

# Agenda – Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon – Y Bumed Senedd

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Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Fideogynhadledd drwy Zoom	<b>Sarah Beasley</b>
Dyddiad: Dydd Mercher, 5 Mehefin 2019	Clerc y Pwyllgor 0300 200 6565
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## Rhag-gyfarfod anffurfiol (09.15 – 09.30)

- 1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau**  
(9.30)
- 2 Sesiwn graffu gyffredinol: Sesiwn dystiolaeth gydag Ymddiriedolaeth GIG Felindre**  
(9.30–11.00) (Tudalennau 1 – 26)

Steve Ham, Prif Swyddog Gweithredol  
Carl James, Cyfarwyddwr Trawsnewid Strategol, Cynllunio, Perfformiad ac Ystadau  
Dr Jacinta Abraham, Cyfarwyddwr Meddygol  
Cath O'Brien, Prif Swyddog Gweithredu

Briff Ymchwil  
Papur 1 – Ymddiriedolaeth GIG Felindre

- 3 Papurau i'w nodi**  
(11.00)
  - 3.1 Llythyr gan y Cadeirydd at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch cyllid atal hunanladdiad**  
(Tudalennau 27 – 28)



- 3.2 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol at y Cadeirydd ynghylch cyllid atal hunanladdiad**  
(Tudalennau 29 – 30)
- 3.3 Llythyr gan Athrofa Llythrennedd Corfforol Cymru ym Mhrifysgol Cymru y Drindod Dewi Sant ynghylch yr adroddiad ‘Gweithgarwch corfforol ymhlith plant a phobl ifanc’**  
(Tudalennau 31 – 35)
- 4 Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn**  
(11.00)
- 5 Sesiwn graffu gyffredinol gydag Ymddiriedolaeth GIG Felindre: Trafod y dystiolaeth**  
(11.00–11.10)
- 6 Hepatitis C; Trafod yr adroddiad drafft**  
(11.10–11.40) (Tudalennau 36 – 68)  
Papur 5 – Hepatitis C: adroddiad drafft
- 7 Bil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) – Trafod amserlen**  
(11.40–11.45) (Tudalennau 69 – 74)  
Papur 6 – Bil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru): Trafod amserlen
- 8 Blaenraglen waith**  
(11.45–12.00) (Tudalennau 75 – 76)  
Papur 7 – Blaenraglen Waith

Mae cyfyngiadau ar y ddogfen hon

	<b>Velindre University NHS Trust</b>
<b>Contact:</b>	<b>Mr Steve Ham, CEO</b>
<b>Date:</b>	<b>5<sup>th</sup> June 2019</b>

The Trust welcomes the opportunity to contribute to the Health, Social Care and Sport Committee enquiry.

## **VELINDRE UNIVERSITY NHS TRUST**

We are an ambitious organisation providing services which are recognised as excellent by the people who use them, the people who work in them and by our peer organisations. **Our vision is:** To be recognised locally, nationally, and internationally as a renowned organisation of excellence for patient and donor care, education and research'.

## **ABOUT THE ORGANISATION;**

The Trust is accountable for the delivery of two operational services:-

### **Velindre Cancer Services**

- Non-invasive tertiary cancer services for the 1.6million population of South East Wales (radiotherapy, Systemic Anti-Cancer Treatments (SACT), inpatient & support services; clinical trials etc).
- Outreach SACT services in partnership with Local Health Boards (LHBs) across Wales.

### **Welsh Blood Service**

- Blood collection, processing & distribution across Wales.
- Welsh Transplant and Immunogenetics Laboratory.

### **The Trust is also the 'Host' Organisation for three other services:-**

- NHS Wales Informatics Service (NWIS) (on behalf of Welsh Government, WG).
- Health Technology Wales (HTW) (on behalf of WG).
- NHS Wales Shared Services Partnership (NWSSP) (on behalf of NHS Wales).

Velindre University NHS Trust directly employs 1,500 members of staff and has a budget of £120 million, with an additional £400 million budget with hosted bodies.

## **IMTP - INTEGRATED MEDIUM TERM PLAN | 2019 – 2022**

In March 2019, Velindre University NHS Trust had its IMTP approved by the Minister for Health and Social Services and accordingly met its statutory duty to have an approved IMTP in place for 2019/22. It is the fifth consecutive year that the Trust has received approval of its IMTP.

Having an approved IMTP in place is a key means by which the Trust is able to demonstrate to its patients and donors, staff, partners and WG that the organisation is able to deliver services in an effective and sustainable manner.

The Trust has a clear vision for the future and a set of strategic plans which set out where we are now, where we wish to be and how it will get there. The key strategies look between 5 – 7 years into the future and articulate ‘what good looks like’. This provides a clear focus for the development of the IMTP and all other related delivery plans.

The Trust’s approach, and its related strategies and plans are set in the wider context of the need to improve outcomes in Wales including health, education, safety, prosperity and culture.

The IMTP is the key delivery plan which enables the Trust to make structured and systematic progress in delivering its vision and strategic aims i.e. the delivery of the Velindre Cancer Centre Strategy 2016 – 2026. It has been developed to respond to the priorities identified by the Trust alongside the national aims and priorities for Wales, including the long-term plan for health and social care “A Healthier Wales”.

This IMTP sets out our plans in two distinct areas:

- First, the priorities related to implementing our new model of care for cancer services and maintaining high quality blood and transplantation services. This will have a fundamental impact on everything we do and enable us to move closer to our ambition of delivering excellence in a sustainable way across both services.

