for those schemes put on hold.
- The reduction to backlog estates, medical equipment and IM&T is considered a high risk strategy given the significant level of backlog liability.
- The use of the Rookwood slippage monies as brokerage to support the discretionary capital programme would need to be agreed with WG and an allocation against the 2021/22 discretionary capital programme accepted.
- The reduction in the funding for Estate Compliance is a significant risk which will require careful consideration by the Board as many of these issues are statutory or mandatory requirements.

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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. The table below provides an option to offset the £4.212m however there are risks that the UHB would need to consider and accept.

Recovery Plan	£m	Risk / Comments	Risk Rating
Rookwood Relocation	0.590	Low risk, Programme slippage due to COVID19	L
Backlog IM&T	0.250	High risk; budget reduction of 50%. No spend committed to date	H
Backlog Medical Equipment	0.500	High risk; budget reduction of 50% of which committed spend to date £0.4m	H
Backlog Estates	0.500	High risk; budget reduction to 50% of which committed to date £0.491m	H
Reduction in Estate Compliance budget	0.600	Significant risk; through non-compliance with statutory and mandatory obligations	H
CAVOC	0.200	Medium risk; scheme has been in development for a number of years and remain one theatre down	M
Wellbeing Hub Park View	0.302	Low risk; Will stand down team at the end of August 2020 until the new financial year or WG agree funding to complete the OBC	L
Refit Energy Programme Disc. Cap. payback	0.270	Low risk; funding committed in 2019/20 payback	L
Upgrade Patient Facilities	0.325	Low risk; Funding included for adhoc improvement work to day room/toilets and general patient areas.	L
Emergency Contingency	0.500	High risk; included in programme for emergency works	H
Unallocated	0.176	Low risk; balancing off figure from committed projects	L
Total	4.213		

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The implications of the above approach will impact on a number of key projects, including;

- The most significant risk associated with the above is the reduction in the Estates Compliance budget which includes statutory and mandatory inspections which are required to be undertaken on an annual basis to meet the UHB obligations.
- Radiopharmacy: The programme allows for the development up to Outline Business Case (OBC) and it was initially intended to continue at risk with the Full Business Case (FBC) whilst the OBC was being scrutinised by WG. The reasoning behind this was to reduce the overall programme as the current facility was deemed unsuitable for the delivery of the service by the 'Medicines and Healthcare products Regulatory Agency' (MHRA) at their last inspection and the UHB made a commitment to the MHRA for both improvements to the existing facility as an interim measure (which are complete) and the development of a Business Case and the delivery of a new facility within a specific time period.
- Park View Health and Wellbeing Hub: The Supply Chain Partner (SCP) is currently developing the OBC for submission to WG in March 2021 however, if we were to stand the team down at the end of August 2020 this would provide a saving of £0.302m for 2020/21. This would result in a seven month delay, unless WG approved funding in the interim to recommence the process.
- Pembroke House - Refurbishment of bathrooms: In agreement with the Local Negotiating Committee (LNC) the refurbishment works for Carmarthen House has been commenced and will complete within the next few weeks. It was intended that the works to Pembroke House would then continue at a cost of £0.28m, these works are not yet instructed and would contribute to the overall capital shortfall. The project would then be included in 2021/22 capital programme.

Assurance is provided by:

The information contained within this paper and the CMG report Appendix 1 which was considered by the Capital Management Group at their meeting held on 17 August 2020.

Recommendation:

The Committee is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

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

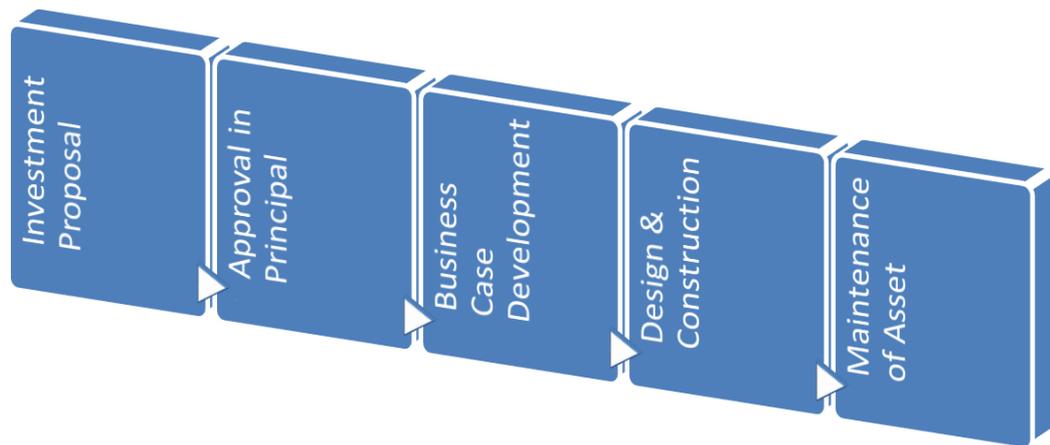
Five Ways of Working (Sustainable Development Principles) considered

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

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



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



Capital Management Group Report 17th August 2020

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Appendix 1

Appendix 2

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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 7) dated 10 August 2020 is £45,282m which includes £14,548m Discretionary Allocation, £30,734m approved 'All Wales Capital Funding. There were no projects recorded without approved funding.

The table below reflects the latest position with regards to approvals received for COVID related schemes:-

Table 1

Scheme	Cost (£m)	Funding received
HCID	7,250	√
Oxygen Infrastructure Works @ UHW	0.398	√
Morgannwg Ward Barry Hospital	0.497	√
Glan Ely Ward St David's Hospital	0.238	√
Mobile CT Scanner	0.600	√
COVID 19 - digital / inpatient / critical care beds	1,071	√
Digital Devices	0.589	√
COVID 19 monitors and mobile X-ray	0.742	√
Physio UHW 35 beds	0.775	√
UHL Between Wards 4 & 6	0.937	√
Shower Blocks	0.41	√
Testing Stations	0.008	√
Covid Ward clean air system	0.191	√
Medical gas UHW BOC	0.117	√
Covid 19 Green Zone UHW	1.400	
Covid 19 Green Zone UHL	1,100	

You will note from Table 1 that approval of the COVID Green schemes, total of £2.5m has not been received.

The £2.176m included in the previous report relating to Equipment for Dragons Heart Hospital has now been funded by WG and is included within the CRL as part of Franche 2.

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At the CMG meeting held, 20th July 2020, the Director of Capital Estates and Facilities was requested to prepare a paper for consideration by the Management Executive which provided an option to recover the shortfall in capital funding of £4.212m. The paper, Appendix 1, was presented to Management Executive at their meeting at the 3rd August 2020 and formally approved, accepting the associated risks therein.

The following tables are an extract of the paper, which identifies committed schemes with no funding (Table 1) and the option presented as a recovery plan (Table 3).

Table 1

Committed Schemes with no funding support	£(m)
Green Zones UHL	1.1
Green Zones UHW	1.4
CRI Development	0.563 (up to OBC)
Park View Wellbeing Hub	0.450 (up to OBC)
Proximie	0.100
Radiopharmacy	0.400 (up to OBC)
C3 Ward	0.199
Subtotal	4.212

Table 3

Recovery Plan	£m	Risk / Comments	Risk Rating
Rookwood Relocation	0.590	Low risk, Programme slippage due to COVID19	L
Backlog IM&T	0.250	High risk; budget reduction of 50%. No spend committed to date	H
Backlog Medical Equipment	0.500	High risk; budget reduction of 50% of which committed spend to date £0.4m	H
Backlog Estates	0.500	High risk; budget reduction to 50% of which committed to date £0.491m	H
Reduction in Estate Compliance budget	0.450	Significant risk; through non-compliance with statutory and mandatory obligations	H
CAVOC	0.200	Medium risk; scheme has been in development for a number of years and remain one theatre down	M
Wellbeing Hub Park View	0.302	Low risk; Will stand down team at the end of August 2020 until the new financial year or WG agree funding to complete the OBC	L
Refit Energy Programme Disc. Cap. payback	0.270	Low risk; funding committed in 2019/20 payback	L

Refurbishment of Mortuary UHW	0.150	High risk; HTA report commitment to refurbishing existing facility, removal of funding would set back business case by 9 months	H
Upgrade Patient Facilities	0.325	Low risk; Funding included for adhoc improvement work to day room/toilets and general patient areas.	L
Emergency Contingency	0.500	High risk; included in programme for emergency works	H
Unallocated	0.176	Low risk; balancing off figure from committed projects	L
Total	4.213		

Approval to proceed with the works to enable UHW Ward C3 to operate as an interim Polytrauma Unit to support the launch of the Major Trauma Unit has been approved at a cost of £199k and included in the capital programme.

The Women and Childrens Clinical Board have raised concerns that they have received no feedback on their request for works / alterations to the Paediatric Critical Care Unit. This was identified as a request in the previous report along with remodeling of the EU department. No further work has been undertaken to progress either of these schemes with further instruction awaited from CMG.

The CMG should be aware that the Capital and Estate team are over committed and do not have significant resource to develop some of the schemes in a timely manner. External resource will be required to support the desired programme.

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1.1 Project Initiation Enquiries

There are no Project Initiation Enquiries for consideration and approval by Capital Management Group at this time.

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1.3 CAPITAL FINANCIAL SUMMARY

Capital Summary 2020/21	
Overall Programme	£m
Funding 2020/21	
Approved CRL 10th August 2020	(45.282)
Outstanding Funding (low risk)	£m
ICF Funding CRI Chapel	(2.122)
Cardiff CC CRI Chapel	(0.300)
Refit Energy Programme	(0.839)
Rainbow Ward (funded via Kidney Research Wales)	(0.600)
Total Outstanding Funding (Low Risk)	(3.861)
Total Funding	(49.143)
Expenditure 2020/21	
Planned Expenditure (committed)	47.621
Planned Expenditure (Uncommitted)	1.522
Planned Expenditure 2020/21	49.143
Breakeven Position (if all funding is approved)	0.000
Schemes Awaiting Approval Via WG	£m
Covid 19 Green Zone UHL	(1.100)
Covid 19 Green Zone UHW	(1.400)
Wellbeing Hub Park View	(0.450)
CRI Redevelopment Scheme (HWC)	(0.563)
Total	(3.513)
Movement from prior month	£m
Expenditure	
Proximie IT Project	0.100
C3 Ward UHW	0.199
Funding	
Cystic Fibrosis (funded by WG)	(0.130)
Covid 19 Tranche 2	
Covid 19 Physio UHW (Funded by WG)	(0.779)
Covid 19 Infill UHL (Funded by WG)	(0.937)
Covid 19 DHH Capital (Funded by WG)	(2.200)
	(4.046)
Capital Recovery Plan	
Rookwood Relocation (Programme slippage)	(0.590)
Backlog IM&T (50% reduction)	(0.250)
Backlog Medical Equipment (50% reduction)	(0.500)
Backlog Estates (50% reduction)	(0.500)
Estate Compliance	(0.775)
CAVOC Fees	(0.200)
Wellbeing Hub Park View	(0.302)
Refit Energy Programme (payback from 2019/20)	(0.270)
Refurbishment of Mortuary	(0.150)
Emergency Contingency	(0.500)
Unallocated	(0.176)
	(4.213)
Red Financial Risk Status	
Backlog IM&T (50% reduction)	0.250
Backlog Medical Equipment (50% reduction)	0.500
Backlog Estates (50% reduction)	0.500
Estate Compliance	0.450
Refurbishment of Mortuary UHW	0.150
Emergency Contingency	0.500

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1.3.1 CAPITAL FINANCIAL REPORT 2020/21

Jul-20

Project	Exec Clinical Lead	Strategy	Matrix Ref	Status	Funding					Programme		Programme		Comments	Movement from Prior Month
					Approved CRL	Approved Disc Capital CRL	Unapproved	Outstanding (Low Risk)	Total Funding	Planned Spend 20/21	Financial Risk Status	Committed	Uncommitted		
					£k	£k	£k	£k	£k	£k	£k	£k	£k		
2020/21 Approved Capital Programme															
MAJOR CAPITAL															
Rookwood Relocation	A.Harris		1.7	Construction	4,662	1,624	0	0	6,286	6,286	0	6,286	0	Current forecast overspend will not be realised until 2021/22	Recovery Plan adjusted (£0.590m)
Cystic Fibrosis Unit	A.Harris		1.8	Construction	3,734	-188	0	0	3,546	3,546	0	3,546	0	WG funding received	Increased funding £0.130m to match funding letter
CRI Block 11 2nd Floor	A.Harris		1.11	Construction	4,528	0	0	0	4,528	4,528	0	4,528	0	WG funding received	No Movement
Emergency Resus Reconfiguration (MTC Interim Plan)	A.Harris		1.3c	Construction	605	0	0	0	605	605	0	605	0	WG funding received	No Movement
MRI Slippage	A.Harris			Construction	250	0	0	0	250	250	0	250	0	WG funding received	No Movement
Replacement Imaging Equipment	A.Harris		1.3e	Construction	0	1,027	0	0	1,027	1,027	0	1,027	0	Disc Cap reprovided	No Movement
CT scanner - Emergency Unit	A.Harris			Construction	427	0	0	0	427	427	0	427	0	WG funding received	No Movement
CT scanner - Emergency Unit	A.Harris			Construction	600	0	0	0	600	600	0	600	0	WG funding received	No Movement
Refit Energy Programme				Construction	0	-270		839	569	569	0	569	0		No Movement
MAJOR CAPITAL COMMITMENTS					14,806	2,193	0	839	17,838	17,838	0	17,838	0		
OTHER MAJOR CAPITAL															
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	511	0	0	2,422	2,933	2,933	0	2,933	0	Awaiting ICF Funding not yet on CRL	No Movement
Wellbeing Hub Park View	A.Harris	SOFW	3.1c	OBC	0	148		0	148	148	0	148	0	COVID19 has impacted on progress as the availability of key staff to approve adjacency drawings has been limited	Recovery Plan adjusted
Wellbeing Hub Penarth	A.Harris	SOFW	3.1d	FBC	224	0	0	0	224	224	0	224	0	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	0	0	0	245	245	0	245	0	Good progress made during the month with GPs re-engaged	No Movement
CRI Redevelopment Scheme (HWC)	A.Harris	SOFW	3.2	OBC	0	563		0	563	563	0	563	0	COVID19 has resulted in limited work being undertaken by the SCP.	No Movement
CRI Safeguarding Scheme	A.Harris	SOFW	3.2	OBC	0	0	0	0	0	0	0	0	0	COVID19 has resulted in limited work being undertaken by the SCP.	No Movement
MAJOR CAPITAL COMMITMENTS					980	711	0	2,422	4,113	4,113	0	4,113	0		
TOTAL MAJOR CAPITAL					15,786	2,904	0	3,261	21,951	21,951	0	21,951	0		
DISCRETIONARY CAPITAL & PROPERTY															
Schemes B/F:															
Western Services	R.Chadwick	IMTP	2.3k	Construction	0	71	0	0	71	71	0	71	0	WG funding received	No Movement
Riverside Roof	R.Chadwick	IMTP	2.3m	Construction	0	366	0	0	366	366	0	366	0	WG funding received	No Movement
Unit 4	R.Chadwick	IMTP	2.3x	Design	0	106	0	0	106	106	0	106	0	WG funding received	No Movement
Annual Commitments:															
UHB Capitalisation of Salaries	R.Chadwick	IMTP		Annual Commitment	0	440	0	0	440	440	0	440	0	WG funding received	No Movement
UHB Director of Planning Staff	R.Chadwick	IMTP		Annual Commitment	0	165	0	0	165	165	0	165	0	WG funding received	No Movement
UHB Revenue to Capital	R.Chadwick	IMTP		Annual Commitment	0	1,215	0	0	1,215	1,215	0	1,215	0	WG funding received	No Movement
UHB Accommodation Strategy	R.Chadwick	IMTP		Annual Commitment	0	200	0	0	200	200	0	200	0	WG funding received	No Movement
UHB Misc / Feasibility Fees	R.Chadwick	IMTP		Annual Commitment	0	100	0	0	100	100	0	100	0	WG funding received	No Movement
IM&T:															
Backlog IM&T	D.Thomas	IMTP		Annual Commitment	0	250	0	0	250	250	0	0	250	WG funding received	Recovery Plan adjusted (£0.250m)
Proxime IT Project	D.Thomas	IMTP		Annual Commitment	0	100	0	0	100	100	0	100	0	WG funding received	Recovery Plan adjusted (£0.250m)
Medical Equipment															
Backlog Medical Equipment	F.Jenkins	IMTP		Annual Commitment	0	500	0	0	500	500	0	136	364	WG funding received	Recovery Plan adjusted (£0.500m)

Statutory Compliance:															
Fire Risk Works	R.Chadwick	IMTP		Annual Commitment	0	200	0	0	200	200	0	200	0	WG funding received	No movement
Asbestos	R.Chadwick	IMTP		Annual Commitment	0	400	0	0	400	400	0	400	0	WG funding received	No movement
Gas infrastructure Upgrade	R.Chadwick	IMTP		Annual Commitment	0	300	0	0	300	300	0	300	0	WG funding received	No movement
Legionella	R.Chadwick	IMTP		Annual Commitment	0	450	0	0	450	450	0	450	0	WG funding received	No movement
Electrical Infrastructure Upgrade	R.Chadwick	IMTP		Annual Commitment	0	150	0	0	150	150	0	150	0	WG funding received	No movement
Ventilation Upgrade	R.Chadwick	IMTP		Annual Commitment	0	250	0	0	250	250	0	250	0	WG funding received	Recovery Plan adjusted (£0.250m)
Electrical Backup Systems	R.Chadwick	IMTP		Annual Commitment	0	250	0	0	250	250	0	250	0	WG funding received	No movement
Upgrade Patient Facilities	R.Chadwick	IMTP		Annual Commitment	0	0	0	0	0	0	0	0	0	WG funding received	Recovery Plan adjusted (£0.350m)
Dedicated Team	R.Chadwick	IMTP		Annual Commitment	0	200	0	0	200	200	0	200	0	WG funding received	No movement
Other:															
Backlog Estates	R.Chadwick	IMTP		Annual Commitment	0	228	0	0	228	228	0	228	0	WG funding received	Recovery Plan adjusted (£0.500m)
Linen Room	R.Chadwick	IMTP		Tender	0	61	0	0	61	61	0	61	0	WG funding received	No Movement
C4 Day room	R.Chadwick	IMTP		Construction	0	12	0	0	12	12	0	12	0	Funded via service	No Movement
Bed Storage	R.Chadwick	IMTP	2.3ee	Construction	0	145	0	0	145	145	0	145	0	WG funding received	No Movement
UHW Switchboard	R.Chadwick		2.3cc	Design	0	60	0	0	60	60	0	60	0	WG funding received	No Movement
CEF Training Facility	R.Chadwick		2.3dd	Design	0	0	0	0	0	0	0	0	0		No Movement
Maternity Air Plants	R.Chadwick	IMTP	2.3h	Design	0	240	0	0	240	240	0	240	0	WG funding received	No Movement
Ward refurbishment programme	R.Chadwick	IMTP	2.4	Design	0	0	0	0	0	0	0	0	0		No Movement
UHW Dementia / Integrated Care Facility/ Ambulatory Care /	R.Chadwick	IMTP	2.3c	Construction	0	544	0	0	544	544	0	544	0	WG reprovided £90k	No Movement
Theatre 0 sterile store	R.Chadwick	IMTP	2.3f	Design	0	0	0	0	0	0	0	0	0		No Movement
R&D Joint Proposal Lakeside (C&V contribution)	L.Richards	IMTP	1.12	Design	0	257	0	0	257	257	0	257	0	3 cost options £105k, £542k, £818k excluding fees, VAT, Non works	No Movement
Lift Upgrade (3 lifts)	R.Chadwick	IMTP	2.4b	Construction	0	151	0	0	151	151	0	151	0		No Movement
Lift electrical supply upgrade scheme	R.Chadwick	IMTP	2.3j	Construction	0	70	0	0	70	70	0	70	0		No Movement
Mortuary Roof UHL	R.Chadwick	IMTP	2.3i	Design	0	75	0	0	75	75	0	75	0		No Movement
Carmarthen House	R.Chadwick	IMTP	2.3v	Construction	0	95	0	0	95	95	0	95	0	WG Reprovided	No Movement
Pembroke House	R.Chadwick	IMTP	2.3w	Design	0	280	0	0	280	280	0	0	280		No Movement
Emergency Contingency	CMG	IMTP			0	0	0	0	0	0	0	0	0		Recovery Plan adjusted (£0.500m)
Unallocated	CMG	IMTP			0	0	0	0	0	0	0	0	0		Recovery Plan adjusted (£0.176m)

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COVID SCHEMES					0	7,931	0	0	7,931	7,931	7,037	894		
HCID	A.Harris	Covid-19		Construction	6,250	0	0	6,250	6,250	0	6,250	0	Funded via WG	Project underspend returned to WG £500k contingency and £500k unapproved allocation
Oxygen Infrastructure Works @ UHW	A.Harris	Covid-19		Completed	350	48	0	398	398	0	398	0	Funded via WG	No Movement
Morgannwg Ward Barry Hospital	A.Harris	Covid-19		Completed	239	0	0	239	239	0	239	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	136	0	136	0	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	1,071	0	Funded via WG	No Movement
Pharmacy Equipment	F.Jenkins	Covid-19		Tender	28	0	0	28	28	0	0	28	WG funding received	No Movement
Digital Devices	A.Harris	Covid-19		Completed	589	0	0	589	589	0	589	0	Funded via WG	No Movement
COVID 19 monitors and mobile X-ray	A.Harris	Covid-19		Completed	742	0	0	742	742	0	742	0	Funded via WG	No Movement
Shower Blocks	R.Chadwick	Covid-19		Completed	0	41	0	41	41	0	41	0	Funded via WG	Funding received
Covid 19 Tranche 1														
Testing Stations	R.Chadwick	Covid-19		Completed	8	0	0	8	8	0	8	0	Funded via WG	Funding received
Covid Ward clean air system	R.Chadwick	Covid-19		Completed	191	0	0	191	191	0	191	0	Funded via WG	Funding received
Medical gas UHW BOC	A.Harris	Covid-19		Completed	117	0	0	117	117	0	117	0	Funded via WG	Funding received
Meraki boxes	R.Chadwick	Covid-19		Completed	50	0	0	50	50	0	50	0	Funded via WG	Funding received
Medical Equipment	F.Jenkins	Covid-19		Completed	561	0	0	561	561	0	561	0	Funded via WG	Funding received
NWSSP All Wales Procurement	R.Chadwick	Covid-19		Completed	100	0	0	100	100	0	100	0	Funded via WG	Funding received
Covid 19 Tranche 2														
Physio UHW 35 beds	A.Harris	Covid-19		Completed	775	0	0	775	775	0	775	0	Funded via WG	Funding received
UHL Between Wards 4 & 6	A.Harris	Covid-19		Completed	937	0	0	937	937	0	937	0	Funded via WG	Funding received
DHH Capital Costs	R.Chadwick	Covid-19		Completed	2,204	0	0	2,204	2,204	0	2,204	0	Funded via WG	Funding received
Covid 19 Green Zone UHL	A.Harris	Covid-19		Construction	0	1,100	0	1,100	1,100	0	1,100	0	Funding to be requested WG	No Movement
Covid 19 Green Zone UHW	A.Harris	Covid-19		Construction	0	1,400	0	1,400	1,400	0	1,400	0	Funding to be requested WG	No Movement
Covid 19 UHW C3	A.Harris	Covid-19		Construction	0	199	0	199	199	0	199	0	Funding to be requested WG	No Movement
SCHEMES IN DEVELOPMENT					14,948	2,788	0	0	17,736	17,736	0	17,708	28	
Radiopharmacy	A.Harris	IMTP	1.13	Option Appraisal	0	400	0	400	400	0	400	0	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	161	0	161	161	0	161	0	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	189	0	189	189	0	189	0	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	175	0	175	175	0	175	0	Developing BJC	No Movement
Refurbishment of Mortuary UHW	A.Harris	IMTP	2.2	BJC	0	0	0	0	0	0	0	0	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	0	600	600	600	0	0	600	Charity Funded	No Movement
					0	925	0	600	1,525	1,525	0	925	600	
					30,734	14,548	0	3,861	49,143	49,143	0	47,621	1,522	

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2.0 Major Capital Projects

The UHB currently has 21 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, which are forecast capital projects without approved funding.

Of the 21 approved schemes, 11 of which are COVID related and amount to £14.948m. A further 2 schemes are currently with Welsh Government for consideration and total £2.5m is awaiting approval. In addition, the UHB is seeking funding of £1.712m to continue several business case developments.

The UHB have progressed with the procurement of a 400 bed surge facility to be constructed on the UHW site. Tenders were returned on the 10/08/2020 and have been evaluated to identify the preferred supplier whose appointment will be subject to funding approval from WG.

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. Scrutiny grid has been received and the UHB are currently working through to respond accordingly
- Full Business Case for Maelfa Wellbeing Centre.

2.1 Matrix Exception Reporting

2.1.1 UHW Major Trauma & Vascular Hybrid Theatre

2.1.1a The OBC development remains on target for submission on 30th September 2020, following UHB Board approval.

2.1.1b It had originally been envisaged that the UHB would have continued with the development of the FBC at risk whilst the OBC was being scrutinised, to reduce the overall programme. Funding for this approach would have been met from the discretionary capital programme on the basis that the FBC would have been submitted and approved within the financial year and subsequently the fees repaid. However, given the current discretionary capital funding and the commitment to green scheme developments, work on the FBC will not proceed until approval of the OBC and associated costs.

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2.1.1c Sufficient OBC funding has been included in the discretionary programme to allow for completion and submission to WG.

2.1.1d Initial responses have been received from the specialist equipment suppliers and a meeting to agree the selection process has been held with Specialist Estate Services. It is deemed necessary for clinical leads to visit operational sites to understand the extent of the functions that each of the proposals may have. Arrangements are being made accordingly and it is still anticipated that the preferred supplier will be selected by mid-November 2020.

2.1.2 Interim Major Trauma Centre (MTC) Works

2.1.2a The contractor recommenced as planned, 27th July 2020, and it is anticipated that the works will be complete at the end of September 2020. The Clinical Board have advised that the MTC 'go live' date is 14th September 2020, but as previously agreed the completion of the additional resus bay is not absolutely necessary at that time.

2.1.2b The VEAT notice has expired and confirmation from procurement that GE can be appointed to progress the design and fit out works is awaited.

2.1.3 Genomics Wales

2.1.3a As of 3rd August 2020, the cost plan based on the most recent floor plans and Schedule of Accommodation forecast £900k over budget. This is due to the deviation from the SOC scope of works to achieve the Schedule of Accommodation. The cost plan needs further evaluation against the proposed design and it may be necessary to reduce some of the accommodation requirements.

2.1.3b The SCP has raised concerns regarding the target dates for the market testing exercise and delivery of not to exceed construction costs.

2.1.3c With concern regarding the programme raised by both the SCP and the Genomics Programme Board, a meeting was held with WG capital colleagues to identify an acceptable process to enable the earlier submission of the FBC to avoid delay caused by the WG elections in May 2021. A number of options were considered, but as yet, no formal response has been received.

2.1.4 UHL CAVOC Replacement of Theatres

2.1.4a A meeting was held with WG colleagues to review the queries raised as part of the SOC scrutiny process. The scrutiny matrix has now been received which it is hoped will be completed and resubmitted, 21st August 2020.

2.1.4b Consideration had been given to developing the OBC at risk, however, the current position with the discretionary capital budget does not allow for

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this approach. ME have approved the cessation of the OBC work and agreed to wait until the SOC has been approved and funding can be drawn down.

2.1.5 Rookwood Relocation (CAC4)

2.1.5a The latest Project Managers report 19 is predicting a funding shortfall of £856,461k should all Project Issue Forms (Client Variations) which are currently pending, be approved.

The increase in costs is 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.

2.1.6 Cystic Fibrosis

2.1.6a The contractor has submitted a revised programme indicating completion, 24th December 2020. i.e. 4 weeks and 4 days behind the current programme. This is yet to be accepted by the project manager.

2.1.7 CRI Block 11 & 4, 2nd Floor Inc. DATT

2.1.7a To enable the DATT service to be relocated to a new modular building, instruction was required week commencing 3rd August 2020. The cost allowance in the BJC for the modular build was £355k, however, the tender submission for the supply and installation is £593k, some £238k over budget. This was as a result of additional accommodation requested to improve the service and address a number of their operational issues. Every effort has been made to mitigate the overspend which was originally circa £440k over budget. Instruction has been given to proceed on the basis that further savings can be made in both this area and that in Block 11 & 4 to mitigate this projected overspend.

2.1.7b During the reporting period, further asbestos contamination was found, requiring immediate attention, and an instruction issued to the value of £29.569k to progress these works.

2.1.7c Additional costs associated with COVID have been included in the latest cost report, and currently stand at £93k.

2.1.8 Radiopharmacy

2.1.8a As included in the paper to Management Executives, dated 3rd August 2020, the capital programme enables the UHB to complete the OBC and submit to WG at the end of September 2020 but there is insufficient funding available to progress the FBC. It was originally intended to continue the development of the FBC to mitigate the risk for the delivery of a new facility to satisfy the requirements of the MHRA.

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2.1.8b Based on the current preferred option and layout the anticipated project cost including fees, VAT, equipment and works is £13.4m.

2.1.9 UHL New Substation and Med Gases Upgrade

2.1.9a Planning permission for the new sub station has been received and the tenders for the works was issued 27th July 2020 and are due for return 4th September 2020. The reason for the long tender period being the complexity of the project and the current situation with some contractors still not operating at full capacity.

2.1.10 Green zones UHW

2.1.10a Phase 1 of the works is now 42 days behind programme as a result of staff remaining in the offices along the A2 stem corridor.

2.1.10b Phase 2 works have been completed with the exception of delivery of the lockers for the staff changing facilities.

2.1.10c Phase 3 works; asbestos surveys have been undertaken with the results pending. The contractor is due to commence works, 20th August 2020.

2.1.10d The end users have requested a further £98.5k of additional works which currently have no source of funding.

2.1.10e PTU C3 – Construction work commenced 27th July 2020 with the target date for completion being 14th September 2020. The anticipated cost of the works is £199k. The works have proceeded on the basis of an agreed plan, however, the clinical board lead has not formally signed off the plan as requested. Given the urgency of this project, it was essential that the works commenced as above or completion would not have been achieved.

2.1.11 Green zones UHL

2.1.11a Phase 1 all works are complete with the exception of late requests submitted by the operational team.

2.1.11b Phases 2, 3 & 4 works are proceeding, however, finalisation of the plans and specification for Phase 5 are being developed with the operational team.

2.1.11c £5k of additional works have been requested and awaiting approval

2.1.12 CRI SARC

2.1.12a The UHB are still awaiting further instruction from WG in respect of appointing an SCP to develop the Outline Business Case for the project.

2.1.12b Following discussions with partner organisations, two options have been prepared to improve the existing facilities at CRI and whilst neither will satisfy fully, the requirements for accreditation it is envisaged that the relevant body will accept either option as an interim solution pending the development of a new regional facility.

2.1.12c Budget costs for the two options have been received and issued to the project lead from Gwent Police.

2.1.13 Park View Wellbeing Hub

2.1.13a The UHB are in receipt of the 1:500 floor plans which have been signed off. However, revised masterplan drawings to include a facility for South Wales Police are being reviewed prior to discussion with the Local Authority.

2.1.13b A project lead has expressed concerns over the contractual approach of the SCP and their reluctance / resistance to provide advice. The Project Director intends to arrange a meeting with Keir's principle lead to discuss several issues of concern. An example of the Keir approach is their challenge to the Cardiff Council license required to undertake intrusive site investigation works. The identical license was used by another SCP with no issue raised.

2.1.13c Management Executives have agreed at their meeting at the 3rd August 2020, to stand down the team at the end of the month (August 2020). This is as a result of the capital position within WG as no fees have been allocated to support the development of the OBC. The suspension will only be lifted when the funding is approved.

2.1.14 Penarth Wellbeing Hub (Decision)

2.1.14a Given the significant delay caused by the procrastination of the Vale of Glamorgan Council in relation to the land transfer and planning, it is recommended that the SCP be stood down with immediate effect to mitigate any further expenditure on the scheme.

2.1.15 UHW Mortuary

2.1.15a The letter confirming that the District Coroner will not be progressing with a Super Mortuary has now been received and the Clinical Board have requested a meeting to discuss progressing a co-managed centralised mortuary.

2.1.16 UHW Theatre 0 and Sterile Store

2.1.16a The annual validation reports have identified non compliance with the ventilation plant in this area. The Health Technical Memorandum (HTM) requires that the plant serving a theatre is separate from other areas, which is not situation in this instance, a new plant is therefore required.

2.1.16b The design for the new ventilation system is being progressed to a point at which it will be ready to issue to tender. However, the works could not progress until the Green zone separation was no longer required.

2.1.17 Maternity Air Plant

2.1.17a The latest validation report confirms the plant is end of its useful life and its performance is variable as it is difficult to maintain the required flow rates. A design has been completed and a tendering exercise undertaken, however, there is no funding support to progress the scheme (£407.5k)

2.1.18 Mortuary Roof UHL

2.1.18a The tender will be issued in August 2020 for these works which have been long awaited and caused significant problems to the service. It is anticipated that the works would commence in September 2020. The use of the mortuary capacity will be much needed in the event of a second wave of COVID19.

2.1.19 CRI Out of Hours Call Centre

2.1.19a The performance of the contractor leading to delays of the scheme was particularly disappointing towards the end of the contract. However, the scheme was progressed sufficiently to allow the CAV 24/7 service to be operational as planned 5th August 2020.

2.1.19b Additional works were requested late in the programme which PCIC advised had a funding source. The works were progressed in good faith and we await confirmation of the aforementioned funding.

2.1.20 Pembroke House Refurbishment

2.1.20a As part of the commitment to the LNC and following completion of the bathroom refurbishment works to Carmarthen House, similar works were programmed to be undertaken in Pembroke House. This has now been put on hold until 2021/22 as a result of the lack of availability of capital funding (£280k).

2.1.21 UHW HCID

2.1.21a Since completion of the facility, CEF have received requests from various users for additional works. These items are being worked up to enable a cost to be provided which will then need approval from CMG.

2.1.22 CRI Site Redevelopment Business Case (Inc. Safeguarding works)

2.1.22a The capital programme allows for the development of the scheme up to OBC submission which is due to be complete in January 2021. No further work will be undertaken on the scheme until WG approval is received.

2.1.22b The FBC associated with the above for the safeguarding works is due for submission in February 2021, following which, no further work will be undertaken until WG approval is received.

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3.0 CAPITAL DEVELOPMENT MATRIX								05/08/2020
Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.1	CP076	Academic Avenue Development (AAD) Provision of; *No.8 Operating Theatres (2 decant) *Haematology Ward & Day Unit *Polytrauma Ward and Space for Advanced Cell Therapy	PBC	SOC Capital Cost £131.5m	PBC submitted to WG Jan 2020	ON HOLD AS PBC AS INSTRUCTED BY WELSH GOVERNMENT		CLOSED
a		PHASE 1 UHW Vascular Hybrid Theatre & MTC Theatres Development of a Vascular Hybrid Theatre to support the Vascular Network Clinical Model. In addition the development of a Theatre to support the MTC Service.	OBC Development	Circa. £34m inc. equipment	OBC Submission to WG Sept 2020 Commence advanced works on site Dec 2020 Place order for Specialist Equipment (20wk lead) Nov 2020 FBC Submission to WG Feb 2021 Construction completion 29th November 2021 ** Presuming we continue FBC development whilst OBC is in scrutiny and no major issues with planning	R	Awaiting costs for advanced activities. The current forecasted SCP costs for the production of the OBC is £0.55m. This excludes both the PM and CA fees.	The UHB have received the planning application pack for review prior to submission.
1.2	CP021	PHASE 2 Haematology Ward & Day Unit To include Blood & Marrow Transplant Facilities Advanced Cell Therapy Provision of Advanced Cell Therapy is included in the Haematology Facility Development Polytrauma Ward Accommodation for the provision of a polytrauma ward for the new Major Trauma Centre development	SOC			R ON HOLD		
1.3	CP045	UHW Theatre Refurbishment and Decant Following the completion of Theatres in item 1, remaining theatres to be refurbished (2 at a time)	Preparation of SOC Dec 2020	£10-£15m Estimated	SOC Submission to WG June 2021 (May 2021) OBC Submission to WG April 2022 FBC Submission to WG March 2023	G		

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.4	Interim Major Trauma Centre (MTC) Works Interim Major Trauma Centre works to include; Reconfiguration of A3 Link to provide Polytrauma Ward (to Level 1 beds) and Provision of Paediatric Resus in A&E to free up Adult space in existing Resus Area.							
a	CP072	Emergency Resus Reconfiguration Free up additional beds for adult resus	Construction	£462k overall	Anticipated date to recommence works on site 27/07/2020 Construction Completion 30th Sept 2020	A	Potential additional cost associated with COVID related social distancing.	As previously agreed the delivery of the resus bay does not impact upon the ability for MTC to go live on 14th September 2020
b		CT Scanner	Pre-Construction	£1.5m	Awaiting programme following appointment of GE	R	VEAT notice expired, awaiting confirmation from procurement of progress with placing instruction for GE to progress the design and fit out works	
1.5		Genomics (GPW) Development of a Genomic & Public Health Wales facility.	OBC Development	£8m	OBC submission to WG Sept 2020 FBC submission to WG March 2021	R	Current cost plan is unaffordable. Design team are reviewing the proposed layouts in order to reduce cost and prove value for money.	UHB met with WG Capital colleagues and scheme project manager to consider options to reduce the programme. This would require acceptance by WG of reduced design and market testing and greater risk associated with the cost within the FBC.
1.6	CP049	Sustainable Transport Hub Including; Bus Hub, Cycle Hub and repair centre, Aroma outlet and seating area. Pedestrian safety access from the 1st floor of the multistorey car park. Green wall.	BJC - Adcuris	£3.6m	BJC Submission to WG Sept 2020 (April 2020)	ON HOLD R		
1.7	CP041	Provision of 2 New Theatres in CAVOC & 22 Bed decant Reconfiguration of CAVOC and Bethan Ward	BJC	£11m	OBC Submission to WG TBA FBC Submission to WG TBA	A	The costs within the SOC are being challenged by NWSSP SES as part of the scrutiny process.	The UHB have recently received the scrutiny grid following a meeting with WG colleagues and are in the process of gathering our responses.
1.8	CP053	Reprovision of Specialist Neuro & Spinal Rehabilitation and Clinical Gerontology Services Project Team Rookwood relocation to UHL, CRI & St Davids	Construction Phase	£31m	Current contract completion date 15th March 2021 (including CRI Bld 11 &4) Rookwood at UHL completion scheduled 15th February 2021	R	The cost advisor is reporting a funding shortfall of £844,00.00 (June 2020 report) At the request of the UHB, Imagile are reviewing their previously issued costs due to time lapse.	The revised timescale result in the works to the Rookwood Gym and the post grad building at UHL being undertaken in 2021/22.

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.9	CP025	Upgrading of Cystic Fibrosis Facilities Including additional capacity to accommodate growth in demand, as well as environmental improvements	Construction	£3.5m	Revised Construction completion 24/12/2020	R	The PM has reported that there is a significant risk of a shortfall in funding, should WG not support the additional costs associated with the COVID19 implications.	The retention of the existing CF outpatients area for special infection patients remains to be determined.
1.10		MRI Fit out Rooms 1&2 Part of Neonatal scheme	Commissioning	£1.13m	Training of 3T and 1.5T completed 29/06/2020 as scheduled Commissioning to be revisited by Pharmacist 03/07/2020.			COMPLETE
1.11		MRI Fit out Room 3 Part of Neonatal scheme	Construction	£4.5m £34k overbudget	Delivery 18/08/2020 Commissioning and training 08/10/2020	G		
1.12		CRI Block 11 & 4; 2nd Floor (Inc. DATT) 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	Construction completion March 2021 (DATT November)	R	Cost of the modular building is significantly more than was included in the approved BIC funding. To ensure the programme is kept to relocate DATT, instruction has been given to progress on the basis that cost recovery will be identified.	
1.13		R&D Facility at UHW Joint Research and Development Facility UHB & Cardiff University 2nd Floor Lakeside Offices	Tender	£700k (£350 jointly funded)	Tender return 27/07/2020 Construction commencement - August 2020 Complete October 2020	A	The area identified for construction is currently being used by procurement and IM&T for the storage of equipment	
1.14	DC18044	Radiopharmacy MHRA inspection undertaken 25-26 July 2019. Interim plans are being discussed to satisfy MHRA findings. Formal inspection report expected mid August. Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes	BJC	£9.5m	BJC submission to WG Sept 2020	R	Initial cost submitted by SCP is unaffordable and needs to be reviewed. The UHB have agreed not to continue with the FBC whilst scrutiny is ongoing with WG, as it has not funding available within the discretionary capital programme.	

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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	£4m (£175k in year spend)	Tender pack 20/07/2020 Tender issue 27/07/2020 Tender return September 2020	R	Single source of failure, electrical supply.	N.G Bailey withdrew from tendering process alternative to be agreed
2.2	CP068 DC18037	Refurbishment of Mortuary	On Hold	£1.6m-£2m		R	On hold awaiting confirmation of funding to develop the BJC	The letter from the coroner confirming they are not progressing the super mortuary has been received.
2.3 OTHER SCHEMES								
a		Green Zone UHW	Construction	£1.5m	Phase 1 Planned Completion 10/08/2020 Phase 2 planned completion 03/08/2020 Phase 3 Planned completion 02/10/2020	R	The release of stem corridor A2 has not been completed. We are awaiting offices to move. Currently 37 days behind programme (31/07/2020) * delay to commencement of phase 3 works awaiting approval of capital spend.	Requests for £98k additional works which will require final costing and approval.
b		Green Zone UHL	Construction	£1m	Phases 2 planned completion 07/08/2020 Phase 3 planned completion 21/08/2020 Phase 4 planned completion 21/08/2020 Phase 5 Planned completion - to be advised	R	Phase 2:- delayed by 20 days Phase 3:- delayed by 20 days Phase 4:- delayed by 5 days Phase 5 - no proposed dates as not in original programme	Phase 5 broad requirements received 22/07/2020. Initial evaluation suggests a cost of circa £0.500m and a timescale of 3 to 4 months
c		Rainbow Ward Desk top budget exercise £600k	Tender	Funded by Kidney Research Wales (£600k)	Tender issue week commencing 03/08/2020 Tender return September 2020	G		
d		UHW Dementia / Integrated Care Facility/ Ambulatory Care / C1 Corridor	Construction	ICF funding received £100k (Scheme will be more due to Amb care (£359k))	Recommence construction anticipated 29/06/2020 Completion Early September 2020	G		

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
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		£200,684k inc VAT	Construction Commencement 17/08/2020 Phase 1 Delivery date of RO plant scheduled mid-September 2020 Completion November 2020	A	Delivery date for plant is being affected by manufacturing delays caused by COVID19	
h		Lift electrical supply upgrade scheme 8 lifts scheduled in the upgrade scheme. 2 units completed to date.	Phased Construction	£214k	Anticipated completion August 2020	G		
i		Western Services Building	Construction	£82k	Re-commenced on site 01/07/2020 Anticipated completion End of August 2020	A	Potential overspend. List of requirements for treatment room being developed for consideration.	Additional works requested but no funding available. The works appear to be non essential and were not included in the original brief
j		UHL Mortuary Roof	Tender	£75k	Issue of Tender August 2020 Construction commencement September 2020	R	Additional mortuary capacity required in the event of second wave of COVID19	
k		Riverside Roof	Construction	£700k	Construction commenced 02/03/2020 Anticipated completion Sept 2020	G		
l		Out of Hours callcentre - CRI Block 12	Construction	£168k (+ extras)	Complete	R	Additional works have been requested for the 111 entry area and incorporated in the scheme on the understanding that PCIC were contributing from the set up costs provided by WG.	The performance of the contractor has been extremely disappointing which has lead to delays to the scheme. However, the scheme has been sufficiently progressed to allow the service to commence on 5th August 2020.

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
m		Medical Physics Room (Leak)	Construction	£87k + VAT	Completion scheduled August 2020	A		
n		Carmarthan House Bathrooms	Construction	£221K	Completion End of August 2020	A		
o		Pembroke House Refurbishment	Design	£280k	Programme TBC	R	No funding identified	
p		Transformation Showcase Labs, Enabling works. Unit 4	Construction	Est. £120k	Asbestos removal commenced 03/08/20 Roof work scheduled to commence August 2020	R	Local Authority Building control have requested a higher spec roofing product than is required for a light industrial unit and has a cost of £10k above budget.	The lease has been agreed.
q		Dental Riser - Electrical Works	BJC	£1-£1.5m	Programme TBC	A		UHB to discuss with WG availability of capital to support this project.
r		Ward 6 Refurbishment	On Hold			A	On hold due to COVID19 moves	
s		Linen Room (off tunnels)	Construction	£50K	Construction completion end of August 2020	A		
t		C4 Day Room	Design	£20k	Tender pack development		Unable to progress works due to COVID	CLOSED
u		UHW Switch Board Refurbishment of Area	Design	£60k	Tender issue Sept 2020 Start on site TBC	A		
v		UHW Training Rooms for Facilities Centre of Excellence	Tender	£100k	Tender issue September 2020	A		
w		UHW Bed Store Tunnels	Construction	£145k	Construction completion September 2020	G		

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
X		Microbiology Lab Toilets	Construction	£160k	Re-commenced on site July 2020 Construction completion End of August 2020	G		UHL Complete - UHW still in construction
Y		HCID unit	Construction	£7.5m	Completed	R	The users are requesting additional works which will need costing and approval	Some snagging is ongoing.
Z		Concourse Stairs	On Hold			ON HOLD R		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
aa		Lift 3 Refurbishment	Construction	£151k	Completion mid October 2020	R		
bb		Linden House	Feasibility			G		
cc		Ward C3 for interim PTU Medical Gases Electrical Installation Building Alterations	Construction	£71,290 inc.VAT £67k est. £61k est.	Commenced Tender return 03/08/2020 Negotiating with framework contractor	R	Requested completion date for operation 14/09/2020 will be extremely challenging	

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Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
3.1	SHAPING OUR FUTURE WELLBEING (SOFW) Health and Wellbeing Centres							
a	CP056	CRI SARC Redevelopment	OBC	£10-12M		ON HOLD WG INSTRUCTION	Delays to the appointment of SCP	Welsh Governmnet approval to progress the appointment of the SCP is awaited
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 07/01/2020	G		
c	CP060	Wellbeing Hub @ Park View	OBC	£16-£20m	OBC Submission to WG Mar 2021	R	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.	
d	CP058	Wellbeing Hub @ Penarth	FBC	£11.553m (£1.8m over budget) (£6m)	Anticipated FBC Submission to WG December 2020 Construction Phase Apr 2021 - March 2022	R	Awaiting formal response from VoG following correspondance issued by the Executive Director of planning.	Decision needed by CMG / ME to stand down the SCP and professional advisors until agreement of the direction of travel.
e	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	G		The FBC has been approved by the UHB Board for submission to WG
3.2		CRI Redevelopment Scheme - Overall Site	OBC	£93m	OBC Submission to WG Jan 2021	R	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 until WG approval.	
a		CRI Safeguarding works	FBC		Submit FBC to WG - Feb 2021	R	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	
3.3	In Our Community Programme LDP growth and opportunity to develop Wellbeing Centres within; Cardiff West (Plasdwr) North Cardiff (Whitchurch) Vale (Barry)							
a		Wellbeing Hub @ Plasdwr Discussions ongoing			Timeline to be confirmed			Included in 2nd Tranche of SOFW:IOC PBC

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
4.1 IMTP SCHEMES								
a		UHL Endoscopy Expansion Interim solution fast tracked to respond to COVID						
b		HASU 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.						
c		Paeds EU Interim Clinical Space Improvements 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						
d		CHfW Short Stay Unit In discussion with the Clinical Board this development would support the interim solution for Paediatric EU services and requires minimal capital investment						
e		PACU UHW (A3 Link) 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.						
f		Rheumatology Day Unit 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
g		Immunology Infusion Facilities						
h		Polytrauma Unit A4 Remodelling of ward A4 to provide Polytrauma Unit to support MTC						
4.2 COVID								
a		Alternative surge capacity to DHH To replace the Dragon's Heart Field Hospital Facility with an alternative medium-term 400 bed surge facility - from 31/10/20						
b		Additional Bodystore capacity - Urgent modular/flexible capacity for 75 additional spaces						
c		Further Green IP capacity @ UHW - Phase 2 Level 4 - A Block & ? Surgical SAU						
d		Further Green IP capacity @ UHL - Phase 2 Reprovide breast surgery capacity and Orthopaedic clinics.						
e		Twin modular sustainable theatre - Ophthalmology Capacity to provide green surgical capacity to deliver cataract surgery						
f		Special Infections Unit clinic capacity (Cystic Fibrosis) 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
g		Alternative OP & treatment clinic capacity e.g. Ortho UHL, Medical Retina Clinic capacity to assess and treat vulnerable patients						
h		Capacity impact of supporting ongoing regional collaborative support Vascular surgery, IR, Upper GI, OMF, Cochlear implants						
4.3 Post COVID								
a		Reprovision of Fracture clinic @ UHW Reversible service priority post COVID (dependant on SPOE scheme below)						
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

The UHB have received the following letter of approval of funding from Welsh Government within the reporting month. An extract of the letter is provided below.

- **Award of Funding to Cardiff and Vale University Health Board in respect of the COVID – 19 Funding requirements for 2020-21 (Tranche 2 – July 2020)**

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



Llywodraeth Cymru
Welsh Government

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

Our Ref: VW/ME COVID 19 (2020-21)
Date: 31st July 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 2 – July 2020).

1. Award of Funding

- We are pleased to inform you that funding of up to £3,916,000 (Three Million, Nine Hundred and Sixteen Thousand Pounds) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).
- 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.
- 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

- 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.
- You must comply with the European Commission's State Aid Rules.

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Field Hospital (list each)	Tranche 2 £m
DHH Equipment	2.204
TOTAL	2.204
Non-Field Hospital developments (by site)	£m
Physio 35 beds UHW	0.775
Infill Between Wards 4 & 6 UHL	0.937
TOTAL	1.712
	3.916



C&V - Tranche
2.xlsx

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5.0 Estate Compliance

5.1 Estate Compliance Report

The purpose of the report is to provide the Capital Management Group with a summary on the current status of the Estate Compliance Programme. In addition the report will identify key issues for which approval will be Required. Note £600k reduction in budget due to Covid 19 Green/Amber Zones.

2020-21					
Category	Surveys	Revenue	Remedial Works	Other £m	Total £m
Mechanical Surveys	119,411				
Electrical Surveys	33,759				
Building Surveys	1,084				
Mechanical Estates Revenue		10,146			
Electrical Estates Revenue		0			
Building Estates Revenue		4,601			
Mechanical Approved Works			152,881		
Electrical Approved Works			3,874		
Building Approved Works			4,999		
Dedicated Team				200,000	
Asbestos Works (400k)				248,358	
Fees					
Other					3,641,000
Covid 19 Green & Amber Zone			-600,000		
Total Funding	1,200,000	841,000	300,000	700,000	3,041,000
Spend	154,254	14,747	161,754	448,358	779,113
Total Budget Available	1,045,746	826,253	138,246	251,642	2,261,887

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Statutory Compliance Progress

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

Summary of events since last report:-

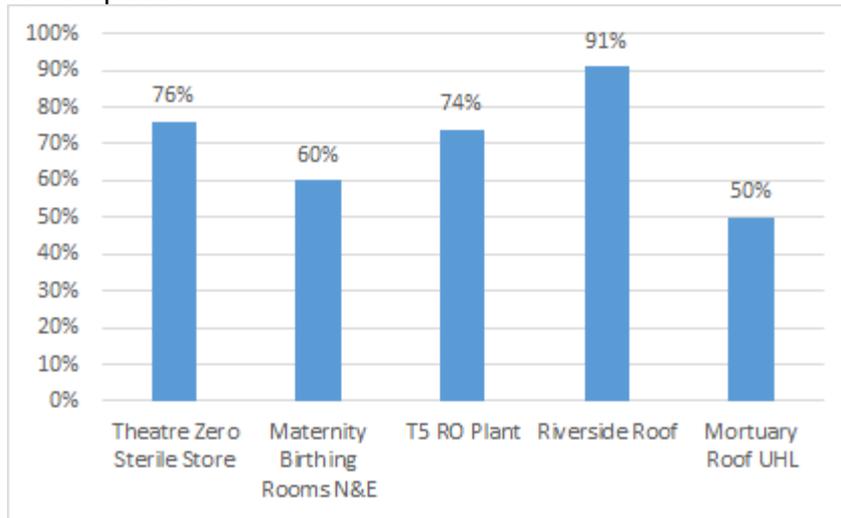
Steam Contract to commence Sept 2020.

Delay due to covid 19

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Schemes from Inspections

% Completion

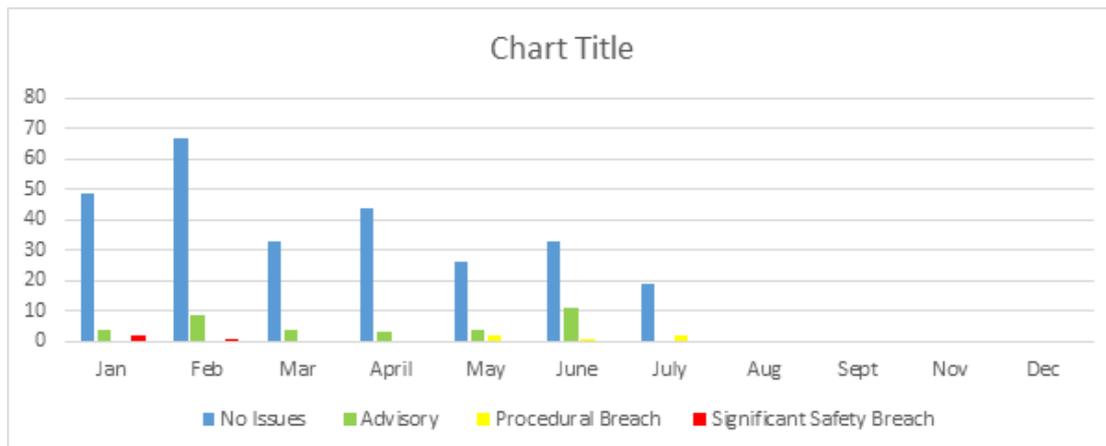


1. Theatre Zero Store:- Design, out to tender August
2. Maternity Birthing Pools:- Tendered awaiting go ahead
3. T5 RO Plant, On site, completion Sept
4. Riverside Roof:- On Site:- Completion Sept
5. Mortuary Roof UHL:- Design, out to tender August

5.2 Health & Safety

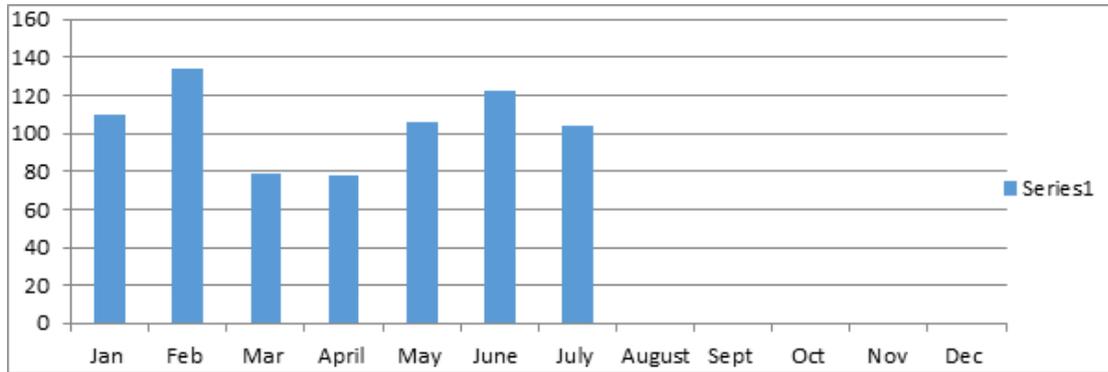
Contractor Control

The monitoring of contractors on site continued throughout July .There were 32 approaches made in July with 9 advisories.



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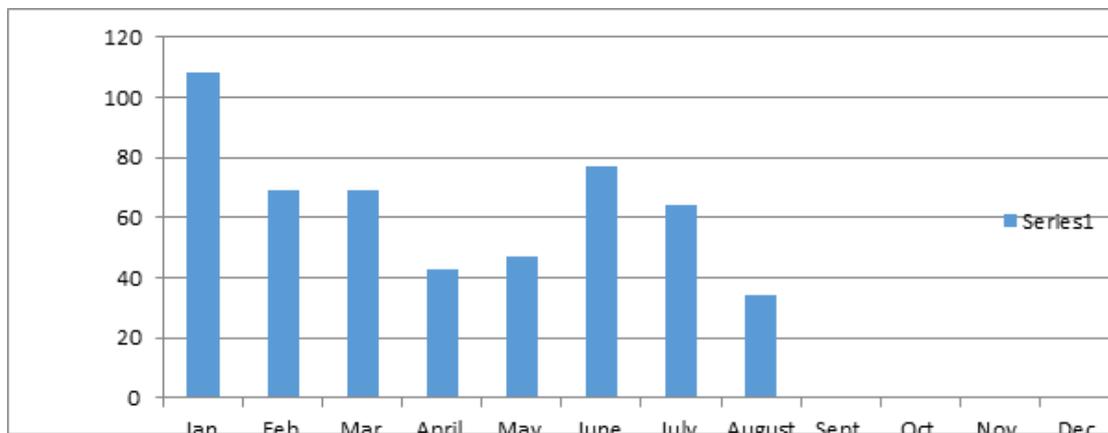
Contractors Currently On Site



There are 104 Contractors currently on the CAV Estates data base as of 12/08/2020.

Number of Inductions since January

There have been 64 inductions carried out in July, all inductions are currently being carried out remotely due to the covid 19 crisis. The total for 2020 currently stands at 477.



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Report Title:	APPENDIX 1: Capital Programme Financial Position					
Meeting:	Management Executives				Meeting Date:	03/08/2020
Status:	For Discussion		For Assurance		For Approval ✓	For Information
Lead Executive:	Executive Director of Finance					
Report Author (Title):	Director of Capital Estates and Facilities					

Background and current situation:

The purpose of this report is to provide the Management Executive with an update on the Health Boards capital programme and in particular, the financial position, including the risks associated with progressing a number of the schemes without Welsh Government (WG) funding support.

The latest capital resource limit (CRL) issued by WG, dated 9th June 2020, (Appendix 1) is £41.236m which includes £14.458m discretionary allocation and £26.668m of approved 'All Wales' capital funding. The UHB have no projects identified within the CRL as 'forecast capital projects without approved funding'.

The Capital Management Group (CMG) at their meeting of 20th July 2020, were presented with the capital programme financial report as included in Appendix 2, which identifies all schemes currently included therein. The programme includes annual commitments, schemes carried forward from 2019/20 which are in construction, statutory and mandatory estate compliance etc.

Within the CRL, an allocation of £11.004m has been included relating to a number of schemes which have been undertaken as part of the COVID19 response. The UHB have submitted requests for a further £4.212m to support a further four schemes related to the COVID19 response which are yet to receive funding. All four schemes have either been completed or are in construction development and include the creation of the green zone areas at both UHL & UHW, in addition to the provision of extra bed capacity at UHL & UHW.

As part of the COVID19 response the Clinical Boards have requested the development of a number of additional schemes. The Chief Operating Officer and Director of Finance have approved the funding for the works necessary to provide the temporary Polytrauma Unit in Ward C3 to support the Major Trauma Unit launch in September 2020. The cost of these works is circa £199k and will be an additional pressure on the capital programme.

The UHB have also approved the funding of new IT infrastructure for both UHL & UHW to support an innovation project which will provide a 5G link from the UHW theatre suite and Endoscopy theatres at both of the main sites. This technology will allow a direct link between these areas and smart devices which may be carried by the specialist consultants. The partnership between the UHB, Vodafone and Proximie is due to be launched in September 2020 and will place the UHB at the forefront of this technology. The UHB contribution to this project is £100k.

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Summary	£m	£m
Planned Expenditure	49.336	49.336
Approved CRL	41.236	41.236
Funding Shortfall	8.100	8.100
Committed Schemes with Anticipated WG Funding (Table 2)	(3.888)	(3.888)
Total Schemes with no WG funding identified (Table 1)		
Covid Schemes not funded (£2.699m)		
Other Schemes not funded (£1.513m)		(4.212)
Total Potential Funding Shortfall	4.212	0.000

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

- The UHB has benefited from a significant investment from WG to support its response to COVID19 in the sum of £11.004m.
- The UHB have a statutory obligation to remain within their capital resource limit at the end of the financial year. Without considerable WG funding support the discretionary capital programme would be significantly over committed.
- Should the UHB receive funding support for the Green Schemes etc. this would enable consideration to review the programme and agree funding allocations for those schemes put on hold.
- The reduction to backlog estates, medical equipment and IM&T is considered a high risk strategy given the significant level of backlog liability.
- The use of the Rookwood slippage monies as brokerage to support the discretionary capital programme would need to be agreed with WG and an allocation against the 2021/22 discretionary capital programme accepted.
- The reduction in the funding for Estate Compliance is a significant risk which will require careful consideration by the Board as many of these issues are statutory or mandatory requirements.

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

The capital programme is currently identifying an over commitment of £8.1m which comprises of the following:

Table 1

Committed Schemes with no funding support	£(m)
Green Zones UHL	1.1
Green Zones UHW	1.4
CRI Development	0.563 (up to OBC)
Park View Wellbeing Hub	0.450 (up to OBC)
Proximie	0.100
Radiopharmacy	0.400 (up to OBC)
C3 Ward	0.199
Subtotal	4.212

Table 2

Committed schemes support from WG anticipated	£(m)
Physio UHW 35 beds	0.775
16 beds UHL between East 4 & East 6	0.937
DHH Equipment costs	2.176
Subtotal	3.888

Whilst we have not received formal approval for the £3.888m identified in Table 2, discussions with WG colleagues suggests that these schemes will be supported. However, WG have also indicated that capital funding beyond this should be managed in the short term within the UHBs capital funding allocation. It is understood that the WG central capital budget is being reviewed. However, it is considered prudent that the UHB identify options to manage the current forecast overspend within their CRL to ensure that they meet their statutory obligations.

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. The table below provides an option to offset the £4.212m however there are risks that the UHB would need to consider and accept.