This will see services and care provided closer to home for cancer patients. It will also see the development of major infrastructure to support our new models of care. These will include a new radiotherapy satellite centre, a new Velindre Cancer Centre and the development of precision medicine facilities across south Wales. These facilities will provide the foundations for excellence and create a vibrancy which can benefit the whole of the region.

It will also see us transforming the way in which people are able to access information and the services they require through the use of digital technology; making it simple, effective and value adding for people. We will also use our skills and capabilities to develop our research, development and innovation activities to benefit the population of Wales in staying healthy and receiving cutting edge services and treatments when they are ill.

We will also further develop our system leadership role across the health and social care system in areas where we have the required expertise. Initially, we will seek to develop our leadership role in cancer and blood and transplant services, building on our current capabilities. We will also look to expand our system leadership role in new and exciting areas including artificial intelligence, proton beam technology and cell and gene therapies. This will be supported by the further development of the education and learning culture within the organisation and the acceleration of development afforded to us through the achievement of ‘university status’ in 2018.

- The second area, and related priorities, signal the continued strategic development of the Trust and its transformation into new work in accordance with the challenge laid down by the Parliamentary Review and ‘A Healthier Wales’. This will see us explore opportunities across the health and social care system to identify areas where we can further support our partners in achieving outcomes and benefits for the populations we serve. We will move outside of our current scope of work e.g. cancer treatment, blood and transplantation into areas of regional, national and international importance respectively.

We will enter into strategic partnerships which focus on the ‘big issues’ within Wales such as improving population health and wellbeing, reducing health inequalities and increasing primary and secondary intervention work to reduce illness. It is important that we ensure

we continue to deliver high quality in our core services, and this will remain our primary focus. However, it is clear that some of the knowledge, skills and capabilities we have would assist our partners and the people we serve in improving the health and wellbeing of the population over the long-term and make a big difference to the lives of people now and into the future.

## FINANCIAL POSITION

The Trust has a track record of delivering robust financial performance with strong ownership by the Board and Executive team of the importance of remaining in financial balance. The Trust has again achieved financial balance for the 2018-19 financial year and has a financially balanced Integrated Medium Term Plan for the period 2019-20 to 2022 approved by the WG.

The Trust's primary source of income is direct from Health Boards and Welsh Health Specialised Services Committee (WHSSC) as commissioners of our services. Each year the Trust agrees a service level agreement based on expected performance and activity levels with our Commissioners

Against this context the Trust operates within a strong financial governance and control framework with financial management responsibilities and accountability clearly articulated to managers and budget holders.

The Trust has made good progress in the development and delivery of its savings plans as acknowledged in the most recent structured assessment report produced by Wales Audit Office (WAO).

However the ability to deliver cost savings is becoming increasingly difficult as the opportunity for delivering technical efficiencies diminishes. The Trust fully recognises the importance of linking its discussions on efficiencies with value and outcomes.

The following table shows the Trusts delivery against its key financial duties over the last three years.

### Summary Financial Performance against key Financial Targets – 2016/17 to 2018-19

**Revenue Position:** *Target – To ensure net operating costs do not exceed total income.*

	2016/17	2017/18	2018/19
Gross Budget	£107.4m	£118.7m	£125.9m
<b>Underspend</b>	<b>£23k</b>	<b>£19k</b>	<b>£17k</b>

**Capital Position:** *Target - To ensure that net Capital expenditure does not exceed the Capital Expenditure Limit (CEL) approved by the WG*

	2016/17	2017/18	2018/19
Capital Expenditure Limit	£11.6m	£5.7m	£11.3m
<b>Underspend</b>	<b>£21k</b>	<b>£23k</b>	<b>£12k</b>

**Public Sector Payment Policy:** *Target - To pay 95% of non NHS invoices within*

*30 days measured against number of invoices paid.*

	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
Target	95%	95%	95%
<b>Performance</b>	<b>94.4%</b>	<b>96.0%</b>	<b>97.4%</b>

## PERFORMANCE

The Trust is held accountable for the quality and performance of its services by its commissioners (LHBs and WHSSC), stakeholders, Community Health Councils and the WG. The Trust has a well-established performance management framework which incorporates a wide range of measures across the quality dimensions of timeliness, efficiency, effectiveness, safety, experience and equity.

The Trust has a strong track record of delivering high quality services which meet the needs of the patients and donors who use them. The Trust has routinely delivered on the majority of national targets and quality measures over the past five years. It should be acknowledged that the achievement of the highest levels of quality has been increasingly challenging as the demand for services increases, and the ability to keep pace with clinical/technological change and the rising expectations of people who access and use services.

### Escalation

The Trust is subject to the NHS Wales Escalation framework and is currently in 'routine arrangements'. The Trust has been in this level of monitoring for over six years.

## COLLABORATIVE WORKING

The Trust works collaboratively with a wide range of stakeholders including patients, donors, staff, LHBs, local authorities, academic and commercial partners and the voluntary/third sector. The Trusts approach to partnership has been strengthened by the work it is undertaking with a wide range of stakeholders to deliver a sustainable Wales in accordance with the Wellbeing and Future Generations Act and the key aims of a Healthier Wales.

The following examples illustrate collaboration and partnership in action.

### **1. Transforming Cancer Services Programme (Southeast Wales)**

The Transforming Cancer Services Programme is an ambitious programme that aims to improve outcomes for the population of South East Wales. The programme aims to improve survival and quality of service organisation to become a leader in research and innovation in its field.

The Programme sets out a new Clinical Model that places the patient at the centre of care, wherever appropriate patients should be able to access equitable care closer to home as Velindre embeds and integrates its services in the LHBs.