Table 3

Recovery Plan	£m	Risk / Comments	Risk Rating
Rookwood Relocation	0.590	Low risk, Programme slippage due to COVID19	L
Backlog IM&T	0.250	High risk; budget reduction of 50%. No spend committed to date	H
Backlog Medical Equipment	0.500	High risk; budget reduction of 50% of which committed spend to date £0.4m	H
Backlog Estates	0.500	High risk; budget reduction to 50% of which committed to date £0.491m	H
Reduction in Estate Compliance budget	0.450	Significant risk; through non-compliance with statutory and mandatory obligations	H
CAVOC	0.200	Medium risk; scheme has been in development for a number of years and remain one theatre down	M
Wellbeing Hub Park View	0.302	Low risk; Will stand down team at the end of August 2020 until the new financial year or WG agree funding to complete the OBC	L
Refit Energy Programme Disc. Cap. payback	0.270	Low risk; funding committed in 2019/20 payback	L
Refurbishment of Mortuary UHW	0.150	High risk; HTA report commitment to refurbishing existing facility, removal of funding would set back business case by 9 months	H
Upgrade Patient Facilities	0.325	Low risk; Funding included for adhoc improvement work to day room/toilets and general patient areas.	L
Emergency Contingency	0.500	High risk; included in programme for emergency works	H
Unallocated	0.176	Low risk; balancing off figure from committed projects	L
Total	4.213		

The implications of the above approach will impact on a number of key projects, including;

- The most significant risk associated with the above is the reduction in the Estates Compliance budget which includes statutory and mandatory inspections which are required to be undertaken on an annual basis to meet the UHB obligations.
- Development of the Business Case for the refurbishment / replacement of the existing Mortuary at UHW, which is subject to a 'Human Tissue Authority' (HTA) inspection report. Work to this project has been delayed whilst the UHB awaited the outcome of the District Coroners feasibility study to determine the viability of a Super Mortuary Facility for the region. It has now been confirmed that this will not progress and the UHB will therefore be required to meet the HTA requirements.
- Radiopharmacy: The programme allows for the development up to Outline Business Case

(OBC) and it was initially intended to continue at risk with the Full Business Case (FBC) whilst the OBC was being scrutinised by WG. The reasoning behind this was to reduce the overall programme as the current facility was deemed unsuitable for the delivery of the service by the 'Medicines and Healthcare products Regulatory Agency' (MHRA) at their last inspection and the UHB made a commitment to the MHRA for both improvements to the existing facility as an interim measure (which are complete) and the development of a Business Case and the delivery of a new facility within a specific time period.

- Park View Health and Wellbeing Hub: The Supply Chain Partner (SCP) is currently developing the OBC for submission to WG in March 2021 however, if we were to stand the team down at the end of August 2020 this would provide a saving of £0.302m for 2020/21. This would result in a seven month delay, unless WG approved funding in the interim to recommence the process.
- Pembroke House - Refurbishment of bathrooms: In agreement with the Local Negotiating Committee (LNC) the refurbishment works for Carmarthen House has been commenced and will complete within the next few weeks. It was intended that the works to Pembroke House would then continue at a cost of £0.28m, these works are not yet instructed and would contribute to the overall capital shortfall. The project would then be included in 2021/22 capital programme.

Management Executive are asked to:

APPROVE the proposal identified in table 3 accepting the associated risks with its implementation

REVIEW the programme as and when further funding support is identified by Welsh Government.

Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

Bricknell Helen
 09/16/2020 08:24:15

APPENDIX 2

Approved notes from the Welsh Government Capital Review Meeting are awaited.

Bricknell Helen
09/16/2020 08:24:15

Report Title:	KEY ORGANISATIONAL PERFORMANCE INDICATORS					
Meeting:	Strategy & Delivery Committee				Meeting Date:	15/09/20
Status:	For Discussion		For Assurance	√	For Approval	For Information
Lead Executive:	Chief Operating Officer					
Report Authors (Title):	Assistant Director of Operations (Performance)					

Background and current situation:

Cardiff and Vale University Health Board has faced unprecedented challenges as a result of the Covid-19 pandemic, which continue to have a direct impact upon capacity to deliver activity across planned and unplanned care.

The performance context timeline (Appendix 1) shows key events and timescales impacting on the delivery of services and performance management arrangements. From mid-March the focus of the Health Board switched to managing COVID-19 and maintaining essential services, in line with national guidance. At the same time, targets and monitoring arrangements were relaxed and publication of performance was suspended nationally. This largely remains the case but some data submissions to Welsh Government have subsequently been re-instated. Since early June the Health Board continues to develop its plans to restart services in line with national policy and in line with clinical need and urgency.

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

- Covid-19 has had an unprecedented impact, with resources reprioritised March 2020 onwards to manage Covid-19 and maintain essential services.
- As a result of the pandemic, Welsh Government have relaxed targets and monitoring arrangements and suspended the publication of performance nationally.
- Whilst the Health Board continues to monitor the position for key operational performance indicators, prioritisation of need and service delivery is based on clinical stratification rather than time-based targets. The overriding operating principle is the need to minimise harm, balancing risks across the system and the different types of harm.
- There is a similar picture in levels of demand and activity across unplanned and planned care, with both decreasing in March and rising again in April onwards, albeit it to lower levels than previously.
- The Health Board is currently implementing plans to recommence some routine services in line with Welsh Government guidance, whilst ensuring the organisation remains able to respond to further increases in Coronavirus demand.

Bricknell Helen
09/16/2020 08:24:15

Assessment and Risk Implications

Whilst this paper will provide the current position for the Health Board against key organisational performance indicators, it is important to note the overriding operating principle is the need to minimise harm. The national approach focuses on the four types of harms arising from the pandemic - harms from COVID itself; harm from overwhelmed NHS and social care system; harm from reduction in non-COVID activity; and harm from wider societal actions / lockdown. The Health Board's local operating framework is aligned to the national approach and is outlined in Appendix 2. Prioritisation of need and service delivery is based on clinical stratification rather than time-based targets.

The tables in Appendices 3 and 4 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 3)

Demand and activity for planned care fell significantly in March but has subsequently been recovering from April onwards, albeit it to lower levels than previously.

Whilst the overall **Referral to Treatment Times** waiting list volumes remain lower than at the end of March, July was the first month in 2020/21 where the overall size of the waiting list has increased. (June to July increase was 1,537 patients or 1.8%)

The volume of patients waiting over 36 weeks (breaches) has continued to increase. The July position is 22,128 patients waiting greater than 36 weeks. 62% of these are at new outpatient stage. **Diagnostic** and **therapies** waiting times both remain high but 8 week diagnostic breaches have reduced for 2 successive months to 9,534 in July and 14 week Therapy breaches have improved in July from the previous month to 1,892.

Referrals for patients with suspected **cancer** reduced over the initial period but have started to increase since April following a targeted communication campaign led by our GP Cancer Lead. As an essential service, the Health Board expedited treatments in March and we have maintained services throughout the period – with treatments in July now back at 100% of previous levels. In June, 97.1% of patients on a non-urgent suspected cancer pathway were seen and treated within 31 days of the date of decision to admit and 71.2% of patients on an urgent suspected cancer pathway were seen and treated within 62 days of referral.

The overall volume of patients waiting for a **follow-up outpatient appointment** reduced in June and July, although overall waiting times have deteriorated.

97% of patients waiting for **eye care** have an allocated health risk factor. 52% of patients categorised as highest risk (R1) are under or within 25% of their target date.

The percentage of **Mental Health** assessments undertaken within 28 days remains above the 80% target at 93.6% at the end of July. Performance was 80.6% for CAMHs at the end of July, which was a deterioration from previous 2 months. Part 1b (which measures the percentage of therapeutic interventions commenced within 28 days of referral) has improved for the fourth month in succession and is now 85.6%.

Bricknell Helen
09/16/2020 08:24:15

Unscheduled Care overview (Appendix 4)

Following a significant decrease in unscheduled care activity during March, attendances at our Emergency Unit department have increased since the end of April but remain at a lower level than previous years – e.g. EU attendances in July were 26% lower than the same period last year.

4 hour performance in our Emergency Unit fell to 80.6% at the end of July after 3 successive months over 91%. 12 hour delays in EU remain very low (9 in July). Over 1 hour delays due to Ambulance Handover increased in July to 131, but remain significantly low compared to previous years (July 2020 – 131 compared to July 2019 – 244).

The CAV 24/7 Phone First system launched on Wednesday 5 August. This is a new and innovative approach to how patients access urgent care, the main message being: phone first for urgent and out of hours care. We will be monitoring this new initiative to assess its effectiveness in the coming months.

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.

Bricknell Helen
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Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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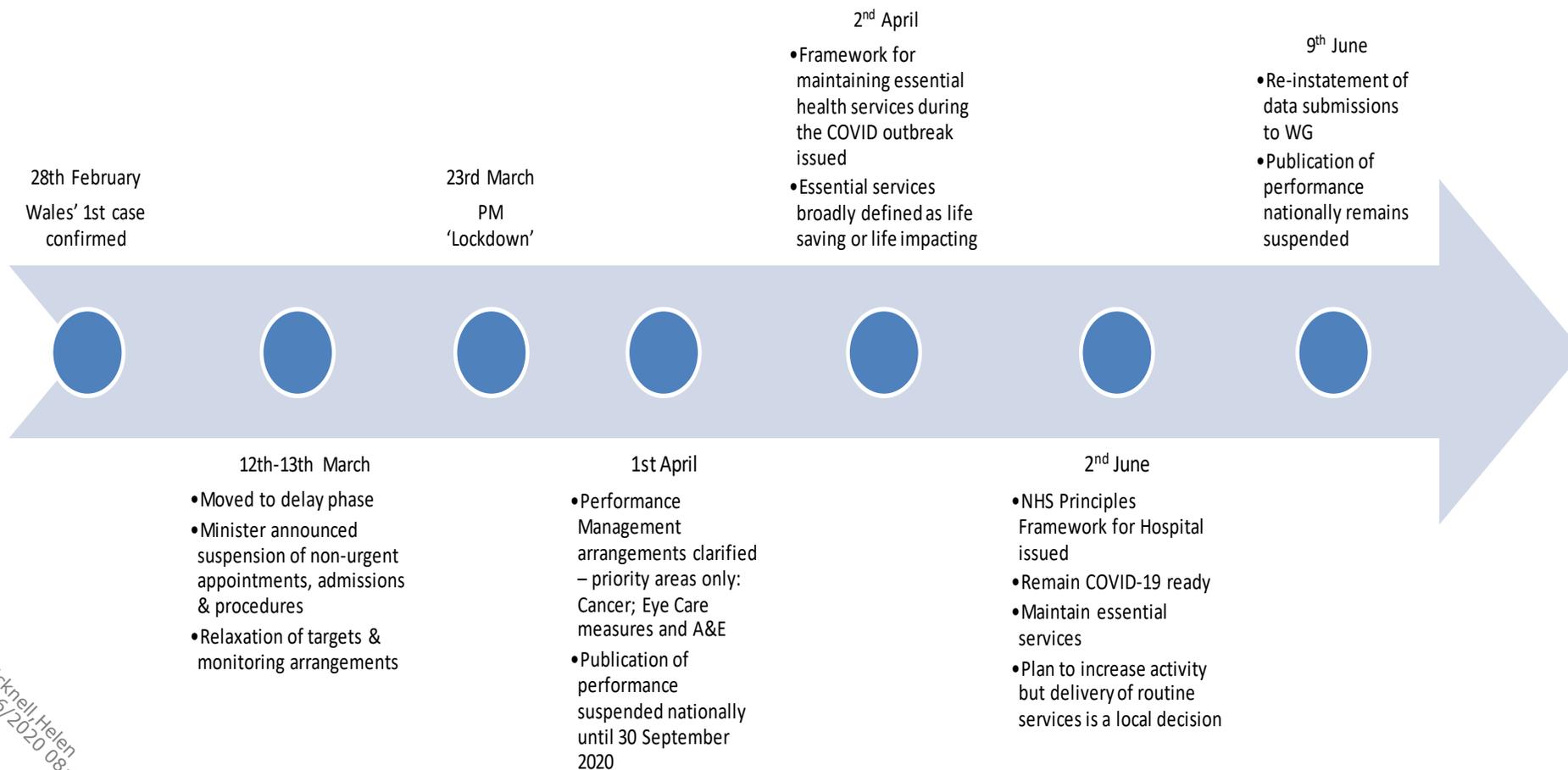
Kind and caring
Caredig a gojalon

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

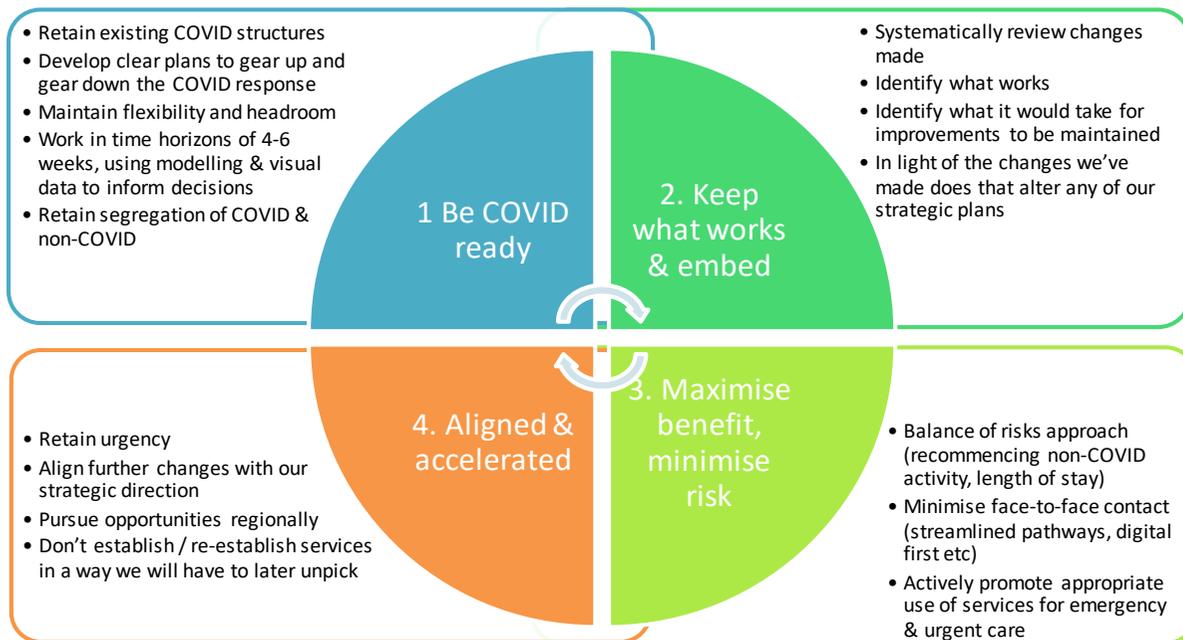
Performance context - timeline



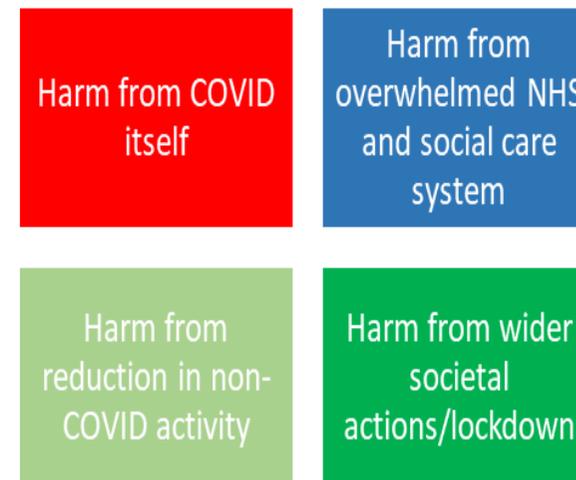
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Performance context: Operating Framework principles

Local:



National:



Bricknell, Helen
09/16/2020 08:24:15

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

2020/21		Mar	Apr	May	Jun	Jul
Planned Care						
RTT - 36 weeks (Target = 0)	20/21 Actual	3,515	7,330	11,814	16,622	22,129
RTT - 26 weeks (Target = 95%)	20/21 Actual	81.7%	74.1%	66.3%	60.9%	54.4%
Total Waiting list	20/21 Actual	87,579	85,287	85,611	85,269	86,806
Diagnostics > 8 weeks (Target = 0)	20/21 Actual	782	6,105	10,476	9,632	9,534
Therapies > 14 weeks (Target =0)	20/21 Actual	106	379	1,628	2,351	1,892
Cancer						
31 day NUSC cancer (Target = 98%)	20/21 Actual	97.5%	96.7%	100.0%	97.1%	n/a
62 day USC cancer (Target = 95%)	20/21 Actual	81.1%	75.3%	81.8%	71.2%	n/a
SCP - with suspensions (NB: Shadow Reporting Data)	20/21 Actual	79.0%	76.8%	79.0%	74.8%	n/a
Outpatient Follow Up						
OPFU - > 100% delayed (Target 53,391 by 31/3/21)	20/21 Actual	44,519	47,422	49,636	50,227	51,255
OPFU - No Target date (Target 95% compliance by 31/12/19)	20/21 Actual	98.3%	98.1%	98.0%	98.2%	98.1%
Total OPFU waiting list (Target 150,317 by 31/3/21)	20/21 Actual	185,964	178,822	175,161	173,556	172,700
Eye Care						
% R1 ophthalmology patients waiting within target date or within 25% beyond target date for OP appointment	20/21 Actual	66%	59%	54%	53%	52%
98% of patients to have an allocated HRF	20/21 Actual	98%	98%	98%	98%	97%
Mental Health						
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	20/21 Actual	63.4%	65.8%	94.8%	96.4%	93.6%
Part 1a: CAMHS only	20/21 Actual	76.7%	72.8%	88.9%	91.7%	80.6%
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	20/21 Actual	84.0%	77.0%	79.0%	80.6%	85.6%

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

2020/21		Mar	Apr	May	Jun	Jul
Unscheduled Care						
EU waits - 4 hours (95% target)	20/21 Actual - Monthly	84.8%	91.3%	91.4%	91.2%	80.6%
EU waits - > 12 hours (0 target)	20/21 Actual - Monthly	70	13	14	7	9
Ambulance handover > 1 hour (number)	20/21 Actual	255	97	45	51	131
Ambulance - 8 mins red call (65% target)	20/21 Actual	67%	75%	81%	79%	75%
Stroke						
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%
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%

Bricknell, Helen
09/16/2020 08:24:15

Report Title:	Key Workforce Indicators			
Meeting:	Strategy & Delivery Committee		Meeting Date:	15 September 2020
Status:	For Discussion	For Assurance	For Approval	For Information
Lead Executive:	Executive Director of Workforce & OD			
Report Author (Title):	Deputy Director of Workforce & OD/Workforce Information Manager			

Background and current situation:

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

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

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

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

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.

Bricknell Helen
09/16/2020 08:24:15

Other key performance indicators:

- Voluntary resignation trend is downward
- In month Sickness peaked significantly in April to 8.42% as expected, but is coming back down and was 5.15% in month during July. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff shielding)
- ER caseload trend continues downward and well within reasonable tolerance levels
- Statutory and Mandatory training compliance has remained static (many courses are valid for 2/3 years), however, we still remain off the overall target by approximately 10%.
- Fire is an exception to this trend, as it is required annually, it is showing a reduction in compliance at 61.06% for July
- M&D Job plan 12 month review compliance, as recorded in ESR, remains low as has been previously reported
- PADR (now Values Based Appraisal) has reduced and is significantly off target (40.78% in July)

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 has been procured and is being implemented over the next 6 months
- Values Based Appraisal Training is still being delivered and take up is excellent.

Bricknell Helen
09/16/2020 08:24:15

Recommendation:

The Board is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
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Five Ways of Working (Sustainable Development Principles) considered

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

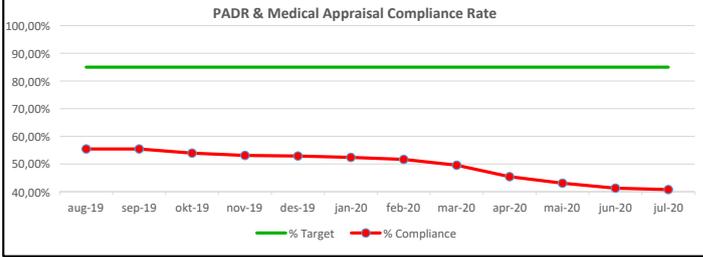
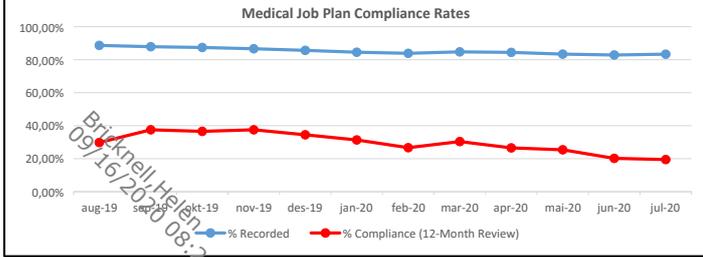
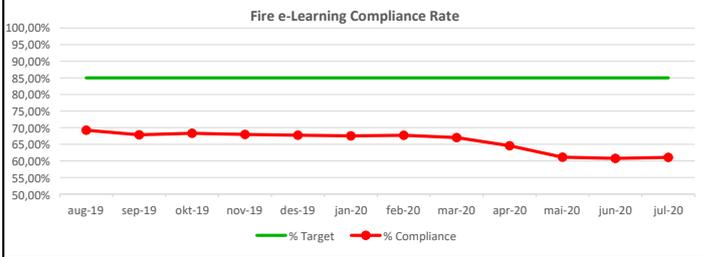
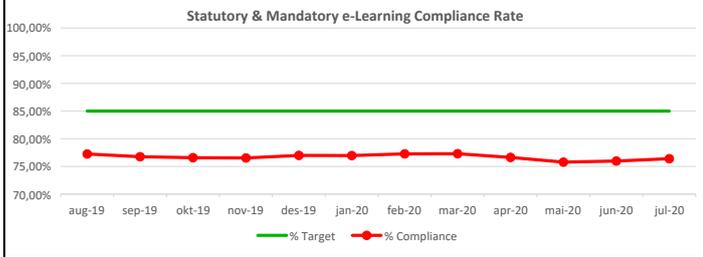
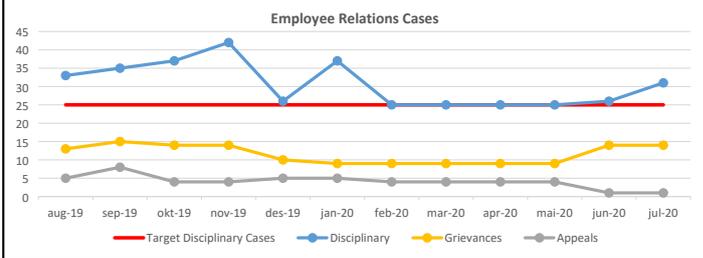
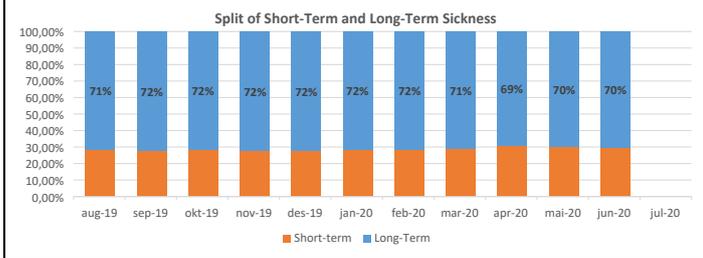
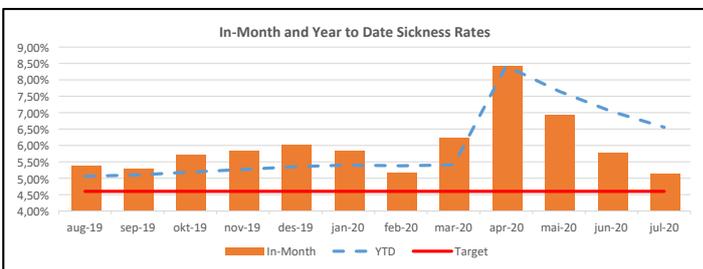
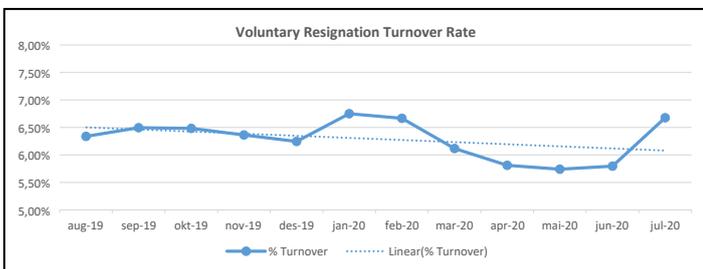
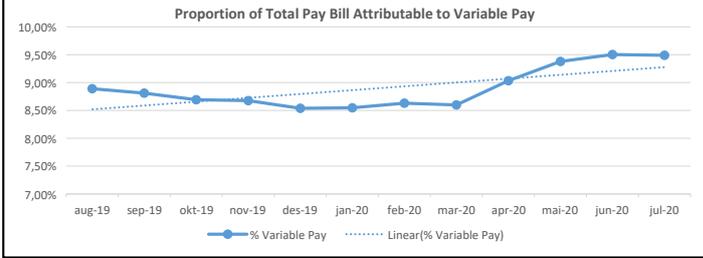
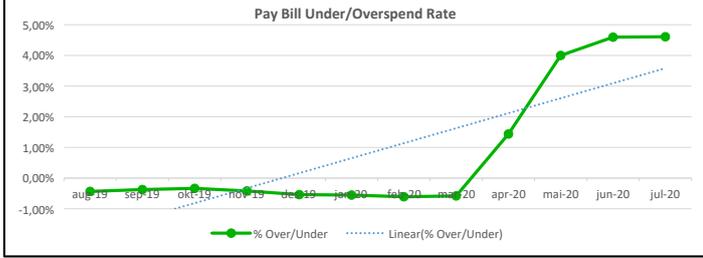
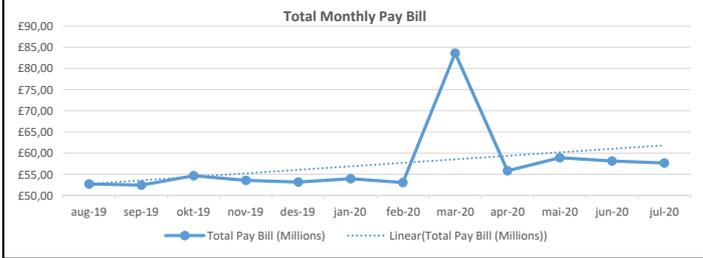
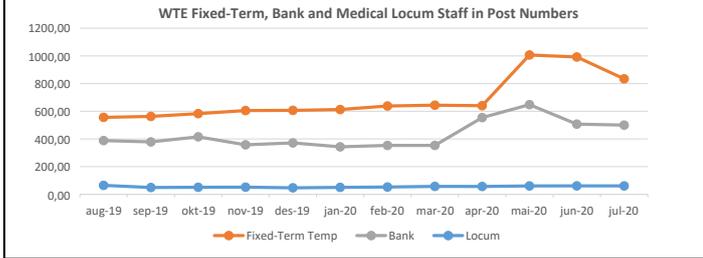
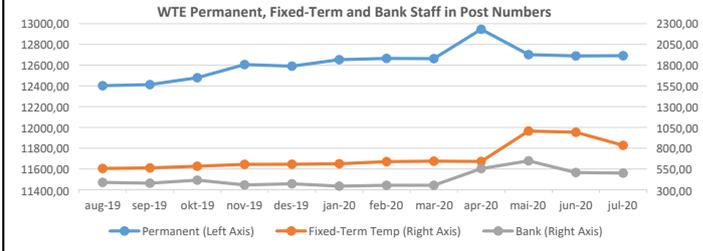
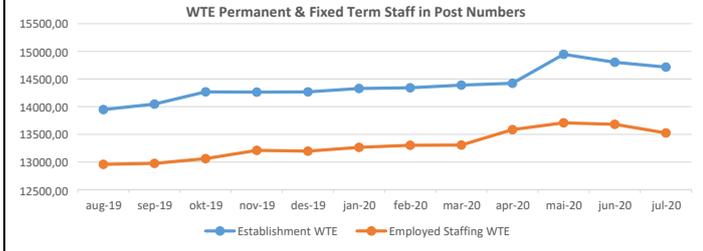
Prevention		Long term		Integration		Collaboration		Involvement	
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Equality and Health Impact Assessment Completed:

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



Workforce Key Performance Indicator Trends July 2020



Bridgette Helen
09/16/2020 08:24:15

Report Title:	Committee Effectiveness Review 2019-20 Results and Actions					
Meeting:	Strategy and Delivery Committee				Meeting Date:	15 Sep 20
Status:	For Discussion	x	For Assurance		For Approval	x For Information
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Corporate Governance					

SITUATION

It is good practice and good governance for Committees of the Board to undertake a self-assessment of their effectiveness on an annual basis, in line with the requirement of Standing Orders.

The questions in this year's self-assessment mirror those included in last year's review; they are key considerations in the Good Governance Handbook and this approach enables us to reflect on progress with last year's action plan. Survey Monkey was again used as a tool to gather the feedback.

ASSESSMENT

Attached at appendix 1 are the results for the Committee Effectiveness review undertaken by Committee Members in addition to the Executive Director Lead for the Committee. Overall the responses show that the Committee has maintained standards and achieved improvement in a number of aspects of Committee effectiveness since the last survey. Only one area saw a deterioration which is highlighted.

Attached at appendix 2 is a proposed action plan to improve the one area in which the results fell below 100%.

RECOMMENDATION

The Committee is asked to:

- Note the results of the Committee's self-assessment Effectiveness Review for 2019-20.
- Approve the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement.

Shaping our Future Wellbeing Strategic Objectives

The UHB objectives relevant to 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
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Five Ways of Working (Sustainable Development Principles) considered

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

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Kind and caring
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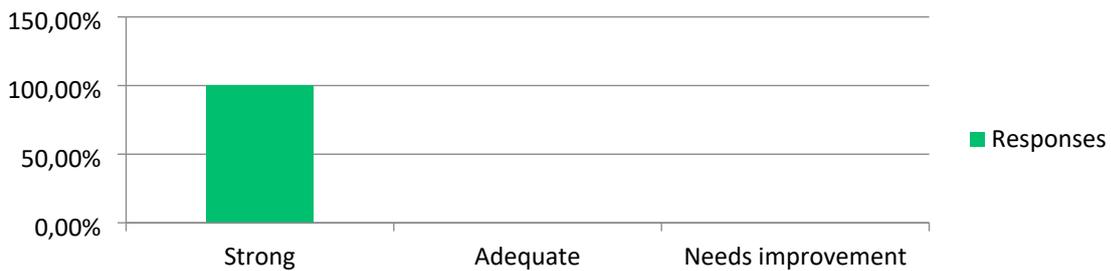
Respectful
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Trust and integrity
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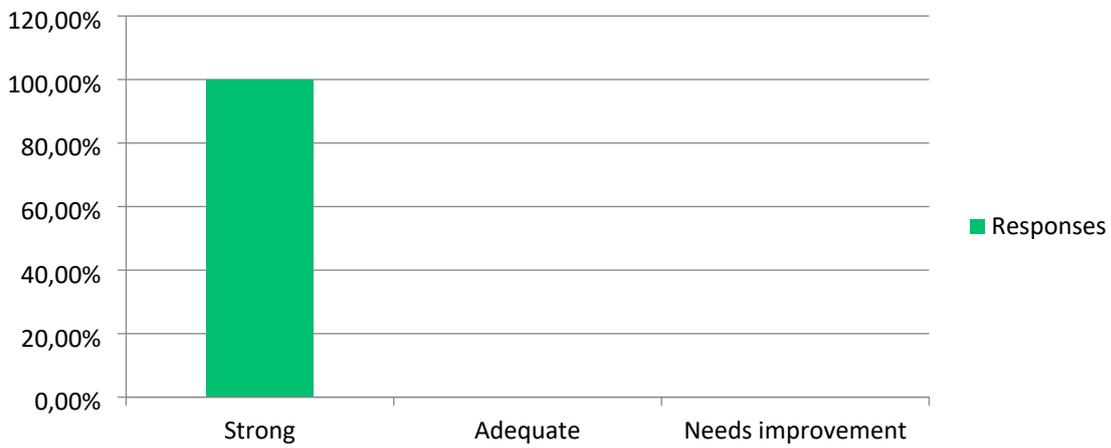
Personal responsibility
Cyfrifoldeb personol



The Strategy and Delivery Committee Terms of Reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board. NH

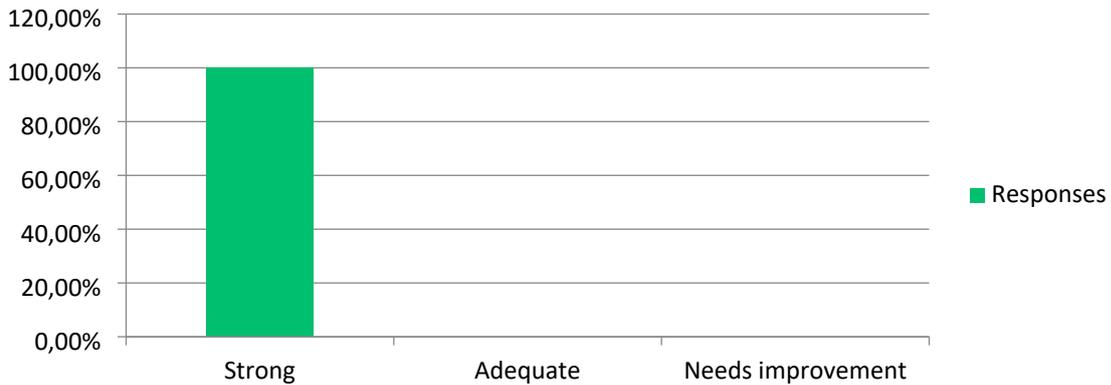


The board was active in its consideration of Strategy and Delivery Committee composition. NHS Handbook status: 2 - should do

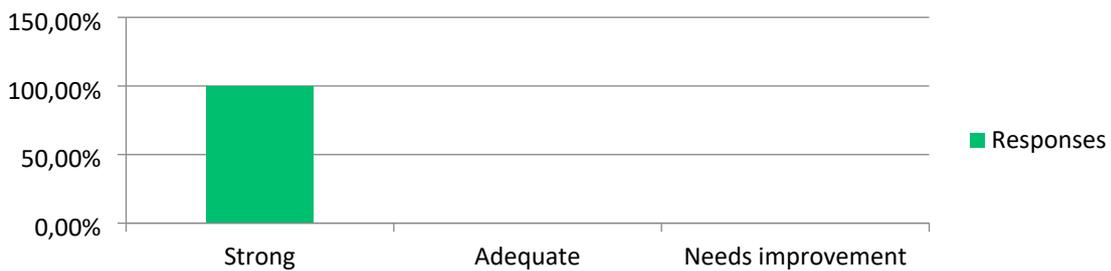


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The Strategy and Delivery Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.



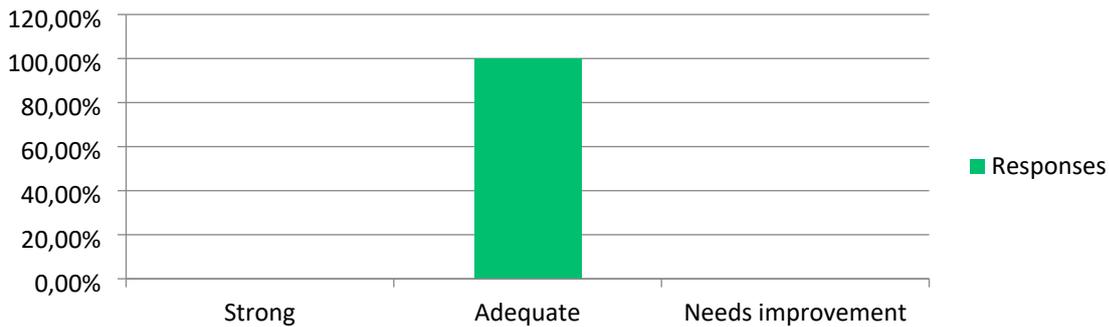
The Strategy and Delivery Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible aft



*Improvement on last year's position where 100% responded Adequate.

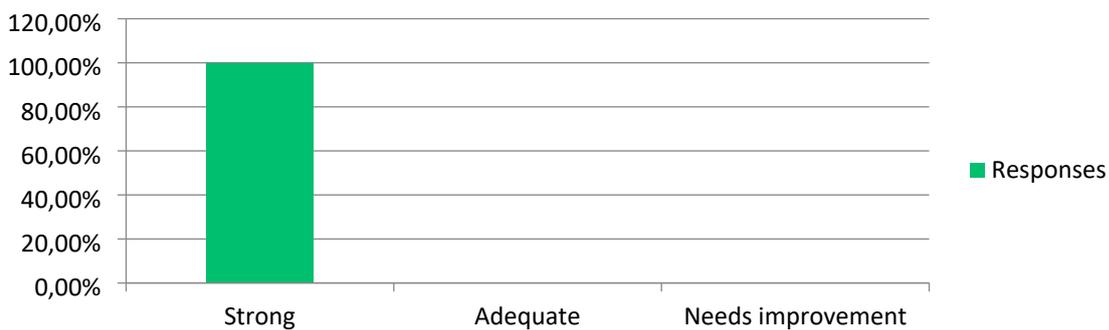
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Strategy and Delivery Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the Committee’s responsibilities. NHS Handbook status:



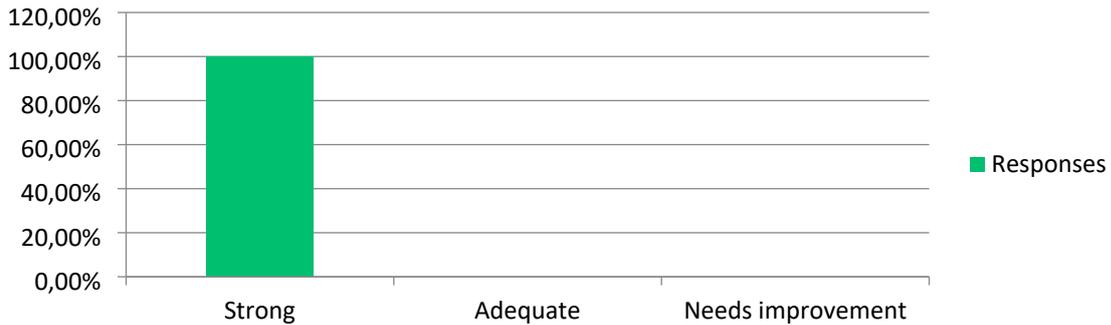
*A deterioration on last year’s position where 50% responded Strong and 50% Adequate.

Appropriate internal or external support and resources are available to the Strategy and Delivery Committee and it has sufficient membership and authority to perform its role effectively. NHS Handbook status: 1 - must do

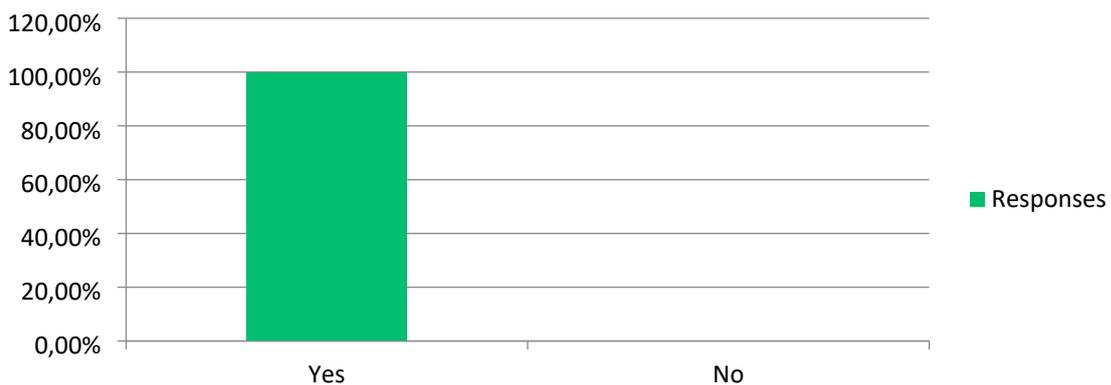


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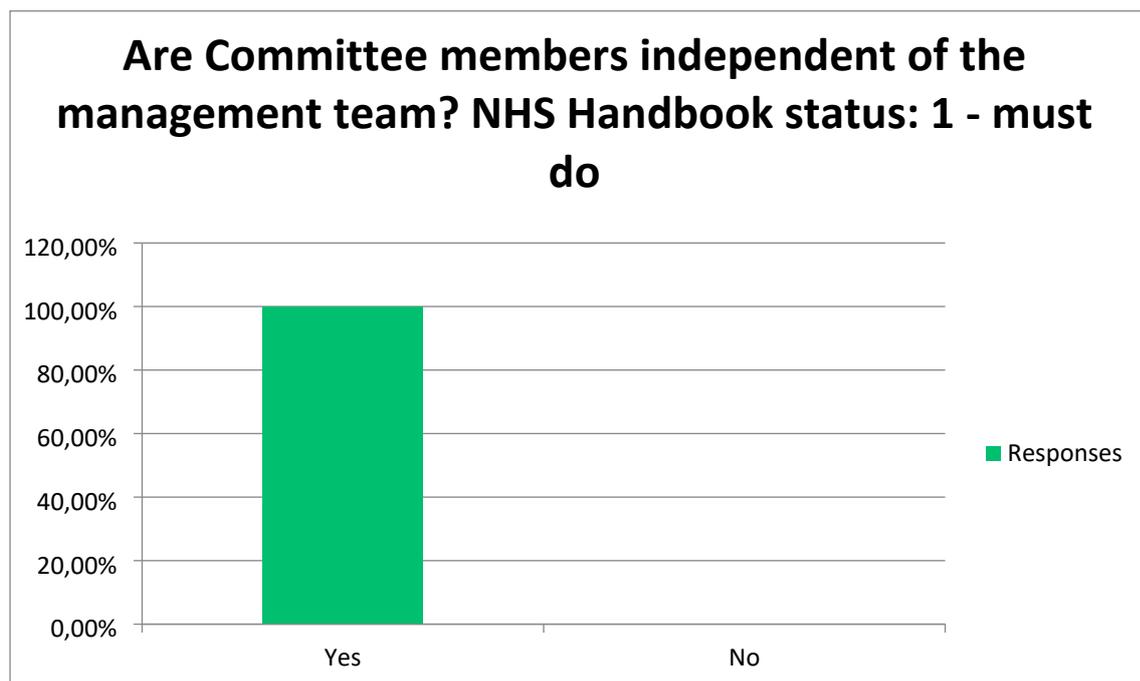
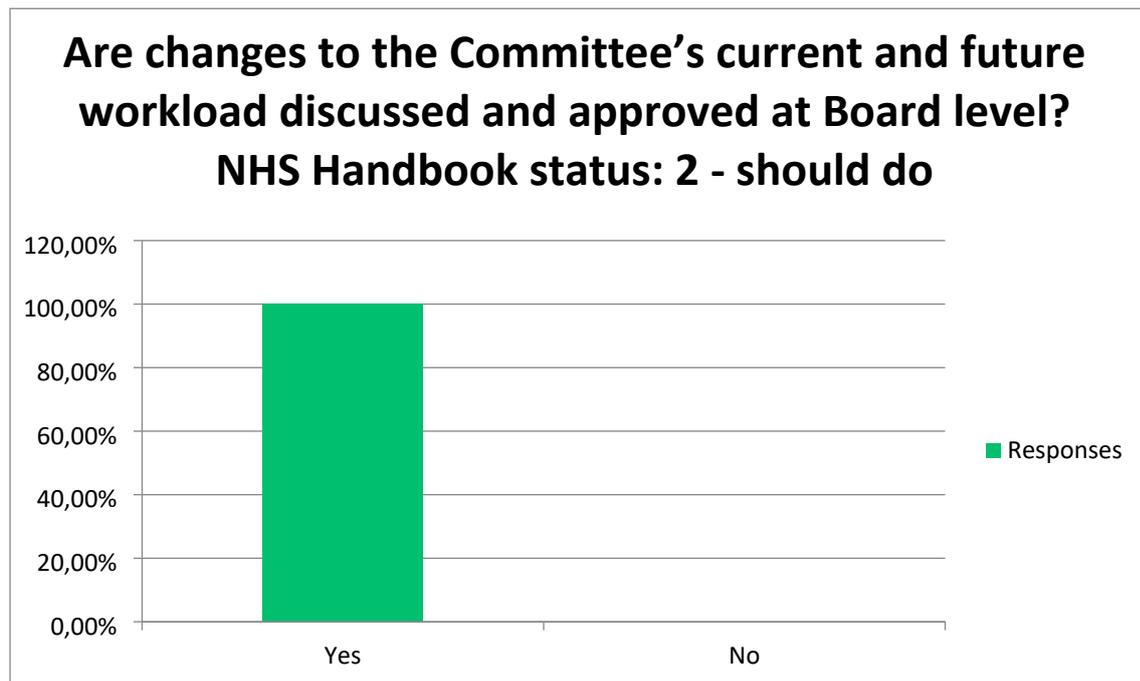
The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other Committees. NHS Handbook status: 2 - should do



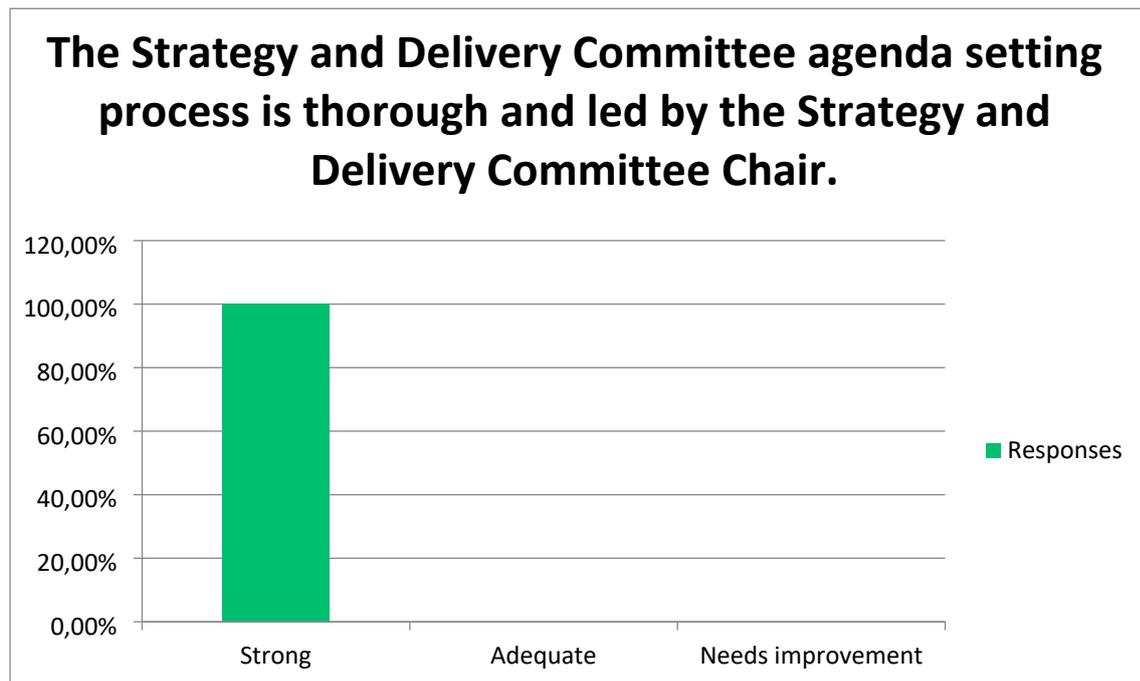
Are the terms of reference reviewed annually to take into account governance developments and the remit of other Committees within the organisation? NHS Handbook status: 2 - should do



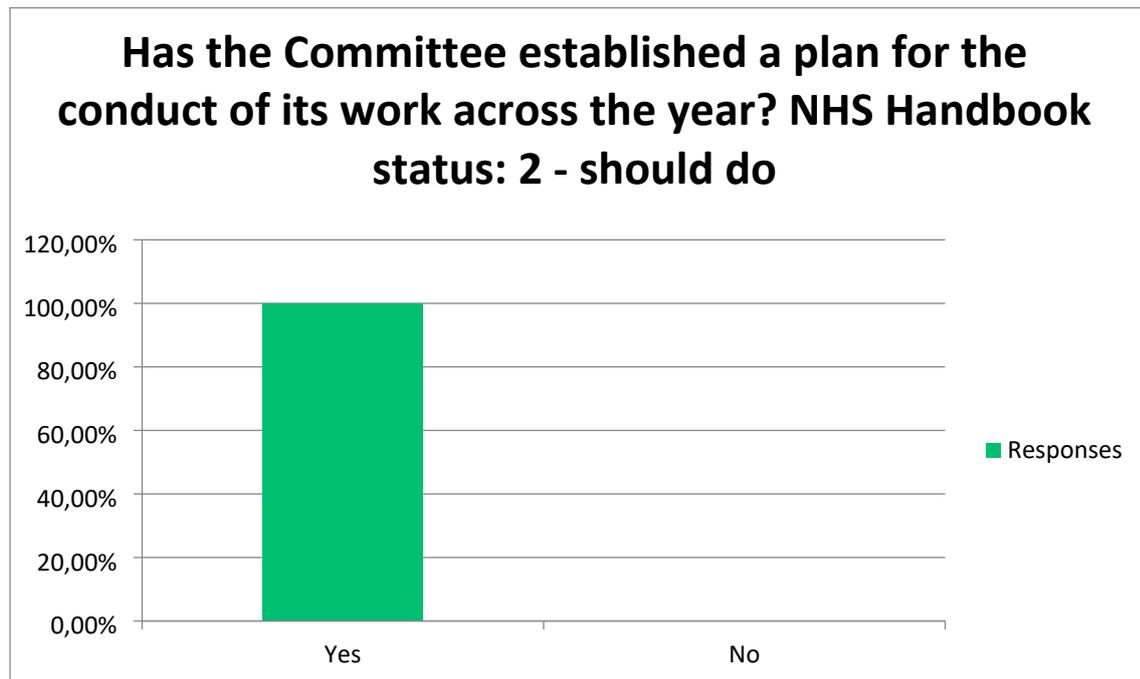
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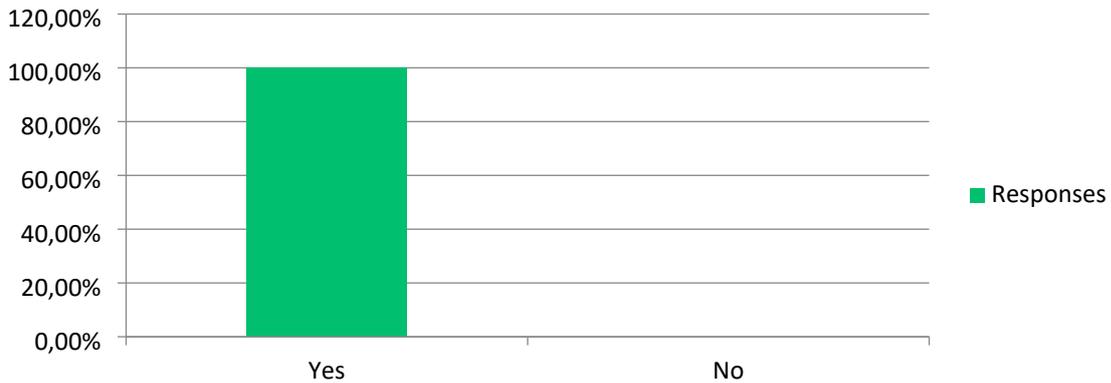


*Improvement on last year's position where 50% responded Adequate and 50% Strong.

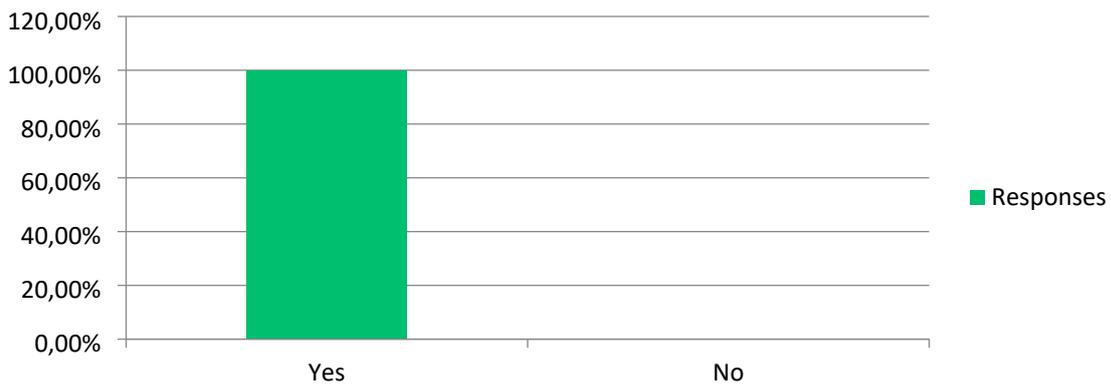


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Has the Committee formally considered how its work integrates with wider performance management and standards compliance? NHS Handbook status: 2 - should do

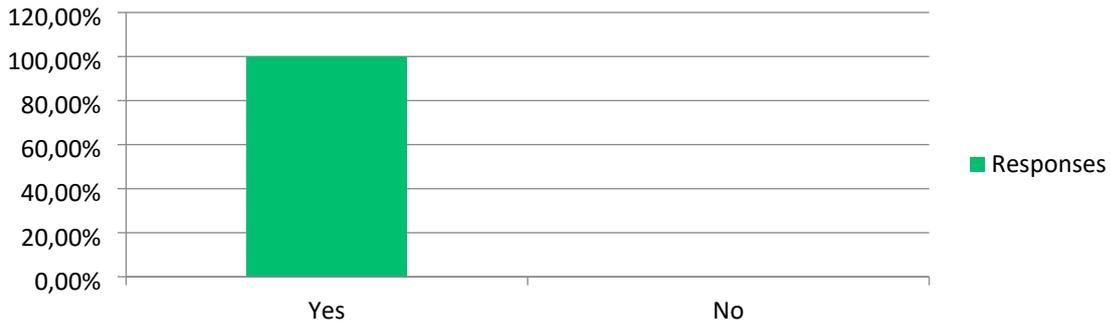


Has the Committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged? NHS Handbook status: 2 - should do

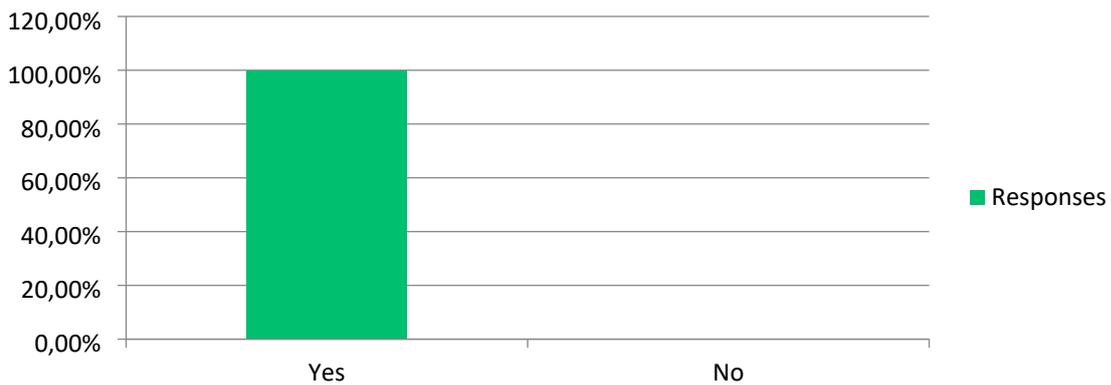


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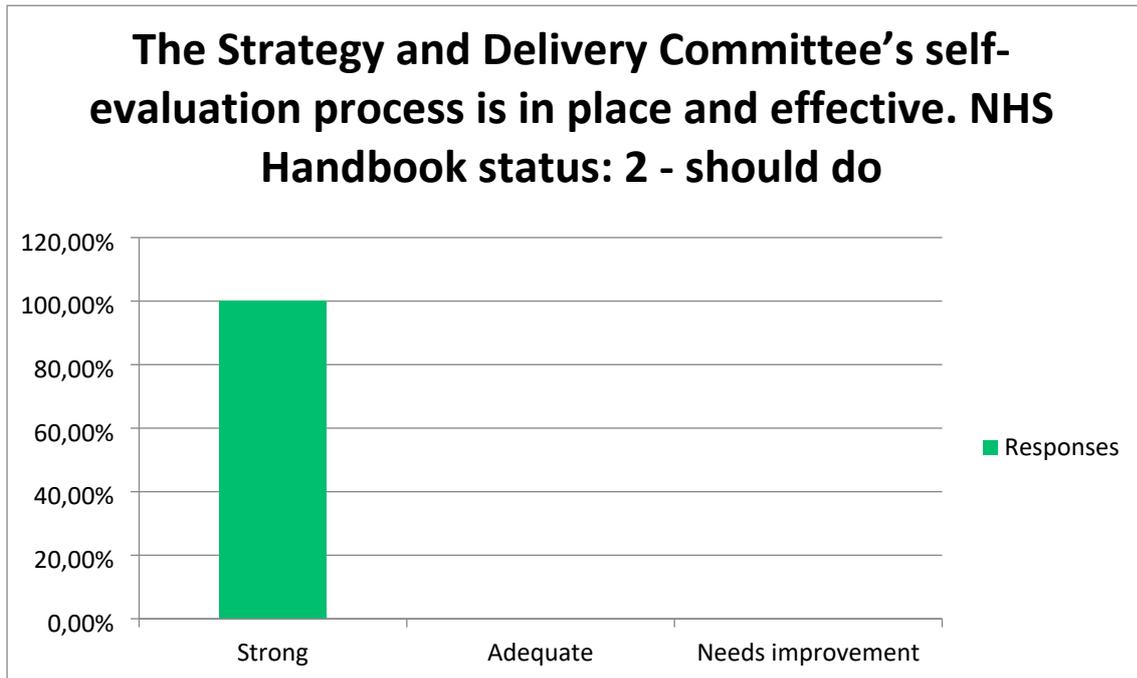
Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters? NHS Handbook status: 2 - should do



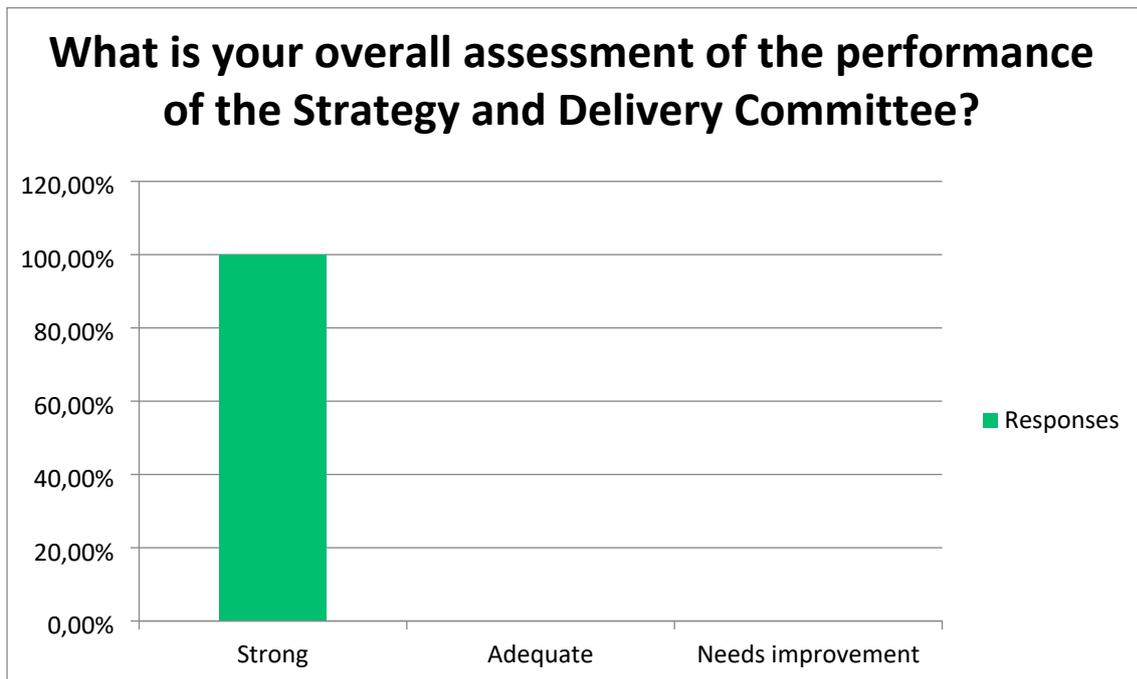
Is the Committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisation's responsibilities? NHS Handbook status: 2 - should do



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*Improvement on last year's position where 100% responded Adequate.



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Strategy and Delivery Committee – Self Assessment 2020 Action Plan

Question asked	Action Required	Lead	Timescale to complete
<p>Strategy and Delivery Committee Meetings are well organised, efficient and effective and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the Committee's Terms of Reference.</p>	<p>Robust agenda setting with Chair and Executive Director which is overseen by the Director of Corporate Governance will improve on this going forward.</p> <p>The recent session on the Committee's Terms of Reference & Work plan, along with issuing of rules for submitting of papers, will further strengthen this in 2020.</p>	<p>Director of Corporate Governance / Executive Lead and Committee Chair</p>	<p>By November 2020</p>

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Report Title:	Regional Partnership Board				
Meeting:	Strategy and Delivery Committee			Meeting Date:	15.09.2020
Status:	For Discussion	For Assurance	For Approval	For Information	✓
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning				
Report Author (Title):	Meredith Gardiner, Programme Manager Health, Social Care and Wellbeing				

Background and current situation:

The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) was established in response to requirements of the Social Services and Well-being (Wales) Act 2014. Its purpose is to manage and develop services to secure better joint working between local health boards, local authorities and the third sector; and to ensure effective services, care and support that best meets the needs of our population. This paper provides an overview of the key priorities being progress by the RPB for information and noting, specifically:

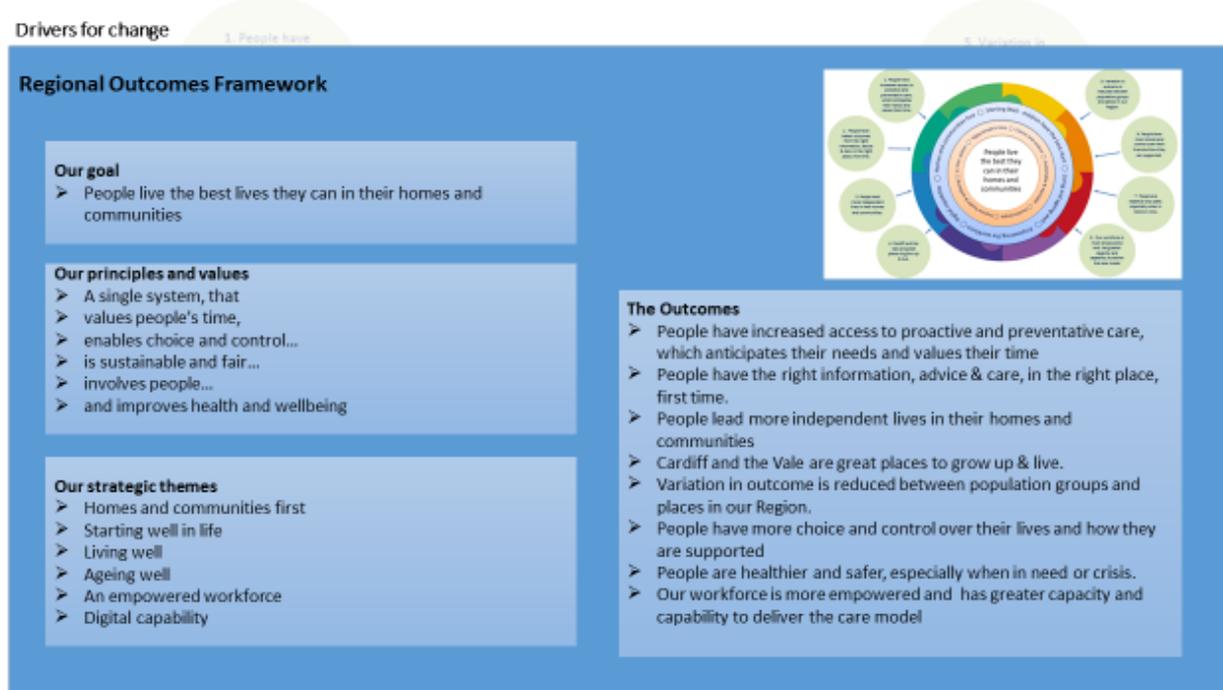
- The RPB's Regional Outcomes Framework and consequent governance structure review;
- 2019-20 end of year report for the Integrated Care Fund and exit plans for 2021-22;
- Quarter 1 update for the Transformation Fund and exit plans for 2020-21;
- Rapid Review of Cardiff and Vale's approach to Care Homes during the COVID-19 Pandemic;
- Accommodation with Care;
- No Wrong Door: children and young people with complex needs experiencing emotional wellbeing or mental health issues
- COVID19 / Cardiff and Vale of Glamorgan Research, Innovation and Improvement Co-ordination (RIIC) Hub

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

Regional Outcomes Framework and Governance Structure Review

2019-20 marked the development of a Regional Outcomes Framework which clearly defines the shared principles and values that will now shape the future work of the RPB:



In recognition of these agreed outcomes, and also the increased scope required by the changes to Part 9 of the Act, a new Partnership Board for Children and Young People and a Housing Board have both been initiated.