To achieve its ambition the programme is organised into seven major projects which are a mixture of infrastructure and service development. The projects are:

- **Project 1** – Enabling works to prepare for a new cancer centre

- **Project 2** – A new Velindre Cancer Centre built in Whitchurch
- **Project 3** – Equipment and Digital
- **Project 4** – Radiotherapy Satellite Centre at Nevill Hall Hospital
- **Project 5** – Outreach Services
- **Project 6** – Service Delivery, Transformation and Transition
- **Project 7** - Velindre Cancer Centre Site Decommissioning

The new Velindre Cancer Centre is to be delivered utilising the WG Mutual Investment Model (MiM).

The programme has worked collaboratively with patients, families, carers, clinical and professional staff, LHBs, professional bodies and the voluntary sector to develop a clinical model that will transform the way the clinical service is delivered in direct response to the needs identified by those who use it and those who work within it.

## **2. RiTTA (Realtime information Technology Towards Activation) – The World’s First Virtual Assistant Trained in Oncology**

Supporting patients as they live with cancer is a key requirement for a cancer centre. Over the past 2 years, Velindre Cancer Centre has been having meaningful conversation with patients, carers and their families about how best to support their information needs and their desire to want to have a measure of control, empowerment and independence as they make their care choices. A key area of need was the gaps in between existing services and the lack of tools for patients to have good quality conversations, at any time or place and access to relevant quality information to support their choices and decisions about their emotional, psychological and physical wellbeing.

Through a person centred, design thinking process, Velindre in conjunction with Pfizer Oncology and IBM Watson have developed the world’s first Artificial Intelligence (AI) enabled virtual assistant trained in oncology to proof of concept. This dialogue agent is currently trained to answer a small number of ‘patient related queries’ to demonstrate capability (RiTTA Phase I). In October 2018, Velindre University NHS Trust Board agreed to move into Phase II (technical development, scale and deploy).

A key theme in the development of any AI is the time, care and resources required to develop training set to train and develop the Machine Learning (ML) layers to be deployed (hence Educating RiTTA). Technical work will include expanding training sets for ‘patient related queries’ and Machine Learning in the following areas (business administration, pharmacy/medicines safety, general non-complex clinical (chemotherapy, palliative care), tumour specific (breast, lung, palliative care), general nursing, radiotherapy, clinical trials); deploying IMB’s Capability to create a deployable product for use as a pilot in breast, lung and palliative care.

An evaluation framework has already been constructed to consider key outcomes including: improvements in activation and health literacy, reduction in anxiety, service efficiencies (KESS PhD Swansea Centre for Health Economics/Velindre University NHS Trust).

## **3. Blood Health Plan (BHP): WHC/2017/028**

In 2017, the BHP was enacted by WG as the Welsh Health Circular/2017/028. The Welsh Blood Service has a system leadership role in supporting actions to deliver the Blood Health Plan in collaboration with colleagues across NHS Wales.

In 2018, the Blood Health National Oversight Group (BHNOG) was established with leaders across NHS Wales's transfusion community and has overall responsibility for overseeing the delivery of the BHP. Working in collaboration with LHBs and key stakeholders from across Wales the BHNOG aims to embed the principles of national and system leadership into the transfusion pathway.

Five key work streams were developed by the BHNOG aligned with the strategic aims defined in the BHP. The work streams are:

1. Transfusion Associated Circulatory Overload (TACO) /Single Unit Transfusion.
2. Anaemia.
3. Appropriate use of O D Negative blood.
4. Appropriate Use of Platelets.
5. Use of Data.

Each work stream is led by a Subject Matter Expert (SME) within the transfusion community and has defined its own set of priorities with a work plan to achieve these.

Some of the key milestones achieved within the first 12 – 18 months of the project include:

- **Appropriate use of Platelets** – A trial to reduce platelet wastage by 50% across Betsi Cadwaladr University Health Board. Lessons learnt will be implemented across Wales.
- **Appropriate Use of O D Neg** – Completion of National Comparative Audit (NCA) on Major Haemorrhage Practice (MHP) across Health Boards in Wales and with hospitals in England.
- **Appropriate Use of O D Neg** – Collaboration with Blood Stocks Management System (BSMS) to deliver 'expert' advice on supply chain management.
- **Appropriate Clinical Assessment** – A Programme of targeted interventions to improve decision making and management of patients in relation to transfusion events.
- **Use of Data** – Development of Hospital Benchmarking Dashboard to allow hospitals to monitor their own performance and to produce an All-Wales comparison annually. This workstream is also tasked with developing a national data set for transfusion.

This work together with standardisation of practice, quality and safety initiatives and transfusion education will continue to drive the BHP project forward. Future plans for the BHNOG include individual management of patients and treatment pathways to support transfusion in a range of settings e.g. hospital treatment, community treatment, home treatment and improved use of data to better inform supply chain management.

#### 4. PRIMARY CARE and COMMUNITY ONCOLOGY:

A Programme of engagement and education in Oncology for primary care health professionals.

Project Aims:

1. To identify a cohort of interested Primary Care professionals and to develop a special interest in oncology and become local specialists in their communities. Through the engagement and training events across the board to primary care teams, knowledge in all areas of cancer can be increased, from referral criteria to long-term consequences of treatment. More patients can be managed successfully in the communities. 3 successful engagement events have occurred since 2017 July with 50-60 attending at each event.

2. Velindre aims is to be a leading UK educational centre for primary care oncology supporting medical students, GP trainees, and primary care teams to deliver excellent holistic patient care and to help support recruitment and retention of clinicians to primary care in Wales.

A short course in Community Oncology has been developed with Cardiff University, which was launched in March 2019.