These new developments form the first phase in plans to review the governance structure for the RPB as a whole, ensuring that it is well placed to achieve the outcomes identified within the Regional Outcomes Framework above. Over the coming year, the RPB plans to complete the re-design of its governance structure, moving its thinking from a focus upon services to a life phase approach as outlined below.

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Integrated Care Fund (ICF)

The Integrated Care Fund (ICF) has been provided to help bring together health, social services, the third sector and other partners to take forward effective delivery of integrated services in Wales. Its purpose is to improve the outcomes and well-being of people with care and support needs and their carers. Governance of the work is provided by the Cardiff and Vale of Glamorgan Regional Partnership Board (RPB), in line with Welsh Government Guidance.

Welsh Government allocated **£11.803m** of revenue funding to the Cardiff and Vale of Glamorgan Regional Partnership Board in 2019-20 and 2020-21. A programme management approach has been implemented to ensure delivery of a series of projects to meet ICF aims and objectives.

An allocation of **£13.335m** in capital funding for 2018-21 was also approved by Welsh Government.

The Regional Partnership Board must submit quarterly reports to Welsh Government on the progress of all work relating to the Integrated Care Fund. The 2019-20 Quarter 4 Report is attached as **Appendix 1** for information following submission to Welsh Government together with an overview of how the funding is planned for use in 2020-21. The Written Agreement is also attached as **Appendix 2** as an outline of the agreed governance process for assurance. The latest update on progress of the Capital Fund is attached as **Appendix 3**. [A case study demonstrating the impact of the ICF capital and revenue funding for Ty Gwyn Special School can be viewed here.](#)

COVID-19 has had a significant impact on all of the services provided by the ICF with some being re-focused to support the response whilst others have been paused to free resources for other work. It is anticipated that the majority of the Integrated Care Fund will come to an end by March 2022. An Exit Planning process has been established by the Partnership to identify key priorities for ongoing funding and / or conclusion of the services as appropriate.

Transformation

The Transformation Fund has been provided to help bring together health, social services, the third sector and other partners to take forward the effective delivery of integrated services in Wales. The Fund is intended to meet the time-limited additional costs of introducing new models of health and social care. It is aimed at accelerating the wider adoption and scaling up of new ways of working which are intended to replace or reconfigure existing services.

Welsh Government allocated **£6.947,943** of revenue funding to the Cardiff and Vale of Glamorgan Regional Partnership Board in September 2018. A programme management approach has been implemented to ensure delivery of a series of projects to meet the Transformation Fund's aims and objectives. As with the ICF, services instigated through the Transformation Fund have been impacted by COVID-19. **Appendix 4** provides an overview of the current status of these services whilst a [case study showing how the Get Me Home Pink Army has been extended to support the COVID19 response can be viewed here](#).

Funding for the Transformation Fund will end in March 2021 and an Exit Planning process has been established by the Partnership to identify key priorities for ongoing funding and / or conclusion of the services as appropriate.

Rapid Review of Cardiff and Vale's approach to Care Homes during the COVID-19 Pandemic

In line with all regions across Wales, the RPB is working with Prof. John Bolton to support a rapid review of the region's approach to the support of Care Homes during the COVID-19 crisis. An action plan in response to key findings is being developed for implementation in readiness for winter 2020 and beyond.

Winter Planning

The findings of the Rapid Review noted above will be combined with other relevant elements to inform a cohesive and integrated Winter Plan for the region.

Accommodation with Care

The RPB recognises that housing solutions are a major component of care and support needs and as such should form a key priority within its forward plans. Cardiff and Vale UHB together with Cardiff Council colleagues have initiated a workstream to develop a new model of accommodation with care. Baseline assessments are currently underway to scope existing care and support needs, housing developments and potential innovative tenancy solutions with a view to the development of a single system for short and long term housing with care solutions.

No Wrong Door: children and young people with complex needs experiencing emotional wellbeing or mental health issues

[This Report](#) by the Children's Commissioner for Wales identifies a number of priorities to be taken forward by Regional Partnership Boards in response to the need for a collaborative response by partners to assist access to services for children and young people. The following action has been agreed by the RPB for action over the coming months.

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Recommendation	How we are going to address this
1. No wrong door approach to Emotional Health and Well-Being and review Area Plan	<ul style="list-style-type: none"> ➤ Starting Well Partnership (Children and Young People's Partnership) to oversee development of activities that support this across all agencies ➤ Focus areas of Emotional Health and Well Being and Additional Learning Needs. Supporting multi-agency processes and systems that enable a No Wrong Door Approach
2. Welsh Government support for Regional Partnership Board long term strategies	<ul style="list-style-type: none"> ➤ Work with Welsh Government to highlight priority areas for Cardiff and Vale and prepare for activity that responds to this approach
3. Compliance with new Parts of 9 guidance of the Social Services and Well Being Act – 3 parts	<ul style="list-style-type: none"> ➤ Starting Well Partnership membership includes all relevant stakeholders and these are also represented at the Regional Partnership Board <ul style="list-style-type: none"> ▪ Resources are seen collectively with shared decision making on priority areas ▪ Development of participation, voice of the Child/Young person within the partnership ▪ SWP is overseeing the completion of the Multi-Agency Transition Protocol for young people
4. Welsh Government to amend the Partnership and Population Assessment Regulations to require 'pooled funding'	<ul style="list-style-type: none"> ➤ SWP to take up opportunities for joint commissioning/pooled resources as opportunities arise – examples of this are Family Group Conferencing, Regional Adolescent Resource Service
5. Welsh Government review of 'safe accommodation' must lead to concrete action being taken	<ul style="list-style-type: none"> ➤ Starting Well Partnership has prioritised this area for immediate development ➤ SWP has undertake a full analysis of provision and provided a position statement to Welsh Government ➤ Accelerate the Safe Accommodation work at pace ➤ Engage with Welsh Government to develop local/regional plans for provision ➤ Support from the Regional Partnership Board in monitoring and performance and requests for resourcing required ➤ Maintained focus on prevention of placement breakdown alongside this ➤ Agreement within Starting Well Partnership to work from broad definition of complex needs to ensure those children and young people who need support, can access it when they need to.
Report - Providing Safe Accommodation	
<ol style="list-style-type: none"> 1. LA and UHB should acknowledge joint corporate parenting responsibility at all levels of the organisation 2. Services designed must be seamless 3. Joint planning and decision making for individual children 4. Increased contribution from the 3rd sector where relevant 	

Recommendation	How we are going to address this
6. Clarity required from Welsh Government around responsibility for the framework in which Regional Partnership Boards operate	<ul style="list-style-type: none"> ➤ The Starting Well Partnership will provide governance for the development of multi-agency pathway development ➤ The Starting Well Partnership will proactively review the Area Plan and monitor progress ➤ The Regional Partnership board will need to make accessible to Children and Young people the areas of priority and progress
7. Regional Partnership Boards should work with Together for Children & Young People programme (TFCYP) to look at how to better publicise the role and work of RPB.	<ul style="list-style-type: none"> ➤ The Regional Partnership board will need to make accessible to Children and Young people descriptions of multi-agency pathways as well as projects that are developing services.
8. RPBs should work with citizen and third sector representatives who work with CYP with complex needs to ensure they are sufficiently involved in meaningful work and feel valued members	<ul style="list-style-type: none"> ➤ The RPB will continue to have membership that represents those who work with Children and Young People and those who represent Parent carers ➤ The Starting Well Partnership will develop membership to include the voice of the young person through the participation framework
9. Shared Learning events across the TFCYP Programme and partnership focussing on 'No Wrong Door'	<ul style="list-style-type: none"> ➤ Need to include shared language, information sharing, pooling resources and information systems
10. Regional Partnership Boards should develop a Memorandum of Understanding with Public Service Boards on potential cross over issues where these are related to children and young people	<ul style="list-style-type: none"> ➤ Develop an agreement on how to approach issues that would benefit from joint working across the boards ➤ Put in place processes for joint funding applications or joint commissioning

COVID19 / Cardiff and Vale of Glamorgan Research, Innovation and Improvement Co-ordination (RIIC) Hub

Throughout the COVID-19 Pandemic, the relationships initiated through the RPB have been pivotal in supporting a partner-wide response. The RPB is keen to ensure an ongoing role to ensure that lessons learned and the collaborative processes that grew in response to the pandemic can be secured for the future.

The Cardiff and Vale of Glamorgan Research, Innovation and Improvement Co-ordination (RIIC) Hub was originally established to capture, organise and evaluate research, innovation and improvement activity across the Cardiff and Vale region and directly apply it to support the Regional Partnership to achieve its objectives. It is part of a national programme and as such has received short-term grant funding over a two year period, ending on 31st March 2021.

Work has been underway to sharpen the focus of the RIIC to ensure that it supports delivery of RPB objectives and in particular respond to the changed context created by COVID-19. It is proposed that the RIIC programme be extended to undertake a qualitative service evaluation to systematically understand and capture the experience and learning from COVID-19 from a partnership perspective.

This evaluation will seek to inform the priorities of the RPB and accelerate our understanding and delivery of an integrated care system, ensuring that we don't lose the multiple innovations that have emerged over recent months across our partnership. The resulting evidence-base will be used to inform and support the refresh of the RPB's Area Plan.

A multi-agency team is now in place to deliver the RIIC, including all three statutory partners and the two third sector infrastructure organisations.

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

The Partnership has utilised Results Based Accountability in line with Welsh Government requirements to structure the performance management of each project included within the Integrated Care Fund and Transformation Fund. This approach has facilitated provision of outcomes-focused data within the attached Quarterly reports to provide assurance of delivery.

Information on all aspects of this report has been collated by the Integrated Health and Social Care Partnership and was presented to the Regional Partnership Board for confirmation on 28th July 2020.

Health Board colleagues are asked to note the financial and operational risks arising from the imminent closure of the Transformation Fund at the end of March 2021 and the Integrated Care Fund in March 2022. Exit strategies are being developed for both funds currently and further updates will be provided to the Strategy and Delivery Committee as appropriate.

Recommendation:

The Strategy and Delivery Committee is requested to note the update on the Regional Partnership Board for information.

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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	✓
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Equality and Health Impact Assessment Completed:

Not Applicable

Kind and caring
Caredig a gofud

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Integrated Care Fund 2019-20: SUMMARY TABLE



REGIONAL PARTNERSHIP BOARD: Cardiff and the Vale

PRIORITY AREA	WG Allocation	Regional	Budget	Indication of level of spend per:		
				Health Board	Local Authority	Third sector
Older People with complex needs	£4,895,000	£4,914,000	£4,914,000	£1,204,000	£2,838,000	£872,000
People with Learning Disabilities Children with Complex Needs	£2,879,000	£2,616,000	£2,616,000	£708,000	£1,410,000	£498,000
Children - Prevention agenda	£200,000	£200,000	£200,000	200,000		
Children at risk of becoming looked after	£2,160,000	£2,088,000	£2,088,000	£ 360,000.00	£ 1,142,000	£ 586,000.00
Regional Capacity/Infrastrucutre		£316,000	£316,000	£316,000		
People with Dementia (Dementia Action Plan)	£1,101,000	£1,101,000	£1,101,000	£1,023,000		78000
			£11,235,000	£3,811,000	£5,390,000	£2,034,000

RING FENCED ELEMENTS

WCCIS	£201,000	£201,000	£201,000			
Integrated Autism Service	£367,000	£367,000	£367,000			
TOTAL	£11,803,000	£11,803,000	£11,803,000			

% age Breakdown	33.9%	48.0%	18.1%
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WG project ref	Local project ref	Project Name	Project Description	Project Start Date	YR 1 TOTAL	INVESTMENT BY SECTOR			Investment in DIRECT support for Carers		Investment in INDIRECT support for carers	
WG text	REGIONAL TEXT	Regional text	Regional text	Regional text		YEAR ONE						
These cells are pre populated from investment plan					YEAR ONE TOTAL	Social Value	Local Authority	Health Board	YEAR ONE	YEAR TWO	YEAR ONE	YEAR TWO
					These cells will prepopulate the Qtrly report	20% target						
children at risk of becoming looked after	CR1	Regional Delivery of Family Group Conferencing and enhancing the workforce	01.04.2019	31.03.2021	£302,000.00	250,000	52,000				£ 250,000.00	
	CR2	Regionalising an adolescent service across Cardiff and the Vale of Glamorgan building on proof of concept delivery in Cardiff.	01.04.2019	31.03.2021	£390,000.00		390,000		£ 125,000.00			
	CR3	Providing therapeutic support to children who are looked after and adopted to reduce placement breakdown and enhance the local provision of specialist services	01.04.2019	31.03.2021	£360,000.00			360,000			£ 345,000.00	
	CR4.1	Effective, timely intervention to reunify the existing population of looked after children and preventing the need for care placements in the Vale of Glamorgan	01.04.2019	31.03.2021	£289,000.00	120,000	169,000				£ 290,000.00	
	CR4.2	Effective, timely intervention to reunify the existing population of looked after children and preventing the need for care placements in Cardiff	01.04.2019	31.03.2021	£747,000.00	216,000	531,000				£ 705,000.00	
	OP17	Management function to support the overall delivery of partnership working across the region.	Ongoing project	31.03.21	£316,000.00			316,000				
	0	CLD1	Disability Futures Programme and ICF Management	Regional and integrated delivery of the disability change agenda	1.4.2019	£256,000.00	63,000	107,000	86,000			£ 6,000.00
0	CLD2.1	IDSP: Transition	Improved access to timely assessment and planning – protocol development to embed approaches across agencies.	1.4.2019	£282,000.00	0	282,000					
0	CLD2.2	IDSP: Joint Approaches to Continuing Care and Equipment	Implementing the Joint Working protocol for Children with Complex Needs and enhancing the workforce	1.4.2019	£217,000.00	0	84,000	133,000			£ 88,000.00	
0	CLD2.3	IDSP: Enhancing the Health Offer	Enabling a blended diet and choice to eat (PEG project) Psychological interventions in the early years, improving acceptance of diagnosis and development of skills for parents, development of skills in the workforce	1.4.2019	£151,000.00	0	0	151,000			£ 151,000.00	
0	CLD2.4	IDSP: Early Years Pathway development	Development of early years key workers for children with additional needs – improved access for parents to a key worker to coordinate care	1.4.2019	£80,000.00	0	0	80,000			£ 80,000.00	
0	CLD2.5	IDSP: Positive Behaviour Support for Children	Developing approaches that support positive interactions with children with learning disabilities who may challenge.	1.4.2019	£77,000.00	0	0	77,000			£ 77,000.00	

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Children with Complex Needs, Learning Disabilities and Carers	0	CLD3	Supported Accommodation	Development of accommodation solutions for adults with learning disabilities in Cardiff	1.4.2019	£121,000.00	0	121,000	0				
	0	CLD4	Enhanced Day Opportunities	Project embedded in CLD13 Pathways to Independence delivery as part of year 3 review and completion of capital project 1807- please see below.	00/01/1900	£0.00	0	0	0				
	0	CLD5.1	Bespoke Respite	Provision of a regional adult placement scheme respite service in the Vale of Glamorgan for adults with Learning Disabilities reducing the need for residential respite placements	1.4.2019	£103,000.00		103,000		£ 103,000.00			
	0	CLD5.2	Support Planning for Independence	Provision of a pilot service in the Vale of Glamorgan for adults with Learning Disabilities preparing individuals for independence and reducing the need for delivery of a statutory service	1.4.2019	£105,000.00		105,000					
	0	CLD6	Learning Disability Enablement	Delivery of a review function within adult learning disability services in Cardiff to reduce case management requirements	1.4.2019	£117,000.00		117,000					
	0	CLD7	Disability Front Door	Regional & integrated locality model to provide disability expertise and early assessments at first conversation/first contact with families across Cardiff and the Vale in partnership with the third sector	1.4.2019	£70,000.00	35,000	35,000		£ 70,000.00			
	0	CLD8	Enhanced Education Interface – Autism	Regional development of ASD services within Education to support early assessment of need and provision of targeted interventions. Enabling the workforce to be inclusive in their approaches to supporting children with ASD.	1.4.2019	£71,000.00		71,000			£ 71,000.00		
	0	CLD9	Family ADHD support services	Design and delivery of a Regional and integrated post diagnostic resource that enables parents of children aged 4 -15 years to learn and embed strategies to support their child following a diagnosis of ADHD.	1.4.2019	£45,000.00	45,000				£ 45,000.00		
	0	CLD10	Parents with Learning Difficulties	Regional service delivery to provide assessment and direct interventions to parents with learning difficulties to build skills in parenting to reduce risk of removal/reduction in court proceedings.	1.4.2019	£113,000.00	113,000				£ 113,000.00		
	0	CLD11	Primary Care Education for LD	A regional health led service to support primary care services in their approaches to delivery of health care to people with learning disabilities	1.4.2019	£107,000.00	23,000		84,000				
	0	CLD12	Pathways to Independence - Close to Home	A regional team to support the delivery of bespoke and tailored local services that enable people with learning disabilities and complex needs to return or remain in their local area	1.4.2019	£277,000.00	80,000	100,000	97,000	£ 3,000.00			
	0	CLD13.1	Pathways to Independence - Supporting the transition for those with complex needs		1.4.2019	£138,000.00		138,000					

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0	OP12	Outcomes Focused Domiciliary Care Pilot	Development of a new service model to help people live in their own homes and achieve outcomes that are important to them.	01.04.2019	£90,000.00								
							90,000						
	0	OP13	Reducing Loneliness and Isolation	This project will seek to map current need and service provision, working to support the development of the Ffrind I Mi initiative within the region.	01.04.2019	£40,000.00							£ 40,000.00
							40,000						
	0	OP14	Cardiff Residential Reablement Pilot	Community-based reablement unit to facilitate assessment and ongoing planning for patients' transition home from hospital.	01.04.2019	£409,000.00							
								409,000					
0	OP15	Improving access to domiciliary care capacity within the Vale	Piloting a social value partnership to commissioning domiciliary packages of care and support.	01.04.2019	£146,000.00								
						146,000							
0	OP16	Mental Health Matters	Social Value partners working alongside ward staff to enhance the care of cognitively impaired inpatients.	Ongoing project	£135,000.00								
						135,000						£ 135,000.00	
People with Dementia	0	DEM1	GP Diagnosis, care and support clinics	Provision of GP-led clinics to train a further groups of GPs to provide fortnightly Memory Clinics	Ongoing project	£125,000.00							
								125,000					
	0	DEM2	Dementia Team around the Individual	De-centralised 'Wraparound' service, locating Dementia specialists and link workers within existing Community Resource Teams.	Ongoing project	£709,000.00							
								709,000				£ 709,000.00	
0	DEM3	Dementia Care Training	Upskilling for health and social care staff and informal carers to support people with dementia.	Ongoing project	£189,000.00								
								189,000				£ 189,000.00	
0	DEM4	Dementia Friendly Region	Recruitment of a Dementia Friendly Communities Co-ordinator to drive forward the Dementia Friendly agenda.	Ongoing project	£78,000.00								
						78,000			£ 57,000.00			£ 78,000.00	
Children Prevention	0	CPR1				£200,000.00							
								200,000					
TOTAL						£11,235,000.00	2,034,000	5,390,000	3,811,000	£712,000.00	£0.00	£4,918,000.00	£0.00

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Project Title	Covid 19 - Project Status	Comments
Regional Delivery of Family Group Conferencing and enhancing the workforce	Modified	Project has been commissioned and being delivered virtually to reduce face to face contact. New service so not yet established - Start date March 2020
Regionalising an adolescent service across Cardiff and the Vale of Glamorgan building on proof of concept delivery in Cardiff.	Modified	BAU but via virtual means
Providing therapeutic support to children who are looked after and adopted to reduce placement breakdown and enhance the local provision of specialist services	Modified	BAU but via virtual means Most staff in post, service fully online from June 20
Effective, timely intervention to reunify the existing population of looked after children and preventing the need for care placements in the Vale of Glamorgan	Modified	BAU - virtual delivery with risk assessed face to face
Effective, timely intervention to reunify the existing population of looked after children and preventing the need for care placements in Cardiff	Modified	BAU - modifying staff complement to bring on line COVID related support activity through the recruitment of additional support staff to families where reunification is key outcome Removal of agency social work staff
Re-unification Framework delivery to support workforce development and enable 4.1 and 4.2 in a consistent manner across the region.	Paused	Reviewing need for training given COVID - potential restart in Q3, with reprofiled resourced into 4.1 and 4.2 where required
Disability Futures Programme	Modified	Staff repurposed - skeletal functions only - no development work
IDSP: Transition	Modified	Delivery / virtual/ risk assessed face to face
IDSP:Joint Approaches to Continuing Care and Equipment	Modified	Delivery / virtual/ risk assessed face to face
IDSP: Enhancing the Health Offer	Modified	Delivery via virtual means
IDSP: Early Years Pathway development	Modified	Paused where vacancies are. Partial delivery. COVID response delivering MDT so outcomes unaffected
IDSP: Positive Behaviour Support for Children	Modified	Recruitment delays due to COVID - utilising wider workforce to deliver
Supported Accommodation	Continuing	

Bespoke Respite	Modified	Outcomes reduced due to COVID - Part delivery of service/prep for next year/project closure
Support Planning for Independence	Paused	Staff repurposed to other service areas to respond to COVID 19
Learning Disability Enablement	Modified	Staff repurposed to contact calls to people with LD isolating
Disability Front Door	Modified	Virtual and telephone contact only
Enhanced Education Interface – Autism	Modified	Education services supporting HUBS with staffing
Family ADHD support services	Paused	Paused as staff vacancies - time to reflect and revise
Parents with Learning Difficulties	Modified	virtual and telephone contact only
Primary Care Education for LD	Modified	New project - staff in post from May
Pathways to Independence - Close to Home	Paused	Staff repurposed, other vacancies not progressed due to COVID - reprofiled to support transition areas
Pathways to Independence - Supporting the transition for those with complex needs	Paused	Repurposed to support MDT HUB for children with complex needs
Pathways to Independence - Successful planning for transition	Paused	Repurposed to support LD services
Pathways to Independence - Support planning for independence	Paused	Repurposed to support LD Services
Pathways to Independence- Technological solutions for independence	Paused	Repurposed to support LD Services
Young Carers	Continuing	Virtual and telephone contact only
Partnership Support	Modified	Majority of staff time re-purposed to support C19 emergency, now refocusing toward Partnership duties.
Independent Living Service	Modified	This service has continued to provide fundamental support, albeit utilising telephone interviews.
Single Point of Access	Modified	
Cardiff Extended CRT and Bridging Team	Modified	Reduced focus on reablement as service is re-aligned to meet anticipated increase in demand from COVID19
CHIST	Modified	
Vale CRT and Bridging Team	Modified	Reduced focus on reablement as service is re-aligned to meet anticipated increase in demand from COVID19
Vale Residential Discharge to Assess	Modified	Modified to support isolation following discharge for identified patientys.
Cardiff Nursing Home Discharge to Assess	Modified	Modified to support isolation following discharge for identified patientys.
Accommodation Solutions	Continuing	
Integrated Discharge Service	Continuing	

Commissioning and Housing Support	Paused	1wte staff member re-deployed to support Cardiff Council during Covid19.
Cardiff and Vale Carers Service	Modified	Staff linking with Carers via telephone rather than face to face and formal launch delayed.
Outcomes Focused Domiciliary Care Pilot	Modified	Staff repurposed to support COVID 19, plan to return to delivery.
Reducing Loneliness and Isolation	Modified	Funding utilised as aThird Sector Grant scheme to help support shielding and / or vulnerable people.
Cardiff Residential Reablement Pilot	Modified	Modified to support isolation following discharge for identified patientys.
Improving access to domiciliary care capacity within the Vale	Modified	Staff repurposed to support COVID 19, plan to return to delivery.
Mental Health Matters	Modified	
GP Diagnosis, care and support clinics	Paused	Project cannot operate with current lockdown measures. Alternative options have been reviewed but considered inadequate for service user needs.
Dementia Team around the Individual	Modified	Staff repurposed to case management and contact for lockdown.
Dementia Care Training	Modified	Project scope has been modified and plans in place to support virtual training.
Dementia Friendly Region	Modified	Project scope has been modified but delivery plans progress.

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Covid 19 Projects
Continuing
Modified
Paused

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WG project ref	Local project ref	template Y/N	Project Name	Qtrly Reporting			Notes/Comments	Measuring impact						Notes/Comments	
				Project Investment (Actual against budget)	FULL YEAR BUDGET	YTD ACTUAL		VARIANCE	Project outcome measure (How Much?)		Project outcome measures (How Well?)		Project outcome measures (difference made?)		
				Regional	Regional numbers	YEAR		YEAR TO DATE	Planned	Actual	Planned	Actual	Planned		Actual
				WG text	Regional text	Q4 ACTUAL		BUDGET	ACTUAL						
CR1	y		Regional Delivery of Family Group Conferencing and enhancing the workforce	£142,000	£302,000	£255,000	£47,000	# of staff awareness training sessions # of FGC held # of plans agreed	Pending Q1	% of FGC meetings with independent coordinator % parents reporting satisfaction % of young people reporting satisfaction	Pending Q1	% of children deregistered as result of FGC % of families with improved well-being and relationships following FGC % of child and young people who are happier following FGC	Pending Q1	Provider identified and commissioning completed as planned in March 2020. Performance reports due from 20/21.	
CR2	y		Regionalising an adolescent service across Cardiff and the Vale of Glamorgan building on proof of concept delivery in Cardiff.	£100,000	£390,000	£390,000	£0	# of referrals received # families worked with # short breaks	9 6 0	% of referrals progressed in 2 working days % of stakeholders satisfied with service % of young persons reporting service satisfaction	100% 64% 50%	% of practitioners reporting improved resilience in YP % of YP who feel confident to make positive decisions % of YP with improved school attendance	25% 50% 25%	Service in initiation - anticipate improvements in how well and better off measures by Q1 20/21	
CR3	y		Providing therapeutic support to children who are looked after and adopted to reduce placement breakdown and enhance the local provision of specialist services	£58,000	£360,000	£475,000	£115,000	This project was supported with underspend from the C@R programme to support funding of additional cases within the region. # children receiving therapy # of foster carer interventions # of consultations	1bc in Q4	% of parents satisfied with service % of stakeholders satisfied with service Reduction in waiting times	1bc in Q4	% YP with improved school attendance % of parents reporting improved well-being % of practitioners reporting improved confidence in skills	1bc in Q4	Recruitment ongoing, some delay due to prolonged notice requirements, but all staff due to be in post by end of Q1. Delivery to start once staff in post.	
CR4.1	y		Effective, timely intervention to reunify the existing population of looked after children and preventing the need for care placements in the Vale of Glamorgan	£52,000	£289,000	£289,000	£0	# families worked with # children maintained in family # contact hours delivered	As at Q3: 14 families worked with 17 children maintained in families.	% contact sessions taking place % families reporting service satisfaction	Long term outcomes to be reported from Q3 20/21 onwards	% young people with improved well-being % of parents and carers with improved confidence and skills % of practitioners reporting improved skills	Long term outcomes to be reported from Q3 20/21 onwards		
CR4.2	y		Effective, timely intervention to re-unify the existing population of looked after children and preventing the need for care placements in Cardiff	£45,000	£704,000	£722,000	£18,000	# Children worked with # children maintained in family # contact hours delivered	97 children worked with. (Cumulative to Q3 only) 2 care orders discharged	% contact sessions taking place % families reporting service satisfaction	Long term outcomes to be reported from Q3 20/21 onwards	% young people with improved well-being % of parents and carers with improved confidence and skills % of practitioners reporting improved skills	Long term outcomes to be reported from Q3 20/21 onwards		
CR4.3	y		No-unification Framework delivery to support workforce development and enable 4.1 and 4.2 in a consistent manner across the region.	£17,000	£42,000	£24,000	£18,000	no of social workers trained no of trainers trained no. of partners trained.	95 - Cardiff staff 39 Vale Staff 10 Trainers from Cardiff 3 Trainers from the Vale 9 Partners at this time. focus on	% of practitioners reporting satisfaction with training	See column 2	Qualitative feedback from partners.	See column 2	Feedback from regional leads: staff engaging positively with reunification model and embedding work with families.	
0	CLD1	y	TOTAL	£66,000	£256,000	£454,000	£198,000	This project was supported with underspend from the CwCN programme to support funding of additional complex cases within the region. 11 TCF managed projects deliver outcomes	12	100 people attend engagement events	Total 12/20 = 145 Planned event on 18.3.20 cancelled due to COVID concerns. 40 people due to attend	80% of staff reporting improvements in outcomes for people as a result of programme activity	Refer to comments	Positive feedback about outcomes for people within existing projects/new projects that have commenced. Some new projects delayed due to recruitment.	
0	CLD2.1	y	IDSP: Transition	£87,000	£282,000	£291,000	£9,000	12 TRIG meetings 60 people have an allocated transition worker	8 37	90% of young people supported to participate in transition reviews	89%	85% of individuals reporting voice and control in transition plans	No data	Ongoing data development to support data capture in 20/21	
0	CLD2.2	y	IDSP: Joint Approaches to Continuing Care and Equipment	£105,000	£217,000	£229,000	£12,000	20 joint assessments for continuing care 12 multiagency quality assurance reviews	25 referrals received 15	90% of referrals receive a multiagency eligibility discussion	57%	% parents reporting improved wellbeing as a direct result of services working in a collaborative way.	No data		
0	CLD2.3	y	IDSP: Enhancing the Health Offer	£43,000	£151,000	£155,000	£4,000	# young people supported with blended diet 20 practitioners trained in specialist health interventions	349 179	90% of parents who feel better supported to make choices. 80% of practitioners reporting satisfaction with training	100% 100%	85% of children with improved well-being 80% of workforce reporting improved confidence in delivering complex care interventions	100% Refer to comments	*Training followed by supervision period while staff build confidence. Process ends with interview to identify additional training needs at end of induction. % data for this cohort to follow at end of induction.	
0	CLD2.4	y	IDSP: Early Years Pathway development	£65,000	£80,000	£65,000	£15,000	children to receive support from groups	54	80% of parents reporting their services are coordinated	1bc in Q4	80% of parents report improved knowledge of how to support their child	100%	54 families supported via early years group, across 5 regionally accessible locations. 100% of parents reported improved knowledge of how to support their child and that they were made to feel welcome at the groups. Families have used the group's social media pages to form informal networks. Families report an accessible and inclusive space for their children is important.	
0	CLD2.5	y	IDSP: Positive Behaviour Support for Children	£58,000	£77,000	£61,000	£16,000	1 staff trained in PEM 20 PBS Consultation sessions offered	Refer to comments	80% of practitioners with improved skills in positively managing behaviour	Refer to comments	80% parents and carers report improved confidence in positively managing their child's behaviour	Refer to comments	Clinical lead in post and creating supporting info for staff to access online training.	
0	CLD3	y	Supported Accommodation	£72,000	£121,000	£151,000	£30,000	30 reviews conducted	15	80% of adults with LD have an integrated transfer plan	100%	90% of adults in supported accommodation involved in decisions and planning	100%	Primary focus is adults with LD - not listed on drop-down. Review activity is on ALL individuals - this is 180 reviews in Q1 and 2 of new and existing individuals	
0	CLD5.1	y	Respite Respite	£40,000	£101,000	£102,000	£1,000	25 adults receive respite in a placement that best meets their needs (APS)	55	90% adults reporting service satisfaction	100%	70% people report feeling connected to community via respite	100%		

Children's Social Care - IDSP - Transition - 2020-21

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0	CLD5.2	y	Support Planning for Independence	£23,000	£105,000	£104,000	£1,000	50 people receive support planning to help prepare for independence	10c in Q4	90% of adults are supported to identify meaningful daytime activities they would like to participate in	10c in Q4	85% of people report increased independence	10c in Q4	
0	CLD6	y	Learning Disability Enablement	£32,000	£117,000	£144,000	-£27,000	800 reviews completed per year	269	80% of review caseload maintained by review function 60% of escalating needs progressed to Case Management in 5 working days	As at Q3 - 80% (18 cases stopped up to Q4, timeframe not noted)	85% of people reporting they are in control of their daily life with support proportionate to need	As at Q3 - 100%	
0	CLD7	y	Disability Front Door	£17,000	£70,000	£68,000	£2,000	500 parents supported with information and advice through first contact	90 Q4 110	95% parents feel better informed	43% Q4 57%	95% parents report confidence to independently access services in future	43% Q4 65%	Regional project, Cardiff delivery due to be brought in-house so service has been winding down in Q4 - Vale delivery unaffected.
0	CLD8	y	Enhanced Education Interface - Autism	£37,000	£71,000	£72,000	-£1,000	25 children to access pre-diagnose support in Vale 4 workforce development events		80% of children worked with maintained in schools in some communities		80% education staff report improved ability to implement strategies following training		Data was not available for this reporting period - reports align to school year. Information will be included in Annual Report and future reports to reflect academic year.
0	CLD9	y	Family ADHD support services	£11,000	£45,000	£45,000	£0	50 parents and carers to be supported via ADHD Programme	22 parents and carers supported	80% of parents and carers successfully complete the course	100% completed the course. 94% required information session only.	90% of parents and carers report feeling better equipped to meet the needs of the child.	100%	
0	CLD10	y	Parents with Learning Difficulties	£42,000	£113,000	£122,000	-£9,000	20 families to be supported with intense intervention	16	90% of referring professionals report service satisfaction	100% of completed interventions	75% of parents supported demonstrate an improved outcome in parenting skills.	88%	
0	CLD11	y	Primary Care Education for LD	£0	£107,000	£0	£107,000	8 awareness training sessions delivered to providers and people with LD/ their carers 3 employment opportunities given to people with LD	0	60% improvement initiatives completed 40% increase in uptake of annual health checks	0	80% of people with LD report knowing how to access health services 80% of people in employment feel valued and contribute to society	0	Was not possible to recruit to required posts. Project refocused to third sector provider in 20/21.
0	CLD12	y	Pathways to Independence - Close to Home	£126,000	£277,000	£210,000	£67,000	1 people supported to return to home communities	1	90% of staff report improved confidence in specialist planning to support people to live closer to home	not recorded	70% of carers report improved well-being through new local networks	not recorded	Project being reviewed in light of COVID19 requirements and learning from independent evaluation.
0	CLD13.1	y	Pathways to Independence - Supporting the transition for those with complex needs	£77,000	£138,000	£145,000	-£7,000	2 young adults with complex needs access day opportunity pilot	7 young people accessing the pilot	90% of staff in schools understand the needs of adults with LD.	100% have worked alongside project staff and have better understanding	100% of adults take part in local activities that make them happy	Work underway to access community locations with young people (Jan and Feb. Location closed in	Primary focus is adults with LD - not listed on drop-down. New regional project taking CLD4 and building on capital developments Ty Gwyn/ Ty Dert
0	CLD13.2	y	Pathways to Independence - Successful planning for transition	£40,000	£40,000	£40,000	£0	80 young people and their families supported by ELO	Refer to comments	70% of young accessing timely transition support	Refer to comments	95% of young people report feeling well-informed about transition process 95% of young people reporting choice and voice about transition plans	Refer to comments	Plot of CA05-Q screening questionnaire to support transition in special schools and SRBs across the region. Working group progressed development of documents for transition reviews. Procured Project Search supported internship pilot.
0	CLD13.3	y	Pathways to Independence - Support planning for independence	£30,000	£30,000	£30,000	£0	50 people receive support planning to help prepare for independence	Refer to comments	90% of adults are supported to identify meaningful daytime activities they would like to participate in	Refer to comments	85% of people report increased independence	Refer to comments	Recruitment progressed during Q4 - Support Planner started role on 9/3/20. Data to follow in 20/21
0	CLD13.4	y	Pathways to Independence-Technological solutions for independence	£55,000	£60,000	£61,000	-£1,000	50 practitioners trained in technological assessment of need 60 people with LD are assessed for technological opportunities to maximise independence	Refer to comments	90% of practitioners reporting satisfaction with training 70% of people maintaining appropriate use of technology	Refer to comments	85% of practitioners report improved skills to assess technological needs that can support people's independence 80% of people report improved well-being due to increased independence through technological solution	Refer to comments	Delayed start due to procurement process. Initial activity from Third sector provider research for report to inform work with local authority staff. Regional post recruited. Project support quick response to COVID for people with LD to receive tech to support connection with families during lockdown. Provider supporting Capital Smart House work.
0	CLD14	y	Young Carers	£68,000	£156,000	£156,000	£0	100 young carers receive a service	Refer to comments	80% of young carers report service satisfaction	Refer to comments	90% of young carers report improved well-being following a service	Refer to comments	Service commissioned and set up activity commenced. Job descriptions completed to progress recruitment to ICF funded posts. Set up activity regarding acquisition of resources and licences to support delivery underway.
0	OP17	y	Partnership Support	£100,000	£316,000	£284,000	£32,000	Provision of RPB Formal meetings and workshops.	3 formal meetings and 2 workshops	Timely submission of Welsh Government reports.	Q4 report submitted within timescale.	Development of Outcomes Framework and Governance structure.	Delayed due to Covid19	
0	DP1	y	Independent Living Service	£112,000	£523,000	£522,000	£1,000	28,000 calls will be received	21,752	£4m additional income will be accessed	£6,427,296	65% of new cases will be dealt with directly with no onward referral.	72%	
0	DP2	y	Single Point of Access	£150,000	£638,000	£575,000	£63,000	7,200 triage team referrals will be received	3,752	6,000 adult service enquiries will be resolved by CIV	5,998	65% of new cases will be dealt with directly with no onward referral.	80%	These results reflect Q2 performance data only. Q4 stats will be provided retrospectively in the 2020-21 Q2 report and if possible for the Annual Report 2019-20.
0	DP3	y	Cardiff Extended CRT and Bridging Team	£123,000	£536,000	£583,000	-£47,000	No of people to receive CRT support.	1060 - total 1371 assessment visits carried out and 2140 referrals received in 19/20	No of hospital discharges assisted via CRT.	1060	No of people receiving care from Bridging Team	382	
0	DP4	y	CHST	£26,000	£142,000	£112,000	£30,000	10 homes to have support.	10 homes now have support.	Intervention training programme to be provided.	188 care home staff trained.	Reduction in number of emergency admissions per care home.	Reductions in admission seen within 5 out of 60 care homes.	
0	DP5	y	Vale CRT and Bridging Team	£90,000	£428,000	£401,000	£27,000	No of people to receive CRT support.	948	No of hospital discharges assisted via CRT.	528	No of people receiving care from Bridging Team	35	Initial results - review pending.
0	DP6	y	Vale Residential Discharge to Assess	£15,000	£265,000	£215,000	£50,000	90 service users to use the facility	40	85% to be discharged home.	82%	Cost saving	£304,020	

Children with Complex Needs, Learning Disabilities and Carers

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Older People	D	OP7	y	Cardiff Nursing Home Discharge to Assess	£198,000	£350,000	£618,000	£268,000	Balanced by OP14	No of service users	46	% service users discharged home.	93%	Cost saving (based upon cost of hospital bed days saved)	£157,950	This project shares resource with OP14 below: overspend in OP7 is therefore balanced with underspend in OP14.
	D	OP8	y	Accommodation Solutions	£91,000	£373,000	£359,000	£14,000		520 referrals will be received.	41	220 hospital discharges will be assisted.	150	Cost avoidance	461,395	
	D	OP9	y	Integrated Discharge Service	£140,000	£375,000	£721,000	£146,000	This project was supported with underspend from the OP programme to support winter emergency pressures within the region.	No of referrals	4,640	No of staff involved in training in discharge support	120	% of staff satisfied with training	100%	
	D	OP10	y	Commissioning and Housing Support	£21,000	£66,000	£70,000	£4,000		roll out of common contract.	progress in line with plan.	development of health, housing and care work plan.	Progress in line with plan	Ongoing evaluation of commissioning and housing plans	Progress in line with plan.	
	D	OP11	y	Cardiff and Vale Carers Service	£68,000	£198,000	£68,000	£130,000		Measures to be selected and reported for Q2 in 2020-21		Measures to be selected and reported for Q2 in 2020-21		Measures to be selected and reported for Q2 in 2020-21		The Carers Gateway had a 'soft' launch in March 2020 due to the Covid 19 outbreak. Performance data will be revised and reported in 2020-21.
	D	OP12	y	Outcomes Focused Domiciliary Care Pilot	£67,000	£90,000	£90,000	£0		Number of dom care hours provided.	See comments	Number of patient focused outcomes achieved.	See comments	Service users will feel that their independence has been enhanced.	See comments	Q4 outcomes noted as: • Development of draft Contract & Performance Monitoring framework • Development of proposal for 'Trusted Assessor' Model • Development of Council & Provider approaches to Care Assessment, Support Planning &
	D	OP13	y	Reducing Loneliness and Isolation	£15,000	£40,000	£15,000	£25,000		Completion of mapping exercise	See comments	To be confirmed following completion of mapping.	See Comments	To be confirmed following completion of mapping.	See comments	Third Sector colleagues completed a mapping exercise of the third sector services available to support lonely and isolated people in the community. The scope was adapted to include people who were shielding as a result of the Covid19 outbreak in late February and March 2020.
	D	OP14	y	Cardiff Residential Reablement Pilot	£45,000	£409,000	£160,000	£249,000	Balanced by OP7	No of service users	see OP7 above	No of people returning home with no package of care	see P7 above	Cost saving	see OP7 above	This project shares resource with OP7 above: overspend in OP7 is therefore balanced with underspend in OP14.
	D	OP15	y	Improving access to domiciliary care capacity within the Vale	£35,000	£146,000	£146,000	£0		Number of individuals supported	tbc	Reduction in DTDCs for Western Vale	tbc	% of people whos care and support has helped improve their quality of life.	tbc	Performance data is delayed due to Covid19. Q4 stats will be provided retrospectively in the 2020-21 Q2 report and if possible for the Annual Report 2019-20.
	D	OP16	y	Mental Health Matters	£34,000	£135,000	£135,000	£0		Number of individuals supported	3,970	Patient and Carer satisfaction	100%	Increase in the number of people who are able to return home following an inpatient stay.	tbc	Performance data now being gathered for inclusion within 2020-21 Q2 report.
People with Dementia	D	DEM1	y	GP Diagnosis, care and support clinics	£20,000	£125,000	£78,000	£47,000		234 clinics will be held.	144 clinics	4-5 additional GPs will develop specialist skills.	7	Reduction in distance travelled for patients.	Clinics now available in 7 of the 9 GP cluster areas.	Baselines will be developed for 2020-21 following a review of performance in 2019-20.
	D	DEM2	y	Dementia Team around the Individual	£165,000	£709,000	£818,000	£109,000	This project was supported with underspend from the overall Dementia programme to support Dementia-related winter emergency pressures within the region.	Number of new referrals to link workers	804	Number of follow ups (direct and indirect contacts by link workers or other team members.	5,927	Improved patient reported outcome.	tbc via ongoing review.	Baselines will be developed for 2020-21 following a review of performance in 2019-20.
	D	DEM3	y	Dementia Care Training	£104,000	£189,000	£176,000	£13,000		Number of staff to be trained.	528	Positive course evaluations from trainees.	see comments	Improvement in Dementia Care Mapping scores.	tbc via ongoing review.	I have gained a much better understanding of dementia and the impact to the person on communication, language and vision. 'Easily one of the best courses I have been on, best study day in a long time'
	D	DEM4	y	Dementia Friendly Region	£3,000	£78,000	£29,000	£48,000		Increase in the number of dementia friends.	4,103	Increase in the number of active dementia friend champions.	21	Increase in number of organisations pledging to become dementia friendly.	93	Baselines will be developed for 2020-21 following a review of performance in 2019-20.
Child Protection	D	CP1	y	Child Prevention			£0	£0		To be confirmed.		To be confirmed		to be confirmed.		
TOTAL					£3,304,000	£11,035,000	£11,035,000	£0								

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WG project ref	Local project ref	template Y/N	Project Name	Project Description	Project Start Date	Investment Plan		Project budget holder	Primary Beneficiary	Secondary Beneficiary	Other Beneficiaries	Geographic footprint	Notes/Comments
						YR 1 TOTAL 2019-20	YR 2 TOTAL 2020-21						
WG total	REGIONAL TEXT		Regional text	Regional text	Regional text	YEAR ONE TOTAL	YEAR TWO TOTAL		SELECT JUST ONE	SELECT JUST ONE	SELECT ALL RELEVANT		
These cells are pre populated from investment plan													
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	OR1	y	Family Group Conferencing	Regional Delivery of Family Group Conferencing and enhancing the workforce	01.04.2019	302,000	304,000	Local Authority	Children at risk of becoming looked after	Carers	Children with complex needs	Regional	
	OR2	y	Adolescent Resource Services	Regionalising an adolescent service across Cardiff and the Vale of Glamorgan building on proof of concept delivery in Cardiff.	01.04.2019	390,000	401,000	Local Authority	Children at risk of becoming looked after	Carers		Regional	
	OR3	y	Therapeutic Intervention Services	Providing therapeutic support to children who are looked after and able to reduce placement breakdown and enhance the local provision of specialist services	01.04.2019	360,000	377,000	Health Board	Looked After Children/adopted	Children at risk of becoming looked after	Carers	Regional	
	OR4.1	y	Family Reunification (Vale of Glamorgan)	Effective, timely intervention to reunify the existing population of looked after children and preventing the need for care placements in the Vale of Glamorgan	01.04.2019	289,000	308,000	Local Authority	Children at risk of becoming looked after	Looked After Children/adopted	Carers	Local Authority	
	OR4.2	y	Family Reunification (Cardiff)	Effective, timely intervention to reunify the existing population of looked after children and preventing the need for care placements in Cardiff	01.04.2019	747,000	673,000	Local Authority	Children at risk of becoming looked after	Looked After Children/adopted	Carers	Local Authority	
	CLD1	y	Disability Futures Programme and ICF Management	Regional and integrated delivery of the disability change agenda	1.4.2019	256,000	243,000	Local Authority	Children with complex needs	People with learning disabilities	People with learning disabilities, Children with complex needs, Children at risk of becoming looked after	Local Authority	
	CLD2.1	y	IDSP: Transition	Improved access to timely assessment and planning – protocol development to embed approaches across agencies.	1.4.2019	282,000	266,000	Local Authority	Children with complex needs	People with learning disabilities	Carers	Local Authority	
	CLD2.2	y	IDSP: Joint Approaches to Continuing Care and Equipment	Implementing the Joint Working protocol for Children with Complex Needs and enhancing the workforce.	1.4.2019	217,000	287,000	Health Board	Children with complex needs	Carers	Children at risk of becoming looked after	Health Board	
	CLD2.3	y	IDSP: Enhancing the Health Offer	Enabling a blended diet and choice to eat (PEG project) Psychological interventions in the early years, improving acceptance of diagnosis and development of skills for parents, development of skills in the workforce	1.4.2019	151,000	102,000	Health Board	Children with complex needs	Carers		Health Board	
	CLD2.4	y	IDSP: Early Years Pathway Development	Development of early years key workers for children with additional needs – improved access for parents to a key worker to coordinate care	1.4.2019	80,000	69,000	Health Board	Children with complex needs	Carers	People with learning disabilities	Health Board	
	CLD2.5	y	IDSP: Positive Behaviour Support for Children	Developing approaches that support positive interactions with children with learning disabilities who may challenge.	1.4.2019	77,000	78,000	Health Board	Carers	Children with complex needs	Children at risk of becoming looked after, People with learning disabilities	Health Board	
	CLD3	y	Supported Accommodation	Development of accommodation solutions for adults with learning disabilities in Cardiff	1.4.2019	121,000	121,000	Local Authority	People with learning disabilities	Carers	Older people, People with dementia, Children with complex needs	Local Authority	
	CLD4	y	Enhanced Day Opportunities	Project embedded in CLD13 Pathways to Independence delivery as part of year 3 review and completion of capital project 1807- please see below.	00/01/1900	0	0						£0.00
	CLD5.1	y	Bespoke Respite	Provision of a regional adult placement scheme respite service in the Vale of Glamorgan for adults with Learning Disabilities reducing the need for residential respite placements	1.4.2019	103,000	103,000	Local Authority	Carers	People with learning disabilities	Young Carers	Local Authority	
	CLD5.2	y	Support Planning for Independence	Provision of a pilot service in the Vale of Glamorgan for adults with Learning Disabilities preparing individuals for independence and reducing the need for delivery of a statutory service	1.4.2019	105,000	105,000	Local Authority	People with learning disabilities	Carers	Young Carers	Local Authority	
	CLD6	y	Learning Disability Enablement	Delivery of a review function within adult learning disability services in Cardiff to reduce case management requirements	1.4.2019	117,000	117,000	Local Authority	People with learning disabilities	Carers		Local Authority	
	CLD7	y	Disability Front Door	Regional & integrated locality model to provide disability expertise and early assessments at first conversation/first contact with families across Cardiff and the Vale in partnership with the third sector	1.4.2019	70,000	70,000	Local Authority	Children with complex needs	Carers	People with learning disabilities, Children at risk of becoming looked after, Young Carers	Local Authority	
	CLD8	y	Enhanced Education Interface – Autism	Regional development of ASD services within Education to support early assessment of need and provision of targeted interventions. Enabling the workforce to be inclusive in their approaches to supporting children with ASD.	1.4.2019	71,000	71,000	Local Authority	Children with complex needs	Carers		Local Authority	
	CLD9	y	Family ADHD support services	Design and delivery of a Regional and integrated post diagnostic resource that enables parents of children aged 4-15 years to learn and embed strategies to support their child following a diagnosis of ADHD.	1.4.2019	45,000	0	Third Sector/Social Value Sector	Children at risk of becoming looked after	Carers		Third Sector/Social Value Sector	
	CLD10	y	Parents with Learning Difficulties	Regional service delivery to provide assessment and direct interventions to parents with learning difficulties to build skills in parenting to reduce risk of removal/reduction in court proceedings.	1.4.2019	113,000	113,000	Third Sector/Social Value Sector	Children at risk of becoming looked after	People with learning disabilities		Third Sector/Social Value Sector	
	CLD11	y	Primary Care Education for LD	A regional health led service to support primary care services in their approaches to delivery of health care to people with learning disabilities	1.4.2019	107,000	116,000	Health Board	People with learning disabilities	Carers	Older people, People with dementia	Health Board	
	CLD12	y	Pathways to Independence Close to Home	A regional team to support the delivery of bespoke and tailored local services that enable people with learning disabilities and complex needs to return or remain in their local area.	1.4.2019	277,000	281,000	Local Authority	People with learning disabilities	Carers	Children with complex needs	Local Authority	
	CLD13.1	y	Pathways to Independence Supporting the transition for those with complex needs	##REF1	1.4.2019	138,000	139,000	Local Authority	People with learning disabilities	Carers	Children with complex needs	Local Authority	

Children at risk of becoming looked after

Children with Complex Needs, Learning Disabilities and Carers

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0	CLD13.2	y	Pathways to Independence Successful planning for transition	People with learning disabilities are supported through Education to make choices about their future	1-4-2019		40,000	40,000	Local Authority	People with learning disabilities	Carers	Children with complex needs	Local Authority
0	CLD13.3	y	Pathways to Independence Support planning for independence	People with learning disabilities are enabled through support planning improve their independence and reduce isolation	1-4-2019		30,000	30,000	Local Authority	People with learning disabilities	Carers	Children with complex needs	Local Authority
0	CLD13.4	y	Pathways to Independence-Technological solutions for independence	Practitioners who support people with Learning Disabilities develop skills in supporting people through the use of technology	1-4-2019		60,000	61,000	Local Authority	People with learning disabilities	Carers	Older people, People with dementia, Children with complex needs	Local Authority
0	CLD14	y	Young Carers	Delivery of a service for across Cardiff and development of a local service offer, which supports regional alignment of services for young carers.			156,000	156,000	Third Sector/Social Value Sector	Young Carers	Carers	Older people, People with learning disabilities, Children with complex needs, Children at risk of	
0	OP17	y	Partnership Support	Management function to support the overall delivery of partnership working across the region.	Ongoing project		316,000	343,000	Health Board	All			regional
0	OP1	y	Independent Living Service	Cardiff focused service providing first point of contact to array of preventative and independent living services.	Ongoing project		523,000	543,000	Local Authority	Older people	Carers	People with learning disabilities, People with dementia, Young Carers	Local Authority
0	OP2	y	Single Point of Access	Vale-based service providing co-ordinated access to Council services and various Health Board-wide services.	Ongoing project		638,000	649,000	Local Authority	Older people	Carers	People with learning disabilities, Children with complex needs, People with learning	Local Authority
0	OP3	y	Cardiff Extended CRT and Bridging Team	Enhanced reablement to sustain and enhance patient discharge via Community Resource Teams.	Ongoing project		536,000	570,000	Local Authority	Older people	Carers		Identified community, Local Authority
0	OP4	y	CHST	Therapeutic support for targeted care homes to reduce hospital admission.	Ongoing project		142,000	142,000	Health Board	Older people	Carers, People with dementia	People with dementia	Identified community
0	OP5	y	Vale CRT and Bridging Team	Enhanced reablement to sustain and enhance patient discharge via Community Resource Teams.	Ongoing project		428,000	440,000	Local Authority	Older people	Carers	People with dementia	Local Authority
0	OP6	y	Vale Residential Discharge to Assess	Community based reablement unit to facilitate assessment and ongoing planning for patients' transition home from hospital.	Ongoing project		265,000	270,000	Local Authority, Local Authority	Older people	Carers	People with dementia	Local Authority
0	OP7	y	Cardiff Nursing Home Discharge to Assess	Nursing home based Community Assessment Unit to facilitate assessment and ongoing planning for patient's transition home from hospital.	Ongoing project		350,000	350,000	Health Board	Older people	Carers	People with dementia	Identified community
0	OP8	y	Accommodation Solutions	Region-wide Housing Officer service & step up / step down flats to assist hospital discharge / prevent admission.	Ongoing project		373,000	385,000	Local Authority	Older people	Carers		Regional
0	OP9	y	Integrated Discharge Service	Enhanced support for existing service to develop and sustain discharge planning skills.	Ongoing project		575,000	592,000	Health Board	Older people	People with dementia	Carers	Regional
0	OP10	y	Commissioning and Housing Support	Support for development of joint commissioning plans for long term care and support for a new Health, Housing and Care Board.	01.04.2019		66,000	88,000	Health Board	Older people	Carers	People with learning disabilities, People with dementia	Regional
0	OP11	y	Cardiff and Vale Carers Service	Provision of advice and support to carers across the region and support to take forward Carers priorities within the Area Plan	01.04.2019		198,000	182,000	Third Sector/Social Value Sector	Older people, Carers, Young Carers	Older people	People with learning disabilities, Children with complex needs, Children at risk of becoming looked	Regional
0	OP12	y	Outcomes Focused Domiciliary Care Pilot	Development of a new service model to help people live in their own homes and achieve outcomes that are important to them.	01.04.2019		90,000	68,000	Local Authority	Older people	Carers	People with dementia	Local Authority
0	OP13	y	Reducing Loneliness and Isolation	This project will seek to map current need and service provision, working to support the development of the Pfind 1 MI initiative within the region.	01.04.2019		40,000	40,000	Third Sector/Social Value Sector	Older people	Carers	Young Carers	Regional
0	OP14	y	Cardiff Residential Reablement Pilot	Community based reablement unit to facilitate assessment and ongoing planning for patients' transition home from hospital.	01.04.2019		409,000	372,000	Local Authority	Older People	Carers	People with dementia	Local Authority
0	OP15	y	Improving access to domiciliary care capacity within the Vale	Piloting a social value partnership to commissioning domiciliary packages of care and support.	01.04.2019		146,000	114,000	Local Authority	Older People	Carers	People with dementia	Local Authority
0	OP16	y	Mental Health Matters	Social Value partners working alongside ward staff to enhance the care of cognitively impaired inpatients.	Ongoing project		135,000	102,000	Health Board	People with Dementia	Older People	Carers	Regional
0	OP18	y	Reserve	to be allocated following completion of Q1 report in 2020-21	New		0	53,000	Health Board				
0	DEM1	y	GP Diagnostic, care and support clinics	Provision of GP led clinics to train a further groups of GPs to provide fortnightly Memory Clinics	Ongoing project		125,000	125,000	Health Board	People with Dementia	Older people	Carers	Regional
0	DEM2	y	Dementia Team around the individual	De-centralised 'Wraparound' service, locating Dementia specialists and link workers within existing Community Resource Teams.	Ongoing project		709,000	709,000	Health Board	People with Dementia	Older people	Carers	Regional

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People with	0	DEM3	y	Dementia Care Training	Upskilling for health and social care staff and informal carers to support people with dementia.	Ongoing project	189,000	189,000	Health Board	People with Dementia	Older people	Carers	Regional	
	0	DEM4	y	Dementia Friendly Region	Recruitment of a Dementia Friendly Communities Co-ordinator to drive forward the Dementia Friendly agenda.	Ongoing project	78,000	78,000	Health Board / Third Sector	People with Dementia	Older people	Carers	Regional	
							£11,035,000.00	#	£11,035,000.00					