3. Through this engagement, a pathway for GP Champions' to do fixed sessions in Oncology at Velindre Cancer Centre will be explored and defined. This innovative approach will help the sustainability of the Oncology workforce as well as make Primary Care positions more attractive in Wales.

How will patients benefit?

- GP's will be empowered with knowledge about their treatment and toxicities in the short and long term.
- Reducing variation of care across GP practices.
- More patients could be treated closer to home.
- Improving wellbeing of patients through access to local services and GP Oncology Champions.
- Reducing hospital follow up with systems in place for Community Oncology support.

## BREXIT

The Trust has worked closely with Welsh Government and other partners across health and social care in preparing for EU withdrawal, including for the possibility of a 'no deal' exit. The Trust has focused on ensuring it has robust arrangements in place to ensure that high quality and safe services can be provided to patients, donors and health care partners for a continued period of time.

The work is being led by the Director of Strategic Transformation, Planning and Performance who the Trust has nominated Director and Senior Responsible Officer (SRO) for business continuity and emergency planning. All Brexit planning and related preparations have been undertaken within the Trusts' existing business continuity and the emergency preparedness framework to ensure consistency of approach. The Director is responsible for leading and overseeing the preparations locally, and contributing to a national group of SROs. The Trust is also a key partner in the regional and national planning events to ensure our local plans are as robust as possible, receiving positive feedback from Welsh Government on its planning arrangements. The Welsh Blood Service is a Category 1 responder and has worked successfully within Wales and with the other UK blood services to ensure a safe and resilient supply of blood and associated products is available during any period of disruption.

The Trust has undertaken a Trust wide risk assessment, including the hosted bodies (NWIS and NWSSP) which has been used to determine the potential impact of various scenarios and to review, and further develop where necessary, business continuity arrangements. The Trust was part of preparations that were made for a potential 'no deal' scenario, which included robust supply chain continuity arrangements and workforce planning.

At this juncture, and in light of the UK Government's agreement with the European Union to an extension of the Article 50 period to 31 October 2019, the Trust has placed its plans on hold with regard to implementing business continuity arrangements to manage a 'no deal' Brexit. However, the Trust will continue to monitor the position closely and work with the Welsh Government and various partners as it recognises that the legal default position

remains unchanged at this moment i.e. until a deal is agreed, there is a risk of a no deal exit at the end of the extension period on 31 October 2019.

## WORKFORCE

### Support for Employees who are EU Citizens to Prepare for Brexit

The Trust continues to support staff impacted by Brexit preparations through individual discussion and information on the Trust's [Brexit - Information and Resources](#) intranet page. The Trust has determined that it currently employs 11 EU citizens, who are eligible to apply for Settled Status.

### Staff Survey

Our results from the 2018 staff survey continue to show positive improvements since the 2016 survey with around 2/3<sup>rd</sup> of the answers above the NHS average and reflecting progress on our own previous scores. In line with the NHS Wales trend, there are some areas which have shown a negative movement in scores including those around stress at work, harassment, bullying and abuse. To better understand and act on these messages we have undertaken deep dives into hotspot areas in our survey results. The Trust is continuing to implement changes in a number of areas that supports positive improvement in staff experience such as implementing our Behaviours Framework to support behaviours in line with Trust values. In addition we have just launched our Change Toolkit to support managers and staff to have positive experience during periods of change.

### Health and Wellbeing

Our commitment to this agenda is recognised through our achievement of the Platinum Corporate Health Standard award which is being renewed in 2019 and recent feedback from the NHS Wales Staff Survey where the Trust achieved an engagement index score of 4 of 5. However, we know that there is more we can do.

Our Health and Wellbeing (HWB) framework is designed to place the health and wellbeing of the workforce at the heart of organisational priorities and objectives. We already have many services and supportive mechanisms in place for our staff centred around the Employee Assistance Programme which provides free advice and support in respect of personal or work related problems that may impact negatively on their mental, emotional, physical and financial wellbeing and also provides employees and their families with rapid access to local counselling services.

Given the significant change agenda we recognise that there is more we can do to support our staff through organisational change and with stressors that occur in and outside of work. Recent analysis has shown that 1/3<sup>rd</sup> of all absence is because of stress and mental health illness and a significant proportion is caused by financial worries as well as in work factors. As such the following actions are prioritised:

- Utilising wellbeing champion roles to promote health and wellbeing initiatives and encourage a culture of openness and support particularly in relation to mental health.
- Programmes of mental health awareness first aid training for managers, employees and wellbeing champions with a plan for Mental Health Awareness to become a mandated module in the Trust's core management training framework.
- Complementary therapies support scheme that will enable staff to cope better with ill health, stressful and difficult situations in their personal and working lives.

- In-house mediators to assist individuals to rebuild work place relationships and help create a less stressful and more productive workplace.
- A comprehensive Employee Financial Wellbeing Scheme.
- Use of a range of schemes to support the Trust's goal of becoming a Menopause Aware and Supportive Employer. This will include running Menopause Café events and recruiting menopause buddies.

The Trust's focus on staff wellbeing accords with the new Managing Attendance at Work Policy. With a sickness absence trend that is not reducing, a focus on keeping people in work is welcomed. Training on the new policy is being proactively rolled out in partnership with Trade Unions across the Trust.

The management of sickness absence continues to be a priority for the Trust to enable us to achieve national absence targets.

## Workforce Planning

Working differently and planning a workforce will provide opportunities for the Trust to continue its proven track record of introducing new roles and embracing change. Through engagement over new service models, and the development of a workforce planning toolkit, a significant number of transformational change opportunities have been identified to enable us to achieve our ambitions at the VCC and Welsh Blood Service. Examples of new ways of working include:

- **Consultant Radiographer** – this role provides expert clinical practice at consultant level to any patient undergoing non-surgical treatment for the diagnosis of head and neck cancer including consent, medicine prescriptions and overseeing patient pathways, as well as clinical leadership, support, advice and education for all members of the multidisciplinary team caring for the patients within the Trust and across the Network. The post will, through unique research, develop and advance innovative practice in the radiotherapy and chemo radiation pathways.

With the launch of the Education and Training Strategy, workforce plans are being developed to create flexible and sustainable roles that combat our areas of workforce shortages in medical oncology, informatics, scientists and medical physics.

With particular note to medical oncology staff, VCC has had 5 Consultant vacancies which have recently been filled, and will commence in post in the upcoming months.

Recognising the ongoing difficulties in supporting appropriate medical workforce numbers the Trust is proactive in its approach to recruitment and retention with the following areas being of particular note:

- Continuing to promote the Trust as an employer of choice, to ensure that we are attracting the best candidates to VCC. VCC Consultants have developed key working relationships with Health Board colleagues through MDT's etc, and will continue to utilise this network to ensure that our positions continue to attract applicants.
- Maximizing opportunities to promote Oncology and the Trust at events such as BMJ fairs.
- Recruitment for training in Oncology has proved successful for South Wales, with evidence that 89% of these trainees have remained in Wales once they have completed their training. The quality of training in VCC is regarded as very good, evidenced through GMC and Royal College of Radiologists Oncology Registrar's Forum surveys. Following

discussions between VCC and Health Education and Improvement Wales the Trust has been offered additional numbers for oncology training placements within Wales.

- A multi professional Workforce Modernisation group in VCC to explore and review opportunities to enhance our workforce and develop local workforce transformation plans that respond to our patient requirements. VCC is also exploring the role of Physicians Associates, and considering how these posts can support our service requirements and supplement the existing workforce.

## NEW VELINDRE CANCER CENTRE nVCC

The Trust has developed the Transforming Cancer Services Programme (TCS) to transform the non-surgical cancer services in South East Wales. One of the projects within the programme is the delivery of a new Velindre Cancer Centre (nVCC) in Cardiff. The nVCC will be procured using the WG Mutual Investment Model (MIM) which is a public private partnership approach. Good progress has been made to date and the Trust has recently submitted Outline Business Cases relating to the development of the nVCC to the WG for consideration.

### Hosted arrangements

As well as the directly managed services, Velindre 'hosts' 3 services, namely NWIS (NHS Wales Informatics Service), NWSSP (NHS Wales Shared Services Partnership and HTW (Health Technology Wales).

Traditionally, 'hosting' status has been defined by the fact that the 'host' is responsible for providing the '*space and facilities*' to support the delivery of a function. The primary characteristic of a hosted organisation is they have their own 'management board' where the more detailed discussions and sign-off of strategy and performance takes place or where there is direct sponsorship from another statutory body i.e. Welsh Government.

The basic principle governing any hosting relationship is that the Trust provides a statutory framework within which the host organisation can operate at arm's length (i.e. award procurement contracts, employ staff etc). Strategic direction and funding is provided by the sponsor body (e.g. WG) directly to the host organisation. Velindre University NHS Trust has no authority over how the funding, or other resource provided to the host organisation, is allocated and is therefore not accountable for operational performance.

In summary:

- The Trust hosts 'on behalf of' a 'sponsor' who is another body or organisation;
- The Sponsor provides the funding, sets the strategy and remains accountable for the hosted organisations performance;
- The Trust employs the staff
- Hosted bodies are governed by the Trust's statutory framework (i.e. policies, procurement processes etc);
- The Trust is only responsible/accountable for the statutory requirements of hosted bodies, including;
  - Employment law
  - Health & Safety
  - Legislative Compliance (e.g. Data Protection Act, Welsh Language Act etc)

## **CONCLUSION**

The Trust finds the IMTP planning process of real value in supporting it to work with partners in planning and delivering change at a national, regional and local level. The IMTP planning process continues to evolve and improve and the Trust is committed to supporting the development of the planning process, both nationally and within the Trust. Importantly, the Trust is committed to ensure that the priorities and actions identified within the IMTP deliver the tangible improvements required that improve the services it delivers and the outcomes that Wales desires.

Vaughan Gething AC  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

23 Ebrill 2019

Annwyl Vaughan

Rwy'n ysgrifennu ymhellach atoch ynghylch ymchwiliad y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon i atal hunanladdiad yng Nghymru a'r ddadl ddilynol yn y Cyfarfod Llawn ar 20 Chwefror 2019.

Fel y trafodwyd yn ystod y ddadl honno, croesawodd y Pwyllgor y £500,000 ychwanegol y flwyddyn a gyhoeddwyd yn gynharach eleni ar gyfer atal hunanladdiad yng Nghymru. Gwnaethoch ddweud y bydd yr arian ychwanegol yn cael ei ddefnyddio i gefnogi'r dulliau cenedlaethol a rhanbarthol i helpu i atal hunanladdiad a hunan-niwed.

Byddwch yn ymwybodol, yn ei adroddiad, fod y Pwyllgor wedi galw am gyllid penodol ar gyfer atal hunanladdiad, ac y byddai'r Pwyllgor yn dymuno gweld rhywfaint o adnodd wedi'i ddiogelu ar gyfer hyn o ystyried cost economaidd hunanladdiad, fel y nodwyd yn glir yn y dystiolaeth a gawsom yn ystod yr ymchwiliad.

Felly, byddwn yn ddiolchgar pe gallech roi rhagor o fanylion i'r Pwyllgor ynghylch sut y caiff yr arian ychwanegol hwn ei wario.

Mae rhai ffactorau sy'n peri risg a straen i bobl sy'n byw mewn ardaloedd gwledig uwchlaw'r ffactorau risg o hunanladdiad sy'n effeithio ar y boblogaeth gyffredinol. Byddai'r Pwyllgor yn croesawu manylion ynghylch sut y bydd yr arian ychwanegol hwn yn cael ei ddefnyddio i gefnogi grwpiau sy'n wynebu risg ledled Cymru, gan gynnwys cyfeiriad penodol at y gymuned ffermio sydd wedi cael ei nodi fel pryder penodol a brys. Mae hyn yn arbennig o wir o ystyried effeithiau ansicr ymadawiad buan y DU â'r UE ar y grŵp risg uchel hwn.



Fel y gwyddoch, mae'r Pwyllgor wedi ymrwymo i ailystyried y mater hanfodol pwysig o ran atal hunanladdiad yn ystod y misoedd nesaf, ac rydym yn edrych ymlaen at drafod hyn ymhellach â chi maes o law.

Cofion cynnes

A handwritten signature in black ink that reads "Dai Lloyd AC". The signature is written in a cursive, flowing style.

Dr Dai Lloyd AC

**Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon**



**Vaughan Gething AC/AM**  
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
**Minister for Health and Social Services**



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref: MA-P/VG/1813/19

Dai Lloyd AC  
Cadeirydd  
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd  
Caerdydd

22 Mai 2019

Annwyl Dai,

Diolch am eich llythyr dyddiedig 23 Ebrill yn gofyn am ragor o fanylion am ein cynlluniau i fuddsoddi'r £500,000 ychwanegol a gyhoeddais ym mis Chwefror 2019 ar gyfer atal hunanladdiad.

Hoffwn bwysleisio o'r cychwyn cyntaf na ddylid ystyried yr arian ychwanegol hwn fel rhywbeth ar wahân i'n gwaith ehangach i wella iechyd meddwl a mynediad at wasanaethau, a amlinellwyd yn ymateb Llywodraeth Cymru i adroddiad y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon, *'Busnes Pawb'*. Mae hyn yn cynnwys £14.3 miliwn yn ychwanegol o 2019-20 i helpu byrddau iechyd i wella mewn nifer o feysydd blaenoriaeth gan gynnwys: gofal mewn argyfwng a gofal y tu allan i oriau, therapiau seicolegol a gwasanaethau i blant a phobl ifanc. Bydd pob un o'r rhain yn cefnogi'r agenda hunanladdiad a hunan-niwed.

Law yn llaw â'r cyllid ehangach hwn, bydd y £500,000 ychwanegol yn cael ei ddefnyddio i wella'r gwaith cenedlaethol a rhanbarthol sydd ei angen i fynd i'r afael â hunanladdiad a hunan-niwed. Mae hyn yn cynnwys ariannu pedair swydd newydd i fwrw ymlaen â'r gwaith hwn a chydlynu'r asiantaethau niferus sydd â rhan i'w chwarae yn yr agenda hon. Bydd yr Arweinydd Atal Hunanladdiad Cenedlaethol newydd, gyda chymorth tri Arweinydd Rhanbarthol, yn allweddol o ran cydgysylltu'r dulliau gweithredu ac arwain y gwaith o ddatblygu a rhoi ar waith gamau newydd i atal hunanladdiad a hunan-niwed.

Yn sgil adborth gan y Byrddau Partneriaeth Rhanbarthol ynglŷn â'r ffordd orau i'r swyddi newydd hyn gynorthwyo ac – yn hollbwysig – ychwanegu gwerth at y trefniadau sydd eisoes ar waith, byddwn yn dechrau'r broses recriwtio cyn hir. Rydym yn rhagweld y bydd y swyddi wedi eu llenwi erbyn yr hydref ac y bydd y trefniadau adrodd yn digwydd drwy'r Fforymau Atal Hunanladdiad Rhanbarthol a'r Grŵp Cynghori Cenedlaethol ar Hunanladdiad a Hunan-niwed.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

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[Correspondence.Vaughan.Gething@gov.wales](mailto:Correspondence.Vaughan.Gething@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Tudalen y pecyn 29

Yn ogystal â'n buddsoddiad ehangach mewn gwasanaethau argyfwng, bydd cyfran o'r arian ychwanegol yn mynd tuag at Adolygiad o Fynediad Brys a Threfniadau Cludo ym maes Iechyd Meddwl. Bydd yr adolygiad yn ymdrin â'r materion sy'n gysylltiedig ag unigolion sydd â materion iechyd meddwl a/neu drallod meddwl ac yn ystyried sut y mae pobl yn cael gafael ar ofal brys. Bydd hyn o gymorth inni i ddeall yr hyn sydd ei angen er mwyn gwella'r system drwyddi draw. Uned Comisiynu Cydweithredol Cenedlaethol y GIG fydd yn arwain yr adolygiad ac mae grŵp llywio amlasiantaeth yn cael ei ffurfio i oruchwylio'r gwaith hwn. Bydd y grŵp yn cwrdd am y tro cyntaf ym mis Mai.

Ar sail tystiolaeth y Grŵp Cynghori Cenedlaethol, rydym hefyd yn ystyried opsiynau ar gyfer defnyddio gweddill yr arian yn 2019-20 i ehangu neu estyn cwmpas mentrau sydd eisoes ar waith, yn enwedig y rhai hynny sy'n wynebu'r bygythiad mwyaf. Byddwn yn rhoi gwybod pa ddull gweithredu y cytunir arno maes o law.

Rwy'n deall yr angen i sicrhau bod cymorth ar gael i'r gymuned ffermio a gallaf gadarnhau ein bod yn gweithio gydag Iechyd Cyhoeddus Cymru i fwrw ymlaen ag adolygiad cyflym o'r dystiolaeth ynglŷn â chymorth ar gyfer iechyd meddwl a lles ffermwyr. Mae dau weithdy yn yr arfaeth ym mis Mai i gasglu barn rhanddeiliaid allweddol, a fydd yn dylanwadu ar waith i ddatblygu fframwaith i gefnogi lles meddyliol ffermwyr ar adegau o ansicrwydd. Disgwylir y bydd yr adroddiad terfynol wedi ei gwblhau ym mis Gorffennaf 2019, a bydd hynny o gymorth inni i ddeall pa gamau y mae angen eu cymryd ledled y Llywodraeth i wella'r cymorth sydd ar gael i'r grŵp hwn.

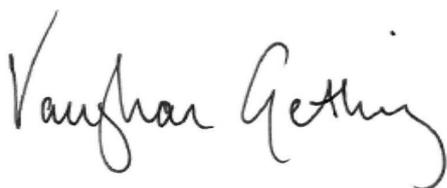
O ran y cymorth arall sydd ar gael i'r gymuned ffermio, yn 2018-19, darparodd Llywodraeth Cymru £500,000 i dair elusen wledig Cymru gyfan er mwyn ymdrin â'r anawsterau ariannol dybryd y bydd rhai ffermwyr yn eu hwynebu yn y tymor byr, ac effaith hynny ar eu hiechyd meddwl. Rhoddwyd cyllid i Gronfa Addington, Rhwydwaith y Gymuned Ffermio a'r Sefydliad Lles Amaethyddol Brenhinol (RABI). Mae gweithio gyda'r rhwydwaith o elusennau lleol i ymdrin â materion iechyd meddwl yn un o amodau derbyn y cyllid.

Yn rhan o'r cyllid hwn, clustnodwyd £60,000 i Rwydwaith y Gymuned Ffermio er mwyn rhoi mwy o gymorth i deuluoedd sy'n ffermio. Y nod yw cynnig ystod o gymorth drwy waith gwirfoddolwyr, nyrsys sy'n darparu archwiliadau iechyd meddwl ac ehangu gwasanaethau cyswllt y GIG. Rydym hefyd wedi ailargraffu'r llyfryn 'Ffit i Ffermio' a fydd ar gael i bob ffermwr ledled Cymru ac sy'n cynnwys gwybodaeth ynglŷn â lles.

Rwy'n mawr obeithio y bydd hyn yn rhoi tawelwch meddwl ichi y bydd ein cynlluniau i ddefnyddio'r arian ychwanegol i atal hunanladdiad a hunan-niwed yn adeiladu ar sail ein buddsoddiad ehangach i wella iechyd meddwl a lles, ac yn ychwanegu gwerth ato.

Rhoddaf ragor o wybodaeth y tro nesaf y byddaf yn cyflwyno'r newyddion diweddaraf i'r Pwyllgor.

Yn gywir,



**Vaughan Gething AC/AM**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

Tudalen y pecyn 30

28 May 2019

Dr D Lloyd  
Cadeirydd  
Gweithgarwch Corfforol ymhlith Plant a Phobl Ifanc  
National Assembly for Wales  
Cardiff

Dear Dr Lloyd,

Having read the Welsh Government response to the Physical Activity of Children and Young People report, I feel that I must write to clarify some issues in relation to the comments.

The response suggests that current mechanisms are addressing issues of children's motor skill development. However the research evidence does not support this.

Firstly in relation to the Foundation Phase it states:

*'The Foundation Phase curriculum ensures that children's physical development, enthusiasm and energy for movement, including Fundamental Motor Skills, are continually promoted by providing them with opportunities to use their bodies effectively by encouraging spatial awareness, balance, control and coordination and developing motor and manipulative skills. In the Foundation Phase, children are encouraged to enjoy all physical activity and the curriculum is designed to enable children to move around while they are learning both indoors and outdoors throughout the school day'*

Whilst this is in the curriculum documentation, the evidence from our research which studied the foundation phase and its contribution to physical literacy, shows that pupils are NOT developing their fundamental motor skills (Wainwright et al., 2016; 2018). Our research was conducted in selected schools that were identified through inspection as delivering high quality Foundation Phase. Even in these schools where pupils were active in their learning, using the outdoors on a daily basis and staff were highly skilled foundation phase practitioners pupils were not progressing in all of their motor skills. The staff did not have the required training to teach the pupils the skills that we know they will not learn through play alone. This was why we introduced Successful Kinaesthetic Instruction for Pre-Schoolers in Wales (SKIP-Cymru), specifically to plug this gap. Therefore, contrary to the implications of the response, the Foundation Phase alone **does not** address the development of children's FMS.

With regards to the new curriculum the response states:

*'Considerable consideration has been given to children's physical development in the new curriculum. The Health and Well-being Area of Learning and Experience (AoLE) has been developed around progression in learning, with significant consideration given to physical development. The draft AoLE guidance has been extensively informed by Physical Literacy experts in this area. It will provide the framework from which practitioners can select the most appropriate experiences to support a child's learning, throughout the 3-16 continuum of learning.'*

In the new curriculum there is one AoLE out of the six which addresses the issue of health and well-being. Within this one AoLE there are five 'What matters statements' and only **one** of these addresses physicality.

Practitioners who have no training in the motor development of children cannot ‘select the most appropriate experiences to support a child’s learning’ as they will not know what or how to do this.

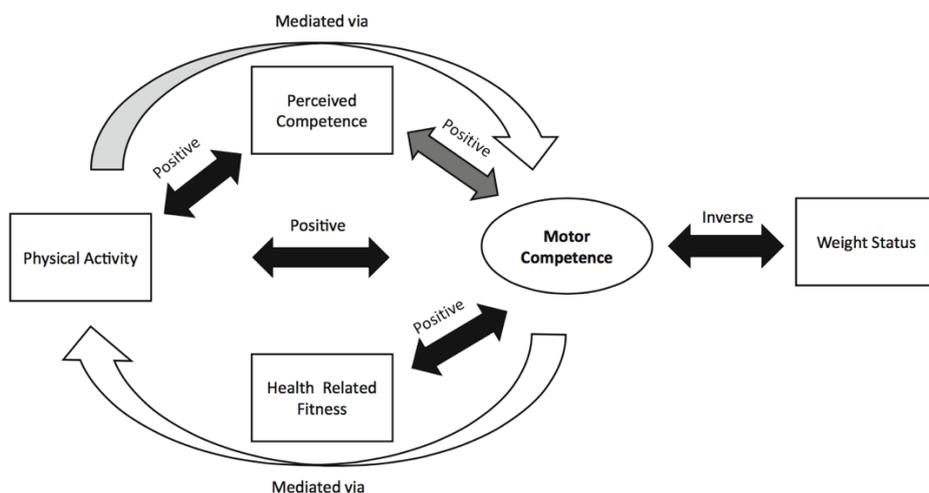
The response also highlights existing resources in schools:

*‘Existing resources developed by Sport Wales during the period of the PE and School Sport programme and the Physical Literacy Programme for Schools -for example, Play to Learn and Dragon Multi-Skills and Sport -provide a platform from which Fundamental Motor Skills can be developed, but also provide a more sustainable and transferable pedagogical model for Physical Education in the early years and into Key Stage 2’*

These resources were in existence when we conducted our research and were **not** enabling staff to develop pupils’ motor skills. It is also important to note that whilst these are good resources, without a good level of knowledge and understanding about how children learn to move, staff are unable to use them. In medicine tablets are not given to people without the knowledge of how they will address an illness, considerable training and expertise is required to know what and how to administer medication. Just giving teachers boxes of resources with a day or half a day of training does not enable them to support the motor development of children and we routinely find that teachers cannot even remember where the resources are when asked, let alone when they last used them. Resources are only as good as the expertise of the person using them and the evidence is quite clear that this form of professional development is ineffective (Chambers, 2006; Armour and Yelling, 2007).

The comment also states that ‘Play to Learn and Dragon Multi Skills provide a transferable and sustainable pedagogical model for physical education.’ These resources do not constitute a pedagogical model for physical education. There are many pedagogical models for application in physical education and each of them has an underpinning theme and is a highly complex combination of key features, learning outcomes, learner behaviours, pedagogical content knowledge, teacher behaviours and assessment strategies (Casey, 2012; Haerens et al., 2011; Seidentop, 1994; Williams and Wainwright, 2014a: 2014b). These pedagogical models are all underpinned by many years of research evidence. There is no evidence of any impact from Play to Learn or Dragon Multi Skills. However SKIP has over 20 years of published research demonstrating impact (Goodway et al., 2002; Goodway and Branta, 2003; Goodway and Robinson, 2006; Robinson and Goodway 2009; Goodway et al., 2015; and Famelia et al., 2018).

The growing research from across the globe is showing that we need to address motor competence in early childhood to change physical activity behaviours and weight status as the model below explains (Stodden et al., 2008; Robinson et al., 2015).



Of greatest concern is the impact on children in areas of socio-economic deprivation. There is a continuing decrease in children’s motor skills in these areas. Although the data sets are not large, post graduate studies measuring pupils’ motor skills in several regions in Wales are showing 100% of children in areas of low socio-economic status considerably delayed in their motor skill development. Worryingly they are not only delayed in the bottom quartile, they are all below the 16<sup>th</sup> percentile and you will be very aware of the long term health implications for these children if we do not act to address this. The original rationale for the development of SKIP was to address the developmental delays of pupils in areas of poverty in the USA and versions of SKIP have been shown from studies across the globe to do this. We are working to continue to develop this work

as much as we can and are currently advising on and supporting a large project in South Carolina working in early childhood centres and with parents in areas of deprivation where they are seeing similar developmental delays to those of children in Wales.

It is extremely disappointing that in Wales, where we have the highest childhood obesity in Europe and a third of children living in poverty, Welsh Government feels an appropriate response to the recommendations of the report is to quote the Foundation Phase curriculum, which published research shows does not develop the necessary motor skills. They also suggest that resources with no evidence base are a pedagogical model for physical education. By ignoring the evidence Welsh Government are in danger of failing the young children and families of Wales in particular in areas of deprivation where they are faced with a growing **crisis** of inactivity, poor motor development and rising obesity.

The Wales Institute for Physical Literacy at UWTSD would welcome the opportunity to further pilot the SKIP-Cymru work if Welsh Government are willing to support this, but a strategic approach to this work would of course be preferable.

I would like to thank the committee for their interest in and support for this crucial work in early childhood and hope that eventually we will be able to have the impact that is so desperately needed for families and young children in Wales.

Kind regards



Nalda Wainwright PhD FHEA  
Director: Wales Institute for Physical Literacy  
University of Wales Trinity Saint David



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# Eitem 6

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

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