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Investment Plan																						
WG project ref	Local project ref	Embedded Template/ link	Project Name	Project Description (brief summary)	Project Start Date	Planned project Completion date	Capital/ Revenue Links	Dementia Action Plan linked	Primary Focus of project - Children	Primary Focus of project - Adult	Primary Focus of project - Regional Capacity	Links to Area Plan Priorities (summary)	Level of preventative activity	Delivery Partners	Project Budget Holder	Geographical delivery footprint	Primary Beneficiary	Secondary Beneficiary	Other Beneficiaries	Delivery of the Quadruple Aim	10 Design Principles	Stakeholder Engagement in project design
WG text	REGIONAL TEXT	Regional text	Regional text	Regional text	Regional text	Regional text	Drop down list	Drop down list	Drop down list	Drop down list	Drop down list	Regional text	Drop down list	Drop down list - multiple	Drop down list	Drop down list	Drop down list	Drop down list	Drop down list - multiple	Drop down list - multiple	Drop down list - multiple	Drop down list - multiple
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CR1			Family Group Conferencing	Regional Delivery of Family Group Conferencing and enhancing the workforce	01.04.2019	31.03.2021	Yes	No	Family Group Conferencing approach	Early Help and Prevention	Regional Support for Social Value Sector	CYP2.1; CYP2.5; CYP2.6	3 - Intensive Support	Local Authority, Third Sector/Social Value Sector	Local Authority	Regional	Children at risk of becoming looked after	Carers	Children with complex needs	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety, Voice,	Workforce, Third Sector providers
CR2			Adolescent Resource Services	Regionalising an adolescent service across Cardiff and the Vale of Glamorgan building on proof of concept delivery in Cardiff.	01.04.2019	31.03.2021	Yes	No	Therapeutic intervention		Regional/Integrated planning and commissioning	CYP 2.1, CYP2.4	3 - Intensive Support	Local Authority	Local Authority	Regional	Children at risk of becoming looked after	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce	
CR3			Therapeutic Intervention Services	Providing therapeutic support to children who are looked after and adopted to reduce placement breakdown and enhance the local provision of specialist services	01.04.2019	31.03.2021	Yes	No	Therapeutic intervention	Other (please Specify below)	Regional/Integrated planning and commissioning	CYP2.2, CYP2.4; CYP2.5; CYP2.7	4 - Specialist Intervention	Health Board	Health Board	Regional	Looked After Children/adopted after	Children at risk of becoming looked after	Carers	Health and wellbeing, Quality and accessible services, Higher value health and care.	Prevention and early intervention, Safety, Higher value, Evidence driven, Scalable, Transformative	Workforce
CR4.1			Family Reunification (Vale of Glamorgan)	Effective, timely intervention to reunify the existing population of looked after children and preventing the need for care	01.04.2019	31.03.2021	No	No	Family re-unification	Early Help and Prevention	Other – (please specify below)	CYP2.4; CYP2.5; CYP2.7	3 - Intensive Support	Local Authority, Third Sector/Social Value Sector	Local Authority	Local Authority	Children at risk of becoming looked after	Looked After Children/adopted	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety, Higher value	Workforce, Third Sector providers
CR4.2			Family Reunification (Cardiff)	Effective, timely intervention to reunify the existing population of looked after children and preventing the need for care placements in Cardiff.	01.04.2019	31.03.2021	No	No	Family re-unification	Early Help and Prevention	Other – (please specify below)	CYP2.4; CYP2.5; CYP2.7	3 - Intensive Support	Local Authority, Third Sector/Social Value Sector	Local Authority	Local Authority	Children at risk of becoming looked after	Looked After Children/adopted	Carers	Health and wellbeing, Quality and accessible services, Higher value.	Prevention and early intervention, Safety, Higher value.	Workforce, Third Sector providers
OP17			Partnership Support	Management function to support the overall delivery of partnership working across the region.	Ongoing project	31.03.21	No	No			Regional Programme management and	Yes - please see proposal	4 - Specialist Intervention	All Partners	Health Board	Regional	All			Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Workforce, Social
CLD1			Disability Futures Programme and ICF Management	Regional and integrated delivery of the disability charge agenda	1.4.2019	31.3.2021	Yes	No	Other (please Specify below)	Other (please Specify below)	Regional Programme management and	CYP1.1; CYP2.1; CYP2.2; CYP2.7; LDA1.1; LDA1.2;	2 - Early Help and Support	Local Authority, Health Board, Third	Local Authority	Regional	Children with complex needs	People with learning disabilities	People with learning disabilities,	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce, Community members, Service
CLD2.1			IDSP: Transition	Improved access to timely assessment and planning – protocol development to embed approaches across agencies.	1.4.2019	31.3.2021	Yes	No	Other (please Specify below)	Other (please Specify below)		CYP1.2, CYP2.3	2 - Early Help and Support	Local Authority	Local Authority	Regional	Children with complex needs	People with learning disabilities	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce, Carers
CLD2.2			IDSP: Joint Approaches to Continuing Care and Equipment	Implementing the Joint Working protocol for Children with Complex Needs and enhancing the workforce	1.4.2019	31.3.2021	No	No	Other (please Specify below)			CYP1.1, CYP1.2	4 - Specialist Intervention	Local Authority, Health Board, Third Sector/Social	Health Board	Regional	Children with complex needs	Carers	Children at risk of becoming looked after	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety, Higher value	Workforce, Carers, Third Sector providers
CLD2.3			IDSP: Enhancing the Health Offer	Enabling a blended diet and choice to eat (PEG project) Psychological interventions in the early years, improving acceptance of	1.4.2019	31.3.2021	Yes	No	Other (please Specify below), Other (please Specify below)			CYP1.1, CYP1.2	4 - Specialist Intervention	Health Board, Third Sector/Social Value Sector,	Health Board	Regional	Children with complex needs	Carers	Health and wellbeing, Quality and accessible	Safety, Personalised, Voice, Evidence	Workforce, Carers, Third Sector providers	
CLD2.4			IDSP: Early Years Pathway development	Development of early years key workers for children with additional needs – improved access for parents to a key worker to	1.4.2019	31.3.2021	No	No	Other (please Specify below)			CYP1.1, CYP1.2	2 - Early Help and Support	Health Board, Local Authority	Health Board	Regional	Children with complex needs	Carers	People with learning disabilities	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Carers, Workforce, Third Sector providers
CLD2.5			IDSP: Positive Behaviour Support for Children	Developing approaches that support positive interactions with children with learning disabilities who may challenge.	1.4.2019	31.3.2021	No	No	Other (please Specify below)			LDA1.1; LDA1.2; LDA1.3; LDA1.4	3 - Intensive Support	Health Board	Health Board	Regional	Carers	Children with complex needs	Children at risk of becoming looked after, People with	Health and wellbeing, Quality and accessible	Prevention and early intervention, Independence,	Workforce, Carers
CLD3			Supported Accommodation	Development of accommodation solutions for adults with learning disabilities in Cardiff	1.4.2019	31.3.2021	No	No	Other (please Specify below)	Other (please Specify below)	Other – (please specify below)	LDA1.1 LDA1.3 LDA1.4	3 - Intensive Support	Local Authority	Local Authority	Local Authority	People with learning disabilities	Carers	Older people, People with dementia,	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce
CLD4			Enhanced Day Opportunities	Project embedded in CLD13 Pathways to Independence delivery as part of year 3 review and completion of capital project																		
CLD5.1			Bespoke Respite	Provision of a regional adult placement scheme respite service in the Vale of Glamorgan for adults with Learning	1.4.2019	31.3.2021	No	No	Other (please Specify below)		Other – (please specify below)	LDA1.1; LDA1.2; LDA1.3; LDA1.4	2 - Early Help and Support	Local Authority, Other	Local Authority	Regional	Carers	People with learning disabilities	Young Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce, Service Users - Adults, Carers
CLD5.2			Support Planning for Independence	Provision of a pilot service in the Vale of Glamorgan for adults with Learning Disabilities preparing individuals for	1.4.2019	31.3.2021	Yes	No	Other (please Specify below)			LDA1.1; LDA1.2; LDA1.3; LDA1.4; LDA1.5	2 - Early Help and Support	Local Authority	Local Authority	Regional	People with learning disabilities	Carers	Young Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Independence,	Workforce, Service Users - Adults
CLD6			Learning Disability Enablement	Delivery of a review function within adult learning disability services in Cardiff to reduce case management requirements	1.4.2019	31.3.2021	No	No	Other (please Specify below)			LDA1.1; LDA1.2; LDA1.3; LDA1.4; LDA1.5	2 - Early Help and Support	Local Authority	Local Authority	Local Authority	People with learning disabilities	Carers		Health and wellbeing, Health and wellbeing,	Prevention and early intervention, Safety,	Workforce
CLD7			Disability Front Door	Regional & integrated locality model to provide disability expertise and early assessments at first conversation/first	1.4.2019	31.3.2021	No	No	Information/Advice/Awareness raising		Regional support for Citizens/carers engagement	CYP1.1; CYP2.4; CYP2.7	1 - Self help, information and advice	Local Authority, Health Board, Third Sector/Social	Local Authority	Regional	Children with complex needs	Carers	People with learning disabilities,	Health and wellbeing, Quality and accessible	Prevention and early intervention, Independence,	Workforce, Carers, Third Sector providers
CLD8			Enhanced Education Interface – Autism	Regional development of ASD services within Education to support early assessment of need and provision of	1.4.2019	31.3.2021	No	No	Other (please Specify below)		Regional Workforce development/train	CYP1.1, CYP1.2; CYP2.2	2 - Early Help and Support	Local Authority	Local Authority	Regional	Children with complex needs	Carers	Motivated/sustainable workforce, Health and	Evidence driven, Scalable, Seamless	Workforce	
CLD9			Family ADHD support services	Design and delivery of a Regional and integrated post diagnostic resource that enables parents of children aged 4 -15 years	1.4.2019	31.3.2020	No	No	Early Help and Prevention			CYP1.1; CYP 2.4	2 - Early Help and Support	Health Board, Local Authority, Third Sector/Social	Third Sector/Social Value Sector	Regional	Children at risk of becoming looked after	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Higher value,	Workforce, Carers	
CLD10			Parents with Learning Difficulties	Regional service delivery to provide assessment and direct interventions to parents with learning difficulties to build	1.4.2019	31.3.2021	No	No	Other (please Specify below)	Other (please Specify below)	Other – (please specify below)	CYP2.4; CYP 2.5; CYP 2.6; CYP 2.7	4 - Specialist Intervention	Local Authority, Third Sector/Social Value Sector	Third Sector/Social Value Sector	Regional	Children at risk of becoming looked after	People with learning disabilities	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce, Third Sector providers, Carers, Service	
CLD11			Primary Care Education for LD	A regional health led service to support primary care services in their approaches to delivery of health care to people with	1.4.2019	31.3.2021	No	No	Other (please Specify below)			LDA1.4	2 - Early Help and Support	Health Board, Third Sector/Social Value Sector	Health Board	Regional	People with learning disabilities	Carers	Older people, People with dementia	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety, Evidence	Workforce
CLD12			Pathways to Independence - Close to Home	A regional team to support the delivery of bespoke and tailored local services that enable people with learning disabilities and	1.4.2019	31.3.2021	No	No	Other (please Specify below)			LDA1.1; LDA1.3; LDA1.4; AYCL1.2; AYCL1.3; AYCL1.4; AYCL1.5; AYCL1.6	4 - Specialist Intervention	Local Authority, Health Board, Third Sector/Social	Local Authority	Regional	People with learning disabilities	Carers	Children with complex needs	Health and wellbeing, Quality and accessible	Prevention and early intervention, Independence,	Workforce, Carers, Service Users - Adults
CLD13.1			Pathways to Independence - Supporting the transition for those with complex needs	Development of complex needs day opportunities service alongside Education to support adults with learning disabilities	1.4.2019	31.3.2021	Yes	No	Other (please Specify below)	Other (please Specify below)	Other – (please specify below)	AYCL1.2; AYCL1.4; AYCL1.5; AYCL1.6	3 - Intensive Support	Local Authority, Other	Local Authority	Regional	People with learning disabilities	Carers	Children with complex needs	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce, Service Users - Adults, Service Users -
CLD13.2			Pathways to Independence - Successful planning for transition	People with learning disabilities are supported through Education to make choices about their future	1.4.2019	31.3.2021	No	No	Other (please Specify below)	Other (please Specify below)		LDA1.1; LA1.3; LDA1.4;	2 - Early Help and Support	Local Authority, Other	Local Authority	Regional	People with learning disabilities	Carers	Children with complex needs	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce, Carers
CLD13.3			Pathways to Independence - Support planning for independence	People with learning disabilities are enabled through support planning improve their independence and reduce isolation	1.4.2019	31.3.2021	No	No	Other (please Specify below)	Other (please Specify below)		LDA1.1; LDA1.2; LA1.3; LDA1.4; LDA1.5	2 - Early Help and Support	Local Authority	Local Authority	Regional	People with learning disabilities	Carers	Children with complex needs	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce
CLD13.4			Pathways to Independence - Technological solutions for independence	Practitioners who support people with Learning Disabilities develop skills in supporting people through the use of	1.4.2019	31.3.2021	No	No	Other (please Specify below)			LDA1.1; LDA1.2; LA1.3; LDA1.4; LDA1.5	1 - Self help, information and advice	Local Authority, Third Sector/Social Value Sector	Local Authority	Regional	People with learning disabilities	Carers	Older people, People with dementia,	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce, Third Sector providers, Carers, Service
CLD14			Young Carers	Delivery of a service for across Cardiff and development of a local service offer, which supports regional alignment of services for	1.4.2019	31.3.2021	No	No	Other (please Specify below)			AYCL1.2; AYCL1.4; AYCL1.5; AYCL1.6	2 - Early Help and Support	Local Authority, Third Sector/Social Value Sector	Local Authority	Local Authority	Young Carers		Older people, People with learning	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce
OP17			Partnership Support	Management function to support the overall delivery of partnership working across the region.	Ongoing project	31.03.21	No	No			Regional Programme management and evaluation / regional partnership board	Yes - please see proposal	4 - Specialist Intervention	Health Board	Health Board	Regional	All			Health and wellbeing, Quality and accessible services, Higher value health and care,	Prevention and early intervention, Safety, Independence, Personalised, Voice,	Service Users - Adults, Workforce, Social Value/Third Sector / Community
OP1			Independent Living Service	Cardiff focused service providing first point of contact to array of preventative and independent living services.	Ongoing project	31.03.21	No	No	Information, advice, awareness raising.			Yes - please see proposal	1 - Self help, information and advice	Health Board, Local Authority, Third Sector/Social	Local Authority	Local Authority	Older people	Carers	People with learning disabilities, People	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Carers, Workforce, Third
OP2			Single Point of Access	Vale-based service providing co-ordinated access to Council services and various Health Board-wide services.	Ongoing project	31.03.21	No	No	Early help and prevention			Yes - please see proposal	2 - Early Help and Support	Health Board, Local Authority, Third Sector/Social	Local Authority	Local Authority	Older people	Carers	People with learning disabilities,	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Workforce, Third Sector providers
OP3			Cardiff Extended CRT and Bridging Team	Enhanced enablement to sustain and enhance patient discharge via Community Resource Teams.	Ongoing project	31.03.20	No	No	Integrated Community Teams			Yes - please see proposal	3 - Intensive Support	Local Authority, Health Board, Third Sector/Social	Local Authority	Identified community, Local Authority	Older people	Carers	Health and wellbeing, Quality and accessible	Health and wellbeing, Quality and accessible	Workforce	
OP4			CHIST	Therapeutic support for targeted care homes to reduce hospital admission.	Ongoing project	31.03.21	No	No	New accommodation / residential			Yes - please see proposal	3 - Intensive Support	Health Board, Private/Independent sector	Health Board	Identified community	Older people	Carers, People with dementia	People with dementia	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults

Measuring impact			Notes/Comments
Project outcome measure (How Much?)	Project outcome measure (How Well?)	Project outcome measures (difference made?)	
# of staff awareness training sessions	% of FGC meetings with independent coordinator	% of children deregistered as result of FGC	
# of referrals received	% of referrals progressed in 2 working days	% of practitioners reporting improved	
# children receiving therapy	% of parents satisfied with service	% TP with improved school attendance	
# of foster carer interventions	% of stakeholders satisfied with service	% of parents reporting improved well-being	
# families worked with	% contact sessions taking place % families	% young people with improved well-being	
# children maintained in	% contact sessions taking place % families reporting service	% young people with improved well-being	
Provision of RPB Formal meetings and workshops.	Timely submission of Welsh Government	Qualitative feedback from partners.	Baselines will be reviewed and updated following collation of 2018-19 performance.
22 ICF managed projects deliver outcomes	200 people attend engagement events	80% of staff reporting improvements in	Primary focus is Children/ Adults programme
12 TRIG meetings 60 people have an allocated	90% of young people supported to participate in	80% of individuals reporting voice and control in	Primary focus is children with complex needs
20 joint assessments for continuing care	90% of referrals receive a multiagency	% parents reporting improved well-being	Primary focus is children with complex needs not
6 young people supported with blended diet	90% of parents who feel better supported to	80% of children with improved well-being	Primary focus is children with complex needs not
40 children to receive coordination from	80% of parents reporting their services are	80% of parents report improved emotional well-being	Primary focus is children with complex needs not
6 staff trained in PBM 20 PBS	80% of practitioners with improved skills in	80% parents and carers report improved	Primary focus is children with complex needs not
70 reviews conducted	80% of adults with LD have an integrated transfer	90% of adults in supported accommodation	Primary focus is adults with LD - not listed on drop-
See 13.5	See 13.5	See 13.5	
25 adults receive respite in a placement that	90% adults reporting service satisfaction	70% people report feeling connected to community via	Primary focus is adults with LD - not listed on drop-
50 people receive support planning to help prepare	90% of adults are supported to identify	80% of people report increased independence	Primary focus is adults with LD - not listed on drop-
300 reviews completed per year	80% of review caseload maintained by	80% of people reporting they are in control of their	Primary focus is adults with LD - not listed on drop-
500 parents supported with information and	95% parents feel better informed	95% parents report confidence to independently	Primary focus is adults with LD - not listed on drop-
35 children to access pre-diagnostic support	80% of children staff worked with maintained in	85% education staff report with improved ability to	Primary focus is staff report - not listed on drop-
90% parents and carers to be supported via ADHD	80% of parents and carers successfully	90% of parents and carers report feeling better	Primary focus is adults with LD - not listed on drop-
20 families to be supported with intense	90% of referring professionals report service	75% of parents supported demonstrate an	Primary focus is adults with LD - not listed on drop-
6 awareness training sessions delivered to	65% improvement initiatives completed	80% of people with LD report knowing how to	Primary focus is adults with LD - not listed on drop-
3 people supported to return to home	90% of staff report improved confidence in	70% of carers report improved well-being through	Primary focus is adults with LD - not listed on drop-
4 young adults with complex needs access day	90% of staff in schools understand the	100% of adults take part in local activities that	Primary focus is adults with LD - not listed on drop-
40 young people and their families supported by ELO	75% of young people accessing timely transition support	95% of young people report feeling well-	Primary focus is adults with LD - not listed on drop-
50 people receive support planning to help prepare	90% of adults are supported to identify	80% of people report increased independence	Primary focus is adults with LD - not listed on drop-
50 practitioners trained in technological	90% of practitioners reporting	80% of practitioners report improved	Primary focus is adults with LD - not listed on drop-
100 young carers receive a service	80% of young carers report service satisfaction	90% of young carers report improved well-being	Primary focus is young carers - not listed on drop
28,000 calls will be received	E4m additional income will be accessed	65% of new cases will be dealt with directly with no	Baselines will be reviewed and updated following
7,000 triage team referrals will be received	500 hospital discharges will be facilitated	65% of new cases will be dealt with directly with no	Baselines will be reviewed and updated following
No of people to receive support.	No of hospital discharges assisted.	No of people returning home with no package of	Baselines will be reviewed and updated following
10 homes to have support.	Intervention training programme to be	Reduction in number of emergency	Baselines will be reviewed and updated following

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Older People	OP5	Vale CRT and Bridging Team	Enhanced reablement to sustain and enhance patient discharge via Community Resource Teams.	Ongoing project	31.03.21	No	no	no	Integrated Community Teams	Yes - please see proposal	3 - Intensive Support	Local Authority, Health Board, Third Sector/Social	Local Authority	Local Authority	Older people	Carers	People with dementia	Health and wellbeing, Quality and accessible	Health and wellbeing, Quality and accessible	Service Users - Adults, Workforce, Third Sector	No of people to receive support.	No of hospital discharges assisted.	No of people returning home with no package of	Baselines will be reviewed and updated following
	OP6	Vale Residential Discharge to Assess	Community-based reablement unit to facilitate assessment and ongoing planning for patients' transition home from hospital.	Ongoing project	31.03.21	No	no	no	Step Up/Down from Hospital	Yes - please see proposal	3 - Intensive Support	Local Authority, Health Board, Private/Independent	Local Authority, Local Authority	Local Authority	Older people	Carers	People with dementia	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Carers, Workforce,	No of service users	No of people returning home with no package of	Cost saving	Baselines will be reviewed and updated following
	OP7	Cardiff Nursing Home Discharge to Assess	Nursing-home based Community Assessment Unit to facilitate assessment and ongoing planning for patient's transition home from hospital.	Ongoing project	31.03.21	No	no	no	Step Up/Down from Hospital	Yes - please see proposal	4 - Specialist Intervention	Health Board, Private/Independent sector	Health Board	Identified community	Older people	Carers	People with dementia	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults	No of service users	No of people returning home with no package of	Cost saving	Baselines will be reviewed and updated following
	OP8	Accommodation Solutions	Region-wide Housing Officer service & step up / step down flats to assist hospital discharge / prevent admission.	Ongoing project	31.03.21	No	no	no	Step Up/Down from Hospital	Yes - please see proposal	4 - Specialist Intervention	Local Authority	Local Authority	Regional	Older people	Carers		Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults	520 referrals will be received.	220 hospital discharges will be assisted.	Cost avoidance.	Baselines will be reviewed and updated following
	OP9	Integrated Discharge Service	Enhanced support for existing service to develop and sustain discharge planning skills.	Ongoing project	31.03.21	No	no	no	Step up/down from hospital	Yes - please see proposal	4 - Specialist Intervention	Local Authority, Health Board, Third Sector/Social	Health Board	Regional	Older people	People with dementia	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults	No of referrals	Staff satisfaction with training.	Reduction in number of delays associated with	Baselines will be reviewed and updated following
	OP10	Commissioning and Housing Support	Support for development of joint commissioning plans for long term care and support for a new Health, Housing and Care	01.04.2019	31.03.21	No	no	no	Regional / integrated planning and	Yes - please see proposal	4 - Specialist Intervention	Local Authority, Health Board, Housing	Health Board	Regional	Older people	Carers	People with learning disabilities, People	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Workforce, Third	Roll out of common contract.	development of health, housing and care work	Ongoing evaluation of commissioning	
	OP11	Cardiff and Vale Carers Service	Provision of advice and support to carers across the region and support to take forward Carers priorities within the Area	01.04.2019	31.03.20	No	no	no	Step Up/Down from Hospital	Yes - please see proposal	1 - Self help, information and advice	Local Authority, Health Board, Third Sector/Social	Third Sector/Social Value Sector	Regional	Older people, Carers, Young Carers	Older people	People with learning disabilities,	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Workforce, Third Sector	Support for 250 carers.	Implementation of a Carers Expert Panel to ensure a	Carers will be better informed on issues that	Baselines will be developed for 2020-21 following
	OP12	Outcomes Focused Domiciliary Care Pilot	Development of a new service model to help people live in their own homes and achieve outcomes that are important to them.	01.04.2019	31.03.20	No	Yes	Yes	Emotional Health & Wellbeing /Loneliness&	Yes - please see proposal	3 - Intensive Support, 4 - Specialist	Local Authority, Third Sector/Social Value Sector,	Local Authority	Local Authority	Older people	Carers	People with dementia	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce	Number of domiciliary care hours provided.	Number of patient focused outcomes achieved.	Service users will feel that their independence has	Baselines will be developed for 2020-21 following
	OP13	Reducing Loneliness and Isolation	This project will seek to map current need and service provision, working to support the development of the Frind I MI initiative	01.04.2019	31.03.20	No	no	no	Emotional Health and Wellbeing/Loneline	Yes - please see proposal	2 - Early Help and Support	Local Authority, Health Board, Third Sector/Social	Third Sector/Social Value Sector	Regional	Older people	Carers	Young Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Workforce, Third Sector	Completion of mapping exercise	To be confirmed following completion of	To be confirmed following completion of	Baselines will be developed for 2020-21 following
	OP14	Cardiff Residential Reablement Pilot	Community-based reablement unit to facilitate assessment and ongoing planning for patients' transition home from hospital.	01.04.2019	31.03.21	No	no	no	Stay at Home / Return Home	Yes - please see proposal	3 - Intensive support	Local Authority, Private/Independent	Local Authority	Local Authority	Older People	Carers	People with dementia	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Workforce	No of service users	No of people returning home with no package of	Cost saving	Baselines will be developed for 2020-21 following
	OP15	Improving access to domiciliary care capacity within the Vale	Piloting a social value partnership to commissioning domiciliary packages of care and support.	01.04.2019	31.03.21	no	no	no	Stay at Home / Return Home	Yes - please see proposal	3 - Intensive support	Local Authority, Third Sector/Social Value	Local Authority	Local Authority	Older People	Carers	People with dementia	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Workforce, Social Value/Third	Number of individuals supported	Reduction in DTCs for Western Vale	% of people whos care and support has helped	Baselines will be developed for 2020-21 following
	OP16	Mental Health Matters	Social Value partners working alongside ward staff to enhance the care of cognitively impaired inpatients.	Ongoing project	31.03.21	No	no	no	Emotional Health & Wellbeing /Loneliness&	Yes - please see proposal	4 - Specialist Intervention	Local Authority, Health Board, Social Value,	Health Board	Regional	People with Dementia	Older People	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Workforce, Third Sector	Number of individuals supported	Patient and Carer satisfaction	Increase in the number of people who are able to	Baselines will be reviewed and updated following
	OP17	Partnership Support	Management function to support the overall delivery of partnership working across the region.	Ongoing project	31.03.21	No	no	no	Regional Programme management and	Yes - please see proposal	4 - Specialist Intervention	All Partners	Health Board	Regional	All			Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service Users - Adults, Workforce, Social	Provision of RPB Formal meetings and workshops.	Timely submission of Welsh Government	Qualitative feedback from partners.	Baselines will be reviewed and updated following
	People with Dementia	DEM1	GP Diagnosis, care and support clinics	Provision of GP-led clinics to train a further groups of GPs to provide fortnightly Memory Clinics	Ongoing project	31.03.21	No	Yes	Assessment and Diagnosis	Yes - please see proposal	2 - Early Help and Support	Local Authority, Health Board, Third Sector/Social	Health Board	Regional	People with Dementia	Older people	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service users, carers, social value / third sector.	234 clinics will be held.	4-5 additional GPs will develop specialist skills.	First appointment within 28days.	Baselines will be developed for 2020-21 following
		DEM2	Dementia Team around the Individual	De-centralised 'Wraparound' service, locating Dementia specialists and link workers within existing Community	Ongoing project	31.03.21	No	Yes	Assessment and Diagnosis	Yes - please see proposal	2 - Early Help and Support	Local Authority, Health Board, Third Sector/Social	Health Board	Regional	People with Dementia	Older people	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service users, carers, social value / third sector.	Number of new referrals to link workers	Service user satisfaction rate.	Improved patient reported outcome.	Baselines will be developed for 2020-21 following
		DEM3	Dementia Care Training	Upskilling for health and social care staff and informal carers to support people with dementia.	Ongoing project	31.03.21	No	Yes	All areas.	Yes - please see proposal	2 - Early Help and Support	Local Authority, Health Board, Third Sector/Social	Health Board	Regional	People with Dementia	Older people	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service users, carers, social value / third sector.	2,500 staff to be trained.	Positive course evaluations from trainees.	Improvement in Dementia Care Mapping scores.	Baselines will be developed for 2020-21 following
		DEM4	Dementia Friendly Region	Recruitment of a Dementia Friendly Communities Co-ordinator to drive forward the Dementia Friendly agenda.	Ongoing project	31.03.21	No	Yes	All areas.	Yes - please see proposal	1 - Self help, information and advice	Local Authority, Health Board, Third Sector/Social	Health Board / Third Sector	Regional	People with Dementia	Older people	Carers	Health and wellbeing, Quality and accessible	Prevention and early intervention, Safety,	Service users, carers, social value / third sector.	Increase in the number of dementia friends.	Service users and carers will feel more supported in	Extension of Dementia Friendly Region.	Baselines will be developed for 2020-21 following

Integrated Care Fund 2020-21: SUMMARY TABLE



REGIONAL PARTNERSHIP BOARD: Cardiff and the Vale

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PRIORITY AREA	WG Allocation	Regional	% regional	% age breakdown of total	Budget	Indication of level of spend per:		
						Health Board	Local Authority	Third sector
Older People with complex needs / Carers	£4,895,000	£4,887,000	101%	42%	£4,819,000	£1,186,000	£3,411,000	£222,000
People with Learning Disabilities, Children with complex needs and Young Carers	£2,879,000	£2,616,000	259%	9%	£1,010,000	£116,000	£894,000	£0
			0%	7%	£865,000	£458,000	£407,000	£0
			0%	2%	£181,000	£78,000	£103,000	£0
			0%	1%	£156,000		50206	£106,000
Children at risk of becoming looked after	£2,160,000	£2,088,000	96%	19%	£2,176,000	£ 377,000.00	£ 1,686,000.00	£ 113,000.00
Regional Capacity/Infrastructre		£343,000	#REF!	#REF!	#REF!	£343,000		0
RING FENCED ELEMENTS								
People with Dementia (Dementia Action Plan)	£1,101,000	£1,101,000	100%	9%	£1,101,000	£1,023,000		£78,000
WCCIS	£201,000	£201,000	#DIV/0!	0%				
Integrated Autism Service	£367,000	£367,000	100%	3%	£367,000			
TOTAL	£11,603,000	£11,603,000	#REF!	#REF!	#REF!	£3,581,000	£6,551,206	£519,000

Total regional allocation £ 11,402,000.00

% age Breakdown 30.9% 56.5% 4.5%

Unallocated #REF!

PRIORITY AREA	WG Allocation	Regional	% regional	% age breakdown of total	Budget	Indication of level of spend per:		
						Health Board	Local Authority	Third sector
Older People with complex needs	£4,895,000	£4,914,000	100%	43%	£4,914,000	£1,204,000	£2,838,000	£872,000
People with Learning Disabilities Children with Complex Needs	£2,879,000	£2,616,000	100%	23%	£2,616,000	£708,000	£1,410,000	£498,000
			#DIV/0!	0%				
			#DIV/0!	0%				
			#DIV/0!	0%				
Children - Prevention agenda								
Children at risk of becoming looked after	£2,160,000	£2,088,000	100%	18%	£2,088,000	£ 360,000.00	£ 1,142,000	£ 586,000.00
Regional Capacity/Infrastructre		£316,000	100%	3%	£316,000	£316,000		
People with Dementia (Dementia Action Plan)	£1,101,000	£1,101,000	100%	10%	£1,101,000	£1,023,000		78000
TOTAL	£11,603,000	£11,603,000	100%	102%	£11,035,000	£3,611,000	£5,390,000	£2,034,000
RING FENCED ELEMENTS								
WCCIS	£201,000	£201,000	100%	2%	£201,000			
Integrated Autism Service	£367,000	£367,000	100%	3%	£367,000			
TOTAL	£11,603,000	£11,603,000	100%	102%	£11,603,000			

£4,914,000

% age Breakdown 32.7% 48.8% 18.4%

Brickley Review 09/16/2020



Cardiff & Vale of Glamorgan
**INTEGRATED HEALTH
& SOCIAL CARE PARTNERSHIP**

**PARTNERIAETH IECHYD
& GOFAL CYMDEITHASOL INTEGREDIG**
Caerdydd & Bro Morgannwg



Cardiff & Vale of Glamorgan
**INTEGRATED HEALTH
& SOCIAL CARE PARTNERSHIP**

**PARTNERIAETH IECHYD
& GOFAL CYMDEITHASOL INTEGREDIG**
Caerdydd & Bro Morgannwg

Integrated Care Fund Written Agreement

2017/18 – 2020/21

Year 4 – June 2020

Integrated Care Fund Written Agreement

Funding Programme: Welsh Government Integrated Care Fund (ICF)

Time Period: 2017/18 – 2020/21
(with annual review)

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

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Funding:

Revenue Allocation (2020/21)

Core Revenue Allocation	£
Frail and older people (including carers)	4,895,000
People with learning disabilities, children with complex needs and carers	2,879,000
Children – early intervention and support to children and families	2,159,000
Integrated Autism Service	367,000
Welsh Community Care Information System	200,000
Dementia	1,101,000
Total	11,405,000

Capital Allocation

	£
2018-19	3,810,000
2019-20	4,445,000
2020-21	5,080,000
	13,335,000

Terms and Conditions: Please refer to the [Welsh Government ICF Guidance 2020-21](#)

1. General Principles

- 1.1 To have good working relationships for the mutual benefit of all partners to enable delivery of effective programme outcomes.
- 1.2 A commitment from all partners to working in partnership to achieve the aims of the funding set out in the guidance, including delivering best value for money within the available funding.
- 1.3 A commitment from all partners to undertake effective performance management and monitoring of outcomes to enable impact to be demonstrated across the Programme.

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1.4 To share relevant information and intelligence across the Partnership, including any sensitive messages emerging which may impact on partners. Observation of confidentiality must be undertaken in relation to shared information not in the public domain.

1.5 A commitment to ensuring accurate records of expenditure and complying with any audit requirements as necessary.

2. Status of the Written Agreement

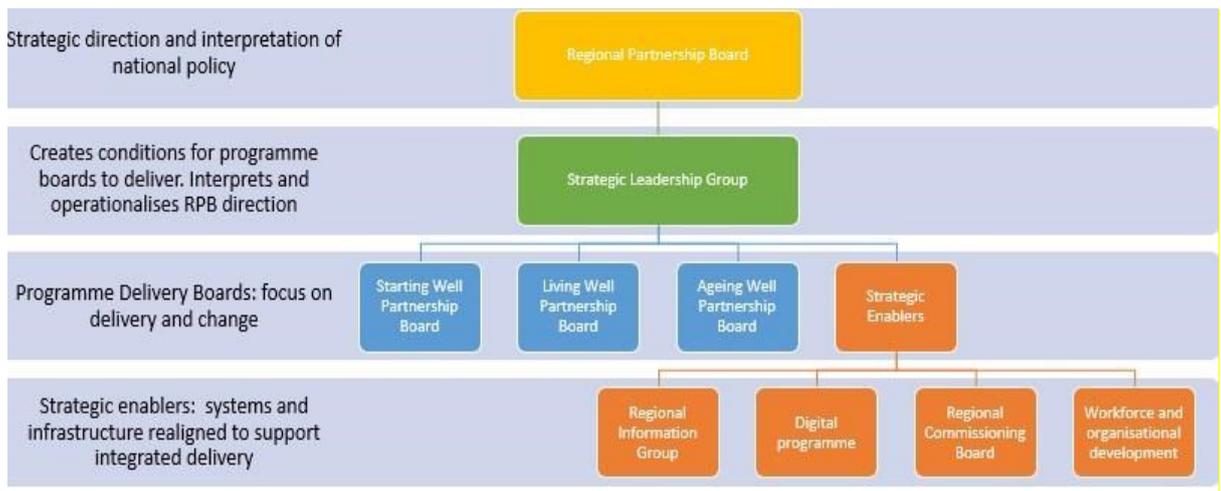
2.1 The partners acknowledge that it is not their intention for this Written Agreement to have a binding legal effect. Rather it is a statement of their shared intention to work together in a spirit of cooperation for the benefits of residents in Cardiff and the Vale of Glamorgan.

2.2 This Written Agreement will be in force for the duration of the ICF between 2017/18 and 2020/21 and is subject to review on an annual basis.

2.3 The Written Agreement can be reviewed at the request of any partner at any time but any changes will need the agreement of all parties concerned.

3. Governance Arrangements

3.1 The governance of the ICF Programme will be aligned within a new governance structure that is currently under development for the RPB as a whole. This new emerging structure is currently proposed as outlined below. Once agreed, each ICF programme will be allocated to the most appropriate Delivery Board for performance management and assurance.



3.2 The statutory **Regional Partnership Board (RPB)** is responsible for agreeing and managing overall strategic direction and ensuring effective governance of the Integrated Care Fund. The Board will agree the planning and use of the funding, as well as ensuring delivery, to maximise outcomes for people and the effective and efficient use of resources. The RPB has four formal meetings throughout the year, and will receive quarterly progress reports, including a summary Risk Register and associated action plan. The Terms of Reference of the RPB is provided in **Appendix 1**. The RPB has responsibility for linking with the Public Service

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Boards for both Cardiff and the Vale of Glamorgan to ensure collaboration and co-ordination of the Area Plan.

- 3.3 The **Strategic Leadership Group** meets on a monthly basis and has responsibility for making recommendations to the Regional Partnership Board in relation to funding priorities. The Group will also undertake ongoing monitoring and review of the ICF Programme and will receive a quarterly overview of all projects relating to the Programme along with a summary Risk Register and associated action plan. The Strategic Leadership Group will undertake action to mitigate issues impacting on delivery and funding. The SLG will also approve quarterly reports to Welsh Government if required before formal ratification by the Regional Partnership Board.
- 3.4 The various programmes within the ICF will be overseen operationally within one of three portfolio priorities: Starting Well, Living Well and Ageing Well. Each priority area will take responsibility for the relevant ICF projects alongside management of similar Transformation funded developments where appropriate.
- 3.5 The **Third Sector** is engaged in developing and approving the Revenue Investment Plan through their representation on the Regional Partnership Board, Strategic Leadership Group and ICF Programme Board. The Partnership has adopted an approach that ensures investment within the social value sector wherever it is judged to be most appropriate in securing agreed outcomes.
- 3.6 The day-to day management of the ICF programme will be undertaken by the Programme Manager for Health, Social Care and Wellbeing. Further information is available by contacting hsc.integration@wales.nhs.uk.
- 3.7 The Cardiff and Vale UHB Joint Management Executive will receive a copy of the quarterly performance reports for information following ratification by the RPB. The reports will also be available for scrutiny via Local Authority organisations as required.

4. Roles and Responsibilities

4.1 Lead Partner: Cardiff and Vale UHB

- 4.1.1 Cardiff and Vale UHB has set in place capacity to manage and administer the funding in terms of programme management, financial monitoring and reporting to Welsh Government in respect of the Integrated Care Fund. This capacity is provided via the Integrated Health and Social Care (IHSC) Partnership, hosted by the UHB but working on behalf of all partners. The Director of Health and Social Care Integration will hold responsibility for ensuring the overall strategic direction of the ICF whilst programme management and performance will be managed by the Programme Manager for Health, Social Care and Wellbeing.
- 4.1.2 The IHSC Partnership will ensure that all Welsh Government's funding pre-conditions, funding claims, monitoring, evaluation, audit and general obligations are met within the quarterly reporting timescales set out by Welsh Government:

31st July 2020;

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31st October 2020;
31st January 2021;
30th April 2021.

- 4.1.3 All quarterly reports and claims will be signed off by the Chair of the Regional Partnership Board, Chief Executive and Executive Director of Finance at Cardiff and Vale UHB, or their nominated Deputies in line with Welsh Government processes. Quarterly reports will be considered and approved by the Strategic Leadership Group and Regional Partnership Board
- 4.1.4 Cardiff and Vale UHB, in conjunction with the lead officers in Cardiff Council and Vale of Glamorgan Council, will have responsibility for ensuring the management of any potential over commitment, underspend and slippage monies.
- 4.1.5 Cardiff and Vale UHB will work with partners to complete an evaluation of all projects at the end of each year to inform potential developments for the new financial year. This process will also be used to inform decisions about next steps in relation to ICF-funded services e.g. mainstreaming, and / or the development of exit strategies. This will then form part of the Annual Report of the Regional Partnership Board.
- 4.1.6 Cardiff and Vale UHB will have responsibility for ensuring that appropriate systems are set in place to undertake 'due diligence' before utilising any part of the funding to provide a grant or procure any goods or services from third parties.

4.2 All Partners

- 4.2.1 Each partner with a responsibility for management of any activity funded through the programme will have responsibility for ensuring that funding is used for the agreed purpose in line with ICF Guidance, is delivered on time and within budget.
- 4.2.2 Each partner will be responsible for producing the required progress reports in relation to programme activity, outcomes delivered and financial expenditure/slippage. This information will be collated and reported to WG as part of the overall progress report for Cardiff and Vale of Glamorgan.
- 4.2.3 Each partner will be responsible for ensuring that appropriate data is collected throughout the funding period to enable outcomes and outputs to be reported. This also includes case studies which can be used to promote the work of the Partnership.
- 4.2.4 Each partner will be responsible for informing the Cardiff and Vale UHB of any potential underspend or slippage as soon as the project is aware of issues or delays.
- 4.2.5 Where the employment of staff is required each partner will be responsible for ensuring that additional staff are engaged either through secondment or employment contracts to coincide with the terms of this funding and that appropriate exit strategies are in place for any posts created. Each partner will be responsible as the Employer for any arrangements made. Funding will not be available to cover any payments on termination of employment contracts.
- 4.2.6 Each partner will be responsible for due diligence in utilising ICF to third parties, working with the Lead Partner to ensure that appropriate systems are in place for effective monitoring of grant schemes and the procurement of goods and services.

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4.2.7 Each partner will be responsible for ensuring that any risks associated with their projects are effectively managed and reported to the Programme/Project Manager to contribute to the development of a Programme Risk Register.

4.2.8 Each partner agrees to bear their own costs in relation to any ineligible or non-allowable expenditure incurred and identified, either prior to any funding claim or subsequent to a claim however identified. Should Cardiff and Vale UHB have to repay funding as a result of ineligible expenditure by a partner, then that partner agrees to reimburse Cardiff and Vale UHB within a reasonable period.

5. Disagreement Resolution

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

6. Good practice and innovation

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

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

7. ICF Revenue Investment Plan and Capital Funding

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

8. Signatories

The Written Agreement in relation to the Integrated Care Fund for 2020/21 is agreed by the following:

Organisation	Name	Designation	Signature	Date
Cardiff and Vale Regional Partnership Board	Cllr Susan Elsmore	Chair		
Cardiff and Vale Regional Partnership Board	Cllr Ben Gray	Vice Chair		



Cardiff and Vale Regional Partnership Board	Charles Janczewski	Vice Chair		30/07/2020
Cardiff and Vale UHB	Len Richards	Chief Executive		30/07/2020
Cardiff and Vale UHB	Bob Chadwick	Director of Finance		30/07/2020

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

1. BACKGROUND

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

2. PURPOSE

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

- Inform the development of the Cardiff and Vale of Glamorgan Public Service Board's Wellbeing Plans and support delivery in response to the requirements of the Wellbeing of Future Generations Act 2015.

2.2 The Regional Partnership Board will prioritise the integration of services in relation to:

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

3. DELEGATED POWERS AND AUTHORITY

3.1 The Regional Partnership Board is authorised by the Cardiff and Vale University Health Board, Cardiff Council and the Vale of Glamorgan Council to deliver the requirements of Part 9 of the Act.

3.2 The Regional Partnership Board has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Partnership Board.

4. MEMBERSHIP

4.1 The Regional Partnership Board must include:

- At least one elected member of each of Cardiff City and County Council and Vale of Glamorgan Council;
- At least one member of Cardiff and Vale University Health Board;

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- The persons appointed as Directors of Social Services under section 144 of the Act in respect of Cardiff City and County Council and Vale of Glamorgan Council, or their nominated representatives;
- A representative of Cardiff and Vale University Health Board;
- Two persons who represent the interests of the third sector organisations in the area covered by the Regional Partnership Board;
- At least one person who represents the interests of care providers in the area covered by the Regional Partnership Board;
- One person to represent people with needs for care and support in the area covered by the Regional Partnership Board;
- One person to represent carers in the area covered by the Regional Partnership Board;
- One representative of each of Cardiff Third Sector Council and Glamorgan Voluntary Services;
- One representative of a national third sector organisation.

4.2 Officers, organisations or individuals will be invited to attend as required, or may be co-opted to be members of the Regional Partnership Board as appropriate.

4.3 A Chair and two Deputies from the University Health Board and the two Local Authorities will be selected from amongst the membership on a bi-annual basis.

5. MEETINGS

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

Frequency of Meetings

5.2 The Regional Partnership Board will meet four times per year on a formal basis.

5.3 In addition to the formal Board Meetings, Development sessions and/or Workshops will be undertaken to develop the priorities of the Partnership's work programme. The focus and frequency of these sessions will be agreed by the Board as required.

5.4 The Partnership's Strategic Leadership Group will meet at intervening periods between the Regional Partnership Board meetings, in part to ensure that any required decisions/actions required at short notice can be undertaken with joint

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agreement from the 5 organisations pending final approval by the Partnership Board at the diarised time.

Secretariat

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

Agenda Items

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

6. DISPUTE RESOLUTION

6.1 All RPB members are encouraged to resolve any issues or concerns that they may have at the earliest opportunity. It is important that as issues do arise, they are dealt with in a fair and timely manner. While some conflicts will be resolved by an informal discussion between parties, other will need a process for successful resolution.

6.2 The RPB endorses the following principles for members to follow:

- Respect for another's point of view;
- Commitment to resolving the issue;
- Willingness to compromise;
- Confidentiality;
- Impartiality;
- Respect;
- Prompt action, and
- Freedom from repercussions.

6.3 Should a conflict arise that cannot be resolved via informal discussion, the following procedure will apply:

- The dispute must be set out in writing and sent to the Chair.
- The Chair will use their discretion to bring the issue to the next RPB meeting, or call an extraordinary meeting;

- The matter should be discussed with all members present, unless they have advised the Chair, preferably in writing, that they are aware there is a dispute resolution meeting being held and they are unable to attend.
- The Chair will call for a motion from the RPB, e.g. to appoint an independent assessor, seek mediation, call a special meeting, or to dismiss the complaint. All members present at the meeting will vote on the motion.

Where mediation is sought,

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

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

Updated: June 2020

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Appendix 2: Integrated Care Fund Communication Strategy

Region: **Cardiff and the Vale of Glamorgan**

Communication Lead & Contact details: Meredith Gardiner, Meredith.gardiner2@wales.nhs.uk

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

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

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

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

The Partnership has previously set in place the key communication tools on which to build and develop its plans for the coming year, including a website, social media platforms and mailchimp newsletter template. The identification of dedicated coms support in 2019-20 will help to maximise these resources.

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

3. **Audience:** Who are our audiences? - this needs to be thought about in detail and not just broad definitions

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

Internal groups directly related to the Partnership including:

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

External groups indirectly related to the Partnership including:

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

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

The Partnership has a well-established logo and branding which is utilised across all documentation from the Regional Partnership Board, official letter communications, powerpoint presentations, case studies etc

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

The website contains automatic links to the Partnership's [Facebook](#) and [Twitter](#) feeds which are used on a regular basis to highlight key activities. We will comply with the communications requirements set out with the ICF Guidance 2019-20.

INTEGRATED CAPITAL PERFORMANCE 2019/20 and 2020/21

2020-21 Q1 Update

Scheme	Scheme number	DCP / MCP for 2019/20	Funding 2019/20			Funding 2020/21		Lead Partner	Current Progress (RAG)*	Comment
			Allocation (£)	Actual Spend	Carry Forward	Allocation	Total Available (incl carry forward)			
Ty Deri Hub	ICFC1806	DCP	60,000	0	60,000	200,000	260,000		Green	Building work commences in w/c 15th June 2020 with anticipation of full spend.
Ty Gwyn Hub	ICFC1807	MCP	150,000	150,000	0	150,000	150,000	Cardiff LA	Yellow	Full update awaited. School being used as a hub so implications for building - but anticipate full spend.
Ty Dewi Sant	ICFC1811	MCP	227,500	227,500	0	0	0	Vale LA	Yellow	Contract initiated but work stopped currently due to contractor availability and infection control issues. Still committed to completing the work by end March 2021 and a plan is being established to commence work.
Southway Community Facility	ICFC1823	MCP	40,000	40,000	0	750,000	750,000	Vale LA	Red	Worked stopped currently due to contractor availability. Phase 1 work completed (surveys, feasibility, etc). Tender prepared. However, considered that work cannot take place in full due to Covid19. Plans being prepared for reduced development to create Dementia Friendly Environments at a reduced cost of £351k. Plans for use of remaining £309k being considered by Vale of Glamorgan colleagues in collaboration with Welsh Government.
Llantwit Major Community Hub	ICFC1907	MCP	250,000	0	250,000	0	250,000	Vale LA	Yellow	Lease not signed - pushing forward in implementation - anticipate full spend by March 2021 but plans need to be developed. Local Authority owned building being given as a Community Asset Transfer - 25-60 yr length. Further update arranged for mid Sep 2020.
Penarth Older Persons Village	ICFC1915	MCP	120,000			1,250,000	1,230,000	Vale LA	Red	Feasibility assessment completed in 2019-20. Anticipate that c£532k will be required in 2020-21 for additional feasibility and design plans. Options for use of remaining funding are being considered by Vale of Glamorgan colleagues currently in collaboration with Welsh Government.
Chapel at CRI	ICFC1906	MCP	1,960,000	313,000	1,647,000	986,504	2,633,000	N/A	Green	Work underway currently and full spend anticipated before end of financial year.
Community Wellbeing Hubs	ICFC1905	MCP	905,000	525,000	379,000	500,000	879,000	Cardiff LA	Yellow	£525k spend in 2019-20 with carry forward into 2020-21. Work underway on Whitchurch and Rhydepennay. Contractor completes end July, then fit out and hope to open end August 2020. Full spend anticipated. Any slippage would go to Rhiwbina. Should have completed forecast over next 2 weeks. Should know plans for Rhiwbina by Sep 2020. Full spend anticipated by March 2021.
Smart House	ICFC1917	MCP	220,000	0	220,000	0	240,000	Vale LA	Yellow	Tender delayed but due for initiation imminently. Anticipate full spend subject to recruitment of contractor.
Charles Street Academy Hub	ICFC1919	MCP	400,000	0	400,000	50,000	450,000	Cardiff LA	Red	Intention to ensure spend but additional funding remains to be secured. Options appraisal underway for conclusion by September 2020.
Community Care Housing in Maelfa and Butetown	ICFC1923	MCP	335,048	250,000	85,000	613,496	698,496	Cardiff LA	Green	Spend in 19-20 on acquisition costs and fees - ? Invoice for £85k and rest carried over into 2020-21. Out to tender for contractors currently and anticipating full spend by March 2021.
Accommodations solutions D2A (Discharge)	ICFC1801a	DCP	100,000			100,000	100,000	Care and repair	Green	
Accommodations solutions D2A (Prevention)	ICFC1801b	DCP	100,000			100,000	100,000	Care and repair	Green	

Third Sector Capital Investment Fund	ICFC1808	DCP	100,000			100,000	100,000	GVS	GREEN	Initial grant already launched to support Loneliness and Isolation concerns. Second tranche to support discharge planned for launch in July 2020
Assistive Living Technology	ICFC1809a	DCP	100,000			100,000	100,000	Cardiff LA	GREEN	
Assistive Living Technology	ICFC1809b	DCP	50,000			50,000	50,000	Cardiff LA	GREEN	
Changing Places	ICFC1819	DCP	74,000	74,000		130,000	130,000	Region	RED	SRO secured within the Vale Council with implementation plan to be identified by September 2020.
Dementia room	ICFC1913	DCP	100,000	100,000		0	0	UHB	GREEN	Judith / Jeremy asked for update to inform annual report.
Tremorfa Scoping exercise	ICFC1919	DCP	50,000	0	50,000	0	50,000	Cardiff LA	YELLOW	Picking up data gathering and design aspirations - full spend anticipated.
Scoping Childrens respite	ICFC1920	DCP	50,000	25,000	25,000	0	25,000	UHB	YELLOW	Work was initiated - need to pick up forward plan to inform annual report
Barry hospital early onset dementia	ICFC1922	DCP	40,000			0	0	UHB	GREEN	Council picking up data gathering and design aspirations - full spend anticipated.
TOTAL			5,431,548		3,116,000	5,080,000	8,195,496			

*RAG

GREEN: no perceived risk to delivery by March 2021

AMBER: Some risk to delivery but plans in place for corrective action

RED: Risk to delivery with remedial action to be taken by September 2020

NB this measure refers to actual delivery: it is unnecessary to take into account any delay due to Welsh Government approval as this is understood. Instead this measure is requested in order to identify and understand any local delays which are now being incurred.

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Funding

Project Descriptor			Description	Indicative Timeline of Funding Availability <small>(Based upon current spend forecasts and subject to ongoing performance monitoring)</small>
No	Title	Total Allocation		
1	Accelerated Cluster Model (Cardiff area)	1,287,463	A progressive approach to improving population health through a joined up system of communities, third and independent sector partners, primary and community services. It will develop the optimal Cluster, using asset based community development approaches. It will be supported by a workforce model which co-ordinates the well-being workforce at a locality level, including social prescribers, community connectors and importantly a community development resource. A directory will be embedded in Practices enabling professionals to offer information and advice quickly and easily.	Mar-21
2	Seamless Social Prescribing (Cardiff area)	801,826	A single entry point to Cardiff Council's Independence and Well-being Services and Stable and Non-Complex Care Services, bringing together information, advice and assistance services into an easily accessible point for both citizens and professionals working across the whole system. This new enhanced single entry point will be web and telephone based, to enable people to search for relevant well-being services or arrange for a 'What Matters' Assessment to be undertaken. The 'Well-being Matters' service will be a 'front door' to services which can be accessed by people at home, in community settings or by professionals working across the region.	Mar-21
3	Single Point of Access GP Triage (Vale area)	1,233,959	This project seeks to address General Medical Sustainability (GMS) issues through the development of an effective General Practitioner (GP) triage service. This builds upon the successful model of the current Vale of Glamorgan Single Point of Access (SPOA) in the Vale of Glamorgan. Patients involved in a pilot practice will call their GP surgery, which would then divert them into the Contact1Vale contact centre where they would be put through to speak with a skilled call handler (care navigator) that can assess the person's presenting issue(s) through a 'What Matters' type conversation. They are also then able to have a clinical consultation with a triage nurse over the phone, this is not a limited session in the same way as a GP appointment but gives the patient an opportunity to talk about their issue in detail. The project will also facilitate patients receiving home visits in order to ascertain their wellbeing situation from a residential setting. Contact centre staff will be able to book appointments for patients in the same way that the practice does.	Mar-21
4	Get Me Home Preventative Services (Cardiff area)	614,919	Known locally as 'the pink army', this project builds on the achievements of the Preventative Services First Point of Contact in Cardiff, with a new Get Me Home Service single access point within the hospital for all community based services. Using a collaborative approach, a new way of working will be developed to improve the patient journey and increase integrated working between Cardiff Council, health and third sector partners to ensure patients have access to the full range of services offered by the Preventative Services programme, as well as community or home based social care services, as required. This will see multi skilled Council operatives working hand in hand with health colleagues in the hospital to facilitate the journey home. The team will be on hand to meet patients using 'What Matters' conversations to provide holistic tailored support that meets the well-being needs of the individual, providing preventative interventions and supporting independent living.	Mar-21
5.1	Get me Home Plus Cardiff	1,175,833	Get Me Homes Plus (GMH+) provides a fast track pathway for at least 8 patients per week who have been assessed as requiring level 2/3 support (Supported /Complex) - often a restart or establishment of a new package of care in order to return home. The project offers a credible and effective option that takes the person's recovery to their usual surroundings, reducing further deconditioning and the risk of hospital-acquired infections. The current delay in discharge can often lead to decompensation, loss of mobility, confidence and independence, potentially resulting in a consideration of residential care.	Mar-21
5.2	Get Me Home Plus Vale	445,522	This pathway will also include, where required, support from the Get Me Home Preventative Services in Project 4, to ensure a holistic assessment of needs which will include benefits advice, links to other community services, along with signposting to other third sector support with the aim of preventing further admissions and providing individuals with support to maintain their well-being within their own home.	Mar-21
6	Developing an ACE Aware approach	423,560	A new way of working across health, social care, education and the third sector to increase resilience and awareness in children and young people (CYP) across the region through timely intervention and signposting. The service will be delivered by new Resilience Workers who will be employed by the UHB and supervised by clinical staff, but working alongside the two existing Education teams (Cardiff Specialist Teacher Team and Vale Outreach Team). These teams work into school clusters to support children's emotional wellbeing but the new approach would be bringing the attachment, Adverse Childhood Experiences (ACEs) and mental health perspective to the teams in a holistic service spanning education, health and social care.	Mar-21
7	Developing Place Based Integrated Community Teams	423,560	In line with 'A Healthier Wales', the Cardiff and Vale of Glamorgan Regional Partnership Board is fully committed to a place based approach which enables partners to listen and work with people in need of care or support, to jointly find solutions to meet their needs. Deliverables can be summarised as follows: Year 1: - Work with the third sector to map our community assets and support the contribution of the emerging health and well-being networks in each of the clusters across the region. This will ensure there is a clear focus on early intervention and prevention. - Set in place a foundation on which to develop greater integration between health and social care community teams working within the Cardiff area and to further enhance integrated community team working within the Vale of Glamorgan. - Initiate a mapping exercise to identify requirements for children's community services across the region.	Mar-21
	Project Management	237,500		Mar-21
	Evaluation			Jan-22
TOTAL		6,947,984		

Transformation Project Performance

ROF Theme Direct Focus	Project	Annual Total Local Re-allocation 20-21 (£)	Actual Spend (£)							How Much / How Well?								Are we better off?								Overall RAG Status	Comment		
			Cum 18-19	Cum 19-20	20-21				Cumulative / RAG	Measure	Cum 19-20	20-21						Measure	Cum 19-20	20-21									
					Q1	Q2	Q3	Q4				Q1	Q2	Q3	Q4	Cum	Baseline			Q1	Q2	Q3	Q4	Cum	Baseline				
tbc	1 Accelerated Cluster Model	1,150,241	37,500	544,457	111,665				111,665	Number of referrals to social prescribing	284	tbc					tbc	n/a	% of patients showing an improvement in their wellbeing score post contact	77%	tbc						n/a	A	Q1 performance activity unavailable due to COVID19 pressures but will be added retrospectively for Q2. Spend forecast re-profiled in accordance with agreed intentions.
									% of people contacted within 1 week of referral.	62%	tbc					tbc	n/a	Monitoring of emergency admission and cluster data.		tbc						n/a			
tbc	2 Seamless Social Prescribing	589,197	26,574	228,762	91,147				91,147	% of people reporting they took up at least one intervention.	64%	tbc				tbc	n/a	% people who felt better able to manage their health conditions.	100%	tbc						n/a	A	Q1 performance activity unavailable due to COVID19 pressures but will be added retrospectively for Q2. Spend forecast re-profiled in accordance with agreed intentions.	
									Development of well-being gateway and chatbot		tbc					tbc	n/a	Development of well-being gateway and chatbot		tbc						n/a			
									Development of IT specification and governance		tbc					tbc	n/a	Completion of Directors		tbc						n/a			
									Completion of asset mapping.		tbc					tbc	n/a	Roll-out of phased implementation.		tbc						n/a			
tbc	3 Single Point of Access GP Triage	1,081,323	18,697	500,110	123,945				123,945	Development of Project Team		n/a				n/a	n/a	Review and evaluation		n/a						n/a	R	Project paused due to Covid 19	
									Staff recruitment.		n/a					n/a	n/a	Roll-out of phased implementation.		n/a						n/a			
									Pilot within one GP practice.		n/a					n/a	n/a									n/a			
tbc	4 Get Me Home Preventative Services	764,253	176,862	414,150	0				0	Amount of income maximised for residents.	£180k	n/a					n/a	Total number of outcomes provided to patients.	1,119	n/a						n/a	G	Project extended using Covid19 funding and now extended to end March 2021 with the use of Transformation slippage funding. Q1 and Q2 data to be provided within Covid19 performance	
									Number of bed days avoided.	tbc	n/a						n/a	% of health staff feel communication between health and community has improved.	100%	n/a						n/a			
									Number of patients supported.	tbc	n/a						n/a	% of health staff feel service supports faster discharge.	100%	n/a						n/a			
tbc	5 Get Me Home Plus (Cardiff and Vale)	1,985,392	82,252	874,938	233,955				233,955	Service extended to all acute areas.								Reduction in number of people declining care once home.								n/a	G	Project initially extended using Covid19 funding and now further prolonged to end March 2021 with the use of Transformation slippage funding.	
									Implementation of Trusted Assessor process.									Patients discharged at an earlier stage in their recovery. Patients independence is maximised prior to setting up long term care packages.								n/a			
tbc	6 Developing an ACE Aware Approach	671,328	17,324	311,897	94,935				94,935	Implementation of Single Point of Access for triaging and assessment								Identification and maintenance of model.								n/a	G	Very positive progress now being made with work being re-designed to address Covid19 issues.	
									Staff recruitment									Evaluation.											n/a
tbc	7 Place-based Integrated Community Teams.	300,145	0	137,387	32,521				32,521	Recruitment of project capacity.		n/a						Mapping of regional and locality cluster assets.		n/a						n/a	R	Project paused due to Covid 19	
									Workforce Engagement		n/a							Agreement of blueprint and governance structures.		n/a						n/a			
	Programme Support	175,906	0	29,744	0				0	Mapping of Third Sector assets.		n/a																	
	Promotion of Young People & Childrens Resilience	207,000	0	0	0				0																				
	Additional discharges	23,198	0	0	0				0																				
	TOTAL	6,947,983	359,209	3,041,445	688,168	0	0	0	688,168																				

Forward Work Plan

Performance Management				Risk Log Update			
Task	Lead	Timescale		Risk	Rating	Action	Revised Rating
Workshops are planned to review existing performance measures as one of the key findings from the Midpoint Evaluation Report (previously planned for Feb 2020 but re-scheduled due to Covid19).	Rebecca Archer	Sep-20		Risk of un-utilised funding in-year being unavailable for following year.	R	Gained agreement from Welsh Government that underspend in 2019-20 can be made available in 2020-21 for use.	G
Completion of revised Dashboards following trials in Quarter 3 to inform scrutiny and monitoring for the new Boards emerging as part ongoing work to revise the RPB governance structure.	Meredith Gardiner / Rebecca Archer	Sep-20		Transformation Programme Manager vacancy means reduced resource for effective quarterly reporting and ongoing management	R	Risk is currently being managed between the IHSC Programme Manager and the IHSC Data Analyst while recruitment for a new programme manager takes place (delayed due to Covid19).	A
Delivery of Risk Assessment process to inform exit planning for March 2021.	Meredith Gardiner	Nov-20		Risk of delay in roll-out of key pilots due to absence of business-critical staff due to Covid19.	R	Absence managed locally and timescales revised accordingly but may be subject to further change.	R
Implementation of revised evaluation process to be confirmed	Cath Doman / Rebecca Archer	Sep-20		Funding for the Get Me Home projects is shortly to cease following the completion of pilot funding, leading to loss of trained, experienced staff should the region agree that the projects should continue.	R	Funding now identified via slippage management to ensure the ongoing delivery of both projects until March 2021.	G
				Difficulty in obtaining and sharing key data will impact ability to evaluate the true impact of the project.	R	Ongoing work with further update planned for Q2.	R

Coms / Engagement Actions			
Actions undertaken this quarter	Plans for Next Quarter	Lead	Timescale
Initiation of on-line coms log with all SROs invited to add events.	Planned film of Get Me Home and other related ICF projects to raise awareness amongst staff and patients.	Judith Hill / Nimyrh Caesar	Nov-21
	Coms plan to be developed for Q2 including case study, newsletter items and celebratory event / roadshow to showcase developments and raise awareness.	Nimyrh Caesar	Mar-21

Case study highlight: <https://drive.google.com/file/d/1icVqBx30c2driUWcYHeKue5-cnctEeU/view?usp=sharing>

Assurance

Date approved by Performance Management
Group:

Date Approved by SLG:

Date Approved by RPB:

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Report Title:	Changes in Nursing and Midwifery Education				
Meeting:	Strategy and Delivery			Meeting Date:	15/09/2020
Status:	For Discussion	For Assurance	For Approval	For Information	X
Lead Executive:	Executive Nurse Director				
Report Author (Title):	Deputy Executive Nurse Director				

Background and current situation:

In response to the changing health and care landscape, and the need for nurses and midwives to undertake increasingly complex roles, the Nursing and Midwifery Council (NMC) have undertaken a radical overhaul of pre-registration nursing and midwifery standards. The resultant standards, 'Realising Professionalism: Standards for Education and Training' comprise:

Part 1: Standards Framework for Nursing and Midwifery Education

Part 2: Standards for Student Supervision and Assessment

Part 3: Programme standards which include 'Future Nurse' (2018) and 'Future Midwife' (2019) proficiencies

These standards aim to equip nurses and midwives with the skills and knowledge to meet the needs of the changing population and future service provision. UHB 'Future Nurse' and 'Future Midwife' workstreams were set up to support the implementation and the development of the revised undergraduate curriculums in Cardiff University. For Midwifery, this work is also aligned to 'Maternity Care in Wales, A Five Year Vision for the Future' (2019).

New Standards for Student Supervision and Assessment (SSSA) have required significant changes to the current mentorship structure within Cardiff and Vale UHB. A 'Once for Wales' approach has been taken to the implementation of these standards. This collaborative approach between all UHBs and Health Education Institutes (HEIs) across Wales has been welcomed as Cardiff and Vale provide practice placements for four HEIs.

From a Midwifery perspective the Student Supervision and Assessment (SSSA) will replace the existing Standards for Learning and Assessment in Practice (SLAIP) (2008) for midwifery.

The new nursing curriculum is being launched in September 2020 with practice placements for these students commencing in January 2021. The new midwifery curriculum will start in 2022.

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

Key priorities moving forward are:

1. Preparation of sufficient numbers of Practice Assessors and Practice Supervisors to support practice placements
2. Continued preparation of practice areas and guiding resources
3. Continued collaboration with HEIs to ensure curriculum content is reflective of current practice and service provision
4. Securing UHB email accounts for Practice Assessors and nominated Practice Supervisors
5. Upskilling the current workforce in accordance with the 'Future Nurse' and 'Future Midwife' proficiencies

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

The revised standards and resultant new undergraduate curriculum will:

- Enable student nurses to develop a greater understanding across all four fields of nursing practice (mental health, child, adult and learning disability), in particular mental health. Supporting our need for a flexible nursing workforce which is able to meet the diverse needs of our population.
- Provide a greater emphasis on leadership, management, teamwork and multi-professional working and thus will enable early development of the UHB's future nursing and midwifery leaders.
- Have an increased focus on public health and prevention of ill health, which supports the delivery of both the UHB and National strategy.
- Support student nurses and midwives to develop enhanced skills during the undergraduate programme which are currently developed post registration eg physical assessment and diagnostic skills, administration of intravenous additives, venepuncture and cannulation and for midwifery enhanced newborn examination and assessment skills. It is vital that practice placements facilitate the necessary skills development and significant work is required to increase placement provision accordingly.
- Enable registered nurses to be 'prescriber ready'. The undergraduate curriculum will have a greater focus upon pharmacology and the prescribing of medications meaning that registered nurses will be prepared so that they are ready to undertake a non-medical prescribing programme one year post registration, if they are in a role where this is appropriate.

The Standards for Student Supervision and Assessment (SSSA) require the introduction of three new roles, Practice Assessor, Practice Supervisor and Academic Assessor (HEI based) who will work together to decide if students meet the required level of proficiency to pass each part of the programme:

- Practice Assessor (PA) - Current sign-off mentors will become PAs and work with students at agreed points throughout their placement. They will be involved in the students' assessment with the Academic Assessor and will gain feedback on the students' progress from the PS.
- Practice Supervisor (PS) - All Healthcare professionals can act as a PS. From the point of registration, all Nurse and Midwives will be expected to fulfil the role of a PS and will work with students in clinical practice. Members of the MDT will also be able take on the role of PS for short periods of time, to enhance student learning. For example, physios, doctors, nursery nurses and nurses. HEIW have discussed the role of AHPs in student nurse supervision with the Directors of Therapies and supportive discussions have been held with the UHB's Heads of Therapies.
- Academic Assessor (AA) - A member of university staff who will take part in the student's assessment on each clinical placement with the PA.

The Practice Assessor and Practice Supervisor roles replace the traditional Nursing and Midwifery mentor role, with the separate assessor role being designed to increase the objectivity of assessment. Nursing and Midwifery mentors are currently undergoing training to transition them into the new roles.

Students will be assessed using an e-portfolio, an approach which has already been implemented in Midwifery. Access to computers in practice will present challenges. All Practice Assessors and nominated Practice Supervisors will need a UHB email account in order to use the system.

The new standards will require the UHB nursing mentors (n=1426) to transition into the new Practice

Assessors and Practice Supervisor roles; 31% have attended transition training prior to COVID-19. Whilst training will be delivered through multiple means in order to meet current challenges, the impact of COVID-19 pandemic through 2020 -21 cannot be underestimated.

Likewise, the provision of sufficient practice placements will raise significant challenges over next year due to COVID-19 related service changes. This is further impacted by a 62.8% increase in adult field student nurses for 2020-21 and an increase in Midwifery of 31%. A strategic approach is being taken to placement provision and the generation of new placements is an urgent priority.

There will need to be a cultural shift for all staff to embrace working with students on a daily basis and for this to be embedded within their role/job description. Work is currently being undertaken to review UHB policies and procedures to ensure that they enable students to undertake the skills developed required by the standards.

Recommendation:

The Board is asked to note 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
<p>Equality and Health Impact Assessment Completed:</p> <p>Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>				

Kind and caring
Caredig a gofudgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol